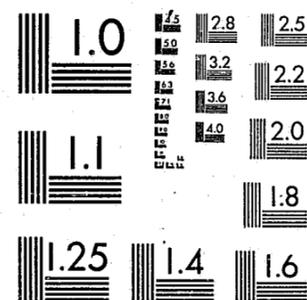


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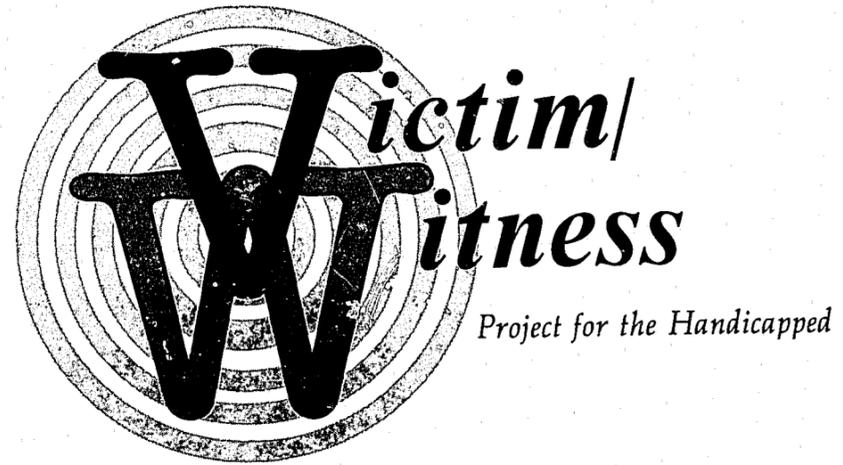
Project for the Handicapped

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Victim Justice for Disabled Persons:
A Resource Manual

by Myra S. Per-Lee

79693

A publication of Gallaudet College
Washington, D.C.



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Victim Justice for Disabled Persons:
A Resource Manual

by Myra S. Per-Lee

U.S. Department of Justice
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TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGEMENTS	vii
INTRODUCTION	1
I. UNDERSTANDING DISABILITIES	5
--What is a disability?	5
--How many people are physically disabled?	8
--Legislation and social services for disabled persons	9
--Disabled persons and victim/witness services	13
II. YOUR CLIENT HAS A PHYSICAL DISABILITY	16
<u>Your Client Has a Hearing Impairment</u>	19
--Types of hearing impairments	20
--Implications of hearing impairments	21
--Abilities of hearing impaired persons	24
--Special needs of hearing impaired victims/witnesses	25
<u>Your Client Has a Visual Impairment</u>	33
--Types of visual impairments	34
--Implications of visual impairments	35
--Abilities of visually impaired persons	36
--Special needs of visually impaired persons	38

	<u>Page</u>
<u>Your Client Is Deaf-Blind</u>	41
--What is deaf-blindness?	41
--Implications of deaf-blindness	42
--Abilities of deaf-blind persons	43
--Special needs of deaf-blind persons	44
<u>Your Client Has a Mobility Impairment</u>	46
--What is a mobility impairment?	47
--Implications of mobility impairments	50
--Abilities of mobility impaired persons	51
--Special needs of mobility impaired persons	51
--A few words about epilepsy	54
<u>Your Client Has a Communication Impairment</u>	57
--Types of communication impairments	58
--Implications of communication impairments	60
--Abilities of communication impaired persons	61
--Special needs of communication impaired persons	61
III. OUTREACH TO THE DISABLED POPULATION	65

	<u>Page</u>
APPENDICES	
A. Resources for Information on Handicapping Conditions	71
Publications	73
National Sources for Information & Referral	75
Captioning and Braille Information	78
Interpreters for the Deaf	79
B. The Legal Obligations of Law Enforcement	
Agencies to Render Themselves Communicatively	
Accessible to Deaf Persons (prepared by the	
National Center for Law and the Deaf)	81

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INTRODUCTION

In the last decade, this country has witnessed the growth of one of the most important social services available to the American public--victim/witness services. Quite coincidentally, the last 10 years has also been a period of growth in services to another group of long neglected citizens--the disabled population. Federal and state legislation requiring access to public programs, employment, buildings, and transportation for persons with physical, mental and emotional disabilities has and will continue to enable the estimated 36 million Americans with such disabilities to more fully participate in the mainstream of American life.

What do the equal access rights recently afforded the disabled population have to do with victim/witness services? Just this: the more disabled persons, who were formerly institutionalized or otherwise prevented from fully participating in community life, begin to take advantage of new opportunities, the more likely they are to be potential victims and in need of victim services. Disabled victims of

and witnesses to crime, like elderly and juvenile persons, have special needs, which the victim/witness counselor must consider when working with those clients.

One of the goals of the Victim/Witness Project for the Handicapped is to provide information to victim/witness service providers about the special needs of disabled persons. This manual is geared toward working with persons with physical disabilities, as opposed to those with mental or emotional disabilities. The Project's focus on persons with mobility, sensory, and communication impairments stems from a need to clarify their abilities as capable and credible participants in the criminal justice system. There is a tremendous misunderstanding of physically disabled persons in our society. In the criminal justice system, this misunderstanding may result in criminal and civil suits being dropped by the courts because the testimony of physically disabled victims, witnesses, or offenders is not considered credible. The Project does not mean to imply that persons with emotional and mental impairments cannot participate in the criminal justice system, but that those persons encounter different types of difficulties than do physically disabled people. Our focus in this manual is on working with crime victims and witnesses who have various physical disabilities.

Early in its Project year, the Victim/Witness Project for the Handicapped conducted a needs assessment survey to determine what you, the victim service providers, wanted from our materials. In addition to knowledge about handicapping conditions, areas of information requested were: 1) counseling the handicapped victim; 2) assisting the handicapped victim or witness through the legal process; 3) referral or information sources for working with handicapped victims or witnesses; 4) developing public information programs for handicapped persons regarding victimization and victim/witness services; and 5) making services accessible to handicapped persons.

This manual is a response to your expressed needs for information. It does not stress, you will find, major programmatic changes, but rather, certain accommodations in program elements which may be required to meet an individual's special needs.

Your counseling role will not differ substantially from the one you generally assume. With the exception of meeting individual special needs, as required, the person with a disability should receive the same treatment as other clients. After all, most disabled clients will come to you with problems not directly related to their disability.

It is hoped that this material will stimulate interest in providing outreach to the disabled community and in making minor modifications in the approach of victim/witness service providers to meet the special needs of the disabled individual. Since many victim/witness services are advocates for the victim/witness in the criminal justice system, it is hoped that this material will lead to greater advocacy for the disabled person who enters that system as well.

I - UNDERSTANDING DISABILITIES

What is a disability?

There are many definitions of disability. Disabled persons, organizations which represent them, and state and federal legislation define disability differently. For the purposes of this manual, a disability is a limitation to a sensory, mobility, communication, mental, or emotional function. A person with a disability may be limited in such areas of daily life as school, work, recreation, transportation, social interaction, and in activities of daily living, such as eating, dressing, and bathing, depending on the type of disability and the degree of severity. Such limitations may be to one or more of the areas listed above; they may be slight, moderate, or severe in terms of their restrictive capacity.

We all experience periods when we become temporarily disabled. A broken limb from a ski accident or a football skirmish might keep us from some of our normal activities

for a while. Or a case of laryngitis could prevent us from talking on the telephone. Headaches are sometimes so severe as to impair our vision, and they could certainly prevent us from learning or working effectively. While these examples may be helpful in relating to some of the problems of limitation that disabled persons may face, remember they are temporary. Persons who are referred to as disabled have chronic limitations, not temporary ones. Their limitations, while they may be ameliorated with technological devices or rehabilitation therapy, generally do not disappear in six to eight weeks, in three days, or in two hours.

Persons who have physical disabilities may be sensory, mobility, or communicatively limited. Hearing impairments and visual impairments constitute the main sensory limitations; paralysis, orthopedic impairments, and absence of one or more major extremities are mobility limiting. Limitations to communication have a variety of causes, and this category includes language formulation, voice, speech, and hearing impairments, all of which can impede normal communicative functioning.

It is important to remember that, while some persons may be multiply disabled, one limitation does not imply limitation to another function. Persons who have a physical

disability should not be assumed to have either another physical disability or a mentally or emotionally disabling condition. Persons with physical disabilities are no more likely to have accompanying mental disorders than the non-physically disabled population.

Physically disabled persons live their lives just like able-bodied persons. They have the same feelings, same goals and aspirations, work in the same capacities, and have families and friends just like able-bodied persons. They are not, as a whole, any more maladjusted because of their disabilities than the able-bodied. They have accepted and adapted to their disabilities; they call for acceptance and adaptation from the non-disabled community.

A disability is a limitation which may prevent a person from doing certain things efficiently, quickly, and possibly without some type of assistance. In some cases activities may be totally restricted; but usually some adaptation can be utilized. In many cases it is the environment which prevents persons from accomplishing tasks--and that environment calls attention to the disability. For example, if a person in a wheelchair has physical access to a court room, he or she can be present to give testimony and his or her disability is irrelevant. If a deaf person has an interpreter to

communicate through in court, then his or her deafness is not a disabling condition.

How many people are physically disabled?

Statistics on the number of disabled persons in the United States vary depending on how disability has been defined by the researchers and on how the data were obtained or estimated. For that reason, the range of estimates is rather great, the lower estimate being 25 million persons, the upper being 36 million persons. About 10 million persons are estimated to be severely disabled (need assistance to perform routine functions such as bathing, dressing and eating).

To give you a more precise picture of the number of people with physical disabilities in this country, we are including estimates from the National Center for Health Statistics (NCHS) 1977 Health Interview Survey:

*Hearing impairments: 16,219,000 or 7.6% of the population

*Visual impairments: 11,415,000 or 5.4% of the population

*Mobility impairments: 11,537,000 or 5.4% of the population (includes paralysis, orthopedic impairments, and absence of major extremities)

*Speech impairments: 1,995,000 or 0.9% of the population.

If you add these figures together, the total is 41,166,000. That total represents the total number of physical disabilities, not the total number of disabled persons, because some persons surveyed reported multiple disabilities. Multiple disabilities are not uncommon, especially in the elderly population. One multiple disability that we address specifically in this manual is deaf/blindness. It is estimated that 535,000 of the 27 million persons with visual and hearing impairments are both visually and auditorily disabled.

