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Office for Victims of Crime

First

Response

**to Victims of
Crime Who
Have a
Disability**



Office for Victims of Crime

OVC

**October
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U.S. Department of Justice
Office of Justice Programs
810 Seventh Street NW.
Washington, DC 20531

John Ashcroft
Attorney General

Deborah J. Daniels
Assistant Attorney General

John W. Gillis
Director, Office for Victims of Crime

Office of Justice Programs
World Wide Web Home Page
www.ojp.usdoj.gov

Office for Victims of Crime
World Wide Web Home Page
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First Response to Victims of Crime Who Have a Disability

A Handbook for Law Enforcement Officers
on How To Approach and Help Crime Victims

Who Have
Alzheimer's Disease
Mental Illness
Mental Retardation

Or Who Are
Blind or Visually Impaired
Deaf or Hard of Hearing



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Message From the Director

In 2000, the Office for Victims of Crime (OVC) published *First Response to Victims of Crime*, a handbook for law enforcement officers to help them better understand and meet the needs of crime victims. It offered basic guidelines to observe when approaching and interacting with five general categories of crime victims: older victims, sexual assault victims, child victims, domestic violence victims, and survivors of homicide victims. In 2001, the handbook was updated with an additional section on responding to victims of alcohol-related driving crashes. *First Response to Victims of Crime 2001* provides a concise, instructional reference tool for law enforcement and has been the most requested OVC publication.

With this new handbook, *First Response to Victims of Crime Who Have a Disability*, OVC seeks to increase the capacity of law enforcement to respond to particular populations of crime victims in a sensitive and effective manner, recognizing the special needs of certain individuals. The handbook offers guidance and tips on approaching and interacting with victims who have Alzheimer's disease, mental illness, or mental retardation, or who are blind, visually impaired, deaf, or hard of hearing. It is estimated that 17 percent of the U.S. population has one of these disabilities. Therefore, it is likely that law enforcement officers will encounter a victim with a disability. Because officers and dispatchers often are the first to respond to crime victims, it is critical that they understand how to approach them. There are few resources for law enforcement professionals in this area, and what is available is typically offender rather than victim focused and found in training curricula.

This handbook is not intended to be a training manual and does not offer a response to every situation, but it does highlight salient issues for victims with disabilities. The handbook provides an introductory section with general tips on responding to victims with a disability and a section for each disability that offers professionals guidance on how to respond to victims with that particular disability. Also included is a section on the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, two federal laws that prohibit discrimination against individuals with disabilities. Finally, the handbook highlights service providers representing the interests

of individuals with the various disabilities covered and lists other national victim resources. These resources are intended to help law enforcement locate the services victims need. Like *First Response to Victims of Crime*, this handbook may be useful in retraining officers in the inservice setting, at roll calls, and in recertification programs.

This handbook is a reminder that every victim deserves to be treated compassionately, fairly, and respectfully. Law enforcement's sensitive and quality response to all victims strengthens the criminal justice system.

John W. Gillis
Director
Office for Victims of Crime

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I. Basic Guidelines on First Response to Victims of Crime Who Have a Disability

Background

Anyone can be victimized by crime. But people who have a disability can be more vulnerable to victimization than others in society. People with a mental impairment can be less able to recognize and avoid danger, and people with a physical impairment can be less able to protect themselves or escape harm. Furthermore, victims of crime who have a disability can be less able to contact law enforcement and, without disability accommodations, help in the investigation of their victimization.

One out of five people in the United States has a mental or physical impairment, and the disability is severe for half of this population. These disabilities come in many forms but all affect either a person's mental functioning, such as the ability to reason and exercise good judgment, or a person's physical abilities, such as the ability to see and hear.

Numerous research studies indicate that the risk of criminal victimization for people with a disability is much higher than for people without disabilities. In addition, people who have a disability are often victimized repeatedly by the same perpetrators. Yet, most of the issues that confront victims who have a disability are issues that affect all crime victims.

The way victims cope depends largely on their experience following the crime. As a law enforcement officer, you are usually the first official to interact with victims. For this reason, you are in a unique position to help victims cope with the trauma of the crime and restore a sense of security and control over their lives.

