

COURSE INFORMATION AND INSTRUCTOR PREPARATION

TITLE: CRIMES AGAINST THOSE WITH SPECIAL NEEDS

HOURS: 1

GOAL: STUDENT WILL GAIN KNOWLEDGE OF THE CRIMES AGAINST THOSE WITH SPECIAL NEEDS, FEARS OF THE SPECIAL NEEDS POPULATION AND WAYS TO REDUCE THESE CRIMES.

TEACHING AIDS (CHOOSE ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> Chalkboard and chalk | <input type="checkbox"/> Easel notepad |
| <input type="checkbox"/> Whiteboard and markers | <input type="checkbox"/> VCR/DVD player |
| <input type="checkbox"/> Computer and mouse | <input type="checkbox"/> TV |
| <input type="checkbox"/> Multi-media projector | <input type="checkbox"/> Overhead projector |
| <input type="checkbox"/> Lectern or table | |

INSTRUCTIONAL TECHNIQUES (CHOOSE ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Group work |
| <input type="checkbox"/> Discussion | <input type="checkbox"/> Scenario-based training |
| <input type="checkbox"/> Individual exercise | <input type="checkbox"/> Hands-on techniques (i.e. driving, shooting, etc.) |

STUDENT MATERIALS

None



REFERENCES

Web Site:

http://www.cdc.gov/ncipc/tbi/Factsheets/victimizationTBI_FactSheet4Professionals.htm

National Center for Injury Prevention and Control

Web Site: http://dawn.thot.net/violence_wwd.html Family Violence Against Women with Disabilities; Dawn Ontario

Web Site: <http://www.ojp.usdoj.gov/ovc/publications/factshts/disable.htm> Office of Victims of Crime; U. S. Department of Justice

Web Site: <http://www.pai-ca.org/PUBS?701901.htm> Abuse and Neglect of Adults with Developmental Disabilities: A Public Health Priority for the State of California, August 2003

Web Site: http://www.csasurvivor.net/?page_id=112 Sexual Abuse of Girls and Women with Disabilities; Childhood Sexual Abuse Survivor

Web Site: <http://trynova.org> Obstacles Unique to the Disability Community

Web Site: <http://www.ojp.usdoj.gov/ovc/ncvrw/2004/pg5s.html> Victims' Rights American's Value; Victims With Disabilities

Article: Why We Shouldn't Blame the Murders of Disabled Kids on Lousy Services, by Dick Sobsey

Web Site: <http://www.trynova.org> Myths About the Disability Community

Web Site: <http://www.trynova.org> Working with Victims of Crimes with Disabilities

Article: Criminal Justice, Institute on Disabilities, University Center for Excellence in Developmental Disabilities

Web Site: <http://www.trynova.org> Residential Care Elderly Abuse Types & Injuries

Web Site: <http://www.trynova.org> The Trauma of Victimization; How to Get Help After a Victimization

Web Site: <http://www.trynova.org> The Emotional Response to Crisis (Feeling Reactions)

Web Site: <http://www.trynova.org> Rebuilding Balance and Long-Term Crisis Reactions; The Trauma of Victimization

Web Site: <http://www.trynova.org> Working with Victims of Crimes with Disabilities

OHIO PEACE OFFICER TRAINING COMMISSION



Web Site: <http://www.trynova.org> Recommendations for National, State, and Local Disabilities Rights Specialists

Web Site: <http://www.trynova.org> Recommendations for Criminal Justice Agencies and Local Disability Rights Specialists

Web Site: <http://www.trynova.org> Project Purpose: Crime Victims with Disabilities OVC Bulletin

Web Site: <http://www.austin-safeplace.org> SafePlace Envision a Future Without Violence

Article: National Disability Rights Network, March 2006, Civil Rights Laws Must Protect All People with Disabilities

Article: Working with Victims of Crime With Disabilities, By Cheryl Guidry Tyiska, Director of Victim Service, National Organization for Victim Assistance

Web Site: <http://www.austin-safeplace.org> Disability Services ASAP, A Safety Awareness Program

Web Site: <http://www.trynova.org> According to the National Council on Disability; Crime Victims with Disabilities OVC Bulletin

Article: Critical Response; Assisting Law Enforcement to Meet the Needs of Crime Victims, A Newsletter from the International Association of Chiefs of Police

Article: First Response to Victims of crime Who Have a Disability, Office for Victims of Crime. U.S. Department of Justice, October 2002

Article: STOP Newsletter: Abuse and Disabilities: Barriers to Seeking Services, by Gretchen Reese, Technical Assistance Specialist

Article: STOP Newsletter: Sexual Violence Against Individuals with Disabilities: by Beverly Frantz, Institute on Disabilities, Temple University

Article: Impact: Faces of Violence Against Women with Developmental Disabilities By Dick Sobsey

Article: Don't Ask, Tell or Respond: Silent Acceptance of Disability Hate Crimes By Mark Sherry, Post Doctoral Fellow in Disability Studies, University of California, Berkeley

Article: Hate Crimes Against People with Disabilities By Daniel D. Sorensen, Chair California Coalition on Crime Against People with Disabilities, May 2001

Article: The ARC of Tucson, The Self-Advocacy Movement, by Bonnie Shoultz, Center on Human Policy

Article: The ARC of Colorado, Criminal Justice, Community Services and Supports Info.

OHIO PEACE OFFICER TRAINING COMMISSION



Article: PCAR: Pennsylvania Coalition Against Rape; Working with People with Cognitive Disabilities, Volume 2, Issue 3 September 2005

Article: Hate Crimes Against People with Disabilities, by Mark Sherry, School of Social Work, University of Queensland, January 2000

Article: Get Help: Helping Victims of Crime Rebuild their Lives, The National Center for Victims of Crime.

Article: Abuse, Violence, and Disability, by Dr. Grego Wolbring (1994)

Rehabilitation Act of 1973 – Section 504

Americans with Disabilities Act of 1990

SUBJECT MATTER EXPERT

Scott Phillips, Social Worker, M.S. Ohio Department of Mental Retardation and Developmental Disabilities.



STUDENT PERFORMANCE OBJECTIVES

At the completion of training, the student will be able to:

1. Define a person with special needs according to the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.
2. Know six specific categories of special needs.
3. Identify risk factors for those with special needs.
4. Know the five categories of victimization.
5. Know the definition of Hate Crimes as defined by the U.S. Department of Justice.
6. Identify and understand the two most common victims of hate crimes.
7. Know the characteristics of a Hate Crime.
8. Identify ways to help crime victims with disabilities



CRIMES AGAINST THOSE WITH SPECIAL NEEDS

INSTRUCTIONS

NOTE: This course may be instructed by the local training officer or supervisory personnel. However, it is recommended that the trainer visit the following website to locate a crime victim advocate in the local area to help in the course: www.ag.state.oh.us/victim/dir_state.asp . Click on County and scroll down to find your county. This web-site is an excellent resource of services available for crime victim assistance including locating crime victim advocates. Assistance may also be available at the County Prosecutor's Office, Court Mediator Services, County Job and Family Services, County Sheriff's Office, United Way, various courts and through many non-profit agencies.

