



**THE SOUTH CAROLINA LAW ENFORCEMENT
OFFICERS GUIDE TO THE
RECOGNITION AND HANDLING OF THE
DEVELOPMENTALLY DISABLED OFFENDER**

60084

**STATEWIDE TECHNICAL ASSISTANCE
AND TRAINING PROJECT**

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**RECOGNITION AND HANDLING
OF THE
DEVELOPMENTALLY DISABLED OFFENDER**

NCJRS

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ACQUISITIONS



**WRITTEN BY
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INTRODUCTION



Approximately 4 out of every 100 persons in the United States have a developmental disability. Among criminal offenders that number is even larger. A person who has either been convicted or charged with a criminal act and has a developmental disability, is a developmentally disabled offender. There are generally four major categories of developmental disa-

bilities: autism, cerebral palsy, epilepsy, and mental retardation. Since most of the developmentally disabled offenders are mentally retarded, this particular category will be stressed, but the other categories will be discussed when relevant.

This manual has been written to provide information for law enforcement officers,

corrections officers, and other criminal justice personnel in this important yet often neglected area. Since approximately three percent of the population is retarded and of that three percent only fifteen percent need to be institutionalized, it is inevitable that there will be many contacts with retarded people both on the job and in private life. As a result of many newly developed programs that teach retarded persons to function better in the community, a greater number of retarded people are remaining in their communities instead of residential facilities. If the police and related personnel have an understanding of the basic facts about retardation, they

will be better equipped to recognize and handle retarded persons in the many situations where they will come into contact with them.

Most important to remember is that retarded persons needs are the same as everyone else's, to be loved, to be important to someone, to feel worthwhile and to have a sense of human dignity.¹



¹Norley, Dolores, Police Training in the Recognition and Handling of Retarded Citizens (NARC Research and Demonstration Institute - Arlington, Texas), P. 1.

THE BACKGROUND OF DEVELOPMENTAL DISABILITIES

AUTISM

Autism is a rare disorder characterized by severe disturbances of communication and behavior. Its cause is not known, although current theories include neurological and biochemical causes. Approximately 5 out of every 10,000 babies born are autistic. Autism has four times greater prevalency in males than females.

Autism involves a delay in speech and language development and a failure to develop interpersonal relations. The onset of autism typically is age 30 months or younger.

An autistic child often engages in repetitive and compulsive behavior, for example repetitive and peculiar body motions, repetitive and inappropriate



ate use of toys, and extreme distress over minor changes in the environment. The autistic person may be retarded in some areas while showing normal or superior abilities in other areas.

Other symptoms may include unusual reactions to perceptual stimuli, apparent insensitivity to pain, hyperactivity or passivity and tantrums.

Some special education procedures,

including behavior modification, vocational training, and parent counseling, have been demonstrated effectively with autistic children.

CEREBRAL PALSY

Cerebral palsy is a brain-centered set of disorders that affects muscular control and sensory functions. It is characterized by such muscular malfunctions as

awkwardness in walking and spastic affects such as involuntary and uncontrolled movements or poor balance. It may affect sight, hearing, and speech. Seizures are also a common occurrence. People who have cerebral palsy often have normal intelligence and sometimes are quite gifted. Some do suffer from mental retardation and others may show all or only some of the

above symptoms.

There are estimated to be 750,000 people in the United States who have cerebral palsy with over 17,000 living in South Carolina. The causes of this disorder have been linked to pre-natal and perinatal problems such as premature birth, anoxia and other complications during birth.² Various infections in the pregnant mother have also been known to cause cerebral palsy.

Many children who have cerebral palsy today have been aided by early detection and treatment of the disorder and will be able to lead normal and productive lives as adults.

EPILEPSY

Epilepsy is a brain centered disorder that affects the nervous system. Approximately 4 million people in the United States have this disorder.

Epilepsy results from brain injuries which can be caused by pre-natal or perinatal injuries, poor nutrition or fevers during childhood, infectious diseases, brain tumors and other brain defects.

The primary symptom of epilepsy is characterized by seizures which includes the following:

1. Seizures that last a few minutes and can occur daily or as infrequently as once a year.



²Dillingham, Steve, Developmentally Disabled Offender, STAT-UAF, 1976. Page 4

The epileptic will lose consciousness and may have convulsions.

2. Seizures that last from five to twenty seconds which are evidenced by staring and momentary loss of consciousness. The epileptic here may not even know he has had a seizure.

3. Another type of seizure may last from minutes to hours and takes many forms. These include chewing, lipsmacking, or exhibition of fear or anger.

Though epilepsy is not curable, treatment is available through the use of drugs. Eventually in some epileptics the disorder can dissipate with age.

MENTAL RETARDATION

There are many definitions of mental retardation. The definition formulated by

the American Association for Mental Deficiency (AAMD) states that, *Mental Retardation refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in one or more of the following:*

1. *maturatation*
 2. *learning*
 3. *social adjustment*
- Subaverage intellectual functioning results in deficiency in adaptive*

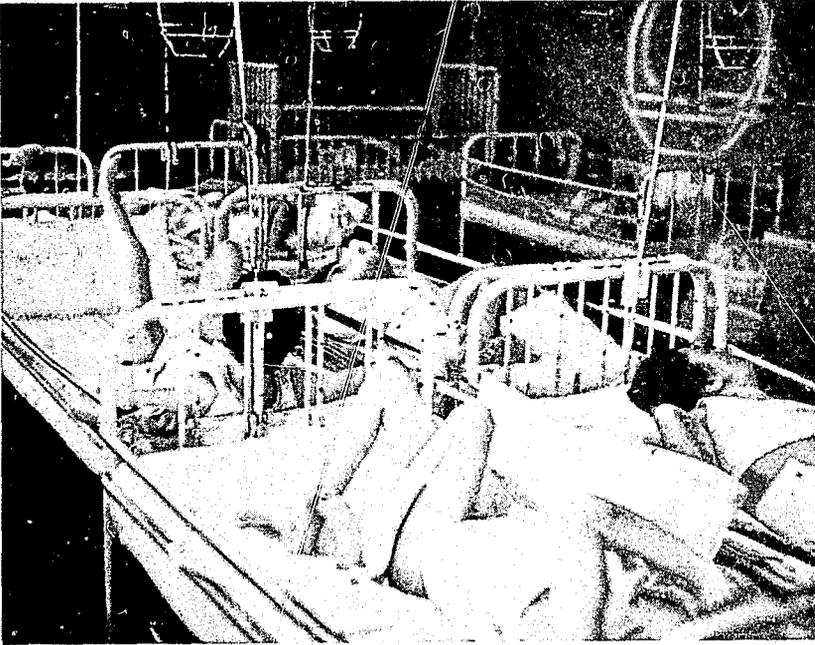
*behavior where adaptive behavior refers to how effectively the individual copes with the internal social demands of the environment.*³

Basically all this means is that a mentally retarded person is a normal person whose learning capacity is limited. It is a condition, not a disease.



³Pennsylvania Association for Retarded Children, The Community Wants to Know About Mental Retardation, P. 6

MISCONCEPTIONS ABOUT RETARDATION



The following is a list of some of the major misconceptions regarding mental retardation. It will also help explain some relevant factors about mental retardation.⁴

All retardation is the result of inborn inferiorities.