The circumstances of a crime dictate when and how responding officers are able to first address victims and their needs. You may have to juggle many other tasks, such as securing the crime scene, determining and calling for emergency medical services, advising other public safety personnel on their arrival, collecting evidence, and interviewing witnesses at the scene. Apprehending offenders is the law enforcement officer's primary duty and, as a result, first responders may not be able to respond to victims as quickly as they would like.

As soon as the responding officer's most urgent tasks have been completed, however, attention can be directed to crime victims and their needs. At that point, how you approach victims, explain your competing law enforcement responsibilities, and work with victims is crucial to their recovery. Always remember that you are there for each victim. Crime victims are not just witnesses for you.

By responding to victims appropriately and compassionately, the law enforcement officer is also more likely to gain their trust and cooperation. As a consequence, victims are more willing to provide detailed information about the crime to the officer and later to investigators and prosecutors, which, in turn, leads to the conviction of more criminals.

Finally, although most issues that crime victims who have a disability confront are concerns that affect crime victims in general, there are still important differences in how to approach and help victims with a disability. The information presented in this handbook illustrates some of these differences and how to better serve all crime victims.

General Tips on Responding to Crime Victims Who Have a Disability

A lack of personal familiarity with individuals who have a disability may cause you to feel professionally awkward and uncertain in your response to victims of crime with disabilities. On the other hand, a person's impairment may not be obvious, so watch victims carefully for signs of any disability. You should also not be hesitant to ask victims if they have any individualized needs because of a mental or physical impairment. In short, as the first response officer, you can promote effective communication, reduce your anxieties, and best serve victims by observing these guidelines:

- Rethink your attitude about people who have a disability (the negative attitudes of others are sometimes their greatest impairment).
- Consider that a person with a substantial disability may be healthier than you.
- Be careful not to label or define people by their impairment. For example, referring to the victim as "a disabled woman"

rather than saying the victim is “a woman with a disability” can convey the image of a person who is primarily disabled and secondarily a woman. Similarly, it is better to say “the victim has schizophrenia” or “the victim has a mental illness” rather than “the victim is a schizophrenic” and “the victim is a male with blindness” is better than “the victim is a blind man.” In other words, the person *has* an impairing condition, not the person *is* that condition.

- Ask victims how they wish to be characterized and how you can communicate with them most effectively. Your respect and sensitivity will ensure that the words you use and accommodations you make are appropriate, not detrimental. The presence of someone familiar to victims or a person knowledgeable about their impairment may also be extremely important for victims and helpful during your interview. But recognize that family members, service providers, and others could be the offenders or could protect the offenders. The presence of these people, therefore, may inhibit victims from fully describing the crime to you for fear of retribution.
- Do not act on your curiosity about the victim’s disability. Restrict your questions to those necessary to accommodate the victim’s needs.
- Avoid expressing pity with phrases such as “suffering from” Alzheimer’s disease and “a victim of” mental illness.
- Speak directly to victims, even when they are accompanied by another person. People who have a disability are sometimes assumed to be incapable of making decisions for themselves.
- Listen to your tone of voice and monitor your behavior to avoid talking down to victims, coming across in a condescending manner, or treating victims as children.
- Do not express admiration for the abilities or accomplishments of victims in light of their disability.
- Be mindful of the underlying painful message communicated to victims by comments such as “I can’t believe they did this to someone like you”; “She’s disabled and he raped her anyway”; or “To steal from a blind man. That’s got to be the lowest.” The message is that one considers people who have a disability as “less than” complete human beings.

- Document victims' disability in your incident report and their individualized (1) communication, (2) transportation, (3) medication, and (4) other accommodation needs.
- Ensure that victims are in a safe environment before leaving the scene. Again, recognize that family members, service providers, and others could be the offenders and that an alternate caregiver or shelter may be needed for victims. Contact a victim advocate whenever possible for victim services and followup.
- Never assume that people with disabilities somehow suffer less emotional trauma and psychological injury than other crime victims.
- Remember that federal law (see section II) requires—with few exceptions—that law enforcement 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.

II. Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973

Two federal laws—the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973—prohibit discrimination on the basis of a disability. Title II of ADA applies to state and local government entities, while Section 504 applies to recipients of federal financial assistance, including recipients of grants from the U.S. Department of Justice (DOJ).

