

Interacting with Persons with Disabilities: South African Police Officers' Knowledge, Experience and Perceived Competence

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Abstract

Police officers increasingly come into contact with persons with various disabilities in their line of duty. This study aimed to determine police officers' knowledge, experience, and perceived competence in interacting with persons with disabilities by using questionnaires ($n = 98$). Participants spanned different genders, age groups, educational levels, ranks, and years of experience. Results showed fair knowledge of the different disability types, despite no prior training. This was attributed to 52% of participants with a family member with a disability and 39% who had previously come into contact with various disability types in their line of duty. Knowledge was poor in identifying specific characteristics of various disabilities. Regarding experience, police officers reported that they most frequently encountered persons with physical disabilities. Perceived competence in interacting with persons with disabilities in the course of policing varied from high to low. A need for training related to disabilities was expressed by 94% of participants.

Introduction

In the World Report on Disability (World Bank, 2011), the prevalence of disability is estimated at about 15% globally, which is higher than earlier estimates of 10% in 1970. This prevalence is higher for the Majority World (countries in Africa, Asia, South and Central America and the Caribbean) when compared to the Minority World (countries in Europe, North America and Australia) (Banks *et al.*, 2017). Persons with disabilities are vulnerable to crime and more likely to come into contact with police officers as the first point of entry into the criminal justice system than members of the general population (Hughes *et al.*, 2011; Primor and Lerner, 2012). The prevalence and risk of crime and violence against both children and adults with disabilities is substantially greater than those which are estimated for the general population (Hughes *et al.*, 2012; Jones *et al.*, 2012). While the reasons for this are complex and multifactorial, it appears that increased vulnerability arising from developmental and communication difficulties, ignorance, stereotypes, stigma and negative beliefs are contributing factors (Hughes *et al.*, 2011; Jones *et al.*, 2012, Modell and Mak, 2008; Primor and Lerner, 2012).

Disability matters continues to be a largely invisible issue in the policing literature despite changes in contemporary conceptualizations of both disability and policing. These changes highlight the necessity for policing services to become accessible and accommodating of persons with disability in line with the human rights model of disability. This model emphasizes not only the inclusion of persons with disabilities in society, but the realization of all their political, civil, economic, social, and cultural rights (Degener, 2017). As reflected in the preamble of the United Nations Convention for the Rights of Persons with Disabilities (CRPD) (United Nations, 2006), the most widely adopted international human rights treaty, human rights are fundamental rights that emphasize recognition of everyone as equal and as a person with dignity before the law. Governments, systems, services, and

policies therefore need to be adapted and made accessible to all citizens, including those with disabilities. The human rights model obliges the justice system – including policing agencies - to be accessible and accommodating of persons with disabilities, so that their right to access to justice as articulated in the CRPD (United Nations, 2006) can be fully met.

Community policing - a concept recognised globally and introduced in the South African Police Service (SAPS) in 1994 - recognises the collaborative partnership between the police and the communities, individuals, and organisations they serve. Rather than controlling communities, policing services are expected to form partnerships with the communities they serve in order to achieve more effective crime control, reduce fears of crime in communities and improve quality of life of communities. Such partnerships would extend to persons with disabilities. When persons with disabilities become victims or alleged perpetrators of crime , they need to be able to participate in reporting and/or interrogation and be treated with sensitivity and human dignity during the process, ensuring their rights to receive information are met and that victims and alleged perpetrators are informed about their rights and how to exercise these rights. In order for police officers to meet these obligations towards persons with disabilities who have become victims or are accused of crime, they need to be skilled in recognising the presence of different types of disabilities (e.g., physical disabilities, mental health disabilities, psychosocial disabilities, cognitive and intellectual disabilities, learning disabilities, communication disabilities and sensory disabilities such as blindness and or deafness) (Henshaw and Thomas, 2012) in order to the accommodate and adapt procedures in a way that will allow the person with disability to participate fully in all police-led processes.

However, interactions between police and persons with disabilities have been shown to be fraught with challenges (Viljoen, 2018). Many negative attitudes, perceptions, false beliefs, myths, misconceptions and stereotypes exist in the police force around persons with disabilities, stemming from limited knowledge, information and exposure to persons with

disabilities (Daruwalla and Darcy, 2004; Modell and Cropp, 2007). Research has shown, for example, that in many instances police officers cannot distinguish between a person with a mental health illness and an intellectual disability and often their responses are based on previous exposure and experience when interacting with persons with disability (Modell and Mak, 2008; Victorian Equal Opportunity and Human Rights Commission, 2014).

For many persons with disability access to justice is not a reality as they face numerous barriers that threaten their access to justice. There are reports that when victims with disability attempt to report a crime, they perceive the treatment they receive to be unfair and unjust (Huus *et al.*, 2016; Vergunst, 2016). These barriers contribute to, for example, incomplete information gathering from persons with disabilities who are victims of crime and compromise the successful apprehension and prosecution of perpetrators (Hughes *et al.*, 2011; Victorian Equal Opportunity and Human Rights Commission, 2014). Disability plays a central role in a surprising number of violent police arrests and police shootings, yet it often remains overlooked. Behaviours characteristic of persons with Autism Spectrum Disorder (ASD) and developmental disorders are easily misinterpreted as indicative of criminal behaviour or intent by police officers unfamiliar with the disorders (Oswald, 2008). In many interactions with police officers the person with ASD may experience a “escalation” or meltdown (Oswald, 2008) as a response to the stress of the encounter and the unfamiliar and overwhelming situation. In taking control over the situation, a police officer may cause the encounter to become more dangerous and out of control as the persons’ behaviour is often seen as threatening and can only be contained by use of force (Oswald, 2008). In many of the developmental disorders such as ASD, communication and social interaction disabilities are misunderstood in the context of police encounters. This socially atypical behaviour may result in dangerous and at times fatal encounters between persons with disability and police officers (Oswald, 2008).

