Understanding the Experience of Crime Victims with Disabilities and Deaf Victims

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Interpersonal violence is a serious problem for adults with disabilities. The purpose of this study was to understand experiences of crime victims with disabilities and barriers they faced when reporting crime. Fifty-two adults with disabilities whose interpersonal violence was reported to law enforcement participated in focus groups investigating their experiences and recommendations. Participants identified barriers and improvement strategies related to disability identification and disclosure, victim involvement and blaming, credibility and misunderstandings, communication challenges, and accommodations. Barriers exist for people with disabilities navigating the criminal justice system. A need for improved understanding between the disability community and law enforcement was noted.

KEYWORDS law enforcement, disability, deaf, crime victim, interpersonal violence, abuse, and criminal justice

People with physical, sensory, cognitive, mental health and other types of disabilities constitute approximately 18.7% of the U.S. population according to the U.S. Census (Brault, 2008). While previous research has shown that people with disabilities experience higher rates of interpersonal violence (IPV) than people without disabilities (Brownridge, 2006; Smith, 2008; Rand & Harrell, 2009), police reports and studies on crime rates fail to include information about disability status. Furthermore, population-based data on victimization fails to include most institutionalized persons with disabilities who are uniquely vulnerable.

People with disabilities experience the same types of IPV (e.g., physical, sexual, and emotional) as people without disabilities. In addition people with disabilities experience unique forms of violence, such as destruction of medical equipment, manipulation of medications, and denial of care or assistance (Curry, Powers, Oschwald, 2003; Gilson, DePoy, & Cramer, 2001; Nosek, Foley, Hughes, & Howland, 2001). Likewise, people with disabilities are exposed to perpetrators who may or may not also be intimate partners, such as personal care assistants and other service providers (Nannini, 2006; Nosek, Howland, Rintala, Young, & Chanpong, 2001; Oktay & Tomkins, 2004; Powers et al., 2002; Saxton et al., 2006; Sobsey & Doe, 1991). Research findings document that women with disabilities are more likely to experience physical, sexual, and multiple forms of violence (Brownridge, 2006; Curry et al., 2009; Martin et al., 2006; Nosek et al., 2001, Smith, 2008), and increased severity and longer duration of violence (Brownridge, 2006; Nannini, 2006; Nosek et al., 2001), compared to women without disabilities. Although the empirical research is limited, violence against men with disabilities also appears to be a serious problem (Cohen, Forte, DuMont, Hyman, & Romans, 2006; Marchetti & McCartney, 1990; Powers et al., 2008; Saxton et al, 2006). One of the most striking differences between people with and without disabilities is that crime victims with disabilities remain invisible due to low rates of reporting, prosecution, and conviction and concerns of people with disabilities about self-identifying as a person with a disability (Sorenson & Taylor, 2005).

The National Council on Disability (2007) report that people with disabilities are less likely to report crime to the police compared to individuals without disabilities, and other researchers suggest that many individuals with disabilities specifically express reluctance to report IPV to law enforcement (Powers et al., 2002, 2008;, Sobsey & Doe, 1991; Tyiska, 1998). Consequently, relatively little is known about the experiences of crime victims with disabilities. Thus, the purpose of this study was to investigate the

experiences, perspectives, and recommendations of these IPV survivors who interfaced with law enforcement.

BACKGROUND

Law enforcement officials, policy makers, crime victims, and disability advocates have become increasingly aware of the complex issues in reporting and investigating IPV crimes committed against people with disabilities and deaf individuals. Through the Crime Victims' Rights Act of 2004, the Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973, crime victims with disabilities and deaf victims are entitled to accessible and nondiscriminatory services that protect their rights. For example, as mandated by the Crime Victims' Rights Act of 2004, crime victims have the right to: (1) reasonable protection from the accused; (2) reasonable, accurate, and timely notice of any public proceeding involving the crime or of any release or escape of the accused; and (3) full and timely restitution as provided in law (Crime Victims' Rights Act of 2004).

