

In Serving Crime Victims with Disabilities



OVC Office for Victims of Crime
Putting Victims First

NO MORE
VICTIMS



Getting Through the Door

Crisis Services Forge Partnerships with Law Enforcement

By Dianne King, SafePlace

For the last two years, SafePlace's Cema Mastroleo has worked to provide training to law enforcement agencies across the state of Texas on serving crime victims with disabilities. The difficulty has been in convincing overworked and often reluctant police and sheriff's officers, attorneys, prosecutors, and judges that they have something to gain from the training.

Last December, across the country in Massachusetts, Safe Passage staff and their partners hosted an all-day training for 62 law enforcement officers and 12 court personnel from a two-county area, the result of months of

planning and preparation. "It was not just a foot in the door, but it opened the door really wide," said Cindy Green. "We have greater credibility both with the line officers out in the small towns and with the state police. What's remarkable is now they call us when they have a question. It's a paradigm shift."

In Louisiana, the Lafourche Parish Sheriff's Office is approaching the issue from the inside out by developing a curriculum and video that staff hope will be used to train law officers across the state.

We asked Cema Mastroleo and Cindy Green about what barriers they ran into in

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Same Time Next Year

Promising Practices Projects Flash Forward One Year

Question: What changes do you hope to see in your community in a year as a result of your Promising Practices project?

Ulster County Crime Victims Assistance Program Kingston, New York

As the second year of our grant period draws to a close, we have begun to look at the year ahead with an eye toward expanding inter-agency collaboration. During year two, we conducted two information seminars focusing on crime victims with disabilities: one for law enforcement agencies and one for human services agencies. As evidenced by feedback

from the attendees, there is a perception of disconnect between area agencies. There is limited knowledge of what services are offered by which agencies, what protocols are in place, or even what legal recourse victims

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The Trauma of Violent Crime Healing and Recovery for People with Disabilities

*By Michael Mandel, Southern Arizona Center
Against Sexual Assault (SACASA)*

&

*Robin VanderLaan,
The Chadwick Center in San Diego*

The trauma of a violent crime can impact a survivor's physical, emotional, mental, and spiritual health. People with disabilities are statistically more frequently targeted for certain types of crimes, but often have fewer resources available to help them cope with the trauma of the criminal act. While crime victims with disabilities share many of the same needs and concerns as all other crime victims, they also may have unique, disability-related issues. Every individual works through trauma differently. It is not helpful to lump all crime victims with disabilities into one monolithic group, because the needs and concerns of every individual crime victim will be dependent on a number of factors, including her or his disability.

This article was written to provide insight into the needs of people with disabilities as they recover and heal from a violent or traumatic experience through the psychotherapeutic process.

Abuse in any form, by anyone, is traumatizing.

The Healing and Recovery Process

The basis of this article's approach to healing and recovery is a collaborative relationship between the therapist and client. Together, the therapist and client process and integrate the trauma that was created or made worse by the violent crime.

The therapist is not seen as a problem-solver or a savior, but as an equal partner in the client's path toward healing. The

relationship between client and the therapist is extraordinarily complex. Many thoughts, emotions, wishes, fantasies, and expectations are entrusted with the helping professional. It is the obligation of the professional, through her or his own education, training, and experience, to know how to respond optimally, and maintain appropriate boundaries. When having difficulty, the professional must possess the self-knowledge to seek consultation, supervision, or psychotherapy. This is a trust the public has every right to expect.

The therapist is not seen as a problem-solver or a savior, but as an equal partner in the client's path toward healing.

For example, research shows that many individuals with developmental disabilities face high rates of victimization, are less likely to report, less likely to be considered credible if they do, and are particularly vulnerable to developing mental illnesses following exposure to traumatic events. Unfortunately, service providers may attribute what is actually a normal behavioral response to trauma to the individual's disability or pre-existing mental illness. While people with developmental disabilities are just as likely to benefit from psychotherapy as anyone else, a societal belief lingers that people with developmental disabilities cannot benefit from traditional, verbally-orientated therapies. Until recently, there has been little training of mental health professionals to provide trauma counseling to children and adults with developmental disabilities.

Abuse in any form, by anyone, is traumatizing. While trauma affects people differently, psychological trauma is a shock

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Getting Through the Door

Tips for Coordinating Trainings with Law Enforcement

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training law enforcement staff, and what approaches they recommend to others doing the same work. Adding insights from the perspective of the law enforcement community is Deputy Shirley Collins of the Lafourche Parish Sheriff's Office.

Barrier: Criminal justice staff may say: *We do our own trainings. We don't need an outsider to come and do trainings, particularly one who does not have law enforcement background.*

Approaches:

- *Offer to co-train with law enforcement staff, or use a train-the-trainer model, so that ultimately their own staff will do the direct training.* District attorney and police representatives helped develop the Safe Passage training, but planners didn't stop there; a police chief, a survivor with a disability, and a prosecutor were all training presenters. "Having that human interaction with the police in a situation where we were both learners, because there was someone else making a presentation, put us on the same plane," said Cindy Green. "The more places you can do that, the better."

