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Final Report:

Collaborative Research Exchange Proposal: A Collaborative Approach to Ensuring the Health and Safety of Persons with Disabilities when Interacting with Law Enforcement Officers

Funded by the Disabilities Health Research Network

March 30, 2010

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Background

The idea for this project resulted from a discussion between a police researcher at the Justice Institute of British Columbia and a health and disability researcher from the British Columbia Institute of Technology's Technology and Product Evaluation Group. Past collaborations they had worked on had been in technology related health and safety issues in policing, but that day the conversation went to the area of disability and what challenges people with disabilities in the community face. This conversation evolved into a discussion on how the police community interacts with persons with disability in the community. Little information on recognizing disability or how to deal with it is currently included in basic police training and the thought was, at that time, that it is possible that police officers may fail to recognize behaviours related to physical (not mental) disability and make false assumption that may result in an innocent disabled person being arrested. This is compounded by the fact that some neurological conditions (e.g. involuntary movement associated with dystonia), physical apprehension can cause a person to appear to struggle and resist – even if they are doing their best to co-operate. We felt there was the potential to do some work in this area with the goal of eventually developing some training modules for police officers at the JIBC in how to identify, communicate with and physically handle (if necessary) disabled persons and possibly dovetail the result with the expanding the Drug Recognition Expert (DRE) program. We would also, if a need was indicated, develop plans for further research to be done on disability issues within the justice system.

Before doing so, we needed to identify the key issues that needed to be addressed, both from the person's with a disability perspective as well as from the police perspective. With seed funding from the DHRN we were able to hold three focus groups – one with experienced police officers, one with persons with disability and one with police recruits. The focus groups allowed us to explore perceptions and hear people's stories, as well as looking for potential strategies that for improving communication that would have support at the grassroots level.

Goals and Objectives of the Project

It is anticipated that the issues and initiatives identified in this project will form a basis for building better understanding between persons with disability, disability groups and police organizations that will improve the safety and well being of disabled persons in the community and when interacting with police.

Project Structure

The project began with discussions with police officers from various municipal police departments in British Columbia and E-Division RCMP. The officers spoken to were either connected to the Drug Recognition Experts (DRE) program or were with traffic enforcement. With the introduction of new federal DRE legislation on July 1, 2008 (http://www.justice.gc.ca/eng/news-nouv/nr-cp/2004/doc_31162.html) police now have

the ability to not only issue roadside suspensions for alcohol impaired drivers, but also drug impaired drivers. An important part of this is the ability for DRE trained officers to use physiological signs to determine what type of chemical substance a person has been using.

Through these discussions we were able to get clear physical signs and symptoms associated with the various classes of drugs. At this stage a web search was also done to see if any other jurisdictions had developed educational tools on the subject.

These signs and symptoms were then reviewed by a physiatrist (a doctor specializing in rehabilitation and disability) and a list of physical disabilities was generated that had similar presentations. Having determined which disabilities could, most likely, be mistaken for intoxication. Groups representing these disabilities were then contacted and invited to attend one of the three focus groups.

Next three focus groups were held in February and March of 2010. One group had 9 experienced police officers who were in the third stage of their career* attending. All of them also lecture at the Justice Institute of BC and/or in their municipal police departments. A second police group had 21 recruits attending, all of whom are still in the first stage* of their careers

*In an open discussion with the experienced police officers it came up that police persons typically go through three stages in their careers. In the first stage they are keen, enthusiastic and naïve with a genuine desire to help people. This gives way to the second stage where they become quite cynical and distrusting of everyone because they have been lied to so much on the street that to don't believe anything anyone says anymore. The third stage is one where they have developed a compassion and ability to find balance in the good and bad that they see in the world. This became relevant later as trust came up as an issue for both the disability and the police groups. This is discussed in the results under: Divergent Themes across Disability and Police Groups - Trust

The focus group for persons with physical disabilities had 16 attendees representing a wide range of persons with physical disabilities. The disabilities represented at the focus group were:

- Visual impairment
- Cerebral Palsy
- Wheelchair and scooter users
- Hearing impairment
- Multiple Sclerosis
- Neuromuscular Disease
- Arthritis combined with Neuromuscular Disease
- Brain Injury
- Stroke
- Epilepsy

Stages of life ranged from young adults to senior citizens. American Sign Language (ASL) interpreters were provided for the deaf participant. In addition some representatives from advocacy groups came such as GF Strong/BC Rehab and the Richmond Disabilities Association. .

The purpose of the focus groups was to have the various groups identify issues they felt were important and to explore possible solutions that would be supported by both the police and the disability communities. Questions were structured to encourage the sharing of stories of both good and bad experiences so that realistic strategies could be developed to ensure that persons with disabilities are treated fairly and appropriately within the justice system. The focus group questions can be found in Appendix 1.

Results: Background Research

The background research led to the identifying the signs and behaviours which a police officer could be observing or experiencing when faced with a person who has taken a number of different classes of substances. It was found that the Vancouver Police Department's Drug Recognition Program had already developed a matrix which described the physical signs and symptoms shown by persons who are high on different classes of drugs. They kindly allowed us to use the matrix in our focus groups and to replicate the table in this report. (Table 1)

From the signs and symptoms exhibited by drug users, a second list was generated of physical disabilities and conditions which also exhibit the same signs and behaviours. These were reviewed and expanded on by a physiatrist, a medical doctor specializing in disability and rehabilitation. The results were organized into a preliminary table for use in the focus groups. (Table 2)

In searching to see what other jurisdictions have done on the subject, nothing was found specifically for persons with physical disabilities, though several initiatives to improve communication and interactions between police and persons with mental disabilities were identified. (see Resources)

Drug Symptom Matrix	CNS Depressants	Inhalants	PCP	Cannabis	CNS Stimulants	Hallucinogens	Narcotic Analgesics
HORIZONTAL GAZE NYSTAGMUS	Present	Present	Present	None	None	None	None
VERTICAL NYSTAGMUS	Present* (High Dose)	Present* (High Dose)	Present	None	None	None	None
LACK OF CONVERGENCE	Present	Present	Present	Present	None	None	None
PUPIL SIZE	Normal (1)	Normal (4)	Normal	Dilated (6)	Dilated	Dilated	Constricted
GENERAL INDICATORS	Uncoordinated Disoriented Sluggish Thick, slurred speech Drunk-like behaviour and appearance Gait ataxia Drowsiness Droopy eyes Fumbling	Residue of substance around nose and mouth Odour of substance Possible nausea Slurred speech Disorientation Confusion Bloodshot, watery eyes Lack of muscle control Flushed face Non-communicative Intense headaches Dizziness	Perspiring Warm to the touch Blank Stare Difficulty in speech Incomplete verbal responses Repetitive speech Increased pain threshold Cyclic behaviour Confused and agitated Possibly violent and combative Chemical odour “Moon walking”	Marked reddening of conjunctivae Odour of marijuana Marijuana debris in mouth Body tremors Eyelid tremors Relaxed inhibitions Increased appetite Impaired perception of time and distance Disorientation Short-term memory impairment Rebound Dilation	Restlessness Body tremors Excited Euphoric Talkative Exaggerated reflexes Fidgety Anxiety Bruxism Redness to nasal area Runny nose Loss of appetite Insomnia Increased alertness Dry mouth Irritability Hippus	Dazed appearance Body tremors Synesthesia Hallucinations Paranoia Uncoordinated Nausea Disoriented Difficulty in speech Perspiring Poor perception of time and distance Memory loss Disorientation Flashbacks (NOTE: With LSD, piloerection may be observed)	Droopy eyelids (ptosis) “On the nod” Drowsiness Depressed reflexes Low, raspy, slow speech Dry mouth Facial itching Euphoria Fresh puncture marks Nausea Track marks
DRUG EXAMPLES	alcohol barbiturates GHB, Valium Rohypnol Prozac, Paxil	model glue gasoline, paint toluene aerosols nitrous oxide	PCP Ketamine	marijuana hashish hashish oil marinol	cocaine crack Benzedrine meth, ice Khat, Ritalin	peyote, psilocybin LSD MDA MDMA (ecstasy)	heroin morphine Talwin Demerol methadone
USUAL METHODS OF ADMINISTRATION	Oral Injected	Insufflated	Smoked Oral Insufflated Injected Eye drops	Smoked Oral	Insufflated Smoked Injected Oral	Oral Insufflated Smoked Injected Transdermal	Injected Oral Smoked Insufflated
DURATION OF EFFECTS	1-8 hours (depending on the substance)	5 minutes to 8 hours (depending on the substance)	4-6 hours	2-3 hours	Cocaine 5-90 minutes Meth- amphetamine 4 – 8 hours	Varies depending on the type of hallucinogen, up to 12 hours	Heroin 3-6 hrs Others depends on substance
OVERDOSE SIGNS	Drowsiness, may pass out Heartbeat slows Shallow breathing Cold, clammy skin	Nausea Vomiting Heart failure Respiration can cease Coma	Bizarre, violent, self-destructive behaviour Seizures Convulsions Deep coma	Fatigue Paranoia	Panic Confusion Aggression Convulsions Arrhythmia Hallucinations Coma	Long, intense, bad trip	Slow, shallow breathing Clammy skin Convulsions Coma