Retardation is caused by many factors ranging from unexpected or abnormal com-

position of the genes controlling heredity, malnutrition or certain infectious diseases attacking the mother or fetus during pregnancy, accidents at birth or in early childhood, accidents or disease affecting a person's brain at any time in life. In fact, the elements influencing human life and growth are so vast and complex the real wonder is: why are there any

"normal" people at all? *All retardation is due to accident at birth or in early childhood.*

SEE ABOVE

A retarded person cannot be taught, helped to develop or change.

Like all human beings, the retarded can be taught far beyond their apparent capacities. Individual development depends in large measure upon society's development ... the depth and degree of society's caring, its patience, its appreciation of the marvelous and fascinating differences between people.

Retarded people are a phenomenon of civilized societies such as ours.

Retardation is prevalent in all societies and in all parts of the world. It can be found in highly primitive cultures as well as in the most advanced nations.

⁴Ibid, P. 12-23

And it can be found in about the same proportions everywhere...between 2% and 3% of the total population.

There are approximately six million mentally retarded in the United States.

Retarded people are usually the offspring of inferior parents or grandparents.

Retarded people may or may not have immediate forebears who were retarded also. If the genealogy or history of any person is traced back far enough, retardation doubtless could be found in any family tree. It could be true of the history of each one of us. Many exceptional and well-known public figures have retarded members in their immediate families.

These include: John F. Kennedy, Hubert Humphrey, Pearl Buck and Roy Rogers to name a few. Retardation cuts across all class, ethnic, cultural

and national lines. It is a universal phenomenon. It shows no favoritism. It can happen in any family at any time.

All retarded people have a fixed level of intelligence and cannot be taught.

The I.Q. level of retardates falls roughly into four categories:

The MILDLY RETARDED with an I.Q. ranging from 55 to 69.

The MODERATELY RETARDED with an I.Q. range of 40 to 54.

The SEVERELY RETARDED with an I.Q. of 25 to 39, and

The PROFOUNDLY RETARDED with an I.Q. of 25 and under.

People in all these groups can be taught and their behavior modified to the extent of leading happier and more productive lives.

The mildly retarded can develop social and vocational skills. They can participate in academic programs up to a sixth grade level in their late teens. Many

can hold regular jobs. Although the mildly retarded can provide minimum self-support, they may need guidance and assistance when faced with unusual social or economic problems. It is estimated there are 4,600,000 in this category. Ninety-nine percent are not institutionalized.

The moderately retarded individual is considered trainable. He has the capacity to talk, to care for himself physically and to become economically productive in sheltered environments. He can participate in simple recreational activities and travel alone in familiar places. He is unlikely to progress beyond second grade level in academic subjects and needs supervision and guidance when under mild social and economic stress. There are some 600,000 individuals in this category with

more than 85% living in the community and 15% in institutions.

The severely retarded is capable of performing routine and repetitive activities under complete supervision in a protected environment. He can talk or learn to communicate and can be trained in elementary health habits. Of the 210,000 estimated in this group, 75% live in the community and the rest are institutionalized.

The profoundly retarded has minimal physical capacities. His impaired coordination and sensory development is often complicated by physical handicaps. Constant nursing care and supervision are required for his survival. Of the 90,000 or so in this group, most are institutionalized.



Retarded people do not react emotionally when under stress as do non-retarded persons.

Retarded people are human beings above all. They are subject to emotional peaks and valleys like the rest of us. The only general difference between the emotions of the non-retarded and retarded lies in the ability to handle emotional extremes. The retarded person is less sophisti-

cated than the non-retarded person. He is less likely to seek help when in a tight spot. He is prone to panic when threatened, to run or clam up when frightened. The retarded individual's awareness of being different may, in itself, be responsible for feelings of inferiority, frustration and resentment. These feelings are especially strong in the mildly retarded for he realizes

the extent of his differences from others. As a result, he may break down more easily under pressure or stress. Such awareness may lead him to commit acts of aggression or destruction because of a need for self assertion, or for the winning of attention and prestige.

All retarded people look pretty much the same.

The variety of types among the retarded is as great as in the general population. Some are short and fat, some tall and slim. Some are slow and placid, some nervous and kinetic. Some project joyous and sunny personalities, others depression and gloom.

You can tell when a person is retarded by his looks and behavior.

There is enormous variation appearance-wise as indicated above. There is also great difference in how "normal" or "abnormal" some appear to be.

Some of the retarded are odd-looking due to physical handicaps, defective coordination, misshapen bodies, mongloid features. Most are perfectly normal in appearance.

Retarded people are more highly sexed than non-retarded people.

The retarded do not have greater sexual drives than others. Often one hears of the "sexuality" of the retarded. They are described in a way that might indicate their sexual drives dominate a larger part of their beings than is true of non-retarded persons - - as if their sex drives were excessive and as if such drives determined most of their efforts in life. These are incorrect observations founded on prejudice. Those who deal with mentally retarded adolescents know that, on the contrary, sex plays a much smaller

role in their lives than it does with healthy adolescents. They are not more sexual, but they may appear so under certain circumstances because their physiological drives are not ruled by reason or by ethical or moral understanding.

Retarded people have criminal tendencies.

Most criminal acts, from planning to execution, require much more sophisticated thinking than is possible for the retarded. Criminal acts when committed by the retarded usually are the result of sudden anger or frustration, as in homicide cases, or through complicity. Frequently the retarded are used as dupes, decoys or fall guys by those experienced in plotting criminal acts.

The retarded cannot be taught to behave normally.

Depending on the I.Q. level, the retarded can be taught social techniques of wide behavioral range.

In fact, the standards applied to their social skills depend on who is doing the judging. *The retarded cannot be taught to take care of themselves.*

SEE ABOVE

The retarded cannot labor at jobs and turn out work of consistent quality.

There are many retarded people at work in industry and in offices who handle the work required of them

with great competence. In fact, in many jobs they are superior to non-retarded adults. They are not so likely to buck repetition and routine. As a consequence, they are to be found working in cafeterias, hospitals, department stores, factories, all places where semi-skilled work is required. Some also develop skills far beyond normal levels and function successfully in sports, music, mathematics,

mechanics and other areas generally viewed as quite complex. *The retarded can't read and follow directions.*

The retarded, with I.Q.'s from 40-69 learn to read and follow directions. Their degree of skill depends largely on the skill and care put into their training.

The retarded are not aware of themselves as different.

The retarded are deeply aware of their own inadequacies. In fact, much emotional imbalance flows from just this source: An awareness of their inability to compete with non-retarded people of their own age and sex in any given situation.

The retarded do not respond to human, friendly treatment as do the non-retarded.

The retarded are human beings first



and foremost. They respond, as do all human beings, to love, tenderness and respect. Likewise they respond negatively to belittling or demeaning treatment.

The retarded are placid by nature and do not feel emotions common to others such as anger, love, joy, sorrow, fear.

Some retarded are placid by nature. Others are moody. Their personalities are formed by a combination of heredity and environment. They are subject to the same influences as non-retarded people and their emotional reactions cover as wide a range.

The retarded usually seek out non-retarded persons younger than themselves because of intent to dominate or need to feel superior.

While the retarded frequently do seek out people younger than themselves, it is not because of a need to dominate or



feel superior. Rather, they are looking for friends who are on their own level.

Most mentally retarded persons are confined to institutions.

Most retarded persons are living in our neighborhoods rather than in institutions. *Most of the institutionalized retarded are put away because of harm*

they might do others in normal society.

Most of the institutionalized retarded are confined because of their need for greater care than families or guardians are able to provide. Few so confined, exhibit violent behavior as a general pattern.

There are fewer mentally retarded people today than ever before because

of advanced medical techniques for prevention and cure.

