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**To: The Honorable Patricia Blevins, Senate Pro Tempore  
The Honorable Peter Schwartzkoff, Speaker of the House**

**From: The Disability Victim Awareness Task Force  
(Senate Concurrent Resolution #26)**

**Date: March 31, 2014**

**RE: Task Force Report and Recommendations**

On this date of March 31, 2014, please receive this Disability Victim Awareness Task Force (Senate Concurrent Resolution #26) Report and Recommendations for the sincere consideration of the 147th General Assembly.

With gratitude to the Honorable Nicole Poore and the Honorable Debra Heffernan, the Task Force members gathered together and worked collaboratively across state government agencies and non-profits from August 2013 to March 2014 to research and then develop recommendations on systems change to bring a more inclusive and positive justice to victims of crimes with disabilities in Delaware.

We anticipate that our recommendations will receive the attention that they deserve considering the commitment that was shown with passage of this Senate Concurrent Resolution #26 by all members of the General Assembly, but especially with the commitment of both Senator Poore and Representative Heffernan working towards dignity and respect for all persons with disabilities.

Should you have questions or require further information regarding this work please contact the office of the Delaware Developmental Disabilities Council at (302) 739-3333.



**Senate Concurrent Resolution #26:  
Disability Victim Awareness Task Force**

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**Final Report to the 147th General Assembly**

March 31, 2014



*A report of findings and recommendations regarding compiling crime statistics to identify the number of victims in Delaware who have disabilities.*

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## Task Force Members

- The Honorable Nicole Poore, Delaware State Senate
- The Honorable Debra Heffernan, Delaware House of Representatives
- The Honorable Rita Landgraf, Secretary of the Department of Health & Social Services (DHSS), designee Amy Benjamin and Debra Gottschalk
- The Honorable Jennifer Ranji, Secretary of the Department of Services for Children, Youth & Families (DSCYF), designee Rodney Brittingham
- The Honorable Lewis Schiliro, Secretary of the Department of Safety and Homeland Security (DSHS), designee Debra Reed
- Attorney General Beau Biden, designee David Baylor (AG)
- Patricia L. Maichle, Developmental Disabilities Council (DDC) and Chair of the Task Force
- Brian Hartman, Disabilities Law Program (DLP)
- Daniese McMullin-Powell, State Council for Persons with Disabilities (SCPD)
- Eileen Sparling, the Center for Disabilities Studies (CDS), University of Delaware
- Cheri Will, Delaware Victims' Rights Task Force (DVRTF)
- Blanche Creech, People's Place
- Drew Fennell, Criminal Justice Council (CJC)
- Thomas MacLeish, Statistical Analysis Center (SAC)
- Martin Johnson, Delaware Police Chiefs' Council (DPCC)
- Peggy Bell, Delaware Justice Information System (DELJIS)
- Randy Williams, Children's Advocacy Center (CAC)

Other contributors to this work included members of the Victim Rights Task Force Disabilities Subcommittee, Carol Kuprevich (Division of Substance Abuse and Mental Health), Janet Tillman (Delaware Coalition Against Domestic Violence), Cindi Wood (DDC), Kyle Hodges, (State Council for Persons with Disabilities), Adrienne Owen (Delaware State Police), and Philisa Weidlein-Crist, (SAC).

## Executive Summary

In June of 2013, with the leadership and commitment of Senator Nicole Poore and Representative Debra Heffernan, the Delaware General Assembly recognized the need to study and compile statistics relating to victims of crime who have disabilities and unanimously passed [Senate Concurrent Resolution #26](#) (“SCR #26”). The work of the established Disability Victim Awareness Task Force was to be completed by March 2014 and includes a final report to the General Assembly.

Historically, and as documented by both national and international surveys and reports, people with disabilities are victimized at a higher rate than those without disabilities. Although, many crimes against people with disabilities are far too often never reported to law enforcement, those that reach the level of law enforcement reflect higher incidences of crime nationally.

The federal report, [Crime Against Persons with Disabilities 2009 – 2012 - Statistical Tables](#), based on the National Crime Victimization Survey (“NCVS”) is a household phone survey that collects data on U.S. residents ages 12 or older (excluding those living in institutions and those people living in smaller residential homes). Although the data on crime victimization is now being collected on a first time basis, there are still barriers on the information they produced.

This report states that the NCVS defines disability as a sensory, physical, mental, or emotional condition lasting more than six months or longer causing difficulty in activities of daily living. Disabilities are classified according to six limitations: hearing, vision, cognitive, ambulatory, self-care, and independent living. Samples of the results of the NCVS are as follows;

- Among persons ages 12 to 15, the average annual unadjusted rate of violent victimization was nearly three times higher for persons with disabilities (123 per 1,000) than for persons without disabilities (43 per 1,000) in 2012 (Table 2 of the report).
- Among persons ages 16 to 19, persons with disabilities had an unadjusted rate of violent victimization (102 per 1,000) that was at least 3 times greater than that of persons without disabilities (41 per 1,000) in 2012.
- In 2012, the age-adjusted rate of serious violent victimization for persons with disabilities (22 per 1,000) was more than three times higher than for persons without disabilities (6 per 1,000).
- Persons with cognitive disabilities had the highest unadjusted rate of violent victimization from 2009 to 2012 (Table 8 of the report).

In addition, the recently released [2009 – 2010 British Crime Survey](#) which includes data from over 44,000 adults living in England and Wales, indicates that their results are consistent with

reports from the United States and other countries. This report includes the following applicable statements:<sup>1</sup>

- *“People with disabilities are significantly more likely than others to be victims of violence and are often more emotionally impacted when they are taken advantage of. Odds of experiencing violence are two to three times higher for people with disabilities as compared to those without.”*
- *“The risk extends to physical and sexual violence in domestic and non-domestic situations.”*
- *“Future research should evaluate the effectiveness of violence prevention programs in people with disability that address risk factors specific to this group, such as caregiver stress or communication barriers to disclosure.”*

Many people with disabilities lack the skills, resources and avenues of assistance that are needed to speak out against abuse. Those who have been victimized experience shock, disbelief, and denial. Communication, cognitive and physical challenges along with the effects of trauma create circumstances unique to providing services and supports to victims with disabilities.

Utilizing the Law Enforcement Investigation Support Suite (“LEISS”), Delaware has been collecting data on crimes against people with disabilities statewide at the initial contact with law enforcement, at the crime scene, for the past three years. Law enforcement documents both direct observation and voluntary disclosure by the victim of a disability. The Statistical Analysis Center (“SAC”) then utilizes tables in the Criminal Justice Information System (“CJIS”) that contain this information to perform analysis.

The analysis by SAC in August 2013 shows that 1% of the victims of crime in Delaware are people with disabilities. This outcome is severely disproportionate compared to all other surveys and reports reviewed by the Task Force. It is clear that we need to revise our process and method of data collection to enable a more reliable and realistic analysis and reporting of the rate of victimization.

In compliance with SCR #26, the Disability Victim Awareness Task Force began meeting on August 9, 2013 and has met each month since excluding the month of December. The scope of the work included a review of the current research that discussed crimes against those with developmental disabilities and was broadened to include crimes against those with other disabilities, as well. Discussions of the Task Force focused on definition of disability, method of collection, possible data collection opportunities, target crimes, and training needs.

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<sup>1</sup> <http://www.disabilitycoop.com/2013/02/26/risk-victimization-disabilities/17376/>

Recommendations from the Task Force include (not in order of priority):

- Require data collection on victim disability at each step of the legal process using a standard definition of disability. The documentation of this information must be in a manner that allows for the Statistical Analysis Center to appropriately analyze the raw data and publish the outcomes. Primary steps along this process that are most reasonable are at the initial scene of the crime, with the Children’s Advocacy Center, with Victim Services, at the point that a Prosecutor receives a case, and at the final outcome of the case.
- Maintain a mandatory block in the Law Enforcement Investigation Support Suite for law enforcement to complete at the scene of the crime and provide each officer with a hand held tablet to enable him/her to document this information at the scene rather than later.

Officers should state to each victim ***“Delaware Law authorizes additional charges if a victim has a disability. Would you like to voluntarily identify yourself as a person with a disability?”*** in an attempt to gain the needed information from the victim to complete the Law Enforcement Investigation Support Suite. Officers may also use direct observation and talent as an investigator to gain this information.

- Add the following provision to the Budget Epilogue applicable to the Criminal Justice Council: *“The Statistical Analysis Center shall collaborate with the State Council for Persons with Disabilities to improve the validity and reliability of annual statistical reports from SAC on crime victims with disabilities and identify any additional financial and other resources necessary for SAC to further this objective.”*
- Train the Delaware Victim Center staff to more efficiently and appropriately interact with all victims with disabilities. It is anticipated that additional time will be needed to support these victims of crimes initially and throughout the legal and judicial process; therefore, it will be necessary to supplement victim services with additional permanent full-time staff person(s).
- Conduct pre-service and in-service trainings for personnel that would be active at the following possible data collection points:
  - Crime Scene
  - Children’s Advocacy Center
  - Victim Advocates
  - Attorney General Advocates
  - Prosecutors
  - Court System

- Dedicate funding to provide a public outreach campaign aimed at people with disabilities and families. The campaign would clearly state that victimization of a person who has a disability carries additional penalties. This empowers people to self-advocate when they need to do so. Funding can sustain the “Stop The Abuse Now Delaware” program currently being developed by the Division of Developmental Disabilities Services as funded by the Developmental Disabilities Council and should include people of all disabilities and their families.
- Conduct a statewide survey on criminal victimization of people with disabilities in Delaware. The current data from CJS suggests that persons with disabilities in Delaware make up 1% of crime victims. As previously stated, national surveys find that victims with disabilities make up a highly disproportionate amount of crime. The Delaware Criminal Justice Council is in the position to and has the confidence in their ability to assist our team with developing and conducting a better statewide assessment to identify and serve those individuals with disabilities.
- Continue to monitor and assess the progress of this work through the State Council for Persons with Disabilities in collaboration with the Developmental Disabilities Council and others that include stakeholders and members of this Task Force.

As required by the Resolution, the Task Force offers the following report and a list of recommendations to the 147<sup>th</sup> General Assembly.

## Background

In 2009, the Delaware Criminal Justice Council (“CJC”) applied for and received a grant from the Commonwealth of Massachusetts entitled, *“Building Partnerships for the Protection of Persons with Disabilities”*. As required by the grant, the CJC brought together representatives from law enforcement, victim advocates and disability advocates to form an advisory committee and to begin to build partnerships with these agencies to better serve crime victims with disabilities in Delaware.

