

LAW ENFORCEMENT AND HANDICAPPED PERSONS :
AN INSTRUCTOR'S TRAINING AND REFERENCE MANUAL

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NATIONAL INSTITUTE ON MENTAL RETARDATION

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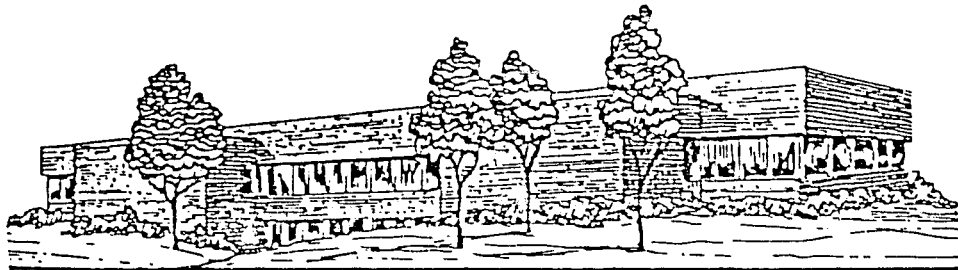
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ACQUISITIONS

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AN INSTRUCTOR'S TRAINING AND REFERENCE MANUAL

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PREFACE

A Note to Instructors

This Reference Manual on Law Enforcement and Handicapped Persons has been developed in response to a growing interest among police agencies across Canada for information on handicapped persons. No other group providing service to the public has shown more interest in adjusting their training programs to provide their members with up-to-date information on this subject.

This manual has been written to be of use mainly to police instructors. It contains the information that they will need to teach recruits or veterans on this subject. It has been written in a manner which presents information as plainly and clearly as possible, so that as well as being the basis for instruction it can be understood by the interested recruit and community college student.

This Training and Reference Manual contains an abundance of material, likely more material than the Instructor will use during his lecture period. It is presented as background information to the Instructor to aid him in answering questions and as a Reference for both specialists and interested officers.

The information--and particularly the suggestions for handling interactions between the police and handicapped persons--are presented for general use by police officers across Canada. It should be noted that policy set by individual police departments will govern how the guidelines are applied in practice. Instructors will interpret the material presented here according to the policy of their Departments.

You may note the use of the terms "he" and "his" to refer to both police officers and handicapped persons. The terms do not reflect the growing numbers of female police officers nor the equal numbers of handicapped women to men. They are used only to help simplify the writing.

The Curriculum

This manual has been designed to allow the instructor flexibility in choosing the amount of time, content and format that is most suitable for his course.

There are five units of study:

- I. Law Enforcement and Handicapped Persons: An Overview
- II. Interacting with Handicapped People
- III. Mental Retardation
- IV. Other Disabilities
 - a) physical disabilities
 - b) blindness
 - c) deafness
- V. Mental Disorders

Each unit will be approximately one hour to teach following the material in the manual. Units I & II are the basic units to comprise a 2-hour course on law enforcement and handicapped persons. The basic course can then be expanded, and supplemented by Units III, IV, & V. The latter three units can be added at the same time or at a later date.

There are different options for format that the Instructor can choose from to supplement the basic lecture course.

1. Administration of the Questionnaire

The questionnaire referred to is included as Appendix B in this Manual. It must be administered to course participants before the information is presented. Answers will be covered in the content of the lectures on Units I to IV. The questionnaire has been highly successful in focusing participants' attention on the most significant items of information.

2. Film: "The Key is Understanding"

This 16 mm. colour film (approximately 15 minutes in length) is a good illustration of how handicapped persons live in the community and may come in contact with police officers. It can be used as a summary of information presented during a lecture course or as an instruction unit in itself.

3. Use of outside speakers - from local services and organizations concerned with handicapped persons.

4. Discussion Period - general questions and answers.

5. Problem solving - the Instructor and the participants discuss sample situations of contact between police officers and handicapped persons. Officers can be asked to bring their own examples or refer to the sample situations provided in Appendix A.

6. Meeting with handicapped persons - handicapped persons may be invited to join a discussion on matters of mutual interests or officers can visit a facility such as a group home or vocational training centre.

In preparing the course, the Instructor should

1. Decide on the length of the course, and choose the units and the subsections to be presented at one presentation.
2. Decide whether to include outside speakers and what topics they will cover.

3. Decide on which format will be used.
4. Prepare or obtain a list of available local community resources which the officers can refer to when they contact handicapped persons.

Sample Course

First presentation: 2 hours

Administer questionnaire
Lecture on Units 1 & 2
Show film
Question and answer period

Second Presentation: 2 hours

Lecture on Units 3 & 4
Question and answers with outside speaker
Discussion on sample situations
Optional: visit to facility for handicapped persons

or

invite handicapped persons to attend class
and participate in informal discussion

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G. Allan Roehrer, Ph.D.
Director
National Institute on
Mental Retardation

UNIT I

LAW ENFORCEMENT AND HANDICAPPED PERSONS: AN OVERVIEW

Introduction

The purpose of this unit is to provide an introduction to handicapped people, their historical role in society, current changes in this role, and what this means to you as a law enforcement officer.

Handicapped persons have always lived in our communities. However, many thousands across Canada have spent years in institutions. But today, as more community-based services are being developed, handicapped people are participating more extensively in community life.

Police officers have always had contact with handicapped people in the community. But because they now have greater opportunity to live and work in the mainstream of society, you will encounter disabled people more frequently in your regular work.

The approach you adopt with handicapped citizens should be the same as with non-handicapped people. Special treatment for handicapped persons is not usually required. However, to avoid misunderstandings and to be as helpful as possible, you will need to have (1) accurate information about disabled persons and their disabilities; and (2) some knowledge of available community resources.

This training program is designed to meet these two basic requirements. As well, you will gain a real understanding that handicapped individuals are more like you than unlike you if you have the opportunity to meet with them under ordinary circumstances without the stress of a police encounter.

Let us start by being clear about terms, particularly the phrase "handicapped person". It is used here to refer to people who are disabled or impaired by one of the following different conditions*:

- mental retardation
- physical disability
- visual impairment
- hearing impairment

Each disability affects each person to a different degree. Multiple handicaps are common, but because a person has one type of disability, you cannot assume that he is handicapped in any other way. For example, a person with cerebral palsy (a physical disability causing jerky muscular movements) may not speak clearly because of his disability, but still have normal intelligence.

*Persons with emotional problems and psychiatric disorders have many of the same difficulties in society as do retarded, physically disabled, blind and deaf persons and therefore can be considered under the broad heading of "handicapped persons" in this first Unit. Mental illness will be discussed further in Unit V.

How Society Has Viewed Handicapped People

Over the ages, handicapped persons have been dehumanized in many different ways. Some of the stereotypes which have been used to label handicapped people persist in the mind of the public even today. Viewing a disabled person or group of handicapped persons according to a stereotype limits what we expect of them and how we respond to them. This should become clearer as we discuss some of the "historical" stereotypes.

(1) The handicapped person as a "menace". Between 1870 and 1925, all persons with disabilities were linked with poverty, crime and promiscuity and were seen as contributing to the decline of civilization. Mentally retarded individuals in particular were viewed as "threats" to society. This view led to the segregation, imprisonment, persecution and even destruction of thousands of handicapped persons. Placement in large custodial settings or "asylums", as they were called then, was common. Sterilization was widely used to prevent the "spread" of social problems through heredity.

(2) The handicapped person as an "object of dread". This view stems from the time when leprosy was a common dreaded disease. The first institutions were built in Europe to house lepers, after the Crusades. These prison-like buildings were placed well outside the cities, often on hill-tops for the clean air. When leprosy declined, the "leprosariums" were quickly filled with society's misfits, disordered and handicapped persons. The image of dread of the lepers was transferred to the new tenants.

(3) The handicapped person as "subhuman". This view is still encountered today, particularly where very severely handicapped persons are concerned. Such persons are often compared with "animals" or "vegetables". Simple amenities such as heat and regulation of water temperature may be ignored because the handicapped person is thought to be insensitive to heat or cold.

(4) The handicapped person as an "object of ridicule". Those who remember the movie "Charlie" or the book "Flowers for Algernon" will recall how the mentally retarded main character was the butt of frequent and humiliating jokes from co-workers. The appearance of handicapped persons in "freak shows" and circuses also illustrates this point. Historical novels show that disabled people were used as fools, court jesters or clowns.

(5) The handicapped person as an object of "pity" or "charity". Until recent years, services (from education to clothing) were given to handicapped people out of pity or a sense of charity. Handicapped persons were even placed in the position of having to beg for survival. The pity and charity approach is still used in public fund-raising campaigns.

(6) The handicapped person as a "holy innocent". This view characterizes the handicapped person as a "holy innocent", a "child of God", a "special messenger", a divine reminder to man of his sins, but someone who is himself incapable of sin and therefore not responsible for his own actions.

(7) The handicapped person as an "eternal child". The most common present misperception of mentally retarded persons is that mentally they are children forever. The tendency, then, is to expect them to behave like children. For example, an eighteen-year-old man may be expected to play with the same toys as a six-year-old, when in fact he could be playing sports and learning vocational skills. Clothes, books and possessions which are really more appropriate for children are often given to handicapped adults, and reinforce the juvenile stereotype.

(8) The handicapped person as "sick". A final stereotype and one which is also common today is the view of the handicapped person as sick--often mentally sick. This has led to an emphasis on medical treatment in hospital settings. Some disabilities, such as epilepsy, can be treated or controlled by drugs. But it is unrealistic to expect most handicaps to be totally overcome or "cured". Even so, all handicapped persons can be helped through better services and opportunities to achieve a measure of independence. Greater emphasis should be, and is being put on education and rehabilitation, schools, vocational centres, and residential services. These non-medical services are more appropriate and will in the long run produce more direct benefit to the handicapped individual and to society.

The handicapped person as a citizen and developing individual.

Fortunately, the old, degrading stereotypes are being replaced by a positive view of handicapped people. The handicapped person is increasingly seen as a citizen, entitled to full protection, rights and privileges under the law. He is also entitled to the same services, opportunities, and benefits as other people.

Changing Trends In Services For Handicapped Persons

The more positive view of disabled individuals as citizens capable of contributing to society has been paralleled by changes in services. In the past handicapped persons have not been given the full opportunity to share the routines of daily living which the average citizen experiences. If handicapped persons are to gain acceptance in society they must live, work and spend their leisure time in the community.

Greater acceptance by the community can be gained by minimizing differences in personal appearance and mannerisms. Handicapped persons are often rejected because of a noticeable difference in the way they look. Fashionable clothing and hair styles, cosmetic surgery and good dental work can make a big difference in appearance. Surgery can help correct major impairments such as club feet and bone deformities. Orthopedic appliances (leg braces, special shoes, etc.) and physiotherapy can help a person to move more easily in a normal way. "Invisible" hearing-aids, more natural-looking artificial limbs, power driven wheelchairs, and many other devices help overcome handicaps.

Public attitudes must also change to give handicapped persons greater acceptance. Through ignorance and fear some members of the public mistakenly believe that a handicapped person is a threat to the safety of the community, and the police officer may be called upon to handle such complaints. Society has to learn to accept a wider range of differences and to stress a handicapped person's positive qualities rather than his limitations.

It is important to become conscious of the ways in which people refer to and address handicapped persons. Talking down to a person, using a patronizing attitude, or treating him as if he were not present when talking to a third person, are all subtle ways of putting him down. The use of out-dated terms such as "retardate", "mongoloid", "C.P.", or "spastic" focuses on the disability rather than the individual person. On the other hand, saying "he is a mentally retarded person" rather than "he is a retard" recognizes that an individual is a person first and attention to a disability comes second. Addressing a handicapped person by "Miss", "Ms.", "Mrs." or "Mr." shows respect and recognizes adult status.

Organizations such as Associations for the Mentally Retarded, the Canadian National Institute for the Blind, Cerebral Palsy Federation, which represent the interests of handicapped persons, are engaged in a continuing public education campaign to correct false impressions which the public may have of handicapped people. In time this should make the life of handicapped persons and the job of the police officer a little easier.

Along with these changes in attitude, community services for handicapped people are now considered their basic right. In Canada, the main type of public service has been the large, isolated facilities or "institutions" housing hundreds and even several thousands of mentally retarded, mentally ill and otherwise handicapped persons. Current government policy in most provinces

reflects a strong trend toward developing community services and phasing-down the large facilities. For example, the "Clarkson Report" in Manitoba (May 1973) strongly advocated the development of mental health and mental retardation programs at the community and regional levels. In Ontario the "Williston Report" (August 1971) and the "Welch Report" (March 1973) both called for the phase-down of institutions and the development of alternative community resources. A recent government "Discussion Paper" (May 1974) recommends that one-half of the retarded persons presently in Ontario's institutions return to live and work in their home communities within the next five-year period. In British Columbia, the "Foulkes Report" (December 1973) strongly recommended the closing of mental health and mental retardation institutions with extensive community health care and rehabilitation services developed in their place. In anticipation of these changes, staff of the institutions are preparing residents to return to their home communities. The result is that the vast majority of handicapped persons are now being actively integrated into the community.