An individual with a disability is defined by ADA and Section 504 as a person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Both Title II of ADA and Section 504 require—with few exceptions—that first responders provide victims of crime who have a disability with an equal opportunity to benefit from and participate in all programs, services, and activities of the law enforcement agency. In addition, first responders must provide for equally effective communication to victims with a disability. 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.

For more information about your responsibilities under ADA and Section 504, call DOJ's ADA Information Line at (800) 514-0301 or DOJ's Office of Justice Programs at (202) 307-0690.

III. Crime Victims Who Have Alzheimer's Disease

Background

Alzheimer's disease breaks down the connections between nerve cells in the brain. Outward signs of the disease may not be apparent in a person until the disease reaches its advanced stages. Initially, Alzheimer's causes one to forget recent events or familiar tasks. Eventually, people with the disease are unable to care for themselves.

First responders may observe the following common symptoms in people with Alzheimer's disease:

- 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. For example, wearing winter clothes in summer or a nightgown to go shopping.
- Rapid mood swings for no apparent reason.
- Walking manner characterized by slow, sliding movements without lifting the feet.

Although the disease can occur during a person's 30s, 40s, and 50s, most people with Alzheimer's disease are older than 65. Ten percent of people over age 65 and nearly 50 percent of those over 85 have the disease. The vast majority of these people live in the community, not a caregiving facility. Thus, as the elderly are the fastest growing U.S. age group, the number of people with Alzheimer's disease is increasing, as is the likelihood that you will encounter victims who have this disability.

Tips on Responding to Crime Victims Who Have Alzheimer's Disease

Approach victims from the front and establish and maintain eye contact (when you know in advance that the victim has Alzheimer's disease). Introduce yourself as a law enforcement

officer and explain that you have come to help. Due to their impaired short-term memory, victims may repeatedly ask who you are. Thus, you may need to reintroduce yourself several times.

- Ask for identification if you suspect that victims have Alzheimer's disease. In addition, observe for a *Safe Return* bracelet, necklace, lapel pin, key chain, or label inside their clothing collar. *Safe Return* identification provides the first name of a person bearing this ID, indicates that he or she has a memory impairment, and gives the 24-hour toll-free number for the Alzheimer's Association's *Safe Return Program*. The program includes a nationwide participant registry that contains the full name of the registrant, a photograph, identifying characteristics, medical information, and emergency contact information. When you call the program's crisis number at (800) 572-1122, a *Safe Return* clinician will contact the registrant's caregivers.
- Treat victims with dignity. The deterioration of their mental abilities does not mean victims are without feelings.
- Remove victims from crowds and other noisy environments as this can cause restlessness, pacing, agitation, and panic in people with Alzheimer's. Also, turn off your car's flashing lights and lower the volume on your radio.
- Establish one-on-one conversation. Talk in a low-pitched, reassuring tone, looking into the victim's eyes. Alzheimer's shortens attention span and increases suspicion. Your calm support can make victims less agitated and panicked. Speak slowly and clearly, using short, simple sentences with familiar words. Repeat yourself. Accompany your words with gestures when this can aid in communication, but avoid sudden movements.
- Include victims in all conversations, out of respect and so you will not arouse their suspicion.
- Explain your actions before proceeding. If victims are agitated or panicked, gently pat them or hold their hand, but avoid physical contact that could seem restraining.
- Expect difficulties making yourself understood. Do not assume victims understand you or are capable of answering your questions and complying with your instructions.

- Give simple, step-by-step instructions and, whenever possible, a single instruction. For example, “Please sit here. I’ll take care of everything.” Avoid multiple, complex, or wordy instructions, such as: “Please sit here, don’t get up or go anywhere, and wait for me to come back.” Also, substitute non-verbal communication by sitting down if you want victims to sit down.
- Ask one question at a time. “Yes” and “no” questions are better than questions that require victims to think or recall a sequence of events. Be prepared for answers that are confusing and keep changing. If victims’ words are unintelligible, ask them to point, gesture, or otherwise physically communicate their answer.
- Never argue with victims or challenge their reasoning.
- Do not leave victims alone; they may wander away.
- When victims’ caregivers are located, encourage them to contact the *Safe Return Program*’s nonemergency number at (888) 572-8566 to register victims not already listed in the program’s registry.
- Find emergency shelter for victims with the help of a local Alzheimer’s Association chapter if no other caregivers can be found.