Barriers to Crime Reporting

Sobsey and Doe (1991) found that among 162 North American reports of interpersonal violence against victims with disabilities, 36% were never reported to the police. A more recent study found that women with disabilities regarded calling the police as one of the least useful strategies for dealing with abuse by a personal assistant (Powers et al., 2002). Compared to women with disabilities, men with disabilities may have more varied perspectives on reporting IPV to law enforcement than do women with disabilities. While Saxton et al. (2006) found that men with disabilities typically doubted the value of reporting IPV, a survey of 342 men with disabilities by Powers et al. (2008) found that 76% said calling the police would be helpful.

Several factors underlie individuals' reluctance to report IPV. In their study of abuse reporting, Sobsey and Doe (1991) identified three key barriers: (1) victims' fears of retaliation by the perpetrator, (2) beliefs that reporting to the police would be futile, and (3) concern that their social or disability-related services would be interrupted. Saxton et al., (2001) found that women with disabilities believed police lacked awareness and were poorly trained to respond to IPV, frequently dismissing it as a social service or medical problem. In addition, communication barriers may make describing a crime to the police difficult for some individuals (Sobsey, 1994). Victims often fear losing their ability to live independently as a result of being judged as needing protection and subsequently being placed in a more restrictive

setting, such as a nursing home, group home, or adult foster care (Petersilia, Foote, & Crowell, 2001; Powers et al., 2009). Finally, victims may lose essential support if a caregiving perpetrator is arrested, or they may worry that their disability will become part of the public record and could be used to discriminate against them (Tyiska, 1998).

Some of these same factors also may impact law enforcement's response to crime victims with disabilities (Petersilia et al., 2001). These include difficulty identifying individuals with disabilities, communicating with victims, overcoming victim reluctance to share information, misconceptions about disability, lack of training in supporting victims with disabilities, lack of knowledge of community disability resources, and concern that victims will be ineffective witnesses (Bean, 1999; Hails, & Borum, 2003; Hughes et al., 2011; Modell & Mak, 2008; Petersilia et al., 2001).

The social context of disability and victimization also must be taken into account in understanding the barriers to crime reporting and investigation. As Waxman (1991, p. 187) suggested, "anti-disability violence is produced by a whole series of ideological structures that legitimize oppressive behavior." Many people with disabilities and deaf individuals describe oppressive disability-targeted violence that they, or others they know, have experienced (Cantos, 2006). Crime victims with disabilities and deaf victims have articulated the importance of identifying interpersonal violence and gaining access to reliable community resources and accommodations for dealing with victimization, including their right to make crime reports to law enforcement (Mulder, 1996). When crimes against persons with disabilities and deaf individuals do not get reported to law enforcement, or law enforcement is unable to identify and respond to the crime, the crimes are not documented, perpetrators are not brought to justice, and victims do not receive needed accommodations, supports, compensation and restitution.

While the preceding literature provides important information about the perspectives of people with disabilities and deaf individuals toward reporting interpersonal violence, very little information is available from survivors of IPV who actually have interfaced with law enforcement. To address this knowledge gap, this study investigated the experiences, perspectives, and recommendations of survivors with disabilities and deaf survivors whose IPV was reported to law enforcement.

METHODS

Recruitment

Participants were recruited from urban ($n = 33$, 63%) and rural ($n = 19$, 37%) areas in the Northwestern U.S. Recruitment was conducted through a variety of agencies that serve people with disabilities, such as centers

for independent living, adult protective services, self-advocacy groups, and agencies serving deaf or hard-of-hearing individuals. Participants also were recruited through flyers posted on listservs and Web sites such as Craigslist, in local newspapers, and in lobbies of apartment buildings and community residences. Recruitment flyers invited people with disabilities or deaf or hard-of-hearing persons to contact the researchers if they were interested in participating in focus group discussions to talk about their experiences of reporting IPV to the police.

Interested individuals were screened to verify they met the study criteria:

1. 18 years of age or older;
2. experienced a disability or chronic health condition for at least two years that impacted daily life, or were deaf or hard of hearing;
3. were victimized by IPV following their onset of disability or hearing loss;
4. their violence was reported to the police at least 6 months but not more than 10 years prior to enrollment; and
5. their violence was perpetrated by someone known to them, such as a spouse or partner, family member, personal care assistant, or friend. (It was not stranger violence).