As a result of the grant activities, Delaware hosted a Forum at Delaware State University that highlighted the work that had been done in Massachusetts around this issue. This Forum was supported and attended by the Attorney General, the Secretary of the Department of Health & Social Services, the Secretary of the Department of Safety & Homeland Security, and the Secretary of the Department of Services for Children, Youth & their Families. The audience numbered 300 and included law enforcement, social service staff, victim advocates, people with disabilities, family members, and disability advocates.

In December 2009, members of the newly formed partnership attended a national crime victim with disabilities conference in Florida and were tasked with developing an Action Plan for Delaware (see Attachment A). Needs identified, not unlike other states across the country, included the following:

- A lack of data that reflects the numbers of crime victims in our state and the types of crimes that are experienced.
- A lack of awareness, education, and advocacy for people with disabilities was identified as a need and has since developed into a peer to peer training entitled, *“Stop The Abuse Now in Delaware”*, now being coordinated with the Division of Developmental Disabilities Services (“DDDS”) with a grant from the Developmental Disabilities Council (“DDC”).
- The need for enhanced training and education for and in collaboration with law enforcement, victim advocates, and disability advocates to enable all of those entities to serve people who are at risk of victimization and those who become victims of crimes.

Our Action Plan reflected additional needs with goals and objectives.

During these same years, federal legislation, [Crime Victims with Disabilities Awareness Act](#) (P.L. 105-301, enacted in 1998) was requiring this same type of data to be collected by the United States Department of Justice which was the first of its kind ever. This law was designed to increase public awareness of the plight of victims of crime with developmental disabilities and it aims to collect data to measure the magnitude of the problem, and to develop measures and remedies to address the safety and justice needs of victims of crime with developmental

disabilities. The first outcome of that work is the report [Crime Against Persons with Disabilities, 2009-2011](#) (Bureau of Justice Statistics, National Crime Victimization Survey, December 2012, NCJ 240299). A subsequent survey and report have been completed, [Crime Against Persons with Disabilities, 2009-2012](#).

With the leadership of the CJC and the Executive Director of the Delaware Criminal Justice Information System (“DELJIS”), we worked to begin a method of statewide data collection with the intention of establishing a valid method of collection ongoing that would enable the Statistical Analysis Center (“SAC”) to analyze the data and publish outcomes annually in “*Crime in Delaware*” and to enable policymakers to plan for and act upon policy that would enhance the lives of people with disabilities. Delaware is the first state in the nation to collect this type of data statewide.

After the first year of data collection using the Law Enforcement Investigation Support Suite (“LEISS”), the SAC analyzed the brief data and the Director published a report. The report [Persons with Disabilities As Victims of Crimes: Delaware 2010](#), on behalf of the Criminal Justice Council, was a tremendous beginning to the crime information that Delaware needs on a regular basis to enable policy decisions that will prevent victimization for this population and will enhance our criminal justice system into the future.

## Senate Concurrent Resolution #26

The work of the established Disability Victim Awareness Task Force was to be completed by March 2014 and includes a final report to the General Assembly. The members assigned attended monthly meetings beginning in August 2013 until March 2014 excluding the month of December. Each member brought their own expertise to the topic and represented the perspective of his or her agency.

The focus issues that were discussed included: definition of disability, data collection methods, analysis, publication, prosecution, training opportunities, Law Enforcement Investigation Support Suite (“LEISS”) demonstration, and target crimes versus all crimes for reporting purposes.

Senator Nicole Poore welcomed everyone to the Task Force at the first meeting of the group and explained how extremely important this work is to her both personally and professionally. One of the things she wanted to highlight was the roles each of us plays in state government. She also explained how her colleagues and she are relying on the data and recommendations from these meetings to provide education and possible legislation for this vulnerable population. As prime sponsor for this SCR #26, her expectation was for everyone to work collaboratively to find a way to collect, analyze and report data from here forward.

Pat Maichle, as Chair of the Task Force, provided background information to the group so everyone had the same understanding of the issues and the work accomplished thus far (information provided in the Background section of this report). In addition, the group was provided the following reports and documents from which to work.

- [Serving Victims With Disabilities: Defining Disability](#)
- Defining Disability (provided by the Center for Disabilities Studies) (see Attachment B)
- Update on Sexual Assault Victims from Christiana Care Health Services (see Attachment C)
- [Abuse of People with Disabilities](#): Findings from the 2012 National Survey on Abuse of People with Disabilities.
- [Sexual Abuse of Children with Disabilities: A National Snapshot](#)
- [Disability and Health in Delaware](#)

The SAC staff provided information on their work. [Title 11, Chapter 89, §8902 of the Delaware Code](#) states that the SAC shall provide the State with a professional capability for objective, interpretive analysis of data relating to crime and criminal justice issues in order to improve the effectiveness of policy-making, program development, planning and reporting.

It was explained that when SAC initially started analyzing the numbers that were being collected in LEISS by law enforcement concerning crime victims with disabilities, it appeared officers were checking the disabled victim option inappropriately. For example, if someone was in a car accident and became disabled due to the car accident they were selecting the disabled victim option which ultimately distorts the data. The person did not have a disability prior to the crime. Training changed how the officer documents the disability information on the LEISS. It appears that the over-counting is probably small compared to the under-counting (see Attachment D).

The federal report, [Crime Against Persons with Disabilities 2009 – 2011](#), and the newly released [Crime Against Person with Disabilities 2009-2012](#), based on the National Crime Victimization Survey (NCVS) is a household phone survey that collects data on U.S. residents ages 12 or older (excluding those living in institutions and those people living in smaller residential homes).

Although the data on crime victimization for persons with disabilities is being collected on a first time basis, access barriers remain an issue. For example, the report clarifies that the survey did not include people who reside in institutional settings and, because it is a phone survey, did not include those who are not able to communicate using a telephone.

The [2009-2012 report](#) states that the NCVS defines disability as a sensory, physical, mental, or emotional condition lasting six months or longer causing difficulty in activities of daily living. Disabilities are classified according to six limitations: hearing, vision, cognitive, ambulatory, self-care, and independent living. Some of the stated results of the NCVS are as follows.

- Among persons ages 12 to 15, the average annual unadjusted rate of violent victimization was nearly three times higher for persons with disabilities (123 per 1,000) than for persons without disabilities (43 per 1,000) in 2012. (Table 2 of the report)
- Among persons ages 16 to 19, persons with disabilities had an average annual unadjusted rate of violent victimization (102 per 1,000) that was about 2.5 times higher than that of persons without disabilities (41 per 1,000) in 2012.
- In 2011, the average annual age-adjusted rate of serious violent victimization for persons with disabilities (22 per 1,000) was more than three times higher than for persons without disabilities (6 per 1,000).
- Persons with cognitive disabilities had the highest unadjusted rate of violent victimization from 2009 to 2012. (Table 8 of the report)

In addition, the recently released [2009 – 2010 British Crime Survey](#), which includes data from over 44,000 adults living in England and Wales, indicates that their results are consistent with reports from the United States and other countries. This report states the following:<sup>2</sup>

- *“People with disabilities are significantly more likely than others to be victims of violence and are often more emotionally impacted when they are taken advantage of. Odds of experiencing violence are two to three times higher for people with disabilities as compared to those without.”*
- *“The risk extends to physical and sexual violence in domestic and non-domestic situations.”*
- *“Future research should evaluate the effectiveness of violence prevention programs in people with disability that address risk factors specific to this group, such as caregiver stress or communication barriers to disclosure.”*

Delaware currently does not perform a survey of this type but could benefit from the work. A statewide survey could include a random sample of people with disabilities across all ages and other demographics. It is recommended that participants in the study be identified in two ways: describing themselves as having a disability, or answering yes to any of the general life function questions (the six questions can be found in the following section) receiving increasingly widespread use. The methodology should include in-person interviews, privacy and confidentiality for respondents. Further, persons with disabilities in all residential facilities, out of the mainstream schools, alternative work settings, etc. need to be included given the possible increased likelihood of victimization in these settings. It is essential that there be no exclusion for more challenging interviews.

Participants should be asked about their experiences with criminal victimization. They should be asked about their willingness to report criminal behavior, and if they had, what happened? If they have not, what are the obstacles for them? What has been their experience with law enforcement and the courts? It is suggested that this research (item development) be conducted through a university program with expertise using qualitative and quantitative survey research. This expertise is available through the Center for Disabilities Studies, or the Criminal Justice/Sociology program at the University of Delaware.

We do not know the breadth or depth of criminal victimization of individuals with disabilities in Delaware. Clarity regarding actual victimization experiences of people with disabilities is a critical first step in both capturing criminal data and responding efficaciously to it.

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<sup>2</sup> <http://www.disabilitycoop.com/2013/02/26/risk-victimization-disabilities/17376/>

## How Do We Collect the Data and What is the Definition of Disability?

The original work of the Criminal Justice Council (“CJC”) in collaboration with the Delaware Criminal Justice Information System (“DELJIS”) included lengthy discussion about whether to ask a question about disability or whether the information on disability would be gained through self-disclosure of the victim and/or direct observation by the officer on the scene. It was decided to depend on self-disclosure and observation of the officer on the scene of a crime for reporting on Law Enforcement Investigation Support Suite (“LEISS”).

Since we began collecting data in Delaware, the Center for Disease Control (“CDC”) has been moving towards using disability status as a demographic question. When someone is reporting gender, race, etc. you will see more questions on disabilities. The most recent standard from Department of Health and Human Services has a focus on function with six questions. With these six questions you begin to get a focus on function (visual & hearing impairments, cognitive disabilities, self-care, independent living). For example, do you need assistance with activities in the community like going to a doctor’s office or shopping? This is a functional way of asking a specific question. The 6 questions are:

- Are you deaf or do you have serious difficulty hearing?
- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Do you have serious difficulty walking or climbing stairs?
- Do you have difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting the doctor’s office or shopping?

It was mentioned that officers are responding to an emotional situation and asking more detailed questions about demographics or disability could make the situation a lot worse. We need to capture the information so we do not put officers in an awkward situation. Approximately 400,000 police reports are written every year in Delaware. We want to make it as easy as possible for officers. Officers are in agreement to adding a box as to “why” they feel the victim has a disability.

The manner, in which the field is populated in the Criminal Justice Information System (“CJIS”), now, is “*Victim Disabled?*” and the officer selects “*Yes or No*” (see Attachment E). Following this question there is no field for officers to list what disability they observed. Officers will provide details in the narrative section - such as “*Jane Doe was on scene interpreting for the victim.*” It is feasible to take the six questions and compile them to add to the definition

section on the police reporting. This could allow officers to be more comfortable when they are checking the disabled option. The questions could be in the form of bullet points to give the officers ideas to consider.