But the most effective voice at trainings is probably not crisis service or law enforcement: It is the voices of people with disabilities. Safe Passage continues to rely on individuals with disabilities as trainer/facilitators, as Speaker's Bureau presenters, and as vital members of the training/planning team. "People need to hear directly from folks with disabilities – it

increases the message we are trying to get across," she said.

- *Develop training agreements.* Area police departments, sheriff's office, prosecutor's office, and some judges provided letters of commitment to participate in training as part of SafePlace's Accessible Justice Project. Safe Passage developed a Memorandum of Understanding with the District Attorney, one of their five project partners. Invitations and correspondence about the trainings went out under the District Attorney's letterhead, which netted them much greater response.

*"People need to hear directly from folks with disabilities – it increases the message we are trying to get across."
Cindy Green, Safe Passage*

- *Develop training that fulfills required professional training hours for both groups.* Texas judges need three hours a year of domestic violence training to maintain their certifications. Offer to customize training to the needs of the various departments.
- *Involve the trainees.* At the beginning of her trainings, Mastroleo asks attendees to talk about any experience they have working with crime victims with disabilities. This training approach engages the officers from the beginning and has been much more effective than just telling them that they are required to comply with the 1990 Americans with Disabilities Act.

Law Enforcement Insight:

Law officers don't want social service agencies to just come train them, noted Lafourche Deputy
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People First Language

A New Paradigm: Disability is Natural

By Kathie Snow,

Author of "Disability is Natural"

People with disabilities constitute our nation's largest minority group. It is also the most inclusive and most diverse: both genders, any sexual orientation, and all ages, religions, socioeconomic levels, and ethnicities are represented. Yet people who have been diagnosed with disabilities are all different from one another. The only thing they have in common is being on the receiving end of societal misunderstanding, prejudice, and discrimination. Furthermore, this largest minority group is the only one which *any person can become part of, at any time!* Some join at birth—others in the split second of an accident, through illness, or during the aging process. If and when it happens to *you*, will you have more in common with others who have disability diagnoses or with family, friends, and co-workers? How will you want to be described? And how will you want to be treated?

The Power of Language and Labels

Words are powerful. Old and inaccurate descriptors, and the inappropriate *use* of these descriptors, perpetuate negative stereotypes and reinforce an incredibly powerful attitudinal barrier. *And this invisible, but potent, attitudinal barrier is the greatest obstacle facing individuals who have disability diagnoses.* When we describe people by their medical diagnoses, we devalue and disrespect them as individuals. Do you want to be known primarily by your psoriasis, gynecological history, the warts on your behind, or any other condition?

Worse, medical diagnoses are frequently used to define a person's potential and value! In the process, we crush people's hopes and

dreams, and relegate them to the margins of society. If we know about (or see) a person's diagnosis, we (mistakenly) think we know *something important* about him, and we give great weight to this information, using it to determine how/where a person will be educated, what type of job he will/won't have, where/how he'll live, and more. In effect, a person's future may be determined by those with authority over him, based on the diagnosis. *When incorrectly used as a measure of a person's abilities or potential, medical diagnoses can ruin people's lives.*

A New Paradigm

"Disability is a natural part of the human condition..." - U.S. Developmental Disabilities/Bill of Rights Act

Yes, disability is natural, and it can be redefined as a "body part that works differently." A person with spina bifida has legs that work differently, a person with Down syndrome learns differently, and so forth. And when we recognize that the body parts of people *without* disability diagnoses are also different, we'll know it's the *way* these differences affect a person and/or her qualifying for services, entitlements, or legal protections which mandates the use of a disability descriptor.

A disability, like gender, ethnicity, and other traits, is simply one of many natural characteristics of being human. One in five Americans is a person with a disability diagnosis!

When a person is in a welcoming, accessible environment, with the appropriate supports, accommodations, and tools, does he still have a disability? I think not. *Disability is not a constant state.* The medical diagnosis

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People First: Are You “Cancerous” or Do You Have Cancer?

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may be constant, but whether or not the condition represents a “disability” is often more a consequence of the environment than what a person’s body or mind can or cannot do.

Using People First Language is Crucial

People First Language puts the person before the disability, and it describes what a person *has*, not who a person *is*.

*Are you “myopic” or
do you wear glasses?*

Are you “cancerous” or do you have cancer?

Are you “freckled” or do you have freckles?

*Is a person “handicapped/disabled” or
does she have a disability?*

If people with disability diagnoses are to be included in all aspects of our communities—in the ordinary, wonderful, and typical activities most people take for granted—and if they’re to be respected and valued, we must use the ordinary, wonderful, typical language used about people who have not yet acquired a disability diagnosis.