IV. Crime Victims Who Have Mental Illness

Background

Mental illness encompasses a number of distinct brain disorders—such as manic-depressive illness, schizophrenia, major depression, and severe anxiety—that disrupt a person’s mood balance, 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 United States have severe mental illness which diminishes their capacity to meet the ordinary demands of life.

Mental illness should not be confused with mental retardation. People with mental illness are usually of normal intelligence but may have difficulty functioning at normal levels due to their illness.

Symptoms of mental illness vary from individual to individual depending on the type and severity of the disorder. Many symptoms are not readily observable from outward appearances but are noticeable in conversation. Although the first responder cannot be expected to recognize specific types of mental illness, the following symptoms are indicative that a victim may have mental illness:

- Accelerated speaking or hyperactivity.
- Delusions and paranoia. For example, false beliefs that one is a famous person or that others are trying to harm one.
- Hallucinations, such as hearing voices or seeing, feeling, or smelling imaginary things.
- Depression.
- Inappropriate emotional response. For example, silliness or laughter at a serious moment.
- Unintelligible conversation.
- Loss of memory. Not ordinary forgetfulness, but rather an inability to remember the day, year, or where one is.

- Catatonia, which is characterized by a marked lack of movement, activity, or expression.
- Unfounded anxiety, panic, or fright.
- Confusion.

Anyone who is a crime victim may be traumatized and experience one's victimization as a crisis. For people with mental illness, this crisis may be experienced more profoundly. The following guidelines can help you respond to victims who have mental illness.

Tips on Responding to Crime Victims Who Have Mental Illness

- Approach victims in a calm, nonthreatening, and reassuring manner. Victims may be overwhelmed by delusions, paranoia, or hallucinations and may feel threatened by you or afraid of you. Introduce yourself personally by name first, then your rank and agency. Make victims feel they are in control of the situation.
- Determine whether victims have a family member, guardian, or mental health service provider who helps them with daily living. Contact that person immediately.
- Contact the local mental health crisis center immediately if victims are extremely agitated, distracted, uncommunicative, or displaying inappropriate emotional responses. Victims may be experiencing a psychiatric crisis.
- Ask victims if they are taking any medications and, if so, the types prescribed. Make sure victims have access to water, food, and toilet facilities because side effects of the medications may include thirst, urinary frequency, nausea, constipation, and diarrhea.
- Conduct your interview in a setting free of people or distractions upsetting to victims. If possible, only one officer should interview victims.
- Keep your interview simple and brief. Be friendly and patient and offer encouragement when speaking to victims. Understand that rational discussion may not be possible on some or all topics.

- Be aware that victims experiencing delusions, paranoia, or hallucinations may still be able to accurately provide information outside their false system of thoughts, including details related to their victimization and informed consent to medical treatment and forensic exams.
- Avoid the following conduct in your actions and behavior with victims:
 - Circling, surrounding, closing in on, or standing too close.
 - Sudden movements or rapid instructions and questioning.
 - Whispering, joking, or laughing in their presence.
 - Direct continuous eye contact, forced conversation, or signs of impatience.
 - Any touching.
 - Challenges to or agreement with their delusions, paranoia, or hallucinations.
 - Inappropriate language, such as “crazy,” “psycho,” and “nuts.”
- Back off and allow victims time to calm down before intervening if they are acting excitedly or dangerously and there is no immediate threat to anyone’s safety. Outbursts are usually of short duration.
- Break the speech pattern of victims who talk nonstop by interrupting them with simple questions, such as their birth date or full name, to bring compulsive talking under control.
- Do not assume that victims who are unresponsive to your statements cannot hear you. Do not act as if they are not present. Be sensitive to all types of response, including a victim’s body language.
- Understand that hallucinations are frighteningly real to victims. Never try to convince victims that their hallucinations do not exist. Rather, reassure victims that the hallucinations will not harm them and may disappear as their stress lessens.