This course is presented in a narrative style and includes questions and discussion topics.

INTRODUCTION

The statistics on crimes against those who have special needs are staggering. One in four people with a serious mental illness reports being a victim of a violent crime in the last year and people with mental illnesses are more likely than others to experience rape or sexual assault (study by Dr. Linda A. Teplin, Northwestern University). Other studies have found that from 83% to 90% of women and 32% of men with intellectual disabilities have been sexually assaulted. Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported (Valenti-Hein and Schwartz 1995). More troubling is the fact that 97% to 99% of the abusers of persons with a disability are known and trusted by the victim.

One out of five people in the United States has a mental or physical impairment with the disability being severe for half of this population. As such, people with disabilities constitute the single largest minority group identified, surpassing the elderly and African Americans. The percentage of people with a disability increases with age. As "baby boomers" age, the number of people with disabilities will also increase proportionally. Disabled persons are more vulnerable to victimization because they commonly lack the ability to fight back. The very nature of the victimization may exacerbate existing health condition. This lesson will explore crimes against the disabled, understanding of the unique characteristics of each disability, understanding of the fear of the disabled, requirements under ADA and Rehabilitation Act, forms of victimization, hate crimes against those with special needs and how the law enforcement can help reduce high crime rates against the disabled community.



CRIME VICTIMS WITH SPECIAL NEEDS HAVE DISTINCT ISSUES

- A. The feelings, emotions, shock, denial and sense of disbelief experienced by a person without a disability are often more devastating to a person of special needs when they are a victim of crime. In addition to these feelings, a special needs person will commonly experience six distinct issues:
1. A higher risk of victimization versus those who are not persons of special needs.
 2. A greater risk of re-victimization.
 3. Victimization at the hands of their caregiver or family member.
 4. The risk of not being believed.
 5. The lack of physical stamina.
 6. Child custody may be a specific issue in a domestic violence situation.
- B. The primary difference for a crime victim with a disability is that victimization frequently compounds existing problems that are a result of a lack of accessibility to basic social services, poverty, institutionalization and other barriers to equal rights. A crime that would be damaging to an able-bodied person is frequently a devastating blow to a person with a disability. (Working with Victims of Crime with Disabilities by Cheryl Guidry Tyiska)



DEFINITION AND EXAMPLES OF SPECIAL NEEDS

SPO #1

- A. An individual with a disability is defined by the American's with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as a person who
- Has a physical or mental impairment that substantially limits one or more major life activities;
 - Has a record of such an impairment; or
 - Is regarded as having such an impairment. It is estimated that about one-third of the general population will suffer from a disability sometime in their life.

SPO #2

- B. Six categories of special needs, characteristics of each and how law enforcement should respond include: (First Response to Victims of Crime Who Have a Disability, Office of Victims of Crime, October 2002, U. S. Department of Justice)
1. **Alzheimer's Disease** – a breakdown in the connection between the nerve cells in the brain. While it can occur in those who are in their 30s, 40s and 50s, most people with Alzheimer's are older than 65. Ten percent of people over age 65 and nearly 50% of those over 85 have the disease.
 - a. Characteristics of Alzheimer's Disease:
 1. Use of nonsensical words in speaking.
 2. Disoriented sense of time and place.
 3. Wandering or becoming lost and not knowing where one lives.
 4. Blank facial expression.
 5. Poor judgment. For example: wearing winter clothes in summer and nightgown to go shopping.
 6. Rapid mood swings for no apparent reason.
 7. Walking manner characterized by slow, sliding movements without lifting the feet.
 - b. Responding to crime victims who have Alzheimer's Disease
 1. Approach victims from the front and establish and maintain eye contact (if you know in advance victim has disease)



2. State that you are a law enforcement officer and explain that you are there to help.
 3. A symptom of Alzheimer's disease is a short memory. Repeat often to the victim who you are and how you will help.
 4. Ask for personal identification or observe for a necklace, bracelet, lapel pin, key chain or label which might indicate registration in a nationwide registry for individuals with Alzheimer's.
 5. Treat with dignity. The deterioration of their mental abilities does not mean victims are without feelings. Sufferers are often very frustrated with their inability to remember.
 6. Remove the victim from crowds and other noisy environments as this can cause restlessness, pacing, agitation, and panic in people with Alzheimer's. Lower volume of radios and turn off flashing lights.
 7. Talk in a low-pitched, reassuring tone while making eye contact. Speak slowly and clearly using short simple sentences. Repeat yourself. Avoid sudden movements.
 8. Include victims in all conversations to avoid arousing their suspicion.
 9. Explain your actions before performing them. For example: if you need to leave the victim to get into your car to talk on the radio; say, "I am going to my car." Wait to see if you appear to be understood. Then say "to talk on the radio." Again wait to be understood. Then say, "I will be right back."
 10. Give simple, one task instructions.
 11. Ask one question at a time.
 12. Never argue with victim(s) or challenge their reasoning.
 13. Never leave the victim alone; they might wander away.
 14. If a caregiver cannot be immediately located, find emergency shelter for the victim and/or seek the help of a local Alzheimer's Association chapter or other social services.
2. **Mental illness**—encompasses a number of distinct brain disorders such as manic-depressive illness, schizophrenia, depression, and severe anxiety that disrupts a person's mood, thought processes, memory, sensory input, feelings and ability to reason and relate to others. More than 7 million adults and 5 million children in the U.S. have severe mental illness (First Response to Victims of Crime Who Have a Disability, Office for Victims of Crime).



- a. Characteristics of mental illness:
 1. Accelerated speaking or hyperactivity
 2. Delusions and paranoia, false beliefs that one is a famous person or that others are trying to harm him/her.
 3. Hallucinations, such as hearing voices or seeing, feeling, or smelling imaginary things.
 4. Depression.
 5. Inappropriate emotional response. For example, silliness or laughter at a serious moment.
 6. Unintelligible conversation.
 7. Loss of memory, inability to remember day, year or location.
 8. Marked lack of movement, activity or expression.
 9. Unfounded anxiety, panic or fright.
 10. Confusion.
- b. Responding to crime victims who may have a mental illness
 1. Approach the victim in a calm, non-threatening and reassuring manner.
 2. Identify yourself by name and as a law enforcement officer.
 3. Determine if the victim has a family member, guardian or mental health service provider who helps him/her with daily living. Contact that person immediately.
 4. If victim is highly agitated, distracted, uncommunicative or displaying inappropriate emotional responses, contact the local mental health crisis center. Victims may be experiencing a psychiatric crisis.
 5. Ask victim if he/she is taking any medication, if so, determine what types if possible. Make sure the victim has access to water, food, and toilet facilities. Side effects of medication include thirst, frequent urination, nausea, constipation and/or diarrhea.
 6. Conduct your interview in a setting free of distractions.
 7. Keep interview simple and brief.