Whether the smaller estimate or the larger estimate of disabled persons is quoted, we see that we are talking about from 10% to 15% of the population. In addition to the population estimated to be "disabled," NCHS has pinpointed another group of persons with what it calls "limiting conditions." These persons number approximately 67,900,000 and would also benefit from a more accessible environment.

Legislation and social services for disabled persons

The above statistics are cited to give victim service providers an idea of the size of the potential population of victims and witnesses who are disabled. You may not, as yet, have had contact with many disabled individuals in your

work. But there is reason to believe that that contact will increase steadily, due to disabled persons entering into the mainstream of society and their becoming aware of victim/witness services.

There have always been members of the disabled population who have participated in activities enjoyed by able-bodied members of society. However, until recently, there were no access laws recognizing the disabled individual's right to fully participate in such activities.

The Rehabilitation Act of 1973 was the first real "bill of rights" for the disabled population. That Act and its subsequent amendments provided equal opportunities in employment, transportation, and participation in and access to public programs and buildings fully or partially funded by the United States Government. Subsequent legislation provided equal educational opportunities for all handicapped children.

Prior to the existence of these laws, many disabled persons were institutionalized--educated in special schools and living in environments designed for their own special needs. This was not because society needed to be protected from them, but because society did not accommodate them.

Progress is being made as states, cities, and organizations are implementing mandates imposed by federal legislation. We can witness such progress in transportation accessibility (e.g., curb cuts, elevators in subway systems, special lifts on buses, etc.), in building accessibility (e.g., ramps, electronic doors, etc.), in communication (e.g., telephone amplifiers for hard of hearing persons, and teletypewriters for deaf persons in public facilities, etc.), in education (more and more disabled children are being mainstreamed into regular classrooms), and in employment (more disabled persons entering the labor force and obtaining necessary work accommodations).

To assist disabled persons in benefiting from legislative mandates, disability-related social services have multiplied. They offer information and referral, advocacy, and direct services to help disabled persons locate and use the benefits which society has finally afforded them.

Social services which specifically focus on the disabled population sprang out of the realization that some disabled persons have specialized needs. Unfortunately, until recently, very few attempts had been made to meet those needs within the system that serves the general public.

Although there has been little active discrimination against serving disabled people, there have been few efforts made to overcome the physical, psychological, and communication barriers which exist within public service agencies. Hence, disabled persons tend to avoid using public or social services in favor of agencies that understand their particular needs. At other times disabled persons may seek assistance from an agency that serves the general public only to be referred to a specialized one. Such agencies as vocational rehabilitation, protection and advocacy, and governor's and mayor's councils for the handicapped are good state and local sources of assistance to disabled persons. National and local voluntary agencies serving one or more disability groups perform a variety of functions, which both indirectly (through advocacy) and directly (through education, information and referral, financial assistance, counseling, rehabilitation, etc.) meet their constituency's special needs.

While there will always be a need for specialized services, there will no doubt be less dependency on them as disabled individuals become more integrated into society. As disabled persons identify less with a disability group and more with the citizenry at large, public and social agencies will hopefully respond by providing genuine access and understanding of their special needs.

Disabled persons and victim/witness services

Included in the Project's needs assessment survey, referred to in the Introduction, were questions relating to present service to the disabled population. We learned that 181 victim/witness programs (including general, domestic violence, and rape crisis programs) served 308,600 persons in 1980. Persons with physical disabilities accounted for .04% of the total population served; 1300 persons had visual, hearing, or orthopedic impairments. Although there are no figures available on a national or local scale which reflect the percentage of disabled victims of crime, we suspect that .04% does not represent that percentage and that handicapped victims of crime are being underserved by victim/witness programs.

Disabled persons represent as much as 15% of the entire population. Most disabled persons are in the poverty or low income categories, two categories within the population which generally experience high victimization rates. If that factor is considered along with the likelihood that a disability may make a person appear more vulnerable to a criminal, one could presume a higher victimization rate than half of one percent.

Another factor that should be considered is that the elderly are most traumatized by victimization and approximately one-third of the disabled population is 65 years of age or older. Even though statistics do not show high victimization rates among the elderly, the traumatization factor indicates that the support, counseling, and other services provided by victim/witness projects are very much needed for that population.

If, in fact, handicapped persons are being underserved in the victim/witness area, it may be because they view victim/witness services as just another inaccessible service. It may be because they link those services with criminal justice agencies, which they have traditionally avoided, perhaps far more than the average person. Or maybe, because these services are relatively new, disabled persons are not aware of such services in their communities.

Thus, for a variety of reasons future contact with handicapped victims and witnesses will increase. This manual is designed to be a first step in preparing victim/witness counselors to help disabled victims of and witnesses to crime.

The sections that follow will address each type of

physically disabling condition in general and offer some tips on addressing special needs. The final chapter addresses how to provide outreach to the disabled community--how to let them know that you are accessible to them. By way of assisting that effort, the Victim/Witness Project for the Handicapped is preparing materials on the role of victim/witness services and other crime related information for disabled citizens.

II - YOUR CLIENT HAS A PHYSICAL DISABILITY

For years, some large organizations of and for disabled persons have received public interest and support for their causes by making disabled persons appear helpless and dependent. Millions of dollars have been raised to support research and treatment for various disorders which result in handicapping conditions, and the money has been raised mostly through the appeal of sympathy.

There is nothing wrong with sympathy; many of us are motivated to be generous, be kind, and to do "right" because of sympathy. But, because of the ways we have been encouraged to perceive disabled persons, sympathy is often expressed in the form of pity, condescension, and paternalism. And at a time when disabled persons are gaining some important societal rights and are striving to achieve more equality, there is no place for those particular sentiments. They need to be replaced by acceptance and understanding.

In any counseling situation it is most important that the attitudes of acceptance and understanding be conveyed. Persons with disabilities may be very aware of how other

individuals react to them through non-verbal messages. The non-verbal messages you communicate through posture, eye contact, and tone of voice may either make a person feel comfortable and willing to communicate freely or make him or her feel threatened, defensive, and distrustful.

For the success of the client-counselor relationship, a good rapport should be established before conversation even begins. Be aware of your own postural giveaways, like leaning forward which may indicate aggressiveness or withdrawing which may indicate disgust or fear. Watch for nervous gestures like playing with a pencil which may indicate that you are uncomfortable with your client.

Eye contact is tremendously important to the success of any relationship. Address your client directly even if there is someone accompanying him or her. Talk to your clients and look at them even if they cannot see or hear you. Many persons will address the friend or relative of a disabled person, especially if the person is blind or deaf. (One blind person reported to the Project that a woman on the street actually asked her dog guide a question.) Also, some of the mobility impaired persons interviewed by the Project indicated that able-bodied persons often did not establish eye contact with them during conversation. One

victim of a hit and run accident was paralyzed and in a wheelchair before the accident occurred. She went to the police station to report the crime; the policeman interviewed only her able-bodied friend who was a witness to the accident and almost totally avoided looking at the victim.

We have all heard the expression, "It is not what you say, but how you say it" Through tone of voice and volume, we sometimes communicate to disabled persons that we think they are children; we may talk louder or more slowly, even to persons who do not have hearing problems. Disabled persons are not children, nor are they more delicate than non-disabled persons; it is not necessary to be overly solicitous.

The following sections include some of the special needs that disabled persons may have. You are not expected to guess what an individual's needs are, however, and you should always ask your client how you can accommodate him or her.

In addition to the special needs of persons with specific disabilities presented in this chapter, additional education about the criminal justice system may be a need. Since disabled persons have traditionally not participated

in the criminal justice system, it is possible that their knowledge of how that system operates is more limited than that of the general public. For that reason, their level of knowledge should be ascertained, and information about personnel, procedure, and legal rights be provided.

Not infrequently, parents and teachers are overprotective of disabled children, especially in the area of sex education. Sensory as well as mobility impaired persons may have gone to special schools or lived in institutionalized settings where access to information about sex education and sexual victimization was limited. It is only in the last five years that disability groups have made a concerted effort to educate parents of disabled children and disabled persons themselves about sexuality and disability. Several persons interviewed by our Project reported that they had been sexually abused or assaulted as teenagers, but never realized that those incidents were crimes. These factors should be considered when counseling disabled victims of sexual assault.

Your Client Has a Hearing Impairment

Successful communication requires great skill and effort under the best of circumstances. In the counseling

situation, when a client has been a victim of or witness to a crime, the counselor's job is to use his or her communication skills to reduce the effects of trauma on the client. When a client has difficulty hearing, cannot hear at all, or does not speak in a way that the counselor can understand, both counselor and client are likely to feel frustrated.

Persons who have hearing impairments (the term used to refer to all degrees of hearing loss from hard of hearing to deafness) may pose the greatest challenges to victim/witness counselors. This is because hearing impairments may create breakdowns in the mechanics of communication, making it difficult to proceed with even the act of communicating. If the counselor is aware of possible communication barriers and knowledge of how to overcome them before meeting with a deaf client, successful communication is likely.

Types of hearing impairments

Persons who have difficulty hearing or understanding speech, but who may be assisted in hearing speech with amplification (hearing aids, etc.) are hard of hearing. Persons who cannot hear or understand speech with or without amplification are deaf. (Note: Just because a person wears hearing aids does not mean that he or she is not deaf. Many

deaf persons wear hearing aids to help identify environmental sounds; they will not help a deaf person to understand speech sounds.)

Hearing impairment may be present from birth or may be adventitious, acquired later. Some possible causes of hearing impairments are: heredity; nerve damage due to illness, noise, or aging; and damage to the ear itself caused by ear infection or physical trauma to the ear.

Implications of hearing impairments

Persons who have mild or moderate hearing losses, hard of hearing persons, can usually be understood quite easily when they speak. The more severe the loss, the more likely it is that a person will exhibit articulation or pronunciation errors. Their ability to understand your speech varies, and some speakers can be understood more easily than others. Noisy surroundings may interfere with a hard of hearing person's attempts to auditorily focus on one speaker.