Irrespective of whether police officers have contact with persons with disabilities as victims, witnesses or perpetrators, they need to understand and recognise the features of disability, and be equipped with skills to handle all potential challenges that may arise (Daruwalla and Darcy, 2004; Victorian Equal Opportunity and Human Rights Commission, 2014). Police training programmes on disability related issues have shown to effectively improve the attitudes of police officers towards persons with disabilities (Baily *et al.*, 2001; McAllister *et al.*, 2002; see also Viljoen *et al.* for a review) and also the knowledge they have about specific disabilities (Engelman *et al.*, 2013). In the current study, one of the first conducted on this topic in the Majority World, the authors aimed to explore South African police officers' knowledge of disabilities, and their experience and perceptions of competence in providing police services to them, as a first step to address possible training needs in this regard. In order to address the main aim, three sub-aims were formulated namely, i) prior knowledge of disability types, ii) prior experience and perceived competence working with disability types, and iii) further training needs.

Design

The study used a quantitative survey design with a pre-existing questionnaire (Model and Mak, 2007) to determine South African police officers' knowledge of and their perceived competence in how they interact with persons with disability. The use of a survey questionnaire allowed for a large number of police officers to be reached relatively easily and provided quantifiable answers for this research aim (Jones *et al.*, 2013). Furthermore, as police officers are frequently out of the office and in the community and have unpredictable work schedules, the use of surveys which they could complete independently at a time convenient to them, was deemed appropriate. Thus, for the purposes of this study the use of a survey questionnaire afforded the researcher the opportunity to reach a larger number of

police officers, within a short time, with minimum disturbance to their daily duties and at minimum costs. The drawback of a survey questionnaire is that it may provide limited additional insight as it often allows for a limited choice in responses and does not allow new insight in the research topic.

Materials and instruments

The police officers' knowledge and perceptions of disability questionnaire developed and tested by Modell and Mak (2008) was minimally adapted for this study. The original survey questionnaire comprised of 10 questions to solicit broad opinions on disability, knowledge about disability, and perceived competence in handling crimes involving persons with disability among police officers.

This questionnaire was put forward for review by a South African healthcare expert panel (n = 11). This all female healthcare expert panel comprised of speech-language pathologists who specialise in the field of augmentative and alternative communication (AAC) and disability (n = 5), psychologists who specialise in the fields of counselling, clinical and educational services (n = 4), and occupational therapists (n = 2). Qualifications included master's degrees (n = 7), and doctoral degrees (n = 4). They suggested that the term "cognitive disability" should be changed to "intellectual disability" (Question 3), as intellectual disability refers to a group of disorders defined by diminished intellectual functioning and adaptive behaviour (AAIDD, 2016). This resulted in a thorough discussion by the expert panel and finally consensus was reached that intellectual disability was the term more readily used, understood, and identified in general conversation by most lay persons in South Africa. Question 4 focussed on a component of mental health illness namely "emotional disabilities" (e.g. anxiety disorders, depression, psychotic disorders, schizophrenia, Attention Deficit Hyperactivity Disorder) and thus the relevance of this

question came under scrutiny as mental health illness was not the focus of this study. After discussion and consensus reached by the expert panel, it was decided to omit Question 4 from the questionnaire.

The term “mental retardation” was left unchanged. Although the use of this term is widely accepted as derogatory and insensitive, it is a term that police officers are familiar with as this term is used in the Criminal Law (Sexual Offences and Related Matters) Amendment Act (SAPS, 2007).

With Question 4 omitted, all the questions from Question 5 onward were renumbered. On the adapted questionnaire, the rating of competence (Question 5) was adapted from a 5 point Likert-type point scale (1 = not experienced to 5 = most experienced) to a continuous rating scale with two anchor points that demarcated levels of competence from 0 = not experienced at all to 10 = fully experienced. This allowed participants the opportunity to choose any point between 0 and 10 and not to be bound by a specific number when rating their perceived competence (Treiblmaier and Fitzmoser, 2009). No other questions were adapted on the questionnaire.

A biographical information section was added to the existing questionnaire and required participants to indicate their gender, age, years of experience, qualification, unit, and rank (Viljoen, 2018). This section also included three additional questions asking participants to indicate if they had a family member with or if they knew somebody with a disability, if they have had contact with a person with a disability in their line of duty, and/or if they themselves have a disability. In all three questions participants were requested to explain the type of disability.

After the corrections had been made and the biographical section added, the final questionnaire was presented to a police expert for input on the relevance and difficulty of the questions posed as set out in the adapted questionnaire. This police officer held the rank of

captain and worked in the Family Violence, Child Protection and Sexual Offences Unit with more than 20 years of experience in the SAPS. Input received was positive and the police officer indicated that the questions were easily understandable and that police officers should be able to answer the questions.

Participant description

A description of the 98 participants who completed the questionnaire is presented in Table 1. Gender equity in the SAPS is at a ratio of 65:35 (male:female) (SAPS, 2015). Results from this study thus reflected the typical gender distribution in the police force.

Results showed that 7% of the police officers were younger than 25 years of age and the majority of participants (45%) fell into the age group of between 36-45 years of age. It is indicated that older police officers are believed to possess what is known as “industry knowledge” and age can have an impact on knowledge, skills and attitudes of the police officers (Donovan, 2017).