8. Be friendly and patient.
 9. Offer encouragement.
 10. If the victim has an outburst, allow him/her time to calm down before continuing. Outbursts are usually short lived.
 11. Be honest with the victim.
 12. Continually assess the victim's emotional state for any indications that he/she may pose a danger to him/herself or others.
 13. Acknowledge paranoia and delusions by empathizing with victim's feelings but neither agree or agitate the victim by disagreeing with their statements.
 14. Never try to convince the victim that the hallucinations do not exist. Rather, reassure victims that the hallucinations will not harm them and may disappear as their stress lessens.
 15. Avoid: circling, surrounding, closing in on or standing too close, sudden movements, rapid instructions, whispering, joking, laughing in their presence, signs of impatience or any touching.
 16. Provide for the victim's care by a family member, guardian or mental health service provider before leaving him/her.
3. **Mental Retardation** –Mental retardation is characterized both by a significantly below average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, self-care, and getting along in social situations and school activities. Mental retardation is sometimes referred to as a cognitive or intellectual disability. There are different degrees of mental retardation, ranging from mild to profound. A person's level of mental retardation can be defined by their intelligence quotient (IQ), or by the types and amount of support they need. Mental Retardation is an impairment affecting the brain and its ability to process information. People with mental retardation may have difficulty learning and may be below average in intelligence. They may have problems with memory and judgment and in their abilities to reason, focus and understand. Approximately 3% of the population suffers from mental retardation.
- a. Characteristics of mental retardation:
1. Ask the victim where he/she lives, works or goes to school to determine if he/she resides with family, group home, is employed in a vocational rehabilitation setting, attends special education classes or has a social worker.
 2. Ask the victim: for directions to his/her home, what time it is or to read or write something for you. Observe the victim for any difficulty he/she may have



understanding you. Listen to see if he/she speaks with an impairment or has a limited vocabulary.

b. Responding to crime victims who may have mental retardation:

1. Introduce yourself as a law enforcement officer.
2. Do not assume that the victim cannot understand or communicate with you.
3. Avoid using the words “retardation” or “retarded” in front of victim. If you must refer to the victim’s impairment use words such as “person/individual with a disability.”
4. Create a safe/quiet atmosphere, limit distractions and try to establish a rapport with the victim before interviewing. Talk about special interests, hobbies, work etc. before discussing the specific incident. Building rapport is a critical piece to a successful interview.
5. Explain any written information to the victim; offer to help complete paperwork and explain to them you just want to know what happened.
6. Ask the victim if there is anyone he/she would like for you to call to be with them during the interview.
7. Treat adult victims as adults, not children.
8. Take a break every 15 minutes or as needed based on the individual’s response. Watch for non-verbal signs of agitation, anger and other emotional responses.
9. Speak directly and slowly to the victim keeping your sentences short and words simple.
10. Separate complex information into smaller parts and use careful gestures and other visual aids to get your meaning across.
11. Recognize that the victim may be eager to please or be easily influenced by you. He/she may say what they think you want to hear. Do not ask leading questions. Avoid using, “Why didn’t you...?” and “Shouldn’t you have...?” These questions infer fault on behalf of the individual.
12. Use open-ended questions or statements that cannot be answered with a “yes” or “no”.
13. Ask specific questions: Instead of “What did the man look like?” ask “What color was his hair?”



14. Give the victim at least 30 seconds to respond to your question. If no response, then repeat yourself in different words. Individuals may experience processing difficulties particularly in a stressful situation.
 15. Ask the victim to repeat or paraphrase what he/she believes you said.
 16. Practice the “show me” technique. Many times individuals with MR/DD can show you better than they can tell you what happened.
 17. Repeat the last phrase of the victim’s responses in question form to help them stay focused during the interview and to transition the victim through the sequence of events.
 18. Use a tape recorder when interviewing (as possible) to avoid unnecessary distractions.
 19. Ask the person to draw a picture if appropriate to the incident.
 20. Do not use professional or culturally biased jargon.
 21. Keep a calm demeanor and assure the victim there are no right or wrong answers. Some individuals use special communication devices. Make sure supports are available to the individual.
 22. Avoid wearing clothes with “busy” patterns or designs, large dangling earrings and noisy bracelets. This will help the victim stay focused.
 23. Speak at his/her eye level.
 24. Assist the victim in obtaining appropriate support via family, friends, victim advocate, or mental health services. Inform the individual to contact you if he/she has any other information. Leave a business card or contact number. Assure the individual they have done nothing wrong and thank them for speaking with you!
4. **Blind or visually impaired**—legally blind is the condition in which a person is unable to see at 20 feet what someone with normal vision can see at 200 feet. Approximately 15 million people in the U.S. are legally blind.
- a. Characteristics of a blind or visually impaired:
 1. Victim may feel around walls, move slowly.
 2. The victim may not look at you when you speak.
 3. He/she may use a white cane.
 4. He/she might have an assistance dog.



5. Person may wear dark glasses.
 6. Rooms may be dark.
- b. Responding to victims who are blind or visually impaired:
1. Introduce yourself as a law enforcement officer.
 2. Ask others who are around the area to introduce themselves.
 3. Inform the victim of any animals around so he/she will not to be alarmed by them.
 4. When talking to a victim who is alone and with no other person present with whom he/she is familiar, be certain to tell the victim your name, rank and the telephone number of the dispatcher. Be supportive in their need to verify your identity.
 5. Remember the person is blind not deaf. Speak in a normal voice.
 6. When conversing in a group, identify the person to whom you are speaking as it may not be apparent to victim.
 7. Let the victim know when you or someone with you steps away during the conversation.
 8. Avoid lapses in conversation without informing the victim what is happening. For example, tell the victim you are examining the broken lock on the door.
 9. Be aware that the victim cannot see your facial expression so he/she will need to rely on your voice and choice of words to learn of your compassion or concern for him/her.
 10. Respond verbally. The blind victim cannot see you nod or gesture.
 11. Offer to fill out forms and read aloud written information aloud. Explain what printed material you are providing or will make available to the victim (per ADA and Section 504 requirements).
 12. Never pet a guide dog or working dog.
 13. Offer your arm for assistance. Let the victim take your arm from behind, just above the elbow. In this position the victim can follow the motion of your body. Walk in a relaxed manner and expect the victim to keep a half-step behind you so he/she can anticipate curbs, steps or other obstructions.



