

Police Officers and Disability: Perceptions and Attitudes

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"One of the first things that's imbued upon you when you come on the job is never think this guy is gonna come peaceful. Always assume he's gonna fight like Satan with any body at all" (Fletcher, 1990, p. 15).

What Cops Know: Cops Talk about What They Do, How They Do It, and What It Does to Them

This is one of many real-life quotations in Fletcher's (1990) book. Fletcher provided insight into the attitudes and perceptions of police officers; but where do these attitudes and perceptions come from? For today's law enforcement professionals, their attitudes and perceptions are formed in response to the myriad of social issues that confront them on a daily basis. Although they may have matured over the years, there is still a long way to go. Training for police officers should always be a formative process. As social tides ebb and flow, officers must stay abreast of contemporary social expectations relative to their services. One such expectation centers on law enforcements' responses to persons with disabilities.

How do law enforcement officers develop their attitudes and perceptions of those with disabilities? What first comes to mind is typically related to persons with mental illness, primarily schizophrenia. Lamb, Weinberger, and DeCuir (2002) and Modell (2003) suggested that police officers perceive those with mental illness as violent, dangerous, and unpredictable. Unfortunately, there is little material currently available relative to law enforcements' attitudes toward people with physical and developmental disabilities, such as mental retardation, autism, cerebral palsy, traumatic brain injury. Most individuals with these disorders are neither violent nor dangerous. Although the behavior of individuals with these disabilities may be predictable to persons who have experience working with such individuals, to typical observers, their behavior may seem to be unpredictable, out of order, deviant, or irrational. Concern for the confusion between men-

tal illness (such as schizophrenia) and disability is evident in that police officers may respond to calls for service involving persons with disabilities with a preconceived perception. In fact, McAfee, Cockram, and Wolfe (2001) found that police officers are influenced in their perceptions of crime and in their response tendencies by the characteristics of the persons involved.

A young patrol recruit recounted his first experience with a person who had mental illness:

I was with my Field Training Officer (FTO). We responded to a call to help with a relative who was suffering from paranoid schizophrenia and had refused to take his medication. It was a small, lower-level apartment. The man was well groomed, however, he was overweight and sweating profusely. He wore a new tee shirt and dark slacks. His hair was combed back and slicked down with hair tonic. He spoke to us without ever making direct eye contact. He was paranoid. He told us he had to get to his knife in order to protect himself. He started toward the small bathroom at the end of a dark, narrow hallway. My FTO yelled, "No, stop!" The man picked up his pace just as my FTO grabbed him from the back to stop him from advancing. At that moment I saw the shimmering reflection of a straight razor in the bathroom sitting atop the sink.

The three of us went to the floor in a cacophonous struggle for our lives. I say this because looking back, there is no doubt in my mind that this man felt threatened to the point where he would use that straight razor to fend off his paranoid hallucination. My FTO and I knew that we would be in big trouble if this man grabbed the razor—either he would kill us or we would kill him.

We tried to restrain this man, but my FTO and I kept losing our grip due to his perspiration and hair tonic. He kept crawling toward the razor, and we kept sliding off of him. By the time we finally got him handcuffed, we were no less than three feet from the entrance to the bathroom. My FTO and I were drenched in the man's sweat. We were sweaty, smelly and exhausted.

One month later, this patrol recruit had a similar experience:

Less than one month later, I was on duty with the same FTO. We responded to the call about a man at the midtown Memorial Auditorium with a gun. We arrived just behind two other officers. We jumped out of our car as the other officers gave chase around one corner of the building. I heard the sound of several gunshots fired and as I approached—shotgun in hand—I saw the man lying on his back in the grass. He had apparently turned to face the officers chasing him and intentionally pointed his handgun at the officers. He was shot just moments before I ar-

rived. I stood over him and saw a bloody hole in his left arm the size of a quarter. He was angry with us, "You were supposed to shoot me in the head not the arm." The handgun turned out to be a toy gun. It was my first experience with the phenomena of "suicide by cop." (D. Cropp, personal communication, March 2006)