Most handicapped adults live independently in houses, apartments, or boarding houses, or with their spouses, families or friends. Some live in "group homes". These are homes for persons of a similar age group, often with staff who help the residents. Most of the group homes built in the 1960's were of the larger variety. Today, in the 1970's, the trend is to use smaller homes and apartments. Furthermore, physical alterations being made in ordinary houses and apartments (such as ramps, lower stoves and cupboards, and rails in bathrooms) allow persons who are confined to wheelchairs to move about independently in their own homes. Unfortunately architects and builders are slow in making these alterations in public places so that people in wheelchairs often do not have access to all the places we do. The International Symbol of Access "identifies facilities that are accessible to persons whose mobility is limited by disability". *

The same approach is used in work opportunities for handicapped persons. Many persons, particularly those who are more severely handicapped, are in vocational training programs and "sheltered workshops" where there are trained staff. Many more handicapped persons across Canada work alongside non-handicapped persons in industry, commerce, agriculture, social service and the professions. Today, more than ever before, persons with all kinds of handicaps and degrees of disabilities are able to contribute their share to Canada's economy and gain financial independence for themselves.

In summary, as handicapped people lead more active lives in the community, they will increasingly come in contact with you as police officers. There will be instances when handicapped people will require your help and protection. Handicapped persons will occasionally break the law and you will have to intervene. By being better informed about handicapped people, their needs, and the available community resources, you as police officers will be better able to serve the interests of both the handicapped citizen and the requirements of the law.

*



Summary of Facts About Handicapped Persons

Refer to Units III and IV for more detailed information.

A. Mental Retardation

1. A mentally retarded person is someone who has difficulty in learning and social adaptation.
2. Roughly 3% of the population is mentally retarded.
3. Most causes of mental retardation are environmental rather than hereditary.
4. Physical injury, drugs, malnutrition, disease and genetic traits are all direct or indirect causes of mental retardation.
5. Most retarded persons are only mildly retarded.
6. A retarded person may seem incompetent in many ordinary situations, exercise poor judgement, and demonstrate problems in abstract thinking.
7. It is not true that retarded people look the same, or look "retarded", or that they have criminal tendencies and are apt to be more highly sexual than others. Retarded people show the same uniqueness and variety in appearance and personality as the rest of the population.
8. Mental retardation is not the same as mental illness.
9. The police do not usually have problems in their contact with mentally retarded persons. Retarded persons may have difficulties in the community and you will be required to intervene as helpers rather than as apprehenders.
10. In dealing with a retarded offender, you may consider community-based alternatives to the criminal justice process.

B. Physical Disabilities

1. There are 1,400,000 physically disabled persons in Canada, including those who are blind or deaf.
2. A disabled person is someone whose physical limitations restrict his functioning in some area of daily living.
3. The disability can be a condition from birth, or a result of disease or injury.
4. Disabilities most easily recognized include cerebral palsy, polio and arthritis. A person may be affected to a minor or major extent by the disability.

5. Disabled persons can lack muscle coordination, have spastic, jerky movements and/or speech impairments.
6. Some disabled persons have difficulty getting from place to place, using stairs and revolving doors, etc. Others manage these things, but at a slower pace.
7. Many disabled persons drive cars. In fact, 3.2% of Canadian drivers are disabled. As a group, they are safe, cautious drivers.

C. Blindness

1. Not all blind persons are totally blind. Some blind persons see a little.
2. Do not hesitate to use words like "look, see and read."
3. Blind people have no sixth sense. Some have extra handicaps such as deafness.
4. Modern blind persons are trained to use the white cane well or to go about with a dog guide. They have learned many additional skills in special courses on adjustment to blindness.
5. When you meet a blind person on your beat, begin by identifying yourself. State your name at once. Put the blind person on an equal footing.
6. You may help a blind person locate a bus stop or phone booth, find a street number or building entrance, or flag a taxi.
7. A blind person will not see your hand signal when you are directing traffic at a busy intersection. Give him verbal direction or let him take your arm in crossing the street.
8. Encourage the sighted to keep the sidewalks clear - cars jutting out of driveways across the sidewalk, wagons and garbage cans, etc.
9. Resist ancient attitudes toward blindness. Treat the handicapped person as any other citizen.

D. Deafness

1. Most deaf persons--particularly those who have been deaf since birth or infancy--have difficulties in oral communication. Some deaf persons do develop adequate speech and are competent lip-readers; others have only limited language skills.
2. Early use of a hearing aid and education can reduce the effects of the handicap.
3. You can communicate with deaf persons through speech, writing, diagrams or gestures. Most deaf persons can communicate through sign language.
4. A deaf person has the right to a sign language interpreter in court. The interpreter should be someone hired by the court, not a relative or friend of the deaf person.

UNIT II

RECOGNIZING AND INTERACTING WITH HANDICAPPED PEOPLE

Introduction

Unit I has outlined some basic facts about handicapped persons in society. The purpose of this section is to provide you with practical suggestions on how to approach a situation where a handicapped person is involved.

Contact between police officers and handicapped persons is not usually a problem. This is largely because the police officer will instinctively treat the handicapped person with the same understanding as he would anyone else in a similar situation. Special treatment for handicapped persons is not required. Indeed, exceptional treatment seldom does the person a favour.

Situations where you will encounter handicapped persons are usually no different from the majority of police work: finding lost persons; giving directions; handling complaints; helping victims of a crime; protecting and explaining civil rights; and apprehending suspects.

Once you understand the options that you have for handling the situation, you will be in a better position to get the most appropriate results for the public and the handicapped person.

Liaison Between Professional Groups

Because situations involving the police and handicapped persons will possibly concern other professionals as well as the police, it is important to have a good working relationship with other professional groups. A police officer is not a social worker. His responsibility is to protect life and property and maintain order in the entire community. It is a constant challenge to balance concern for the individual with concern for public order and safety.

In the past, many officers who have had repeated contact with handicapped individuals have been frustrated in their attempts to find an appropriate service referral. Today resources are quite often readily available. Most police stations have a list of the different social services from which they can demand help. Some communities are developing a reliable emergency social service so that the police will not have to cope with problems outside their jurisdiction just because they are the only service available 24 hours a day.

Guidelines for Recognizing and Interacting with Handicapped Persons

1. The first step is to decide whether a person is handicapped and then what kind of disability he has. Knowing that a person is handicapped, and knowing the nature and degree of his handicap will not necessarily affect how you deal with him in any given situation ("no special treatment"). But it may help you to decide what action to take, whether to involve an outside resource and what particular resource to contact.

Your judgement about whether a person is handicapped will be influenced by observations of the person and conversation with him. Here are some very general features to note:

- A person who has a physical disability such as cerebral palsy, may have an unbalanced gait, twisted limbs, awkward posture and/or involuntary movements. Because of involuntary movements speech may not be clear and saliva may be uncontrolled.
- A person who is partially or totally blind may use a collapsable white cane, or have a guide dog. The blind person may not look directly at you when you speak.
- A person who is partially or totally deaf will not react when you call him from behind, may talk in a monotone, or communicate by gestures or writing.
- There is little in most retarded person's physical appearance to indicate that they are retarded. However, persons with Down's Syndrome* may have such common features as slanting eyes, stubby hands, and sometimes a tendency towards obesity. (These characteristics can be minimized by choice of hairstyle and diet.) As well, once in a while you may be tipped off that a person who is dressed inappropriately, for example, wearing a jacket in summer, may be a person who is retarded and has not yet learned what is typical dress.

On the whole, it is mainly by conversation with retarded individuals that you will be able to tell if they are retarded and to what degree. In conversation, a retarded person may have a hard time understanding what you are saying to him, or his attention may wander, or he may be unaware of "proper social distance", that is, he may be overly friendly. Generally, a retarded person could have trouble with the following tasks:

- finding his number in the telephone book
- counting an exact amount of change
- giving you directions to his home, school or work. He may know how to get there on his own, but have difficulty telling someone else how to get there.

In making a judgement about a person it is most important to avoid forming a hasty and possibly wrong conclusion. Two of the most common mistakes are:

- (1) Thinking that a physically disabled person or a retarded person is under the influence of alcohol or drugs. If the person does not smell of alcohol, this may indicate that a handicap exists rather than intoxication.
- (2) Assuming that a person who is physically disabled, blind or deaf, is also retarded. Remember that most physically disabled persons are of at least average intelligence.

*See glossary.

It has been suggested that handicapped persons could wear an identification bracelet, or carry a card in their wallet indicating their disability. Some handicapped persons think that this is a reasonable suggestion, but many more are either fearful that this could lead to discrimination, or resent this type of identification which emphasizes their handicap.

2. The second step is to communicate with handicapped persons. This is made a lot easier if you remember that they are more like you than unlike you. Here are some simple suggestions:

- Introduce yourself as a police officer.
- Use a warm, friendly, approach. Like other persons, handicapped people will relax if you are at ease and find it easier to respond.
- Remember to speak directly to the person, not to his companion, or another person in the area.
- Retarded persons may understand better than they can communicate. They may be very sensitive to your non-verbal cues, such as your gestures and facial expressions. By repetition and the use of simple, everyday language you will be able to help a retarded person understand your questions or directions. You may have to patiently repeat instructions at a slower pace. The retarded person may not appear to have understood, but give him a few extra moments to respond.
- Patience is required in understanding difficult speech. You may have to ask a person with a speech impediment to repeat himself. People with cerebral palsy report that when they are aggravated their speech becomes even more difficult to understand.
- Remember to identify yourself when you approach blind persons and tell them when you leave.

Options Available for Handling Situations Involving Handicapped Persons

Police work is not black and white; in most situations a police officer has to act according to Department procedure and his own judgement, balancing concern for an individual with the public interest and his own safety. In different situations where handicapped persons are involved, there are a number of factors to consider and a number of options available to you for handling the situation.

1. A handicapped person is lost, confused, in need of direction or help in decision-making. Police officers on the street are constantly asked directions by lost and confused persons. Handle such inquiries from a handicapped person in the usual way.

If a person has a severe speech difficulty or hearing impairment, it might require more patience to communicate with him. No matter what kind of handicap he has (whether he is blind, retarded, etc.), you can assume that the person has the ability to follow your directions, unless he indicates otherwise. After observation, try to assess if the person understands the directions. If in your judgement the situation is potentially dangerous (for example, it is night or the area is a dangerous one, etc.), your options are to take the person home or suggest that either he or yourself call his home, or take him to the police station. As with anyone, this last option should not be taken unless you think it is absolutely necessary.

2. A handicapped person is a victim of a) a crime, or b) loss of civil rights.
 - a) Handicapped persons, as citizens owning property, etc. are potential victims of crimes against their property and against their person, and like other citizens are in a position to lay charges.

Where a handicapped person is the (possible) victim of a crime, begin the normal investigative procedure and follow through on it fully. Obtain evidence from the handicapped person as you would any other person --in the vast majority of cases his evidence will carry normal weight in court. This applies to retarded persons as much as any handicapped person.

- b) Handicapped persons are often denied the same basic courtesies and even rights that we take for granted. A man with cerebral palsy reports that he was refused service in a restaurant because he "would scare the pregnant woman" at the table next to his. If the handicapped person reports the situation to you, one of your options is to diplomatically right the wrongful situation. Here your understanding of handicaps will help you to explain the situation to an often ignorant public.

3. A handicapped person's unusual behaviour arouses public or police suspicions.

This is a tougher kind of situation because here we are dealing with those aspects of a person's disability which give the impression that the person has used drugs or alcohol. An unusual gait, involuntary jerky movements, or a nervous aura when a person is walking or driving a car can arouse public or police suspicions. As well, if a person is "hanging around" in an inappropriate place (for example, an elderly man watching children play), or a person's clothing or mannerisms are inappropriate, people's suspicions are aroused.

In these instances you must consider: is there a possibility of danger to himself or to others?

For example, a person having an epileptic seizure certainly looks strange, but will do others no harm whatsoever.*

Remember, there is nothing inherently dangerous in a person's handicap - whether it is a physical disability, blindness, deafness or mental retardation.

For example, your attention may be caught by someone who is jerky at the wheel of a car. But on second glance, you observe that the person is not speeding, and has good control of the car. On the sidewalk a person may have an unusual gait and not control his saliva - but he is able to walk in a straight line and is not deliberately interfering with other people. In situations where there is no immediate danger, stop to consider the possibility that perhaps the person's unusual behaviour is actually caused by a handicap. You may be able to avoid intervening unnecessarily.

However, if the public has made a complaint or you are still unsure of the person's behaviour, it is your duty to intervene. In this case you have several options:

- a) Approach the person and find out through inquiry and observation the reason for the person's unusual behaviour.
- b) Phone an agency which deals with the person's disability.
- c) Take the person to his home if you think that he requires this assistance.
- d) Take the person to the police station.
- e) Take the person to a hospital.

The last options would understandably be frustrating for the handicapped person. They should be used only as a last resort, when you are certain that none of the other options are satisfactory or if you think that the person might require medical attention.

*For further information, refer to Unit IV.

4. A handicapped person is a suspected offender.

This is the most serious kind of situation. There are instances of course when handicapped persons are suspected of having committed crimes. There are several options available to you which can help both to protect a handicapped person's right to fair treatment and prevent a recurrence of the incident. These apply, perhaps, most particularly to retarded persons.