To understand deafness and its implications, it is necessary to remember that hearing persons learn a language primarily through hearing. They hear parents and siblings

talk and imitate what they hear. Grammar and syntax of English is thus acquired long before we ever study the structure of English in school. Those who are born deaf or who lose their hearing before having learned language are called prelingually deaf persons, and do not have the opportunity to learn English through the most convenient and natural channel--hearing.

In addition to language acquisition, hearing other persons talking helps hearing people learn how to transmit that language through speech--the articulation, pronunciation, and vocal adaptations necessary to communicate in a way that others will understand. Hearing allows us to hear ourselves, and this provides us with a feedback mechanism through which we can modify the pitch, volume, and pronunciation of our speech.

The age at which hearing loss occurs is critical to developing speech skills. People who are born deaf cannot learn speech through sound, nor can they rely on it as a source of feedback. They must use other modes, such as visual, tactile, and kinesthetic senses. These senses are not as reliable for speech learning and, therefore prelingually deaf persons generally do not speak as clearly as hearing persons or those who lose their hearing later in life.

Such individuals are able to produce vocal sounds; if they choose not to speak it is because they know they will not be understood or because speech is not a part of their native gestural/visual language.

Many prelingually deaf persons have gone to special schools for the deaf, and American Sign Language (ASL) may be their primary means of communication. ASL is a language of manual gestures called signs with its own grammatical structure and syntax. When English is introduced to a deaf child who has grown up using ASL, English is learned as a second language. Reading and writing difficulties may be experienced because of the difference in concept and structure between ASL and English.

Difficulties in speaking, reading, and writing, do not imply that deaf persons are "dumb." These difficulties represent not lack of intelligence, but lack of the sensory capability through which normal acquisition of these abilities takes place. "Deaf and dumb" is therefore a totally inaccurate descriptive phrase, as is "deaf mute," which implies that deaf persons cannot talk.

Balance problems are not uncommon among persons with hearing impairments. These problems are intensified at

night and in poorly lit rooms. Do not assume that a deaf person is drugged or drunk if he or she wavers when walking.

Abilities of hearing impaired persons

The degree to which oral and written communication and reading skills are affected by deafness depends on several factors, among them: the degree of severity of the loss, the age of onset of the loss, and the education/rehabilitation opportunities which the hearing impaired person is afforded. There are people who were born deaf who have acquired excellent English skills; some can write better than many hearing people. There are other deaf persons, generally from very isolated backgrounds, who have not learned English or any widely-used sign communication. There are deaf persons working in almost every professional capacity: doctors, lawyers, educators, engineers, architects . . . and those who have no profession or have never worked. Perhaps then, it is wise to say that one should not generalize about the capabilities of deaf people, but rather should assume only that they cannot hear.

Deaf persons are very visually oriented. They use their eyes not only to listen, that is to read lips and sign

language, but to relate to environmental and situational stimuli. Touch and kinesthetic feedback are very important to deaf individuals. The vibrations that sounds make in building structures, in furniture, and cars can often alert deaf persons to things that hearing people identify by noise.

As a victim of or witness to a crime, a deaf person is capable of providing accurate testimony involving any one of his or her senses besides hearing. In fact, because deaf persons are so visually aware, they may make better witnesses than some hearing persons.

Depending on the degree to which available amplification allows for sufficient and accurate identification of sounds, the testimony of hard of hearing persons can generally be relied on.

Special needs of hearing impaired victims and witnesses

The most important thing to remember when working with any hearing impaired person is to face him or her when you talk and to speak clearly without exaggerating lip movements. This will help both hard of hearing and deaf persons to understand you better. You should not encounter

major problems communicating with a hard of hearing person, although severely hard of hearing persons may require an interpreter. Be patient if his or her speech is not clear at first; you will adjust to it and understand in a short time.

You may understand a deaf person's speech if you are open to his or her attempts to supplement that speech with gestures and writing. Do not pretend to understand. Ask the person to repeat the message or write it.

Although you may understand the speech of your hearing impaired client this does not mean that he or she can understand you. Use the same techniques as the deaf person uses to communicate--speech, gestures, facial and body expression, and writing. Your reliance on body language will resemble communication with a foreign language speaker.

A commonly held misconception is that all deaf people can lipread. Lipreading, or speechreading, can help a deaf person to understand you; but it is a skill which people possess to different degrees. Even the best lipreaders can lipread only about 26 percent of all words. The remaining conversation is filled in according to context and nonverbal communication. Lipreading is a skill which requires

concentration to perform well and, under the strain of trauma, a deaf person may not be at his or her best.

Try to avoid sitting or standing where light is coming from behind you. Backlighting creates a glare and often casts shadows on your face so that it is difficult to read lips and facial expressions under that condition. Sometimes a deaf person will find one individual much easier to understand than others. If you are having difficulty communicating, see if a co-worker can be understood more easily.

The best way to communicate with a deaf person is in his or her own language. Some deaf persons rely on oral communication which is basically spoken English and lipreading. Others use a manual sign language; the two most common are American Sign Language and Signed English (American Sign Language modified to English word order). Both sign languages are supplemented by manual alphabet signs, or fingerspelling.

If you are not truly fluent in a hearing impaired person's language, an interpreter for the deaf is essential for successful communication. Professional interpreters, those certified by the Registry of Interpreters for the Deaf (see

Appendix A for information on how to locate a professional interpreter) are recommended. Counseling and explanation of criminal justice procedures cannot be effective if you and your client are not in full communication.

You must utilize an interpreter who is fluent in the particular language that your deaf client uses. An interpreter can ascertain what that language is and will recommend someone else if unable to skillfully interpret in it.

In rare cases deaf persons may use a lesser known language that an interpreter will not be familiar with. Here, a friend or family member of the client who knows that language should be called in to interpret. Generally, however, personal friends or family members tend to disrupt counseling sessions and, unless it is absolutely necessary, they should not be called. Also, deaf persons may not want those people to be present.

When you use an interpreter, be sure that you address the deaf person when you speak, not the interpreter. Avoid saying "tell him . . ." or "ask her" You will be telling or asking yourself; the interpreter will merely be translating your words into a language the deaf person understands.

If your client is registering a police complaint or testifying in court, it is essential that you notify the police and/or court that the client is deaf and requires an interpreter. The 1979 Bilingual and Speech and Hearing Impaired Court Interpreter Act provides for the appointment of interpreters in federal courts in U.S. Government initiated criminal and civil actions. Department of Justice regulations for Section 504 of the Rehabilitation Act of 1973 provide that all federal, state, and local courts provide qualified interpreters for defendants and witnesses. Those regulations apply also to law enforcement agencies in the case of deaf defendants; law enforcement agencies "should" provide qualified interpreters for all hearing impaired persons that they deal with, however. The use of an interpreter by law enforcement agencies for deaf citizens, regardless of whether they are defendants or victims would be in keeping with the Section 504 equal access to programs mandate (See NCLD paper, Appendix B). The Registry of Interpreters for the Deaf awards various levels of certification to interpreters, among them a certificate for legal interpreting. Some state interpreter laws require the use of certified legal interpreters in court.

Although hard of hearing persons may be able to use the telephone with an amplification device, deaf persons cannot

use a regular telephone. There are Telecommunication Devices for the Deaf (TDDs) which, when coupled with a telephone receiver, allow deaf persons to communicate by typing messages and receiving printed words from a TDD at the other end. Many deaf people have TDDs; most do not because of the cost. A TDD would be an important way to make your service accessible to the deaf community, especially if you operate a hotline. If you cannot purchase a TDD, investigate the possibilities for connecting with another community service that has one. A law enforcement agency that receives federal funds is required by Section 504 of the Rehabilitation Act to have a TDD (See the National Center for Law and the Deaf paper, Appendix B). Perhaps some arrangement could be made to share that agency's equipment.

If a TDD is not at your disposal, it is advisable to set up follow-up appointments at your first interview. Remember that changes in schedule can pose major difficulties for the hearing impaired person who does not have access to a TDD. Plans and appointments must be made in person or through letters, which makes last minute changes very difficult to arrange. In addition, a hearing impaired person who is unexpectedly and unavoidably detained may have no way to notify you or the court of his or her situation.

Since working with hearing impaired persons requires some specific preparations on the part of the victim/witness service, here are a few suggestions in the event that you have a hearing impaired client in the future. The preliminaries:

- 1) Find out who the professional interpreters are in your locale, what kinds of interpreting they are certified to practice, and how to get in touch with them if they are needed. You can do this by contacting the state chapter of Registry of Interpreters for the Deaf or by contacting the national organization. Each year, regional directories of qualified interpreters are published by the organization (see Appendix A).

- 2) Purchase a TDD or find out which agencies in your community you can use as TDD referrals so that a hearing impaired person can contact you when necessary. Publish those TDD numbers in your brochures and, if possible, in telephone directories.

- 3) Contact local organizations of and for deaf persons to get additional information on communication methods, use of an interpreter, and general information about hearing impairments.

4) Have at least one person on your staff take a course in basic sign language. Some knowledge of sign language would be helpful in the initial stages of the interview, before the interpreter arrives.

5) Find out what provisions law enforcement agencies and courts in your state and community are implementing for hearing impaired citizens. Advise them of their federal obligations, if necessary.

Following is a summary of some accommodations you may need to make when your hearing impaired client arrives:

1) Face your client at all times when speaking.

2) Make sure that the light in your environment is directed at your face and not coming from behind your face.

3) Speak slowly and pronounce words carefully, without exaggeration.

4) Use gestures, facial expression, and writing to supplement your speech. Have your client write, if necessary.

5) Identify and contact the appropriate interpreter.

6) Find out the method of communication your client uses.

7) Contact the police and court to let them know that your client is hearing impaired and will need an interpreter.

Your Client Has a Visual Impairment

Blind persons are perhaps the most patronized members of society. This is mostly because of myths about blind persons that have prevailed throughout time, which have acted as barriers to sighted people understanding the true nature of blindness and what a blind person can accomplish. Hence, a blind person who achieves almost anything, even crossing the street without a sighted person's assistance, is regarded as somewhat of a miracle by many sighted persons.

The attitude that sighted persons have toward blindness may present some subtle communication problems, subtle, at least when compared to the communication problems posed by deafness. When working with a blind person, it is the attitude toward the communication event that is important, not the mechanics of the communication event.