On the contrary, more retarded grow to maturity than ever before BECAUSE of medical advances. Most premature babies, for instance, could not be kept alive just a few decades ago. Among them we find a much higher percentage of retarded than among full-term babies. Also, infectious diseases of the brain, such as encephalities and meningitis, were former killers. Today, medical advance may prevent death but does not always prevent lasting damage to the child.

There are no social facilities, other than institutions, to help the retarded.

There are a vast number of social facilities to help the retarded. (See Referral Section)



DIFFERENCES BETWEEN MENTAL RETARDATION
AND MENTAL ILLNESS

Many people make the common mistake of confusing the mentally retarded person and the mentally ill person. However, it is most important to understand that these disorders are separate and distinct conditions. The following chart compares the differences between the two.

| <u>MENTAL RETARDATION</u> | differs from | <u>MENTAL ILLNESS</u> |
|---|--------------|---|
| A. Retardation refers to sub-average intellectual functioning. | | A. Mental illness has nothing to do with IQ. A person who is mentally ill may be a genius or may be subaverage. |
| B. Retardation refers to impairment in social adaptation. | | B. A mentally ill person may be very competent socially but may have a character disorder or other aberration. |
| C. Retardation usually occurs during the period of development or is present at birth. However, a brain injury or toxemia may cause retardation in anyone at any age. | | C. Mental illness may strike at any time. |
| D. In mental retardation, the intellectual impairment is permanent but can be compensated through development of the person's potential. | | D. Mental illness is often temporary and in most cases is reversible. It is not a developmental disability. |
| E. A retarded person can usually be expected to behave rationally at his operational level. | | E. A mentally ill person may vacillate between normal and irrational behavior. |
| F. A retarded person will not be violent except in those situations that cause violence in non-retarded persons. | | F. A mentally ill person may be erratic or even violent. |
| G. A mentally retarded person has a learning disability and uses the skills of educators, psychologists, and vocational rehabilitation technicians. | | G. A mentally ill person utilizes the services of psychiatrists, psychotherapists, or psychologists. ⁵ |

⁵Georgia Association for Retarded Citizens, Police Education Manual, P. 6

CONTACT WITH THE DEVELOPMENTALLY DISABLED OFFENDER

HOW TO IDENTIFY THE DEVELOPMENTALLY DISABLED OFFENDER

It is very difficult to identify most retarded persons because their physical appearance in most cases is no different from our own. Contrary to popular belief, only in the more profound types of retardation are there physical signs that can be identified. Speech, hearing, sight or walking problems may suggest mental retardation to the untrained, but these in fact may be totally irrelevant disabilities.⁶

COMMON MISTAKES IN IDENTIFICATION

Not only is it important to be able to recognize mentally retarded people but it is equally important to be able to



recognize when a person is NOT retarded, even though the outward signs may point toward this conclusion. The following is a list of some major areas where people are mistakenly classified as being retarded:⁷

1. *Persons who are drug users or alcoholics*

Often they appear disoriented toward their surroundings and act illogically. They also may be unresponsive

when asked questions.

2. *Persons with epilepsy*

When an epileptic has a seizure they are often groggy and sleepy and may appear retarded to the unknowledgeable person.

3. *Persons with cerebral palsy*

Though they often suffer from spastic movements, lack of speech, and other motor disorders, they frequently are normal intellectually and

⁶Ibid, D. Norley, P. 2

⁷Ibid, P. 2

many are quite gifted.

4. *Deaf People*

When unresponsive to commands or questions, these persons are often mistaken for a retarded person, a drug user and even someone who is mentally ill.

5. *Mentally Ill Persons*

When incoherent or behaving irrationally they may appear to be retarded.

6. *Persons with diabetes*

When these people lack insulin they often

go into diabetic shock which makes them appear disoriented and groggy. Again an untrained person may mistake them as being retarded.

The most important fact to understand in recognizing the mentally retarded individual is that MOST RETARDED PEOPLE LOOK NORMAL. Though they may have less intellectual development than a non-retarded person, their reactions are the same as everyone else.



CLUES THAT MAY POINT TO RETARDATION

To diagnose whether or not a person is mentally retarded requires comprehensive examinations and tests by qualified individuals. However, in some cases there are various hints or clues about a person's behavior which may raise the possibility that he or she is retarded. The following list may be helpful in such a diagnosis but it must be stressed that rarely will one or two of these factors alone point to retardation. These factors must be viewed as a whole in determining whether or not a person MAY be mentally retarded.⁸

PHYSICAL APPEARANCE

1. Is the individual appropriately dressed for the season?
2. Does the individual show any physical defects i.e. unusual physical structures?
3. Does the individual appear "uncomfortable" with their body or is there awkwardness of movement, poor motor coordination in walking, writing, or other physical movements?
4. Does the individual have a slow reaction time to such stimuli as questioning?



⁸American Bar Association, Massachusetts Bar Association, Specialized Training and Advocacy Program (STAP), P. 2.04.



SPEECH AND LANGUAGE

1. Does the individual have an obvious speech defect or impediment?
2. Does the individual seem to understand the questions being asked?
3. Does this individual answer the questions properly or are they merely "parroting" responses to questions?
4. Does the individual have difficulty in abstract reasoning?
5. Does the individual have a short attention span?

EDUCATIONAL

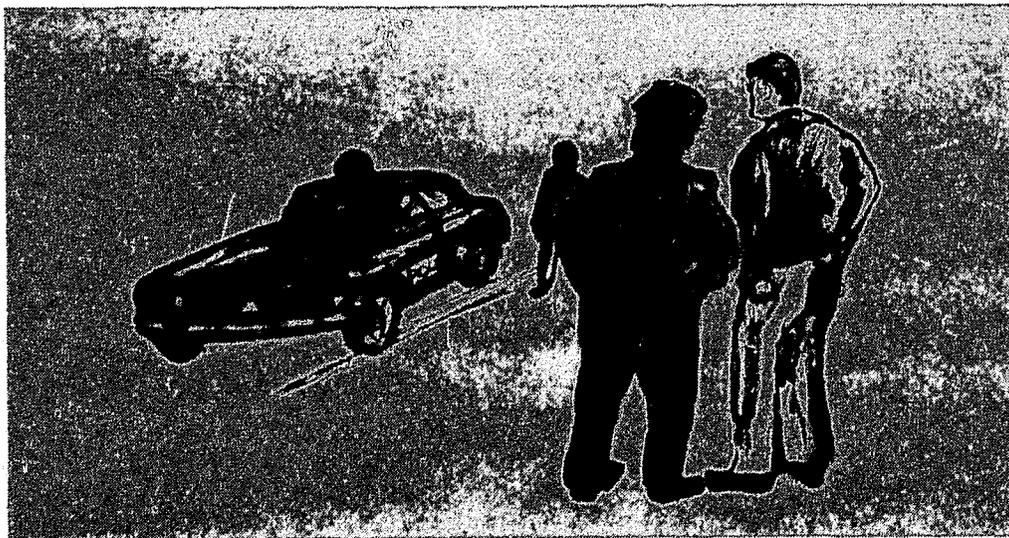
1. Is the individual in the proper school grade for his or her age?
Two or more grades behind in school is evidence that this may be a retarded person.
2. Is the individual in a special education class or vocational class?
3. Can the individual read and write?
4. Can the individual perform such skills as using the telephone, using public transportation or making change?