First of all, when you approach the situation, try to assess whether the handicapped person has a clear understanding of the situation and its consequences. Recently, a young retarded adult thought he was given permission to enter his uncle's house while the uncle was on vacation. Having lost his key, he broke open a basement window and entered; the neighbours called the police. Again, at the time of first contact with the handicapped person, try to assess the degree of his handicap, whether he has had previous contacts with the police, and whether he is involved in any social agency.

These factors may influence your decision whether to charge or not charge the person with an offence, and whether to involve an outside agency.

You may decide to release the person without charge and still refer him to an agency; or you may decide to charge him with the offence and bring in an outside agency.

In any case where you do release a handicapped offender with a warning or a caution, still instruct a person as to what his legal responsibilities are. You may be more effective in this role as you are identified with legal authority.

Once the charge is sworn, if you believe that a resource agency may help this person, the time to contact them is before the court appearance.

If you have any doubt as to whether the handicapped person understands the process, you may wish to protect him and yourself by involving an outside resource when obtaining a statement.

The use of community resources

Resources have been referred to throughout this chapter as "outside" agencies. Yet often the most knowledgeable persons to refer to are inside the Police Department: the juvenile bureau or juvenile worker; the community worker, a specialized officer which many urban Departments have, who is experienced in social problems; or a social worker who is hired part time or full time by several departments to intervene in certain kinds of cases.

The resources available within your local community can be grouped into three kinds; you may refer to all three kinds in some cases. First are those general social services available to everyone, (that is, not focusing on handicapped persons), such as Government Centres, Family Services, Children's Aid, the Indian Secretariat, Community Centres, and John Howard Society.*

* We have attempted to be as general as possible in naming these services, since services have different names in different communities.

Second, there are those organizations and services which represent and serve persons with specific handicaps. Many of these are organized locally, as well as provincially or nationally, and have either local offices or representatives in your communities. Here you will find persons with direct experience with the kind of handicap in which you are interested. These organizations include:

- Associations for the Mentally Retarded
- Canadian National Institute for the Blind
- Associations for the Cerebral Palsied
- Deaf Information Centres
- Hearing Societies
- Epilepsy Associations
- Rehabilitation Councils, Associations and Federations

A phone call to these organizations can provide information and assistance that is valuable and time-saving. Even in rural areas, many members of such organizations live and participate in programs that could be a resource to the police. As well there are those local services for handicapped persons which may be operated independently, by one of the above organizations or by government. Examples of these are residences, group homes, sheltered workshops, vocational placement centres, assessment centres, etc.

Third, there are legal aid and para-legal services in most communities, which can provide the handicapped person with necessary information on the legal aspects of his situation.

To make the services of the agencies outside your Department most useful to you, your Department will have an easily accessible and updated list of names, addresses and phone numbers.

When you call on these organizations, relay your observations and assessment of the person and situation and invite their opinions. It is possible (it has happened) that some organizations are reluctant to become involved, believing that it's not their problem. Ask them to suggest an alternative service.

In locating a community resource, try to contact the appropriate one for the situation. For example, hospitals are for sick or injured persons, or persons with psychiatric disorders. Since mental retardation, cerebral palsy, blindness and deafness are not illnesses, persons with these conditions should not be referred to hospitals, unless they do show signs of illness. Again, these persons should not be referred to psychiatric facilities. Moreover, a person with cerebral palsy should not be referred to an association or group home for retarded persons and vice versa. However, in towns with very few resources, you will have to make use of whatever is available. Local citizens acting as volunteers are often very effective.

UNIT III

MENTAL RETARDATION

Introduction

By a very rough estimate, 3% or 500,000 people in Canada are mentally retarded. The majority of retarded persons are not distinguishable from the rest of the population, but may still have problems related to their retardation. Some retarded individuals, who have only recently become actively part of the community, have problems adjusting to community life. As a police officer, you need to know some facts about mental retardation and understand some of the problems a retarded person might have.

Definition

Several definitions of mental retardation have been used over the years. The American Association on Mental Deficiency (AAMD) has suggested a definition that is commonly accepted.* The AAMD definition states that

a mentally retarded person is someone who has difficulties in learning and social adaptation.

This learning impairment occurs during the "developmental period", the time from birth through adolescence when physical and mental growth is most apparent. However, it should be pointed out that mental retardation can occur at any point in a person's life, through accident or disease.

a) Difficulty in Learning

The amount of trouble that a retarded person has in learning will depend on the individual. Some babies are slow in learning to walk, talk, stand, crawl, make sounds and phrases, feed themselves, use the toilet, etc. When it becomes apparent to the parents, or the doctor, that the baby is unusually slow in his learning, they may begin to seek advice about mental retardation. However, most children who have difficulty in learning usually progress adequately until they enter school. At this stage, they are expected to learn to read, and understand abstract ideas and number concepts. When they fail to progress at the average rate, they become identified as "mentally retarded".

* The American Association on Mental Deficiency has adopted the following definition of mental retardation: subaverage general intellectual functioning originating during the developmental period, and associated with impairment in one or more of the following areas: maturation, learning or social adjustment.

b) Difficulty in Adaptive Behaviour

A retarded person may have difficulty meeting the standard of competence, independence and social responsibility that is expected for his age group in our society. For example, in our society an adult is expected to earn a living and run a household. A person who is retarded may have more than average difficulty adapting to new social situations--interpreting the cues of the situation and responding to them appropriately.

Causes of Mental Retardation

A person of any race, religion, economic class, or cultural background can be retarded. At the turn of the century, medical research concentrated on the hereditary nature of mental retardation. It was concluded that mental retardation was a condition that children inherited from their parents. Today we understand that most causes of retardation have to do with environment. Furthermore, as a result of recent research, it is now possible to prevent specific forms of mental retardation.

1. a) Specific biological causes

Most causes of mental retardation have nothing to do with heredity. However, in some very specific cases, the parents' genes* cause mental retardation in their child. These causes have nothing to do with the parents' level of intelligence. Before testing, parents would not even be aware that they were carrying a certain genetic trait that could cause retardation in their children.

Some babies inherit unusual biochemical conditions from their parents. One example of this is Phenylketonuria (PKU). Children with this disorder have difficulty digesting milk. If discovered through testing at birth, the damaging effects of this disorder can be prevented through a special diet.

"Down's Syndrome"* has been an important cause of retardation. One child in every 700 is born with this condition. Persons with Down's syndrome possess an extra chromosome than is usual.

b) Factors during pregnancy

During the early stages of pregnancy, the mother may be exposed to different viruses and infections, such as German Measles (Rubella). This disease can have a very detrimental effect on the unborn fetus. If a woman is vaccinated against Rubella prior to pregnancy, there will be no risk of her contracting it during pregnancy.

* see Glossary

Physical injury, malnutrition, dangerous drugs, poisoning, even excessive cigarette smoking during pregnancy can also contribute directly or indirectly to retardation in the unborn child.

c) Factors during birth and the first few weeks of life

Injuries at birth or during the first few weeks of an infant's life can cause mental retardation. For example, a lack of oxygen during the birth process can cause brain damage that does not become apparent until several years later. A particularly prolonged birth process or improper use of forceps during the delivery can also cause damage. During this early period, the infant can be seriously affected by any high fever.

d) Factors during the developmental period

During the main period of a person's growth, from birth through adolescence, there are many factors which can cause retardation. The dangers of infection, poisoning and injury still apply during this stage.

Poor nutrition can affect the development of brain cells and tissues. It is often a product of economic and social poverty. As well, vitamin, protein and iron deficiencies reduce the child's ability to resist infection and common childhood diseases.

e) Emotional and Cultural Factors

Emotional and cultural deprivation can lead to some degree of retardation. A child must be exposed to different sights and sounds to fully develop his senses and learn language. Children who begin life with normal intelligence, but who are severely neglected, can show a permanent deterioration in their intelligence. On the other hand, retarded children who become involved at an early age in stimulating programs, can reach the average intelligence level. Recent studies show that intelligence levels are often not inherited and are definitely not permanent.*

f) A person may suffer brain injury at any time in his life from an accident. Head injuries and concussions caused by automobile accidents, beatings, etc., are an increasing cause of mental retardation today. Lack of oxygen from delayed resuscitation in choking, heart attacks or drowning can also cause retardation.

Degrees of Mental Retardation

Four general levels of mental retardation have been established. They are: mild, moderate, severe and profound. These levels reflect the degree of difficulty a person has in learning and social adaptation. As many as

* Skodak, M. "Can Retardation Be Prevented?" Journal of Ontario Association of Children's Aid Societies. 1968.

Heber, R. et al. Rehabilitation of Families at Risk for Mental Retardation. Madison, Wisc.: University of Wisconsin. 1972.

90% of persons who are retarded have comparatively minor difficulties with learning and social functioning and are in the mild range.

All retarded persons--no matter what their degree of retardation--can learn. A severely retarded child who has difficulty reaching and grasping an object on his own, can in time, perhaps be taught to feed himself. A person who is mildly retarded can acquire sufficient skills to maintain a job and his independence in society. In fact, he can lose the label of "mental retardation".

The Dangers of Categorizing People

Many people have been assigned to one of the four groupings based on one or several tests (such as an IQ test). Very often, these tests show what the person has learned--rather than what he can learn. Yet on the basis of this scanty information, the person is labelled as "mentally retarded" and placed in the category of being either mildly, moderately, severely or profoundly retarded. This is a label that may affect them for life. A similar process of labelling affects ex-convicts. The label may follow the person for life and affect his job prospects, friendships, and the way he is treated by other people. The classification can lead to rigid restrictions on what a person can or cannot do, and limit the person's development.

The categories are seen as useful in some instances. For example, if a person is legally placed in a particular category, certain decisions about legal responsibility and guardianship can be made.

We should be reminded that these categories of mental retardation are of our own making and do not reflect all the variations that are really a part of all people. If we emphasize the labels, the person's human qualities can get lost.

Problems Related to Mental Retardation

If you understand some of the particular problems a mentally retarded person may have, it will help you to understand the person in a situation where he is experiencing some difficulty.

1) Poor Judgement

Many times a mentally retarded person may not know beforehand the results of his actions, or whether his actions will be appropriate for the particular situation. Sometimes, a retarded person will react in an overly friendly manner in a situation where this kind of expression could be misunderstood. Our culture tends not to allow expression of warmth to total strangers.

2) Short Attention Span

A mentally retarded person may have a short attention span. He may not be able to concentrate on a specific task for a long period of time, and may be easily distracted by events occurring around him. Similarly, he may not be able to follow your conversation unless it is in simple, everyday language.

3) Problems in Abstract Thinking

A mentally retarded person may have problems in abstract thinking. This means that complex ideas or expressions may be difficult for the person to grasp. He may have difficulty in orienting himself to his surroundings, if these happen to be unfamiliar and removed from his everyday experience. In these situations, you might help a retarded person who is lost find surroundings that are more familiar to him.

These problems are found to some degree in all people. We all experience some difficulty in abstract thinking and judgement although it not so great as to hinder us in most tasks requiring this ability. Retarded people will not have all of these problems to the same degree. For example, a person may have difficulty in abstract thinking but will have a long attention span. Similarly, a person may have slight problems in abstract thinking, but he may have some particular difficulty, such as a short memory. The above are some of the more common areas of difficulty.

Some Problems in addition to Mental Retardation

There are certain other problems which retarded persons sometimes have, which are not necessarily a part of their difficulty in intellectual functioning.

For example, as well as being mentally retarded a person may have unusual facial features, or an unusual gait or have poor coordination. Retarded persons may be blind or deaf, or they may have epileptic seizures. (Refer to the other units for more information on these disabilities.)

Common Myths about Mentally Retarded Persons

Here are some common serious mistakes about retarded persons which are important to correct.

(1) "All retarded people look much the same."

The variety of types among retarded people is as great as in the general population. Some are short and fat, some tall and slim. Some are slow and placid, some nervous and kinetic. Some project joyous and sunny personalities, others depression and gloom.

(2) "You can tell when a person is retarded by his looks and behaviour."

Just as there is enormous variation in appearance, there is also a great difference in how normal a handicapped person appears to be. Some retarded persons do have physical handicaps or problems in co-ordination or unusual features. Others are perfectly normal in appearance. The appearance of a person is no sure indication of how retarded he is.

(3) "Retarded people do not react emotionally as do normal persons."

Retarded people are human beings above all. They are subject to emotional peaks and valleys like the rest of us.

Some retarded persons are very sensitive to emotional cues in other persons, such as harsh tone of voice, or attitude and facial expressions.

A retarded person's emotional reactions are the result of specific situations, just as anyone else's are. Again, like us, each individual retarded person will deal with emotional situations in his own unique way.

(4) "Retarded people are more highly sexed than normal people."

Research has shown conclusively that handicapped people have the same sexual drive as other people. Often one hears of the so-called "over-sexuality of the retarded". They are described in such a way that one might get the impression that their sexual drives dominate a larger part of their lives than is true of normal persons. These are shallow observations founded on prejudice and the belief that retarded persons, as a group are "out-breeding" the rest of society.

(5) "Retarded people have criminal tendencies."

Statistics show that the incidence of criminality is not greater among retarded persons than among the general population. Criminal acts, when committed by handicapped people, usually are the result of sudden anger or frustration, or simplicity. Frequently they are "used" by those experienced in plotting criminal acts and not being as quick witted, are more easily caught.