Informed consent was obtained in-person using procedures approved by the Institutional Review Boards of the Portland State University and the University of Montana. Disability-related accommodations were provided, such as reading the consent aloud, American Sign Language interpretation, inclusion of a support person, and providing explanations in plain language. Participants completed a demographic questionnaire prior to beginning their interviews and were offered $40 for their time and expenses. Focus groups and individual interviews lasted from one to two hours.

Procedures

Focus groups were used to elicit the experiences, perceptions, and recommendations of survivors with disabilities and Deaf survivors. In reflecting on the benefits of this method, O'Day and Killeen (2002, p. 12) stated "qualitative research can keep us focused upon the reality of the disability experience and provide a powerful means both for understanding participants' perceptions and for developing action strategies that will address the problems they face." Individual interviews were conducted with seven participants to accommodate scheduling constraints and/or for individuals living in isolated rural areas.

A total of 10 focus groups, three with men only and seven with women only were conducted. Separate focus groups for men and women were held

because participants in previous focus group studies preferred meeting in same gender groups (Saxton et al., 2001, 2006). Focus groups and individual interviews were scheduled at convenient times and in locations offering maximal accessibility and safety.

Women's focus groups were facilitated by two female researchers and the men's groups were facilitated by a female and male researcher. Feedback from previous focus group participants suggested that same-gender facilitators were important for women's focus groups and that mixed-gender facilitators would not be a problem, and could even be helpful, for men's groups (Saxton et al., 2001, 2006). All facilitators were experienced in conducting interviews with survivors of IPV and persons with disabilities. A third female researcher was present for all focus groups to take observational notes. All focus groups were transcribed by a court reporter whose role was explained to participants and was unobtrusively positioned in the room. Except for the names of the group facilitators, no other identifying information was included on transcripts. Individual interviews were audio taped and transcribed by a transcriptionist.

The focus group facilitators used an interview protocol designed to elicit participants' experiences, perspectives, and recommendations regarding reporting IPV to law enforcement and interfacing with the justice system during investigation and prosecution. The following questions were asked:

1. What barriers do victims of violence with disabilities and deaf victims face in working with the police?
2. What could be done to make it easier for police to identify whether victims have disabilities?
3. What could be done to increase the reporting of abuse or violence by victims with disabilities and deaf victims?
4. What could be done to improve the first response of police at the crime scene?
5. What could be done to improve the investigation of violence against persons with disabilities and deaf people?
6. What could be done to improve the prosecution of violence against persons with disabilities and deaf people?
7. What kinds of supports and accommodations are needed by victims with disabilities and deaf victims?

Follow-up probes were asked about changes needed in police training, practices or policies. The questions were deliberately worded to encourage participants to share their perspectives and recommendations without having to explain details of their victimization experiences, which could unnecessarily trigger emotional distress or state-mandated abuse reporting.

Analysis

Verbatim transcripts of focus groups were coded using established ethno-graphic and content analysis techniques (Denzin & Lincoln, 1994). Themes were identified according to the constant-comparative procedures described by Lincoln and Guba (1985). Each transcript was coded by the researcher who conducted the original interview as well as by a secondary coder who was a member of the research team but did not participate in the focus groups or interviews. All relevant passages were marked as they related to the interview questions. Themes were examined that emerged within and across participants. The data units were sorted by category and initial cate-gories were expanded to accommodate new themes that emerged. If there was disagreement between researchers regarding any data unit, it was dis-cussed until consensus was reached. Several codes were merged to prevent redundant coding, and some new categories emerged during the process. After coding, the statements were re-examined with the goal of simplified, thematic interpretation. Atlas.ti (Muhr, 2004) was used to facilitate analysis of the codes, categories and themes.