Table 1: Drug Symptom Matrix – Developed by Vancouver Police Department Drug Recognition Program

PHYSICAL CONDITIONS	POSSIBLE SIGNS AND SYMPTOMS (one or more of below)
<ul style="list-style-type: none"> • Cerebral Palsy • Turret's Syndrome • Epilepsy • Parkinson's Disease • Traumatic brain injury • Stroke • Multiple Sclerosis • Muscular Dystrophy • Incomplete spinal cord injury (mobile) 	<ul style="list-style-type: none"> • Uncoordinated • Disoriented • Thick, slurred speech • Blank Stare • Difficulty in speech • Incomplete verbal responses • Body tremors • Fidgety
<ul style="list-style-type: none"> • Brain tumours • Traumatic brain injury • Stroke • Other acquired brain injuries (e.g. brain infections) • Migraine headaches with aura 	<ul style="list-style-type: none"> • Drowsiness • Droopy eyes • Fumbling • Body tremors • Disorientation • Short-term memory impairment
<ul style="list-style-type: none"> • ALS • Diabetes 	<ul style="list-style-type: none"> • Drowsiness • Perspiring • Poor perception of time and distance • Memory loss • Disorientation
<ul style="list-style-type: none"> • Hearing impairment 	<ul style="list-style-type: none"> • Blank Stare • Difficulty in speech • Incomplete verbal responses

Table 2: DRAFT Physical Disabilities and their Common Signs and Symptoms that are also Indicators of Intoxication

***Note: It is recommended that this draft table be revised in a future project to ensure it is complete and that an additional table be developed to accompany it, listing the individual conditions with their signs and symptom.*

Results: Common Themes across Disability and Police Groups

Communication and Education

Two themes immediately emerged in all groups as being essential to achieving good outcomes and must be included in any strategies developed as an outcome if this project.

These were the importance of communication and education.

- Both disability and police participant agree more knowledge is an important element when looking at how the two groups interact with each other.
- Both disability and police participants identified communication and education as essential to achieving good outcomes.
- Both disability and police participants acknowledge that speaking impediments present multiple challenges with respect to effective communication.

Variability of Disability

Both the police groups and the disability groups brought up the subject of the variability of various forms of physical disability – not only progressively over time, but also from hour to hour or day to day, depending on any number of factors.

Persons with disability want to make certain police are aware of that they shouldn't:

- immediately make assumptions about a person based on what they think they know about a specific type of physical disability
- approach a situation with a known individual based on how things played out a day, a week or a year ago as person's physical condition could be different than in the previous situation.

Police did bring this up as one of their challenges. While not able to describe how specific conditions vary, they are generally aware that conditions can vary over time and with stress. They added that many of the people they regularly deal with can have their condition vary due to overlaying factors such as mental disability and drug and alcohol abuse which makes this issue even more challenging.

This brought us to the subject of context – which is what an officer uses when deciding how to proceed with a situation.

Context

In attending a scene, an officer is faced with making quick decisions based on the information they have at hand. These decisions are often made in high stress, fluid situations.

Both the persons with disability and the police were unanimous that the more an officer knows about a situation before they arrive on the scene or can identify immediately on arrival – the better for everyone.

Information from dispatch that a person with a disability is involved in a call, a Medic Alert bracelet or someone at the scene providing information immediately all have a positive impact on the outcome.

If an officer isn't given this information immediately, they must rely on context to assess a situation and decide how to proceed.

Cues they look for are things such as: Is this in a bar or at a cafe? Is this happening in the Downtown Eastside or in South Granville? Is there a smell of alcohol? Is the person driving erratically? Another contextual cue that police officers use is how a person responds to a question. An unclear, defensive response is going to get a different reaction from someone who replies politely and clearly.

While both the persons with disabilities and the police participants agreed that context plays a part in setting the scene for what happens next, there were also differences in opinions on "what to do next". This is discussed under Context in the next section.

Which brings us back to the issue of good communication – "What to do next" hinges on how successfully all the parties at the scene communicate with each other.

Where do I take someone for help?

This subject was brought up independently by both communities.

Police participants talked, at length, about being called in to deal with situations where no one else will come. Modern policing is built on a crisis management, problem solving mode. Police are sometimes called as a last resort. When the police arrive, they find a person in distress and are faced with trying to find a solution that addresses the person's distress.

When the persons with disability were asked how they might be able to play a role in educating police officer on how to best interact with persons with physical disabilities – one of the first things the physical disability representatives asked was: "Would the police be interested in having more information available about what resources there are in the community and how to tap into them?" and then said they would be interested in helping provide this information.

Police are typically dealing with persons in crisis. Right now, one of their biggest frustrations is that having assessed the situation and ensured everyone is safe they don't know where to get a person in distress the help they really need. Very often the only avenue open to them is to take the person to a hospital emergency room only to see the person back on the street the same day since there were not enough hospital beds available. The police would very much appreciate knowing how best to help persons with different disabilities, who to call, where to go, what to expect – for all the different types of physical disability.

Fear of hurting someone/getting hurt

One common fear both groups had was on the subject of getting hurt.

Persons with disabilities worry about getting hurt anytime anyone physically handles them – well meaning or not. At the same time police do worry about hurting a person with a disability if they have to physically interact with them in the process of trying to help them.

More information on how to approach, get the attention of or physically handle a person with a disability would be useful for all parties.

On a completely different note, sometimes police officers legitimately have to arrest a person with a disability. Many people chronically involved in crime have a disability resulting from drug use. Police would like to develop strategies to deal with these situations in a better way as they currently feel they are not optimally prepared for these types of arrests.

Good encounters already happen

We were pleased to hear that many of the persons with physical disabilities had contact with police officers in the past and that that contact was a positive one. From clearing the way through crowds, to pushing wheelchairs with dead batteries – it is encouraging to hear that often the police do get things right.

We were also pleased to hear that police officers reported not only having considerable exposure to persons with a wide variety of physical disabilities in the workplace, but also at home. When faced with having family with physical disability a completely different level of understanding and compassion develops than if you only see a person with a physical disability in the community or at work and this experience does translate to the workplace.

Results: Divergent Themes across Disability and Police Groups

Context

The subject of context has already been brought up as something identified as very important by both the persons with disability and the police participants.

Various statements that were made seemed to indicate that, while both groups see context as being very important, there are also some differences in how some persons with a disability view context and how the police view context.

Police go into a situation and view the context and surroundings in a relatively analytical manner. A person with a disability, however, has an added emotional layer to the context.

Persons with physical disability face the issue of being mistaken for being 'drunk' every time they go out in public and the fear of being singled out in a public setting for how they look, act or speak. There is an acute embarrassment that goes with having to explain about their situation publicly, over and over. Participants had many stories about how it feels like to be asked to leave a place because someone (incorrectly) thinks you are drunk. About having

people walk around them to avoid them. About people not speaking to them or speaking to them via their friend, because they assume the person with the disability is stupid or mentally challenged.

For a person with a disability, an part of 'context' when thinking about an interaction with police is this experience of 'once again' being singled out and humiliated by having to explain their condition – in particular if this happens in front of others. One of the things that came up several times is the wish for a private and stress free venue in which a person with a disability can explain their situation to a police officer. Another thing that came up was the impatience with which police will grab a knapsack or push a wheelchair to either get someone's attention or move someone out of the way.

This, very real, emotional layer to context is in tension with a police officer's need to sometimes quickly assess a situation and move. Sometimes an officer has the time to take a relaxed approach, other times they don't and the context of a situation then becomes critical in how a situation plays out.

Consider three of the questions from the discussion of context in the previous section: Is this in a bar or at a cafe? Is this happening in the Downtown Eastside or in South Granville? Does the person respond defensively?

If a call comes in about a 'drunk' who crashed into some table going to the washroom in a café in South Granville and the officer responds to find a person with a disability who explains, with a speech impediment, that they have multiple sclerosis the context is quite different from the same call from a bar in the Downtown Eastside where the person with multiple sclerosis replies rudely, with a speech impediment, that they can take care of themselves and don't need any help.

A comment in the nature of: "Just because I am in a bar drinking in the Downtown Eastside don't assume I am a drunk" did come up in one of the focus groups. To that scenario a police officer might respond: If you are in a bar on the Downtown Eastside, are having difficulty walking and speaking and reply rudely to my question of "What's going on?" you can expect the a police officer to assume you are drunk.