My son, Benjamin, is 18 years old. More important than his diagnosis are his interests, strengths, and dreams. He loves history, burned fish sticks, classic rock, and writing movie reviews, and he’s great at mimicking actors and politicians! Benj wants to major in journalism and be a movie critic. He has blonde hair, blue eyes, and cerebral palsy. His diagnosis is only one of many characteristics of his whole persona. *He is not his disability.* His potential cannot be predicted by his diagnosis.

When I meet new people, I don’t disclose that I’ll never be a prima ballerina. I focus on my strengths, not on what I cannot do. Don’t you do the same? So when speaking about my son, I don’t say, “Benj can’t write with a pencil.” I say,

“Benj writes on a computer.” I don’t say, “He can’t walk.” I say, “He uses a power chair.” It’s a simple matter of perspective. If I want others to know what a great young man he is—*more importantly, if I want him to know what a great young man I think he is*—I must use positive and accurate descriptors that portray him as a whole, real, wonderful person, instead of as a collection of “defects,” “problems,” or “body parts.”

A person’s self-image is strongly tied to the words used to describe him. For generations, people with disabilities have been described by negative, stereotypical words which have created harmful, mythical portrayals. We must stop believing (and perpetuating) the myths—*the lies*—of labels. We must believe children and adults who have been diagnosed with conditions we call disabilities are unique individuals with unlimited potential to achieve their dreams, just like all Americans.

People First Language isn’t about being “politically correct.” It is, instead, about good manners and respect (and it was begun by individuals who said, “We are not our disabilities!”). We have the power to create a new paradigm of disability. In doing so, we’ll change the lives of children and adults who have disability diagnoses—and we’ll also change ourselves and our world.

(Kathie Snow is the author of Disability is Natural: Revolutionary Common Sense for Raising Successful Children with Disabilities. Her website, www.disabilityisnatural.com, contains the full content of this article (excerpted with permission), other articles, and information about her work in promoting new ways of thinking about disability. To borrow either Kathie Snow’s book or video from the SafePlace library, contact Lesley Landry at llandry@austin-safeplace.org).



Designing Flexible, Accessible Websites

Contrary to common belief, accessible websites do not have to be dull, boring, or lacking in creative bells and whistles. Accessible websites just have to be designed flexibly enough so that they can be operated by various people in various ways. Those designs would include using simple and clear language, dividing big chunks of information into smaller groups, and using a consistent presentation style from page to page.

Making a website accessible to people with disabilities requires thinking through the views of people with various disabilities. People with disabilities navigate the web in different ways, using a range of devices, hardware, and software to make it accessible. Imagine a website from the perspective of:

- Someone who has no vision and uses a reader program. How will she/he “see” the photographs? How will she/he navigate the site?
- Someone who has low vision. Is there enough color contrast for easy visibility?
- Someone with a mental illness or cognitive disability who has difficulty concentrating and could be overwhelmed by too many choices.

Most problems arise for people with disabilities trying to access the internet because:

- *Websites are incompatible with assistive technologies they might be using.* Assistive technology helps people with disabilities read websites. Some devices or software read aloud the text, enlarge it, change the color of the text or background for easier readability, or send it to a Braille display. People who have disabilities that affect mobility or strength may use a pointing device connected to their head, or a mouth stick. If the website the person is trying to access does not allow for those technologies, the person will not be able to read the page.

- *Users cannot change the appearance of the page because the designs are “locked in”.* In order for some of those assistive technologies to work, the user has to be able to change the text, the colors, the background, etc. Some designers “lock” their websites against any changes, which limits accessibility.
- *Designers use only one method of presenting information.* A page full of pictures is not useful to somebody who is blind or has low vision, but a description of the pictures will help the person read the page. Likewise, text does not work for somebody who cannot read; pictures could be useful. Audio recordings without transcriptions leave out people who are Deaf. In other words, if you have pictures, make sure to have text to explain the pictures. If you have an audio section, make sure it is accompanied by text.

As a first step, you may want to consider adopting a policy or plan for developing an accessible website that would guide staff in purchasing decisions, writing contracts, and other issues. Helpful tips might be culled from a document about developing accessibility policies for state agencies, at www.dir.state.tx.us/general_info/accessibility.htm.