14. Orient the victim to the surroundings. Tell the victim what may lie ahead (uneven ground, rocks, steep hill) and limit obstacles in front of him/her such as open cabinets, chairs, etc.
5. **Deaf or hard of hearing**-deaf is the condition in which the person is unable to hear or understand oral communication with or without the aid of amplification devices. Hard of Hearing refers to people with a hearing loss severe enough to necessitate the use of amplification devices to hear oral communication. Almost 9% of the population in the U.S. is deaf or hard of hearing.
 - a. Characteristics of the deaf or hard of hearing:
 1. Non-responsive to verbal commands/communication.
 2. Presence of boards or machine use to write messages.
 3. Amplifiers around ears.
 4. Use of sign language.
 - b. Responding to victim's who are deaf or hard of hearing.
 1. Signal your presence to the victim by waving your hand. If there is no response, gently touch the victim on the arm or shoulder to let the victim know you are there.
 2. Initially communicate through written text to determine how the victim wishes to communicate.
 3. Keep in mind that the victim may not be able to write but may know American Sign Language (ASL).
 4. Avoid using a child to communicate with an adult victim unless absolutely necessary.
 5. Do not assume that if a person is wearing hearing aids that the person can hear you. The degree and type of hearing loss may render hearing aids useless.
 6. Avoid shouting or speaking very slowly as this may distort a person's ability to lip read.
 7. Do not speak directly into the victim's ear.
 8. Use gestures such as pointing to a chair for the victim.
 9. Never assume that the victim is unable to speak. Do not use such words as "deaf mute" or "deaf and dumb." Deaf people have the ability to use their voice but may prefer not to speak because of the quality of their speech.



10. Include the victim in all conversations and describe any audible commotion.
 11. Select a location for the interview with few distractions.
 12. Face the victim so your eyes and mouth are clearly visible. Do not block your mouth with your hands or speak while looking away from victim.
 13. Stand or sit at a distance of 3-6 feet from victim in a well-lit, glare free and shadow free area.
 14. Begin speaking after you have the victim's attention and have established eye contact.
 15. Keep questions and instructions short and simple.
 16. Speak clearly, distinctly and slower than usual but not unnaturally slow. Do not exaggerate the pronunciation of words.
 17. If possible, grant the victim's request for a sign language interpreter as this is legally required.
 18. When communicating through an interpreter, stand or sit across from victim with the interpreter beside you so the victim can easily shift his/her gaze between you and the interpreter.
 19. Speak directly to the victim at a normal volume and pace. Address your questions to the victim. Ask, "How are you feeling?" not "Ask her how she is feeling."
6. **Physically Challenged**-having a physical disability or impairment that limits mobility. This includes: clubfoot, paralysis, amputation, multiple sclerosis, Parkinson's disease, cerebral palsy, muscular dystrophy, arthritis, stroke, spina bifida, spinal cord injury, traumatic brain injury and chronic diseases such as cancer, autoimmune disease, renal failure, chronic fatigue syndrome, dysautonomia and fibromyalgia.
- a. Characteristics of the physically challenged:
 1. The person is in wheelchair, using a cane, a walker or motorized scooter.
 2. The person shakes or exhibits uneven body movements.
 3. Bent fingers or stiff legs, arms hands.
 4. Frail in appearance.
 - b. Responding to crime victims who may be physically challenged:



1. Responding to a physically challenged victim will not differ significantly from the response to a person without special needs. There may be more fear and anger from the person who is physically challenged. The victim may feel that there is no way to respond to crime and that the crime was made against him/her because the disability made him/her an easy target.



DEFINITION OF A CRIME

While a disability may be easily defined, a crime is not always so clear cut. The dictionary defines a crime as act committed or omitted in violation of a law forbidding or commanding it and for which punishment is imposed upon conviction. It would be commonly agreed that it is a crime to steal someone's purse or wallet, but is it a crime to move a wheelchair just out of reach from someone who needs such for mobility? Is taking the telephone away from a person who may rely upon it for only source of communication to the outside world a crime? How about withholding medication from a person who needs the medication for controlling diabetes? How about the disabled person who must go all day without restroom facilities; is that a crime? Is placing a violent person in "time out" by strapping him/her to a bed, a crime? Is giving a person drugs in order to calm the person down a crime? Is sterilizing a woman who is mentally challenged, a crime? Is withholding of a wheelchair, thus forcing a person to slide along the floor, a crime? These questions are hard to answer for law enforcement, prosecutors, and judges who must make determination regarding the extent of a "crime".



RISK FACTORS FOR PERSONS WITH SPECIAL NEEDS

SPO #3

- A. Anyone can be a victim of a crime. However, people who have a disability can be more vulnerable to victimization than others. The literature suggests several reasons why people with disabilities are at a greater risk than the general population: These risk factors include:
1. **Social isolation**—limits opportunities to form healthy relationships or to tell someone about the abuse. The person with special needs may not learn about available services and resources nor are they routinely informed of rights they have by law. Those with special needs may be institutionalized or otherwise segregated from society. The special needs person may come to believe that this type of victimization is normal or what he/she should expect.
 2. **Increased dependency on others**—most persons with special needs require intimate care which can increase vulnerability and provide more opportunity for abuse to occur. The special needs person may rely totally on another person for very basic needs. That reliance on another person places the caregiver not only in a position of control but also leaves the victim fearful that he/she will lose what little care he/she does receive.
 3. **Learned compliance** – people with disabilities have often been conditioned to comply. From the time the disability is diagnosed, the special needs person is taught to be compliant. Perhaps out of necessity, doing as one is told becomes the norm. This factor may transfer into convincing the special needs person to do something (example: perform a sex act, steal, etc.) which the perpetrator knows the special needs person should not do.
 4. **Less physically able to defend themselves**—those who are physically challenged are easy targets for a perpetrator. A person who wishes to steal from another would be thinking about the probability that he/she will get caught. Grabbing the purse of a woman who is young, strong and willing to fight back is not as easy a crime. Stealing a purse that is sitting in a basket of a walker represents an easy mark with little chance of resistance from the victim.
 5. **Societal views, discrimination and stereotypes**—the inclination of sectors of society to “devolve” a person with special needs, can result in a lack of access to criminal justice and/or social services on the part of the victim. The lack of financial resources on the part of most disabled persons often necessitates that they live in areas where crime rates are higher and the potential for physical and sexual violence is greater than in more affluent neighborhoods. Too frequently, the person with special needs is viewed negatively which at times, results in unfair treatment by some civil servants.
 6. **Limited physical access to services**—many facilities are still not easily accessible to the special needs population. Limited funding in many political subdivisions results in a lack of improvements in handicapped access.