Of the participants, 58% held a Grade 12 level of education, the lowest level of education for entry into the SAPS. Police officers historically were not college educated prior to entry into the SAPS. Many participants were somewhat older (45% of the participants were between 36-45 years of age), which may explain the fact that the highest level of education is only Grade 12 for the majority of participants. Various authors have documented differences between college or university educated police officers and their less educated colleagues in terms of: i) how they relate to members of the public (Kappeler *et al.*, 1992);, ii) attitudinal approaches to their duties (Aamodt, 2004; Shernock, 1992);, iii) communication skills (Carter *et al.*, 1989);, iv) daily commitment to policing (Paoline and Terrill, 2007);, and v) evaluation by superiors (Aamodt, 2004; Donovan, 2017; Paoline and Terrill, 2007). For this reason, it was deemed important to describe the participants’ age.

The SAPS rank structure is similar to the military rank structure. The full rank structure of the SAPS is General (National Commissioner), Lieutenant General (Deputy National Commissioner, Divisional Commissioner, Regional Commissioner and Provincial Commissioner), Major General, Brigadier, Colonel, Lieutenant Colonel, Captain, Lieutenant, Warrant Officer, Sergeant, Constable and Student Constable. Police officers ranked from Student Constable to Lieutenant Colonel, with most of the participants (41%) holding the rank of Constable, the second lowest rank within the SAPS.

Data collection

Approval was obtained at national institutional level from the SAPS prior to conducting the current study. Thereafter, ethics approval was obtained from the Ethics Committee in the Humanity Faculty of the University of Pretoria. The province of KwaZulu-Natal was selected as the province where the research was conducted as it includes both urban and rural areas and its population faces high levels of poverty and unemployment, with the poverty and unemployment most prominent in the rural areas (Tshabalala, 2014). Furthermore, as poverty is both a cause and a consequence of disability, KwaZulu-Natal has high disability prevalence increasing the likelihood that police officers will come into contact with persons with disability. Low levels of education among the general population contribute to high rates of unemployment and bears a direct relationship with the high rates of crime in this province (Tshabalala, 2014).

Three police stations in the greater Durban area of KwaZulu-Natal were randomly selected from a list of nine police stations that were identified for research purposes. Contact was established with the three station commanders via e-mail and followed up via telephone. The instructions and approval from national level as well as the provincial level were

communicated to the three station commanders and permission was obtained to conduct research at station level.

A contact person was identified at every station to distribute the questionnaires after the station commander advised that the most convenient and suitable time for distribution of the questionnaires would be at the weekly morning meetings of the various units and at shift changes in the morning and evening. The contact persons were made aware of the inclusion criteria, namely that police officers had to be sworn in and be active in-service police officers according to the SAPS Service Act, 1995, Act no 68 of 1995 (SAPS, 1995). Police officers could be working in rural, urban and suburban areas, and units in which they were working, were not specified. This afforded the opportunity for the distribution of questionnaires to as many different units as possible. The informed consent letter clearly stipulated that it was not compulsory to participate in the research by completing the questionnaire. Anonymity was ensured by the fact that no identifying information was requested on the questionnaire. On completion of the questionnaire, all participants were requested to “post” their questionnaire in a sealed “return box”.

A total of 116 questionnaires were distributed at the three police stations, of which 98 questionnaires were completed and returned, resulting in a high response rate of 84.48%. This is a high response rate considering the fact that the typical response rate for internal surveys are estimated between 30-40% on average (Fincham, 2008; Nulty, 2008). A time frame of one week was allowed for the completion of the questionnaires. The researcher arranged with the contact persons at the stations at a predetermined time to collect the returned survey questionnaires from the return boxes.

Data Analysis

Data were analysed using both qualitative and quantitative methods. Of the nine questions, Questions 1 to 4 and Question 6 were open-ended questions, allowing for free responses from participants. The answers to these questions were analysed through thematic content analysis. Question 5 was analysed using a continuous scale with two anchor points, namely “not experienced at all” to “fully experienced” to measure perceived competency. Questions 7 to 10 were tallied, and a simple frequency distribution applied.

Results

Results are described as they pertain to the three sub-aims of the study namely, prior knowledge of disability types, prior experience and perceived competence working with disability types and further training needs.

Sub-aim 1: Knowledge of disability types

Four different questions were asked in this section. The first focussed on what participants understood by the construct “disability”, the second on how they understood the difference between “mental retardation” and “mental illness”, as well as between “physical disability” and “intellectual disability”. In the third place, participants were asked what they understood by the term “autism” and in the fourth question they were asked whether they thought that persons with disability were more likely to be victims or perpetrators of crime.

A number of responses were elicited when asking participants what thoughts came to mind when they hear the word “disability”. Responses were analysed and divided into three themes, namely “body function or structure limitation”, “restrictions or inability to perform activities” and “dependent on others for care” as shown in Table 2 along with specific examples to indicate police officers’ understanding of the construct “disability”.

On asking participants what they thought the difference was between “mental retardation” and “mental illness”, 42% of participants indicated that they think there is no difference between these two concepts, while 58% thought that there were differences between the two concepts. “Mental retardation” was divided into two specific categories after the analysis of responses, namely permanent condition and limited IQ. The same process was followed for mental illness with two specific categories identified namely temporary condition and acquired. The most frequent responses and how they differed between the constructs are shown in Table 3.

A number of responses were elicited when participants were asked to distinguish between “physical disabilities” and “intellectual disabilities”. In summary, physical disability was reported as “impairment in bodily structures” and described as “visible”, while intellectual disability was reported as “impairment in thinking” and described as “invisible”. Responses were analysed and are presented with examples in Table 3.