Sources for this article:

Brewer, J. (Ed). (2004). How people with disabilities use the web. Retrieved August 25, 2004, from the World Wide Web Consortium web site: www.w3.org/WAI/EO/Drafts/PWD-Use-Web//20040708.html

ADA & IT Information Center, Mid-Atlantic Region. (2004, Fall). ADA & IT in Focus. Available on the “publications” page at www.adainfo.org



Web Accessibility Resources for Technical Staff

The following websites provide solid accessibility resources for Web developers and technical staff:

- The World Wide Web Consortium (W³C) is the international authority on all aspects of web design. "How People With Disabilities Use the Web" (www.w3.org/WAI/EO/Drafts/PWD-Use-Web) provides a comprehensive look at what makes sites inaccessible and ways to correct each problem. Alternatively, the "Web Content Accessibility Guidelines 1.0" is organized by priority and concept and provides a checklist for web content developers (www.w3.org/TR/WCAG10/full-checklist.html).
- WebAIM's website, (www.webaim.org), includes an article on how to evaluate pages for accessibility. The article is at www.webaim.org/techniques/evaluating.
- UT Austin's Accessibility Institute, at www.utexas.edu/research/accessibility/, contains a how-to's and demos page (www.utexas.edu/research/accessibility/resource/how_to/index.html) that provides links to short tutorials giving specific examples of how to make accessibility common.
- Trace Center at the University of Wisconsin is the leading American authority on accessible design of all types. The "Designing More Usable Websites" page is an A-Z resource on all aspects of accessibility on the Internet at www.trace.wisc.edu/world/web.
- Bobby - Probably the most well-known software tool that checks web pages for accessibility is Bobby. The "Bobby" rating functions similar to a "Good Housekeeping Seal of Approval." Although it has some flaws, Bobby software does provide a free, detailed analysis of what needs improvement. Go to the website and type in the agency website for an analysis. Once Bobby verifies that it is 100% accessible, the site can carry the Bobby logo. (bobby.watchfire.com). The free version of Bobby can only look at one page at a time, so it can be frustrating to use if there's a big site and all the pages need checking.
- the Aware Center (aware.hwg.org)
- Knowbility (www.knowbility.org) and
- Webmonkey Accessible HTML www.hotwired.lycos.com/webmonkey/geektalk/97/11/index4a.html.

Contact SafePlace's Disability Services Resource Library at 512/267-7233 to borrow the following books:

- ✓ Building Accessible Websites (With CD-ROM) by Joe Clark
- ✓ Maximum Accessibility: Making Your Web Site More Usable for Everyone by John M. Slatin, Sharron Rush
- ✓ Constructing Accessible Websites by Jim Thatcher



Same Time Next Year

Promising Practices Look Forward

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have. In response to this, we are exploring ways for agencies to learn more about each others' services, with special attention to positive ways law enforcement and human services entities can share information in a confidential, accessible manner while preserving self-determination for victims. The interdisciplinary working group continues to be an important foundation for this project's sustainability.

– *Laura E. Benjamin*

Safe Passage & Stavros Independent Living Center Northampton, Massachusetts

At the end of year three, we will have a stronger coordinated community response in place in Hampshire County to better meet the needs of victims of crime with disabilities. We have forged stronger ties with state agencies serving people with disabilities, the Commission for the Deaf & Hard of Hearing, the Massachusetts Rehabilitation Commission, the Commission for the Blind, and the Departments of Mental Retardation and Mental Health. Stavros Independent Living Center, which will take over as the lead organization in year three, intends to continue with the great work begun by Safe Passage and Cindy Green during the first two years. The partners will explore the feasibility of enhancing current hotlines to meld into one and provide a viable reporting mechanism for people with disabilities who are victims

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Recommended Reading

Real Eyes: Lessons in Humanity, Humility, and Human Services

By Dave Hingsburger and Ruth Ryan

Real Eyes is an apt title for this book, because it conveys the relationship between truth and perception in two short, simple words. Counselors Dave Hingsburger and Ruth Ryan expound upon this relationship in their two respective sides of the book. Both portray some of the most harrowing and most inspiring of their human service experiences with a balance of candor and humor that renders *Real Eyes* as enlightening as it is fun to read. The lessons the authors impart are so simple, profound, and insightful that they could only be captured in personal stories from people who live and breathe the work that they do. In one powerful statement, Hingsburger both sums up the book and reminds us why we have chosen to work in this field: "It IS about life. It IS about humanity." – *Meghan Kearns, SafePlace*

Power Tools: Thoughts about power & control in service to people with developmental disabilities

By Dave Hingsburger

In *Power Tools*, Dave Hingsburger is so honest about some of the mistakes he's made in working for people with developmental disabilities that you almost wonder why he would want to go public with the information. His point, though, is that each of us has the potential to misuse our power, even if we might not think that we have any. By admitting that he, a leader in disability services, has been and still is sometimes confused and unwittingly abusive, Hingsburger gets to the heart of some of the difficulties of balancing personal power, while also imparting a sense of direction and hope for others who are willing to take a closer look at the power dynamics of their own work. – *Meghan Kearns, SafePlace*

Contact Lesley Landry at llandry@austin-safeplace.org or call 1-866-495-4209 (toll free) to borrow these books.