7. **Perceptions of powerlessness**—the special needs person is believed to lack the ability to make personal choices or determine what is best for them in many aspects of life (physical, mental, emotional, spiritual, political, sexual and financial). For many people with special needs, someone else makes the decisions. Such regimentation, while usually good, can lead to a feeling that the person has no control over their own existence.
 8. **Lack of comprehensive sex education**—many myths surround the special needs person. One myth is that some with special needs do not have sexual feelings or that they are less than human perhaps even an object to be played with. Information on sexuality may be beyond the comprehension (lack of ability to read and understand) of the special needs person. They often experience difficulty in obtaining information on sexual matters.
 9. **Lack of control or choice over their personal affairs**—money is many times taken from those with special needs and often goes directly to the institution. Special needs individuals are often perceived as unable to manage their own personal affair. This leaves total control to the caregiver.
 10. **Lack of credibility**—frequently person's with special needs who are victimized are viewed to lack credibility. Who to believe comes down to the victim's word versus the perpetrator's word, as many times these crimes take place in private homes or in institution when the caregiver is tending to the most personal of needs thus there are no witnesses.
 11. **Communication difficulties**—people commonly avoid contact with disabled persons and may separate themselves from anyone who appears different. Society is not socialized to integrate differences in abilities as a part of our perception of "normal." Cultural norms include good hearing and vision, physical independence and mobility, mental alertness, the ability to communicate primarily through the written and spoken word and physical attractiveness. Deviation from this "norm" often appears to frighten people.
- B. People who have disabilities are often victimized repeatedly by the same perpetrator. In more than half of the cases where the victim is disabled, the crime is committed by a family member or a peer with a disability. Disabled victims are often abused for longer periods of time.



IT'S THE LAW

The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 require that first responders provide disabled victims of crime with equal opportunity to benefit from and participation in all programs, services, and activities available to crime victims. In addition, first responders must provide for effective communication with disabled victims. Law enforcement, therefore, is required to make reasonable modifications to policies, practices, and procedures where needed to accommodate crime victims who have a disability unless doing so would fundamentally alter the service, program, or activity the agency provides. Crime victims with a disability are guaranteed rights delineated under the Ohio Constitution and the Ohio Revised Code. For more information on the Americans with Disabilities Act of 1990, see <http://www.dol.gov/esa/regs/statutes/ofccp/ada.htm>. For more information on Section 504 of the Rehabilitation Act of 1973, see <http://www.section508.gov/index.cfm?FuseAction=Content&ID=15>.



CATEGORIES OF VICITIMIZATION

SPO #4

According to the U. S. Department of Justice, victimization occurs when . . . a person suffers direct or threatened physical emotional and/or financial harm.

A. There are five categories of victimization:

1. **Physical:** the intentional use of physical force. This may include: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, use of a weapon and use one's body, size or strength against another person. This may include rough or inappropriate handling, inappropriate personal or medical care, overuse of restraint, over medication, inappropriate behavior modification or confinement.
2. **Sexual:** the use of physical force to compel a person to engage in a sexual act; an attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate an unwillingness to engage in the sexual act; abusive sexual contact; forced abortion or sterilization.
3. **Emotional:** the threatening, terrorizing, severely rejecting, ignoring or verbally attacking of another. This includes: yelling, threatening, or acts meant to humiliate, hurt feelings, intimidate, socially isolate, emotional deprivation, denial of the right to make personal decisions, threats of having children taken away or threats to remove an item that has importance to the person with a disability.
4. **Neglect:** the withholding or failure to provide for the basic needs of a person. Basic needs include: food, clothing, hygiene, protection, medical care, use of assistive devices such as wheelchair, cane, respirator, walker or scooter.
5. **Financial:** the withholding of money or the misuse of monies that belong to or are provided for a person who has a disability. This includes the denial of access to and control over the person's funds and/or the misuse of financial resources. This would also include acceptance of money from a disabled person for no item or service received-theft.

B. The perpetrator may occupy a position of trust and power over the victim and misuse that power and trust to:

1. Threaten the victim with violence or death if he/she tells anyone.
2. Use the victim's disability or difficulty in communicating to discredit her/his story if he/she tells anyone about the victimization.
3. Obtain "consent" for sexual contact.



4. Misappropriate funds.
 5. Threaten to arrange for the removal of his/her children from his/her home.
- C. Victims may be dependent on his/her abuser for affection, communication, financial, physical and medical support. If he/she reports the abuse he/she may risk poverty and loss of housing. Disabled persons may fear they will not be heard or believed if they speak out. They may even face further violence, institutionalization or loss of their children if they seek help.
- D. Victimization of the disabled usually occurs in their homes, institutions, hospitals, or homes of caregivers. The victim is thus isolated and unable to seek assistance to report the crime. Episodes of physical abuse, sexual violence, emotional abuse, neglect, or financial loss may be committed against institutionalized persons by staff or other residents and often go undetected or unreported.



A FAMILY IN CRISIS A DISCUSSION

Scenario: A 58 year old woman has been married for 10 years. Eight years ago she began having symptoms related to Multiple Sclerosis. Weakness in her legs was confirmed to be from the disease. She soon was unable to work and now has only Social Security Disability income. She can get around the house with a motorized scooter. She suffers from bouts of depression. Before leaving for work, her husband helps her move from the bed to the scooter, helps her bathe herself, takes care of toiletry needs and prepares food for her. He must get up at 4:00 a.m. to get all this accomplished and still get to work by 7:00 a.m. Helping her move is becoming more and more difficult because his once thin wife has gained more than 60 pounds due to her inactivity. While in her scooter she is able to communicate and enjoy life through the use of a computer and watching television. In the evening he does all the housework, yard work, cooking and shopping. Her medicines and extensive medical bills have put a financial strain on the family budget. The husband is under stress. He sometimes gets irritable and takes it out on his wife. He often yells at her, calling her fat and lazy. He can feel the resentment increasing. He no longer takes her out to places other than medical appointments because moving her is so difficult. She mostly is confined to the house. One time just so he could get a little extra rest, he left her in bed and went to work. She was left to urinate in her bed, had no food or water and could do nothing except lay in bed until he returned.

Did the husband commit a crime?

Was he abusive to his wife?

Is the yelling at his wife considered abuse?

Would he be considered abusive, if he routinely left his wife in bed all day?

What are some alternatives for her?

What about calling her fat? Is that abusive?

If the wife called you (as a law enforcement officer) and told you her husband left her in bed all day, what would you do?

Are there some alternatives for this family?

What would the woman do without her husband?

Is there an expectation that this situation will get worse?

If you were this woman, would you report to anyone that your husband (the caregiver) left you alone all day without food, water or bathroom facilities?



What are some of ramifications if she does report it?

Might he go to jail?

Might he become more abusive?

Might he take away some of the items that give her pleasure such as television or her computer?

Why might a previously functional relationship devolve to this?

What kind of power does the husband have over his wife?

What kind of power does the wife have?

What may be some of her fears?