Police officers found the distinction between different types of disability to be problematic. Persons with mental illness were described for example as “*has gone mad*” and “*involve violence*”, indicating that police officers perceive persons with mental illness as more dangers and violent than the general population. Persons with mental retardation were described as “*child mind*”, “*slow thinker*” and “*unable to make decisions*” whereas intellectual disability was described as “*retarded*”, “*can’t understand*” and “*thinking at a different level*”. From the results it is evident that police officers have limited knowledge of what mental illness, intellectual disability and mental retardation is and that police officers need deeper understanding of these concepts to better equip them in how to interact with persons with these disabilities.

Several responses were elicited to Question 4 “*What does the term autism mean to you?*”. Of the police officers, 48% did not know what autism meant and 13% omitted an answer. Of

the 39% of police officers who provided an answer, the following answers were recorded namely, childhood disorder, communication problems, mental condition and social skills problems. Results are presented in Figure 1.

Police officers were asked if they thought a person with a disability is more likely to be a victim or a perpetrator of crime. They were asked to only select one answer. Of the participants, 87% indicated persons with a disability were more likely to be a victim of crime, while 5% indicated persons with a disability to be a perpetrator of crime. A further 5% indicated both instances despite the instruction to select only one and 4% did not answer the question (thus they did not score any). Results are presented in Figure 2.

Sub-aim 2: Prior experience and perceived competence working with disability types

Police officers' prior experience working with disability types is set out in Figure 3. Of the 98 participants, only one participant indicated that she had a disability, namely a hearing impairment. From Figure 1 it can be deduced that police officers have general knowledge about disability, as they encountered persons with a variety of disability types. Persons with physical disability were encountered most. They used a variety of terms to describe different types of disability, such as "leg amputation" and "mentally challenged". Physical disability was a compound category. For a family member with a physical disability this category comprised of wheelchair bound (8%), walking difficulty (4%), leg amputation (4%) and quadriplegic (1%). Regarding persons with a physical disability encountered in their line of duty, these persons were described as having physical disabilities (6%), being wheelchair bound (6%), having a walking disability (3%), leg amputation (3%) and as being quadriplegic (1%). The police officers had difficulty differentiating between mental health illness (psychiatric disorders) and intellectual impairment and generally referred to these two constructs as "mentally challenged".

Two questions pertained to their perceived competence and training regarding people with disabilities. First, participants were asked if they had received any previous training regarding disability. The majority (93%) noted that they had not received any training, 6% reported minimal training and one participant noted training in victim empowerment. Secondly, participants were asked to rate their perceived competency in assisting a person with a disability on a scale with two anchor points: 0 – not competent at all to 10 – very competent. Results are presented in Figure 4.

Of the participants 9% rated themselves as very competent in assisting a person with disability and 9% rated themselves as not competent at all. The largest percentage (21%) rated themselves in the middle at 5. Half of the participants (50%) rated themselves at 4 or

below, with slightly more than a quarter (26%) rating themselves at 6 or higher. Of the participants, 3% did not rate themselves at all.

Sub-aim 3: Further training needs

Participants were asked whether they would be interested in receiving further training to assist them in providing services to persons with disability and if so, what aspects they thought should be addressed in such a training. A total of 94% of the participants responded that they would like training in how to provide services to persons with disability.

In response to the question “*What special skills and knowledge do you feel a police officer in your position should have in providing services to persons with disabilities?*”, a variety of answers were elicited namely, sign language; patience and sympathy; communication skills; how to treat persons with a disability; information on the various disabilities; how to recognise persons with a disability and the psychological understanding of disabilities.

The police officers also indicated that they preferred that the training be presented by professionally qualified trainers and felt that exposure to persons with disability as part of the training programme would be most beneficial to them.

Discussion

Police officers had a fair knowledge of the different types of disability, even though they had not received any previous training. Knowledge was poor in identifying specific characteristics of various disabilities. Of concern is that 42% of the police officers thought that there was no difference between mental retardation and mental illness indicating that there is difficulty in distinguishing between an intellectual disability and a mental health challenge.

The lack of police officers' knowledge on ASD is of concern given the fact that this is a disability with an increasing prevalence and especially as ASD may represent some of the greatest burden of disease in children and adolescents (Franz *et al.*, 2017). In a study by Crane, Maras, Hawken, Mulcahy and Memon (2016) it was found that 47% of police officers reported that they were "fairly knowledgeable" about ASD. In the study of Modell and Mak (2008) it was found that 80% of the participants were not able to identify the characteristics of ASD. In the current study, 48% of the participants did not know the meaning of the term "autism" and 13% of the participants omitted an answer. In effect, this means that a total of 61% of the participants did not know the meaning of the term "autism" and only 39% could name some characteristics. Only 2% of the participants in the current study indicated that they had a family member with ASD, and none thought they had ever encountered a person with ASD in their line of duty. This also raises the question if this lack of reporting on the questionnaire was related to the fact that the police officers were not aware of the characteristics of ASD and therefore, they were not able to identify this disability, as only 39% of the participants could name some of the characteristics of ASD. Results of the current study indicated that police officers would benefit from training in recognising and understanding ASD. Persons with ASD have been reported to experience overwhelming stress when confronted by loud police sirens and shouting, and often fail to make eye contact or answer questions appropriately during police encounters, that may be interpreted as noncompliance (Silberman, 2017). Training in ASD is needed and a starting point is with new recruits during their initial training. Police officers do not have to become experts in every aspect of ASD to learn how to recognise and interact with persons on the ASD spectrum given the lack of social interaction and communication skills that persons with ASD present with.

In a study by Chown (2009) it was found that 40% of police officers did not understand the term “developmental disability” compared to “cognitive disability” and “mental disorder”. In the current study 42% of the participants indicated that there was no difference between mental retardation and mental illness, while 58% thought that there were differences between the two concepts. Results from the current study and Chown (2009), cohere that police officers do not have a firm understanding of these disabilities and that police officers will have difficulty in responding to persons with mental retardation, mental illness and intellectual disabilities (Chown, 2009).