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Agencies Project Community Changes

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of crimes. The development of a resource guide is planned to facilitate the delivery of services. – *Cindy Green, Safe Passage, and Janet Shaw, Stavros Independent Living*

Southern Arizona Center Against Sexual Assault Tucson, Arizona

The Southern Arizona Sexual Violence Disability Coalition will be a thriving, self-sufficient organization of community members and service providers in the disability services and anti-violence fields. The southern Arizona community will have a heightened awareness of and sensitivity to the issue of sexual violence against people with disabilities. Community members with disabilities who experience sexual violence will know for sure that they are not alone, the violence was not their fault, they are believed, and services are available at the Center Against Sexual Assault and its community partners. – *Michael Mandel*

Rape Crisis Center of Central Massachusetts (RCCCM) Worcester, Massachusetts

At RCCCM, we envision that our agency will have fully integrated the needs of people with disabilities into all aspects of the organization. Our board of directors will have people serving who have disabilities and who can represent the needs of the community to the program. As a result of the series of training sessions that we are now offering to service providers, there will be a stronger and more efficient referral network among providers of services so that victims of sexual assault will have more access to help

in the aftermath of sexual assault. Finally, our deaf and hard-of-hearing working group will have grown into a full-fledged program, providing ongoing counseling and advocacy to survivors who are deaf through a network of trained rape crisis counselors.

– *Marianne Winters*

Partnership Against Domestic Violence Atlanta & Athens, Georgia

Project staff for the Safe and Able Lives Project envision that, within a year, more women with disabilities in Georgia will live free from domestic violence. They will understand the dynamics of domestic violence, and where to go for help. Staff with domestic violence programs will feel confident in their ability to serve women with disabilities, and this capacity will be evidenced by the provision of sensitive and effective services. Women with disabilities living in emergency shelters will transition into safe and affordable long-term housing and will continue to live free from fear and violence. – *Jenny Manders*

Network of Victim Assistance (NOVA) Doylestown, Pennsylvania

A good deal of work has been done to network with various police departments and consumer providers on issues related to crime victimization and people with disabilities. By next year, we hope that the process for referring cases of crime victims with disabilities for services to our agency will become a general procedure instead of a random event.

In addition, we hope that more consumers, because of our trainings this year

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Same Time Next Year

Groups Increase Community Awareness

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and the various resource materials we developed and distributed, will be advocates for themselves and others in seeking services and obtaining their victim rights when a crime occurs (including reporting to police, seeking counseling, going to court, etc.).

Our county is building a new courthouse, and we hope by next year to have a consumer from our Project Advisory Committee on the planning board to ensure adequate accessibility.

We believe that the police video we are developing and soon will be distributing to all Bucks County police departments will be used in ongoing trainings at police departments.

And we hope that all the training and networking will increase awareness of the issue of crime victimization of people with disabilities so that when victimization occurs, it is treated the same way in the system as a crime against any other person.

– *Kathy Bennett*

Lafourche Parish Sheriff's Office Thibodaux, Louisiana

As we look over our plans for the future months, we see how much is still left for us to accomplish. Our main goal for the upcoming months is to see more victims with disabilities come forward and speak out about the crimes that were committed against them. Secondly, we look forward to seeing better communication between service providers and the criminal justice system as a whole.

We have had much success in these two areas already. Last year, the first case of aggravated rape against a victim with a disability made it through the entire criminal justice system and ended with a successful

conviction. This alone shows that it is possible to work within the community to reach a common goal, justice. If just a small increase in reporting among victims with disabilities is shown, then we know we are doing our jobs and helping someone in need.

Third, we are implementing a training curriculum for officers to educate them on the proper procedure for responding to incidents involving persons with disabilities. This training will provide more comfort for an officer in communicating and interacting with a victim with a disability. It will also enhance safety issues for both parties and increase the approachability of police officers. Victims with disabilities should see the police officers as friendly and helpful. When this occurs, the reporting issues among the disability community will hopefully cease to exist.

– *Deputy Shirley Collins*

Chadwick Center for Children and Families at Children's Hospital and Health Center San Diego, California

This time next year, we anticipate that the Chadwick Center's Extended Assessment Protocol for Crime Victims with Disabilities will be operational. The CVD grant has supported the Chadwick Center's efforts to develop a multi-session interview protocol to enable Forensic Interview Specialists to identify and implement accommodations needed for a crime victim with a developmental disability to participate in a forensic evidentiary interview. Local Child Abuse and Sex Crimes law enforcement units will routinely refer for this service. A workshop on implementing the Extended

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Getting Through the Door

“Officers Find it Easier to Relate to Other Officers”

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Shirley Collins. They want training that can help them do their jobs better or more easily, which means trainings that other officers have helped develop. Collins also recommended that training be two-way. While officers are learning more about working with survivors with disabilities, crisis services agencies ought to be willing to learn about what procedures and policies that officers must follow to do their jobs. The community at-large fails to understand the serious officer safety issues inherent in their jobs, she said.