RESULTS

The 52 study participants ranged in age from 18 to 63 years ($M = 46$). As shown in Table 1, the majority of participants were Caucasian and female. While 44% had graduated from college, only 19% worked for pay. The finding related to underemployment is consistent with previous stud-ies (Oschwald et al., 2009; Powers et al., 2008), and reflects the barriers to employment experienced by many people with disabilities. Participants reported diverse disabilities, with most reporting more than one type of dis-ability. As shown in Table 2, the most common disabilities reported were mobility (62%), mental health (62%), and cognitive (35%), including trau-matic brain injury. Thirty-one per cent of the participants reported they were deaf or hard of hearing (Table 2). Sixty percent of participants reported using paid or unpaid personal assistance; 37% used assistive equipment, and 17% used service or guide animals.

Key Themes

Eight key themes emerged from the findings that related to the following:

1. disability identification and disclosure;
2. victim understanding and involvement;
3. lack of credibility and victim blaming;
4. misconceptions and stereotypes;

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TABLE 1 Demographic Characteristics ($N = 52$)

	Frequency	Percent
Gender		
Female	37	71
Male	15	29
Ethnicity/Race		
American Indian/Native American	6	12
Black/African American	4	8
White	34	65
Other	6	12
Don't want to say	2	4
Hispanic		
Yes	2	4
No	50	96
Education		
Elementary School	9	17
High School/GED	9	17
Some college	6	11
Completed 4 yrs college	23	44
Attended graduate school	2	4
Don't want to say	3	6
Major Life Activity		
Working for pay	10	19
Homemakers	9	17
Student	6	12
Volunteer	4	8
Unemployed	5	10
Other	17	32
Did not respond	1	2

TABLE 2 Disability Experience ($N = 52$)

	Frequency	Percent
Disability type		
Mobility	32	62
Mental health	32	62
Cognitive (including traumatic brain injury)	18	35
Learning	15	27
Deaf or hard of hearing	12	31
Blindness or low-vision	11	21
Speech	5	10
Other	31	60
Assistive Equipment		
Crutch, cane, walker	19	37
Service animal	9	17
Wheelchair or scooter	7	13
Hearing aid or other hearing device	5	10
Ventilator	4	8
Communication device or language assistance	2	4
Personal assistance support	31	60

5. communication challenges;
6. accommodations and supports;
7. intersectionality and history; and
8. building understanding.

In addition, participants made several recommendations for policy and practice change, which we have included after the key themes. Most participants indicated this study provided their first opportunity to engage in what they described as a long-overdue discussion.

Disability identification and disclosure. One of the more complex issues in reporting IPV is identifying as a person with a disability. Particularly for individuals with disabilities that are not readily apparent (e.g., chronic heart disease; depression, brain injuries), deciding whether to disclose disability can be a difficult decision that involves concerns about not being understood, not receiving appropriate support, and not being believed or treated equitably following disclosure. For example, when participants were asked if it would be helpful for officers to have ways to identify people with disabilities, one responded, "Well, in some way I do and in some way I don't because the police blame it on that [the disability]." Another participant who had accompanied her friend to the police station indicated:

> A friend of mine had a brain injury. I had to go in and help her make a report because she forgets or she gets stuck in one particular thing, and I'll help her along. And they'll be like, Oh, are you giving her words in her mouth? No, she has a brain injury. Well, she looks fine to me.

Participants shared concerns about how disability information would be stored or retrieved; for example, having disability information listed in community or police databases even if these databases are confidential. Other participants expressed concerned about police getting disability-related information from others, such as family members or social service workers. As shared by a female participant, "They [police officers] talked to my case worker, they talked to several different people at the nursing agency; they talked to my son. And I thought that was kind of invasive for somebody who was a victim."

On the other hand, one participant spoke favorably about people with disabilities using an information card when working with the police that would explain the person's disability and ways police could be supportive:

> I think it would be nice to have . . . a card that you could show somebody that you are not making up that, you know, you are not feigning illness or something. It would be nice, you know, at your discretion to be able to tell them, Look, I'm like this because—and I can't help it. I'm doing the best I can.

Victim understanding and involvement. A number of participants reported not fully understanding the reporting and investigation process, or being confused about why certain practices were carried out. One participant described her confusion and frustration when plea-bargaining was offered to the perpetrator:

> In the end I said, how could you reduce these to high misdemeanors? He could have killed me. I felt that death was ready to come at me right at that moment. I could hear the clang, clang, clang, like a clock clanging, like the courthouse clock clanging in my head as he banged me each time with a frying pan.