Of the participants, 35% indicated that had a family member with a disability and 39% of participants had encountered persons with disability in their line of duty. Most participants rated themselves below the midpoint on the competence scale than above it, indicating that many perceived themselves as lacking competence in dealing with persons with disability. The average competency self-assessment rating of 21% of the participants at the mid-point of 5 (0 – not competent to 10 - very competent) on the competency scale reflects the actual level of understanding and awareness of police officers’ competence in handling cases involving persons with disability. Years of experience may have influenced results on the measuring instrument due to prior knowledge and skills acquired by some police officers. Yet, it must be taken into consideration that these qualities may also be found in any of the less experienced police officers (Donovan, 2017).

The results indicate that police officers most often encountered persons with physical disabilities (17% of participants had a family member with physical disabilities and 19% of participants encountered persons with physical disabilities in their line of duty). Police officers reported encountering persons with other types of disability (mental disability/challenge) less often. Such less visible types of disability may not be as obvious to the police officers as physical disabilities. This correlates with their lack of formal training on

disability issues as mentioned earlier. A total of 93% of the participants had not received any training with respect to disabilities and thus the result of 94% of participants indicating an interest in training is not surprising.

In the current study 87% of the police officers indicated that persons with disabilities were more often victims of crime which is higher than the 56% recorded in the study of Model and Mak (2007). In both, the current study, and in the Model and Mak (2007) study, police officers indicated that 4% of persons with disabilities were perpetrators of crime. In the current study 4% of the police officers omitted an answer to this question. Of the police officers in this study, 5% scored both, a victim of crime and a perpetrator of crime compared to a 50/50 split of 19% reported by Model and Mak (2007). In the Model and Mak (2007) study, 10% of the police officers did not know and 11% scored other.

These figures link closely with the high percentage of police officers (94%) who indicated that they would like to receive training involving disability issues with only 6% showing no interest in training. In the Model and Mak (2007) study, 63% of the participants answered “yes” to training involving dependent adults and 32% indicated that they would not be interested in training. In the current study the police officers gave an indication of what aspects they would like to see included in a disability training programme (for example “how to recognise persons with disability”, “communication skills”, “sign language”).

Police officers perceived competence in interacting with persons with disability was overall somewhat higher than expected based on limited training and limited previous contacts with persons with disabilities. In responding to the question, some participants may have rated themselves too high in their perceived competence, while some who may not feel competent in interacting with persons with disability may also have rated themselves high in perceived competence to project a better image of themselves (Moharrer, 2011). This overestimation or self-enhancement of some of the police officers’ perceived competence in

interacting with persons with disability indicated more training was needed in disability issues.

These results regarding police officers' knowledge of disability, their experience and perceived competence in interacting with persons with disability in their line of duty, and their self-identified training needs underline the urgency of disability training at all levels of the police service. Exposure to persons with disability can help change attitudes, challenge stereotypes about disability, build confidence and provide a basis on which further learning can take place.

Limitations of the study

A key limitation of the study is that only police officers in a specific urban setting participated in the study, possibly skewing the results. Including police officers from rural areas in the study would have likely provided the researcher with new and different perspectives on working with persons with disability in the rural communities where there are limited resources available to persons with disability in accessing justice. This may have provided information on how persons with disabilities are viewed by police officers in these two different settings (urban versus rural). Different views on training needs may also have been expressed by the police officers from the rural settings.

Police officers participated in the study based on their availability due to court appearance, annual leave, sick leave or due to the attendance of other workshops. Police officers could decide if they wanted to participate in the study. This may have positively skewed the data because only police officers who were interested in disability issues might have completed the questionnaire.

Suggestions for further research

Police officers need to be sensitised and exposed to training on how to deal with persons with disability generally. Studies that serve to address specific training guidelines for disability training should be presented and incorporated into the initial training of new recruits but also as ongoing professional development of in-service police officers where the focus of such a study can provide critical information on how to respond to crimes involving persons with disability (Viljoen *et al.*, 2017).

More specific research can be undertaken to specifically focus on the type, length and focus of the training in order to achieve the most effective training with long-term sustainable outcomes in the shortest possible time. For example, the influence of including a co-facilitator with disability in the training and determining the sustainability of this input on participants can be investigated as the police officers in the current study indicated that the exposure to persons with disability will assist them in their future interactions in their line of duty with persons with disability.

Although there are policies and legislation in place for police officers to follow when assisting persons with disability generally, a short training programme that focuses solely on these policies and legislation could be beneficial to police officers. It could raise their awareness and knowledge of the difficulties that persons with disability encounter when they attempt to access justice (Viljoen, 2018).

Conclusion

Results from the current study indicated that police officers from an urban setting in the KwaZulu-Natal province in South Africa had limited exposure, knowledge, and training regarding persons with disabilities. In view of the prevalence of disabilities and the increased likelihood that persons with disabilities become victims of crime, this lack of exposure,

knowledge and training is concerning, and requires urgent attention. A disability training programme may be one intervention strategy to address this.

The disability training programme should cover a wide spectrum of disabilities to promote greater recognition and acceptance, while at the same time highlighting specific factors that may be unique or of greater importance to sub-groups within the population of persons with disability. Ideally, training programmes should include comprehensive content on methods for recognition and techniques for how to respond effectively and empathetically to persons with a variety of disability profiles. Learning is not a one-time event and therefore renewal and reinforcement of material through ongoing and repeated exposure is recommended.