“Officers find it easier to relate to other officers due to shared experiences,” she said. “Officers have long been the ones to blame for problems in the community. Officers are told all the time by the community they serve how to do their jobs. If an officer gives someone a ticket for speeding, he gets yelled at to catch the ‘real criminal.’” Training comes easier from somebody who knows those realities. Officers also generally learn well with anecdotal stories, she said.

Barrier: *Our job is to catch offenders. We’re more interested in how to work with offenders with disabilities, particularly those with mental illness.*

Approaches:

- *Bring the topic back to crime victims with disabilities.* Remind officers that how they describe the victim could affect the outcome of the case. Describing a victim as “crazy” rather than “appearing to have symptoms of mental illness,” can affect whether the case goes to trial. Officers can model respectful language, and inform crime investigators and prosecutors that the victim

may need accommodations, etc. “There is a sequence, it cannot stop at the crime victim witness counselor,” Mastroleo said. “Everybody has a role and everybody needs to play their role in the continuum of the criminal justice system. It may start with a dispatcher taking seriously a call from a person who speaks with difficulty, to the judge and jurors who apply the sentence to the offender.”

- *Expect that law enforcement groups will be interested in offender training.* At any training, bring resources on working with offenders with disabilities. The Arc of the United States and the National Alliance for the Mentally Ill (NAMI) both have articles and videos on working with, respectively, offenders with cognitive disabilities and mental illness. Mastroleo refers officers to those sources for more information and training.

Law Enforcement Insight:

Many law enforcement agencies are switching from being reactive to proactive, noted Shirley Collins. “By this we are getting out into the communities to stop things from happening before they happen.”

Nonetheless, Collins recommended gearing trainings to cover both victim/witness and offenders with disabilities, because law enforcement officials need to know about both. Although under the Promising Practices project, all efforts must focus on victim-centered issues, a training on offenders with disabilities could be supplied by another agency. Officers are particularly interested in learning about working with people with mental illness.

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Getting Through the Door

Working within the Police Time Crunch

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Make all training multifaceted, she said. And, “unless the ranking officers and the report writing instructors are on board with the way we would like the officers to write, then telling them to use ‘People First Language’ is going to go in one ear and out the other.”

Barrier: *We don’t have time for long interviews, or to wait for interpreters. We’re working on deadlines. When we have crime victims with disabilities, we refer them to the crime victim counselors, who can provide more services to them than we can. It’s better to have a few officers specially trained to work with crime victims with disabilities, who can take the time required.*

Approaches:

- *Talk about the importance of all officers having a certain level of training on working effectively with people with disabilities. The “experts” in disability issues may not be on call at the right time, Mastroleo pointed out. (Some cities do, however, have crisis intervention teams that work mainly with people with mental health issues.)*
- *Remind law enforcement agencies that taking the time to develop a strong case can be time efficient. A strong case increases the chances that they won’t be prosecuting the same offender again for the same crime against somebody else, said Mastroleo. People with disabilities are at high risk for violent crime, and perpetrators tend to repeat their crimes.*

Law Enforcement Insight:

The crunch for time is a definite barrier and

one that cannot be eliminated, agreed Collins. Most agencies are shorthanded in patrol. Having a few officers specially trained to handle the types of complaints that require more time takes some of the pressure off of patrol and allows more time to be spent with the victim.

Depending on the type of complaint and the type of disability, it might be better to call out a specialist who can take the time required, than have patrol lose an officer for several hours.

For example, Lafourche has officers specially trained to respond to domestic violence. On average, a domestic abuse complaint that ends in an arrest can take several hours. Involving the specialist allows the patrol officer to get back to the streets and answer complaints. Not every complaint or every person with a disability will require that a specialist be called out. But depending on the type of complaint and the type of disability, she believes, it might be better to call out a specialist who can take the time required, than have patrol lose an officer for several hours.

Lafourche officers spend time with any victim to better investigate the complaint, rather than automatically sending victims with disabilities to crime victim counselors. Once they have obtained basic information, they make the decision to call out detectives and/or crime victim counselors to continue the case to its completion.

Barrier: *Training time is limited for police. Some departments scheduling training a year in advance. In many cities, race issues are more a priority than disability issues.*

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Getting Through the Door

Networking Makes Trainings More Successful

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Approaches:

- *Network with people with connections to law enforcement and criminal justice.* Join or attend any type of task force or committee that can help you gain access to the police.
- *If you cannot get in for a long training session, offer mini-trainings.* Mastroleo took however much time she could get, which in the beginning was 10 minutes. She figured those 10 minutes would call attention to the topic, and hopefully open more doors to her in the future, and they did. Developing the commitment letters with the departments also helped put her on the agenda for the agencies.