- Acknowledge paranoia and delusions by empathizing with victims' feelings but neither agree nor agitate victims by disagreeing with their statements. For example, if victims state that someone wants to harm them, reply with: "I can see that you're afraid. What can I do to make you feel safer?" Recognize also that victims who state that others are trying to harm them may be the victims of stalking or other crimes.
- Continually assess victims' emotional state for any indications that they may be a danger to themselves or others.
- Be honest with victims. Getting caught by victims in your well-intentioned deception will only increase their fear and suspicion of you.
- Provide for victims' care by a family member, guardian, or mental health service provider before leaving them.

V. Crime Victims Who Have Mental Retardation

Background

Mental retardation is an impairment affecting the brain and its ability to process information. People with mental retardation have difficulty learning and are below average in intelligence. They have problems with memory and judgment and in their abilities to reason, focus, and understand.

Approximately 3 out of 100 people have mental retardation. But people with mental retardation appear to represent much more than 3 percent of crime victims because they also appear to be at higher risk for victimization than people without disabilities.

Most people with mental retardation are only mildly affected and look no different from anyone else, making mental retardation difficult for first responders to recognize.

Furthermore, people with mental retardation may try to hide their impairment or pretend greater capabilities than they actually possess. There are, however, questions you can ask and traits you can watch for when attempting to determine if a crime victim has mental retardation:

- Ask victims where they live, work, or go to school, and if they have someone who helps them to determine if they live with their parents or in a group home, are employed in a vocational rehabilitation setting, attend special education classes, or have a social worker.
- Ask victims for directions to their home, what time they have, or to read or write something for you. Observe victims for any difficulty they have understanding you; listen to whether they speak with an impairment or have a limited vocabulary; and watch for any other difficulties exhibited by victims in responding to these simple requests.

There is often no way for the first responder to know that a crime victim has mental retardation. People with the disability can vary widely in their capabilities and skills. If you suspect this impairment, proceed as though the victim has mental

retardation. In doing this, you can ensure effective communication and know that you have done your best to respond appropriately to the victim's needs.

Tips on Responding to Crime Victims Who Have Mental Retardation

- Show the same respect to crime victims with mental retardation that you show all victims.
- Introduce yourself first as a law enforcement officer, followed by your agency and name. People with mental retardation have been taught that law enforcement officers are their friends and are people they can trust and who will keep them safe.
- Avoid using the words “retardation” or “retarded” in front of victims. If you need to refer to a victim's impairment and the victim is nearby, say “person with a disability.”
- Do not assume that victims are incapable of understanding or communicating with you. Most people who have mental retardation live independently or semi-independently in the community, so a fairly normal conversation is possible.
- Create a safe atmosphere, limit distractions, and establish a trusting rapport with victims before interviewing them.
- Be mindful of the issue of a victim's competency to give or withhold consent to medical treatment and forensic exams, notification of next of kin, and other services, but do not assume victims are incompetent.
- Explain written information to victims and offer to help them fill out paperwork.
- Ask victims if there is anyone they would like you to call to be with them during your interview. But remember, family members, service providers, and others can have a vested interest in the interview. They could be the offenders or try to protect the offenders.
- Allow adequate time for your interview and take a break every 15 minutes.
- Treat adult victims as adults, not children.

- Speak directly and slowly to victims, keeping your sentences short and words simple. Listen to how victims talk, and match your speech to their vocabulary, tempo, and sentence structure.
- Separate complex information into smaller parts and use gestures and other visual props to get your meaning across. Do not overload victims with too much information.
- Recognize that victims may be eager to please or be easily influenced by you. They may say what they think you want to hear, so be careful not to ask leading questions.
- Use open-ended questions or statements that cannot be answered with a “yes” or “no,” such as “Tell me what happened.” Let victims “lead the interview” as they disclose information.
- Help victims understand your questions by giving them points of reference. For example, ask “What color was the man’s hair?” rather than “What did the man look like?” and “Did the fight start before or after lunch?” instead of “When did the fight start?”
- Wait patiently at least 30 seconds for victims to respond to an instruction or question. If victims do not respond or reply inappropriately, calmly repeat yourself, using different words. Also, have victims state in their words what they understood you to say.
- Repeat the last phrase of victims’ responses in question form to help them stay focused during your interview and to transition victims through a sequence of events. For example, ask “He hit you?”, “You fell down?”, and “You tried to run?”
- Keep questions that require victims to do much reasoning or that can confuse victims to a minimum. Examples of types of questions to avoid include the following: “Why do you think she did this to you?”, “Do you have any idea what was going on?”, or “What made you do that?”
- Realize that you are not alone when you respond to crime victims with mental retardation. Look in the telephone book under “social service organizations,” contact your local United Way or local chapter of The Arc, or call The Arc of the United States at (800) 433-5255 for help on how best to serve victims who have mental retardation.