Asking disability related questions during the Victim Services process might make the situation less stressful; however, not every report is checked to refer to Victim Services. Usually when there is a victim attached to a report, officers will check the referral box. But sometimes Victim Services will reject the report because their services are not needed; for example, someone's car was keyed in a parking lot.

Occasionally Victim Service agencies identify a victim who has a disability and the Law Enforcement Investigative Support Suite report does not indicate this. It is possible that LEISS could be modified by DELJIS or a special program created so that Victim Service agencies have the ability to go in and modify the disability section only. This will allow Victim Service agencies who have identified a victim with a disability to report accurate information that might not have been indicated when the report was initially completed by an officer. It was explained that when victim advocates first interact with a victim through the Victim Service agency that may be the beginning of the victim's healing process. The crisis is generally over by that time. Advocates would be equipped to ask the six identifying questions.

The discussion of self-disclosure includes a discussion of disability and self-image. Where would a victim with a hearing impairment who believes that he/she does not have a disability be placed on a police report? Some people who have a disability do not believe they have one and that includes people who are elderly.

Language discussed to complete LEISS on the scene was: ***“Delaware law authorizes additional charges if a victim has a disability. Would you like to voluntarily identify yourself as a person with a disability?”***<sup>3</sup>

The Task Force members recommend that officers will use this language for reporting purposes in addition to the officers' direct observation.

Defining disability is very complex. In terms of defining disability, the Center for Disease Control (“CDC”) is really using the definition as a demographic variable. When you're recording your race, age, sex, etc. that is where disability data can be captured consistently. The CDC is beginning to see standards on this. Federally, there are 67 different definitions. A number of

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<sup>3</sup> [Title 11 Del.C. §1105](#) [Title 31 Del.C. §3913](#) [Cf. Title 6 Del.C. §2581](#)

identifying questions have been used in the American Community Survey (follow up to the Census). These six identifying questions, listed in the handout, have been used for years. They have been cognitively tested and the Federal Department of Health and Human Services endorses the questions. The six questions are much more specific and give more information on specific disabilities. The shift in focus has to do with function.

Statistics released by the FBI in November 2013 from the [Uniform Crime Reporting Program](#) indicate that nearly twice as many hate crimes targeting people with disabilities were reported last year, even as the total number of hate crimes nationwide fell. Overall, 5,796 criminal incidents reported last year were motivated by a bias toward a particular race, religion, sexual orientation, ethnicity/national origin or disability. In 2011, there were 6,222 cases. Disability bias counted for 1.6 percent of all hate crimes reported in 2012. The FBI reported that 82 of the incidents were related to mental disability and 20 were related to physical disability.<sup>4</sup>

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<sup>4</sup> <http://www.disabilitycoop.com/2013/11/26/disability-hate-crimes-surge/18921/>

## Other Points of Targeted Data Collection

Historically, on a national level, crimes against people with disabilities often do not reach prosecution. That is a piece of this issue that no one is clear about – do the cases actually get prosecuted? An outcome of this work will include a search of Criminal Justice Information System (“CJIS”) at intervals to gather information on how many of the cases are prosecuted that involve a victim with a disability.

The Attorney General’s office currently does not have a data base of files with cases that are ‘flagged’ as involving a person with a disability. The Statistical Analytical Center (“SAC”) can currently analyze data on people with disabilities who have been victims of crimes and whether the case was prosecuted using CJIS. We also need to look at the definition of disability that the AG’s office uses and ensure it will be the same definition as what we will use in our collection methods.

The Children’s Advocacy Center works closely with law enforcement agencies and could be another data collection opportunity for disclosure of disability with a dependence on the state agency to enter the data into CJIS.

In order to visualize and consider all of the optimum points at which data could be collected starting with the crime scene and through prosecution, the Task Force created a flow chart (see Attachment F). Anywhere along this process, victims with disabilities could encounter barriers to justice. These barriers can be overcome by using appropriate and necessary accommodations to allow access.

- The opportunity to self-disclose voluntarily
- The opportunity to effectively communicate
- The opportunity to interact with officers
- The opportunity to interact with victim services
- The opportunity to interact with prosecutors
- Cases never getting to trial because the offender takes a plea
- The opportunity to have a say prior to adjudication.

## **What Crimes Should Be Tracked?**

After much discussion on this topic, the Task Force members recommended that crime data for victims with disabilities must include all crimes; we should not limit this activity to a pre-defined set of crimes. This will allow for analysis of all crime data that involves a person with a disability.

## Training Opportunities at Each Step

In 2008, House Bill 443 was passed in Delaware that requires special training for police officers concerning individuals with “a mental illness, mental disability, and/or physical disability.” Additionally, the bill requires that police officers are trained in regard to interacting with minors who have a mental illness, mental disability and/or physical disability. This piece of legislation sets the stage for a natural opportunity to provide law enforcement with the tools that they will need to provide the best data outcomes.

In addition, work is currently in progress to establish Crisis Intervention Team training for all Delaware Police agencies. The first class will convene on May 5, 2014 in order to earn certification.

Training outcomes depend on what you want to accomplish and who the target is, for example, field trainings, pre-service and in-service trainings, etc. Information should be focused on the data collection piece. If we follow the flow chart process, we have the opportunity to work with law enforcement, Victim Service agencies and Prosecutors to utilize existing training opportunities. Every step of the way we’d have information to provide if we change protocol and behavior on reporting.

The Delaware State Police holds in-service trainings that are generally offered over a 6 week timespan, and, in addition, academies are held for new recruits. Information can be included in all of those training opportunities regarding collection of data pertaining to disability In addition to continuing education and online training that are offered.

In 2009, the Developmental Disabilities Council provided funding to survey all police agencies concerning the training that they received pertaining to disability and their training medium preferences on this subject. A report was issued entitled [Information on Law Enforcement Education: Interacting with People with Disabilities](#) where focus group results were documented.

- All of the participants were motivated and shared thoughts and suggestions. Many of the thoughts were shared unaided.
- In terms of actual training materials, participants strongly suggested visuals and cheat sheet formats. Examples included: CDs, DVDs, digital, website links to online training, laminated fact sheets.

A few follow-up points:

- It was also suggested that an organized 'package' with quick reference information would be excellent.

A few personal comments from officers:

- *"Time is everything when you are traveling to a scene; time is everything and therefore quick reference is best."*
- *"So much is kept in our vehicles....materials that can be organized for storing in cars would be helpful."*

Recommendations and Strategies that were included as a result of the survey:

- Select instructors that have a working knowledge of both the law enforcement community as well as the disability related topic
- Select courses related to disabilities that outline the differences between mental and physical disabilities and the tools/approaches for each.
- Utilize training methods / platforms that take into account the officers' limited time. This includes hosting training sessions throughout the three counties and selecting trainers that can accommodate multiple shifts. Also the use of formally distributing DVDs to officers will allow them to view information at their convenience.
- Continue to use Roll Call Briefings as a vehicle to communicate 'refresher' information or recent events related to law enforcement interacting with people with disabilities.
- Further examine the use of quick reference materials/packets that can be easily stored in officers' vehicles.
- Continue to select interactive courses.

Finally, the Victims' Rights Task Force (VRTF) and the VRTF Disability Subcommittee are in the best position to push out trainings for Victim Service agencies, disability agencies, and for people with disabilities.

## Recommendations

After considering the information provided above, and in an effort to measure the magnitude of the problem of victimization of people of all ages with disabilities, to improve the level of service to victims of crime who have disabilities, to increase risk management, to increase public awareness, and to develop measures and remedies to address the safety and justice needs of victims of crimes with disabilities, the members of this Task Force recommend the following for sincere consideration (not in order of priority):

- Require data collection on victim disability at each step of the legal process using a standard definition of disability. The documentation of this information must be in a manner that allows for the Statistical Analysis Center to appropriately analyze the raw data and publish the outcomes. The primary steps along this process that are most reasonable are at the initial scene of the crime, with the Children’s Advocacy Center, with Victim Services, at the point that a Prosecutor receives a case, and at the final outcome of the case.
- Maintain a mandatory block in Law Enforcement Investigation Support Suite for law enforcement to complete at the scene of the crime and provide each officer with a hand held tablet to enable him/her to document this information at the scene rather than later.

Officers should state to each victim, ***“Delaware Law authorizes additional charges if a victim has a disability. Would you like to voluntarily identify yourself as a person with a disability?”*** in an attempt to gain the needed information from the victim to complete the LEISS. Officers may also use direct observation and talent as an investigator to gain this information.

- Add the following provision to the Budget Epilogue applicable to the Criminal Justice Council:

*“The Statistical Analysis Center shall collaborate with the State Council for Persons with Disabilities to improve the validity and reliability of annual statistical reports on crime victims with disabilities and identify any additional financial and other resources necessary to further this objective.”*

- Train the Delaware Victim Center staff to more efficiently and appropriately interact with all victims with disabilities. It is anticipated that additional time will be needed to support these victims of crimes initially. Throughout the legal and judicial process, it will be necessary, to supplement victim services with additional permanent full-time staff person(s).

- Conduct pre-service and in-service trainings for personnel who will be active at the following possible data collection points:
  - Crime Scene
  - Children’s Advocacy Center
  - Victim Advocates
  - Attorney General Advocates
  - Prosecutors
  - Court System
- Dedicate funding to provide a public outreach campaign aimed at people with disabilities and families. The campaign would clearly state that victimization of a person who has a disability carries additional penalties. This empowers people to self-advocate when they need to do so. Funding can sustain the “*Stop The Abuse Now Delaware*” program currently being developed by the Division of Developmental Disabilities Services with funding from the Developmental Disabilities Council and should include people of all disabilities and their families.
- Conduct a statewide survey on criminal victimization of people with disabilities in Delaware. The current data from CJIS suggests that persons with disabilities in Delaware make up 1% of crime victims. As previously stated, national surveys find that victims with disabilities make up a highly disproportionate amount of crime. The Delaware Criminal Justice Council is in the position to and has the confidence in their ability to assist our team with developing and conducting a better statewide assessment to identify and serve those individuals with disabilities.
- Continue to monitor and assess the progress of this work through the State Council for Persons with Disabilities in collaboration with the Developmental Disabilities Council and others that include stakeholders and members of this Task Force.

We thank the Delaware General Assembly for their immediate response to the need for this discussion and work; in particular, we thank Senator Nicole Poore and Representative Debra Heffernan for their commitment to enhancing the lives of people with disabilities by sponsoring Senate Concurrent Resolution #26.

