Disability Awareness for Law Enforcement

Introduction
In the past, Law Enforcement officers have displayed examples of making poor choices due to the lack of knowledge about disabilities and poor attitudes toward people diagnosed with disabilities. Several incidents have occurred where a person with a disability has been injured or killed due to the lack of belief or knowledge that an individual has a disability. We want to give the officers the knowledge to help them recognize when someone has a disability and how to react safely instead of assuming the individual deliberately isn’t following the officer’s directions. There are several types of disabilities that exist, including neurological, mental, physical, and those of the senses. Following are examples of these impairments and information about them.

Epilepsy

Definition: A neurological condition which affects the nervous system. It is usually diagnosed after a person has had at least two seizures that were not caused by some known medical condition like alcohol withdrawal, extremely low blood sugar, heart problems or some other medical condition.

Seizure: The event in which too many brain cells become excited. Neurons passing electrical signals may cause a reaction in which a large amount of cells send signals all over the brain, exciting different areas of the brain rapidly. The affected areas cannot perform tasks functionally and the person experiencing the seizure experience sudden alteration in movements, sensations, awareness, or behavior. Post-ictal period is the transition back to a normal state; this may last a couple seconds to several hours.

Helpful ways to interact with a person who has Epilepsy:
Check for a medical identification card or bracelet indicating that the individual has epilepsy. Time the length of the seizure if one occurs; a seizure lasting for more than five minutes could be a medical emergency. If family members or bystanders say that the person has epilepsy, assume that the observed behavior is seizure-related. Do not forcibly restrain a person who is in the midst of a seizure or who has just had one. Restraints may injure them. In addition, people in these circumstances may misinterpret the actions of law enforcement personnel as an attack and they may try to protect themselves by forcibly resisting. If a person with epilepsy has a seizure while in custody, provide prompt medical attention. If a person has a convulsive seizure, place the person on their side to prevent choking. The fear that the person may swallow their tongue is a myth. Nothing should be placed or forced into the mouth. Continue to give medication to people with epilepsy who are taken into custody. Failure to take medication one time could produce fatal rebound seizures.
Autism Spectrum Disorder (ASD)

**Definition:** A wide variation in symptoms among children and adults with autism has led to the concept of Autism Spectrum Disorder. Asperger’s Syndrome, Pervasive Developmental Disorder (PDD), and Autistic Disorder are the common disorders. Rett Syndrome and Childhood Disintegrative Disorder (CDD) are rare disorders within the spectrum. ASD is a developmental disorder in which symptoms are usually present by age three. Autism Spectrum Disorder can be present in all ranges of age, from toddlers to senior citizens. ASD affects social interaction, communication, and behaviors and interests.

**Asperger’s Syndrome:** mildest form of autism; expressed by obsessively interested in a single object or topic. Social skills are significantly impaired; they are often awkward and uncoordinated physically. Some doctors call this syndrome “high-functioning autism.”

**Pervasive Developmental Disorder:** impaired social interaction, better language skills than patients with Autistic Disorder, but not as good as those with Asperger’s Syndrome, fewer repetitive behaviors than children with Asperger’s Syndrome or Autistic disorder, and a later age of onset are common indicators. Yet, PDD does not have a specific diagnosis as symptoms vary from patient to patient. The most common diagnosis is that patients do not have as severe symptoms as those with Autistic Disorder but not as mild as Asperger’s Syndrome.

**Autistic Disorder:** severe impairments involving social and language functioning, as well as repetitive behaviors. They often develop an intellectual disability and seizures but is not present in every case.

**Helpful ways to interact with a person who has an Autism Spectrum Disorder:**
Speak slowly and clearly, using simple language. Be specific if you are asking questions and allow for response time. Explain what you are going to do before you do it, people with autism may have difficulty with transitions and changes in routine. You may need to direct the person away from a highly-stimulating situation so that communication or compliance is improved. Gesture and firmly say “follow me” and lead them to a quiet area. Approach the person from the front. People with autism may startle easily. Talk in a calm voice and try to allow some distance between you and the individual. If an individual begins exhibiting repetitive movements, do not attempt to physically stop them unless it is a risk to self or others. This process is called stemming and alleviates stress and pent-up energy in the individual.

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**Intellectual Disabilities**
**Definition:** term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. Children with intellectual disabilities may take longer to learn to speak, walk, and take care of their person needs such as dressing or eating.

**Signs and Symptoms:** common signs that an individual has an intellectual disability are learning to sit up, crawl, or walk later than other children. They may have trouble speaking, find it hard to remember things, may not understand how to pay for things, and trouble understanding social rules. Trouble seeing the consequences of their actions, trouble solving problems, and trouble thinking logically are also common.

**Helpful ways to interaction with a person who has an Intellectual Disability:**
Identify yourself and your job. State that you are there to help them, not to hurt them, and tell them why you are there. Use the individual’s name often, and make eye contact before you speak. Look for an ID card, this could provide contact information about a support person who could assist you in the situation. Give one direction or ask one question at a time. Indicate clearly when the person can contact others.