VI. Crime Victims Who Are Blind or Visually Impaired

Background

The ability to see exists along a wide continuum from sighted to partially sighted to blind. Although it is rare for a person to be completely blind, that is, with no vision, “legal blindness” and visual impairments affect an estimated 15 million people in the United States. Legally blind defines the condition in which a person is unable to see at 20 feet what someone with normal vision can see at 200 feet. Partially sighted people, although often able to get around without much difficulty, need adaptive methods to read and write because of their vision impairment.

Blindness—whether complete or legal—and vision impairments become more common with advancing age. Seventy percent of people with blindness or severe visual impairment are age 65 or older. Thus, it is anticipated that the number of people with this disability will increase substantially over the next 20 or 30 years as baby boomers enter their elderly years. Whatever a crime victim’s age, however, first responders can effectively meet the needs of victims who are blind or visually impaired by following these guidelines.

Tips on Responding to Crime Victims Who Are Blind or Visually Impaired

- Introduce yourself immediately as a law enforcement officer when you approach victims and have others who are present introduce themselves, including children. These introductions let the victim know who is present and where they are situated, and also help the victim recognize voices during subsequent interviews. In addition, mention if there is a dog, cat, or other pet present to protect victims from tripping over the animals or being startled by them.
- Tell victims your name, badge number, and the telephone number of your dispatcher when responding to victims who are alone, and support them in verifying your identity.
- Do not speak loudly. Most people who are blind or visually impaired hear well.

- Identify the person(s) to whom you are speaking when conversing in a group because it may not be apparent to victims.
- Let victims know when you or someone with you steps away during a conversation.
- Avoid lapses of conversation in your interview without informing victims why you are silent; for example, tell victims that you are writing. Also, express attentiveness, concern, and compassion through your voice and choice of words because victims cannot see your facial expressions or body language to know if you are listening to them and interested.
- Offer to fill out forms and read aloud written information for victims. Explain what printed materials you are providing and make those materials available—as is legally required, with few exceptions, by ADA and Section 504—in alternative format, including large print, audiotape, computer diskette, and Braille, on request.
- Never pet guide dogs without permission. There is a special relationship between people who are blind and their dogs; the dogs are working animals that must not be distracted.
- Offer your arm, instead of holding the arm of victims, if they want you to guide them in moving around. Let victims take your arm from behind, just above the elbow. In this position, they can follow the motion of your body. Walk in a relaxed manner and expect victims to keep a half-step behind you so they can anticipate curbs and steps.
- Orient victims to their surroundings and give cues as to what lies ahead when guiding them. Close partially opened doors to cabinets, rooms, and cars that obstruct their path. Warn victims of hazardous objects around them. And be sure to make your warnings and directions specific, such as “straight in front of you,” “two steps going up,” and “directly to your left” rather than vague references like “at the front of the room” or “beside you.”

VII. Crime Victims Who Are Deaf or Hard of Hearing

Background

The term “deaf” is used in reference to people who are 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 their use of amplification devices to hear oral communication.

Almost 9 percent of the U.S. population is deaf or hard of hearing. Among the elderly, nearly 1 in 4 people between 65 and 74 years old and 1 in 3 people over age 75 have a hearing impairment.

Whether deaf or hard of hearing, crime victims with this disability are capable of cooperating fully with responding officers. To effectively meet victims’ needs, however, first responders should determine and honor as early as possible the method by which victims wish to communicate.