Thank you to all of those members of the Disability Victim Awareness Task Force and others who came to the table prepared to lend their expertise to this work and who work every day to enhance the lives of Delawareans.

## Attachments

## **Attachment A**

**Delaware Action Plan  
Responding to Crime Victims with Disabilities**

**Presented By:**

**The Victim Rights Task Force Disabilities Subcommittee**

**January 2012**

Revised: June 2013

<b>Action:</b>	<b>Goal Date:</b>	<b>Responsible Parties:</b>	<b>Progress:</b>
<p><b>Goal:</b> Increase police participation/awareness.</p> <p><b>Objective:</b> Increase the number of officers on the VRTF Disabilities Subcommittee in our work as partners.</p> <p><b>Objective:</b> Provide training DVD's to police agencies in Delaware.</p>	<p>May 30, 2013</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living</p>	<p>Deb Reed and Susan Alfree will follow up with officers to gain their commitment and attendance.</p> <p>Officer Adrienne Owens has become a member of the Subcommittee.</p>
<p><b>Goal:</b> Develop a strategic plan for Delaware to address needs and gaps for people with disabilities in relation to crime victimization.</p>	<p>January 15, 2012</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living</p>	<p>Completed</p>
<p><b>Goal:</b> Meet monthly with our collaborative team to address our strategic plan and Goals</p>	<p>January 15, 2012</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living</p>	<p>Ongoing</p>

<b>Action:</b>	<b>Goal Date:</b>	<b>Responsible Parties:</b>	<b>Progress:</b>
<p><b>Goal:</b> Increase the awareness for people with disabilities of the potential victimization through social media</p> <p><b>Objective:</b> Utilize the existing Action and Awareness training for peer-to-peer training.</p> <p><b>Action Step:</b> Collaborate with Division of Developmental Disabilities Services, Center for Disabilities Studies, Division of Substance Abuse and Mental Health, Division of Services for Aging and Adults with Physical Disabilities and Division of Services for Children, Youth and their Families.</p>	<p>September 30, 2012</p> <p>April 30, 2013</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living</p>	<p>DDDS has agreed to coordinate in collaboration with CDS. A meeting is scheduled with the DDDS Director, Jane Gallivan, and training staff on September 17<sup>th</sup> to discuss this progress.</p> <p>Alisha Raiford of DDDS has taken leadership of the Action &amp; Awareness training and has spent time educating herself and peer trainers on the topic at a national VERA conference. A grant application has been submitted to the DD Council for review.</p> <p>The program has been revised to include additional training opportunity as of May 2013. DDDS will manage the training with sponsorship by the DD Council.</p>
<p><b>Goal:</b> Measure the incidents of the use of social media to victimize people with disabilities in Delaware by working with the Attorney General.</p> <p><b>Objective:</b> Schedule a meeting with the Attorney General and his staff to discuss the means by which data is collected and can be shared regarding cases involving social media and people with disabilities.</p>	<p>June 30, 2013</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living; State Council for Personal with Disabilities.</p>	<p>Attorney General Biden and Lt. Governor Matt Denn have recently introduced legislation to address bullying that includes recommendations offered to them through discussion, webinar, and position statement.</p> <p>Committee members met with Attorney General's staff on July 13, 2012 to discuss the Goal and Objective. Data will be shared for review.</p>

<b>Action:</b>	<b>Goal Date:</b>	<b>Responsible Parties:</b>	<b>Progress:</b>
<p><b>Goal:</b> Align content and participation at Delaware's Annual Conference to influence the daily activities of police officers for victims of crime with disabilities.</p> <p><b>Objective:</b> From other states explore the content of laws to influence the awareness social media bullying, increasing penalties and identify other law enforcement presenters for this event. Develop a curriculum as part of their required annual training.</p>	<p>December 31, 2012</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living; Criminal Justice Agencies</p>	<p>A Summit and Conference have been held towards the end of 2010 and 2011 respectively. The planning committee will plan for this year's event at April meeting.</p> <p>Pat has contacted speaker, Dr. Bloom for her availability in November. Other speakers will be sought.</p> <p>A collaborative Law Enforcement Training occurred on December 10, 2012 with DSP. Our topic was Trauma Informed Care. This was well received by attendees.</p> <p>The 2013 training opportunity will include the presentation by people with disabilities.</p>

Action:	Goal Date:	Responsible Parties:	Progress:
<p><b>Goal:</b> Ensure the collection of statistical data relating to victimization of students with disabilities in the established Department of Education Risk Survey.</p> <p><b>Objective:</b> Contact Roberta Galt of the University of Delaware to draft appropriate questions for the Risk Survey to meet our needs.</p> <p><b>Objective:</b> Build a statistical picture of student risk behaviors in relation to victimization</p>	<p>June 1, 2013</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living; Delaware Department of Education; Nemours</p>	<p>Pat sent out (via email) the draft Risk Survey and asked for any recommendations from the committee. There was a recommendation to have another format available to accommodate students and to offer a broader range of questions. A meeting will be scheduled to meet with Roberta Galt in September.</p> <p>Ms. Galt hosted a meeting of her planning committee and invited representatives of this collaboration. Eileen Spurling of the Center for Disabilities Studies and Carol Kuprevich of DSAMH attended and voiced our concerns about the current Risk Assessment and requested access for students with disabilities and accommodations.</p> <p>The Subcommittee met with Ms. Galt on June 12, 2013 to discuss in detail the access needs of students w/disabilities. It was decided that a meeting with the funding agencies for the Youth Risk Survey will be organized to discuss our concerns.</p>

Action:	Goal Date:	Responsible Parties:	Progress:
<p><b>Goal:</b> Refine the collection, analysis, and publicity of reported numbers of victims of crime who have disabilities and the type of crime.</p> <p><b>Objective:</b> Continue to work with the DELJIS and the Statistical Analysis Center in DE to continue this process and to refine the process for quality and valid information</p> <p><b>Objective:</b> Advocate for SCR #26 and fulfill the requirements of this legislation (2013-2014).</p>	<p>June 15, 2013</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living; Delaware Statistical Analysis Center; DELJIS</p>	<p>Planning committee will address this Goal throughout 2012.</p> <p>Some of the committee members met with Tom McLeish and the staff at SAC. SAC is concerned with the low amount of numbers they are getting. They feel we need to refine the collection of this data. We shared with them how the information is currently collected on a National level. We'll share this information with the AG's office when we meet in July 13<sup>th</sup>. After that, we'll meet with SAC again. Members met with Peggy Bell of DELJIS on 8/29. She has since refined the definition of disability on the police report doc and has sent clarifying information to all police via email. This will also be included in training. Committee should request data from DELJIS regularly. Meeting with SAC has been requested.</p> <p>Members met with SAC and talked about the data collection and analysis. SAC is still researching current methods used for this information collection and analysis.</p> <p>January 2013 a copy of the newly released DOJ report on Crime Victims with Disabilities</p>

<b>Action:</b>	<b>Goal Date:</b>	<b>Responsible Parties:</b>	<b>Progress:</b>
<p><b>Goal:</b> Increase accountability at all levels for the protection against crime or people with disabilities.</p> <p><b>Objective:</b> Work with the Attorney General's office to review Delaware's code to assess if enhancements need to be made.</p> <p><b>Objective:</b> Include people with disabilities in this process.</p>	<p>December 31, 2012</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living; Consumers.</p>	<p>Planning committee will address this Goal throughout 2012.</p> <p>This information was discussed at the meeting with the AG's office on July 13<sup>th</sup>. Committee will provide recommendations for Code changes to the AG for consideration.</p>
<p><b>Goal:</b> In an emergency situation resulting from victimization of a crime, ensure access to accessible transportation as quickly as possible.</p> <p><b>Objective:</b> Review the Paratransit policy that requires a 24 hour reservation for each eligible rider.</p> <p><b>Objective:</b> Recommend a specific change to this Policy.</p>	<p>June 30, 2013</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living; DeIDOT; State Council for Persons with Disabilities</p>	<p>Planning committee will address this Goal throughout 2012.</p> <p>A meeting was held on September 6<sup>th</sup> with Bonnie Hitch of DART Paratransit to discuss emergency transportation for people with disabilities after hours and with short notice. Several next steps were identified including initiatives that are already planned for by the new Director. Our need will help to enhance her ideas. Bonnie will provide follow up to the Committee members.</p> <p>A second discussion occurred with Bonnie Hitch in May 2013 to update on progress. Bonnie offered that a pilot accessible taxi program will be instituted and results will be shared on use and success of the pilot.</p>

Action:	Goal Date:	Responsible Parties:	Progress:
<p><b>Goal:</b> Provide information for officers about resources for sign language interpreters, available assistive technology, and funding to provide these as needed.</p> <p><b>Objective:</b> Collect the resource information and provide suggestions in easy access to this information.</p> <p><b>Objective:</b> Recommend possible funding sources and budgeting techniques.</p>	<p>December 30, 2013</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living</p>	<p>Stephanie Hamilton, Chair of the VRTF, has reached out to the state agency for the blind and visually impaired and DATI and arranged a presentation for the VRTF to bring awareness.</p> <p>Pat will talk to Stephanie Hamilton about how to present info to officers.</p> <p>Lisa Becker will report back to the committee on the resources gathered by the Coalition.</p> <p>DSP adopted a new policy on resources for officers for interacting with people who are deaf or hard of hearing.</p>
<p><b>Goal:</b> Revise Arrest Report to include resources for deaf and hard of hearing.</p> <p><b>Objective:</b> Discuss this need with the Director of DELJIS.</p> <p><b>Objective:</b> Provide the resource information to DELJIS.</p>	<p>December 30, 2012</p>	<p>Delaware Developmental Disabilities Council; Center for Disabilities Studies; Delaware State Police; Delaware Attorney General; Newark Police Department; Contact Lifeline; Peoples Place; Delaware Coalition Against Domestic Violence; Delaware Division of Developmental Disabilities Services; Disabilities Law Program; Delaware Division of Substance Abuse and Mental Health; Dover Police Department; Wilmington Police Department; Freedom Center for Independent Living; DELJIS; Stakeholders.</p>	<p>After the resources (see above) are established, we will work with Peggy Bell to include this on arrest reports. Peggy requested the information to be included and she will include the information as best as she can.</p> <p>DSP has adopted a new policy on resources for officers for interacting with people who are deaf or hard of hearing.</p>