This is where the importance of communication comes in. If the ensuing communication goes well - then the issue should be resolved quickly.

The good news is that both the police officers and the persons with disabilities had some very similar solutions for how to address the issue of context. These are presented in the recommendations

Trust

Both groups brought up the importance of trust. Both acknowledge that trust is required for persons to communicate openly but - as with context – police and persons with physical disabilities have life experiences that result in a tension between the expectations of the two groups.

The persons with disabilities spoke eloquently about 'not being trusted' by any members of the public that don't know them, because people assume they are intoxicated. It is genuinely hurtful to be an honest person and to have strangers not trust you because of

how you look, walk or speak – a reality that these people face every day when meeting new people or when in public places. This issue translates into a concern that a police officer will not believe them when they are telling the truth – a concern that was validated in the stories of some of the other focus group members shared with respect to their experiences with police or the justice system.

Conversely, the police say one of their everyday challenges is determining who is lying and who is not – sometimes in very stressful or high risk situation where they have little time to process information and reach decisions. They ask that people understand the challenges that they face in keeping our communities safe.

Where the tension between a person with a physical disability who is sensitive about being thought of as a liar is most critical is when they meet a police officer in the second stage of a career – where they don't believe anything anyone tells them. This 'perfect storm' is one where good communication is essential.

Expectations of what should happen at first contact

Whether it was the above mentioned factor of context or factor of trust – all groups agreed that what happens right at the start of a situation sets the tone for how it will progress.

Two divergent wishes emerged:

- A number of the persons with disabilities would like police officers to provide them with a quiet, private place where that person can then disclose their condition.
- Police would like a person to quickly self identify or explain their situation, so they can move on.

This situation is compounded by the:

- history that both parties bring with them to the situation (the invisible context)
- person with a disabilities fear of, yet again, being embarrassed and not trusted and
- the officer who has been lied to so many times they don't believe anyone anymore.

It was understood in the focus groups that solutions to this challenge will require that both sides take responsibility of the situation and good communication. A number of suggestions for how to set up a situation up for an optimal outcome, right at first contact were made by the persons with disability and the police participants. These are presented in the recommendations under the headings of Rights and responsibilities of a person with a physical disability and Identification of persons with physical disabilities

Magnitude of Problem and Perspective

While even one incident of a person with a physical disability ending badly is regrettable, given the number of contacts the police have with the general public, intoxicated persons and people involved in criminal activities on a daily basis, the truth is that relatively little does happen on a yearly basis.

Police worry that the public perception is that such incidents are a commonplace due to the recycling of old cases in the media whenever a new case occurs. Even a few cases can seem like a lot when televised one after another (even though some were years ago). Recruits are very cognizant that their actions are under constant public observation and did convey one of their worst fears is that a situation is misread and escalates unnecessarily.

It was, therefore, good to hear that many of the persons with physical disabilities were able to share numerous stories about how they had been helped by police officers.

One thing the police conveyed was that they do think about the times where they misread a situation and it goes badly, they keep re-analysing the situation in their minds long after and thinking how they could have handled it better. They spoke about how this is not something they can just shrug off. Because of this they also want people to know that they do what they do to the best of their abilities within what is possible given the situation. Risk to bystanders, themselves and to a person with a physical disability must all be weighed against the potential to hurt someone's feelings. As crisis managers the crisis doesn't always allow them to treat everyone in an equal and fair manner.

First aid training

Some of the suggestions from the persons with a physical disability group were that perhaps information about their disability could be part of the first aid training for police.

Police spoke about how first aid is no longer a part of the curriculum as recruits now have a standard first aid certificate before entering the program that is still valid at the time of their graduation.

Unfortunately, as a result there is no opportunity to integrate this issue into the first aid curriculum.

Persons with Hearing Disability

Persons with hearing disabilities face challenges over and above what the rest of the disability community faces. If they are approached from behind, they cannot hear if someone has asked them to move or to identify themselves. Some people don't know that not all deaf people can lip read. Handcuffing a deaf person behind their back or taking away their notebook takes away their ability to communicate. These are challenges none of the rest of us face and cannot begin to comprehend.

A member of the deaf community who participated wanted to remind police that sometimes ASL interpreters can be called in to interpret a situation and asks that police always make an effort to do so, if at all possible.

Separate strategies for working more closely with the deaf community and to develop strategies for improving interactions and communication are needed, over and above what we are able to identify within the scope of this project.

Not everyone is nice

Another thing for both groups to keep in mind is that any group of people or professions (regrettably) have a very few 'bad apples'.

While there are a small number of police whose behavior reflects badly on the greater police service membership, most police officers do an excellent job of keeping our community safe every day.

The same can be said for persons with physical disabilities. While almost all are law abiding citizens, there are some that do things that endanger others (such as driving unsafely) or by engaging in criminal activity.

One of the respondents recommended that cities should think strongly about getting back to the idea of a community police officer who spends a long time stationed in one neighbourhood, walking around and getting to know people personally. This would reduce the cases of 'mistaken identity', would make it easier to identify the bad apples on either side and would develop more understanding and compassion on both sides.

On a completely separate subject – the police officers brought up the challenges they face when attempting to arrest persons with disability who are engaged in criminal activity. The expressed that they need to develop better ways of dealing arresting persons with physical disabilities. What to do with wheelchairs, how to physically handle a person without hurting them and how to ensure they get any medical assistance they need are all challenges. One of the recruits, who had a previous career in the health care setting, described how she had been involved in the arrest of a person in a wheelchair only to find the police station itself was not designed to take persons with disabilities into custody.

Results: Similarities and Differences between Experienced Police Officers and Recruits

Both experienced police officers and recruits had all experienced persons with physical disability both in the workplace - as well as in their home lives – to the extent that they were able to contribute a number of physical disabilities the list that had been generated in preparation for the focus groups. . These were: Bell's Palsy, Huntington's Disease, Visual and Hearing Impairment (combined, e.g. Usher's Syndrome) Vestibular Dysfunction/Vertigo, Hypoglycemia, Visual Impairment, Asperger's Syndromes and Muscular Dystrophy and Guillain-Barré Syndrome.

Both groups, in slightly different words, expressed that today's police officer is expected to be all things to all people and that this is unrealistic to expect of them. Both groups would like all members of the public, including persons with physical disabilities, to meet them half way with respect to taking responsibility for situations leading to good outcomes.

The biggest differences between the experienced police officers and the recruits can be best described as life experience.

Recruits shared specific incidents when describing good and bad experiences or challenges which could be traced back to themes such as context, trust or communication. The senior officers, drawing on a career's worth of experience speak about the themes first and then gave examples to support the theme.

This was most apparent in the discussion around context. Context is a complex combination of factors including, but not limited to: location, time of day, how a person is dressed, who they are with, the scent or presence of alcohol, a person's attitude and the way a person communicates with an officer. Recruits were able to list the importance of these individual factors but were not yet combining and processing them in the as a higher concept.

Finally, recruits reported far more worries around how to interact with persons with physical disabilities in their workplace setting – Making a mistake, not getting a person medication they really do need, not recognizing someone is in distress, restraining a person in a way that will keep them secure but won't harm them are all things that recruits are concerned about.

Results: Confounding Factor - Real life is sometimes different from the ideal

In an ideal world we would be able to develop a 'profile' in which enough of a picture of each type of disability could be painted that a police officer would be able to identify different disabilities without ever having to approach someone. In the real world this isn't possible. Not only do many forms of disability look very much like intoxication – police spend much of their careers interacting with people who blend of physical disability, mental disability and substance abuse issues. This can make identifying an innocent person with a physical disability a challenge, in particular if that innocent person with a physical disability has ended up in a context where the officer is expecting to be confronted with persons who are going to be intoxicated, unruly and uncooperative unless that officer is given additional information quickly that allows them to re-assess the situation.

Police departments, faced with compressed training times for the recruits, also grapple with how to best schedule ongoing training for a large workforce who work round the clock shifts. More and more is expected of police officers, not only on how they deal with front line community policing, but also with respect to documentation and increasing complexities in the area of forensics, gang and drug related organized crime and white-collar (computer) related crimes – all developments that were not a part of policing twenty years ago. In the words of one police officer "We are now expected to be all things to all people."

Finding solutions in this complex, changing world requires a team approach and will involve the physical disability community itself being part of creating solutions.

Results: Safer Communities

In the focus group conducted with the persons with physical disabilities we asked an additional question regarding what could be done to make our lower mainland communities feel safer for them, thinking that perhaps some ideas would come up that could be supported by local police departments.