Tips on Responding to Crime Victims Who Are Deaf or Hard of Hearing

- Signal your presence to victims by waving your hand or gently—so as not to startle—touching victims on the arm or shoulder if victims do not notice you.
- Determine how victims desire to communicate by initially communicating through writing in situations where victims are unable to hear you, they do not speech- or lip-read, and a sign language interpreter is not present.
- Realize that victims may not be literate in written English but may know American Sign Language (ASL).
- Never use a child to communicate with adult victims.
- Be careful not to assume that because victims are wearing hearing aids they can hear or understand you. The degree and type of a person’s hearing loss may render hearing aids of limited assistance with the tones of speech.

- Remember in all your interactions with victims that deaf and hard of hearing people are visually oriented.
- Avoid shouting or speaking very slowly to make yourself heard and understood. This distorts your speech, lip movements, and facial expressions, which can make you seem upset.
- Never speak directly into a victim's ear.
- Bear in mind that not all people who are deaf or hard of hearing can speech- or lip-read and that only about 20 percent of words are readable from the lips; the rest is guessing.
- Use gestures and pantomime to better communicate. For example, you can motion toward a chair to offer victims a seat; touch your clothing, or hair, when interviewing victims for a description of the offender; and mimic drinking from a glass to ask victims if they are thirsty.
- Do not assume that victims are unable to speak or use their voice. Never use the words “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.
- Observe victims' facial expressions and other physical gestures closely as deaf and hard of hearing people communicate a lot of information visually through their body language.
- Include victims in all conversations and describe any commotion. If you look away from victims to overhear another conversation, if you are distracted because of a noise or disturbance, or if you turn from victims to converse with someone else, explain to victims exactly what you are doing or what is happening.
- When interviewing victims who are hard of hearing—or victims who are deaf and desire to communicate by speech- or lip-reading—select a location free of distractions, interference, and, especially for those victims who are hard of hearing, any background noise, and
 - Face victims so your eyes and mouth are clearly visible. Be careful not to block your mouth with your hands or speak while looking away from victims or looking down at your notes.

- Stand or sit at a distance between 3 and 6 feet from victims in a well-lit and glare- and shadow-free area. Avoid unnecessary gesturing and body movement because it is difficult for victims to speech- or lip-read if you are not physically still.
- Begin speaking after you have the victim's attention and established eye contact.
- Make your questions and instructions short and simple.
- Speak clearly, distinctly, and slightly slower than usual but not unnaturally slow, and do not exaggerate your pronunciation of words.
- If necessary, talk slightly louder than usual but never shout. Extremely loud tones are not transmitted as well as normal tones by hearing aids and shouting distorts lip movements.
- Be prepared to repeat yourself. Use different words to restate your questions and instructions. The victim may have only missed a word or two initially and repetition will clarify what was missed.
- Use open-ended questions and statements that require victims to answer with more than a “yes” or “no” to prevent misunderstandings. For example, say “Describe the offender for me,” rather than asking, “Is the offender someone you know?”
- Honor victims' request for a sign language interpreter as is legally required—with few exceptions—by ADA and Section 504. The national Registry of Interpreters for the Deaf, at (703) 838-0030, has affiliate chapters in all 50 states that can help you locate an interpreter.
- When communicating through an interpreter, remember the interpreter is present solely to transmit information back and forth between the responding officer and victims, not to explain information or give opinions. Thus, when using an interpreter, you should
 - Stand or sit across from victims, in a glare- and shadow-free area, with the interpreter beside you so that victims can easily shift their gaze between you and the interpreter.

- Speak at a normal volume and pace and directly to victims, not to the interpreter. Never ask “How is he feeling?” or say “Ask her how she is feeling.” Address your question to victims: “How are you feeling?”
- Ask victims, not the interpreter, to repeat or clarify an answer if you do not understand it.
- Take breaks. Interpreting (signing) and receiving information visually can be tiring for both interpreters and victims.
- Recognize that a Deaf culture exists. This culture has a language—ASL—and experiences, practices, and beliefs about itself and its connection to the larger hearing society. Crime victims who identify with the Deaf culture may live more isolated from the hearing society and be less comfortable with that society, including you, than victims for whom their hearing loss is merely a physical condition.