HATE CRIMES

SPO #5

A. **The Community Relations Department of the U. S. Department of Justice defines a hate crime as:**

The violence of intolerance and bigotry, intended to hurt and intimidate someone because of their race, ethnicity, national origin, religion, sexual orientation or disability. The purveyors of hate use explosives, arson, weapons, vandalism, physical violence and verbal threats of violence to instill fear in their victims, leaving them vulnerable to more attacks and feeling alienated, helpless, suspicious and fearful.

OR

A criminal act perpetrated against someone because of an actual or perceived trait that they possess.

B. Hate crimes tend to be associated with high levels of violence and are far more likely to involve physical threat and harm to individuals than property. Victims of hate crimes are three times more likely to require hospitalization than victims of non-bias assault. Hate crimes usually involve multiple perpetrators. Hate crimes that involve property are more likely to result in the destruction of the property rather than the theft of the property.

SPO #6

C. There are two categories of victims in hate crimes: **individuals** and **communities**. Hate crimes are offenses against the community because the message of intolerance they send can terrorize specific groups of people. Hate crimes inflict more psychological harm than do non-bias crimes. Hate crimes have negative effects on communities by spreading fear and anger. The bias which is expressed in committing the crime is separate from the crime itself.

SPO #7

D. **Characteristics of a Hate Crime:**

The following characteristics may indicate that the crime would be recognized as a hate crime:

1. Symbols or words associated with hate.
2. Activities historically associated with threats to certain groups.
3. Jokes that are demeaning and offensive.
4. Destroying or defacing group symbols.



5. A history of crimes against other members of the group.
 6. Crimes occurring shortly after group activities or conflicts involving the group.
 7. The belief by the victim that the action was motivated by bias.
 8. Perpetrator demeaning the victim's group and exalting their own group.
 9. The presence of hate group literature.
 10. Previous hate crimes in the community.
- E. Other characteristics of hate crimes: They are usually committed by complete strangers and most are unprovoked. A study by Jeannine Bell in 2002 found that any type of pre-existing relationship with the perpetrator was sufficient to convince many law enforcement officers that the crime was not a hate crime.
- F. The motivation for such crimes is based on deep psychological distortions such as bias, contempt, hate, anger, deep insecurity, the need for dominance and a discomfort with those who are perceived as "different." Perpetrators seek authority and control and a sense of superiority over others perceived as inferior and vulnerable. ("Hate Crimes Against People with Disabilities," Dan Sorensen, AAMR)



ACTIVITY: Scenario: A mentally challenged 12 year old girl walks from her home to school. A group of high school kids drive by her and recognize her as a student in the special needs section of the school. They circle the block and come upon her again. This time two of them get out of the car and get on each side of her. They mimic her steps and then start bumping up against her. She gets frighten and starts to run but they can run faster. They laugh at her and taunt her. The boys take turns saying such things as, "you are one of those stupid kids in that stupid class." "Special attention for the stupid kid." "Why don't you teach me something, stupid kid?" "I'll teach you something, stupid kid." "Come here baby, I'll teach you." A homeowner, who just happens to be outside, intervenes sending the boys back to the car that has been following along. The girl arrives at the school and tells the teacher. The teacher discounts the activity as kids just being kids and does nothing. The next day the high school kids seek out the girl again as she walks to school. This time there is no homeowner to intervene. The high school boys grab her and put her in the car. She is taken to the woods and raped by three of the four boys. She is slapped around and eventually kicked and punched. An anonymous phone call to the local police instructed them where to find the girl. The badly beaten girl is taken to the local hospital.

Is this a hate crime? If so, why?

What are some of the characteristics of a hate crime contained in this scenario?

What could have prevented this crime?

What could the teacher have done differently that may have changed the outcome?

Could the homeowner have done anything different?

What kind of fears may that homeowner have?

If you were the parents of this girl, what would you do?



REDUCING CRIME AGAINST THE SPECIAL NEEDS POPULATION

SPO #8

- A. Crime against the special needs population although under-reported is actually very prevalent. Often, disabled victims do not even realize that they have been victimized. Personnel in a position to respond to victims in general, but particularly victims with special needs must strive to approach the “clients” with an attitude of service and compassion. As one victim said, “I can put up with the physical inconvenience; it’s how I am treated once I get in the door that counts.” (Abuse and Disability: Barriers to Seeking Services, by Gretchen Reese). To effectively reduce victimization, it is important that the response to such crimes is conducted in a manner that enhances the victim’s inclination to report the next incident.
1. All employees who provide victim services should be screened through comprehensive background checks. Background checks should include criminal, financial and reference checks.
 2. Check all previous employers. Investigate separations both voluntary and involuntary. Often what may appear as a voluntary separation is actually an agreement resulting from a personnel action against the employee. These commonly include a prohibition against disclosure by either party. Effective interviews and careful background and reference checks can provide a measure of employment suitability without violations of such agreements.
 3. Try to quickly link the victim with the appropriate advocate specialized in the area of the disability.
 4. Train all personnel to recognize signs of abuse. Personnel may include:
 - a. Attending physicians
 - b. Visiting nurses
 - c. Family members
 - d. Service Administrators
 - e. Law enforcement officers
 - f. Social workers
 - g. Clergy
 - h. Medical specialist (physical therapist)
 - i. Visitors such as Meal on Wheels



5. Include training on disabilities and recognition of abuse as integral parts of programs for law enforcement officers and personnel, fire personnel, social workers, physicians, nurses, public school employees and clergy.
6. Distribute information on victim rights, alternative caregivers, sex education, finances and crimes against the disabled through local disability organizations, churches, food pantries, social services agencies, senior citizens groups, victim advocacy meetings, police and fire community meetings, etc.
7. Ensure that disabled victims are assigned a case worker.
8. Suspected cases of abuse that occur at an institution should be investigated by an outside and independent entity. Criminal cases should be investigated by a law enforcement agency with jurisdiction over the institution. Internal investigations are often not effective.
9. Publicize the name and contact information for organizations to which a crime victim may report abuse.
10. Conduct personal safety training for those with disabilities. This training may be conducted by the law enforcement officer in conjunction with local advocates, mental health agencies, MRDD, physical therapist or social workers, etc.
11. Community living alternatives need to be made available for women and children with disabilities, including domestic violence shelters and child protective services. Transition housing and other existing support services should be made accessible to those with all types of disabilities.
12. Courses such as self-defense, assertiveness training and sex education need to be made available to those with disabilities.
13. Listen to and take seriously any person who claims he/she is being abused.
14. If you know of someone who is being (or you suspect) abused, find a safe way to remove him/her from the situation.
15. Become familiar with different supports groups in the area such as:
 - a. Rape crisis centers
 - b. Battered women support group/shelters
 - c. Consumer groups for persons with disabilities and
 - d. Check your local newspaper for meetings for different support groups
16. Include all types of disabilities in Anti-School-Bullying education. Educate and familiarize children early on with special needs populations encouraging them to understand and respect the rights of others.
17. Ensure that facilities are handicap accessible or otherwise comply with ADA guidelines and local codes.