Participants appreciated officers who took the time to work with victims with disabilities in ways that were informative and sensitive to the person's individual situation. One male participant expressed gratitude for the police assistance, their detailed work, and thorough explanation of what was going to happen to the victim's case:

> Well, I found the police that responded to my specific abuse situation to be quite helpful. And they went to great lengths to explain to me what they were doing and what they were trying to accomplish and what they needed from me. They were very tactful, and I appreciated their professional manner.

Lack of credibility and victim blaming. Participants expressed concern about being perceived as less credible as well as frustration that law enforcement officers seemed to blame them for being a victim or blamed the disability as "causing" the victimization. As expressed by one participant:

> The first thing I was asked [by an officer], was, "What did you do to cause this?" And you know, what I did was I was blind . . . And immediately being told, "We don't need to get any information from you because you can't identify the person." Immediately, that was, there was no question that I would not be of any use and they didn't even take a report at that point . . .

Several participants indicated their past experiences of not being believed or feeling blamed by law enforcement. Participants stated that past negative experiences with law enforcement would affect their future decisions about approaching the police.

Misconceptions and stereotypes. Participants also expressed frustration that law enforcement officers frequently did not understand their disabilities and were unresponsive to their needs. Some spoke about how law enforcement officers responded to them in stereotypical manners:

Even when we had experience with the police, you know, he would talk very loudly to me. I can hear you just fine. Just because I'm in a wheelchair does not make me less intelligent.

I'm a vet. I can say that when I go and make a complaint, Well, are you sure it's not Gulf War Syndrome or some sort of post-traumatic stress syndrome? No, somebody is crawling through my window.

Participants indicated they believed officers' misconceptions and inappropriate responses were influenced by many factors, including medication side effects that impacted the victim's presentation or communication (e.g., sleepiness, slurred speech, repetitive movement), and disability-related aspects of the victim's behavior that seem unusual (e.g., tics, uneven gait, light or sound hypersensitivity). Some participants expressed anger at feeling treated like a criminal when they were the victim, as in the following example: "I slur my words and I know I do that, and it's because I'm on so many medications. But they [police] are so used to dealing with criminals that they want to believe that you are a criminal."

Concerns about patrol officers and crime investigators having an accurate understanding of disability included the transmission of accurate information in police reports:

They [law enforcement officers] don't write it in their reports if you have a disability or what it is too . . . And I had told them what my disability issues were, and you know I need personal assistance . . . But they don't document it either so that if another situation arises, if you're in an abusive situation they [law enforcement officers] don't have anything they can check or can look.

Communication barriers. Participants expressed multiple concerns about communication between themselves and law enforcement. For example, some individuals with cognitive or psychiatric disabilities indicated law enforcement officers communicate too rapidly or use language that is hard to understand, making it difficult to process information during tense or traumatic situations. As expressed by two participants:

They don't have a clue that they could lose you in just a couple of words. If you say a big word or something I don't understand, yeah, it's very difficult, I mean.

Before you get the chance to say anything, they interrupt you. They've done that to me a lot. They don't give you a chance to say anything.

As participants were discussing communication barriers, several participants also identified strategies that could increase effective communication.

One participant suggested people with disabilities and deaf individuals could:

> . . . remember to be a little more assertive to them [police] in saying, you know, "I don't really feel like you're listening." You know, "Are you hearing me? What did I say?" And stuff like that. In a nonconfrontive way, but just, you know, point-blank asking them and not feeling afraid to do that.

Other strategies suggested focused on ways police could increase effective communication, such as asking victims about their accommodation needs and getting sensitivity training. One participant suggested:

> If the police increase their sensitivity to the persons with disabilities, to recognize their disabilities, to ask if the victim needs accommodations of some sort in their interrogation, if the police are trained to recognize barriers to communication, they could eliminate a lot of confusions and misunderstandings.

Additional strategies mentioned included slowing down when talking to victims, writing down information, and asking victims if they would like the information repeated or communicated in a different way.