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**Mobility Impairment**

**Definition:** a physical disability which limits the physical function of one or more limbs or fine or gross motor ability. A physical impairment might be defined as a disabling condition or other health impairment that requires adaptation. Persons with physical impairment disabilities often use assertive devices or mobility aids such as crutches, canes, wheelchairs and artificial limbs to obtain mobility. The physical disability the person experiences may be either congenital, or a result of injury, muscular dystrophy, cerebral palsy, amputation, multiple sclerosis, pulmonary disease, heart disease or other reasons. Some persons may experience non-visible disabilities that may include respiratory disorders, epilepsy, or other conditions.

**Signs and Symptoms:** the primary symptom that defines mobility impairments is the body's lack of a full range of motion. This can be caused by a number of injuries, illnesses, and disorders, each with its own set of symptoms in addition to restricted movement. For instance, multiple sclerosis can cause fatigue, speech, and vision problems, and people with cerebral palsy can have difficulty controlling their mouths for speaking or eating. The severity of the underlying condition affects the type of symptoms present.

**Helpful ways to interact with a person who has a Mobility Impairment:**
Question the individual at eye level. Before lifting an individual out of a wheelchair or transporting them, ask them about the most effective and appropriate means to do this. People who use wheelchairs and mobility devices are trained in special techniques to transfer from the wheelchair to another place. Depending on their upper body strength, they may be able to do much of the work themselves, offer assistance, but let the individual explain what help is needed first. Do not assume that a person using a wheelchair or other mobility device has an intellectual disability. Use normal language and speak in your normal tone of voice. Do not interfere with their movement unless asked to do so, or the nature of the
emergency is such that absolute speed is the primary concern. If this is the case, tell the person what you’ll need to do and why.

Speech Impairment

Definition: any impairment to one’s ability to speak.

Disfluency: most commonly referred to as stuttering. Individual may repeat sounds, words, or parts of words or phrases. May make words longer or pause during a sentence or word, often with the lips together. Individuals may have head jerking or eye blinking while talking. Frustration and embarrassment with speech are sometimes common.

Articulation Disorder: sounds may be distorted, substituted, left off, added, or changed. Errors during speech may make it difficult for people to understand the individual.

Voice Disorders: hoarseness or raspiness to the voice, voice may break in or out, may run out of air during sentence. Speech may odd because too much or too little air is coming out of the nose.

Helpful ways to interact with a person who has a Speech Impairment:
Slow down your communication. Ask one question at a time and allow time for the person to respond. Do not complete their sentences or interrupt them.

Vision Impairment:

Definition: a condition that affects vision.

Impaired vision: any type of vision loss (blindness, blurred vision, double vision).

Helpful ways to interact with a person who has a Vision Impairment:
When interacting with persons who have vision impairments, it helps that you announce your presence before approaching. Also, since they may not beware of what else is around, describe other people and their roles and the presence of bystanders if there are any. Speak naturally and directly to the individual. Offer assistance, but let them explain what help is needed first. Do not grab the person or attempt to guide them. Let the individual grasp your arm or shoulder lightly for guidance. They may choose to walk slightly behind you to gauge your body’s reactions to obstacles. Be sure to mention stairs, doorways, narrow passages, and other obstacles, including seating.

Hearing Impairment
**Definition:** a partial or total inability to hear. Hearing loss exists when there is diminished sensitivity to the sounds normally heard. The term hearing impairment is usually reserved for people who have relative insensitivity to sound in the speech frequencies. The severity of a hearing loss is categorized according to the increase in volume above the usual level necessary before the listener can detect it.

**Signs & Symptoms:** require frequent repetition of speech, have difficulty following conversations involving more than two people, think that other people sound muffled or like they're mumbling, have difficulty hearing in noisy situations, like conferences, restaurants, malls, or crowded meeting rooms, have trouble hearing children and women, have your TV or radio turned up to a high volume, answer or respond inappropriately in conversations, have ringing in ears, and read lips or more intently watch people's faces when they speak with you.

**Helpful ways to interact with a person who is Deaf or Hard of Hearing:**
Face the person while speaking and make sure that you have the person's attention before beginning to speak. Reduce background and speak slowly and clearly. If an interpreter is present, be sure you continue to speak to and establish eye contact with the individual, and not the interpreter. Pencil and paper can be used to communicate. Write slowly and let the individual read as you write. Be aware that the person may have difficulty understanding the urgency of your command. Check to see if you have been understood and repeat if necessary.

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**Service Animals**

**Definition:** animals that are individually trained to do work or perform tasks for people with disabilities. Examples of such tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, and other duties. Service animals are working animals, not pets.

**Where Service Animals are allowed:** under the ADA, State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go.

**Service Animals must be under control:** under the ADA, service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevent using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

**Helpful ways to interact with a person who has a Service Animal:**
A service animal can be removed if it is out of control or a direct threat, plan to move the animal with the owner. Ask the owner's permission before touching or speaking to the animal. If you need to take the animal, hold the leash. A person is not required to give you proof of disability that requires a service animal. However, you may ask if the animal is a service animal required because of a disability and what
task that the animal has been trained to perform. Persons with epilepsy may have a “signal animals”
which warns them they are about to have a seizure.

Helpful Sources

www.ada.gov
http://www.ada.gov/policeinfo.htm
www.accessibilityonline.com
www.epilepsy.com
www.cdc.gov
www.webmd.com
www.disabled-world.com/disability
www.rightdiagnosis.com
www.ucsfhealth.org
www.shareascare.com
www.betterhearing.org