18. Work with the disabled to have a back-up intimate caregiver. Advocates need to work with appropriate services to establish a personal assistant “bank” for emergencies to provide for “back up” caregivers and financial resources to pay for them.
19. Encourage victims with disabilities to request accommodation.
20. Acknowledge that persons with disabilities are the experts in what they need to maximize services and advocacy.
21. Recognize the victim’s strengths and build upon them.
22. Recognize that autonomy, privacy and confidentiality are vital in providing services and advocacy to victims with disability.
23. Establish a long term support program for the client including law enforcement follow-up, social agency follow-up, long term counseling and continued access to support groups.
24. Law enforcement personnel should receive training on recognition and investigation of abuse of the disabled in institutions and group homes.
25. Post notices of crime victim rights in areas where the disabled live and work. Include contact information for: social agencies, physicians, hospitals, law enforcement, etc.
26. Medical personnel should be trained and encouraged to make inquiries into a patient’s victimization history. However, the history should be voluntary and confidential. If there is a disclosure that the patient is or has been a victim of abuse, the medical service provider should inform the victim that there may be victim rights that offer protection and should further refer the victim to an appropriate victim assistance agency. Many professions have mandatory reporting requirements in cases of child, elder and disabled abuse. Such professions apply penalties if the practitioner fails to inquire about or report abuse.
27. Encourage service and product vendors to provide clients with information that includes their rights and other support and reporting services.
28. Where possible, assist disabled clients in the use of technology including: email, cell phones, medical alert devices and other alarms to enhance access and emergency responses.
29. Streamline interview and intake procedures so that victims with disabilities do not have to be repeatedly interviewed. Foster a multidisciplinary approach involving a law enforcement officer, a prosecutor, a victim assistance specialist and others.
30. When there is a report of abuse by a caregiver and the victim has reason to fear retaliation, officers should help the victim to relocate if necessary and to have emergency replacement caregiver services provided.
31. Educate prosecutors and judges on issues involving disabled victims. Often charges can be enhanced and sentencing modified if the victim is disabled or is the victim of a hate crime.



COURSE SUMMARY

Victims of repetitive abuse may actually come to view their situation as the “norm” and become reluctant to report the abuse. Based on the lack of reporting of crimes against disabled victims, it is likely that the frequency is greater than statistics indicate. “The certainty of misery is better than the misery of uncertainty.” (Dr. Joe Christen, BGSU and UT, Ohio). Victims often do not report crimes for fear of retaliation, loss of basic care, homelessness, risk of not being believed and risk of losing custody of children.

Law enforcement personnel need to understand the requirements of the American with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Crime victims with a disability are entitled to the same rights as those without a disability. Reasonable accommodations must be granted to the victim to avail the victim of all of these services.

When the perpetrator is in a position of trust with the victim, the victim may be further victimized because the victim lacks alternatives. The caregiver is in a position to withhold basic needs from the victim if the crime is reported.

There are six distinct categories of disabilities. Law enforcement personnel should become familiar with the symptoms and prescribed responses to each of these types of disabilities.

There are many reasons why people with special needs are victimized more frequently than those who are not disabled. These include: social isolation, increased dependency on others, learned compliance, less physically able to defend themselves, societal view, discrimination and stereotypes, limited knowledge and access to services, perceptions of powerlessness, lack of comprehensive sex education, lack of control or choice over personal affairs, lack of believability and communication difficulties.

There are five types of victimization: physical, sexual, emotional, neglect, and financial. A victim may be dependent on his/her abuser for affection, communication, financial, physical and medical support. If he/she reports the crime he/she may lose that support.

A hate crime is defined as a criminal act perpetuated against someone possessing an actual or perceived trait.

There are numerous ways to reduce crime against those with special needs. Law enforcement can have a significant effect on preventing crimes against the disabled by: changing attitudes, educating those with a disability on their rights, and educating society on the needs of the disabled.

For more information on crime and the special needs population, see WWW.TryNova.org.



QUESTIONS

1. Name five of the six distinct issues of crime victims with special needs.
2. Define “disability.”
3. Name six specific categories of disabilities.
4. Describe the symptoms of Alzheimer’s Disease (that a Law Enforcement Officer may notice).
5. List 10 of the 14 suggestions to respond to a person who suffers from Alzheimer’s Disease.
6. Describe the symptoms of a person who may suffer from a mental illness.
7. List 13 of the 16 suggestions to respond to a person who suffers from a mental illness.
8. Describe the symptoms of a person who may suffer from Mental Retardation.
9. List 15 of the 22 suggested methods to respond to a person who may suffers from a Mental Illness.
10. Describe the symptoms of a person who may be blind or visually impaired.
11. List 10 of the 13 suggested methods to respond to a person who may be visually impaired.
12. Describe the symptoms of a person who may be deaf or hard of hearing.
13. List 15 of the 19 suggested methods to respond to a person who may be deaf or hard of hearing.
14. There are 11 specific risk factors for people with disabilities. Name 9 of these risk factors.
15. Describe the requirements of a Law Enforcement Officer according to the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.
16. Name the five types of victimization.
17. Give a brief definition of a hate crime.
18. Name 6 of the characteristics of a hate crime.



19. T or F The motivation for hate crimes is based on deep psychological distortion such as bias, contempt, hate, anger, deep insecurity, the need for dominance, and a discomfort with the different.
20. Name 10 specific actions that can be taken to reduce the amount of crime against the Special Needs population.



QUESTION/ANSWER KEY

1. Name five of the six distinct issues of crime victims with special needs.

Higher risk of victimization

Face a greater risk of being re-victimized

Often are victimized at the hands of their caregiver or family member

Risk of not being believed

Lack of physical stamina

2. Define Disability.

A person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

3. Name six specific categories of disabilities.

Alzheimer's Disease

Mental Illness

Mental Retardation

Blind or visually impaired

Deaf or hard of hearing

Physically challenged

4. Describe the symptoms of Alzheimer's Disease (that a Law Enforcement Officer may notice)

Use of nonsensical words in speaking

Disoriented sense of time and place

Wandering or becoming lost and not knowing where one lives

Blank facial expression

Poor judgment

Rapid mood swings for no apparent reason

Walking manner characterized by slow, sliding movements



5. List 10 of the 14 suggestions to respond to a person who suffers from Alzheimer's Disease.

Approach victim from the front
State you are a law enforcement officer
Repeat to the victim who you are
Ask for ID and look for necklace, bracelet and registration
Treat with dignity
Remove victim from crowd
Talk in low pitched reassuring tone, speak slowly
Include victim in all conversations
Give simple one task instructions
Ask one question at a time
Don't argue
Don't leave victim alone
Find emergency shelter

6. Describe the symptoms of a person who may suffer from a Mental Illness.

Accelerated speaking or hyperactivity
Delusions and paranoia
Hallucinations
Depression
Inappropriate emotional response
Unintelligible conversation
Loss of memory
Marked lack of movement, expression
Unfounded anxiety, panic or fright
Confusion

7. List 13 of the 16 suggestions to respond to a person who suffers from a Mental Illness.

Approach victim in a calm non-threatening manner
Identify yourself
Determine who helps victim (family, guardian, mental health provider)
Victim may experience a psychiatric crisis – contact mental health facility
Ask about medications
Interview in a distraction free setting
Keep interview simple and brief
Be friendly and patient
Offer encouragement
If outbursts, back off and allow victim to calm down.
Be honest with victim
Assess emotional state
Empathize with victim's feelings but don't agree or disagree
Don't deny hallucinations



Avoid circling, surrounding, closing in on or standing too close, sudden movements, rapid instructions, whispering, joking laughing, touching, impatience.