Accommodations and support. Individuals with disabilities frequently share the same diagnostic label, yet their accommodation needs can be vastly different. For example, some individuals who are deaf may not be able to read lips, while other individuals may rely heavily on lip reading. Some individuals who are blind may use a service animal while others use a cane or a combination of both a cane and a service animal. People with identical mental health diagnoses may have very different experiences of that diagnosis, and they may have learned vastly different coping skills to help them navigate through their life. Participants' emphasized the value of providing appropriate accommodations. As one deaf participant shared:

> I would suggest that when they [law enforcement officers] would investigate my case, for example, they're willing to use e-mail for me, but the DA, he said he wouldn't communicate with me that way, so I didn't know that they closed my case until one year later.

While participants identified a variety of accommodations that would be beneficial to crime victims when working with law enforcement (e.g., being allowed to take medications; having personal assistance services offered, having officers use straightforward language; accessible police buildings, interview rooms, and restrooms), sign language interpreters were consistently identified as lacking.

> . . . They [police department] didn't have an interpreter. "So I'm sorry. I can make an appointment later." . . . So then I called and, again, no interpreter, "Sorry, sorry, sorry." And then I said, "Look, I want to make a report right now." So it was just short and brief and I went ahead [reporting] . . . She [officer taking the report] was hunting and pecking, "Oh, this stupid thing," blah, blah, blah . . . then so she had to find somebody else to come in and kind of hunt and peck faster for her . . . it just went on forever, like I said, six hours.

Assistance with paperwork without extra cost was another accommodation deemed important, " . . . if somebody wants to file a stalking order or if they want to go ahead and fill out a restraining order, you can go in there [courthouse] and they will file that, help you fill it out, without cost."

Participants also recommended that police ask victims if they have a trusted person who could be present during their reporting interview. Becoming a crime victim often causes people, regardless of disability status, to feel a loss of control, and having a trusted support person present may diminish the victim's feelings of helplessness.

Intersectionality and history. People with disabilities, like people without disabilities, may experience a complex interplay and intersection of personal and lived identities, including race, ethnicity, language, gender, age, sexual orientation, disability, social class, and immigration status. Several participants indicated that their trust of law enforcement was related to their treatment across multiple identities: One participant was emphatic that she would not call the police due to her fear of racial profiling. When queried about which was a larger barrier to reporting abuse—having a disability or being African American—she replied that being African American was a larger barrier. She later stated while talking about being African American and having a disability, "I probably wouldn't call the police if I was experiencing abuse. I would call my family."

People with disabilities' past experiences with law enforcement over time also may create barriers for reporting interpersonal violence. For example, one person shared an earlier life experience that led her to be reluctant to contact police for help in addressing interpersonal violence, " . . . When I was in [Name] Hospital, when the police reached me—well, I was going to jump off the [Name] Bridge. And they were in uniform and they really were scary to me." Participants reported feeling threatened by the sight of the badge, the uniform, and most notably, Tasers, guns and other weapons that law enforcement officers carry.

Building understanding. While some participants were critical about reporting IPV to law enforcement because of previous negative interactions or perceptions of the police, others acknowledged that law enforcement officers' jobs are not easy. In referencing the difficulty that officers encounter, one participant said, "Because, obviously, it's difficult for police to know

every disability and be trained about everything [circumstances related to a type of disability or accommodations that would be helpful to victims]."

Participants' Overall Recommendations

The participants identified several recommendations that would make it easier for people with disabilities to work with police and prosecutors. One participated suggested the following: "I would say just try to make the . . . reporting person comfortable, make them understand that you're there to help them, that you're not there to hurt them, that it's needed very much."

Another participant mentioned that increased public awareness of violence against people with disabilities would be beneficial for everyone, including the police:

" . . . make the public more aware of—put it on the front page of the newspaper, on the news so that the public can be more aware of the violence against people with disabilities."