A very rich list of ideas came up but none were related to policing. More relevant to transit services, municipal planners and municipal city councils and staff, these will not be discussed in the body of this report, but we encourage the reader to go to Appendix 2 and read the responses to Question 26: Are there things you would like to see police do to improve community safety for persons with your physical disability? A number of excellent potential project ideas and areas were identified that, if pursued, would help develop safer communities.

Recommendations

The primary purpose of this project was to identify issues that would be followed up in future projects.

The focus groups presented us with a far broader range of possible solutions than anticipated and various representatives from persons or associations representing various physical disabilities have suggested resources and possible partners for developing some of the strategies. This is a very positive development – in particular because all participants made it clear that solutions will require collaboration.

A discussion takes place later this year to determine which of the ideas can be developed further in collaborations between the Justice Institute of BC, BCIT and/or community groups.

Recruit training and continuing education of police service members

Better communication strategies between the police and persons with physical disabilities need to be considered. Good communication was considered crucial by all participants.

With the communication component of the JIBC curriculum currently being integrated into broad curriculum – communication will now be considered by instructors and students, regardless of what class they are in. This is then the ideal opportunity to include communication with persons with physical disabilities in multiple elements of the recruit's learning activities.

Examples of some things that could be done include:

- Bringing in some persons with physical disabilities to speak with the recruits about their experiences and perceptions on the subject of trust, context and communication at first contact.

- Including more persons with physical disabilities in scenario based training – both at the JIBC as well as in ongoing training at municipal police departments
- Have some of the recruits experience disability – as subjects in the scenario based training exercises. (E.g. by having to wear earplugs so they can't hear, being confined to a wheelchair or wearing a brace and using a cane.) This is often done in health care education to build empathy and understanding in our future health care workers – it could also be a useful tool for recruits to better understand the challenges faced by persons with physical disabilities.
- Work with groups such as the BC Coalition for the Disabled in developing educational material and resources for JIBC or for municipal departments to use as a part of the continuing education they do.
- Review training courses the Richmond Centre for Disability already does with groups such as the Vancouver Airport's Park and Fly people. They have already developed training courses on how to interact with persons with physical disability in a workplace or community setting.
- Ensure that continuing education modules are relevant to actual situations police face in their communities and that they can be used municipal police departments across BC.

Identification of persons with physical disabilities

There is a clear need for fast and clear identification of a physical disability /clarification of the situation right at the start of any interaction with the police. This need was identified by both the person's with physical disabilities and the police groups.

- Both groups brought up the idea of an identity card, a classification on a driver's license, or Medic Alert Bracelet. This would have to be an official form of identification that cannot be easily counterfeited as police have had people presenting 'ID cards' indicating they have some form of disability – only to find out they were not .
- One suggestion was that what the form such identification took – it could be approved/issued by a family physician in the same way as the handicapped parking stickers are.
- One of the physical disability group participants suggested an ID card that is personalized and not only included a person's disability, but also contact information in case that person were involved in an accident or a situation requiring police attendance.
- Also brought up were initiatives which have been developed by the Alzheimer's community that have been very successful in improving outcomes when person's with Alzheimer's get lost. They include a registry, GPS identification and labels sewn into clothing with contact information. These initiatives should be reviewed by the various disability groups to determine if they would be appropriate for their members.

Information for police on where to take a person in a crisis situation

There is a need for police to have more information available from various disability groups on what resources are available to members of their community when in a crisis. One of the biggest challenges police face is where to best take a person, given that a hospital emergency room is not the best choice but is sometimes the only choice.

- This is an area where community disability groups could work together with police to develop an approach that could be linked to an ID card or bracelet (see previous point)
- Ideally the approach could be rolled out at the provincial level, so that there is a standardized approach across the province

Development of a Symptom Matrix for Physical Disabilities

Recruits said they would appreciate a symptom matrix for physical disabilities either as a handout in training or as part of a continuing education workshop. This could be done in co-operation with the various disability groups.

- This could be done by expand Table 2 to include a broader range of physical disabilities organized in the current format (where physical disabilities with similar presentations are grouped together). This should also include specific descriptions for individual disabilities.
- Strategies for finding resources could also be included in the matrix.
- A more sophisticated matrix could also include links to an on-line library of persons with such disabilities speaking about their disability and/or showing typical speech or walking patterns were mentioned as resources the recruits would like to have available to them.

Rights and responsibilities of a person with a physical disability

Education at the level of the individual with disability to give them a better understanding of what their rights and responsibilities are was a need identified by the persons with physical disability focus group. The psychiatrist originally reviewing the signs and symptoms said that psychiatrists can also play a role in educating their patients on this subject. An important part of a psychiatrist's job is educating their patients on how to best live with their disability, making this a very appropriate subject to address within the health care context. Disability groups could also be sources of this information for their members.

What should be included is topics such as:

- what a police officer can and cannot request of them
- how to respond to a police officer when approached
- the challenges a police officer faces when dealing with a crisis situation
- limitations on police officers and
- the importance and context of the choices they make – for example if you are in certain parts of the lower mainland or if you are more likely to encounter the police

(just as any other able bodied person in the area is more likely to encounter the police)

Some resources already exist that can be used as models (The Arc North Carolina, The Arc Colorado and Dayton, Ohio Police)

Information for police on how to physically interact with a person with a physical disability

Whether a police officer has to help a person in a wheelchair get to safety or arrest a person with an artificial limb, police currently do not have the information and training that allows them to feel completely comfortable doing this.

More information on the following three subject areas would be welcomed by police:

- how to physically handle a person with a disability and not hurt them
- basic operations of wheelchairs
- what to do with a wheelchair, walkers, etc if they have to arrest a person using an assistive devices
- police department accessibility, especially with respect to persons taken into custody.

A number of groups that would be able to assist in developing educational materials on these subjects were identified in the persons with physical disabilities focus group that will be followed up on.

In Conclusion

The real world isn't an ideal world but working together we can, as a community, get closer to the goal of living in a community that provides a safe and respectful environment.

This project identified a number of things that are working with respect to how persons with physical disabilities interact with the police, as well as identifying areas where work can be done to improve those interactions. It was agreed upon by both the police and disability groups that the responsibility for developing workable solutions rests with both communities; furthermore, there is a willingness on both sides to develop strategies and educational materials in collaboration with each other.

The themes or ideas for further development identified in this project will be reviewed and prioritised in mid-2010 and will be addressed on a project by project basis, as funding and supporters to champion initiatives are found. Support from organizations, including those below, will be applied for to develop the educational and knowledge sharing opportunities identified. Groups representing persons with physical disabilities will be invited to participate in these initiatives.

- Public Safety and Emergency Preparedness Canada (Research and Knowledge Development Fund)
- Vancouver Foundation: Health and Social Development Grant
- BC Law Foundation
- Canadian Police Research Centre
- Vancouver Police Foundation
- Westminster Savings Foundation Grant

We look forward to continuing work in this area and would like to thank all of the participants in both the background work as well as the focus groups for their enthusiastic participation and thoughtful responses.

Resources

1. Brennan, M., Brennan, R., Cleartalk: Police Responding to Intellectual Disabilities, Descriptive Report, Literacy Studies Network, School of Education, Charles Stuart University, New South Wales, Australia, 1994
2. Evaluation of Impaired Operation (Drugs and Alcohol) Regulations, Canada Gazette, P.C. 2008-1033, SOR/2008-196 June 11, 2008
3. www.cityofdayton.org/departments/police/Pages/policeinteract.aspx
4. www.arcnc.org/services/pij/index_txt.shtml
5. www.thearcofco.org/index.php?option=com_content&task=view&id=32&Itemid=54
6. www.justice.gc.ca/eng/news-nouv/nr-cp/2004/doc_31162.html

What was found was a variety of educational tools and resources developed by North Carolina and Colorado chapters of The Arc. The Arc is a network of community based organizations which strive to support persons with developmental and cognitive disabilities live successfully and in a mindful way in the communities (www.thearc.org). The North Carolina and Colorado chapters have engaged in a number of initiatives developed to improve how persons with developmental disabilities fare within the Justice System. The information they provide is clear, succinct and respectfully presented and could provide a model for the development of educational and resource tools on the subject of physical disability. Links to some of their initiatives can be found at:

www.arcnc.org/publications/agency_brochures/index_txt.shtml

www.arcnc.org/services/pij/index_txt.shtml

www.thearcofco.org/index.php?option=com_content&task=view&id=32&Itemid=54

In addition, the Dayton, Ohio Police Department has developed a series of brochures that are easy to read and are designed to provide information to people emphasizing that they are there for the good of the community and that citizens can do their part by responding to police in a helpful and appropriate way – and then lays out what a person should do when approached by police in the street, what to do if the police knocks on your door and what to do if you get pulled over by police. While developed for the general citizenry, they apply just as equally to persons with disability. Links to the three brochures can be viewed at:

www.cityofdayton.org/departments/police/Pages/policeinteract.aspx

Finally, a report done by Brennan and Brennan (1994) at the Charles Stuart University in New South Wales, Australia was sourced. It identified issues and laid out some strategies for police interactions with persons with Intellectual Disabilities.