Provide for victims care

8. Describe the symptoms of a person who may suffer from Mental Retardation.

Ask victim where he/she works, lives, has a social worker.

Ask victim for directions, what time he/she has, difficulty understanding

Limited vocabulary

Speaks with impairment

9. List 15 of the 24 suggested methods to respond to a person who may suffer from a Mental Retardation.

- *Introduce yourself as a Law Enforcement Officer*
- *Don't assume victim cannot understand or communicate with you*
- *Don't use retardation or retarded*
- *Create a safe atmosphere, limit distractions*
- *Help with paperwork*
- *Ask if you can call anyone for victim*
- *Treat adult victims as adults not children*
- *Take a break about every 15 minutes*
- *Speak directly and slowly to victim, keep sentences short and simple*
- *Separate complex information into smaller parts, use gestures*
- *Don't ask leading questions*
- *Use open-ended questions*
- *Ask specific questions*
- *Give victim at least 30 seconds to respond*
- *Ask victim to re-phrase in own words*
- *Practice the "show me" technique*
- *Repeat the last phrase of victim's responses to help stay focused*
- *Use a tape recorder*
- *Ask the person to draw a picture*
- *Don't use jargon*
- *Keep calm demeanor, and assure there are no right or wrong answers*
- *Avoid "busy" patters of clothes, dangling earrings, bracelets*
- *Speak at eye level*
- *Assist victim in obtaining support from family, friends, advocate*

10. Describe the symptoms of a person who may be blind or visually impaired.

Victim feeling around walls

Not look at you when you speak

Use a white cane

Have an assistance dog

Wear dark glasses

Rooms are dark

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11. List 10 of the 13 suggested methods to respond to a person who may be blind or visually impaired.

Immediately introduce yourself
Ask others to introduce themselves
Inform victim of any animals that are around
Tell victim your name, badge and help verify your ID
Speak in a normal voice
Identify the person to whom you are speaking
Let victim know when you or someone else steps away
Avoid lapses in conversation without informing victim
Realize that the victim cannot see your facial expression, rely on voice for compassion, concern of the victimization
Offer to assist with forms
Never pet a guide dog
Offer your arm for assistance
Orient victim to surroundings

12. Describe the symptoms of a person who may be deaf or hard of hearing.

Non-responsive to verbal commands
Presence of boards or machine use to write messages
Amplifiers around ears
Use of sign language

13. List 15 of the 19 suggested methods to respond to a person who may be deaf or hard of hearing.

Signal your presence by waving your hand
Initially use written text
Realize victim may use only ASL
Don't assume hearing aids means person can hear
Avoid shouting
Do not speak directly into victim's ear
Use gestures to better communicate
Never assume victim can't speak
Include victim in all conversations
Interview in place with few distractions
Face victim so your eyes and mouth are clearly visible
Stand or sit at a distance of 3-6 feet from victim
Speak only when you have victim's attention
Honor victim's request for a sign language interpreter
Stand or sit next to interpreter and across from victim
Speak directly to the victim



14. There are 11 specific risk factors for people with disabilities. Name 9 of these risk factors.

*Social isolation
Increased dependence on others
Learned compliance
Less physically able to defend themselves
Societal views, discrimination, and stereotypes
Limited knowledge and access to services
Perceptions of powerlessness
Lack of comprehensive sexuality education
Lack of control or choice over their personal affairs
Lack of believability
Communication difficulties*

15. Describe the requirements of a Law Enforcement Officer according to the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

Victim has all the rights of a person without a disability. Must provide for equally effective communication to victims with disabilities. Must assure victim understands rights and has opportunity for those rights.

16. Name the five types of victimization.

*Physical
Sexual
Emotional
Neglect
Financial*

17. Give a brief definition of a hate crime.

A criminal act perpetrated against someone because of an actual or perceived trait that they possess.

18. Name 6 of the characteristics of a hate crime.

*Symbols or words associated with hate
Activities historically associated with threats to certain groups
Jokes which are demeaning and offensive
Destroying or defacing group symbols
A history of crimes against other members of the group
Crimes occurring shortly after group activities or conflicts involving the group.
The belief of the victim that the action was motivated by bias
Perpetrator demeaning the victim's group and exalting their own group.
The presence of hate group literature
Previous hate crimes in the community*



19. T or F The motivation for hate crimes is based on deep psychological distortion such as bias, contempt, hate, anger, deep insecurity, the need for dominance, and a discomfort with the different.

True

20. Name 10 specific actions that can be taken to reduce the amount of crime against the disabled.

- *Aid in the conducting background checks on volunteers, potential employees and currently employed staff of institutions.*
- *When encountering a crime victim with special needs, immediately link the victim to appropriate crime victim advocate.*
- *Aid in the personal safety training for those with disabilities.*
- *Listen to and take seriously any person who says he/she is being abused.*
- *Familiarize yourself with different supports groups in your area as referrals to those with disabilities.*
- *Respect request of disabled for a reasonable accommodation*
- *Recognize that autonomy, privacy, and confidentiality are vital in providing services and advocacy to victims with disabilities.*
- *Conduct training inside of institution on abuse of disabled.*
- *Be proactive and be aware of crime victim advocates that can best be of help to you in various situations (different types for different disabilities) before need arises.*
- *Help victim find alternative emergency caregiver when perpetrator is the caregiver.*
- *Help distribute information on victim rights, advocacy programs, and emergency resources to various entities that can help victims.*
- *Learn signs of abuse including physical, sexual, financial, neglect and emotional.*
- *Investigate crimes committed in institutions*
- *When the opportunity arises, use your knowledge to teach others. Example: If you are DARE spokesperson, when in the school, integrate respect for the disabled.*



- *Recognize the disabled as experts in what they need in order to function while receiving services and advocacy.*
- *Recognize the victim's strengths and build upon them.*
- *Establish a long term support system to include law enforcement follow-up.*