Participants suggested ways to improve understanding between people with disabilities and law enforcement. For example, several participants suggested officers could work collaboratively with a "disability liaison" (e.g., social worker, peer advocate). Disability liaisons could provide needed accommodations and supports to crime victims, provide technical assistance to officers on ways to access and establish accommodations, and assist in connecting the victim to local community services such as independent living centers and domestic and sexual violence intervention programs. One participant suggested officers with disabilities could provide these liaison relationships:

And it would be nice too, I think, use that cops [who are injured and disabled in the line of duty] to make their lives more meaningful, to be our liaisons between when we're reporting abuse, knowing that there is someone out there who can understand what it is to be disabled and—how we feel about it.

Another recommendation suggested by participants was increased disability sensitivity training for officers, investigators, and others in the justice system. Participants acknowledged it was unreasonable to expect officers to know every detail about disability and accommodations. However, they indicated training around these issues would be helpful. Topics such as disability awareness, respectful communication, and ways to provide accommodations and supports, regardless of whether the disability is visible or known, would be particularly beneficial for officers in their service to victims with disabilities. One participant suggested training on "awareness of the difficulty that

victims might have in communicating their needs or the details of their trauma."

Another participant suggested that people with disabilities and officers could meet each other naturally when they are in the community rather than exclusively when making a crime report. Also mentioned was the benefit of conducting a class where people with disabilities and law enforcement learn from each other: "I think that we need to have a class with police and people with disabilities so we can understand each other better and they understand us and we understand them."

In addition to a class, one participant suggested having an open house where people could get to know one another: "I would suggest coming and having an open house day or something for the community to get to know the police and the police to get to know the community."

Some participants expressed appreciation for community policing model and specific efforts going on in their neighborhoods, such as "I think that this community policing program is a really good program . . . it seems like the police that work in that neighborhood make an effort to get to know the residents and the business owners."

One final suggestion from participants was to create an accessible brochure that describes the process of investigation and prosecution that could be distributed by law enforcement officers, social service agencies who may be assisting individuals, and independent living centers. A number of participants commented that their cases had been dropped by the district attorney and they had no knowledge that the case had been dropped. Some participants didn't understand why the prosecuting attorney would drop their case(s) due to lack of evidence when they felt there was adequate evidence.

> My DA told me that they didn't have enough evidence. What? You should have seen my police report. It was this thick. It was an inch thick, seriously. "What do you mean you don't have enough evidence? It's right there." His family wrote an affidavit for me. I mean, this file was huge. "You're telling me you have no evidence?" . . . it was more complicated because it was out of state also. And so they dropped it because someone told me they hated to work with out-of-state cases . . .

DISCUSSION

Notable barriers exist such as the decision about whether to disclose that the individual has a disability, understanding and involvement of the victim in the reporting process, lack of credibility and victim blaming, misconceptions and stereo types, communication barriers, and intersectionality belonging to multiple social groups (e.g., ethnicity, disability, sexual minority status),

and history in accessing the criminal justice system for victims with disabilities and deaf individuals. This study delineates specific barriers from the perspective of crime victims with disabilities and deaf individuals who have been crime victims. These findings support previous research (Powers et al., 2002, 2008; Sobsey & Doe, 1991; Tyiska, 1998). Participants however, identified multiple approaches that law enforcement agencies could implement that would promote crime reporting amongst crime victims with disabilities and deaf individuals, such as giving victims enough time to talk and share details about their story, asking probing questions about the incident, and making follow-up calls to let victims know what was happening to their case. The findings highlight the critical importance of appropriate communication support. For individuals who experienced communication disabilities (e.g., impaired speech, deaf and hard of hearing), having an interpreter or someone who was accustomed to how the individual spoke was essential to successful reporting and investigation. Many deaf and hard-of-hearing people do not use sign language but may use real-time captioning, e-mail or text messaging. Furthermore, individuals who do use sign language may not be able to read written English well. It is important that officers pay attention to these communication needs and arrange timely communication accommodations so victims can accurately tell their story.