SOCIAL

1. Does the individual prefer the company of a younger peer group?
2. Does the individual have an overly excessive desire to please others?
3. Does the individual have a "benefactor" or someone who helps him or her in complex situations or transactions? These "benefactors" may include parents, friends, neighbors, teachers, or social workers.
4. Does the individual react to others in an age-appropriate way or does he or she act younger than his age would warrant?
5. Sometimes he or she may act solitary but this is not to imply unlikeable or unfriendly behavior.⁹

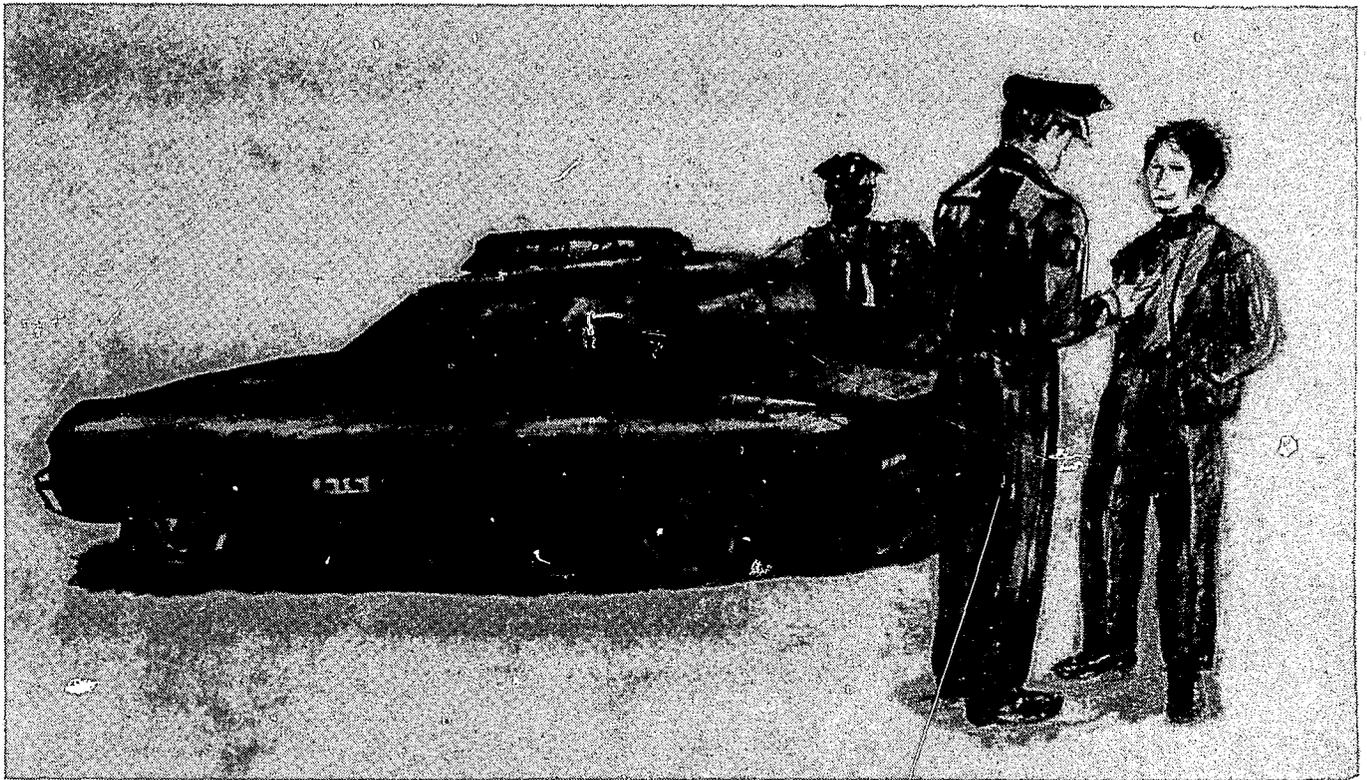
CRIMINAL

1. Has the individual become involved in this illegal activity to gain acceptance from others?
2. Was the individual with younger adolescents at the time of his or her arrest - this group is a less threatening peer group in terms of competency to commit a crime.¹⁰
3. Was this individual the initiator of criminal activity? Most often a mentally retarded individual is a follower, not an initiator.
4. Did the individual show a greater likelihood of confession to the crime that he or she was charged with?



⁹Ibid, P. 129.

¹⁰Ibid, P. 130.



OTHER FACTORS

1. Does the individual have the ability or understand his or her rights upon arrests - i.e. the Miranda warnings?
2. Does the individual have the ability to understand directions?
3. Does the individual have the ability to give directions, i.e. how to reach his home?

Again, it must be emphasized that these above factors did not indicate that a person is definitely mentally retarded. People of normal intelligence probably fit many of these categories. All that these factors represent are hints or clues that the person you are dealing with may be retarded and that you may need to seek help from the various agencies or individuals that are trained to deal with mentally retarded persons. (See Referral Section)

WAYS OF RECOGNIZING THE DEGREE OF RETARDATION

Here are some ways of telling the degrees of mental retardation. Of course, only a full psychological examination can determine the exact nature of a person's abilities.¹¹

If a person has:

-- The intelligence of an average three-year-old, he can take off his coat, put it on again, and button it.

-- The intelligence of a four-year-old, he can go around the neighborhood by himself, and he will answer "two" when you put two pennies on the table and ask him "how many?"

-- The intelligence of a five-year-old, he can print his first name and can count four pennies.

-- The intelligence of a six-year-old, he can write a dozen or more words, though he may write very poorly. He should also be able to count to thirteen pennies when they are put in a row before him. He will probably count them with his finger.

-- The intelligence of a seven-year-old, he can tell time by the clock, without missing the correct time by more than fifteen minutes.

-- The intelligence of an eight-year-old, he can name the days of the week.

-- The intelligence of a nine-year-old, he can go around his home town freely.

-- The intelligence of a ten-year-old, he can make telephone calls and write short letters

¹¹Matthews, Robert A., and Rowland, Lloyd, How to Recognize and Handle Abnormal People (A Manual for the Police Officer), The National Association For Mental Health, Inc.

CRIMINALITY OF THE DEVELOPMENTALLY DISABLED OFFENDER



A mentally retarded person will usually come into contact with the police in three ways:

1. When he or she is lost, confused or in need of guidance;
2. When he or she is a victim of a crime or is being taken advantage of; and
3. When he or she is breaking the law.¹¹

This section will stress the problem of

the mentally retarded person who is accused of breaking the law. It must be remembered that there never has been support for the hypothesis that there is a significant positive relationship between mental retardation and criminality, i.e. mentally retarded people are no more apt, because of their "below normal" intelligence, to become

involved in criminality than non-mentally retarded persons.¹²

Though there has been little reliable research, one study found that of the crimes committed by mentally retarded people the largest crime, 38%, was the crime of burglary and breaking and entering.¹³ Other crimes included crimes against the person such as assault and sexual offenses with these crimes being highest with those persons with an I.Q. below 55. In a 1973 survey, of 39,000 adult male prisoners admitted to institutions of responding states, 4.1% were identified as mentally retarded and 13.9% as borderline.¹⁴ Generally those mentally retarded persons that do violate the law are mildly retarded.

What are the

¹¹Ibid, Norley, D., P. 3.

¹²Woody, Robert H., Legal Aspects of Mental Retardation, P. 43.

¹³Ibid, P. 42.

¹⁴Browning, Philip L., Rehabilitation and the Retarded Offender, P. 116.

factors that cause criminal behavior in a mentally retarded person?