<p><b>vidence/Support:</b></p>	<ul style="list-style-type: none"> <li>● Lack of officers at recent conference</li> <li>● 2 articles from the Office of Civil Rights</li> <li>● DDC Position Statement on Bullying</li> <li>● Building Partnerships grant outcomes for DE</li> <li>● Prevalence of Interpersonal Violence...article</li> <li>● DeDOT reservation policy for DART Paratransit</li> </ul>
<p><b>takeholders:</b></p>	<p>People with disabilities, Delaware Developmental Disabilities Council, Center for Disabilities Studies, Delaware State Police, Delaware Attorney General, Newark Police Department, Contact Lifeline, Peoples Place, Delaware Coalition Against Domestic Violence, Delaware Division of Developmental Disabilities Services, Disabilities Law Program, Delaware Division of Substance Abuse and Mental Health, Dover Police Department, Wilmington Police Department, Freedom Center for Independent Living, Action and Awareness Trainers (self-advocates), State Council for Persons with Disabilities, DeDOT, University of Delaware, The Office of Deaf and Hard of Hearing, Independent Resources, Inc., DELJIS, Sexual Assault Network of Delaware, Delaware Department of Health and Social Services, Delaware Division of Services for Children, Youth and their Families, Nemours, Delaware Statistical Analysis Center, Criminal Justice Agencies, CHILD Inc.</p>
<p><b>mplementations:</b></p>	<p>Expand the existing VRTF disabilities subcommittee, with various stakeholders that meet regularly, to include other stakeholders. Discussions with the Attorney General, Delaware Department of Education, and University of Delaware.</p>
<p><b>bstacles/Barriers:</b></p>	<p>Law enforcement schedules, Barriers for self-advocates to attend meetings/events, Use of more technology, Funding, Discrimination, Stigma, Attitude.</p>
<p><b>valuation:</b></p>	<ul style="list-style-type: none"> <li>● Use of an evaluation tool to issue at each event using baseline questions.</li> <li>● Use of a pre and post-test at events.</li> <li>● Evaluate outcomes of the Goals/Objectives/Action Steps throughout the extent of the work.</li> </ul>
<p><b>utstanding Issues:</b></p>	<p>Definition of Domestic Violence for sheltering in Delaware. Research and discuss the barriers. Family Violence Protection and Services Act – definition to change to include interpersonal relationships in 2013.</p>

## **Attachment B**

## DEFINING DISABILITY



### Defining Disability

- Demographic variable
- 67 federal definitions for disability
  - Varies by setting, age, purpose

Federal Statutory Definitions of Disability (ICDR 2003)

### Types of disability



- Physical or mobility
- Sensory – vision and hearing
- Intellectual
- Mental or emotional

### Questions

- Behavioral Risk Factor Surveillance System (BRFSS)
- American Community Survey (ACS)

- Are you limited in any way in any activities because of physical, mental, or emotional problems?
- Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- Are you deaf or do you have serious difficulty hearing?
- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Do you have serious difficulty walking or climbing stairs?
- Do you have difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Current data doesn't tell us about:

- Severity
- Duration
- Age of onset

## **Attachment C**

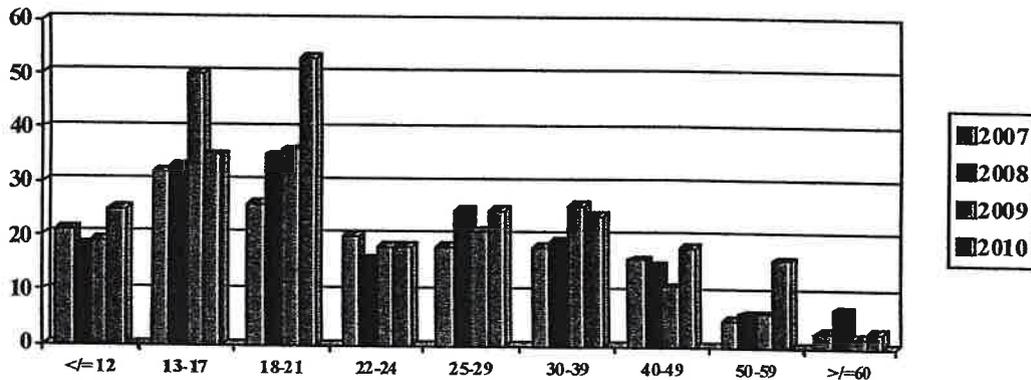
UPDATE ON SEXUAL ASSAULT VICTIMS  
CHRISTIANA CARE HEALTH SERVICES  
2010 END-YEAR DATA

Our patient volume for sexual assaults remains steady. Anita Symonds, R.N., SANE-A/P, completes her ninth year as Coordinator, and Gordon Reed, M.D., completes his fourteenth year as the medical director.

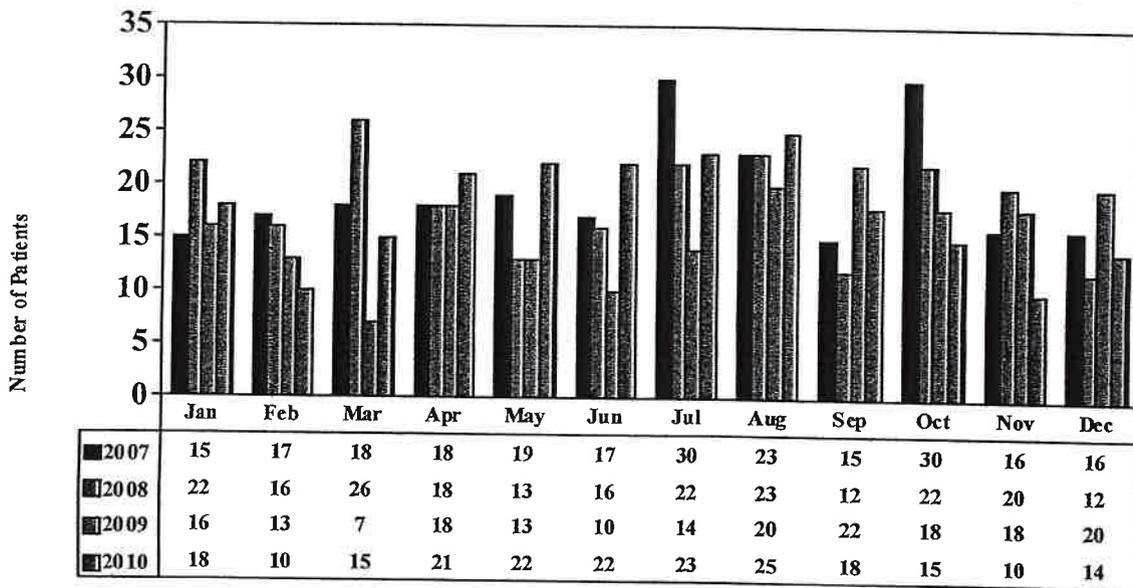
For the volume of patients seen since our inception, see the table below. To understand **some** of the totals listed, one must understand that our program began in August 1996, and we stopped doing sexual assault exams at Wilmington Hospital in August 2002. Data here includes all patients seen by the FNE, although most of the other data only includes patients who had a sexual assault “kit” completed.

	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10
Wilmington	11	34	20	32	30	25	8	0	0	0	0	0	0	0	0
Christiana	35	110	111	103	71	119	188	186	211	220	288	234	222	245	252
Combined	46	144	131	135	101	144	196	186	211	220	288	234	222	245	252

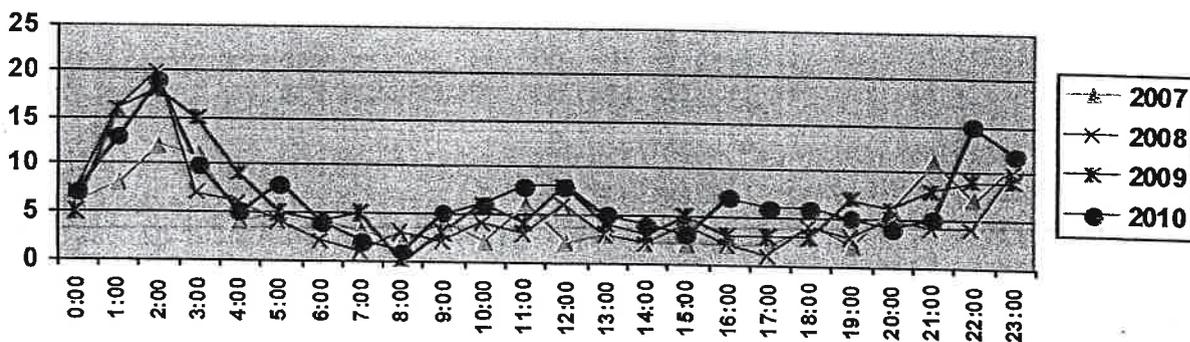
We celebrated our 14<sup>th</sup> year of forensic exams at CCHS on August 1 of 2010, and by the end of 2010 had seen 2755 patients following sexual assault. Patient age ranged from 1-91 years, with a mean and median of 21 years. The breakdown for age ranges is shown below, based on patients receiving a forensic exam at Christiana Hospital from January 1, 2007 through December 31, 2010:



We have had a relatively stable volume from month to month, with no consistent trend from year to year. Time of assault has also been very consistent from year to year, with peaks generally from 9 pm to 4 am. The day of the week that the patient was assaulted, formerly more likely on Friday through Sunday, is now more evenly distributed. Saturday is the above average outlier (23%) and Sunday the below average outlier (8%). All percentages are for 2010 only.



### Time of Assault



We collected evidence on 17 male and 200 female patients in 2010. Of the males, six were children, six were adults with disabilities and three were incarcerated adults. Adult, non-disabled, non-incarcerated male victims of sexual assault remain a very small component of our volume.