Types of visual impairments

Blindness is not the only type of visual impairment. Visual impairment, like hearing impairment, is a matter of degree, and people who have visual impairments are referred to as partially sighted or blind, depending on the degree of impairment. When we refer to visually impaired persons, we do not mean those whose vision can be corrected with appropriate lenses; however, some partially sighted persons wear lenses to improve their visual acuity.

The accepted definition of partial sight or low vision is that with best correction in the better eye a person can see at 20 feet what a person with normal vision can see between 70 and 299 feet; peripheral vision is at an angle of less than 30 degrees. In actuality, partially sighted persons can usually see large images, although their outlines may be blurred. Small images are more difficult to identify and therefore may need to be brought very close to the eyes for recognition. Magnifying devices for reading regular print or special large print materials may be required.

Blindness means a total lack of visual images. There are an estimated 100,000 persons in the United States who are totally blind (estimates of the American Foundation for

the Blind). There are approximately half a million people in this country, however, who are classified as legally blind (estimates of the National Society for the Prevention of Blindness), which means that they can see with best correction in the better eye at 20 feet what a person with normal vision can see at 200 feet; peripheral vision is at an angle of less than 20 degrees. Most people who are considered blind have some vision, although the degree to which it is usable varies from person to person and from task to task.

Partial vision and blindness may be present from birth or occur later. Vision impairments may have a sudden or gradual onset. Often the actual cause of visual impairments is unknown, but certain conditions known to be factors are diabetic retinopathy, glaucoma, macular degeneration, and retinitis pigmentosa; these conditions specifically damage eye tissue responsible for sight.

Implications of visual impairments

By and large, sight is the only function that is limited in a person with visual impairment. Obviously, those activities which by their very nature require sight, like reading and writing, will be affected. Perception of color

may be quite accurate in partially sighted persons and, except for those persons who are totally blind, color, or more particularly light, may be perceived by those who are legally blind.

Abilities of visually impaired persons

Sight is an important means of identifying people, environment, and objects; there is no question about it. But, visually impaired persons can compensate for not seeing. They can rely on hearing, touch, and other senses to relate to their surroundings.

Many myths prevail about the extrasensory abilities of blind persons; among them is one that they can hear things that sighted people cannot hear. Perhaps a more realistic statement about blind persons is that they listen more discriminately. They are likely to remember voices that they have heard before, if those voices are meaningful to them. In the same way that you would not remember the faces that you saw on a busy street during the noon hour, but would remember the face of a client that you served last week, so a blind person would be more likely to remember the voice of a person with whom he or she had professional or personal contact.

Even when there is no personal contact, however, there are times when something about a person is striking and makes a visual impression on your mind. The same is true of blind persons; when something about the voice of a stranger stands out, it will make an auditory imprint. Something peculiar about a speech pattern or even about a person's gait can be heard and remembered. Of course, just as sighted persons all have different visual recall abilities, so blind persons all possess different auditory recall abilities.

Touch is extremely important to a visually impaired person's ability to relate to his or her environment. Most blind persons learn their environments with their hands and feet. Many are adept at maneuvering with canes, a kind of extension of their hands and feet, or use trained dog guides as mobility aids.

Blind persons' testimony regarding a criminal act can be considered reliable when sense memories involving hearing and touch are admissible. There have already been several voice identifications made in court by blind persons. And, as one blind person interviewed by our Project stated, "If I were attacked, I would be sure to touch the assailant everywhere I could so that I would be able to identify him

later." Remember that certain things which sighted persons identify mainly by sight can also be identified by texture: facial hair, complexion type, hair length, clothing (e.g., jacket, open-necked short-sleeved shirt, cotton, etc.), approximate height and weight, and other physical descriptions can be given by a blind person.

The visual testimony of partially sighted persons will depend on the degree of usable sight; however, in general, large objects or persons can be identified without close scrutiny.

Special needs of visually impaired persons

Anyone's memory may be affected by trauma. Persons who are visually impaired, especially those who are blind, may experience some disorientation to their environment after having been victimized. Things like frequently used telephone numbers, where items have been placed in the home, and how to get from home to Madison and Fourth Streets may be temporarily forgotten in a time of high emotional stress. For that reason, home visits or an escort to your facility may be necessary.

Not seeing may create special fears. Just as blind

persons are at a disadvantage during a personal attack because they cannot see their attackers to anticipate where they are going to be hit and defend or protect themselves accordingly, so they cannot see if they are going to need that defense after the original attack. Blind persons cannot see if someone is following on the street or is hiding in their home. If this kind of fear is apparent in your client, follow-up phone calls are recommended daily for perhaps a week or two. If extreme fear persists, long term counseling is recommended.

Counselors should be prepared to function as advocates for blind victims and witnesses who become involved in the criminal justice system. It may be necessary to educate police, attorneys, and judges about the credibility of blind witnesses.

Remember that blind persons cannot read or fill out police forms or other printed documents. They will need your assistance in reading these materials. Along the same lines, you may want to notify police and court personnel that notices to appear and related documents should be communicated by phone as well as by mail. Most blind persons arrange to have their mail read to them, but a phone call would be an additional courtesy.

A few pointers about communicating with blind victim/witnesses:

1) Talk directly to the blind person as you would to any client.

2) When you enter a room, identify yourself to a blind person by name.

3) Do not be afraid to use visual words when talking to a blind person. You can use "You see?" for "You understand?" and "Did it look as though?" for "Did it seem as though?" You will find that blind persons use these words in their own communication.

4) When you offer assistance to a blind person, do it with your voice, not by grabbing his or her arm. A blind person will normally take your arm if your assistance is needed. Do not hesitate to ask a blind person how you can best assist him or her.

5) Do not pet a dog guide while the dog is on duty. They are trained to pay attention to environmental cues so that they can lead their masters. Talking to and touching the dog will distract it.

Your Client Is Deaf-Blind

More than 500,000 persons in the United States have both hearing and visual impairments and, of those, 24,000 persons are estimated to have impairments so severe that they are categorized as deaf-blind. It is perhaps because the incidence of deaf-blindness is low that the public understands little about this disability. Most people never meet persons who are both deaf and blind.

What is deaf-blindness?

Deaf-blindness is a double impairment; a visual impairment, severe enough to fit into the definition of legal blindness, and a hearing impairment, severe enough to be called deaf. It is a simple definition, but persons who are deaf-blind cannot be so easily categorized when it comes to their abilities. Most deaf-blind persons are not totally deaf and totally blind. Some have usable hearing, some have usable vision, and some have usable hearing and vision.

Deaf-blindness may be present from birth or, more likely, may be adventitious. The most common cause of deaf-blindness is a disorder called Usher's Syndrome, one in which a person who is congenitally deaf experiences a

gradual loss of vision caused by retinitis pigmentosa. In other syndromes, congenital blindness is followed by a gradual or sudden loss of hearing. Sometimes the onset of the second sensory impairment does not occur until adolescence or early adulthood, so that the person who has already adapted to one disability must learn to accept and adapt to another.

Implications of deaf-blindness

Obviously, both sight and hearing is affected by the conditions of deaf-blindness, although the degree to which each or both of these functions is impaired must be determined on an individual basis.

In cases where deafness preceded the onset of blindness, the deaf-blind person may have difficulties in English language processing, much like deaf persons who do not have visual impairments. If the hearing loss occurred after language was learned, communication should not be a problem and speech may be quite understandable.

Since most cases of deaf-blindness are the result of Usher's Syndrome, your client may be experiencing one of the stages of progressive vision loss caused by retinitis

pigmentosa. Generally, this disorder begins by affecting one's ability to see in the dark, a condition known as night blindness. Then gradually it affects peripheral vision, making the field of vision narrower with the progressive worsening of the disease. This is known as tunnel vision. Depending on the severity of the tunnel vision, some vision may still be usable.

Balance is often affected by night blindness and tunnel vision. Often deaf-blind persons are stopped by the police for what is mistaken as drunkenness, because they are walking at night without canes or other aids and may be wavering.

Abilities of deaf-blind persons

Deaf-blindness is a serious and severe multiple handicap. However, most deaf-blind persons have adapted to their impairments. They can lead successful personal lives and can be employed in several capacities.

Because vision and hearing are severely impaired, deaf-blind persons rely primarily on touch to experience and identify their environments. Many deaf-blind persons can identify others by their handshakes. They can feel tensions

through the hands and body of another, can identify types of clothing, height and weight of a person, and so forth.

Depending on whether or not deafness preceded blindness, deaf-blind persons may or may not know sign language. If they were educated in a school for the deaf, they probably communicate with sign language and fingerspelling. However, since they cannot see the signs, these gestures are made in their hands so they can feel them. Other means of communicating with deaf-blind individuals are: 1) talking loudly in one ear if they have residual hearing; 2) tracing large block letters with your fingers either on the palms of their hands, forearms, back or chest; 3) writing with a thick black felt tip marking pen on large white paper under bright light, if they have residual vision; and 4) allowing the deaf-blind person to feel the movements of your face as you speak, a system called the Tadoma Method.

Deaf-blind persons rely on many aids and devices to enhance their residual sensory abilities. Many wear hearing aids, and most use either braille or magnifying devices.

Special needs of deaf-blind persons

In general, the special needs of blind persons and deaf

persons apply to deaf-blind clients. However, we would like to highlight a few points which will specifically make your work with deaf-blind clients easier.

It is of primary importance that you ascertain immediately what form of communication the client wishes to use. One way to find out if he or she has usable vision is to stand in a brightly lit room or under a street light and write in large letters. If the client does not respond, try tracing block letters on his or her palm. Allow him or her to do the same in your palm when he or she responds. If it is clear that the client uses sign language, call in an interpreter. In any case, it might be easier if someone familiar with your client, a friend or a relative, be called in to aid communication.

It is wise to arrange the details, including the when, where, and how (transportation) of follow-up visits at the first meeting, since both mail and telephone communication may be difficult. If there is someone who will act as an intermediary, find out who it is and how that person may be reached.

Your client will need interpreting services, whether provided by a professional or a family member or friend,

when dealing with law enforcement agencies. The deaf-blind person may also need special transportation service to those agencies.