Appendix 1

Focus Group Questions

Questions for Focus Groups:

Police Recruits and Veteran Police Service Members

1. When confronted with a potentially intoxicated person, what signs and behaviours do you identify as being suspicious?
2. What cues do you look for to rule out physical disability?
3. List the name diseases/ disorders that you know of that could be mistaken for drug/alcohol intoxication
 - Present with our list of physical disabilities
4. This is a list of physical disabilities that a group of researchers and medical doctors have identified as having signs and symptoms that are similar or the same as what you would see a person intoxicated on various drugs or alcohol would have. Questions: Have any of you met or interacted with people having any of these conditions, either at work or in your personal lives (raise hands). For those of you who raised your hands – which conditions are they (list)?

Dot Exercise: Apply red dots to these interactions have been at home or outside of work
Apply blue dots to those interactions that have been on the job

5. How many have had no exposure?
6. Have you had any good/ bad experiences dealing with people with physical disabilities?
7. What are your concerns, fears, challenges relating to dealing with people with physical disabilities?
8. Have you ever been faced with a person with a physical disability and wanted to help them but were not sure what to do?
9. What has been included in your training about dealing with any of the physical disabilities listed?
10. What tools/ knowledge would you like to have to be better prepared to deal with people with physical disabilities?
11. What information would you like from the physical disability community to allow you to better interact?
12. What do you wish would have been in your education/ training on the subject of physical disability?

13. What kind of information on this subject could be included in a workshop to make it valuable for you to attend?
14. What tools /knowledge would you like the physical disability community to have to better interact with police?

Questions for Focus Groups:

Representatives and Members of Disability Groups

1. Have you had experiences where your physical disability was mistaken for intoxication by a member of the public? (any situation) Do you know of anyone firsthand that this has happened to?

2. Did this lead to someone calling the police?

For the yeses:

a. How did you react?

b. How did you feel?

c. How was the situation diffused?

3. What are your concerns, fears, and challenges with being mistaken for being intoxicated?

4. Have you ever been in situations where police officers helped you?

5. Have you ever been in situations with the police where it did not go so well?

6. If a police officer were on the scene, how would you like them to help you?

7. What would you like the police to know about your disability?

8. What could they do to interact better with you? What could facilitate these interactions?

9. Do you have any other concerns, fears or challenges relating to dealing with police?

10. What would you like to have included in police training regarding how they interact with people with physical disabilities?

11. What do you think are the challenges police officers face when interacting with people with physical disabilities?

12. How could your organization play a role in providing education on the challenges police officers face in keeping our streets safe for the entire community, so that when faced with a police officer persons with physical disabilities know how to best interact with the officer?

(E.g. brochure? What information needs to be shared?)

13. Are there things you would like to see police do to improve community safety for persons with your physical disability?

Appendix 2

Summary of Focus Group Results

Note: Responses have been combined and summarised, where possible and appropriate, to simplify the report and ensure confidentiality.

Focus Group with Representatives and Members of Disability Groups

21 participants

14. Have you had experiences where your physical disability was mistaken for intoxication by a member of the public? (any situation) Do you know of anyone firsthand that this has happened to?

All of the participants knew someone whose physical disability that had been mistaken for inebriation, six of them had first-hand experience.

15. Did this lead to someone calling the police?

In eight of the situations the police was called.

For the yeses (personal experience):

- a. How did you react?/how did you feel?

For those who experienced this personally feelings broke down into three primary categories:

- **embarrassment and confusion**
- **powerlessness and hopelessness**
- **And feelings of anger and frustration.**

Once resolved one person reported feeling relieved that things had been clarified and felt empathy with the police person. Another person left the situation feeling the police person was very uneducated about disability.

- b. How was the situation diffused?

The situation was diffused in one of two ways:

- **An independent person verified the person with a disability's condition**
- **The person had a card, medic alert bracelet or some other form of identification, stating their disability that diffused the situation.**

16. What are your concerns, fears, and challenges with being mistaken for being intoxicated?

Persons with visible physical disability have a number of very real fears and concerns relating to when they are out in the community. These are not limited to interactions with the police and can be summarised as:

- **Knowing they may not be believed or trusted because of the way they look, act or move**
- **Knowing that every time they go out people (not just police) will think they are drunk**

- Fear of embarrassment and being asked to leave as a result
- Fear of embarrassment of having to explain your condition (to police) in front of a huge crowd of people. Sometimes you have to go into personal details
- Being avoided by people because of the way you look, people avoid you, won't talk to you – the resulting isolation
- Being at the mercy of others , especially when alone, and risking being injured, victimized and unable to defend oneself
- Being at the target of people trying to help when you don't need it and risking being injured
- Fear of being unjustly accused of something by police or ending up with something in a public record that would interfere with getting a job (like a criminal record).
 - One participant reported this actually happened to him after his parents issued a missing persons report on him as a teenager. Didn't even know he had it until years later. One person was told that it would be very easy to get this (the incident) off the record (since it turned out they had done nothing wrong) but was given no directions on how to even begin to do so. Felt quite helpless.
- Fear that their communication difficulties make it difficult to clear up a situation they might inadvertently get involved in.
- Police not believing you are disabled. Some police expect all deaf people to lip read – which is not the case. One blind woman wasn't believed that she was blind (even though she had a guide dog) because her eyes tracked a conversation.

17. Have you ever been in situations where police officers helped you?

Many of the participants reported having been helped by police in the past, from crowd clearing so they can get through, to dispersing staring onlookers, to offering rides and stopping a bag snatching from a person in a wheelchair and diffusing public situations in which a person with a disability felt uncomfortable in.

Several persons reported an officer doing a bit more than they would have expected the officer to do:

- One (deaf) participant was called by a community police office to interpret in a situation on the downtown eastside. (not a common occurrence)
- waiting in a hospital emergency room until they were admitted
- several participants had experiences with police officers pushing wheelchairs when a battery had run down or had a flat tire (not many people would ever help in a situation like this since electric chairs are heavy!)

18. Have you ever been in situations with the police where it did not go so well?

Situations reported most were ones where a person with a disability was not believed that they had a disability (including a blind woman with a service dog). Results ranged from not getting help, to being accused of lying, to being taken into custody.

Deaf persons reported the added problems of being handcuffed behind their backs or their notebooks being taken away from them (effectively rendering them mute).

19. If a police officer were on the scene, how would you like them to help you?

- Let the person with a disability be in control of the situation, respect boundaries, if the person with a disability says they don't need help, please don't persist. If they do need help, let the person with the disability direct how to help, where you can touch the person, how to handle the wheelchair, etc.
- Create an atmosphere that allows someone to explain their situation. Calm the situation, give some privacy away from a crowd, and take time in communicating. Slow down, relax, and take your time!
- Don't assume a person with a disability can't speak for themselves or doesn't have the intellect to handle the situation. Especially if they don't have the same ability to communicate as the average person.
- Communicate with the person with a disability first, before reacting and don't speak to the person with a disability through their friend, just because their friend speaks more clearly.
- Don't make assumptions before reacting. Take time to understand the whole situation. Ask questions first, act later. (Not the reverse!)

Be aware that:

- Some resources are already out there:
- Courses are offered by the Richmond Centre for Disability. For example, the Park and Fly people come back every year for training and refreshers. They know what works and are willing to instruct people on what to do.
- Some officers and paramedics have training in working with persons with disability. Call dispatch and see if someone is available.

20. What would you like the police to know about your disability?

- ***Not all disabilities are visible from the outside***
- I am only physically disabled- not mentally challenged. Don't combine the two. I'm not stupid.
- I don't want them to think that I'm ignoring them or trying to get away if I don't respond to them talking to me from behind. I don't know they are talking to me. I would like them to know that I'm hearing impaired.
- Each type of disabilities has different levels of impairment. Just because I'm not in a wheelchair it doesn't mean I'm not disabled.