(6) "Retarded people are more violent than normal people."

Violence has nothing to do with retardation. There is no inborn aggressiveness in retarded persons. Retarded people are violent in the same situations in which anyone would be violent: when threatened, when frustrated, when cornered and desperate.

(7) "Mental retardation is the same thing as mental illness."

Mental retardation is not mental illness and the two should not be confused. Whereas a mentally ill person may behave irrationally or erratically, due to the illness, a mentally retarded person's emotional responses are a result of the situation, not a disorder. The distinction between mental retardation and mental illness has important implications for the referral of mentally retarded persons. A mentally retarded person should not be referred to a mental health facility, except as a last resort.

Major Social Problems of Retarded Persons in the Community

In most cases, it is not the police who have problems with retarded persons. Retarded persons may have difficulties in the community and the police then become involved. If you understand the possible problems that a retarded person may have in coping in society, you will be able to possibly prevent and effectively deal with these problems.

1. Difficulties with new social experiences

In the past many retarded persons have reached adulthood with very little experience in the community. Now that they are becoming more involved, each new social experience involves some adjustment. Difficulties with such typical social situations as riding a bus, going to a movie, shopping or eating in a restaurant can be a result of their inexperience, not their retardation. Once they are introduced to the situation and given a chance to practise, they then learn how to handle it appropriately.

Recently a young woman who is retarded, very pretty and cannot talk, went to the movies with a small group, for the first time in her life. Coming out afterward, she followed some strangers rather than her group. About an hour later she was found by the police, completely alone in a remote part of town.

Another young woman was going on her own to a new place of work. She became confused with her transportation route, and was lost for several days before the police found her.

2. "Passing" as Normal

Many retarded persons try desperately to hide the fact of their mental retardation from themselves and from others. Understandably, they are very sensitive about the labels that people apply to them--even the term "mentally retarded." If you must confront them with the fact of their mental retardation, it is best to refer to their "difficulties in learning", or "difficulties in coping."

Many persons who have been in institutions for the mentally retarded have been hurt by this experience. They may try to conceal this part of their history from you or explain that they were sent away for a variety of reasons, such as nerves, alcoholism, criminal offences, or the spitefulness of the community.*

A retarded person's awareness of being different may, in itself, be responsible for feelings of inferiority, frustration and resentment. These feelings may be especially strong in a mildly retarded person who realizes the extent of his differences from others and is trying hard to cover them up. As a result, he may occasionally break down emotionally under pressure or stress.

As we have pointed out, criminality and violence are not part of mental retardation. The majority of retarded persons cope with their problems in the community and stay well within the law. But because of his eagerness to be accepted by "normal" peers, a retarded person may become involved in a law-breaking activity, particularly with a small group of peers.

There have been instances where a retarded person who has had difficulties in society and problems with the law has preferred to go to jail, rather than be placed in a mental retardation institution or even a community service for the retarded. Therefore, it is a possibility that you may encounter a lack of cooperation or resistance from the retarded persons you are trying to help.

3. De-institutionalization

In the 1960's there were approximately 22,000 mentally retarded persons in institutions in Canada. The recent trend is to develop community services instead of institutions. Many provincial governments have policies committed to phasing down their institutions. By 1974 there were 5000 fewer persons in institutions for the mentally retarded in Canada.

Persons who leave an institution after spending many years there have to make a serious adjustment to living in the community. This applies whether it has been a penitentiary, a psychiatric facility, or an institution for the mentally retarded. Therefore, retarded persons may understandably run into

* Edgerton, R. The Cloak of Competence. Berkeley: University of California Press, 1967.

problems in the community. There are new freedoms to be experienced, limits to be tested and responsibilities to be learned, especially where young adults are concerned. Most services do try to prepare the residents for community living, however, experience is still the best teacher.

You may encounter situations where a retarded person has run away from the institution. Many times the institution personnel will inform the police that a person has left the institution on his own accord. (He has the legal right to have done so in Ontario.*) Your Departmental Policy will provide the guidelines for these situations.

The best guide in these cases is prevention of problems before they occur. In one small community, where there is a large institution, two young men decided to leave the institution and live on their own in town. The institution personnel contacted the police, advising them that these persons were particularly likely to run into trouble with the law. In this case, the sergeant asked two of his constables to call on the fellows. They dropped in, explained who they were, that the role of the police was to protect and to serve the public, and told them where the police station was. Your choice of actions in a similar situation will depend on your Departmental Policy.

Some older retarded persons who have spent most of their lives in institutions may also have difficulties adapting to community life. Unlike the younger persons, they may appear more awkward and "out-of-place" to the observer. Their awkwardness may arouse public concern, unnecessarily. For example, an older retarded man may enjoy watching young children play in a park or standing on a corner, watching traffic.

These are areas of possible difficulties for retarded persons in the community. Most retarded persons will not experience problems serious enough to bring them to the attention of the police.

The Retarded Offender

Like the rest of the population, retarded persons can be offenders. The problems of the retarded offender in the criminal justice system involves the whole law enforcement system in Canada. The police officer, as the front-line person who is first to mediate between the retarded person and the public is in a position of enormous responsibility.

Since most retarded offenders are in the mildly retarded range, there is no category for them under the present Criminal Code of Canada. The Criminal Code recognizes two categories of "mental disorders"--"feeble-minded" and

* Ontario residents, please refer to Appendix C.

"insane"--and these do not apply to the majority of retarded offenders.* A retarded person can be judged to be "unfit to stand trial", and then confined "at the pleasure of the Lieutenant-Governor" in an institution for the mentally retarded--without his criminal guilt ever being assessed.

Because of these problems, new approaches to the retarded offender in the criminal justice system have been suggested. One is the idea of Diversion. "Diversion" recognizes that some of the people involved in the criminal process shouldn't be there. Alternative community-based ways of dealing with their offence should be explored. However, if the problem is to be referred back to the community, the resources must be there to help the person and the police.

Those dealing with the problems of the retarded offender recognize that the police are the first contact in the criminal process and the first step in the rehabilitation process. Notwithstanding the general rule for "no special treatment", every possibility of keeping the retarded suspect out of the criminal process should be considered. It has been found that many delinquent acts are due to the retarded person's lack of understanding about the law and his lack of social and moral insight.* Giving a retarded person a criminal record is not necessarily the best way to teach him social responsibility.

Here are some steps recommended for dealing with the retarded offender:

1. Identify the possibility of mental retardation as soon as possible.
2. Protect the rights of the person and the admissibility of evidence by making sure the person really understand the situation.
3. Call in another person, such as a social worker, a counsellor from a Mental Retardation service, family or guardian, paralegal or legal counselor.
4. Consider if some form of "diversion" is applicable to the case, particularly when there is no threat to the public or property.
5. Use appropriate community resources. Unfortunately, in the past, many retarded persons were put through the courts just to get the services they needed.

* Canadian Council on Social Development. The Retarded and the Law. Ottawa, 1972.

Suggestions for preventing problems

1. Maintain a good working relationship with your community services for retarded persons. Demand that social services accept their full responsibility to serve the interests of retarded persons 24 hours a day, every day of the year.
2. Make the opportunity to introduce your department to some of the retarded citizens in your community. In one middle-sized town, the police gave a talk to some young adults in the residence on drugs and hitchhiking. It also gave them the opportunity to explain their other roles as helpers and protectors.
3. Know the retarded persons in your community particularly any who have had previous problems with the law. Let them know that they can turn to the police officer and station for help, not hassle.

Summary Facts on Mental Retardation

1. A mentally retarded person is someone who has difficulty in learning and social adaptation.
2. Roughly 3% of the population is mentally retarded.
3. Most causes of mental retardation have to do with environment rather than heredity.
4. Physical injury, drugs, malnutrition, disease and genetic traits are all direct or indirect causes of mental retardation.
5. Most retarded persons are only mildly affected.
6. A retarded person may seem incompetent in many ordinary situations, exercise poor judgement, and demonstrate problems in abstract thinking.
7. It is false to think that retarded people look the same, or look "retarded", or that they have criminal tendencies and are apt to be more highly sexual than others. Retarded people show the same uniqueness and variety in appearance and personality as the rest of the population.
8. Mental retardation is not the same as mental illness.
9. The police do not usually have problems in their contact with mentally retarded persons. Retarded persons may have difficulties in the community and the police will be required to intervene as helpers rather than as apprehenders.
10. In dealing with a retarded offender, you may consider alternatives to the criminal justice process.

UNIT IV

OTHER DISABILITIES

Part A Physical Disabilities

In Canada, 6.7% of our population, or 1,400,000 persons are physically disabled.* A disabled person is someone whose physical limitations restrict his ability to participate in activities which are normal for his age group. Therefore a disabled person could have physical difficulties in such activities as eating, dressing himself, preparing his food, working, etc.

The delegates at the National Conference of the Physically Disabled put forth this definition:

" A physically disabled person is a human being, who through disease, illness, congenital conditions** or traumatic experience, is impaired in functioning in one or more areas of daily living. This functional impairment causes undue dependency on one or more other human beings and/or mechanical devices."

Causes

1. A physical disability can be a condition from birth. Lack of oxygen or injury to the developing brain of the fetus can cause such disabilities as cerebral palsy.
2. Disease can cause physical disabilities such as polio, arthritis, and multiple sclerosis.
3. An injury to the brain or the spinal cord can result in the paralysis of the legs, arms or any part of the body. A person's arm(s) or leg(s) may need to be amputated after injury to that part of his body.

Degrees of Disability

Most disabilities occur in varying degrees of severity or noticeability. Persons who are severely disabled will need attention to their basic needs and will not have much mobility on their own. Persons with minor disabilities will not be noticeably handicapped. It is those persons who are moderately affected whom you will notice most in your work. These persons can get around on their own with very little help but their degree of disability is great enough to be noticeable.

* This figure includes those who are deaf and blind.

** See glossary.

Some disabilities, usually those that are a result of disease, are progressive. The person is mildly affected, but eventually the condition progresses until the person is more seriously affected. This applies to such conditions as multiple sclerosis and muscular dystrophy.

It does not apply to such conditions as cerebral palsy.

Description of Some Major Disabilities

1. Cerebral Palsy

Cerebral palsy affects at least 7 in every 100,000 persons, (approximately 2000 in Canada). It is a disorder of movement or posture due to brain damage. The extent of the handicap varies widely (i.e. from persons who can run 80 metres in 10 seconds to those who cannot turn the pages of a book).

A person with cerebral palsy may have muscle weakness, frequent involuntary movements which interfere with the movements of the whole body, an unsteady gait, difficulty in balancing, and problems in speech.

People with cerebral palsy can be severely mentally retarded or have the intelligence of a genius; most persons are within the normal range of intelligence.

2. Polio (Poliomyelitis)

Polio is a virus that damages the spinal cord and nervous tissues. The damaged muscle tissues may begin to waste away as a result of the disease. As a group, persons who have had polio are highly visible in society since they are very mobile. Many drive cars. Yet because of their slowness, they may give the image of being on drugs or in need of help.

3. Arthritis

Arthritis is the inflammation of the joints. Depending on which joints are affected, a person could have difficulty moving their hands, or walk with a slow, uneasy manner.

4. Minor epilepsy

A person with minor epilepsy may on occasion slump temporarily, or fall suddenly. His skin may pale, he might gag or froth at the mouth. This condition is not acute and does not indicate a serious or emergency situation.

5. Stroke or Coronary

A stroke or a heart attack can break down the structure of a person's nervous system. Depending on the seriousness of the attack, a person can suffer paralysis or develop an awkward, unbalanced gait. A tendency to sideward movement and contractions in facial features can give the affected person the appearance of being intoxicated or on drugs.

6. Multiple Sclerosis

Multiple sclerosis is a non-curable disease that affects the brain or the spinal cord, or both. It can cause lack of co-ordination and strong jerky movements in a person's legs and arms.

7. Paraplegia

Paralysis of the legs and lower part of the body can result from disease, injury of the spine, even chronic alcoholism. The paralyzed person does not feel sensation in the affected area and cannot move his limbs.

Problems Related to Physical Disability

A disabled person may experience problems in the areas of mobility and agility. A person may have problems in one area or the other, or in both.

1. Mobility

A person who has normal or an average degree of mobility is able to manoeuvre himself from place to place so that there is no risk of danger to himself or others. A person with average mobility can use typical means of concourse; such as revolving doors, stairways, escalators, washrooms and can manoeuvre himself in a crowd.

A person who has minor difficulties with mobility may lose his balance occasionally, or not be able to judge distances completely accurately. He may be able to move from one point to another, but not maintain a regular rhythm in doing so.

A person with restricted mobility may require some device to enable him to manoeuvre, such as a wheelchair. This will pose some problems with stairs and other typical means of concourse.

A person who has serious problems with mobility may be confined to one place or need a companion to enable him to go from one place to another.

2. Agility

Many persons with physical disabilities have an average degree of mobility but are simply slower in manoeuvring. Their slowness, however, is often seen as an inability to function. Generally, our society finds it difficult to be patient and accept a slower pace in individuals. Often we will try to do something for a person who is perfectly capable of doing it himself, if given enough time.