A mentally retarded person is not naturally prone to commit a criminal act. Criminal behavior occurs in non-retarded people. Many times however, the retarded are subject to "unfavorable influences and conditions not ordinarily experienced by non-retarded individuals".¹⁵ Often they come from mentally retarded parents who are unable to provide proper supervision and direction.¹⁶

Another factor is the fact that mentally retarded individuals tend to be followers and easily led by others. This is because of their difficulty in finding friends and their eagerness to be liked,



accepted, and to make friends. Since they do not understand the full consequences of their acts they can be talked into doing things which others would not do. Rarely will a police officer encounter a mentally retarded person as a "ringleader" in a particular crime. Often they are exploited by intelligent law breakers as patsies and scapegoats.

One other factor is the combination of feelings of inferiority, frustration and resentment that culminates in aggressive behavior. This is often the by-product of their failure to compete successfully either in the classroom or the community.¹⁷ Many times they are the victims of name-calling and teasing which leads to the resentment that causes the aggres-

¹⁵Dudyca, George G., Psychology for Law Enforcement Officers, P. 23.

¹⁶Ibid, P. 231.

¹⁷Ibid, P. 232.

sive need to strike back. This is evidenced by the relatively high proportion of crimes against the person committed by the retarded.¹⁸

Our social system has been slow to develop programs that are geared to the potential (though it is often considerable) of the mentally retarded person. This means that most retarded people are facing a system where they are sure to fail, so they are often found

as drop-outs roaming the streets.²⁰ Many times they can be found hanging out at playgrounds or other places where children gather. They enjoy watching and playing with younger children because they need to interact with those persons functioning at their own mental levels.

Again it should be stressed that those situations that will cause a non-retarded person to

act criminally will also cause a mentally retarded person to act this way.

¹⁸International Association of Chiefs of Police, Key # 174, P. 2.

¹⁹Ibid, Norley, D., P. 3.

HANDLING THE DDO - THE LAW ENFORCEMENT OFFICERS ROLE

As a law enforcement officer you need to handle the retarded person as the situation dictates. However, above all you should remember that the retarded citizen is more LIKE you than UNLIKE you. He or she is sensitive to your actions and speech and usually understands more than he or she is able to indicate.²⁰

The following is a situation that will illustrate how the mentally retarded offender should be handled. A police officer is responding to a breaking and entering call that he has just received on the radio. Upon arrival at the scene there are a number of people holding a young man about eighteen. The suspect seems confused and fearful.

The first reaction of any police

officer of course should be the prevention of the crime and then the identification of those involved. Upon initial questioning you find that the owner and clerk of a hardware store had come across this young man in their store just as they were going to open it. A window has been broken and a number of expensive radios were found in the suspect's possession.

Upon taking custody

of the suspect the initial questions the police officer should ask is to determine the suspect's name and address and something about his background. Often, it is at this time that the police officer may "suspect" that the offender is retarded.

Other contacts may also determine whether or not an individual is retarded. Conversations with family, friends, neighbors, witnesses and



²⁰Ibid, Norley, D., P. 3.



personnel in treatment and training centers for the retarded often will provide information on what courses of action one might pursue. It is important to note that the parents, legal guardians or those who are providing care for and supervision of the individual, should be notified as soon as possible so that they may cooperate in the correction process.²¹

Also contact the various referral agencies for assistance. (See Section III)

When interviewing this suspect the police officer should act friendly but maintain his control over the situation at the same time. The most important word to remember is PATIENCE. A retarded person may need time to overcome his fears and become

accustomed to the situation. Two problems that arise are either a total lack of response by the individual due to the rapid questions being asked of him or answers that simply repeat the questions. Another potential danger is that in order to please his questioner, the mentally retarded person may answer the questions in the way he thinks the police officer would like him to answer. The police officer needs to be constantly alert for such an occurrence.²²

RIGHTS OF THE ACCUSED

Just as with all other accused, the mentally retarded offenders should be advised of their rights at the time

²¹Ibid, Training Key, P. 2.

²²Ibid.

of their arrest.²³ Mentally retarded persons are less likely to withstand police interrogation and may confess guilt, although innocent, to please others and to generate acceptance.²⁴ If the individual is signing the confession and it takes a longer than normal time to do this, the person may be retarded. A retarded person may not understand his rights or the consequences of them even when he is advised of them. The law enforcement officer may want to have the retarded person's parents or guardians present and it may even be a good idea to conduct the interview in his or

her home, depending of course on the severity of the crime.

If you are interrogating a person whom you suspect to be mentally retarded, proceed with usual interrogation process including obtaining a waiver. The prosecuting attorney should be notified that the suspect may be retarded. Remember, it is

the court that has the ultimate authority that will determine if the waiver was correct thereby making the interrogation admissable.²⁵

THE PARENTS

Not only is the proper handling of the retarded offender important, but so is the proper handling of the

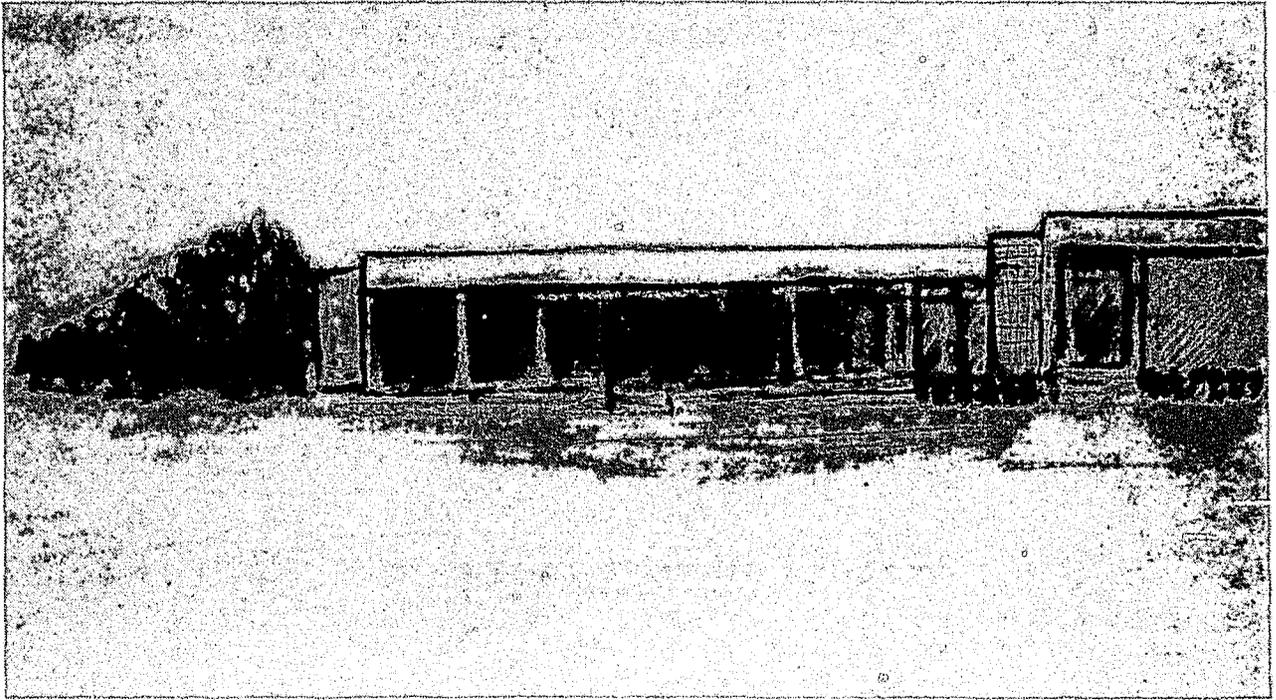


²³Miranda v. Arizona, 384 U.S. 436, 16 L. Ed. 2d 694, 86 S. Ct. 1602 (1966). Following is a summary of the rights guaranteed to all citizens as a result of the Miranda decision.