VIII. Directory of Service Providers

Alzheimer's Disease

Alzheimer's Association
(800) 272-3900; (312) 335-8882, TTY
www.alz.org

Alzheimer's Association's *Safe Return Program*
Crisis Line: (800) 572-1122; (314) 647-5959, TTY
Nonemergency Line: (888) 572-8566; (888) 500-5759, TTY
www.alz.org/caregiver/programs/safereturn.htm

Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973

Americans with Disabilities Act Information Line
(800) 514-0301; (800) 514-0383, TTY
www.usdoj.gov/crt/ada/adahom1.htm

Office of Justice Programs
U.S. Department of Justice
(202) 307-0690; (202) 307-2027, TTY

Blindness or Visual Impairment

American Council of the Blind
(800) 424-8666
www.acb.org

American Foundation for the Blind
(800) 232-5463; (212) 502-7662, TTY
www.afb.org

Deafness or Hard of Hearing

National Association of the Deaf
(301) 587-1788; (301) 587-1789, TTY
www.nad.org

National Institute on Deafness and
Other Communication Disorders
(800) 241-1044; (800) 241-1055, TTY
www.nidcd.nih.gov

Registry of Interpreters for the Deaf
(703) 838-0030; (703) 838-0459, TTY
www.rid.org

Mental Illness

National Alliance for the Mentally Ill
(800) 950-6264; (703) 516-7227, TTY
www.nami.org

National Depressive and Manic-Depressive Association
(800) 826-3632
www.ndmda.org

Treatment Advocacy Center
(703) 294-6001
www.psychlaws.org

Mental Retardation

American Association on Mental Retardation
(800) 424-3688
www.aamr.org

National Down Syndrome Congress
(800) 232-6372
www.ndscenter.org

The Arc of the United States
(800) 433-5255
www.thearc.org

Other National Victim Resources

Battered Women's Justice Project
(800) 903-0111
www.bwjp.org

Childhelp USA/Forrester National Child Abuse Hotline
(800) 422-4453; (800) 222-4453, TTY
www.childhelpusa.org

Family Violence Department's Resource Center on
Domestic Violence: Child Protection and Custody
(800) 527-3223
<http://nationalcouncilfvd.org>

Family Violence Prevention Fund/Health Resource Center
(888) 792-2873; (800) 595-4889
www.endabuse.org

Mothers Against Drunk Driving
(800) 438-6233
www.madd.org

National Center for Missing and Exploited Children
(800) 843-5678; (800) 826-7653, TTY
www.ncmec.org

National Center for Victims of Crime
(800) 394-2255; (800) 211-7996, TTY
www.nvc.org

National Children's Alliance
(800) 239-9950
www.nca-online.org

National Clearinghouse for Alcohol and Drug Information
(800) 729-6686; (800) 487-4889, TTY; (800) 735-2258,
TTY Relay Service
www.health.org

National Clearinghouse on Child Abuse and
Neglect Information
(800) 394-3366
www.calib.com/nccanch

National Coalition Against Domestic Violence
(800) 537-2238; (800) 553-2508, TTY
www.ncadv.org

National Criminal Justice Reference Service
(800) 851-3420; (877) 712-9279, TTY
www.ncjrs.org

National Domestic Violence Hotline
(800) 799-7233; (800) 787-3224, TTY
www.ndvh.org

National Fraud Information Center
(800) 876-7060
www.fraud.org

National Organization for Victim Assistance
(800) 879-6682
www.try-nova.org

Office for Victims of Crime Resource Center
(800) 627-6872; (877) 712-9279, TTY
www.ojp.usdoj.gov/ovc/ovcrs

Parents of Murdered Children
(888) 818-7662
www.pomc.org

Rape, Abuse & Incest National Network
(800) 656-4673
www.rainn.org

OVC

First Response to Victims of Crime Who Have a Disability

For copies of this guide and/or additional information,
please contact

OVC Resource Center
P.O. Box 6000
Rockville, MD 20849-6000
Telephone: 1-800-627-6872 or 301-519-5500
(TTY 1-877-712-9279)

Or order OVC publications online at <http://puborder.ncjrs.org>.
E-mail questions to askovc@ojp.usdoj.gov.
Send your feedback on this service to tellncjrs@ncjrs.org.

Refer to publication number NCJ 195500.

For information on training and technical
assistance available from OVC, please contact

OVC Training and Technical Assistance Center
10530 Rosehaven Street, Suite 400
Fairfax, VA 22030
Telephone: 1-866-OVC-TTAC (1-866-682-8822)