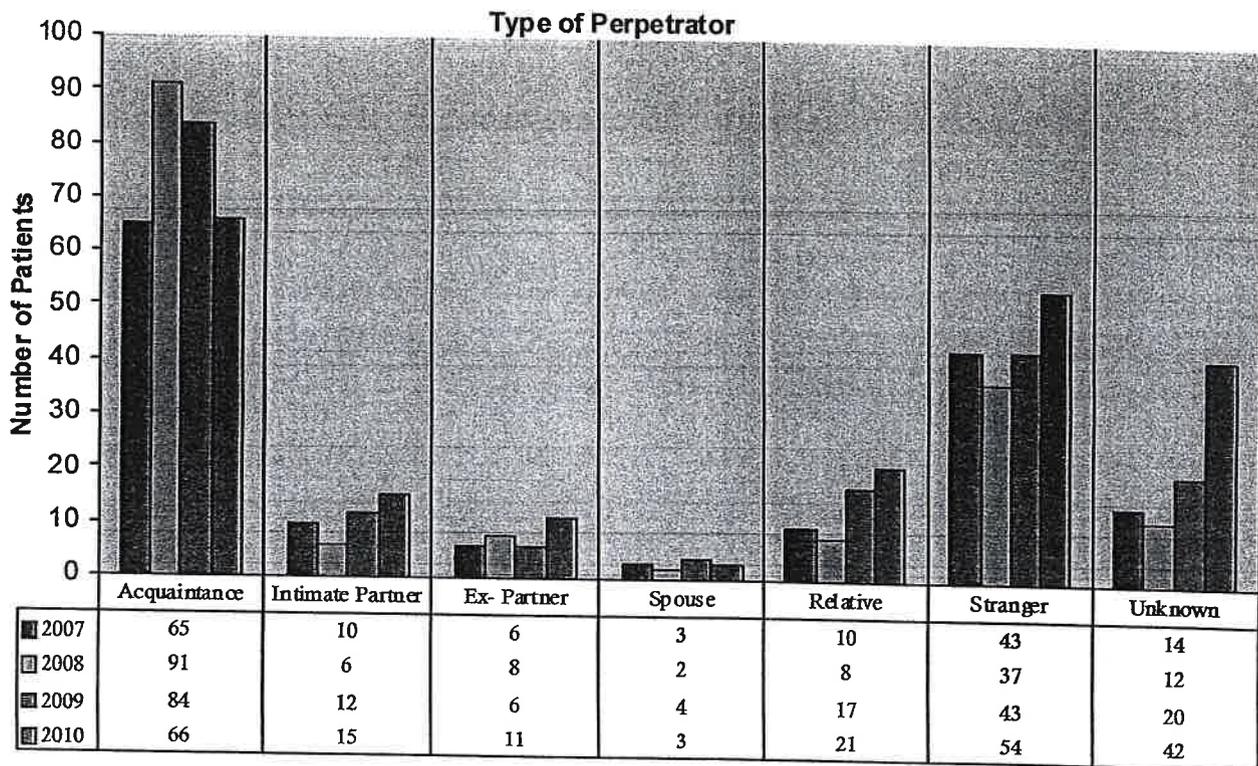
Distribution of patients by race shows a predominance of African American (35%) and Caucasian (61%) patients, compared with Hispanics (4%), reflecting our patient population. Translation services are available 24 hours a day for virtually any language through the language line. There were 24 females and seven males with disabilities so far in 2010 evaluated for sexual assault at Christiana Hospital. The mentally and physically disabled population is obviously at high risk for sexual abuse. Local facilities providing care for these patients continue to act promptly in referring patients to our facility for forensic evaluation.

Location of assault is categorized in a number ways. The city where the assault took place is broken down as follows. For 2010, 29% reported occurring in Wilmington, 33% in New Castle County, and 17% reported the assault occurred in Newark (no significant trends):

Location	# in '07	# in '08	# in '09	# in '10
Bear	5	2	8	6
Claymont	7	3	7	4
Elsmere	1	2	2	4
New Castle Co.	34	41	30	52
Newark	28	31	24	28
Newport	0	2	1	1
U of Delaware	1	3	5	6
Wilmington	45	52	53	72
Other	19	24	40	37

Of those evaluated, 82% wished to involve police from the start in 2010, back up from a dip of 74% in 2009 (it is now back in the usual range now of 79-90%). We do, in accordance with Federal law, collect evidence when appropriate, independent of the patient's desire to report. Relationship with the perpetrator data shows acquaintance rape to be the most common. The mean perpetrator age is 28.

In conclusion, there are no major trends to report this year regarding the number and locations of sexual assaults in our area. There does seem to be a more even distribution of sexual assaults throughout the week, as opposed to the historical trend of being more likely from Friday through Sunday. We will continue to closely monitor our own data for trends and disburse this information to all interested parties. We hope the reader finds this information informative and useful.





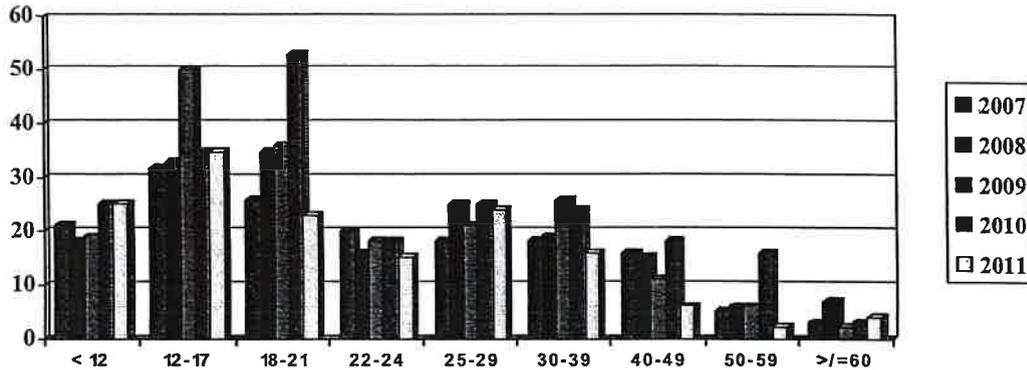
UPDATE ON SEXUAL ASSAULT VICTIMS  
CHRISTIANA CARE HEALTH SERVICES  
2011 END OF YEAR DATA

We are done with our sixteenth year as a forensic program at Christiana Care. Anita Symonds, R.N., SANE-A/P begins her eleventh year as Coordinator, and Gordon Reed, M.D., begins his seventeenth year as the medical director.

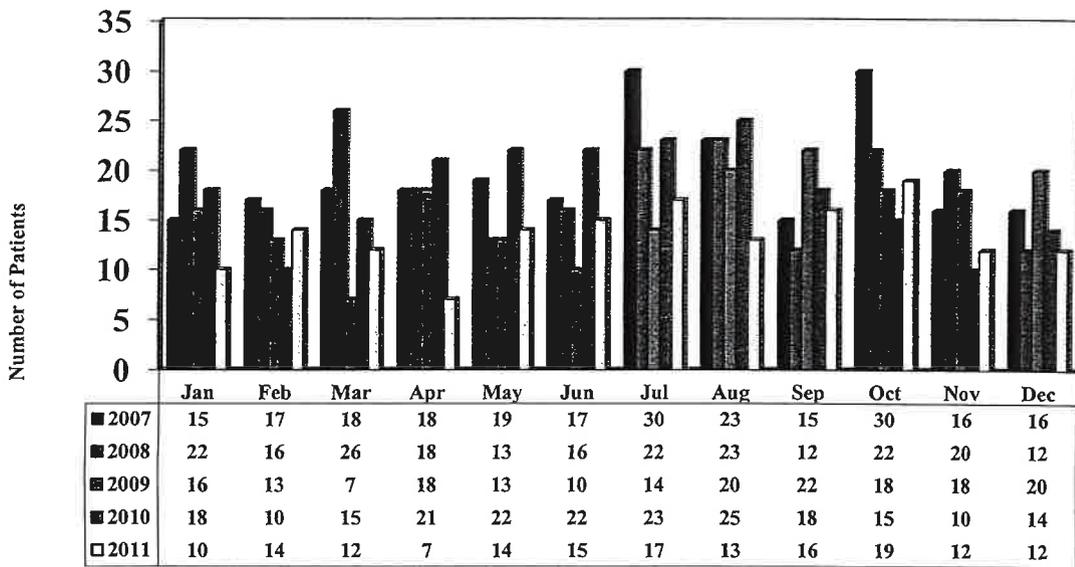
For the volume of patients seen since our inception, see the table below. Data for overall totals **includes** all patients seen by the FNE, including children. All of the other data only includes patients who had a sexual assault “kit” completed.

'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11
46	144	131	135	101	144	196	186	211	220	288	234	222	245	318	242

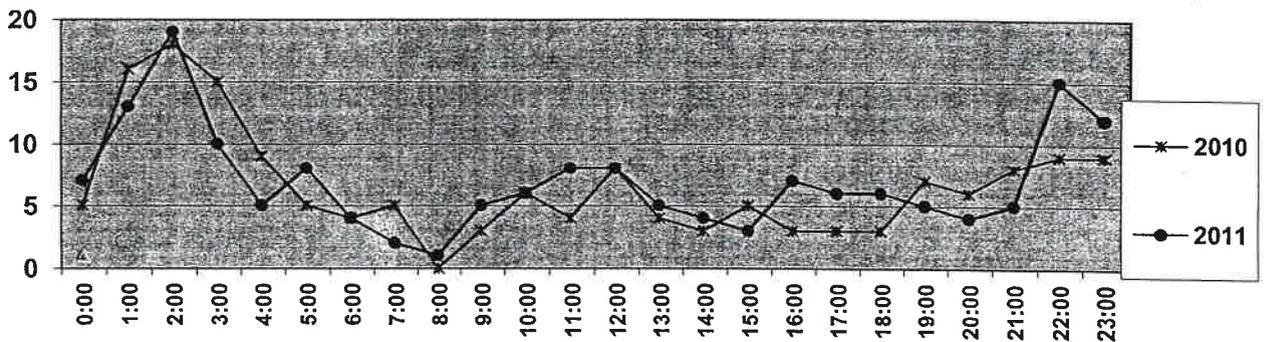
We celebrated our 15<sup>th</sup> year of forensic exams at CCHS on August 1 of 2011, and by the end of December 2011 had seen 3063 patients following sexual assault. Patient age ranged from 2-76 years, with a mean of 22, median of 20 and mode of 15 years. The breakdown for age ranges is shown below, based on patients receiving a forensic exam at Christiana Hospital from January 1, 2007 through December 2011:



We have had a substantial decrease in volume of sexual assault consults (24%) and for those receiving a full forensic exam following sexual assault (38%) this year, especially in the 18-21 year olds, without a clear cause. Part of this can be attributed to our unusually high volume in 2010. However, there still does seem to be a trend toward accepting medical care and declining reporting. Time of assault has been very consistent from year to year, with peaks generally from 9 pm to 4 am. The day of the week that the patient was assaulted, formerly more likely on Friday through Sunday, has been more evenly distributed the last couple years.



**Time of Assault**



Of the patients we saw and obtained full demographic data, 13 were male and 137 were female. Of the males, eight were children and three were adults with disabilities. Adult, non-disabled male victims of sexual assault remain a very small component of our volume (two for 2011).

Distribution of patients by race shows a consistent predominance of African American (45%) and Caucasian (51%) patients, compared with Hispanics (4%) and Asians (1%). This is a slight decrease in the Caucasian percentage (usually 55-60%) and an increase for the African American percentage (usually mid-30%) Translation services are available 24 hours a day for virtually any language through the language line. There were 11 females and four males with disabilities in 2011 evaluated for sexual assault at Christiana Hospital. The mentally and physically disabled population is obviously at high risk for sexual abuse. Local facilities providing care for these patients continue to act promptly in referring patients to our facility for forensic evaluation.