The most important thing is to ask your client what his or her needs are. Explain how you can be of assistance, what your role is, and the kinds of services you are willing to provide; let the client set the parameters.

Your Client Has a Mobility Impairment

Persons with mobility impairments face two kinds of barriers in society: architectural and attitudinal. Stairs outside and within buildings, bathrooms too narrow for wheelchairs, curbs on sidewalks, escalators to public transportation, and doors that must be pushed or pulled open are examples of architectural barriers.

Attitudinal barriers are usually more subtle, but easily recognized by a person with a mobility impairment. In a society that emphasizes physical beauty and youth, many able-bodied persons have real avoidance reactions when they see persons who do not fit their definitions of physical perfection.

Reactions of disgust, pity, and discomfort are often expressed non-verbally by able-bodied persons who may avert their eyes from the mobility impaired person and communicate with a third party rather than directly with the mobility impaired person.

The victim/witness counselor needs to be aware of both the architectural and attitudinal barriers faced by the person with a mobility impairment, and attempt to accommodate that person on both levels.

What is a mobility impairment?

A mobility impairment is a permanent physical condition wherein a person does not have full use of one or more limbs, of the trunk of the body, or of the neck. Some mobility impaired persons cannot use the affected limb or area at all, either because of paralysis or amputation; more often, mobility impairment restricts or limits use of the affected limb or area.

Generally, mobility impairments result from congenital defects, accidents, or diseases. There are numerous conditions which may result in mobility impairments. Included are the most prevalent:

1. Spinal cord injury: Spinal cord injury can occur as a result of diseases like muscular dystrophy and polio, or from accidents, the most common being automobile accidents. Spinal cord injury may result in paralysis to the legs, the trunk, the arms, and the neck, depending on where the cord was severed or damaged.

2. Muscular dystrophy: Muscular dystrophy is a general term for a group of progressive diseases that are believed to be mostly inherited. It affects the peripheral muscles of the arms and legs and causes progressive weakening and deterioration of these muscles. It affects muscles equally on both sides of the body.

3. Polio: Polio is an infectious disease, usually contracted by children, which affects the spinal cord. Unlike muscular dystrophy, only one side of the body may be affected. Breathing is often hampered because of involvement of the diaphragm. The disabling conditions caused by polio tend to remain stable.

4. Amputation: Amputation is the removal of a limb or part of a limb, usually as a result of injury (often factory related) or disorder (as in severely complicated diabetes). Today's modern technology has allowed many amputees to take

advantage of artificial limbs and other devices which can perform some of the same motions as fully functioning limbs.

5. Arthritis: Arthritis is a term used to describe more than 100 different conditions which cause inflammation to joints. Pain is present in the body's joints and muscles, and in severe cases, arthritis can involve the lungs, heart, skin, and blood vessels. It is a cyclical disease where remissions can occur periodically. Arthritis affects persons of all ages.

6. Cerebral Palsy: Cerebral palsy is a condition resulting from damage to the brain before, during, or after birth. It may be caused by oxygen deficiency in the womb; mother's illness during pregnancy; accident; lead poisoning; or child abuse. Depending on the extent of brain damage and how much of the central nervous system is involved, various motor functions may be affected. Control of limb movement is usually affected, and perception may also be impaired. Speech, hearing, and vision impairments are not unusual. Although multiple handicaps may exist, mental retardation should not be assumed.

7. Stroke: Stroke, or cerebrovascular disease, occurs as a result of the supply of blood to the brain being cut

off or interrupted; the area of the brain normally served by that supply ceases its activity and the body function controlled by that area will be impaired. Hence, mobility may be restricted, sometimes only on one side of the body. Often language processing abilities, motor, speech, hearing, and visual disturbances are present (see the section entitled "Your Client Has a Communication Impairment").

There are other conditions which may cause mobility impairments. Among them are multiple sclerosis, birth defects, diabetes, and severe kidney disorders.

Implications of mobility impairments

Think of all the ways you use your hands, your feet, your arms, your legs and your neck. Persons who are mobility impaired experience functional limitations in one or more of these appendages. They may have difficulty opening doors, manipulating objects, getting from one place to another, and so forth without the use of certain equipment and devices designed to assist those movements.

The major problems in limited mobility are those that involve transportation and access. Many persons prefer wheelchairs for mobility, not necessarily because they are

paralyzed and cannot walk, but because wheelchairs often provide the easiest and quickest mobility. Others use canes, walkers, crutches, or braces to assist them. Still others may not use any aids at all.

Abilities of mobility impaired persons

We have mentioned that some types of disorders often impair other functions in addition to mobility. For the most part, however, you should consider a mobility impairment as just that. The expression "a twisted mind in a twisted body," a remnant of a time when persons with impairments were institutionalized because it was believed that they would endanger "healthy" persons, is not appropriate in today's sophisticated and knowledgeable world. A mobility impairment does not affect one's ability to think nor does it affect sensory abilities.

Special needs of mobility impaired persons

Persons with mobility impairments may have difficulties with transportation and physical access. If public transportation is not usable by the disabled person, other accommodations should be made to transport the person to your office or a home visit may be required.

In determining whether or not your building is accessible, you must consider the outside of the structure as well as the inside. Generally, you should be alert to the following items: availability of handicapped parking spaces; curb cuts on sidewalks; ramps where stairs may be present; alternatives to revolving or heavy doors; wide doorways; bare floors or thin carpeting for easy wheelchair mobility; low public telephones; and accessible bathroom facilities such as wide stalls, wall handles, and automatic doors.

If your building and/or office is not accessible you should arrange for someone to facilitate the client's entry to your office. This should be done in whatever way your individual client prefers assistance. Ask him or her how you can help.

Remember that being carried, if that is what is necessary, can be a humiliating experience, and the kind of assistance that may be required for a mobility impaired person can easily destroy human dignity. The solution, of course, is to move to an accessible structure or to modify your own. This can be an expensive proposition, but some modifications such as ramps, can be constructed rather inexpensively by an especially handy person on your staff. Information on modifications and on specifications for modi-

fications can be obtained from the National Center for a Barrier Free Environment and the Architectural and Transportation Barriers Compliance Board, listed in Appendix A.

Although federal law mandates that all public programs receiving federal funds be accessible to disabled persons, there are many police stations and court houses which do not meet these requirements. Therefore, it may be necessary that transportation and access provisions be arranged or coordinated by the victim/witness specialist.

In the counseling situation itself, remember that, as in working with any disabled person, the disability is only one facet of the client. Respect him or her as a human being. Responses of admiration or pity are inappropriate, patronizing, and demeaning.

When talking with or about a mobility impaired person, never refer to him or her as "crippled," which implies that the person cannot function effectively. Refer to your client as handicapped, disabled, or better yet, "a person with a disability." Talk directly with the person rather than through a third party. Do not hold or lean on a wheelchair or walking aid; this is an invasion of the client's personal space. Do not be afraid to use words such as

"walking" or "running" in your speech; mobility impaired persons use these words themselves to describe their own motions.

While mobility impaired persons have generally accepted and adapted to their disability, a physical assault may make them feel particularly powerless, and may result in a setback in terms of their adjustment. Mobility impairments are visible handicaps, and those who have been physically assaulted may blame their impairment as having contributed to their vulnerability, since a person with an obvious inability to run or fight back could be seen by the attacker as an easy target. Those who become disabled as a result of the victimization will have a compound problem; they will have to contend with the immediate trauma of victimization as well as life-long adaptations to their newly acquired disability.

A few words about epilepsy

Epilepsy does not comfortably fit into the category of mobility impairments, but it is necessary to provide some information about this disorder, which, as victim/witness counselors, you may need to have.

Epilepsy is a seizure disorder which causes some motor

disturbances while the person is experiencing the seizure. Two types of epilepsy which you may be familiar with are petit mal and grand mal. Both are characterized by a loss of consciousness during the seizure. In the petit mal seizure, a person appears to be in a daze or daydreaming for just a few seconds. In the grand mal seizure, persons become convulsive and fall to the ground, perhaps flailing their limbs and head.

Psychomotor epilepsy is characterized by erratic motor behavior and apparent consciousness. Flailing of the arms, aimless walking, and inappropriate touching are some of the common behaviors of this type of seizure.

Because epileptic seizures involve temporary amnesia, the ability of victims or witnesses with this disorder to recall the details of a crime may be affected. Recall abilities will depend on whether or not the individual was experiencing a seizure during the crime and whether or not the individual has good recall abilities when not in a seizure. (In some cases, epilepsy appears to have an affect on long-term memory.) The best way to ascertain your client's abilities for testimony purposes is to contact (with the client's permission) his or her neurologist for a professional opinion.

Persons with epilepsy take medication to control their seizures. An epileptic person must not be separated from his or her medication. If it was stolen when your client was victimized (medication includes some barbituates, making it a likely target for theft), contact the appropriate physician or pharmacy immediately.

There has been some scientific evidence linking stress and trauma to the onset of epileptic seizures. If a client has a petit mal seizure, no special steps are required. If a client has a grand mal seizure in your presence:

1) Keep calm. Although the attack may involve thrashing movements of the body, the individual will come out of it in a few minutes. It cannot be stopped, but must run its natural course.

2) Try to keep the client from hitting his or her head on anything. Move the individual to a safe position, but do not interfere with body movements.

3) Loosen tight clothing, particularly around the neck.

4) Once the convulsive movements stop, turn the person

to the side to allow excess saliva to drain out of the mouth. Don't put anything in the mouth. A short period of rest may be necessary.

5) If the seizures do not stop within ten or fifteen minutes, or if repeated seizures follow soon after the first, call a physician or an ambulance.

If your client experiences a psychomotor seizure, stay with him or her at all times, but do not try to stop behavior unless the person is about to endanger him or herself. Speak reassuringly to the client. In a calm, quiet voice tell the person that everything is going to be all right.

Your Client Has a Communication Impairment

Communication disorders are invisible ones and do not mark individuals as obviously "different." Nevertheless, they can have a profound impact on the way others react to a person. Just as society has created images of the perfect physical specimen, so has it created images of perfect speech. Certain idiosyncracies in speech are acceptable. Some dialects, for example, are considered pleasant or cute. But some speech patterns and habits are associated, rightly

or wrongly, with undesirable personality characteristics. Hence the old adage, "Speech is the mirror of the soul; as man speaks, so is he" lives on in our responses to persons with communication impairments.