- **Epilepsy may be the cause unusual behaviours or responses. This behaviour is not under the person's control. Same for brain injury, which is sometimes not visible – instead it effects people's moods and behaviours.**
- **Depending on the condition, symptoms vary from day to day, hour to hour and can look different at the various stages or levels (e.g. M.S., C.P., epilepsy...)**
- **The environment a police officer can help create can really improve how things go. If they are respectful and listen it can help.**
- **ASL is very different from written language. Grammar is very different. Police need to recognize that they have their own language, so even if a deaf person writes something down it will look different (grammar-wise) than if a hearing person describing the same thing in writing.**
- **There are resources available for most types of disabilities that will help with developing strategies for dealing with that disability**

21. What could they do to interact better with you? What could facilitate these interactions?

- **Don't be afraid to ask a person with a disability something to get some clarification. Get to know people with disabilities in friendly situations. When you see someone with a disability, go up to them and ask them about their disability. Don't be afraid to use the wrong words or saying the wrong thing, most people can sense if you are genuinely interested.**
- **Have police work the same area all the time so they get to know the people in the area, and who is/isn't disabled.**
- **Stay patient. If you get agitated it only escalates the situation.**
- **Know that deaf person has the right to have a sign language interpreter or to write a note. They should have a sign language interpreter available.**
- **With deaf people - hear both sides of the story and get the deaf person's story directly. Don't assume the person with the deaf person is accurately speaking for them.**

22. Do you have any other concerns, fears or challenges relating to dealing with police?

- **(already covered off in other discussions by the time we got here, group was agreeable to moving on)**

23. What would you like to have included in police training regarding how they interact with people with physical disabilities?

- **How to communicate with people with communication disabilities, including understanding that persons with disabilities find it is very embarrassing to be singled out or to have give out personal information about their disability in front of a crowd**

- **Persons with disability are everywhere, so when police are initially assessing a situation, they shouldn't just consider substance abuse as the cause of behaviour, but also brain injury or other disabilities.**
- **Have training include exposure to different disability communities and learn about some of their unique traits:**
 - For example:
 - **deaf community has their own unique culture and not all deaf people read lips.**
 - **the aging population don't like to identify themselves as having a disability and they don't always ask for help.**
- **Make all police serve at least 2 years in the downtown eastside as part of their training.**
- **How to physically interact/safely help persons with disability. It's easy to injure a person with a disability, their life is much more impacted more severely and it can take a while for them to recover. Part of this is recognizing when support should be offered.**
- **How to get the attention of a person with a disability (tap on the shoulder)**
 - **(Several comments: Police officer pulled on by backpack, pulled on my wheelchair to get me out of the way/get my attention. This is scary/distressing)**
- **Don't judge a person by their location. Just because they are in the downtown Eastside. Judge the situation, not the location.**

24. What do you think are the challenges police officers face when interacting with people with physical disabilities?

- **They have no idea what they are facing. The more information they get from the start the better (right from when they get the call). Knowing they are dealing with a person with a disability would be a plus**
- **There is such a diversity of disability. They can't know about all disabilities or the variations. Could make them feel insecure or put them on unequal footing, especially when they are supposed to be in control of the situation**
- **Must be hard for them to know when people are lying to them, vs. trying to explain the situation.**
- **In most situations, they don't know what's coming at them until they are in the middle of it.**
- **The police officer might feel intimidated or insecure. They are just trying to do their job and when they do make a mistake they must feel**
- **Sometimes the environment may not allow a police officer to do employ a strategy to make a person more comfortable or better able to respond (e.g. crowd too big to pull someone out to a private place)**
- **Police officer needs to look out for his/her own safety. They should be expected to give reasonable accommodation and have to operate within their own limitations.**

- **It's got to be a tough job.**

25. How could your organization play a role in providing education on the challenges police officers face in keeping our streets safe for the entire community, so that when faced with a police officer persons with physical disabilities know how to best interact with the officer? (e.g. brochure? What information needs to be shared?)

- **We could help provide police awareness training for our members**
- **Our organization sends out a sheet on how to deal with transit (what steps to take). We could do something similar for how to deal with the police. E.g. Here's what you do if you run into trouble etc.**
- **Need to give that to people before they need it.**
- **Could be done as a brochure, mail out, e-news letter, etc**
- **We need to know our rights, duties and responsibilities**
- **We could teach persons with disabilities self advocacy skills**
- **We could provide individualized cards describing condition, contact numbers, etc. Or this is something physician could be able to provide. (like disabled parking pass)**
- **On the cards for the deaf, there is a contact number for an interpreter.**
 - **Question came up: whose responsibility is it to get the interpreter? Is it the police? Western Institute for the Deaf is only open during office hours. What if you need an interpreter on a Sunday? Need to get some clarity.**
- **BC Coalition for Persons with Disabilities would be a good place to start and they already have lots of downloadable information**
- **Need to have PWD work together with police and educate each other**
- **We could encourage the associations to work with each other and educate each other**

26. Are there things you would like to see police do to improve community safety for persons with your physical disability?

Community Layout

- **Not enough curb cuts. Sometimes I have to go an extra block or drive on the road. Don't want to have to drive (wheelchair or scooter) on the road (but am sometimes forced to due to lack of curb cuts)**
- **Better accessibility always helps because you can then get where you are going (or away from where you are) quicker. (curb cuts are part of important part of getting to where you are going)**
- **Need benches throughout the community. Seniors will go our without canes. Benches should be covered.**
- **Stairs should be better marked and include lights. – each stair or at the top step and the bottom step.... Curb cuts should be bright yellow. Crosswalks**

need to be more visible. Accessible washrooms are so important. Everyone has a mental map in their mind of where all the accessible washrooms are in the city. Make certain traffic light (crosswalk) control buttons are in working order.

- We need more signage/way finding showing us where to go, including where ramps and elevators are. People with cognitive disabilities can easily get disoriented.
- Disability groups need to work better with the City. Should be involved in the planning process before something is built. Sometimes it doesn't happen until after the fact.
- Need to make it known that making things accessible and safe also helps seniors and people with young kids or people with a temporary condition. (Cobblestones are bad for anyone's ankles...)
- The big city is easier to get around than in the small town. Small towns need more work in terms of community planning.
- Traffic calming devices – are good for persons with disability and kids, especially when combined with cross walks, because you are highly visible to cars and have good visibility to see if the way is clear to cross.

Lighting and Visibility

- I find there aren't enough lights. Hearing people can hear cues, we use our eyes. When I go home late, I take out my hearing aid so that people don't know I'm deaf, but this isolates me even more.

Transit

- Pretty good consensus that people don't feel safe around the sky train stations, especially at night. Could have better lighting at stations and on the streets around the station. Elevators at some stations are secluded. At Broadway and Commercial Skytrain I've seen youths hanging around or fighting but I don't see the police around.
- All bus stop pads should be accessible (in one municipality bus routes were changed and now 30% of the accessible stops are now not in use. At least Canada Post put mail boxes on them so the mailboxes aren't in the way on the sidewalk). Maple Ridge bus stop only has one accessible pick up point
- Bus shelters should also be real shelters, not just a slanted roof. The open space in the bush shelter where a wheelchair can fit (and be out of the rain) often has the garbage can in it!
- Signage for persons with disabilities and people should realize deaf and blind people should be sitting up front as well. From Handicapped parking to handicapped seating on busses it isn't always effective. Many complaints on this subject.

- **Think about this: You ask nicely for the seat to be cleared, for people to make way and they ignore you. You ask more forcefully and all of a sudden you're the one labelled 'rude' or aggressive.**
- **Many things aren't policed as they should be (e.g. Parking stalls, elevators). There should be tickets issued.**

Some Solutions

- **Wheel-ability study- got 120 volunteers in N West – elderly, people in scooters, etc. Identified disability issues in communities- Making changes to make things more accessible. City council members and city staff were involved.**
- **Would be good if police officers and persons with disabilities would be together in focus groups or if we could have focus groups/open dialogue like this which mix persons with disability and recruits (so they can get to know each other)**
- **We need to become active in our communities (to bring attention to these issues).**
- **We could go into schools and work as a tag team with police. Educate elementary school kids. Easier to get help from a 5 yr old than a 25 yr old (on things like giving up your seat on a bus, etc).**

Focus Groups with Police Instructors-JIBC

9 participants

Responses have been combined and summarised, where possible and appropriate, to simplify the report and ensure confidentiality.

1) When confronted with a potentially intoxicated person, what signs and behaviours do you identify as being suspicious?

- slurred speech
- smell of liquor, mouthwash, etc
- context of the situation (where, when)
- info received from call (911)
- words that they are using (vulgar, aggressive, emotional)
- exaggerated behaviour
- mood swings
- unsteady gait
- urination/ loss of bladder control
- motor skills/ poor balance
- drool/ white froth around mouth
- emotional behaviour
- unreasonable behaviour
- impaired physical ability

2) What cues do you look for to rule out physical disability?