“Any time you are willing to work with the police and are open to their point of view...benefits will be recognized by those involved.” – Shirley Collins

- *Establish a community task force on the issue, if one doesn't already exist.* Include women's advocacy, crisis services, police and sheriff's offices, prosecutors, legal services, disability service agencies, and people with disabilities. Make sure to model accessibility in meeting locations and people-first language. Keep the focus on increasing the accessibility of services to people with disabilities.
- *Invite people to meetings to share insights into the work of their own agencies.* Safe Passage started a task force with three partners the first year (Safe Passage, the District Attorney's office, and a disability services agency), and added another two

this year (a rape crisis agency and a mental health self-help group). Look to councils on aging and disabilities, and connections through the faith community. “It's taken some time to develop, but it's finally moving at greater than the speed of the continental drift,” said Green.

- *Always involve people with disabilities.* Safe Passage worked hard to find survivors with disabilities who were far along enough in their healing to be part of the task force. “We listened to people with disabilities who had been crime victims,” she said. “They're always the touchstone.”

Law Enforcement Insight:

“Training time is limited,” Collins agreed, “but if you go to the top instead of working your way up, you will find people that have more pull.” Point out to the police chief that the department will face fewer lawsuits if the victims are treated properly.

For the departments that are scheduled so far ahead, Collins suggested piggy-backing with an organization that is already scheduled and holding a joint training.

Cultivate the ability to listen to what an officer has to say and take it to heart, she recommended. “If you are willing to let the officers know that you are interested in what they have to say instead of insisting that the officers are to do exactly what you want them to do, you will have more success,” said Collins. “Any time you are willing to work with the police and are open to their point of view and cognizant their procedures and protocols, benefits will be recognized by those involved.”



Same Time Next Year

Ability 1st Fights Against "Polite Apathy"

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Assessment Protocol will be presented at the Chadwick Center's January, 2006 San Diego Maltreatment Conference, and a journal article will be in press, assuring sustainability of the protocol as well as international distribution.

– *Robin VanderLaan*

City of Carbondale Police Department Carbondale, Illinois

Carbondale Promising Practices looks to the next year with much anticipation. Next year at this time, we envision an interactive website where persons with disabilities can go to get help, ask questions, access information, and most importantly, find a reliable personal assistant. The website, (www.sippoc.org), is on-line and we will soon start a public relations campaign to promote it. We also see improved transportation for victims with disabilities, through our purchase of an accessible van. Most notably, we see improved services for victims with disabilities, stemming from better communication between service agencies and training of local law enforcement personnel. We have all learned a lot during the past two years and will continue to develop resources to provide the highest quality of service to persons with disabilities. – *Sgt. Don Priddy*

Ability 1st Tallahassee, Florida

As our Training Initiative at *Ability 1st* advocates for crime victims with disabilities, we are always fighting against what we describe as "polite apathy." We believe we've opened up the minds of law enforcement, social service organizations, and the faith-based community to the fact that the individual needs of these victims have to be taken into consideration.

We know we've made a difference by the quality of the feedback we get immediately after and the results of the satisfaction surveys. However, all that is very subjective; this success has been difficult to measure objectively.

Our hope for one objective community change centers on victim advocates. The advocates consistently tell us they seldom see victims with disabilities. We are fortunate that the State Attorney General's Office has awarded us the opportunity to give four-hour issue briefings/trainings to victim advocates in three locations in the state of Florida in April 2005. With that training in place, along with our continued participation with the Big Bend Victim Advocates' Coalition and various local domestic violence coalitions, we hope to teach more advocates about victims with disabilities. Armed with that knowledge, we hope the advocates will refer more consumers with the "newly discovered" disabilities to our VOCA specialist at Ability1st. Then, people with disabilities who have become victims of crime will receive assistance customized to their needs!

– *Susan Henry, Training Specialist*

The final Promising Practices symposium is tentatively scheduled for October in Austin. (We will be contacting you with an exact date soon.) Please let us know if you have any ideas for panels or joint presentations, wish to make a presentation yourself, or have requests for particular topics. Initial plans are to schedule the symposium over two days.



The Trauma of Violent Crime 'Learned Compliance' Hinders Reporting of Abuse

Continued from Page 2

that can create long-lasting and significant damage to the mental, emotional, interpersonal, physical, and spiritual potential of a human being. Brain chemistry may be affected. The sense of self is destabilized or derailed. People do not recover from trauma as they would from a common cold. Manifestations may include post-traumatic stress disorder (re-experiencing the trauma, avoidance of reminders of the trauma, or heightened arousal), depression, anxiety, isolation, interpersonal problems, family turbulence, school or work difficulties, addictive and compulsive behaviors (alcoholism, drug addiction, overeating, over-spending, and hyper-sexuality), sexually-reactive behavior, chronic shame, guilt, and self-loathing. The victim may also become a victimizer, thus perpetuating the cycle of abuse.