1. That he has the right to remain silent;
2. that any statement he does make can and will be used as evidence against him in a court of law;
3. that he has the right to consult with counsel before answering any questions;
4. that he has the right to have his counsel present during the interrogation;
- and 5. that if he cannot afford an attorney one will be appointed for him without cost to him, prior to questioning, if he so desires.

²⁴The Retarded Citizen and the Law, STAP - P. 4.02.

²⁵Ibid, Key, P. 2.



family of this individual. Usually the parents of a mentally retarded child are extremely sensitive about this condition.²⁶ They have had a difficult time rearing a child who is mentally retarded and should be treated with this in mind. The law enforcement officer should treat the family with understanding and compassion and try to

be cooperative with other resources in the community that are working with their child. If no agency is involved, consult the referral section. Remember, mental retardation is never the fault of the parents, it can occur in any family.

²⁷Ibid.

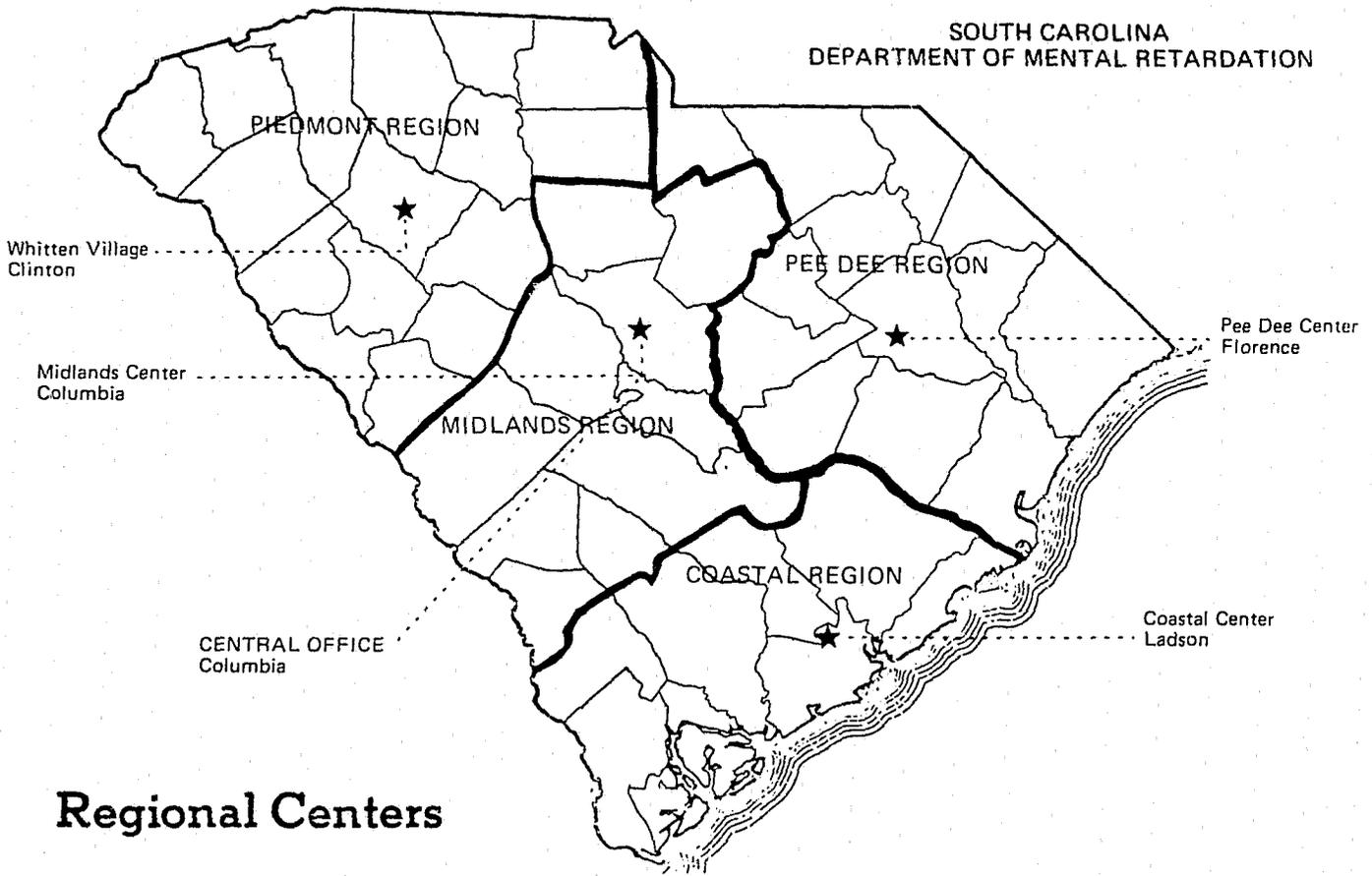
REFERRALS

The following is a list of agencies and organizations that deal with developmentally disabled citizens. If there are any questions or problems about the developmentally disabled, these groups can provide useful information and guidance. Also attached is a wallet sized card where the most important telephone numbers should be kept for quick reference.

| | |
|---|----------------------|
| DEPARTMENT OF MENTAL RETARDATION Mr. Don LaBelle, Deputy Commissioner, Community Services | 758-7280 |
| <u>Regional</u> | |
| Superintendent, Coastal Region Jamison Road Ladson, SC 29456 | 873-5750 |
| Superintendent, Midlands Region 8301 Farrow Road Columbia, SC 29203 | 758-4601 |
| Superintendent, Pee Dee Region 714 National Cemetery Road P.O. Box 3209 Florence, SC 29501 | 669-3661 |
| Superintendent, Piedmont Region P.O. Drawer 239 Clinton, SC 29325 | 833-2733 |
| <u>Mental Retardation Boards</u> | |
| <u>Allendale County</u> Mrs. Frances Chavous, Chairperson P.O. Box 353 Allendale, SC 29810 | 584-2858 |
| <u>Beaufort County</u> Mrs. Janice Karesh, Chairperson P.O. Drawer 350 Beaufort, SC 29902 | 524-8732 524-2660 |
| <u>Calhoun County</u> Mrs. Jackie Wylie, Chairperson P.O. Box 243 St. Mathews, SC 29135 | 874-3283 |
| <u>Clarendon County</u> Mr. Carl Roach P.O. Box 400 Manning, SC 29102 | 478-2223 |