The second incident had a profound effect on the patrol officer because he soon developed a level of apprehension when dealing with persons suffering from mental illness. His attitude was, in fact, consistent with the opening quotation above. Most officers perceive people with mental illnesses, such as schizophrenia, as more dangerous than people in the general population, and researchers' results tend to support this fear—that those with serious mental illness are more dangerous than others in the general population (e.g., Lamb et al., 2002). This patrol officer's perception, therefore, of persons with disabilities was that they were all schizophrenic and dangerous. As these anecdotes illustrate, police officers tend to develop attitudes of apprehension, fear, and anxiety based upon their perception that this population is primarily represented by those with illnesses such as a paranoid schizophrenia. If, based on a lack of understanding, they project this perception onto others with different types of disabilities, then their attitudes toward them will, no doubt, be similar. This phenomenon is described clearly by a police sergeant:

Interestingly, the situations I remember most involve persons with mental illness—not any of the many contacts I had with persons with other disabilities. When I think of disability, I think mental illness, and when I think mental illness I feel apprehension, fear and anxiety. (D. Cropp, personal communication, March 2006)

It is also important to remember that persons with physical and developmental disabilities are no longer swept under the carpet and ignored by mainstream society. They live, work, and play as integral, visible, and interactive members of their neighborhood community. As increased numbers of individuals with disabilities are living in mainstream society, the number of interactions with law enforcement for these individuals is becoming statistically greater.

Types of Law Enforcement Perceptions and Attitudes

As previously noted, attitudes and perceptions of most officers regarding those with mental illness is formed by experience and training. Only recently

have researchers studied the phenomena of suicide by cop, and by the time they did, it had become a nation-wide problem (Burke & Rigsby, 1999). It took 10 years after the anecdotes described above for Fletcher to publish her work on attitudes and perceptions of the police, and nearly 20 years before researchers found that people who were committed to suicide-by-cop would do so by threatening the lives of police officers and/or innocent bystanders (Parent, 1998).

The terms *fear* and *anxiety* may be viewed as synonymous. Certainly, anxiety can be considered fear (Beck, 2005). However, in a law enforcement setting, *fear* typically presents as a trepidation of great bodily injury or death. The term *anxiety* in this case may represent the fear of not knowing what to do or how to handle a particular call for service. Fear and anxiety manifest differently in the life of a police officer. Here is the difference:

A police department contracts with an outside agency to hold in-service academy training on persons with disabilities. The training leader, Martha, is highly skilled in the area of persons with disabilities as well as the social and criminal justice system's implications and interactions. She covers physical and developmental disabilities in the training. During one training session, Martha brought a guest speaker, a leader in educating the community on issues relating to persons with disabilities. The speaker, Paul, was born without arms and legs; however, he is very independent, articulate, and well-spoken. Immediately before the training, Martha told the class she was about to introduce Paul to them, but did not divulge his particular disability. The class was told to identify and list the first word that came to their mind when they saw Paul.

The following is a partial list of the one-word responses: *Wow, Amazing, Stunned, Curious, Grateful, Overwhelmed, I don't know, I can't even think, I feel sorry for him, Interesting.* One recruit couldn't talk. He shook his head, cleared his throat and declined to speak. (D. Cropp, personal communication, March 2006)

Sometimes police officers run into situations that take their breath away. Even after years of experience and training, they are still faced with situations that they have never been trained to handle, situations that surprise and challenge them, which may lead to the fear of not knowing what to do or what to say. This is a different feeling than that associated with the fear of being injured.

This discussion allows us to see how the police may, on a case-by-case basis, respond with apprehension, fear, and anxiety, especially when it comes to persons with physical disabilities. Apprehension and fear may be reinforced and intensified as officers in training learn about the aspect and implications of "suicide by cop" (Lamb et al., 2002).

Perceptions and Attitudes That Affect Police Behavior

Much has been written about police behavior. Critical accounts and assessments of police misbehavior line bookshelves and libraries. Police misconduct has been studied thoroughly. Examples of problematic police behavior have been documented dating back to the early Egyptian era, through colonial times, postindustrialization, and on into contemporary society. In response, some authors appear to focus on assessing and controlling the power-based discretion and subsequent behavior of the police (Champion, 2001).