Types of communication impairments

Generally, communication disorders are classified into three groups: speech, language, and hearing disorders. We refer you to the section entitled "Your Client Has a Hearing Impairment" for a discussion of the communication impairments connected with hearing loss, and confine discussion in this section to those that involve language and speech impairments which do not occur as a result of hearing impairments.

Speech disorders include difficulties that have to do with the actual physical production of sound, either in the manner that voice is produced, how the sounds are formulated in the mouth (articulation), or the rhythm of speech. Therefore, speech impairments are themselves divided into three categories: voice disorders, articulation disorders, and stuttering.

Speech difficulties may be the result of poor speech

habits, hearing problems, cerebral palsy, laryngectomy (removal of the larynx usually because of cancer), cleft palate or lip, stroke, or other neurological, physiological, physical or psychological problems. Some speech difficulties may be the result of more than one factor. Stuttering, for example, is believed to be attributable to neurological, physiological, psychological and emotional factors.

Language impairments involve difficulties in the mental processing of language--the vocabulary, grammar, and syntax that individuals within a culture use to communicate their ideas. Some persons with language impairments have difficulty understanding what is said to them, although their hearing acuity may be normal; these persons have receptive language impairments. Others have difficulty formulating their own thoughts into appropriate language; they have expressive language impairments.

Difficulties in language processing may be the result of slow maturation; learning disabilities; stroke, or other neurological impairment (perhaps resulting from a head injury); malnutrition; or bilingual factors in the home.

Implications of communication impairments

Persons who have speech disorders may experience difficulty being listened to. Speech may be slow, labored, garbled, or slurred. Pitch may be too high by societal standards. Some voices are very raspy or nasal; others, like the voice of a laryngectomee, may be very deep, throaty, and gruff. Stutterers, because of their frequent hesitations and interruptions, may distract their listener, who allows him or herself to be swayed by the way the message was said rather than the message itself. The important point to remember is that persons rarely exhibit speech problems so severe that they cannot in fact be understood.

Those who have language impairments, however, especially those whose expressive abilities are affected, are often not understood because of the content of their message. Disabilities such as stroke which may involve both speech and language impairments may present particular difficulties in communication, but often even these problems can be reduced significantly if other modes of communication are explored (see subsection entitled "Special needs of persons with communication impairments").

Abilities of communication impaired persons

It is extremely difficult to generalize about the abilities of communication impaired persons because, as you have read, there are a great variety of causes, symptoms, and degrees of severity. Also, communication difficulties do sometimes coincide with other impairments--mobility (e.g., stroke and cerebral palsy), sensory (deafness), mental retardation, and psychological or emotional disorders particularly.

Because communication disorders are most often present without limitations to other functions, one should not assume the involvement of other functions. One should not assume, especially, that a communication impairment implies an impairment to a person's intellectual abilities.

Special needs of communication impaired persons

Patience. Persons with communication impairments need the patience of their listeners.

For those victims who have speech impairments, patience on your part will mean greater concentration on what is said. In the first few minutes of your meeting, you may

have difficulty understanding your client's speech, but that difficulty should disappear as you become accustomed to it. Allow your client to complete the expression of his or her thoughts, even if you can anticipate them. If the client stutters or has slow, labored speech, do not fill in words or phrases for him or her.

Your patience and positive attitude can be communicated by watching as well as listening. Maintain eye contact with your client.

For clients with language impairments, patience will mean that you substitute more intelligible words for others which may be difficult to understand. It may mean that you suggest writing parts of your message on paper and ask the client to communicate by writing his or her messages. (Often persons with auditory language difficulties do not have the same difficulty communicating in writing.) Patience will mean that you are open to exploring new methods of communication, even if they may take more time.

Family members and friends of your client can be especially helpful when communication problems are severe. They usually will have already established an easy and familiar rapport with the communication impaired person. Often,

people with severe communication impairments have worked with professional speech and language therapists. Contact with your client's therapist should provide some ideas on how to communicate effectively with your client. Or you might want to call a local speech clinic for suggestions on how to communicate with your client.

Speech therapists may also be helpful in providing general information about your client's specific communication impairment. This information will be helpful to you when you, in turn, try to educate others about the impairment in your client's behalf. Police, judges, or attorneys may have some reservations about a communication impaired person's ability to offer reliable testimony. Often they, like many others, are misinformed about communication disorders and believe that they are always related to psychological disturbances or mental retardation.

When your client presents multi-handicapping conditions, as a cerebral palsy or stroke client might, you should be well-armed with information about his or her disorder. A client with cerebral palsy may simply have a mobility impairment. In severe cases, however, a person with cerebral palsy may exhibit uncontrollable movements of head, arms, and legs; slurred speech; uncontrollable eye

movements and the appearance of not focusing directly on a person or object; and hearing loss. Although mental retardation may be present, more likely the client will have average or above average intelligence. Your understanding and recognition of your client's capabilities can and should be communicated to other participants in the criminal justice system.

III-OUTREACH TO THE DISABLED POPULATION

Access to services can be viewed in two ways: real and perceived. Both are fundamental to the provision of services. Real access has to do with the physical entry to your building and office space; with the availability of interpreter services and communication devices for hearing impaired clients; with your knowledge and understanding of particular disabilities; and with your adaptability in meeting the special needs that persons with disabilities may have. Real access is what you provide for your client.

Perceived access has to do with how disabled persons view your service when they have never utilized it before. It is how they perceive your real access.

Early in our Project year, we identified victim/witness projects that claimed to have specific services for disabled citizens. We contacted those projects to ascertain what those specific services were and how the disabled community was made aware of those services. Many of the projects had specific outreach activities, but some of them said that

their services were open to everyone and they saw no reason to provide outreach to a specific group of persons.

These particular projects provided real access but probably had little perceived access because, as we stated earlier, disabled persons tend not to think of general social services as being accessible to them. If they know about general victim/witness projects, rape crisis centers, domestic violence centers, and other projects for victims of crime at all, they probably think of them as agencies that are equipped only to serve the able-bodied population. They do not believe that services would turn them away, only that their individual needs could not be met by the services. This low level of perceived access to social services is based on historical reality, unfortunately.

This manual provides you with information on how to achieve real access. If you do not achieve perceived access as well, however, your ability to serve the disabled population means very little. In practice you will have few opportunities to utilize your skills; you will have few disabled clients.

Outreach is a means to raise your level of perceived access among the disabled constituency. The main approach

to outreach we are suggesting is advertising--advertising specifically the availability of your services to disabled persons.

Advertising does not have to be a very expensive or time-consuming undertaking. Advertising can be accomplished by a few telephone calls placed to strategic organizations of and for disabled persons in your community. Let them know of your existence and the special services you may provide to their constituency. These organizations have contact with disabled persons and can supply information about your service to them. If they publish a newsletter, find out if they would print a small ad or article in it about your service.

Customarily advertising in these special interest publications is inexpensive; sometimes it is free. When a disabled person sees an advertisement in a publication specifically intended for him or her, the person will assume that real access exists.

Your contact with local organizations that serve disabled citizens should have additional benefits. You can exchange information with other professionals and disabled consumers. If your service conducts workshops on crime

prevention, victim education, victim rights, and other topics, perhaps a disability group would agree to co-sponsor such workshops for their members or local constituency. Perhaps the organization would be willing to do a workshop for your staff on one or more specific disabilities. Mutual education efforts will go a long way to improve your perceived access and will increase your ability to provide real access.

If you normally advertise in the mass media make it known in your advertising that you can serve special populations. You need not say specifically that you serve the disabled population, but simply that you provide service for persons with special needs. Or you may want to include the graphic international symbol of access (the line drawing of a person in a wheelchair often seen in public parking lots, doorways, bathrooms, etc.) If you use this symbol, however, your facility must be totally accessible. If you have a TDD number, list it in your ad.

Your own brochures can include specific descriptions of your services for the disabled: "accessible building," "TDD," "interpreter services available," are examples of things to consider. If your brochures are already printed in quantity, consider getting an ink stamp that reads

"SERVICES FOR SPECIAL NEEDS," or one with the access symbol on it. TDD numbers should also be stamped to brochures.

Remember that blind and deaf persons watch TV. Make your television spots accessible to them by using print as well as voice to communicate specific information like the name of your service, its address and telephone number. A blind person reported hearing the following advertisement on TV: "Have you been raped or physically abused? Do you know of anyone who has? Call the Rape Crisis Center at this number." The number was presumably flashed across the screen in print.

You might consider having your public service announcements on crime prevention and victim issues captioned so that they are accessible to hearing impaired persons. Information on captioning can be obtained from some of the agencies listed in Appendix A. The Gallaudet College Department of Safety and Security (see Appendix A) has developed a series of crime prevention public service announcements which are already captioned. These are available for review to any interested project; they may be copied by your agency for free or by the Department for \$15.00. The Department also has police training materials for work with deaf persons.

difficulty reading or holding regular printed material depend on radio for their information about world and local events. A special service to those persons, Radio Reading Services (see Appendix A, Association of Radio Reading Services), is a closed circuit information radio service operating in more than 160 cities. News and magazine stories are read as well as commercial advertising. This would be a fine place to advertise your accessibility to those populations.

Your knowledge of how to serve disabled persons will have little practical value if they are not educated about your service and encouraged to use it. If disabled persons are to seek your help as victims of and witnesses to crime, you must let them know that they can reasonably expect you to serve them.

APPENDIX A

RESOURCES FOR INFORMATION ON HANDICAPPING CONDITIONS

(As this manual is meant to serve as an introduction to specific physical disabilities and to some of the special needs that a physically disabled person may have as a victim of or witness to a crime, you will doubtless have some questions that are not answered in this text. Therefore this list of national information sources has been compiled. These agencies can aid you in obtaining information about specific disabilities, accessibility, legal issues, professionals who work with disabled persons, and services that exist in your state and local area.)

I. PUBLICATIONS: The following publications may be of particular interest to victim/witness counselors. The agencies that publish them may have additional publications or services that can be utilized by requestors.