An unexpected and encouraging result of this study is that the findings align well with those from our parallel focus group study with law enforcement officers who were recruited from law enforcement agencies where the participants with disabilities lived (Hughes et al., 2011). For example, both parties expressed frustration resulting from communication difficulties, emphasized challenges in disability identification and disclosure, and stressed the importance of additional training for law enforcement. Understandably, the officers attributed many of their difficulties to time constraints and rules under which they work, while victims focused on problems in their direct interactions with officers. Both parties emphasized the need for new approaches such as the use of liaisons that could assist police and victims to address their respective and often mutual needs. Involving an advocate can create a critical link between the victim with a disability and the investigator (Petersilia et al., 2001).

One limitation of this study is that the findings are based on the lived experiences of 52 survivors with disabilities who elected to participate in this study. It is doubtful that saturation has been achieved regarding the barriers and challenges that people with disabilities and deaf people encounter as crime victims. Furthermore, while participants lived in urban and rural areas, the findings cannot be considered representative of all people with disabilities to other communities as states vary with respect to mandatory reporting laws, inclusion of disability status in hate crime statutes, and allocation of resources for law enforcement. It should also be noted that this

study was conducted prior to the new Matthew Shepard and James Byrd Jr., Hate Crimes Prevention Act of 2009.

Despite these limitations, this study advances knowledge in this area and offers important implications for practice. Participants shared notable recommendations for improving the crime reporting and investigations process. For example, providing accommodations and supports is critical. Most participants recommended that the police ask all victims whether they need accommodations, alternative modes of communication, or additional support, whether or not the victim had a readily apparent disability. While some individuals, with and without disabilities, may be put off by these questions, many crime victims with disabilities will appreciate being asked if accommodations or supports are needed, and asking these questions may reduce their fear of disability disclosure. Officers could pose a question to all crime victims such as, "Some people in our society have disabilities; is there anything you need to support or accommodate a disability?" Unless law enforcement officers have had personal experience interacting with people with varying types of disabilities on a regular basis, they may not be aware of the ambivalent feelings that some persons with disabilities have about disclosure. When officers offer accommodations and supports to every victim, regardless of evident disability or diagnostic labels, victims are more likely to trust law enforcement. Increased trust in officers will help improve crime reporting.

Some participants also recommended having a voluntary registration for people to describe their disability and accommodation needs. The registry could maintain information about a person's type of disability, the most effective or preferred ways to communicate with the victim, other accommodations needed, community resources identified as helpful, and emergency contact information specific for the individual.

Attitudes and responses of law enforcement to IPV influence the social perceptions of tolerance or intolerance for interpersonal violence and victims' satisfaction with the police (Gracia, Garcia, & Lila, 2008). When victims are satisfied with the police, they are more likely to call the police in the future (Apsler, Cummins, & Carl, 2003). As revealed in this study, while substantial barriers currently impede law enforcement's responsiveness to violence survivors with disabilities and deaf survivors, many feasible practice and policies strategies could be activated for promoting their safety and justice. If law enforcement agencies decide to hire a liaison to the disability community, the person that will be successful in this position will need not only have credibility with law enforcement officers but also within the disability community. The liaison officer must be out in the community making him or herself visible and known to community members with disabilities—not just talking to service providers and advocacy groups. Relationship building will take time and success will not be immediately visible.

Agencies may also increase the visibility and availability of their Americans with Disabilities Act Coordinator to the community collaborating with advocates, survivors of IPV, social service providers, independent living centers, and other concerned citizens to review police policies and procedures regarding accommodations; and to improve relationships with the disability community. Another strategy is to invite people with disabilities to roll call and other events to provide training on how to better interact with people with different types of disabilities. Similarly, inviting people with disabilities to write in the police union newsletter about events in their communities, tips for working with people with disabilities, and examples of successful relationships between police and people with disabilities may improve communication.

With regard to future research, the findings highlight the need to develop and validate policies and methods that can be used by law enforcement to support officers and district attorneys to implement the previous recommendations. The findings also highlight, in particular, the need for further study of police academies to clarify training that is provided to new recruits in addressing the needs and access issues that people with disabilities and deaf individuals encounter as crime victims. This study and related research on crime victims with disabilities have identified promising approaches for increasing and improving the reporting and investigation of interpersonal violence crimes against people with disabilities. Partnerships among law enforcement professionals, crime victims and advocates with disabilities, and researchers will be essential for their successful implementation.

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