Coping with the Disability

Just because a disabled person has difficulties with some typical activities, it does not mean that he cannot do these activities or participate in the routines of community life. He may have learned ways to compensate for his disability to cope with the problems of daily routine. For example, one man who was born without arms uses his feet and toes to write, feed himself and drive a car. He buttons his coat first and then "ducks into it like a pullover sweater."* Other disabled persons may manage these routines by use of a device such as an artificial limb or a wheelchair. Still other disabled persons depend on another person to help them cope with one or more basic living functions, such as bathing.

A person who has lived with a disability for a long time, or all his life, will have found the easiest way to accomplish something. Sometimes this will appear outwardly awkward and strange.

A person's disability is no indication of his limitations elsewhere--he may be exceedingly strong, exceedingly intelligent or just average in these areas.

Problems in Society

The major problems of physically disabled persons in our society have to do with:

1. accessibility
2. architectural barriers
3. discriminatory attitudes

1. Many people who have a physical disability find it very difficult to get from one place to another, and to use the normal means of transportation and communication. Buses are difficult to enter, subways involve many flights of stairs or difficult escalators; both are impossible for someone in a wheelchair. Many disabled persons depend on taxicabs for their transportation, yet getting a

* Wilke, H. Proceedings of the National Conference of the Physically Disabled. Toronto, 1973.

taxi can be a very frustrating experience. Public telephones are often out of reach for someone in a wheelchair or someone who is dwarfed.

Because of problems in transportation and communication public places can be inaccessible to many disabled persons.

2. Many of our architectural structures act as barriers keeping disabled persons out of public and private buildings - houses, shopping centres, movie theatres, churches, and community centres. Stairs and curbs, revolving doors and escalators prevent people who have difficulty in mobility from entering places. Public washrooms are mostly not equipped with handrails nor are they wide enough to allow persons in wheelchairs to use them. Often, where there are ramps, these are too steep to make them really useful to handicapped people. Federal legislation recommends that new buildings should be equipped so that they will be accessible to disabled persons, but it is not mandatory.

3. Generally, disabled persons find a lack of public understanding concerning their disability. Sometimes this can extend into discriminatory practices in such areas as employment and housing. Particularly in the larger cities, well-trained persons have been refused employment because the physical signs of their disability were thought to be displeasing.

Persons with physical disabilities are usually well-adjusted to their limitations and are able to compensate for their impairments. It is often society's awkwardness and attitudes that prevent them from leading an ordinary life.

Possible Areas of Contact between Police Officers and Physically Disabled Persons

1. Assistance

It is sometimes a problem for the police officer, like any citizen, to know when and how to provide a disabled person with assistance. In many cases, persons with such disabilities as cerebral palsy and polio appear to be in need of help, but are really perfectly capable of managing without assistance. Here are some helpful guidelines:

- It is not likely that a disabled person will need help with his normal, everyday activities, such as walking along the street, entering a building, etc.
- You may want to offer assistance to a person who is having difficulty with architectural barriers, such as curbs or revolving doors.
- In cases of accident, for example if a person has tripped and fallen, your assistance will likely be appreciated.
- You can always offer help - if a person assures you he does not need assistance, you can withdraw the offer and observe his progress.

2. Approaching a Disabled Driver

Many physically handicapped persons drive a car. In fact, 3.2% of the drivers across Canada are physically disabled. As a group, these drivers are safe. Hospitals report very few emergencies involving disabled drivers. By and large, drivers who are disabled are cautious because they know their ability to drive may not be recognized.

Many times drivers who are physically disabled are stopped by the police. Their driving mannerism, rather than their driving, attracts attention or gives the appearance of intoxication. With drunken drivers being such a threat to safe driving, disabled drivers understand that they will occasionally be stopped for a routine investigation.

- Don't jump to conclusions. By observation you can probably tell that it was the person's disability which caught your attention.
- Soften your approach. Explain that it is a routine investigation.
- Be aware that physically disabled persons who drive are usually safe, cautious drivers.

3. Suspicion of Alcohol or Drugs

Because of an unusual gait, lack of coordination, difficult speech or slowness of movement, a disabled person may appear to be on drugs or alcohol. Try to assess the person's condition through observation, being aware that his mannerisms are possibly a result of a physical disability. Conversation with the individual about ordinary subjects will usually establish that he is not intoxicated or on drugs.

A few persons with particular disabilities, such as arthritis, may be on medication which has a small amount of alcohol (less than 2%). However the medication may give an odour suggestive of slight intoxication.

4. Emergency Situations

While most physically disabled persons are capable of going about their normal routines without assistance, there may be times when they are in need of emergency assistance.

A person who has haemophilia does not have the normal ability to heal properly. A person with this condition usually wears a Medic-Alert bracelet showing this. If he has received an injury, he will be in the process of a "slow bleed" which has very serious repercussions. He needs an immediate transfusion and will be hurrying to a hospital.

A person who is having a major (Grand Mal) epileptic seizure should be watched carefully. Just before the seizure, his glands may begin to secrete

fluid. This is even more apparent after the seizure, when the person can lose control of bodily functions, discharge urine, etc. At the peak of the seizure, the person loses consciousness and control of his muscles and his breathing becomes weaker. The danger here is of injury to the person and possible lack of oxygen.

Make sure the person is lying down, with feet at a higher level than his head. Do not move him. Keep him warm. Make sure nothing interferes with his breathing and that he does not swallow his tongue. When the seizure is over, there is no longer cause for concern.

Remember that a minor epileptic attack is not a potentially dangerous situation.

Physical Disabilities: Summary

1. There are 1,400,000 physically disabled persons in Canada, including those who are blind or deaf.
2. A disabled person is someone whose physical limitations restrict his functioning in some area of daily living.
3. The disability can be a condition from birth, or a result of disease or injury.
4. Disabilities most easily recognized include cerebral palsy, polio and arthritis. A person may be affected to a minor or major extent by the disability.
5. Disabled persons can lack muscle coordination, have spastic, jerky movements and/or speech impairments.
6. Some disabled persons have difficulty getting from place to place, using stairs and revolving doors, etc. Others manage these things, but at a slower pace.
7. Many disabled persons drive cars. In fact, 3.2% of Canadian drivers are disabled. As a group, they are safe, cautious drivers.

Part B Partial and Total Blindness

Introduction

About 30,000 blind persons are now registered with The Canadian National Institute for the Blind and several thousand more are living in Canada. They work, travel and enjoy recreation the same as sighted people.

Blind people do not differ in character and interests from the sighted. They are just people who can't see.

Definition of Blindness

Not all blind people are totally blind. Some people see a little. If a person can read no more than the "E" at the top of the doctor's chart after all correction has been made, he is considered blind. If he has a very limited field of vision (less than the diameter of 20 degrees) he is also considered blind.

To put it another way, if a person sees at 20 feet or less what the fully sighted sees at 200 feet, he is a blind person. It is expressed as 20/200. He may be able to go about quite well, watch television and even read some print but he would not be able to drive a car or take part in many activities where precise seeing is required. Recent studies indicate that several hundred blind Canadians are also deaf. A person is deaf-blind when the hearing loss is severe (loss of 60 to 74 decibels) or profound (loss of 75 decibels or more) and when the visual impairment is within the terms of "legal blindness" or partial sight.

Sight at Low Levels

At low levels sight takes many forms. If you suffer from cataracts, you may see through a mist that gets thicker as the cataract develops. If you have detached retinas you may seem to be looking away from the speaker although you are doing your best to look straight at him. This often annoys those who do not understand. They think the person is not paying attention. If you have tunnel vision, you see through a pinhole. It is like looking down a straw. You must focus quite carefully on the objects you see. Some blind people have a football in the middle of their sight and must use side vision. Others have no side vision and look through the centre of their eyes.

The Causes of Blindness

Macular Degeneration - This is primarily a disease of old age occurring mostly in people over 65. It accounts for more than 50% of Canada's blindness.

Diabetic Retinopathy - In the last few years diabetes has been an increasing cause of blindness. In 1974 the condition accounted for more than 10% of the new cases.

Glaucoma - A disturbance in the optic nerve associated with increased pressure inside the eye. The disease accounted for about 9% of last year's new cases. Early detection and treatment will prevent the disease from further development. If left unchecked, glaucoma will result in blindness and is still one of the leading causes in Canada. You may guard your own sight against this painless thief of sight by requesting a glaucoma test during your annual medical examination.

Cataracts - When normally clear lens becomes clouded, a cataract has formed. Many cataracts can be removed, but it is still a major cause of blindness and last year added almost 8% to the register. Most cataracts occur in the senior age group.

Injuries - Last year accidents caused only 2% of the 1974 cases. This is due to constructive plant safety programs supported by the Wise Owl Club of Canada which is sponsored by CNIB. To promote eye safety, CNIB makes awards to plant employees who prevent on-the-job injuries by the use of safety glasses. Each year, more than 500 awards are made to employees in Canada's leading industrial plants. In addition, CNIB circulates folders and films and presents numerous talks to educate Canadians on common sense eye care.

Differences Among Blind People

The foregoing remarks should point to the fact that all blind people are not the same. They are not all totally blind. The majority see a little. Their handicaps occurred through many different causes. Some have been blind all their lives. More than half lose their sight over 65. Almost 2,500 are under 20 years of age. Last year about 3,000 blind Canadians working in different jobs at different pay rates earned over \$13,000,000. They worked in 46 different kinds of careers including social work, computer programming, industrial food services, sheltered shop, physiotherapy and so on. Some 300 were students taking courses in universities or community colleges.

In the sporting field more than 3,000 blind bowlers try their skill in the bowl-o-dromes. You'll find them curling and cross-country skiing in the winter, swimming and fishing in the summer.

Blind people are every kind of people. No one image fits them all. Remember that most blind people have average intelligence. Blind people are not always cheerful nor are they always gloomy. Not every blind person is musical. Some dislike music just as some sighted do. Not many sing. Most important, there is no sixth sense. No compensation factor takes over when a person loses his sight.

Blind people use such words as look, see, read, all the time. It's the easiest way to say it. It does not mean that the person actually saw.

Some blind persons have additional handicaps. Instead of a sixth sense, these extra burdens only add more difficulties. One of these is deafness which cuts the blind person off from ordinary conversation and makes communication doubly difficult. To talk to deaf-blind people, you must print the letters of the alphabet in the hand since touch is the only contact possible. Deaf-blind people will respond, and you will find the dialogue progresses well.

Development of Services for Blind Persons

In Canada the first school for the blind was not established until 1861. It was set up by the Gray Nuns in Montreal and provided a haven for young blind women. In Ontario the school for blind children came into existence in 1870. Known as the Asylum for the Blind, it bore a name which indicates the popular attitude of the day.

As years went by, other schools were opened in different parts of Canada with a total of six now offering an education comparable to that of the sighted. In recent years hundreds of blind and partially sighted youngsters have been integrated into the regular school just around the corner.

Growing with but separate from the education program is The Canadian National Institute for the Blind. It was founded in 1918, as a private organization with two purposes--to improve the well-being of blind Canadians and to prevent blindness. From a staff of three and a handful of volunteers CNIB has grown to a 50 office agency offering 80 services to those who wish them. If you have questions about blindness or feel uncertain about your approach to blind pedestrians, step into the CNIB office in your city and talk over the problem. If there is no office, board members, volunteers with a deep interest in blind persons, will be glad to help.

Today the ancient concepts of blindness from other centuries are fading. Thanks to modern education, the work of various rehabilitation agencies, the news media, and other communications services, most people now see the blind person as a citizen living his life in the community with his sighted neighbours.

Modern Training for Blind Persons

Blind Canadians today take courses in adjustment to blindness to prepare for life as a handicapped person. They must learn new skills for freedom of movement, to function well in a restaurant, at a dance or wherever people gather. For the partially sighted, the emphasis is on making the best use of their remaining sight. Highly qualified instructors set up courses in discussion with each trainee according to his goals and abilities. A part of the

training concentrates on the use of the other senses. The white cane, once the symbol of blindness, becomes a practical tool in the hands of a trained user. Note that it is not tapped flatly along the way but is vigorously swung in a wide arc from side to side.

Through training, blind persons learn to interpret the sounds they hear and the contacts they make with the world through the other senses as meaningful messages instead of casual actions. A blind person will orient himself in a room by the noise of a fan or a typewriter. On the street, the sound of passing cars serves as a guide. At an intersection when the lights change, the sound of automobiles changes when one group grinds to a halt and the other starts. These sounds direct the blind person when to cross, instead of the lights. As he walks along the block, different stores announce their presence by their smell. A fruit store, a shoe repair and a restaurant are easily identified. Others take a little practice.

In addition, numerous electronic aids are now being developed. A recent instrument to come into use is the optacon. While the user tracks a small camera across a page of print, letters in the shape of the actual type-face rise against the forefinger of his free hand. Providing instant access to print for the trained person, the optacon joins Braille and the recorded books as a means of reading. The lexiphone which translates print into musical tones is now being perfected and one day will add another dimension to the reading program. For the partially sighted a special electronic device, using a TV screen and camera, magnifies the printed word more than 25 times its natural size.

Around the house numerous aids help the blind homemaker. In the cooking field the interval timer checks out the three-minute egg or the fifty-minute oven bake to the second. Touch type carpentry tools help the do-it-yourselfer handle home repairs. Some blind fellows operate their own power tools.