Training provided to police officers should not assume that as a result the police officers will be skilled in interacting with persons with disability. Police officers with amendable attitudes and interest when provided with training will be most effective as first-line respondents in interacting with persons with disability. Induction training on disability issues and also ongoing continuous training of police officers at all levels is not only relevant but deemed necessary as indicated by police officers in this study. This study highlighted the importance of training police officers on disability issues and emphasized that this training should form part of training curricula across law enforcement agencies. Without the necessary training on disability issues, police officers will continue to be placed in situations which they are ill equipped to handle in both the Majority and Minority World.

References

Aamodt, M.G. (2004). *Law Enforcement Selection: Research Studies*. Police Executive Research Forum. Washington D.C. ISBN:1-878734-85-7.

American Association on Intellectual and Developmental Disabilities (AAIDD), 2016.

<https://aaid.org/home>

Banks, L.M., Kuper, H., and Polack, S. (2017). Poverty and disability in low-and middle-income countries: A systematic review. *PLoS ONE*, 1(12): e0189996.

doi.org/10.1371/journal.pone.0189996

Bailey, A., Barr, O., & Bunting, B. (2001). Police attitudes toward people with intellectual disability: An evaluation of awareness training. *Journal of Intellectual Disability Research*, 45(4), 344-35. doi:10.1046/j.1365-2788.2001.00339.x

Carter, D. L., Sapp, A. D., and Stephens, D. W. (1989). State of Police Education, Policy Direction for the 21st Century. *National Criminal Justice Reference Service (NCJRS)*.

<https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=116418>

Chown, N. (2009). "Do you have any difficulties that I may not be aware of?" A study of autism awareness and understanding in the UK police service. *Police Science and Management* 12(2), 256-273. doi: 10.1350/ijps.2010.12.2.174.

Crane, L., Maras, K.L., Hawken, T., Mulcahy, S., and Memon, A. (2016). Experiences of Autism Spectrum Disorder and Policing in England and Wales: Surveying Police and the Autism Community. *Journal of Autism and Developmental Disorders*, 46(6), 2028-2041. doi: 10.1007/s10803-016-2729-1.

Daruwalla, P., and Darcy, S. (2005). Personal and societal attitudes to disability. *Annals of Tourism Research*, 32(3), 549-570. doi:10.1016/j.annals.2004.10.008.

Degener, T. (2017). A New Human Rights Model of Disability. In: V.Della Fina, R.Cera and G.Pamisano, eds. *The United Nations convention on the rights of persons with disabilities, a commentary*, 41-49. Cham Springer: Switzerland. doi:10.1007/978-3-319-43790-3.

Donovan, A. (2017). Why older workers are a major value added to the workforce. *Forbes Community Voice*. <https://www.forbes.com/sites/forbescoachescouncil/2017/10/31/why-older-workers-are-a-major-value-added-to-the-workforce/#341f8df362dc>

Engelman, A., Ivey, S. L., Tseng, W., Dahrouge, D., Brune, J., & Neuhauser, L. (2013). Responding to the deaf in disasters: establishing the need for systematic training for state-level emergency management agencies and community organizations. *BMC Health Services Research*, 13, 84. doi:10.1186/1472-6963-13-84

Fincham, J. E. (2008). Response rates and responsiveness for surveys, standards, and the journal. *American Journal of Pharmaceutical Education*, 72(2), 43. doi.org/10.5688/aj720243.

Franz, L., Chambers, N., von Isenburg, and de Vries, P.J. (2017). Autism Spectrum Disorder in Sub-Saharan Africa: A comprehensive scoping review. *Autism Res*, 10(5), 723-749. doi:10.1002/aur.1766.

Henshaw, M and Thomas, S. (2012). Police encounters with people with intellectual disability: prevalence, characteristics and challenges. *Journal of Intellectual Disability Research*, 56(6), 620-631. doi:10.1111/j.1365-2788.2011.01502.x.

Hughes, R. B., Curry, M., Oswald, M., Child, B., Lund, E. M., Sullivan, M. J., and Powers, L. R. (2011). Responding to crime victims with disabilities: The perspective of law enforcement. *Journal of Policy Practice*, 10(3), 185-205. doi:10.1080/15588742.2011.582812.

Huus K., Dada S., Bornman J., and Lyngnegård, F. (2016). The awareness of primary caregivers in South Africa of the human rights of their children with intellectual disabilities. *Child Care Health and Development*, 42(6), 863-870. doi:10.1111/cch.12358.

- Jones, T.L., Baxter, M.A.J., and Khanduja, V. (2013). A quick guide to survey research. *Annals Royal College of Surgeons of England*, 95(1) 5–7.
doi:10.1308/003588413X13511609956372.
- Jones, L., Bellis, M.A., Wood, S., Hughes, K., McCoy, E., Eckley., Bates, G., Mikton, C., Shakespeare, T., and Officer, A. (2012). Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, 380(9845), 899-907. doi: 10.1016/S0140-6736(12)60692-8.
- Kappeler, V. E., Sapp, A. D., and Carter, D. L. (1992). Police officer higher education, citizen complaints and departmental rule violations. *American Journal of Police*, 11(2), 37-54.
- Maguire, E. R. (2018). New frontiers in research on procedural justice and legitimacy in policing, *Police Practice and Research*, 19(2), 107-110.
doi:10.1080/15614263.2018.1418171.
- McAllister, A., Bailey, A., & Barr, O. (2002). Training in joint investigation of alleged crimes against people with learning disabilities in Northern Ireland. *Journal of Adult Protection*, 4(2), 21-27. doi:10.1108/14668203200200012.
- Modell, S.J. and Cropp, D. (2007). Police Officers and Disability: Perceptions and Attitudes. *Intellectual and Developmental Disabilities*, 45(1), 60-63.
doi.org/10.1352/19349556(2007)45[60:POADPA]2.0.CO;2.
- Modell, S. J. and Mak, S. (2008). A preliminary assessment of police officers' knowledge and perceptions of persons with disabilities. *Intellectual and Developmental Disabilities* 46, 183–9. doi: 10.1352/2008.46:183-189.
- Moharrer, M. (2011). *Actual Skill vs Perceived Skill, A New Method for Assessing Overconfidence Among Drivers*. Submitted to the 3rd International Conference on Road Safety and Simulation. Indianapolis, USA.