Location of assault is categorized in a number ways. The city where the assault took place is broken down as follows. For 2011, 32% reported occurring in Wilmington, 26% in New Castle County, and 12% reported the assault occurred in Newark. It is of note that we performed nine kits on patients from Pennsylvania, one from Maryland, one from New Jersey and three from downstate Delaware.

Location	# in '07	# in '08	# in '09	# in '10	# in '11
Bear	5	2	8	6	7
Claymont	7	3	7	4	3
Elsmere	1	2	2	4	0
New Castle Co.	34	41	30	52	37
Newark	28	31	24	28	17
Newport	0	2	1	1	0
U of Delaware	1	3	5	6	2
Wilmington	45	52	53	72	45
Other	19	24	40	37	29

Of those who agreed to complete a sexual assault kit, 92% wished to involve police from the outset in 2011. We do, in accordance with Federal law, collect evidence with consent, when appropriate, independent of the patient's desire to report. Relationship with the perpetrator data shows acquaintance rape to be the most common (54%) with 12% stranger rapes. The mean perpetrator age decreased by one year to 28 years (range 6-60).

In conclusion, there seems to be a significant decrease in total patients seen for a complaint of sexual assault, and the number of patients consenting for a sexual assault exam. This seems particularly true for Caucasians aged 21-24. Time will tell if this is due to a true decrease in sexual assault in this demographic, or for some other reason. We will continue to closely monitor our own data for trends and disburse this information to all interested parties, and welcome others to share their data and insight with us. We hope the reader finds this information informative and useful.

For any questions, please call the Forensic Nursing Program at Christiana Hospital at 302-733-4799. Further updates will be available on a semi-annual basis.

Gordon Reed, M.D.  
 Medical Director, Forensic Nursing Program  
 Christiana Care Health System  
 reedgd@verizon.net



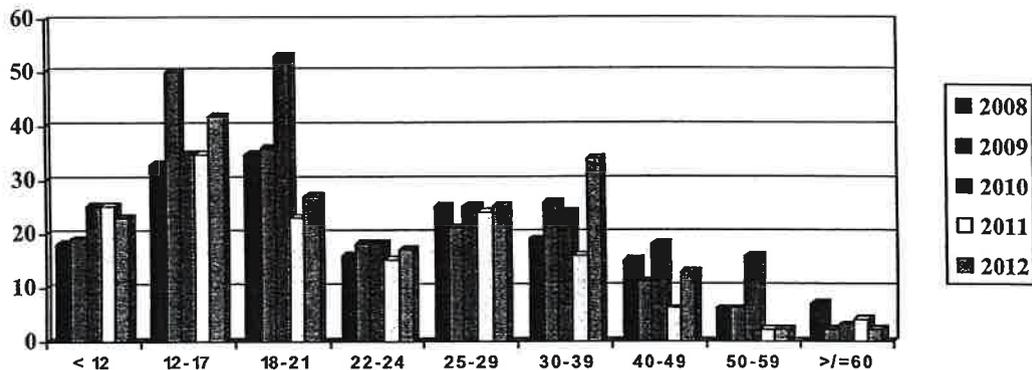
UPDATE ON SEXUAL ASSAULT VICTIMS  
CHRISTIANA CARE HEALTH SERVICES  
2012 END OF YEAR DATA

We have just completed our 17th year as a forensic program at Christiana Care. Anita Symonds, R.N., SANE-A/P completes her eleventh year as Coordinator, and Gordon Reed, M.D., completes his seventeenth year as the medical director.

For the volume of patients seen since our inception, see the table below. Data for overall totals includes all patients seen by the FNE, including children. All of the other data only includes patients who had a sexual assault "kit" completed.

'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12
46	144	131	135	101	144	196	186	211	220	288	234	222	245	318	242	300

Since our program began August 1 of 2012, through the end of December 2012, our Forensic Nurse Examiners had seen 3349 patients following sexual assault. Thus far in 2012, patient age ranged from 1-80 years, with a mean of 23.5, median of 22 and mode of 14 years (these are all stable year to year). The breakdown for age ranges is shown below, based on patients receiving a forensic exam at Christiana Hospital from January 1, 2008 through December 2012:



Although there is some variation year to year for certain age groups, there are no persistent trends to report at this time. Time of assault has been very consistent from year to year, with peaks generally from 9 pm to 4 am. The day of the week that the patient was assaulted, formerly more likely on Friday through Sunday, has been more evenly distributed the last couple years.

Of the 186 patients we saw and obtained full demographic data in 2012, 21 were male and 165 were female. Of the males, eleven were children, three were incarcerated adults, and one was mentally disabled. Adult, non-disabled, non-incarcerated male victims of sexual assault remain a very small component of our volume (six in 2012, which is above average).

Distribution of patients by race shows a consistent predominance of African American (38%) and Caucasian (56%) patients, compared with Hispanics (6%) and Asians (0%). Translation services are available 24 hours a day for virtually any language through the

language line. There were 7 patients with disabilities (six with mental health problems and one with a traumatic brain injury) so far in 2012 evaluated for sexual assault at Christiana Hospital. The mentally and physically disabled population is obviously at high risk for sexual abuse. Local facilities providing care for these patients continue to act promptly in referring patients to our facility for forensic evaluation.

Location of assault is categorized in a number ways. The city where the assault took place is broken down as follows. For 2012, 31% reported occurring in Wilmington, 20% in New Castle County, and 12% reported the assault occurred in Newark. No new trends noted so far in 2012. We again note that we performed 19 kits on patients from out of state, two from the Dept. of Corrections and one from Delaware Psychiatric Center.

Location	# in '08	# in '09	# in '10	# in '11	# in '12
Bear	2	8	6	7	6
Claymont	3	7	4	3	2
Elsmere	2	2	4	0	4
New Castle Co.	41	30	52	37	38
Newark	31	24	28	17	23
Newport	2	1	1	0	1
U of Delaware	3	5	6	2	4
Wilmington	52	53	72	45	58
Other/Unlisted	24	40	37	29	50

Of those who agreed to complete a sexual assault kit, 84% chose to involve police from the outset in 2012, although only 62% of all patients consented for evidence collection.. We do, in accordance with Federal law, collect evidence with consent, when appropriate, independent of the patient's desire to report, and maintain the evidence for several weeks in case the patient changes his/her mind. Relationship to perpetrator data shows acquaintance rape to be the most common (41%) with 17% stranger rapes and 18% intimate partners/ex-IPs (all stable). The mean perpetrator age went back to 29 years (range 6-62).

In conclusion, recent downward volume of patients presenting to the ED following sexual assault has rebounded back to our prior baseline in 2012, although it remains more common for patients to decline the collection of evidence and involvement of police. We have also seen an acute spike in the out of state evidence collections. We will continue to closely monitor our own data for trends and disburse this information to all interested parties, and welcome others to share their data and insight with us. We hope the reader finds this information informative and useful.

For any questions, please call the Forensic Nursing Program at Christiana Hospital at 302-733-4799. Further updates will be available on a semi-annual basis.

Gordon Reed, M.D. [greed@christianacare.org](mailto:greed@christianacare.org)  
 Medical Director, Clinical Forensic Program  
 Christiana Care Health System

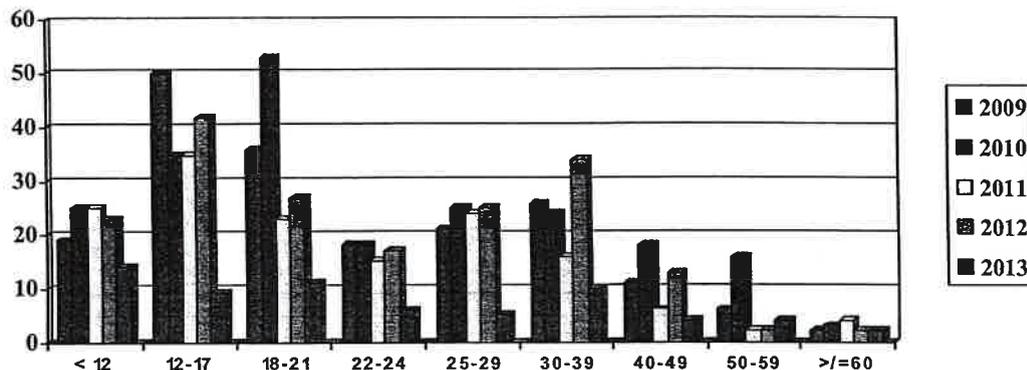
UPDATE ON SEXUAL ASSAULT VICTIMS  
 CHRISTIANA CARE HEALTH SERVICES  
 2013 MID-YEAR DATA

Our forensic program is now half way through its 18<sup>th</sup> year at Christiana Care. Anita Symonds, R.N., SANE-A/P is in her twelfth year as Coordinator, and Gordon Reed, M.D., completes his eighteenth year as the medical director.

For the volume of patients seen since our inception, see the table below. Data for overall totals includes all patients seen by the FNE, including children. All of the other data only includes patients who had a sexual assault “kit” completed.

'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13
46	144	131	135	101	144	196	186	211	220	288	234	222	245	318	242	300	80

Since our program began August 1 of 2012, through the end of June 2013, our Forensic Nurse Examiners had seen 3415 patients following sexual assault. Thus far in 2013, patient age ranged from 2-77 years, with a mean of 28.6, median of 27 and mode of 23 years (all higher than typical, which is attributed to insufficient data on several pediatric patients). The breakdown for age ranges is shown below, based on patients receiving a forensic exam at Christiana Hospital from January 1, 2009 through June 2013:



Although there is some variation year to year for certain age groups, there are no persistent trends to report at this time. Time of assault has been very consistent from year to year, with peaks generally from 9 pm to 4 am. The day of the week that the patient was assaulted, formerly more likely on Friday through Sunday, has been more evenly distributed the last couple years.

Of the 53 patients we saw and obtained full demographic data in 2013, all were female, which is unusually low, after an above average number of adult, non-disabled, non-incarcerated male victims of sexual assault (six) in 2012.

Distribution of patients by race shows a consistent predominance of African American (40%) and Caucasian (53%) patients, compared with Hispanics (4%) and Asians (0%). Translation services are available 24 hours a day for virtually any language through the language line (utilized once this period). There were 8 patients with disabilities so far in 2013

evaluated for sexual assault at Christiana Hospital (mostly mental health issues). The mentally and physically disabled population is obviously at high risk for sexual abuse. Local facilities providing care for these patients continue to act promptly in referring patients to our facility for forensic evaluation.