Contact with Blind Persons

For practical purposes, as you meet a blind Canadian realize that you will encounter two types, totally blind and partially sighted. Most blind persons carry a white cane or use a dog guide. Some do not, but depend on their remaining vision.

Remember that the modern blind Canadian is a trained person. If he lives in a large city he probably has had up to 60 hours of mobility instruction with the white cane. In Toronto and Montreal, this includes special instruction in busy downtown traffic and the use of the subway. If he lives in a rural community, he still has ample instruction with trained teachers but fewer lessons are usually needed.

If the blind person has a dog guide, both dog and man have had a month's special training together at a noted training school. They are a working team, well in command of normal situations. The dog should not be patted. This only distracts him from his important duties as a guide.

If a blind person is also mentally retarded or a diabetic in reaction or suffering from the effects of an epileptic seizure, he may become dis-oriented. His actions and reactions may be misunderstood. In view of the similarity of such reactions to those of people on drugs and alcohol, it is recommended that the police officer attempt to assess the problem. Some straight-forward questions asked in a friendly and helpful manner, such as his name, the direction to his home, may be sufficient to establish the true situation.

Assisting a Blind Person

When you meet a blind person on your beat, he may be ready for conversation and most often will welcome a cheery word and perhaps a little friendly assistance along the way. Begin by identifying yourself. "I'm a police officer. Can I give you a hand?" This approach puts the blind person on an equal footing with you at once, avoids embarrassment and sets up a suitable relationship.

If you know the person, state the name at the beginning of your sentence so the person will know you mean him rather than someone a little way along the street. Give your name at the same time so the blind person will know exactly who it is. "Hello Mary Brown. It's Jim Greensmith." Even if the person is partially sighted, this same approach should be used. Partially sighted people often have great difficulty in distinguishing facial features and can easily confuse you with someone else. Contrary to popular belief, blind people do not always recognize your voice. When you leave the person, tell him you are going. This lets the blind person know he is alone again and must resume responsibilities for his own mobility.

You may be able to help a blind person in many ways. You can help him locate a bus stop, which may only be a few feet away, yet completely outside his immediate reach. Sometimes he needs a telephone booth which may be across the street or down the block--easy to find if you see well enough to locate it. Often he is looking for a number, the entrance to a particular store or an office building. Your friendly guidance is all he needs.

When a person needs a taxi, a policeman's aid is invaluable. To flag a cab he must have enough sight to see at quite a distance away and also recognize that it is a taxi and not just an ordinary car.

If you are doing traffic duty in the middle of an intersection, and a blind person approaches the corner, your first thought may be to wave him through with a hand signal. When he does not respond, realize that he does

not see you and needs verbal direction.

If you give the blind pedestrian personal assistance in crossing the intersection, always let the person take your arm. He follows the movement of your body. When you come to a curb, or a set of steps, he feels you rise or descend and moves easily beside you. It is an extra help if you say "Here's a curb" or "Here's a stairway going up," or down, whichever is the case. No need to count the steps. Few people count in the same way. If you turn a corner, he turns with you. When he takes your arm, walking becomes a pleasure instead of a burden. No need to push the blind pedestrian ahead of you or feel that you must make the best of a bad bargain. Just let the blind person take your arm.

You can do a real favour for blind and other handicapped people by encouraging the sighted on your beat to keep the sidewalks clear. People have a bad habit of parking the car on their driveway with the back end jutting over the sidewalk. Blind pedestrians are unaware of this and often bump their shins as they pass by. They also leave car doors open when a car is parked along the curb. The doors stretch across the walk and create a hazard for the handicapped. Children leave bicycles, wagons and rollerskates on the sidewalk and, in the past, have caused many a blind person a serious fall. The help you can give in correcting these habits in your district will be a real safety boost.

Blind Persons Commit Crimes

Like other handicapped people the blind person should be considered as a citizen responsible for his own actions. If he commits a crime, he is subject to charge just as anyone else, ensuring of course he receives the same due process of law as any other citizen. As one CNIB official, blind himself, observed, "If I commit a crime large or small, I have the right to be charged. I would resent any attempt on the part of the law to treat me as a wide-eyed innocent, incapable of crime simply because of my blindness."

Make certain you explain the rights available to someone about to be charged. Answer his questions and provide whatever assistance is needed.

Crimes Against Blind Persons

A survey taken among professional workers continually contacting blind people in the course of their daily duties disclosed that few crimes are committed against blind persons. Occasionally petty thievery occurs in the Industrial Catering locations of CNIB, but as one man said, "In the thirteen years I handled cash over the counter, I took in thousands of dollars with only \$15.00 stolen from the whole amount.

The pick-pocket was mentioned as a rather infrequent theft, but purse-snatching and rape were completely rejected sources of crime. As one social worker observed, "Even today there seems to be an honour among thieves."

Blindness: Summary

1. Not all blind persons are totally blind. Some blind persons see a little.
2. Do not hesitate to use words like "Look, see and read."
3. Blind people have no sixth sense. Some have extra handicaps such as deafness.
4. Modern blind persons are trained to use the white cane well or to go about with a dog guide. They have learned many additional skills in special courses on adjustment to blindness.
5. When you meet a blind person on your beat, begin by identifying yourself. State your name at once. Put the blind person on an equal footing.
6. You may help a blind person locate a bus stop or phone booth, find a street number or building entrance, or flag a taxi.
7. A blind person will not see your hand signal when you are directing traffic at a busy intersection. Give him verbal direction or let him take your arm in crossing the street.
8. Encourage the sighted to keep the sidewalks clear - cars jutting out of driveways across the sidewalk, wagons and garbage cans, etc.
9. Resist ancient attitudes towards blindness. Treat the handicapped person as any other citizen.

Part C

Deafness

Introduction

In every community there are a number of citizens who are severely or profoundly deaf. Many of them have been deaf from birth or early infancy. There is nothing about their appearance or behaviour to distinguish them from other citizens. They are employed and participate in such community activities as sports, driving cars or using public transportation. They are equal in intelligence to their hearing fellows. They live and function as independently as their hearing fellows. They marry, own or rent their own homes or apartments, raise families, and earn and enjoy the respect of their neighbours and friends.

Effects of deafness on language development

Deafness can interfere with normal communication. Many deaf persons have difficulty in oral communication--the expression and the understanding of speech. Furthermore, their skill in written language may be more limited than usual. This difficulty arises particularly when deafness occurs at birth or in infancy before the age when a child normally develops speech.

A hearing child learns to talk, using the language of his family and associates entirely through imitating what he hears. At birth he cries and laughs and soon begins to babble. He enjoys the sound of his vocalizations and gets pleasure from repetition of his babbling. Gradually he imitates in his babbling the sounds of his family as they talk to him. By the age of one year, more or less, this imitative babbling becomes words, often beginning with "da da." The words extend into phrases and sentences, and by the age of five years a child has a vocabulary of a few thousand words and can use all of the basic structures of the language of his family.

What of the deaf child?

He laughs, cries, and babbles as a baby. There is nothing wrong with his vocal mechanism because of deafness. But he does not hear his babbling nor does he hear the patterns of speech of his family. Thus he gets no enjoyment from repetitive babbling and he has no pattern of speech to imitate. The result is that he does not develop early speech and language normally through the imitation of what is said around him. His babbling does not lead naturally into the development of words and language. Early use of a hearing aid plus early educational guidance by skilled teachers can do much to reduce the effects of the handicap for many deaf children. Yet there are many who have to learn speech and language in a much more laborious and less effective way using visual and tactile means rather than through the normal channel of imitating what is heard.

The Ability to Communicate

Many deaf children do develop adequate speech, competency in lip-reading and relatively normal language. However there are many whose oral skills are inadequate for easy communication with strangers and whose language may be limited. It should be emphasized that there is a wide range of ability to communicate among deaf persons. Some are college graduates, for example, and have above average language skills. Communication with such deaf persons is easy, if not orally, then certainly by writing.

It should also be recognized that lipreading is a very inexact medium. Approximately half of the speech elements of English are invisible or indistinguishable on the lips. It is remarkable that many deaf persons become as skillful as they do in this art.

Contact with Deaf Persons

From what has been said above, it can be assumed that as police officers you will occasionally be confronted with the responsibility of meeting the needs of a deaf individual. Communication may be difficult. Your first task is to be able to recognize that the individual is deaf.

The person may at once take out a pad and pencil and write, explaining the situation. He may make signs or gestures attempting to convey a message or to make it clear that he can't hear. The individual may speak. His speech may be fairly natural, but perhaps with thick "s's" for example. Or his speech may be unnatural, somewhat deliberate without normal tone or inflection and you may find it unintelligible. It is important to recognize this difficulty as deafness, and not confuse it with other disabilities or conditions.

Next, you should communicate as effectively as possible. If speech is attempted and either the individual or police officer is having difficulty in understanding, then it would probably be best to resort to pencil or pad. Depending on the language skills of the individual, there may still be difficulties in comprehension. If so, use sketches, diagrams, demonstration and gesture to supplement the written form. Deaf persons often become skillful at using these means to make themselves understood. Encouragement on the part of the police officer in using these devices may mean the difference between understanding and lack of understanding. In your writing, use short, simple sentences and concrete language.

Communication with a deaf person is a visual process. An unlit police cruiser at night, a poorly lit street, or room are not suitable places for visual communication. Sufficient light is an important requirement.

Communication may be time consuming and even frustrating. You will have to be patient to bring about the best results from the situation or discussion.

It may be necessary for complete understanding to seek the assistance of someone who can communicate in sign language. Most, but not all, deaf persons can communicate readily by this means. It would be useful if every police department had on file the names of persons in the community who are able to assist by interpreting in this way when needed. The deaf individual himself may be able to suggest someone who is available to assist him, for example, a member of his family.

Some police forces are fortunate in having on staff an officer who is competent in sign language. Sign language courses are frequently given in some centres as night courses by community colleges.

Deaf People in Court

The right of a deaf person to have a sign language interpreter in all court appearances has long been established. The police officer involved in laying charges would help considerably by making a point of notifying the court or court clerk's office that a defendant or witness is deaf and will require an interpreter.

Frequently a deaf person will sit through several remands without the benefit of an interpreter or without opportunity to speak to duty counsel or to make his intentions known to the court. The interpreter makes sure that the person's rights are explained, and court procedures understood.

The Court interpreter should be hired by the court. Many deaf individuals have been told by police officers to be sure and "bring an interpreter." This person (often a relative or friend) is seldom impartial and sometimes may say things they feel will "help" the deaf person rather than what he or she has really said.

A source of reference for police departments and court officials in seeking interpreters and in other matters concerning deaf persons is the Canadian Hearing Society. Its head office is in Toronto at the following address:

The Canadian Hearing Society
60 Bedford Road
Toronto, Ontario M5R 2K2

Deafness: Summary

1. Most deaf persons--particularly those who have been deaf since birth or infancy--have difficulties in oral communication. Some deaf persons do develop adequate speech and are competent lipreaders; others have only limited language skills.
2. Early use of a hearing aid and education can reduce the effects of the handicap.
3. You can communicate with deaf persons through speech, writing, diagrams or gestures. Most deaf persons can communicate through sign language.
4. A deaf person has the right to a sign language interpreter in court. The interpreter should be someone hired by the court, not a relative or friend of the deaf person.

UNIT V

MENTAL DISORDERS

In this unit we will look at mental disorders from different points of view:

Some myths about mental disorders

The facts about mental disorders

Three cases where partnership between police officers and mental health "professionals" is important:

1. suicidal attempts
2. family conflicts and crises
3. memory loss and confusion

Other examples of partnership between police and mental health professionals.

Some Myths About Mental Disorders

An introduction should begin with a clear definition of terms.

Unfortunately, when we face the terms mental disorder and mental illness, this is impossible. There is no common, widely accepted definition.

A recent study shows that many Canadians still define mental illness as "that condition which is treated in a mental hospital." In other words, the treatment facility determines the definition. Many still view the mental hospital as an "asylum" or "place of custody" for people who are very different, perhaps bizarre. And many still make sweeping, erroneous generalizations.

The biggest myth is the belief that there is a separate group of people, different from the rest of us, who can be singled out as "mentally ill."

Other popular myths are based on the we/them approach:

- "They are incurable."
- "They are unpredictable."
- "They are dangerous."
- "They should not be trusted."
- "They are not responsible."

The Facts About Mental Disorders

The first fact to remember is this: there is no single cause, no single illness. Mental disorders are of many types, with many possible causes--sometimes physical, sometimes psychological, sometimes social. Some conditions are serious; some are temporary.

1. What are the causes of mental disorder?

Today a great deal is known about mental illnesses and their treatment, although mysteries still remain to be unravelled. Some facts:

Causes may be physical. Examples: brain damage due to an industrial toxin or due to vitamin deficiencies related to prolonged alcoholism.

Causes may be purely psychological or grow out of inter-personal problems. Example: a suicide attempt by one who has suffered a great loss or hurt.

Mental illness is never a question of failure or "willpower." To suggest that a mentally ill person should be strong-minded and "snap out of it" is much the same as suggesting that a person with a broken leg should stand up and walk.

According to the Canadian Psychiatric Association, the term "insanity" is "a vague, obsolete, legal term for the psychotic state." The phrase "mental illness" is more acceptable today. And what used to be called an "insane asylum" may now be a psychiatric hospital or community mental health centre.