Nulty, D. D.(2008). The adequacy of response rates online and paper surveys: What can be done? *Assessments and Evaluation in Higher Education*, 33(3), 301-314.

doi: 10.1018/02602930701293231.

Oswald, E.H. (2008). What happened to Paul's Law?: Insights on advocating for better training and better outcomes in encounters between law enforcement and persons with autism spectrum disorders. *University of Colorado Law Review*, 79, 333-379.

Paoline, E. A., and Terrill, W. (2007). Police education, experience, and the use of force. *Criminal Justice and Behaviour*, 34(2), 179-196. doi:10.1177/0093854806290239.

Primor, S. and Lerner, N. (2012). *The Right of People with Intellectual, Psychosocial and Communication Disabilities to Access to Justice Accommodations in the Criminal Process*. Available from: www.bizchut.org.il.

Shernock, S. K. (1992). Effects of College Education on Professional Attitudes Among Police. *Journal of Criminal Justice Education*, 3(1), 71-92. doi:10.1080/10511259200082531.

Silberman, S. (2017). The police need to understand autism. *The New York Times*, 19 September. Available from: <https://www.nytimes.com/2017/09/19/opinion/police-autism-understanding.html>

South African Police Service (SAPS). (1995). *The South African Police Services Act (SAPS Act) (68 of 1995)*. Available from: <https://www.saps.gov.za/legislation/acts/act68of1995.pdf>

South African Police Service (SAPS). (2007). Criminal Law (Sexual Offences and Related Matters) Amendment Act. Available from: https://www.saps.gov.za/resource_centre/acts/downloads/sexual_offences/sexual_offences_act32_2007_eng.pdf

South African Police Service (SAPS). (2015). *South African Police Service Annual Report 2014/2015*. Available from: <https://www.gov.za/documents/south-african-police-service-annual-report-20142015-7-oct-2015-0000>.

Treiblmaier, H., and Fitzmoser, P.(2009). Benefits from using continuous rating scales in online survey research. Available from: <https://www.statistik.tuwein.ac.at/forschung/SM/SM-2009-4complete.pdf>

Tshabalala, N. G. (2014). Crime and Unemployment in South Africa, Revisiting an Established Causality: Evidence from the Kwazulu-Natal Province. *Mediterranean Journal of Social Sciences*, 5(15), 519-528. doi:10.5901/mjss.2014.v5n15p519.

United Nations. (2006). United Nations Convention on the Rights of Persons with Disability (CRPD). Available from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

Vergunst, R. (2016). *Access to health care for persons with disabilities in rural Madwaleni, Eastern Cape, South Africa*. Doctoral dissertation. Stellenbosch University. Available from: <https://scholar.sun.ac.za>

Victorian Equal Opportunity and Human Rights Commission. (2014). *Beyond doubt: The experience of people with disabilities reporting crime – research findings*. Carlton: Victoria. Available from: humanrightscommission.vic.gov.au. ISBN 978-0-9875444-9-3.

Viljoen, E., Bornman, J., Wiles, K., and Tönsing, K. M. (2017). Police officer disability sensitivity training: A systematic review. *The Police Journal*, 90(2), 298-306. doi.org/10.1177/0032258X16674021.

Viljoen, E. (2018). Statement taking by police officers from persons with complex communication needs who report being a victim of crime. Unpublished doctoral dissertation. University of Pretoria, Pretoria. Available from: <http://hdl.handle.net/2263/70534>

UN. (2006). United Nations Convention on the Rights of Persons with Disability (CRPD). Available from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

World Bank Annual Report. (2011). Year in Review. ISBN: 9780821388280.

Table 1. Participant description (N=98)

Gender	Male	Female						
	64%	36%						
Age	<25 years	25-35 years	36-45 years	>46 years	Average age			
	7%	25%	45%	21%	35.78%			
Highest qualification	Grade 12	1-year training	2-years training	3-years training				
	58%	7%	6%	30%				
Unit	CSC	CP	Detectives	FCS	Admin			
	16%	17%	36%	27%	4%			
Rank	Student Constable	Constable	Sergeant	Warrant Officer	Lieutenant	Captain	Lieutenant	Admin Colonel
	5%	41%	12%	24%	4%	7%	1%	4%
Years of experience	1-5 years	6-10 years	11-20 years	21+ years				
	8%	27%	27%	33%				

Key to abbreviations: CSC – Client Service Centre, CP – Crime Prevention, FCS - Family Violence, Child Protection and Sexual Offences Unit, Admin – Administrative.

