

Tom

The following case study was discussed on the ACCPC discussion forum in 2010. A summary of the issues is shared here. All names are fictional.

Tom has cerebral palsy and requires 24-hour attendant care services (e.g. assistance with dressing, personal hygiene, eating, drinking etc.). He is unable to speak and requires assistance to operate his electric wheelchair.

Tom communicates “Yes” by looking up and “No” by looking down. He has a picture book that contains approximately 300 pictures of words he uses frequently. He selects the picture he wants by raising his eyes for “Yes” when the person with whom he is communicating asks him “Is this the one you want?”

For an example of this method of communicating see <http://www.accpc.ca/ej-calc-16.htm>

One evening, Tom became extremely agitated and upset when told that a particular attendant would be working with him over the weekend. The supervisor of the attendant services was called in and asked him a number of yes/no questions. Based on Tom’s responses to the questions, she determined that Tom may have been a victim of sexual abuse and called the police.

The police officers who responded to the call had difficulty understanding Tom’s communication beyond his yes/no responses to their questions. The supervisor called in a speech language pathologist familiar with Tom’s method of communication, who provided Tom with another 100 pictures to assist him in describing what had happened to him. These included pictures of body parts and words about sexual activities and photographs of all staff.

Based on Tom’s statement, the police charged the attendant with a number of sexual offences. The accused was suspended from work pending trial.

For the 18 months it took to get to trial, Tom received services from many staff members who supported the accused, didn’t believe Tom and “blamed” him for the fact that their co-worker was charged.

Tom needed to take para-transit to the courtroom for the trial, required assistance with feeding and personal hygiene services, and needed frequent breaks to rest. The court contracted a speech language pathologist who had never met him prior to the court date and who was unfamiliar with his method of communication to assist him to testify in court. At the last minute, he was assisted with communication by a worker from the Victim Witness Assistance Program who had been trained by the speech pathologist who previously assisted with Tom’s disclosure. An expert witness familiar with communication disabilities and Tom’s way of communicating was also engaged.

A conviction was made. To see and hear the crown attorney discuss the case go to: <http://www.accpc.ca/ej-calc-22.htm>

Communication issues

Although Tom had approximately 300 pictures in his communication display, he did not have access to pictures that he could use to provide any details. A Speech Language Pathologist provided him with approx. 100 new pictures comprised of body parts and sexual activities. Tom also required support from the Speech Language Pathologist to learn what the pictures represented.

One of the biggest concerns in this case is that the accused (or his lawyer) would attempt to discredit Tom's statement by trying to make it look as though the Speech Language Pathologist was providing him with leading images or words. In sexual assault cases, it is not uncommon for the defense to try to do this - suggesting that the victim's counselor put the idea in her / his head, etc.

There must be some rationale behind why certain vocabulary items are provided and a description of how they are introduced. In Tom's case, the pictures were provided to Tom based on his body language - when asked what happened - he became agitated and repeatedly looked down at his lap. When questioned further, through yes and no questions, it was apparent that he wanted to communicate about this part of his body. Pictures of body parts, touch and sexuality were then provided to Tom.

When questioned by the accused lawyer, the Speech Language Pathologist was able to explain why the pictures were given and how Tom consistently used only 3-4 (out of the 100 given to him) to communicate about the event.

Tom could not begin to disclose or explain what had happened without someone to assist him communicating with the police. That person needed to be familiar with his method of communicating and needed to be arms length in order to avoid contaminating his evidence. There are currently no communication assistant services to assist people like Tom in communicating with justice services. In his case, a Speech Language Pathologist was engaged to provide this support. The Speech Language Pathologist supported police in understanding Tom's message by using techniques such as echo, reformulation, validation and clarification. See self-paced modules for details. In addition, she supported Tom in understanding what the police were saying by rephrasing, using everyday language, avoiding jargon and using the principles of plain language.

Supports

Based on Tom's statement, the police charged the attendant with a number of sexual offences. The accused was suspended from work pending trial. In spite of this, Tom continued to receive services from the agency in which the accused

worked. Some of the staff were co-workers of the accused and supported him. They did not believe Tom and 'blamed' him for having the accused charged. In many ways, Tom's experience is not unlike many victims/survivors of sexual violence who come forward, report and lay a charge. There was an impact for

Tom in terms of having to continue to receive services under what others might consider 'hostile' conditions and are things that the agency could have done to safeguard against having Tom be subjected to the potential 'backlash' from the other staff. There are few services for men with disabilities who have experienced abuse in their home.

Most women's shelters have some space that is accessible for people with mobility disabilities. One avenue to consider is alternative accessible living accommodations that are 'safe'. In abused women's shelters, oftentimes the shelters are not fully accessible. There may be one bedroom and some shared space (living room, dining room, etc.) on the main floor that can be accessed by someone in a chair, walker, etc. Arranging attendant care can be challenging because of the security and privacy issues for the women using the shelter.

There are very few women's shelter workers who are familiar with communication techniques for people with communication disabilities. Many shelters are single staffed for much of the day/night, which means that one worker is responsible for everything that goes on in the shelter -- answering the door, answering the phone, supporting women, etc -- with the result that it is very difficult to provide individualized attention of any kind.

With the passage of recent accessibility legislation, shelters along with other service providers are going to have to increase accessibility. Unfortunately, there appears to be little government funding to assist small not for profit organizations like women's shelters with the inevitable costs associated with making these changes.