



Forensic Implications of Intellectual and Developmental Disabilities in the Criminal Justice System

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Introduction

- Approximately 5% of the U.S. population currently has a neurodevelopmental disorder (Yang & Tan, 2016) and about 4% of the prison inmate population has an intellectual or developmental disability (IDD) (Petersilia, 1997).
- People with IDD require accommodations when involved with the criminal justice system. However, there is a lack of training and understanding surrounding IDD in the legal and correctional systems, which creates a hurdle for the IDD population to get the accommodations they need.

Arrest

- Police officers are often the first contact that people with IDD have with the criminal justice system.
- Chown (2010) suggests that police officers believe they have the skills needed to work with IDD when in reality officers often lack appropriate training.
- Officers have an especially difficult time identifying individuals with IDD who do not display any outward signs of their disability (Eadens, Cranston-Gingras, Dupoux, & Eadens, 2016).

Arrest

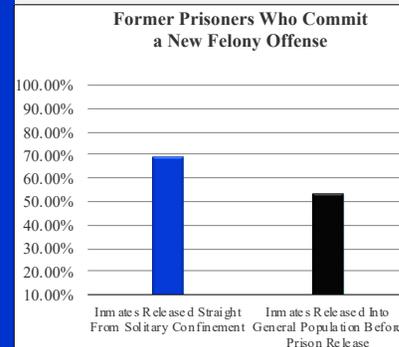
- This challenge leads to risk of misidentification, harsh treatment, and false confessions (Kassin et al., 2010).
- Young, Goodwin, Sedgwick, and Gudjonsson (2013) suggest individuals with IDD who are in custody should always have supervision or legal representation to assist them during police interviews to prevent false confessions.
- However, according to Young and colleagues, this rarely occurs because police officers do not use or misuse the screening tools that could detect IDD.
- Ineffective use of screening tools can lead to a missed opportunity for a competency evaluation recommendation.

Incarceration

- If booked into jail, many individuals with IDD may be placed in solitary confinement due to their behavior or lack of alternative housing (Kupers, 2008).
- This isolation can lead to paranoia, distress, depression, and suicidal and homicidal ideation (Grassin, 2006).
- Inmates who were released straight from solitary confinement were 69% more likely to commit an offense (see figure; Lovell, Clark, & Cane, 2007).

Incarceration

- Many prisons lack a buffer between solitary confinement and the public; this is potentially dangerous because the inmate may have little human interaction for years and lose the social skills needed to survive outside prison (Arrigo & Bullock, 2008).
- Lack of follow-up care is often due to prison and jail administrators believing it is not their responsibility to help with treatment post-release.



Post-Release

- Many individuals with IDD who are convicted of a misdemeanor or even sometimes a felony will serve their sentence without a follow-up probationary period and then receive little assistance with aftercare programs.

Post-Release

- Probation and parole officers have a different stance and will often assist their clients with placement into such programs. However, probation and parole officers also receive little to no training with IDD (Hutchinson, Hummer, & Wooditch, 2013).

Screening/Trainings

- An increasing number of police, probation, and parole officers receive training on mental illness, and more emphasis is needed on training in IDD.
- Officers should be provided with trainings conducted by experts who specialize in IDD and can give tools in early intervention strategies (Bailey, Barr, & Bunting, 2001).
- Research shows that awareness trainings improved officers' ability to interact and identify intellectual and developmental disabilities (Bailey, Barr, & Bunting, 2001; Viljoen, Bornman, Wiles, & Tönsing, 2017).
- Jails, prisons, police stations, and probation and parole offices should use screening tools for IDD for any individual who enters their facility.
- The Learning Disability Screening Questionnaire (LDSQ) has been shown to be an effective tool for early identification in criminal justice settings and will help individuals with IDD receive proper accommodations (Murphy, Gardner, & Freeman, 2017).