Table 2. Analysis of the construct “disability”

Disability themes	Specific examples
Body function or structure limitation	“Persons with physical, mental and psychological challenges”, “persons who function at a different level”, “person is impaired”, “unable to walk”
Restriction or inability to perform activities	“Can’t do anything”, “unable to do some things”, “challenged”
Dependent on others for care	“Need to be taken care of”, “depends on others to live”, “needs help”, “unable to fend for themselves”

Table 3. Differentiating between disability types

Disability type	Specific examples	Disability type	Specific examples
Mental retardation		Mental illness	
Permanent condition	“long term”, “can’t be cured”, “biological from birth”	Temporary condition	“Curable”, “sickness”, “temporary disturbed”, “can be treated”, “short term”,
Limited IQ	“learning disability is high”, “child mind”, “unable to make decisions”, “slow thinker”	Acquired	“Lost their mind, has gone mad”, “involve violence”, “developed due to trauma”
Physical disability		Intellectual disability	
Impairment in body structures and or functioning	“cannot walk”, “hearing disability”, “being blind”, “in a wheelchair”, “paralysed”, “no arms or legs”, inability to use limbs properly”	Impairment in thinking	“think at a different level”, “can’t cope with too much information”, “retarded”, “slow thinking”, “can’t understand”
Visible	“can be seen”	Invisible	“cannot be seen”

Figure 1. Knowledge of the term “Autism”

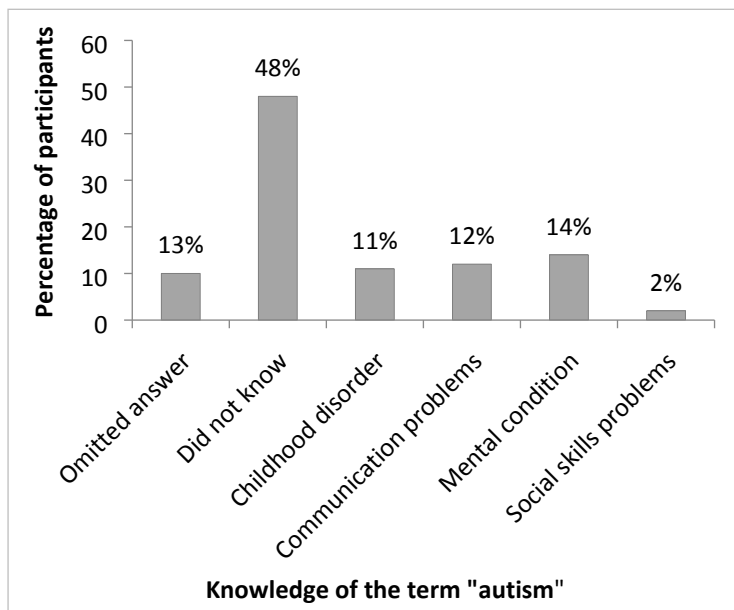


Figure 2. Person with disability as victim of crime or perpetrator of crime

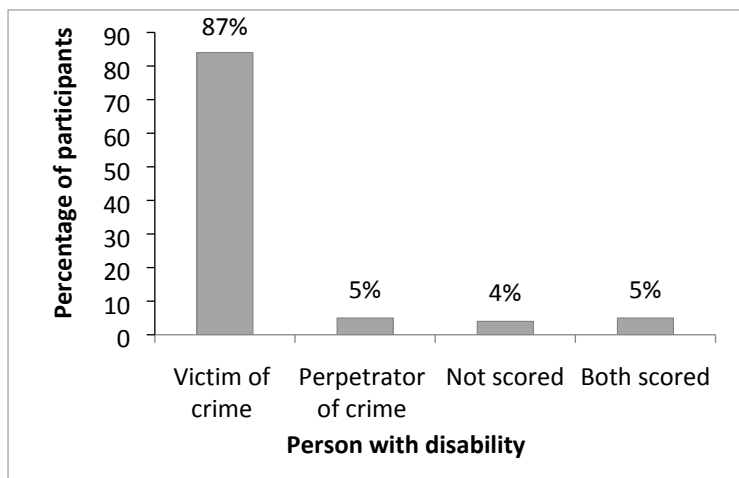


Figure 3. Experience with disability types

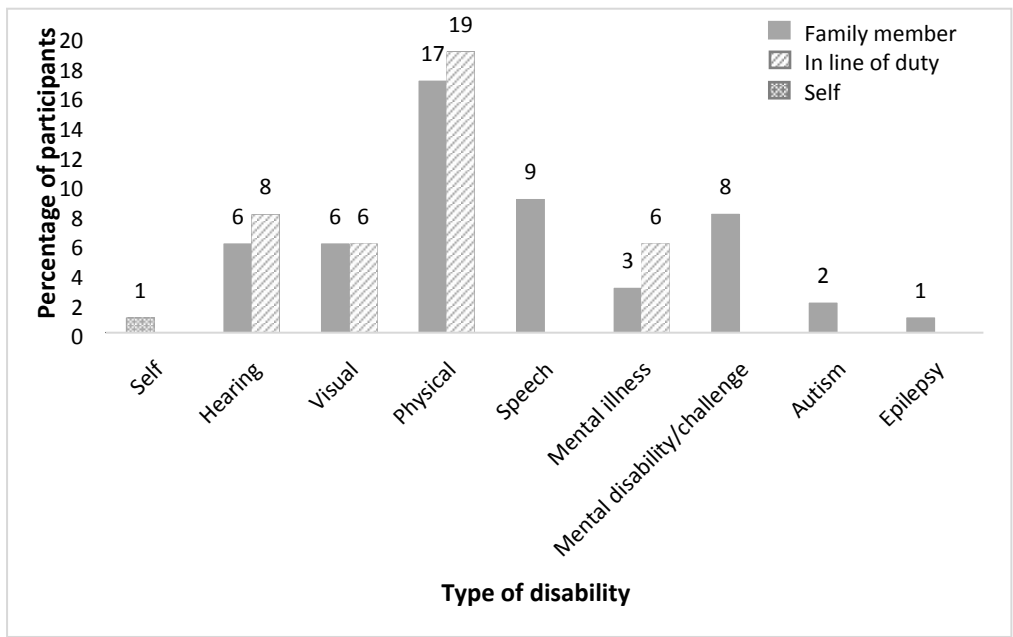


Figure 4. Perceived competence in assisting a person with disability