- context
- no odour of liquor
- how they respond (are they responding appropriately?)
- look for visual cue (e.g. Cane, crutch, walker,)
- sometimes there is something on the driver's license indicating limitations such as in the case of Alzheimer's (but most often not)
- medical alert bracelet
- wait for person to communicate
- listen to how they answer questions
- cleanliness vs. dishevelled
- level of co-cooperativeness
- often they find people with disabilities are proactive and will explain their situation as they have often been pulled over/ been in a similar situation before

3) List the names of the diseases/disorders that you know of that could be mistaken for intoxication?

Condition	Have experienced at work (green)	Have experienced at home (yellow)
Brain injury/Brain Damage	9	2
Alzheimer's	9	2
Prosthetic limb	9	2
Speech impediment	9	1
Diabetes	8	6
Heart attack	8	3
Hearing loss	7	4
Tourette's Syndrome	6	3
Stroke	5	5
Multiple Sclerosis	5	3
Bell's Palsy	3	2
Autism	3	2
Parkinson's Disease	3	0
Cerebral Palsy	2	1
Huntington's disease	1	0

4) Have any of you ever interacted with people having any of these conditions. List conditions. (yellow dot for home); green dot for work; unlimited # dots made available). Results above.

- **100%**

5) How many have had no exposure?

- **0**

6) Good/bad experiences

BAD experiences:

- Drinking increases signs and symptoms of a disability which increases bad behaviour or how the situation looks to the officer. Drinking increases signs and symptoms of disability. Often the alcohol is combined with medications that interact.
- In situations where family members were there to explain their condition this was often the turning point on which the situation improved.
- Some people with hearing impairment didn't like police and can be hard to deal with. Deaf people can't hear identifiers that we use. Hard to get statements from deaf people, frustrating for them as well and they sometimes get angry.
- Some people with disabilities have a sense of entitlement or they use their disability to their advantage, for example a female (drug dealer) who urinates in her wheelchair to avoid getting searched. Others use their assistive devices (e.g. Cane crutches) against the police. Another person defecated in the car. How do you deal with this?
- Most of the people with physical disabilities we typically see also have a mental disability and abuse drugs. How do you draw the line between different types of disabilities and problems?
- Sometimes we need to arrest a person with a disability (previous case). There is no good way to arrest someone with a disability. Bad optics, risk for injury to self and person, logistical issues – how do you get someone into a car/wagon and what do you do with the wheelchair. Can be very hard to get people under control when they are acting inappropriately.

GOOD Stories:

- Self identifying or giving a pre-warning is very helpful. The more we know at the start of a situation the more opportunities we have to find a solution. Information is key to a good outcome - from dispatch, from tags sewn on clothing, Medic Alert, contact info for wanderers.
- Just one example is an incident involving a deaf/mute guy wandering in the middle of traffic at a busy intersection. He had gotten disoriented. He couldn't hear or talk, and he was on his first 'training assignment' of getting from one place to another. He had a sign that explained. That sign made all the difference in making a good outcome happens.
- Crisis management is our bread and butter. We deal with these types of situation every day and if we know there is a physical disability it helps. Medical alert bracelets you can make the assessment very quickly. Prior knowledge of a person's personality is important in helping us form a strategy.
- Some people with disabilities are really helpful, letting us know about their disability, wearing Medic Alert bracelets families sewing tags with contact information, signs on their homes, etc. This is great.
- We are expected to be so many things to so many people. They need to identify themselves so we can manage the crisis.

- 7) What are your concerns, fears and challenges relating to people with physical disabilities?
- Am I getting this person the medical care or attention they need?
 - Sometimes we would give them a break, because they have enough other challenges and sometimes an arrest is needed to get them the help that they need. Did we make the right choice?
 - The awful feeling of 'there is no solution' (who is going to take care of them...). We are often called when no one else will come and we don't always know where to take the person for help. If we take them to the ER and turned over to medical professional they don't always hold them. Police officers don't know how to assess them to get them to the right social service.
 - The awful feeling of finding out after the fact that a person had a disability and the second guessing that goes with it (what could I have done differently...).
 - Sometimes people want to hide their disability- but it's seen as intentionally trying to hide something from the police that they need to know.
 - Afraid of escalating violence if police person acts inappropriately
 - The risk of looking ignorant about disability and the risk of offending someone
 - There is a public perception / optics that always need to be considered when arresting with a person with a physical disability – even when justified. How do you arrest a person with a physical disability? – including logistics, physical handling, how transport and what to do with wheelchair, IV stand, how to communicate with a deaf person? What do you do with someone with incontinence issues? What if the person has hepatitis? MSRA? How do they process a person with a disability through the legal system, dealing with their disability but still holding them accountable?
- 8) What has been included in your training?
- In past, the nine month police training course was spread out over a three year period, so first aid was including in the training to ensure that graduates had a valid first aid certificate upon graduation. With the training now taking place over 9 consecutive months, graduates first aid certificates (an entry requirement) are still valid upon graduation so first aid training was removed from the curriculum. Therefore there is no opportunity to address disability issues within the context of first aid training.
 - Some participants have had seminars on individual disabilities in their workplaces, as part of scenario based training exercises (where one of the actors may have a disability as part of their role). To a certain extent it is also covered in the communications course as a component of this is a communication issue.
 - When police training was still a 3 year course, there were sessions on different types of conditions and people with different disabilities would come in and explain what it was like living with their condition
 - Under new government management intervention requirements there will result in more themes threaded into the curriculum, especially on the subject of communication. Curriculum on how to interact with the deaf community is also being worked on.
 - Modern policing is about problem solving and having life skills. Police people do the job because they care about people. Having said that, most police officers go through a phase in their careers where they become cynical and very distrusting of everyone. This happens after the first phase of the career in which they are very trusting and caring and get taken in by one too many liars. They need to recognize when they are

in this phase so they can work through it. After that you end up with very companionate cops.

10) What tools/ knowledge would you like to have to be better prepared? And, what information would you like from the physical disability community?

- **Knowledge coupled with identification is key. Information for recruits on where to take persons with different types of disabilities so that they get the help/resources they need would be very useful. (the Emergency Rom isn't always the right place but without any other solutions this is often where we have to take people)**
- **A part of a better way of dealing with this is for the disability community to share in the responsibility. Some possible avenues:**
 - **Driver's License classification**
 - **Medic Alert Bracelets - Look at how successful diabetic bracelet has been. If they are concerned about being misunderstood perhaps they could get a bracelet or other id.**
 - **Information on where to take someone for the appropriate help**
 - **Alzheimer community has registry and GPS and this works. Could this be done for some of the other groups?**
- **We need ongoing training by disability groups on what resources area available and what a good way is to communicate)**
- **People need to understand if person is 'impaired', even due to medical reasons, police still need to respond and often they don't have the time to find out everything in a crisis situation.**
- **Could this be done as an on-line in-service (e.g. Do the initial first hand, and do retention in services on line; results would be sent to your file)**

12) What do you wish would have been part of you training on the subject of physical disability?

- **Covered adequately in the discussion of the other questions**

13) What kind of information on this subject could be included in a workshop to make it valuable for you to attend?

- **Content has to relate practically to the job, be interactive and hands on. Would be good if some useful take-home information would be included. Has to be short and to the point.**
- **something that is relevant across all municipalities (there are 12 departments in BC)**
- **get someone (police) to talk about their experience (where it went wrong) or maybe a video**
- **if it is a non-police presenter they need to understand what the police audience responds to**

14) What tools/ knowledge would you like the physical disability community to have to better interact with police?

- **This is a shared responsibility – persons with disabilities have to take responsibility for their part of the interaction**

- **Persons with disability have to understand police have to make decisions quickly, are faced by complex challenges and cannot read minds.**
- **Should not be offended if they are approached by the police and that, if approached, context of where they are is important.**
- **understand that there are people that lie and that the police deal with these people a lot of the time – how can they tell you are not one of them?**

Other things that came up in an open discussion after the Focus Group:

- **Trust is a big issue. Trust has to be established before you can go to the next step.**
- **It would be good to have general themes in training modules or continuing education that re-enforce Establishing trust, respect, etc. In all themes including domestic violence, crisis intervention, etc.**
- **For training to be effective, the importance of why they need this information needs to be made clear and needs to demonstrate situations where things have gone wrong so the officers understand the value of the training**
- **video segments with police officers telling their stories might be an idea**
- **recruits would be interested in having video segments with persons with disability telling their stories as well.**

Questions for Focus Groups:

Police Recruits

21 Participants

15. When confronted with a potentially intoxicated person, what signs and behaviours do you identify as being suspicious?