<u>Source</u>	<u>Title</u>
AMERICAN ANNALS OF THE DEAF 814 Thayer Avenue Silver Spring, MD 20910 (301) 585-4363	<i>American Annals of the Deaf</i> , (reference issue of the journal), 1981, \$6.50. Published annually in April, provides information on U.S. programs and services for the deaf containing educational, rehabilitational, social and recreational listings. Most listings are by state.
AMERICAN FOUNDATION FOR THE BLIND, INC. 15 West 26th Street New York, NY 10011 (212) 620-2000	<i>Directory of Agencies Serving the Visually Handicapped in the U.S.</i> , 1981, \$15.00. Educational, rehabilitational, and library service listings for the visually impaired. Listings by state.
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION 10801 Rockville Pike Rockville, MD 20852 (301) 379-5700	<i>The 1980 Guide to Clinical Services in Speech-Language Pathology and Audiology</i> , 1981, 300 pages, \$15.00. Describes clinical services and provides lists of private practitioners and state resource personnel.
CLEARINGHOUSE ON THE HANDICAPPED OSERS - Department of Education 400 Maryland Avenue, S.W. Washington, D.C. 20202 (202) 245-0080	<i>Directory of National Information Sources on Handicapping Conditions and Related Services</i> , 1980, 235 pages. Lists national resources for information about handicapping conditions and related services.
EPILEPSY FOUNDATION OF AMERICA 4351 Garden City Drive Landover, MD 20785 (301) 459-3700	<i>Guide to Epilepsy Services</i> , 1978, 279 pages, free. Lists and describes epilepsy clinics and local chapters of the foundation throughout the U.S.
GALLAUDET COLLEGE PRESS Kendall Green 7th Street & Florida Avenue, N.E. Washington, D.C. 20002 (202) 651-5591	<i>You and Your Deaf Patients</i> , .25¢ each. <i>Stuck for the Right Word</i> , .03¢ each. <i>A Hot Tip</i> , .03¢ each.
GALLAUDET COLLEGE Department of Safety and Security Kendall Green 7th Street & Florida Avenue, N.E. Washington, D.C. 20002 (202) 651-5563	<i>Deaf Clients</i> , .15¢ each. *Captioned public service announcements on crime prevention as well as police training material available through this Department.

HEALTH AND REHABILITATION
SERVICES PROGRAM
Southwest State University
Marshall, MN 56258
(507) 537-6296

NATIONAL COUNCIL FOR HOMEMAKER-
HOME HEALTH AIDE SERVICES
67 Irving Place
New York, NY 10003
(212) 674-4990

NATIONAL INSTITUTE ON MENTAL
RETARDATION
Kinsmen NIMR Building
York University Campus
4700 Keele Street, Downsview
Toronto, Ontario, M3J 1P3

NATIONAL TECHNICAL INSTITUTE FOR
THE DEAF
One Lomb Memorial Drive
Rochester, NY 14623
(716) 475-6425

PEOPLE TO PEOPLE COMMITTEE FOR
THE HANDICAPPED
P. O. Box 28593
Washington, D.C. 20005
(202) 653-5024

BUREAU OF COMMUNITY HEALTH SERVICES
Program Services Branch
Room 7-08, 5600 Fishers Lane
Rockville, MD 20857

REGIONAL REHABILITATION RESEARCH
INSTITUTE ON ATTITUDINAL, LEGAL
AND LEISURE BARRIERS
1828 L Street, N.W., Suite 704
Washington, D.C. 20036
(202) 676-6377

TELECOMMUNICATIONS FOR THE DEAF, INC.
814 Thayer Avenue
Silver Spring, MD 20910
(301) 588-4605 (voice)
(301) 589-3006 (TDD)

*Sexuality and Sexual Assault: Dis-
abled Perspective*, 1980, 92 pages,
\$4.00.

*Directory of Homemaker-Home Health
Aide Services in the U.S., Canada,
Puerto Rico, and the Virgin Islands*,
1979, 365 pages, \$20.00. Listings
by state of over 3000 places that
provide home health aide services.

*Law Enforcement and Handicapped
Persons: An Instructor's Training
and Reference Manual*, 1975, 65 pages,
\$4.00.

The Silent Siren, a videotape on
law enforcement officers and the
deaf, ½" video, 3/4' video, ½" reel
to reel, \$40.00 each plus .30¢ for
accompanying brochure.

*Directory of Organizations Interested
in the Handicapped*, 1980, 60 pages,
\$3.00. Profiles of over 200 national
organizations that work for the handi-
capped. Also lists vocational rehabili-
tation agencies, developmental disability
programs, and employment security offices
existing in each state.

Directory of Community Health Centers,
1980, 15 pages, free. Regional list-
ings of centers that offer primary
medical care to the disabled as well
as other medically underserved groups
of people. Fee is determined on a
sliding scale basis.

A series of eight booklets on attitudinal
barriers faced by disabled persons: *The
Invisible Battle; Beyond the Sound Barrier;
Free Wheeling; Counterpoint; Dignity; Over-
due Process; Sense Ability; and Inside Out*,
.80¢ each.

*International Telephone Directory of the
Deaf*, TDD numbers of deaf organizations
as well as deaf members of this agency.

II. Other National Sources for Information and Referral: Other national sources
for information on disabilities include the following agencies, some of which
have state and/or local affiliates.

A. Volunteer, Professional, Facilities, and Information Data Banks:

ALEXANDER GRAHAM BELL ASSOCIATION
FOR THE DEAF
3417 Volta Place, N.W.
Washington, D.C. 20005
(202) 337-5220 (voice/TDD)

AMERICAN COALITION OF CITIZENS
WITH DISABILITIES
1200 15th Street, N.W.
Suite 201
Washington, D.C. 20007
(202) 785-4605 (voice/TDD)

AMERICAN COUNCIL OF THE BLIND
1211 Connecticut Avenue, N.W.
Suite 506
Washington, D.C. 20036
(202) 833-1251

AMERICAN DIABETES ASSOCIATION
600 Fifth Avenue
New York, NY 10020
(212) 683-7444

AMERICAN PARKINSON DISEASE
ASSOCIATION
116 Johnson Street
New York, NY 10038
(212) 732-9550

ARTHRITIS FOUNDATION
3400 Peachtree Road, N.E.
Suite 1101
Atlanta, GA 30326
(404) 266-0795

THE ASSOCIATION FOR THE SEVERELY
HANDICAPPED
7010 Roosevelt Way, N.E.
Seattle, WA 98115
(206) 523-8446

ASSOCIATION OF RADIO READING
SERVICES
1745 University Avenue
St. Paul, MN 55104
(612) 296-6034

DEAF/BLIND PROGRAM
Gallaudet College
Kendall Green
7th Street & Florida Avenue, N.E.
Washington, D.C. 20002
(202) 651-5596

HELEN KELLER NATIONAL CENTER
FOR DEAF-BLIND YOUTHS AND ADULTS
111 Middle Neck Road
Sands Point, NY 11050
(516) 949-8900

MARCH OF DIMES BIRTH DEFECTS
FOUNDATION
1275 Mamaroneck Avenue
White Plains, NY 10605
(914) 428-7100

MUSCULAR DYSTROPHY ASSOCIATION
810 Seventh Avenue
New York, NY 10019
(212) 586-0808

NATIONAL AMYOTROPHIC LATERAL
SCLEROSIS FOUNDATION
185 Madison Avenue
New York, NY 10016
(212) 679-4016

NATIONAL AMPUTATION FOUNDATION
12-45 150th Street
Whitestone, NY 11357
(212) 767-0596

NATIONAL ASSOCIATION FOR THE
DEAF-BLIND
2703 Forest Oak Circle
Norman, OK 73071
(405) 360-2580

NATIONAL ASSOCIATION FOR THE
VISUALLY HANDICAPPED
305 East 24th Street, 17-C
New York, NY 10010
(212) 889-3141

NATIONAL ASSOCIATION OF COUNCILS
OF STUTTERERS
c/o Speech and Hearing Clinic
The Catholic University of America
Washington, D.C. 10064
(202) 635-5556

NATIONAL ASSOCIATION OF THE DEAF
814 Thayer Avenue
Silver Spring, MD 20910
(301) 587-1788 (voice/TDD)

NATIONAL CENTER FOR LAW AND
THE DEAF
The National Academy of
Gallaudet College
Kendall Green
Washington, D.C. 20002
(202) 651-5454

NATIONAL CENTER FOR THE LAW
AND THE HANDICAPPED
P. O. Box 477
University of Notre Dame
Notre Dame, IN 46556
(219) 283-4536

NATIONAL EASTER SEAL SOCIETY
2023 West Ogden Avenue
Chicago, IL 60612
(312) 243-8400

NATIONAL FEDERATION OF THE
BLIND
1800 Johnson Street
Baltimore, MD 21230
(301) 659-9314

NATIONAL LIBRARY SERVICES FOR
THE BLIND AND PHYSICALLY
HANDICAPPED
Library of Congress
1291 Taylor Street, N.W.
Washington, D.C. 20542
(202) 287-5100

NATIONAL MULTIPLE SCLEROSIS
SOCIETY
205 East 42nd Street
New York, NY 10017
(212) 986-3240

NATIONAL RETINITIS PIGMENTOSA
FOUNDATION
Rolling Park Building
8331 Mindale Circle
Baltimore, MD 21207

NATIONAL SPINAL CORD INJURY
FOUNDATION
369 Elliot Street
Newton Upper Falls, MA 02164
(617) 964-0521

PARALYZED VETERANS OF AMERICA
4350 East West Highway
Suite 900
Washington, D.C. 20014
(202) 652-2135

UNITED CEREBRAL PALSY ASSOCIATION
66 East 34th Street
New York, NY 10016
(212) 481-6300

B. Federal Government Agencies

ARCHITECTURAL AND TRANSPORTATION BARRIERS
COMPLIANCE BOARD
330 C Street, S.W.
Room 1010
Washington, D.C. 20201
(202) 245-1591 (voice/TDD)

ADMINISTRATION ON DEVELOPMENTAL
DISABILITIES
Office of Human Development Services, HHS
330 Independence Avenue, S.W.
3194 North Building
Washington, D.C. 20201
(202) 472-7236

CLEARINGHOUSE ON THE HANDICAPPED
OSERS
Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202
(202) 245-0080

NATIONAL CENTER FOR A BARRIER FREE
ENVIRONMENT
1140 Connecticut Avenue, N.W.
Suite 1006
Washington, D.C. 20036
(202) 466-6896
(202) 424-2809

PRESIDENT'S COMMITTEE ON EMPLOYMENT
OF THE HANDICAPPED
1111 20th Street, N.W.
6th Floor
Washington, D.C. 20036
(202) 653-5044

*Additionally, each state has a government office on Employment of the
Handicapped and Vocational Rehabilitation agencies which are useful
local resources for information on available services to disabled persons.