The care and treatment of mental illnesses in Canada cost an estimated billion dollars a year--over two million dollars a day.

One Canadian in every eight will utilize our psychiatric facilities at some point in his lifetime.

2. What are mental health services?

Available mental health services vary greatly from community to community. One location may rely on the mental hospital; another turns to the general hospital for most services; in still another it may be a community health centre.

In Manitoba, they speak of the Single Unit Delivery System as the front-line community resource. This term describes a "centre" where the health care staff--physicians and nurses--as well as social workers, rehabilitation workers and sometimes other professions, all work closely together.

3. What about specific diagnostic terms and conditions?

Schizophrenia ... paranoid reaction ... involuntional melancholia ... These are some of the common diagnostic terms usually used by professionals to describe symptoms.

Other publications will outline these conditions in more detail for you. We stress that such terms can also be extremely misleading.

The individual--regardless of his illness--is first of all an ordinary citizen. His human strengths and weaknesses are the important elements--far more important than the pathology.* Very often the success of treatment will depend not as much on the diagnostic term as on the help of friends and family, occupational skills and opportunities, living arrangements, use of leisure time, feelings of usefulness and success. In short, the normal sources of our emotional stability and integration into the community.

Holding onto such labels as "ex-mental patient" or "cured schizophrenic" is usually as irrelevant as labelling someone an "ex-general hospital patient" or "cured gall bladder attack."

This does not mean that the patient can always forget the illness or the treatment. Just as diabetics need insulin and must watch their diets, just as coronary patients must be educated in the techniques of relaxation, etc., many illnesses with mental symptoms call for the same careful attention to medication, diet, stress and daily routine.

4. Forget those clinical phrases

For the police officer, the current pathology* and treatment usually are not as important as an understanding of the person's current living situation and his problems within the family, job or neighbourhood.

When you are informed that the person has been ill, take this as valuable information but do not let it influence your usual approach. Keep your calm, rational, matter-of-fact attitude. This communicates both respect for the individual and concern for his problem.

Unfortunately, people who have spent long periods in a psychiatric hospital may try to use their label to avoid responsibility for their actions. The role of the therapist always includes helping the person or family to take responsibility for their actions. The police officer can be most helpful if he assumes a straightforward, matter-of-fact approach to this responsibility.

5. Where to seek out more information

There is a good deal of published material about mental illnesses and their treatment. Films are also available (and often used by police colleges).

Perhaps the best sources of information are the "mental health professionals"--the psychiatrist, psychiatric nurse, occupational therapist, child care worker, etc. in your local mental health facility.

* See glossary

Knowing the professionals can also speed up procedures and save time in hospital emergency departments and so on. You could consider and attempt to use community-based alternatives to the criminal justice system* such as detoxification centres, drug crisis centres, family crisis centres, youth service bureaus and various mental health clinics. These offer care, information, advice, counselling or referral services to people in trouble.

Mental health professionals also benefit from close contact with the police officer. They can be more effective if they have a good grasp of both your role and the type of information you gather. Quite often the actions of the disturbed individual during the initial contact is of benefit to the therapist.

Another source is your local branch of the Canadian Mental Health Association. They have publications, lists of films, etc.

Remember, too, that the Canadian Mental Health Association can also learn from your views and experience.

Three Cases Where Partnership Between Police Officers and Mental Health Professionals is Important

In many communities, mental health services (hospitals, emergency departments, clinics, etc.) work closely with the police department. Each group deals with people in crisis, emergencies, disabling illnesses. Each group needs and learns from the other.

This partnership is particularly important in three areas:

1. Suicidal attempts

While the wording of the Mental Health Act varies from province to province, each one generally empowers the police officer to act in a situation where there is danger to the person's safety or to the safety of others. A typical direction reads:

"The officer may, if he is satisfied that the person should be examined in the interests of his own safety or the safety of others ... take the person to the appropriate place where he may be detained for medical examination."

You should check the precise wording in your province, but the situation is fairly straightforward. Where the officer is convinced there is a danger, he is empowered to take the person to the nearest and most appropriate place. It is then the responsibility of the physician, or a Justice of the Peace, to decide what happens next. The Statutes permit the officer to restrain the person temporarily and to find assistance.

* The Law Reform Commission of Canada has called organized attempts to use community-based alternatives to the criminal justice system "Diversion."

A suicidal attempt may indicate a serious treatable illness. It may also be a plea for help or an act of rage designed to hurt others. It may be an expression of loneliness or hopelessness.

In some cases it may cause hurt and alienation; at other times it may bring family and friends to the person's aid.

In most communities, the police will take the person to the nearest emergency service--a general hospital, mental hospital, mental health centre, clinic or community health centre. The staff on hand will want the policeman's observations. Also, they can best assess and help if family and friends are present. Tell those involved that they are needed.

While it may be an illness which can be treated, don't assume this. It may be more an act born out of an intense family, social or occupational conflict. In these cases, mental health professionals can help the individual, as well as family and friends, to sort out the problem and plan the next steps.

2. Family conflicts and crises

Many urgent calls to the police grow out of a family dispute.

The situation may be simply one of "disturbing the peace." it may involve children where "child protection" laws apply. Occasionally the Mental Health Act will apply, if there is a danger to the person's "own safety or the safety of others." Because these are often difficult situations, we will describe them in some detail.

The policeman is a symbol of external authority and control. He must communicate calmness, respect and firmness--all balanced with a non-judgemental willingness to listen.

One superintendent of police says simply, "He must use his own judgement. In one situation he may remove his hat and sit down, playing it informally and calmly. Another time he may decide that only an authoritarian approach will work."

While the approach may vary, it's important to communicate a desire to understand and to help each of the people involved. The officer's words, manner and tone of voice may change the whole situation. Those involved may not have been listening or hearing. Often alcohol has further confused realities and contributed to loss of control. The officer's attention to and respect for each in turn may in itself help them understand each other and settle things.

In some cities (Hamilton, Ontario is one example) arrangements have been made with a mental health service for a crisis worker to be on call through the police system.

In other communities, police and staff from mental health or family services exchange experiences and know-how in seminars. This is particularly valuable where there are frequent calls to the same family.

Often the multi-problem family is known to the police and a score of health and social agencies. Working alone, the children's aid worker, public health nurse, clinical psychologist or police officer may not have any lasting success; working together they can often plan a co-ordinated approach.

The police can help these various workers develop a common approach--sometimes called the inter-agency conference--and provide valuable direction.

Violent conflict calls for a special approach

In situations of violent conflict, one of the people may be expressing paranoid ideas, bitter accusations, imagined grievances. There may be an underlying emotional or mental illness. These symptoms may also be a by-product of the quarrel or of acute intoxication. It's difficult to assess the realities and underlying causes in the midst of the conflict.

The police officer may quickly see the need for professional help, but this may be stubbornly resisted.

Perhaps it is a husband and wife who are fighting, each blaming the other and heaping verbal abuse. Obviously the officer can't take sides. Instead, he should try to help them see that regardless of the cause or blame, the battle is painful and destructive to both of them and to their family. A big step has been taken when he can shift their attention from who is to blame, to agreement that everyone is being hurt at the moment. The most difficult step is the first one: recognizing the problem and agreeing to seek help.

For many people, this step is only taken at times of crisis and pain. The police officer is the key person. He can help them to develop something positive and constructive out of a situation that is painful and dangerous. He may also suggest alternative sources of help: the mental health staff, particular individuals, particular agencies,

We are not suggesting that the police officer should look upon himself as a social worker or mental health professional. Far from it. But his presence and the nature of family conflict often present him with an opportunity to not only help them "cool it" but also go forward to further help.

3. Memory loss and confusion

Perhaps it is an aged and confused person who lives alone. The house or apartment is neglected; clothes are in disarray; malnutrition and vitamin deficiency are probable. Most importantly, the memory loss and forgetfulness may create a fire hazard.

Typically the public health nurse or police department is called in by neighbours. The individual may be uncooperative and suspicious.

We all differ in our ability to humour and persuade. With the help of neighbours and the public health nurse, it's often possible to gently turn hostility into cooperation. The Mental Health Acts empower a police officer to "take the person to an appropriate place" if there is evidence of danger to the person's "safety or the safety of others."

The situation is often best handled by arranging for the family physician to come to the house, examine the individual and complete the necessary documentation.

Other Examples Of Partnership Between Police And Mental Health Professionals

The police, partly because they encounter society's problems so frequently, are often among the key citizens who launch new community programs and support the various agencies involved.

Many police officers are active on boards and committees of agencies, both for personal reasons and because of their sensitivity to "high-risk" groups needing special programs. Community action and volunteer groups can help prevent mental disorders in such groups as the aged. These groups include Big Brothers and the local branches of the Canadian Mental Health Association.

APPENDIX A

Examples of situations involving law enforcement officers and handicapped persons

One way to stimulate discussion about the information you have presented is to relate several examples. The following are actual, reported situations involving law enforcement officers and handicapped persons. The aim of these examples is to provoke discussion about ways to deal with similar situations.

Situation No. 1.

A particular resident of a small group home spends a great deal of time walking on his own. One evening, walking back to his residence, he met a couple of local kids who called the police saying he threatened them. The person reporting the situation says that the residential staff never knew the exact details of the situation, but it is quite possible that he appeared to be threatening, since he often talks to himself and makes gestures and doesn't like to be interrupted when on his own. The police picked up the resident and brought him back to the group home.

(Source: Staff of a residential service for retarded adults in a small town in Ontario.)

Situation No. 2.

A businessman reports that his friend, a wealthy real-estate man with moderately severe cerebral palsy, while parking his car was arraigned as a drunk, despite his protests. Police officers countered his protest with "That's what they all say." After he was taken to the station and established that he was indeed sober, he was released with an apology.

(Source: Businessman in a large city in Ontario).

Situation No. 3.

In a city in Ontario, a young man who is mentally retarded was picked up three times by the police for car theft. The young man had served a six month sentence in one of the provincial institutions but "it did nothing to help him". His family felt that they could not cope with their son because of his frequent brushes with the law. The young man had been in and out of special schools for the mentally retarded in the local area but the social services involved felt that he would be better in a residential special school outside the local area. In the opinion of the respondent this person, because of his handicap, should have received additional attention by all of the community resources involved, including the law enforcement agencies.

(Source: Case worker with an after-care agency assisting men who have been in trouble with the law.)

Situation No. 4.

A retarded man had been removed from the residence by his foster mother. He later began to display violence at home and she announced that he was the residence's legal responsibility and she was sending him back. The residential staff demanded certain conditions be established before they received him but she called the regional police one night and had them deliver him to the residence. The police dropped him at the door of the residence and left immediately. The staff would have appreciated it had the police waited to talk with them there but realized the police probably did not want to involve themselves any further in something in which they should not have been involved at all. The residence ended up by refusing to keep this person and sent him home on his own that night. They later made arrangements to receive him back when their conditions were met.

(Source: Staff of a residential service for retarded adults, in a small town in Ontario.)

Situation No. 5.

A husband and wife, both with cerebral palsy and speech impediments, who needed each other for physical support, were at a downtown movie theatre. Leaving the theatre after the film ended, they attempted to summon a taxicab. After a while, a citizen came along who gave them some help in stopping a taxi. However, the taxicab driver hesitated to accept them as passengers. The man showed the driver his wallet with identification, the address he wanted and the necessary money.

When a crowd began to gather, a police officer came by. He tried to resolve the incident by questioning the passer-bys as to what the problem was. Eventually the situation was resolved.

(Source: Couple with physical disabilities.)

Situation No. 6.

The young woman who is 22 years old, has a central nervous system disorder which manifests itself in physical spasticity and apparent nervousness. Since she was 18 years old she has had three contacts with the police.

At one time she was downtown in the central square, and about to enter a major building, when a policeman stopped her and told her that she had obviously been taking drugs. She told him that she had a physical impairment but he didn't believe her. He called the squad car, took her home and got her statement verified by her parents. Then he returned her downtown.

At another time she was also downtown and was stopped by a policeman as she was about to get on a bus. The policeman asked her what was going on and she missed her bus. She finally had her condition verified by an acquaintance who was across the street. The policeman believed the acquaintance. He suggested that the young woman wear a MedicAlert bracelet to label her condition.

The third time she was inside a shopping mall walking with a friend, when a policeman began to follow her down the mall. When she went up the escalator into a department store, she noticed three police officers coming up to her. She broke down and began to cry. They asked her to go with them to a back room in the store. When she explained that this was the third time the police had interfered in her everyday activities, the policewoman gave the woman her name and number and told her to call if she was ever in any trouble. However, then the policewoman proceeded to enquire from her friend if she had taken any drugs.

(Source: Recorded interview with handicapped person, in a large city in New Brunswick.)

Situation No. 7.

A man who is a temporary resident of a group home was caught shop-lifting a radio at a major department store in a large city. The security guards of the store who arraigned him found the telephone number of his residence in his wallet and therefore called both the residence and the police. The residence worker then called his local police division, and also specifically called the Community Service Officer. (The Community Service Officer is a law enforcement officer in each division of the city police who is particularly trained to deal with certain kinds of social problems.)