Attitudes may be defined as a "learned evaluative response" (Ashford, LeCroy, & Lortie, 1997, p. 75). The key word is *response*, which in the context of this discussion refers to police behavior. The purpose for the social and psychological study of attitudes and emotions is to better understand the motivations for human behavior. Thus, we may conclude that police officers evaluate and respond to a particular situation based on their attitudes, perceptions, and related emotions. Many investigators have suggested that attitudes influence behavior and that we can, conversely, predict behavior from attitudes (1997).

Certainly the risk and consequences to officers of poor judgment, indiscretion, and complacency is too great to minimize. However, officers can learn to be less apprehensive toward people with disabilities. Less apprehension may mitigate fear and anxiety. Less fear and anxiety may allow officers to remain safe while at the same time delivering a higher level of service. Therefore, perceptions and attitudes that lead to anxiety and fear affect police behavior and the manner in which they interact with society. Although it can be inferred that the primary intervention is more training, there are several barriers to effective training, all of which deal with attitudes and perceptions:

Resistance to Change

Some police officers may develop the attitude that criminal behavior in a particular part of town may be the primary result of a certain culture or people of color. The social, political, and legal ramifications of "driving while black," for example, have been well-documented. How racial profiling and related issues in contemporary law enforcement are addressed from an organizational perspective hold significant implications for police departments,

and the relationship between them (Lamberth & Clayton, 2003).

When the perceptions of the police are different from those in the society they serve, the result is conflicting attitudes, and both sides may develop apprehension, fear, and anxiety toward each other. When officers feel that their attitudes are justified, they tend to reject training that may be designed to introduce them to other attitudes and perceptions. They may view such training as simply designed toward making the community feel better, rather than helping them fighting crime.

The Warrior Mindset

Police officers may tend to develop a mindset that they are in a battle zone. Realistically, sometimes they are. It is safe to say, rhetorically, that there is a war against drugs, against crime, against poverty. The attitude and perception of law enforcement as a paramilitary organization and society as a battle zone may lead to police officers developing a warrior mentality. Chevigny (1995) stated "police departments who view themselves as similar to a military force may tend to use violence as an instrument of control more than departments who view themselves as an integral part of society" (p. 250).

It is critical that police stay prepared for physical threats; however, it is equally important to balance the warrior attitude with that of social service. This is a balance that can only be reinforced by formative training at all levels of law enforcement. The military attitude may not work well in some agencies and in some areas of town. The warrior or military attitude may distort perceptions of police work, and similarly, the effectiveness of service (Chevigny, 1995).

Social Isolation

Officers protect society. They may not always see themselves as an integral part of the social system, but, rather, outside it. Social isolation has always been one side effect of a career in law enforcement. Swanson (1980) suggested that elements such as shift-work, cancelled vacations, long hours, cynicism, and suspicion all cause social isolation and affect police attitudes that limit their ability to have a wider array of social contacts.

Summary

Chevigny (1995) suggested "crime is, by definition, out of order" (p. 10). If crime is "out of

order," then most good cops tend to look for things in society that are out of order. When police officers see a car driving slowly at night with its headlights out in a neighborhood that has had a series of burglaries, they see something out of order—they see crime. When they see people acting in a way that is different and have not been trained to recognize the behavior as a disability, they may see the behavior as out of order and may see crime. Further, as Fletcher (1990) indicated, they may approach the situation with apprehension, fear, and/or anxiety.

Police perceptions, based on experience and training, and reinforced by anxiety and fear, may lead to predictable behavior. Effective training is one way to address perceptions and attitudes, thereby affecting predictable behavior to be more consistent with best practices in dealing with individuals who have disabilities. Effective training must address common barriers such as resistance to change, the warrior mindset, and social isolation.

In addition, police officers should engage in activities in which they can interact with individuals with disabilities. Allport (1954) discussed contact theory and suggested that contact between individuals with differences that are frequent, meaningful, and pleasant produce positive attitudes. Service agencies can be proactive in this process by providing opportunities for local law enforcement personnel to interact with their clients in meaningful ways. Academy training in conjunction with in-service training, presentations by guest speakers, and interactions with individuals who have disabilities may effectively address misconceptions in attitudes and perceptions leading to better understanding of persons with disabilities, less apprehension and fear, safer law enforcement responses, and a better outcome for all.

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