| | |
|--|----------|
| <u>Charleston County</u> | |
| Mr. John Prohaska, Chairperson | 744-7434 |
| Norton Company | |
| 3370 Rivers Ave. | |
| North Charleston, SC 29405 | |
| <u>Fairfield County</u> | |
| Mr. Alphonson Hanna, Jr., Chairperson | 337-2972 |
| P.O. Box 234 | 337-2275 |
| Ridgeway, SC 29130 | |
| <u>Greenwood, Abbeville, Edgefield, McCormick Counties</u> | |
| Mr. J. Felton Burton, Chairperson | 229-2939 |
| Rt. 5 Box 262B | |
| Greenwood, SC 29646 | |
| <u>Georgetown County</u> | |
| Mr. J.T. Martin, Chairperson | 546-6833 |
| 708 Rosemary St. | |
| Georgetown, SC 29440 | |
| <u>Greenville County</u> | |
| Mr. C. Evans Putman, Chairperson | 277-6652 |
| 40 Sagamore Lane | 288-6091 |
| Greenville, SC 29607 | |
| <u>Horry County</u> | |
| Mrs. Mary Jean Baxley, Chairperson | 248-5254 |
| 1701 McDermott St. | |
| Conway, SC | |
| <u>Laurens County</u> | |
| Mr. John Dowdle, Chairperson | 833-1232 |
| P.O. Box 224 | 984-6332 |
| Laurens, SC 29360 | |
| <u>Oconee County</u> | |
| Mr. L.J. Powell, Chairperson | 638-2878 |
| Route 1 | 882-6347 |
| West Union, SC 29696 | |
| <u>Richland-Lexington Counties</u> | |
| Mr. Kenneth Richey, Chairperson | 765-8211 |
| P.O. Box 727 | 794-1649 |
| Columbia, SC 29222 | |
| <u>Sumter County</u> | |
| Dr. C.R. Penny, Chairperson | 773-3132 |
| 714 Reynolds Road | |
| Sumter, SC | |

SOUTH CAROLINA
DEPARTMENT OF MENTAL RETARDATION



Regional Centers

DEPARTMENT OF SOCIAL SERVICES
Janet H. Davis
Bob Elison
Division of Field Operation
P.O. Box 1520
Columbia, SC 29202

758-3723
758-5062

| | |
|---|------------------------------|
| EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF SOUTH CAROLINA, INC. Mrs. Rose Lowe 3020 Farrow Road Columbia, SC 29203 | 256-0735 |
| SOUTH CAROLINA ASSOCIATION FOR RETARDED CITIZENS, INC. James C. Edwards - President Office: 1517 Hampton St. Columbia, SC Home: 1426 Beaverdam Road Columbia, SC 29210 | 254-6714 781-0608 |
| SOUTH CAROLINA EPILEPSY ASSOCIATION Margaret Massey Midlands Epileptic Association Dr. Brackstone Wannamaker Medical University of South Carolina in Charleston Urology Department Charleston, SC 29401 | 776-2715 (H) 792-3221 |
| SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT | |
| <u>Regional</u> | |
| Raymond Mizell 407 Hayne Ave. S.W. Aiken, SC | 648-2070 |
| Robert E. Pettigrew 1103 N. Fant St. Anderson, SC | 224-6391 |
| W.B. Creel 34 George St. Charleston, SC | 571-6390 |
| Ronald W. Parker 100 Main St. Columbia, SC | 758-3381 |
| John C. Winn 203 Laurel St. Conway, SC | 248-6311 |
| H.B. Powell Jr. 1550 West Evans St. Florence, SC | 662-8114 |
| Alton Bryant 102 Screven St. Georgetown, SC | 546-2595 |
| O.D. Parker Academy Building 2 Hampton Ave. Greenville, SC | 242-6862 |
| W.H. Turnley 109 Oak Ave. Greenwood, SC | 229-5827 |