When the residence worker arrived at the department store the police officer called by the security guard was already there. This officer then handed the resident over to the residence worker and stated that the matter was no longer in his hands. In the opinion of the residence worker this officer may not have realized that the charges could actually have been laid against the resident as he is not legally mentally incompetent, even though he is retarded. Therefore, the worker informed the security guard that the company had the right to press charges but the matter was dropped. The resident was restricted from entering the department store in the future.

The residence worker then arranged for the Community Service Officer to speak to the resident about his conduct. The Community Service Officer readily accepted that duty. In the opinion of the residence worker, however, the original police officer involved had not been strict enough in his attitude to the resident. While not advocating the arrest of the resident, the residence worker felt that the policeman should have presented the possibility of arrest to the resident, to show him the seriousness of his deed. While the Community Service Officer did accept this responsibility, with the four day time lapse in between the action and the reprimand, an important learning opportunity may have lost some of its meaning for the resident.

(Source: Residence worker in a middle-sized residence for moderately retarded adults in a large city in Ontario.)

Situation No. 8.

Before this handicapped person moved to the residence where he is now and during his visits home to his parents, he had many times been picked up by the police for allegedly taking clothing from a clothing drop-box in a shopping plaza and also for strewing clothing around. He does have an interest in clothing belonging to others, and he is recognizably retarded. The clothing box, it is reported, is not emptied often enough, and there is often clothing stacked outside it or laying around on the ground.

When the police have picked him up, they usually call the residence or take him home to his parents. He always becomes very upset by these encounters. His parents have become annoyed when the police suggest that he should be kept under stricter surveillance. The police for their part have in most cases been responding to calls from citizens who saw him around the clothing box. On one occasion the police were called by someone who saw him standing on the street corner.

He does sometimes display kleptomania and the residence staff try to counter this by talking with him and having him return anything he might have taken. They feel it might be helpful if they were to talk to the local police about the resident and about their general attitude to handicapped people involved in alleged offenses. They feel certain there is a better way to handle the situation in question than by detaining the man every time someone reports him.

(Source: Residential service for retarded adults in a small town in Ontario.)

Situation No. 9.

An adult who is mentally retarded was arrested for three break-ins in a large Western city. The first two were at city service stations and the third was at a car dealership. When the man was arrested he gave a statement to the police. The question then arose as to whether the man was capable of being easily misled since through questioning he was not likely to withhold information. In the newspaper article the lawyer is reported to have questioned in court whether his client should have had the assistance of an adult, preferably a member of the family, during the questioning. The judge ruled that he was given considerate treatment by the police, he did not need special treatment, and "in fact he might be inclined to tell the truth". He ruled the statement had been made voluntarily. In the young man's statement he used the word "we" concerning the breaking and enterings but his lawyer argued that he had not planned the offences nor did he do them. However the Crown argued that the young man in question was there and was "much more than merely a spectator". The judge said the young man knew what he was saying to the police and found him guilty on the three charges. He was then remanded to the Provincial Hospital for the Mentally Retarded.

(Source: Newspaper article and letter from lawyer of handicapped person in case.)

Situation No. 10.

A resident recently broke some windows in a service station before its opening time and crawled inside. There was no particular motive in doing it apparently, and he stole nothing. Someone phoned the police and the owner of the station. The police and the owner were both extremely understanding and the owner even offered to overlook the damage. However, arrangements were made so that the resident in question would pay what he owed in monthly installments.

(Source: Staff of a residential service for retarded adults in a small town in Ontario.)

Situation No. 11.

While this young man was at the residence for handicapped adults, he was arrested a number of times for loitering, breaking and entering, theft and other offences. These arrests took place in a number of locations including Toronto, Detroit and various parts of a region near Toronto. They always resulted in a call to the residence and the subsequent return of the resident. Following a number of thefts of money from the residence itself, the staff were determined to impress on the resident the gravity of his actions. They wondered if the laying of charges might result in his placement in some sort of correctional hostel in which he could be more strictly supervised and helped by correctional professionals.

A judge whom they approached advised against this course of action since there would be no guarantee of what the sentence would be or whether the resident would ever end up in a correctional hostel at all. They then approached the regional police who agreed to talk to the resident. They talked seriously to him about his actions, showed him their cells and generally tried to impress upon him the necessity of changing his ways. They then placed him in the custody of the residence and he was forbidden to leave the residence property. They said if they saw him out on his own they would pick him up and return him immediately to the residence. They made these demands on the request of the residence. However, the young man soon left the residence and the province, having taken more money and the residence refused to take him back when he called next time. Later the director put him in touch with Citizen Advocacy, a resource in which a volunteer citizen represents as his own, the interests of another citizen who is in some way handicapped or impaired. This resource has many connections with legal and para-legal resources.

(Source: Staff person of a residence for retarded adults, near a large city in Ontario.)

Situation No. 12.

An 18-year old mentally retarded young man came to the attention of the R.C.M.P. when a complaint was made by a neighbour that the young man was sexually molesting young girls. Apparently he had not learned to respond appropriately to his sexual drives and tended to involve young neighbourhood children,

particularly young girls. In this case the police soon realized that the youngster was retarded and made a referral to the mental health clinic who were able to assess the problem and take appropriate action. Again in this situation the police were frustrated at the lack of services in the community to assist the boy, but did make the most appropriate referral in view of existing community services.

(Source: Government Social Services Branch of British Columbia.
This service reports that only the most serious incidents come to its attention.)

APPENDIX B
QUESTIONNAIRE

In each of the following questions indicate the answer which is most correct.

1. Handicapped people

- a. aren't very sensitive about their human dignity
- b. have the same needs you have
- c. don't need as much self-fulfillment
- d. have a lessened need for love and loving
- e. aren't very aware of a feeling of self-worth

2. The trend is to have handicapped citizens be

- a. more segregated from society
- b. given more separated services
- c. included in the full stream of society
- d. separated from society except for transportation
- e. separated from society only in employment

3. Select the best of the following: most handicapped adults

- a. can work on simple repetitive jobs
- b. cannot work
- c. can work in sheltered environments
- d. can be kept busy in activity centres
- e. can work on competitive jobs in the community

4. You will likely encounter more handicapped citizens in the line of duty today than before, because

- a. there is more prejudice against handicapped people today
- b. handicapped persons are violating the law more than before
- c. handicapped people are participating more extensively in community life
- d. it is now easier to recognize a person who has a disability

5. To act most appropriately in situations involving handicapped persons, you should

- a. have taken at least one social science course
- b. have accurate information about disabilities
- c. be prepared to act as an interim social worker
- d. be a regular church-goer

6. Your best approach to get the most accurate responses from a handicapped person encountered on the street is
 - a. firm and authoritative
 - b. stern yet impersonal
 - c. official
 - d. friendly and calm
 - e. cool and detached

7. In addressing a handicapped person, you should
 - a. convey the respect you have for them as citizens
 - b. show recognition of the fact that they are handicapped, particularly by mentioning the handicap
 - c. preferably approach a third, non-handicapped person instead of talking directly to the handicapped person
 - d. attempt to form your words very carefully and speak a little louder than usual
 - e. all of the above

8. Whenever you encounter a handicapped person in the line of duty, you should
 - a. consult a social worker as soon as possible
 - b. remove the handicapped person from the street
 - c. make sure the handicapped person wears an identification tag so that in future it will be easier to identify him
 - d. treat him the same way you would other citizens in similar situations
 - e. show sympathy for the handicapped person's disability

9. What percentage of the population is retarded?
 - a. 3%
 - b. 5.4%
 - c. 8%
 - d. 10%
 - e. 12%

10. Heredity accounts for which percentage of retardation?
 - a. less than 1%
 - b. 7%
 - c. 13%
 - d. 20%
 - e. more than 50%

11. If you're going to be retarded, you're
 - a. born retarded
 - b. retarded by early childhood
 - c. a candidate for retardation at any age
 - d. likely to degenerate gradually
 - e. retarded before puberty

12. Most retardation occurs because of
- a. lack of education
 - b. inbreeding
 - c. poor protoplasm
 - d. evil deeds
 - e. unknown causes
13. A physically disabled person is someone who
- a. has difficulties in one or more areas of daily living
 - b. cannot participate in community life
 - c. is receiving physical therapy
 - d. cannot perform certain skills designated on a Physical Ability Test
14. What percentage of the population is physically disabled?
- a. 14.6%
 - b. 10.2%
 - c. 6.7%
 - d. 3.5%
 - e. 2.1%
15. A physically disabled person
- a. cannot, by law, drive a car
 - b. will usually need your assistance on the street
 - c. can sometimes appear to be under the influence of drugs or alcohol
16. Disabled persons have the least problems with
- a. transportation systems
 - b. architectural structures
 - c. public attitudes
 - d. faulty wheelchair devices
17. The best estimate of the number of blind Canadians is
- a. 500,000
 - b. 100,000
 - c. 50,000
 - d. 15,000
 - e. 3,500
18. To be considered legally blind, a person must
- a. be able to see nothing at all
 - b. carry a white cane
 - c. have vision which is limited according to certain regulations
 - d. be registered with the Canadian National Institute for the Blind

19. Today most blind persons

- a. need the assistance of a friend in order to get to work
- b. have been trained to get around their community on their own
- c. wear dark glasses to cover up their impairment
- d. live in special residences located in rural areas

20. When you approach a blind person, you should

- a. simply say "hello"; if he knows you, he will recognize your voice
- b. touch his arm in greeting
- c. address him by his name and then identify yourself
- d. pat his dog guide in a friendly manner

21. In court, a deaf person

- a. should bring a friend or relative to help with communication
- b. should have the services of an official sign language interpreter
- c. should be prepared to answer questions in writing

22. Indicate whether the following statements are true or false

- T/F Retarded persons "never grow up" because their mental age is lower than normal
- T/F Handicapped people are not really responsible for their own actions
- T/F Severely handicapped people are not sensitive to heat and cold
- T/F All handicapped persons are capable of development
- T/F Mental retardation can be cured through the latest medical discoveries
- T/F The majority of blind people are born blind or become blind before the age of 40
- T/F Deaf persons can develop adequate speech
- T/F Physically disabled persons do not usually live past age 40
- T/F Mental retardation and mental illness are related conditions and are best treated in a psychiatric hospital
- T/F Handicapped persons should have community resources made available to them

APPENDIX C

THE DEVELOPMENTAL SERVICES ACT (ONTARIO) 1974

By the Developmental Services Act, 1974 of Ontario, persons with a "developmental handicap" reside voluntarily in a facility regulated to provide assistance for their handicap. Designated facilities are operated by the Ministry of Community and Social Services. Many of these facilities had previously been designated as facilities under the Mental Health Act. In other words, retarded persons are now considered voluntary residents of institutions and other facilities for the mentally retarded.

GLOSSARY OF TERMS

- Blindness** -- The limitation of vision. Blind persons can be totally or partially blind.
- Cerebral Palsy** -- A very common physical disability often characterized by lack of muscle coordination, jerky movements which interfere with the whole body's movements, and speech impairments. The extent to which a person is affected in one or more of these areas varies widely.
- Congenital** -- Something that has been with a person since birth.
- Deafness** -- Partial or complete loss of hearing. Often affects language development and communication. Also referred to as hearing impairment or hearing handicap.
- Diversion** -- A term put forth by the Law Reform Commission of Canada to refer to the attempt to divert persons from the criminal justice system to alternatives based in the community.
- Down's Syndrome** -- Dr. Langdon Down first described this condition about 100 years ago, and it came to bear his name. Because of a vague resemblance in the face of a person with the syndrome to the Asian races, he was described as a "mongol", and hence the terms "mongolism" and "mongoloid". These outdated terms are offensive to Asians and demeaning to the person with the condition.
- Down's Syndrome is one of the most common causes of mental retardation. It is a result of an extra chromosome in the person's cells.
- Down's Syndrome has such possible physical effect as: small stature, upward-slanted eyes, short nose, short neck, broad stubby hands. But you will also find many family likenesses of appearance. It is important to note that the number of physical signs present does not determine the person's mental development. People with very obvious signs can be among the least retarded.
- Fetus** -- The unborn baby in the uterus.
- Gait** -- A person's manner or style of walking.
- Genetic Trait** -- Inherited; a characteristic that is carried in the genes. Hundreds of genes carry the hereditary material in our bodies. They are located on microscopic rod-like chromosomes in all the cells of our bodies.

Glossary (continued)

- Group home -- A home where persons with a particular handicap live together, usually with several staff persons. The number of residents in one home can vary, from about 6 to 15.
- Institution -- A large facility housing many persons with a particular handicap, often located away from the community. Can also be referred to as Regional Centres or Hospital-Schools. Size, living arrangements, age grouping, and programming varies.
- Mental Retardation -- Subaverage intellectual ability and difficulties in social adaptation. Mentally retarded persons are also referred to as "developmentally handicapped" and "mentally handicapped." Not to be confused with mental illness.
- Mental Illness -- An emotional disturbance or psychiatric condition, a result of disease or psychological or social problems. The degree and length of time that a person is affected varies.
- Pathology -- The science of diseases.
- "Retardate" -- Outdated term for referring to retarded persons. Now considered derogatory, as are the terms "idiot" and "imbecile."
- Sheltered Workshop -- Small industrial centre where handicapped persons work in non-competitive environment. Work often includes contracts from outside firms. Centres where skill training is the key objective are sometimes called Vocational Training Centres. The two components can operate as part of one Centre.

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