People do not recover from trauma as they would from a common cold.

Any crime victim may experience significant loss of trust. A person with a disability may feel this loss of trust more acutely, because people with disabilities are statistically more likely to be victimized by someone known to them, often a person in a caregiving role. For that reason, it is imperative that the helping professional be open and honest and actively listen to everything the client says. This can help the client rebuild some of the lost trust in a safe, caring setting. Once the bond of trust is established, the healing and recovery process may begin to progress more freely.

Crime victims often report a sense of no control or loss of control over their lives as a

result of a crime. For some people with disabilities, this additional loss may be an extension of the lack of control they already experienced prior to the crime. People with disabilities in many settings, including group homes, family homes, and larger facilities, often have basic decisions about their lives made for them, often independent of their own wishes. The compulsion among many people without disabilities (and many people who are not crime victims) is to step in and "help" the crime victim with a disability, which usually takes the guise of making decisions "for" the crime victim or forcing that person into a form of treatment for which she or he may not be ready. These well-intentioned, though misguided, efforts do nothing for an individual who may be most in need of regaining a vital part of herself or himself that was violently taken during a crime. It is always in the best interest of the crime victim – whether or not the person has a disability – to make her or his own decisions.

It is always in the best interest of the crime victim ... to make her or his own decisions.

Related to the issues of trust and control associated with trauma recovery is the issue of learned compliance that is common to many people with disabilities. People with disabilities are often taught that they must always comply with the wishes and demands of persons in authority. Learned compliance can also lead to delays in the reporting of the abuse, since the victim may not recognize the experience as a crime, but rather consider it as just one more action with which she or he

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The Trauma of Violent Crime Survivors with Disabilities Learn to Trust Again

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must comply. When a caregiver takes advantage of this learned compliance and abuses someone with whom she or he works, the experience can be confusing for the crime victim and is likely to severely impact her or his sense of self and ability to trust anyone in a position of authority.

One survivor reported on her survey, "I was told I was a liar."

Helpful responses to disclosures of trauma by people with disabilities will greatly facilitate the healing and recovery process. Survey respondents with disabilities in Tucson who had been forced to engage in unwanted sexual activity reported that the most helpful responses to their disclosures included non-judgmental responses, being told they were believed, and being made to feel comfortable. Not surprisingly, the responses deemed to be least helpful were just the opposite: judgmental responses, not being believed, and not feeling comfortable. One survivor reported on her survey, "I was told I was a liar." These survey responses give helping professionals a basic blueprint to understanding our roles in the healing and recovery process for victims with disabilities.

All people deserve to live safe and free from all forms of violence. When violence is committed against a person with a disability, the road to healing and recovery can be an equally challenging and rewarding one. Respectful, supportive, empowering, honest communication from helping professionals may help people with disabilities who are victims of crime begin their journey down that path.

The Center Against Sexual Assault's director of mental health services, Robert Kafes, DCSW, ACSW, LCSW, also contributed to this article.

Note: *The word "victim" is used in this article to reflect the language used by the Office for Victims of Crime and in the title of the Promising Practices project. Many organizations that provide services to crime victims also use the term "survivor" to describe people who experience violence because it is empowering and emphasizes that the person has endured the brutality and come out stronger. The use of this terminology in itself is part of the healing and recovery process: when a person transitions from "victim" to "survivor".*

Trauma and Healing Resources

More information about trauma and healing may be found on the federally-funded National Child Traumatic Stress Network website, (www.nctsnet.org). Not limited to treatment for children, the network provides training nationally and posts bibliography and evidence-based, state-of-the-art papers addressing treatment on its web site. Pertinent titles include "Adapting Trauma Treatment for Undeserved Populations" by Margaret Charlton, (2003) and "Trauma Treatment for Clients Who Have Dual Diagnoses: Developmental Disabilities and Mental Illness" by Margaret Charlton and Brian Tallant (2003). The Chadwick Center in San Diego is a National Child Traumatic Stress Network site, and a resource for training and technical assistance.

**SafePlace
Disability Services, ASAP**

P.O. Box 19454
Austin, TX 78760

Phone:

(512) 267-SAFE (7233)
(512) 482-0691 (business TTY)

Fax:

(512) 385-0662

Visit us at:

www.austin-safeplace.org

Editors:
Dianne King
Wendie Abramson

Editorial Team:
Stephanie Horgan
Meghan Kearns
Rand Metcalfe

Contributors:
Meghan Kearns
Dianne King -
Michael Mandel -
Kathie Snow-
Robin VanderLaan -

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SafePlace
Disability Services, ASAP
P.O. Box 19454
Austin, TX 78760