- **poor balance**
- **bloodshot eyes**
- **slurred speech**
- **appearance**
- **odour (alcohol, vomit, urine)**
- **open consumption of alcohol, drugs**
- **confusion**
- **clothing dishevelled**
- **shouting/yelling/incoherent**
- **excessively boisterous**
- **past history**
- **inability to comprehend simple commands**
- **fumbling with small objects (keys)**
- **emotionally volatile**
- **emotionally labile**
- **irrational statements**
- **aggression**
- **location (bar on Hastings vs. West End)**

16. What cues do you look for to rule out physical disability?

- **talk to them, ask them what is going on**
- **person lets them know they have a disability right away**
- **the way in which the talk to the officer (respectful vs. aggressive or flippant)**
- **What they are saying as opposed to how they say it (slurred)**
- **Medic Alert bracelet**
- **Doctor's letter or ID saying they have a disability (there is this kind of ID for MS..?)**
- **Irregular movement (associated with alcohol) vs. a repeated patterned movement (e.g. Tourette's)**
- **no odour of alcohol**
- **time and place of call – middle of the day on 4th avenue vs. 2 am in a bar**
- **the company they are keeping**
- **clothing – clean, pressed, nice looking vs. in need of mending and washing**
- **missing social cues - personal space, language**
- **personal awareness (“I'm not drunk...”)**
- **speech patterns (slur vs. stutter)**
- **assistive devices – cane, wheelchair, walker**

- **physical appearance (Down's syndrome can use a hand or drag foot...)**
- **run id on computer for past history**

17. List the name diseases/ disorders that you know of that could be mistaken for drug/alcohol intoxication.

- **Diabetes**
- **Cerebral Palsy**
- **MS**
- **Stroke**
- **Parkinson's Disease**
- **Hypoglycaemia**
- **Lupus**
- **Autism**
- **Tourette's Syndrome**
- **Seizures**
- **Asperger's Syndrome**
- **Schizophrenia**
- **Head injury**
- **War amputee**
- **Stutter/communication challenge**
- **Influenza (actually happened to one of the recruits – had the flu and someone thought his high school teacher thought he was drunk)**
- **Past drug use**
- **Tremors**
- **Alzheimer's**
- **Guillain-Barré Syndrome**
- **Vestibular dysfunction/vertigo**

18. This is a list of physical disabilities that a group of researchers and medical doctors have identified as having signs and symptoms that are similar or the same as what you would see a person intoxicated on various drugs or alcohol would have. Questions: Have any of you met or interacted with people having any of these conditions, either at work or in your personal lives (raise hands). For those of you who raised your hands – which conditions are they (list)?

Dot Exercise: Apply red dots to these interactions have been at home or outside of work
Apply blue dots to those interactions that have been on the job

Condition	Exposure at work (police related, previous work in security, corrections, sheriff included)	Exposure at home (family, friends, previous jobs <u>in health care</u>)
Diabetes	12	6
Head injury/Brain Injury	11	6

Alzheimer's	11	9
War amputee/Amputee	10	5
Seizures	8	5
Migraine with visual aura	8	1
Stroke	7	8
Visual Impairment	6	4
Epilepsy	5	7
Tourette's Syndrome	5	7
Multiple Sclerosis	4	4
Cerebral Palsy	3	7
Hypoglycaemia	3	4
Parkinson's Disease	1	8
Visual and Hearing Impairment (e.g. Usher's Disease)	1	4
Incomplete spinal cord injury	1	4
Brain Tumour	1	3
Vestibular dysfunction/vertigo	0	4
Lupus	0	3
Asperger's	0	3
Muscular Dystrophy	0	2
ALS (Lou Gehrig's Disease)	0	2
Guillain-Barré Syndrome	0	1
Influenza (happened to one of the recruits – had the flu and high school teacher thought he was drunk)	0	1

19. How many have had no exposure?

NONE

20. Have you had any good/ bad experiences dealing with people with physical disabilities?

Good experiences

- missing person w/ Alzheimer's was found and returned home – reported missing by family and fit description – no identification
- Intoxicated man in park also had physical disability. Situation was high stress; recruit recognized the disability and toned it down.
- Guy having seizures on bus bench – police cleared everyone away, called ambulance and helped guy take his pills, etc.
- Female amputee (without leg) in wheelchair was arrested and brought back to the station. This was a good experience since it helped the department what these people have to go

through, what their needs are and that their department is not accessible for persons with disabilities

- Person with seizures – recruit felt it was apposite experience as they learned about how strong a person can be when they have seizures.
- Intoxicated person in wheelchair liked her experience with the New West cops – they spent time talking to her so that helped
- Person w/ Alzheimer’s - police stepped in as security was getting agitated and likely to rough him up. He couldn’t find his car, so the police drove him home.

Bad experiences

- Man with a brain injury had to be arrested at gunpoint – he jumped out of a moving car in an intersection and threatened some contractors at a residential work site with a knife.
- Man with physical and mental disability threw around faeces around and attacked people. – regular occurrence with this guy
-
- Shoplifter arrested. Had Multiple Sclerosis and used her physical disability to try to get sympathy and have them let her go
- Paralyzed, unconscious coke user (high at the time) was picked up on his crack dealer’s driveway. Took him to the hospital where he ended up getting quite upset at police and hospital staff for trying to help him.
- Arrested a brain injured/epileptic, whose wife was also an epileptic. Guy threw a fake seizure in the cell and wife threw a fake seizure at home so they could meet at the hospital at the same time.
- Had a call about a guy with acting strange at a bank machine at night. He said right away he had MS and this diffused the situation.

21. What are your concerns, fears, challenges relating to dealing with people with physical disabilities?

- Electric chair went out of control, off the platform and onto the tracks w/ person still in the chair – having that happen again
- Worry about killing someone who has a disability and pulls a knife or something
- Getting injured by someone with a brain injury
- Formal complaints if I say or do the wrong thing (or worse, a lawsuit)
- Public’s perception if you have to use “excessive force”
- Searching someone w/ a disability – optics/perception by observers
- Logistics of doing an arresting of a person with a disability

- **Transport or a person with a disability (have seen an electric chair taken away by a tow truck – couldn't find any other way in the time available)**
 - **Not knowing the signs of someone in trouble/crisis and missing it, e.g. Diabetes**
 - **Worried that the control and fixation techniques we are taught is exactly the opposite of what they were taught when working in a health care setting – worry someone could suffocate**
 - **Medication issues with someone in cells**
 - **ie. Drug user vs. required medication – what's the difference and how do you tell.**
 - **Special requirements in cells for persons with disabilities – e.g. catheters**
 - **Getting medically necessary drugs to someone, if they need it how do they get it – this takes time to figure out**
 - **Whatever way the police deal with someone is not observed as good, and they still have to wait with them for hours, e.g. emergency room, and endure the criticism.**
 - **General public getting involved wanting to 'help' when you're trying to deal with the situation – can get out of hand**
 - **Everyone has an excuse not to go into cells – disability, need for medications, etc. is heard a lot. So, there can be the assumption that all are trying to get out of going to jail that could cause an oversight when actual medication is needed. – When is it legitimate?**
22. Have you ever been faced with a person with a physical disability and wanted to help them but were not sure what to do?
- **Most already covered – no one added anything**
23. What has been included in your training about dealing with any of the physical disabilities listed?
- **Had one scenario based training session with a autistic person**
 - **Had one scenario based training session with a person with a hearing impairment,**
 - **all recruits have general first aid**
 - o **have covered diabetes, high/low blood sugar in the first aid course**
24. What tools/ knowledge would you like to have to be better prepared to deal with people with physical disabilities?
- **List of symptoms & disabilities**
 - **Videos of different disabilities**
 - **Bring in a person w/ a disability to speak – someone with firsthand knowledge, someone that has had first-hand knowledge dealing with police**
 - **List of resources within each municipality/department/region – e.g. social services**
25. What information would you like from the physical disability community to allow you to better interact?
- **What are their expectations of us?**
 - **Are those expectations different than those of general public?**

- **Are those expectations realistic?**
26. What do you wish would have been in your education/ training on the subject of physical disability?
- **See # 11**
27. What kind of information on this subject could be included in a workshop to make it valuable for you to attend?
- **Lieu time,**
 - **food,**
 - **under 4 hours,**
 - **relevance: if an existing problem in the community related to the workshop subject**
28. What tools /knowledge would you like the physical disability community to have to better interact with police?
- **Police can't be experts in everything,**
 - **We need information from persons with disability - police don't know anything about them**
 - **We have to go 50/50 – patience on both sides –**
 - **Persons with disability have to expect the same consequences to their actions as the general public.**
 - **Put something in your wallet that allows police to quickly find out the problem or wear a Medic Alert bracelet**
 - **People need education about what's an actual police emergency call vs. a nuisance call.**
 - **Don't resist the police if being arrested**
 - **Context – Be aware they are not necessarily being stopped because of their actions they could just they are in an area where everyone are regularly stopped.**
 - **Also be aware the officer has to think of their and public safety first (and therefore might come across as aggressive, etc...)**
 - **Police are TRYING to help**