The city where the assault took place is broken down as follows for 2013: 33% reported occurring in Wilmington, 22% in New Castle County, and 18% reported the assault occurred in Newark. No new trends noted so far in 2013. We performed 4 kits on patients from out of state, .

<b>Location</b>	<b># in '09</b>	<b># in '10</b>	<b># in '11</b>	<b># in '12</b>	<b># in '13</b>
Bear	8	6	7	6	1
Claymont	7	4	3	2	3
Elsmere	2	4	0	4	0
New Castle Co.	30	52	37	38	10
Newark	24	28	17	23	8
Newport	1	1	0	1	0
U of Delaware	5	6	2	4	0
Wilmington	53	72	45	58	15
Other/Unlisted	40	37	29	50	9

Of those adults/adolescents who agreed to complete a sexual assault kit, 81% chose to involve police from the outset in 2013, and 77% of all adult/adolescent patients consented for evidence collection (up from 62% last year). We do, in accordance with Federal law, collect evidence with consent, when appropriate, independent of the patient's desire to report, and maintain the evidence for several weeks in case the patient changes his/her mind. Relationship to perpetrator data shows acquaintance rape to be the most common (49%) with 20% stranger rapes and 10% intimate partners/ex-IPs (all stable). The mean perpetrator age went up again to 34.9 years (range 14-70).

In conclusion, there has again been a decline in overall volume of patients presenting to the ED following sexual assault, although patients seem more likely to report this year compared with recent years. Last year's spike in out of state assaults has quieted down so far in 2013. We will continue to closely monitor our own data for trends and disburse this information to all interested parties, and welcome others to share their data and insight with us.

For any questions, please call the Forensic Nursing Program at Christiana Hospital at 302-733-4799. Further updates will be available on a semi-annual basis.

Gordon Reed, M.D. [greed@christianacare.org](mailto:greed@christianacare.org)  
 Medical Director, Clinical Forensic Program  
 Christiana Care Health System

## **Attachment D**

Victims Counts by Most Serious UCR Offense, Unofficial Crime Reporting, 2012

Most Serious Offense	UCR Code	Total Victims	Victims With Disabilities	% Victims With Disabilities	
Murder-Nonnegligent Homicide	09A	53	1	1.89%	
Negligent Manslaughter	09B	11	0		
Justifiable Homicide	09C	1	0		
Kidnapping	100	342	3	0.88%	
Forcible Rape	11A	279	4	1.43%	
Forcible Sodomy	11B	63	1	1.59%	
Sexual Assault with an Object	11C	34	0		
Forcible Fondling	11D	441	9	2.04%	
Robbery	120	1,767	21	1.19%	
Aggravated Assault	13A	3,343	22	0.66%	
Simple Assault	13B	12,961	98	0.76%	
Intimidation	13C	4,234	36	0.85%	
<i>Any Assault</i>		<i>20,538</i>	<i>156</i>	<i>0.76%</i>	
Arson	200	137	2	1.46%	
Extortion/Blackmail	210	8	0		
Burglary	220	6,349	61	0.96%	
Larceny; Theft / Pocket-Picking	23A	25	0		
Larceny; Theft / Purse-Snatching	23B	21	1	4.76%	
Larceny; Theft / Shoplifting	23C	10	0		
Larceny; Theft / From Building	23D	5,851	151	2.58%	
Larceny; Theft / From Coin Operated Machine	23E	3	0		
Larceny; Theft / From Motor Vehicle	23F	5,218	17	0.33%	
Larceny; Theft / MV Parts and Accessories	23G	1,213	7	0.58%	
Larceny; Theft / All Other	23H	2,973	11	0.37%	
Motor Vehicle Theft	240	1,217	6	0.49%	
Forgery / Counterfeiting	250	316	6	1.90%	
Fraud / False Pretenses	26A	834	31	3.72%	
Fraud / Credit Card / ATM	26B	595	12	2.02%	
Fraud / Impersonation	26C	894	12	1.34%	
Fraud / Wire Fraud	26E	3	0		
<i>Theft/Fraud/Forgery</i>		<i>19,173</i>	<i>254</i>	<i>1.32%</i>	
Vandalism / Destruction of Property	290	7,079	33	0.47%	
Drug Offense	35A	2	0		
Nonforcible Sex Offense / Incest	36A	1	0		
Nonforcible Sex Offense / Statutory Rape	36B	77	3	3.90%	
Bribery	510	6	0		
Bad Check	90A	24	0		
Disorderly Conduct	90C	2,104	17	0.81%	
Family Offense; Nonviolent	90F	3,467	22	0.63%	
Peeping Tom	90H	26	0		
Runaway	90I	17	0		
Trespass of Real Property	90J	1,469	12	0.82%	
All Other	90Z	979	11	1.17%	
<i>Totals</i>		<i>All</i>	<i>64,447</i>	<i>610</i>	<i>0.95%</i>

### Estimates of Crime Victimization Rates for Persons with Disabilities

The following estimates are provided by the US Bureau of Justice Statistics and derived from the National Crime Victimization Survey (NCVS). The victimization survey, which includes reported and non-reported crimes, provides higher estimates of crime than do state and federal official crime reports, which reflect only reported incidents of crime.

It is important to note that the NCVS does not cover youth younger than age 12 years or people 12 years and older who live in institutional settings. This means that the actual rate of crime victimization may be higher than the figures provided here.

#### US Average annual number of violent crimes, by type of crime and victim's disability status, 2009–2011

Type of crime	Persons with disabilities			Persons without disabilities		
	2009	2010	2011	2009	2010	2011
Total	999,060	870,590	922,900	5,032,300	4,432,020	4,446,400
Serious violent crime	310,580	337,960	401,090	1,673,730	1,494,420	1,371,240
Rape/sexual assault	44,330	33,580	58,600	283,310	253,490	197,590
Robbery	135,250	141,130	143,630	522,180	460,670	419,000
Aggravated assault	131,010	163,250	198,860	868,240	780,260	754,660
Simple assault	688,470	532,630	521,810	3,358,570	2,937,600	3,075,150

Note: Based on the noninstitutionalized U.S. residential population age 12 or older. Estimates are based on 2-year rolling averages. See appendix table 1 for standard errors.

Source: Bureau of Justice Statistics, National Crime Victimization Survey, 2008–2011.

#### Percentage of reported victims who are people with disabilities, 2009–2011

Type of crime	2009	2010	2011
Total	16.56%	16.42%	17.19%
Serious violent crime	15.65%	18.44%	22.63%
Rape/sexual assault	13.53%	11.70%	22.87%
Robbery	20.57%	23.45%	25.53%
Aggravated assault	13.11%	17.30%	20.86%
Simple assault	17.01%	15.35%	14.51%

Note: Based on the noninstitutionalized U.S. residential population age 12 or older. Estimates are based on 2-year rolling averages. See appendix table 1 for standard errors.

Source: Bureau of Justice Statistics, National Crime Victimization Survey, 2008–2011.

**Main Menu**

- Complaint System
  - Start Complaint Processing
  - Incident Processing
  - Locator Tool
  - Suspect Processing
  - Victim Processing
  - Crime Processing
  - M.O. Processing
  - Witness Processing
  - Participant Statements
  - Investigative Narrative
  - Preview/Print Report
  - Review/Save Report
- Warrant System
  - Start Warrant Processing
- Additional Tools
  - Arrest Processing
  - Drug Lookup
  - Reprint Arrest Report
  - Reprint Warrant
  - Print Traffic Supplement
- Support
  - Reset Form Sizes/Colors
  - Clear Complaint Instructions

**Complaint Information**  
 Complaint Number: Z1-13-998899  
 Report Sequence: 000  
 Approval Status: Not Approved

**Incident Processing**

Complaint #: Z113998899      Incident Description: 10/17/2013

10/17/2013      0800      10/17/2013      0900

**Reported**  
 Date: 10/17/2013      Time: 0800

**Occurred**  
 Date: 10/17/2013      Time: 0900      To: 10/17/2013      Time: 0900

Location: K      Grid: 122128      Sector: 15  
 County: K      City or Nearest Town: Camden      Zip: 19924

Location: Apartment Building or Complex      Location/Development:   
 Number: 105      Direction: N      Street: Annie      Type: CIR  
 Miles:       Direction:       From Intersection:       Type:   
 Additional Location:

M.O. and Incident Description/Overview

Unknown subjects entered victims vehicle that was parked in apartment complex lot and removed property

Check if this incident is a Domestic Incident       Check if this incident is School Related  
 Check if access to this incident is restricted       Homeland Security Related (SAR)       Gang Related Incident  
 Suspicious Activity Reason: Gun Involved

OK      Exit

Incident Processing

Incident Description

Company: 2118988888

Date of Report: 10/17/2013

Reported

Date: 10/17/2013

Time: 0800

Occurred

Date: 10/17/2013

Time: 0500

Loc

Date: 10/17/2013

Time: 0500

Location

County: K

Grid: 122128

Sector: 15

City or Nearest Town: Camden

Zip: 19934

Location

Apartment Building or Complex

Location/Development

Number

105

Direction: N

Street

Annie

Type

CIR

Miles

Direction

From Intersection

Type

Additional Location

4.01 and Incident Description Overview

Unknown subjects entered victims vehicle that was parked in apartment complex lot and removed property

Check if this Incident is a Domestic Incident

Check if this Incident is School Related

Check if this Incident is Gang Related Incident

Check if access to this Incident is restricted

Homeland Security Related (SAR)

Person Address

Edit

### Victim Address

Complaint: Z113998899 Sequence Number 001 Victim SUSIE SMITH

Check Here to Copy Incident Address Information to this Victim

State DE

County K

City Camden

Zip Code 19934

Development Type APT

Development/Location

Street Address:

Number 105

Prefix N

Name Annie

Type CIR

Other Address Information

Email Address (optional)

Phone ( ) - -

Cell Phone ( ) - -

Ok

Exit



Individual Victim Information

Edit

### Individual Victim Data

Z113998599

SUSIE SMITH

Date of Birth: 06/08/1955    Age:

Sex: Female  Race: White

Ethnic Origin: Not Hispanic/Latino

Victim Disabled? Yes  Get Disabled Description

Interpreter Needed? Yes

Language: Chinese

WOR: Absentee

- Check if this Victim is Reporting Person
- Check if Victim is Injured
- Check if Victim is Deceased
- Check if Employer/School info needed
- Check if Parents/Guardian info needed

Ok  Exit

## **Attachment F**

# Possible Data Collection Points