W.J. Chapman
328 S. Fifth St.
Hartsville, SC

332-2262

John A. Lybrand
396 St. Paul St., N.E.
Orangeburg, SC

534-2432

H. Wehman Sieling
756 Cherry Rd.
Rock Hill, SC

327-7108

C.M. Isetts
864 N. Church St.
Spartanburg, SC

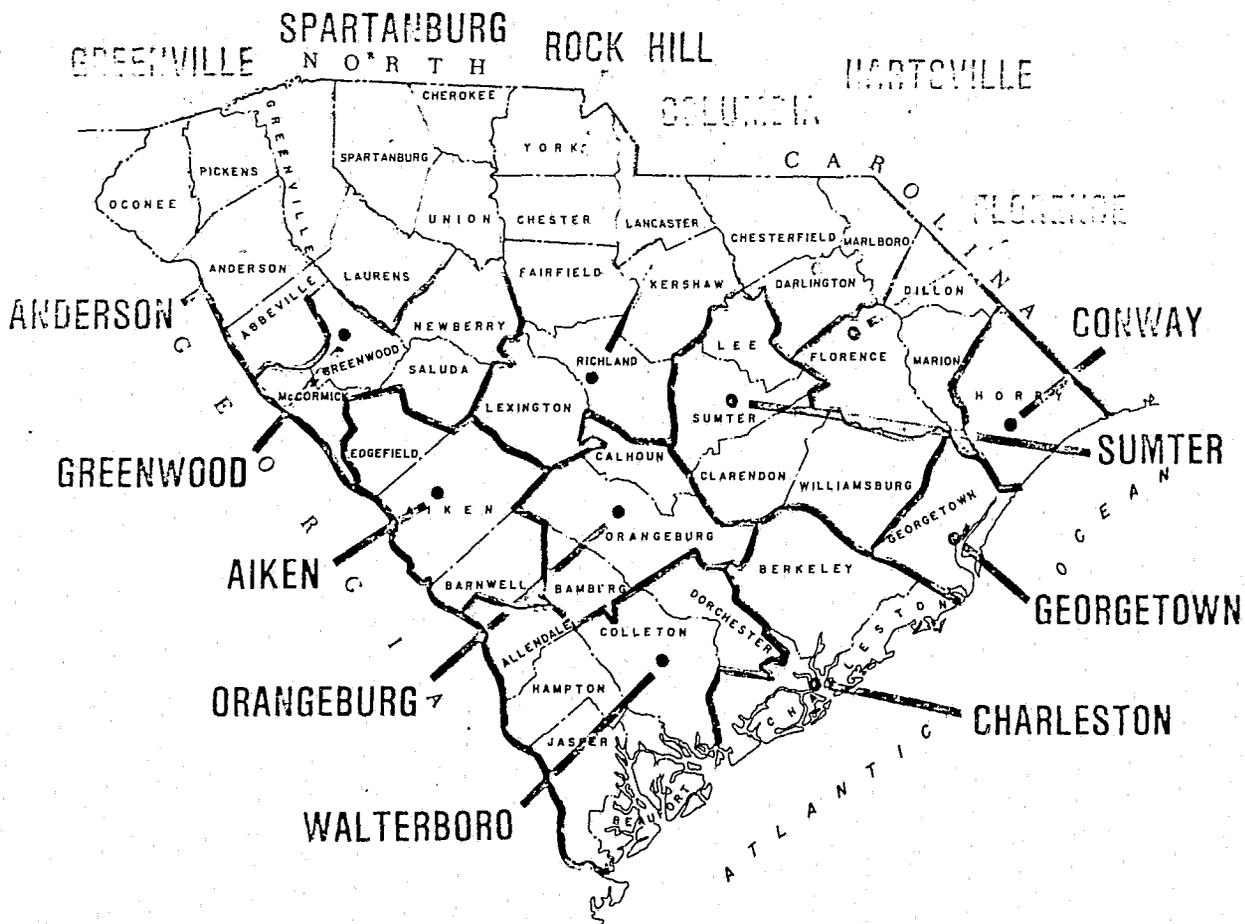
585-5980

Emmet W. Tolson, Jr.
City-County Office Bldg.
Sumter, SC

775-4394

William B. Rogers
Hiers Professional Center
Walterboro, SC

549-2506



DEPARTMENT OF YOUTH SERVICES

District I

| | |
|---|----------|
| Greenwood/Edgefield/Saluda/McCormick Youth Bureau Barry Cooper P-114 One Park Ave. Greenwood, SC 29646 | 229-6472 |
| Anderson Youth Bureau Leonard Lee 122 West Whitner St. Anderson, SC 29621 | 224-7904 |
| Aiken Youth Bureau Len Thomas 218-A Newberry St., SW Aiken, SC 29801 | 648-2679 |
| Bamberg/Allendale/Barnwell Youth Bureau Carole Kirkland 414 E. Church St. Bamberg, SC 29003 | 245-5202 |
| Chester/Lancaster Youth Bureau Catherine Rowell 115 Reedy St. P.O. Box 576 Chester, SC 29706 | 385-3011 |
| Greenville Youth Bureau Leonard Lee 1208 E. Wahsington St. Greenville, SC 29601 | 233-2719 |
| Greenwood Youth Bureau Jayne McElrath Box P-114 One Park Ave. Greenwood, SC 29646 | 229-6125 |
| Laurens Youth Bureau Kenneth Rice 111 1/2 Public Square Laurens, SC 29620 | 984-0505 |
| Oconee County Youth Bureau Jane Knapp 206 W. Main St. Walhalla, SC 29691 | 638-9166 |
| Pickens Youth Bureau John Bray 108 Court St. Pickens, SC 29671 | 878-3808 |
| Rock Hill Youth Bureau Elizabeth Chorak P.O. Box 10671 Rock Hill, SC 29730 | 327-1774 |
| Spartanburg Youth Bureau Walter Waddel 210 Chestnut St. Spartanburg, SC 29301 | 585-8757 |

Union-Cherokee Youth Bureau 427-4092
Rick Ayers
Union County Courthouse
Office 302
Union, SC 29379

District II

Beaufort/Jasper Youth Bureau 524-0443
Raymond Middleton
902 North St.
Beaufort, SC 29902

Berkeley Youth Bureau 797-6660
Louise Haynes
P.O. Box 627
Goose Creek, SC 29445

Charleston Youth Bureau 744-3381
David Jordan
Peggy Martin
4360 Headquarters Rd.
Charleston Heights, SC 29405

Colleton/Hampton Youth Bureau 549-5213
Rebecca Mace
776B N. Jeffries Blvd.
Walterboro, SC 29488

Columbia Youth Bureau 758-5710
Leigh Eggleston
3105 Devine St.
Columbia, SC 29205

Dorchester Youth Bureau 871-3122
Susan Narowski
107 West Sixth St., N.
Summerville, SC 29483

Fairfield/Newberry Youth Bureau 635-3623
Benjamin Taylor
207 N. Congress St.
Winnsboro, SC 29180

Horry/Georgetown/Williamsburg Youth Bureau 448-1466
Ruth Anne Cheney
511-A 28th Ave. N.
Myrtle Beach, SC 29577

Kershaw/Lee Youth Bureau 432-0957
Mike Cavanaugh
1111 Broad St., Box 4
Camden, SC 29020

Lexington Youth Bureau 359-5153
Austin Blackmon
506 Hendrix St.
Lexington, SC 29072

St. Luke's Center 758-5920
Leroy Blakely
2211 Lady St.
Columbia, SC 29204

Sumter/Clarendon Youth Bureau 775-9361
Hank Murphy
Mother's Pajamas
226 Broad St.
Sumter, SC 29150

Residential Care

Charleston Runaway Shelter 747-6500
William R. Findlay
3945 Rivers Ave.
N. Charleston, SC 29412

Greenville Group Home 233-5574
Richard McKenna
35 Perry Ave.
Greenville, SC 29601

Shannondora Valley 758-8527
Ed Neeley
1064 Laurelcrest Dr.
West Columbia, SC 29169

Summerville Group Home 871-1535
Kit Laub
123 E. Luke Ave.
Summerville, SC 29483

DEPARTMENT OF CORRECTIONS - usually not contacted until after sentencing. 758-6587
Coordinator of Special Learning Unit-Kirkland Correctional 758-6481
Division Treatment Services, Director

HYPOTHETICALS AND EXERCISES

A young man is being questioned after being arrested for vandalism and breaking and entering. He could identify his name and address, yet could not give adequate directions on how to reach his home. When asked his telephone number and provided with a telephone directory to look it up, he was not able to spell his name. A number of people who had gathered identified him as being often seen in the neighborhood and "hanging out" with a group of local teenagers who often get in trouble. During questioning he seemed to speak very slowly and many times just repeated the question in his answer.

Discuss what action should be taken regarding this suspect.

A middle-aged man is spotted from patrol car weaving along the sidewalk. When approached his speech appears slurred and difficult to understand. He walks with a limp. He is neatly dressed and there is no smell of alcohol, even though from all outward appearance, he seems intoxicated.

Discuss.

The suspect to a mugging is being questioned. His behavior is erratic and vacillates between very nervous, active movements and slow movements where he seems very unaware to what is going on around him. It is determined that this suspect is a high school graduate and is an unemployed bus driver.

Do you think this person is mentally retarded?

TRUE OR FALSE

1. A developmental disability characterized by seizures is cerebral palsy.
2. A person who has cerebral palsy may have normal intelligence and even be quite gifted.
3. A mentally retarded person cannot be taught, helped to develop or change.
4. Mental retardation can occur at any age.
5. Most mildly retarded persons are in institutions.
6. Most moderately retarded persons are living in the community.
7. Most retarded persons can be identified by looking at their physical characteristics.
8. The mentally retarded person can turn out quality work when properly trained.
9. There are few mentally retarded persons today because of scientific advances.
10. The difference between a mentally retarded person and a mentally ill person is that mental illness has nothing to do with I.Q.
11. The largest crime committed by mentally retarded persons is assault and other crimes against the person.
12. Mentally retarded persons are naturally prone to commit crimes.
13. Mentally retarded persons tend to seek out older persons as friends.
14. Mentally retarded persons need not be read their Miranda rights.
15. A mentally retarded person can be easily influenced to commit crimes and is often times made the scapegoat by "intelligent" law breakers.

FILL-INS

1. Epilepsy is a _____ centered disorder that affects the nervous system.
2. There are approximately _____ percent retarded persons in the United States.
3. A retarded person's I.Q. is usually below _____.
4. The majority of retarded persons are usually _____ retarded.

5. When questioning a retarded person, he or she may _____
the question in order to please the questioner.

REFERENCES

1. American Bar Association, Mass. Bar Association, Specialized Training and Advocacy Program (STAP), 1976.
2. Browning, Philip L., Rehabilitation and the Retarded Offender. Springfield, Ill.: Charles C. Thomas Co., 1976.
3. Dillingham, Steven D., The Developmentally Disabled Offender, Columbia SC, University Affiliated Facility, 1976.
4. Dudycha, George G., Psychology for Law Enforcement Officers, Springfield, Ill.: Charles C. Thomas Co., 1955.
5. Georgia Association for Retarded Citizens, Police Education Manual, 1975.
6. International Association of Chiefs of Police, Training Key #174, Gaithersburg, Md., 1971.
7. Matthews, Robert A. and Rowland, Lloyd W., How to Recognize and Handle Abnormal People (a Manual for the Police Officer), The National Association for Mental Health, Inc.
8. Norley, Dolores, Material for Police Training in Recognizing and Handling Retarded Citizens, Arlington, Texas: NARC Research and Demonstration Institute.
9. Woody, Robert H., Legal Aspects of Mental Retardation - A Search for Reliability, Springfield, Ill.: Charles C. Thomas Co., 1974.

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