III. Captioning and Braille Information

A. Captioning

GALLAUDET COLLEGE TELEVISION
Kendall Green
7th Street & Florida Avenue, N.E.
Washington, D.C. 20002
(202) 651-5861 (voice/TDD)

PILGRIM FILM SERVICES, INC.
2504 50th Avenue
Hyattsville, MD 20781
(202) 773-7072

B. Braille

AMERICAN PRINTING HOUSE FOR THE BLIND
P. O. Box 6085
1839 Frankfort Avenue
Louisville, KY 40206
(502) 895-2405

CLOVERNOOK HOME AND SCHOOL FOR
THE BLIND
7000 Hamilton Avenue
Cincinnati, OH 45231
(513) 522-3860

NATIONAL LIBRARY SERVICES FOR THE
BLIND AND PHYSICALLY HANDICAPPED
Library of Congress
1291 Taylor Street, N.W.
Washington, D.C. 20542
(202) 287-5100

VOLUNTEER SERVICES TO THE BLIND
919 Walnut Street
Philadelphia, PA 19107
(215) 627-0600

IV. Interpreter Services for the Deaf

REGISTRY OF INTERPRETERS FOR THE DEAF, INC.
814 Thayer Avenue
Silver Spring, MD 20910
(301) 588-2406 (voice/TDD)

*This organization is for professional interpreters, certified at different proficiency levels. Both national and regional directories are updated regularly. State chapters provide specific information on members' names and certification level, certification requirements, professional ethics, and by-laws of the Registry. Information is available on various interpreting situation, such as medical, legal, law enforcement and religious interpreting.

APPENDIX B

THE LEGAL OBLIGATIONS OF LAW ENFORCEMENT AGENCIES TO
RENDER THEMSELVES COMMUNICATIVELY ACCESSIBLE TO DEAF PERSONS

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The National Center for Law and the Deaf

7th and Florida Ave., N.E., Washington, D.C. 20002 • Voice or TTY [202] 651-5454 or 651-5457

THE LEGAL OBLIGATIONS OF LAW ENFORCEMENT AGENCIES
TO RENDER THEMSELVES COMMUNICATIVELY ACCESSIBLE TO DEAF PERSONS

INTRODUCTION

Law enforcement agencies on both the state and local level now have a Federal mandate to ensure adequate and appropriate communication to hearing-impaired persons who have need to, or who are asked to communicate with these agencies. The following explanation and Model Policy are written to assist law enforcement agencies in their compliance with this law.

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 79 provides that:

. . . no otherwise qualified handicapped individual in the United States. . . shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Many, if not all, police departments in the United States receive financial assistance from one or more Federal agencies and are therefore subject to the requirements of this Section. Each Federal agency must issue regulations explaining the Section 504 responsibilities of its funding recipients and outlining its own Section 504 enforcement procedures.

The sources of Federal assistance to police departments are the Department of Justice's Law Enforcement Assistance Agency and the Department of the Treasury's Office of Revenue Sharing. Many law enforcement agencies receive additional funding from the United States Department of Health, Education, and Welfare. Moreover, Executive Order 11914 (April 28, 1976) mandates that the Regulations of the Department of Health, Education, and Welfare shall serve as guidelines to all other Federal agencies in their enforcement and explication of Section 504. Therefore, police departments should look to the Section 504 regulations of the Departments of Justice and Health, Education, and Welfare (now Departments of Education and Health and Human Services) and of the Office of Revenue Sharing in formulating their Section 504 compliance plan.

THE REQUIREMENT OF QUALIFIED SIGN LANGUAGE INTERPRETERS

The Section 504 Regulations of each of the agencies named above require law enforcement offices to provide qualified sign language interpreters for communication with hearing-impaired persons who rely on sign language. The Department of Justice Regulations pursuant to Section 504, 28 C.F.R. Part 42, Subpart G, specifically mandate this accommodation:

A recipient that employs fifteen or more persons shall provide appropriate auxiliary aids to qualified handicapped persons with impaired sensory, manual or speaking skills where a refusal to make such provision would discriminatorily impair or exclude the participation of such persons in a program receiving Federal financial assistance. Such auxiliary aids may include. . . qualified interpreters. . . Department officials may require recipients employing fewer than fifteen persons to provide auxiliary aids when this would not significantly impair the ability of the recipient to provide its benefits or services. 28 C.F.R. 42.503 (f).

The Department of Justice Analysis of this Regulation as it relates to law enforcement agencies elaborates on this requirement and the need behind it:

Law enforcement agencies should provide for the availability of qualified interpreters (certified where possible, by a recognized certification agency) to assist the agencies when dealing with hearing impaired persons. Where the hearing impaired person uses American Sign Language* for communication, the term "qualified interpreter" would mean an interpreter skilled in communicating in American Sign Language. It is the responsibility of the law enforcement agency to determine whether the hearing impaired person uses American Sign Language or Signed English to communicate.

If a hearing impaired person is arrested, the arresting Officer's Miranda warning should be communicated to the arrestee on a printed form approved for such use by the law enforcement agency where there (sic) is no qualified interpreter immediately available and communication is otherwise inadequate. The form should also advise the arrestee that the law enforcement agency has an obligation under Federal law to offer an interpreter to the arrestee without cost and that the agency will defer interrogation pending the appearance of an interpreter. 28 C.F.R. Part 42, Subpart G, Analysis of Department of Justice Regulations, Citation omitted, emphasis added.

This Analysis makes many important points in regard to the provision of interpreters to the hearing impaired. First, it must be noted that neither the Regulation nor the Analysis limits the provision of interpreter services to hearing impaired arrestees. Victims and complainants should certainly also be provided with those services. In addition, hearing impaired persons attending programs and function sponsored by a law enforcement agency, such as informational workshops and educational programs, must be

*American Sign Language (ASL), as opposed to Signed English, is a language completely distinct from English, and is the native language of most deaf Americans. Signed English is a rendering of ASL signs into English word order and grammar. A deaf person who uses ASL will most likely be unable to communicate fully or successfully in written or Signed English. Many interpreters are competent only in Signed English.

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1 OF 2

provided with a qualified interpreter upon request.

The critical importance of the interpreter's qualifications is stressed in the Analysis. The law enforcement agency should ensure securing of qualified interpreters by contacting the local or state chapter of the Registry of Interpreters for the Deaf (RID) for a list of certified and qualified interpreters. If an interpreter is not achieving adequate communication as judged by the hearing impaired person, the interpreter or a law enforcement official, another interpreter must be secured who is qualified to interpret for that individual. The Analysis specifically places the responsibility on the recipient agency to ascertain the type of sign language with which the deaf individual feels most comfortable, and then to secure an interpreter who is competent in that language.

The obligations of the law enforcement agency to hearing impaired persons who have been arrested or held for questioning are founded in Constitutional as well as statutory law. Courts have suppressed evidence obtained from a hearing impaired defendant where it was found that the Constitutional Rights warning was not adequately communicated to the defendant. State of Maryland v. Barker Crim. No's. 17,995 and 19,518 (Md. Cir. Ct. Dec. 8, 1977); State of Oregon v. Mason Crim. No. C80-03-30821 (Or. Cir. Ct. May 27, 1980). In each of the above cases, the warnings were conveyed in sign language, but were not broken down to the defendant's language level. Securing of an interpreter with an RID Legal Skills Certificate for a timely interpretation of the rights, accompanied with careful explanation and breakdown of every legal term and sign, is one way a law enforcement agency may prevent objections to the adequacy of this communication, as well as comply with the legal requirements of Section 504. Presentation of a printed Advice of Rights

form without an interpreter will seldom, if ever, be sufficient.

Questioning of hearing impaired persons should also take place with an interpreter present in order to comply with Section 504 and to achieve reliable communication. Many law enforcement agencies videotape all communications with hearing impaired defendants in order to be able to substantiate the effectiveness of the communication and the quality of the interpretation.

All hearing impaired persons must be informed of the law enforcement agency's obligation to have a free, qualified interpreter present during all communications and questioning. This can usually be achieved, as the Analysis suggests, by use of a printed card before the arrival of the interpreter. However, the agency must be aware of the fact that some deaf persons have very limited English language skills, and will require an interpreter to ensure comprehension of even this message.

THE REQUIREMENT OF TELECOMMUNICATION DEVICES FOR THE DEAF (TDDs or TTYS)

The Section 504 Regulations of each of the federal agencies regularly funding police departments require the installation of telecommunication devices for hearing impaired persons in offices having telephone contact with the public, such as police departments. The United States Department of Justice Section 504 Regulations require that recipients shall provide auxiliary aids such as telephone devices to hearing impaired persons, if those persons' ability to use the recipients' services would otherwise be impaired. 28 C.F.R. 42.503 (f). In the Analysis of these Regulations, the Department of Justice notes that:

Law enforcement agencies are also required to install TTYS or equivalent mechanisms. . . to enable persons with hearing and speaking impairments to communicate effectively with such agencies. 28 C.F.R. Part 42, Subpart G, Analysis (c) (1).

The HEW and Office of Revenue Sharing also require telecommunication

devices for the hearing impaired in all federally assisted agencies to which the public has telephonic access. Nowhere is this access more important than in police departments.

The installation of a telecommunication device at a police station can help to protect the lives and property of the hearing impaired citizens of a community. Moreover, the general public is also benefited by the ability of an additional segment of the local population to make police reports by telephone. Many municipalities across the country have already installed telecommunication devices.

Any law enforcement agency having questions or needing assistance regarding compliance with Section 504 and the Regulations is welcome to contact the National Center for Law and the Deaf at the above address. We appreciate your interest and look forward to your compliance with these important requirements.

END