Responding to Mentally Ill Victims of Crime

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III. The Mentally Ill and Violence Stigma
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FACTORS LEADING TO THE FORMATION OF MENTAL HEALTH DIVISIONS

- Deinstitutionalization
- Homelessness
- Criminalization of the Mentally Ill
  - Single largest MH facility in US – L.A. County Jail (3,000+)
  - Single largest MH facility in Texas – Harris County Jail (2,400+) vs. (2,328 in Psych hospitals)
- Swat Scenes

Houston’s Mental Health Crisis Response

- The HPD Mental Health Division is located in the Houston Center for Sobriety.
- Houston has ~2261 Crisis Intervention Trained (CIT) officers within the department; ~1606 are in Patrol responding to incidents involving the mentally ill.
- Last year, Houston Police responded to over 29,000 incidents involving mentally ill persons.

Houston’s Mental Health Crisis Response

- On average, every 2.5 hours, HPD officers detain a person who is in a mental health crisis and file an Emergency Detention Order.
Houston’s Mental Health Crisis Response

- Specialized Police Response: Crisis Intervention Response Teams (CIRT). – 10 full-time units (and working to get 3 more)
- Harris County Collaboration – HCSO CIRT
  - Began with 3 CIRT teams; now up to 6 CIRT teams
  - About to add an additional 3 units
- Chronic Consumer Stabilization Program (began as a Pilot in 2009; now a fully active program that has since doubled in size).

Houston’s Mental Health Crisis Response

- All new HPD officers complete 40-hours of CIT training as cadets (March 2007).

- Our CIT program uses professional, paid actors for our role-play scenarios.

Houston’s Mental Health Crisis Response

- The Mental Health Division also provides the following courses:
  - Annual 8-hour Advanced CIT (mandated for all HPD CIT Officers)
  - 8 Hour state mandated Intermediate CIT Refresher
  - CIT for HPD Jailers (8 hour pre-service; 4 hour in-service)
  - 16-hour CIT/Crisis Communications for HPD Telecommunicators
  - 8 hour CIT practicum ride-along with MCOT
  - 40-hour Mental Health Peace Officer (MHPO) for veteran officers
Houston’s Mental Health Crisis Response

- U.S. Council of State Governments Learning Sites Program
  - 1 of 6 Police Departments in the nation
  - Host site visits
  - Provide information on programs
  - Training for law enforcement and mental health providers across the state and nation
  - 2013 - 141 Agencies within 20 different states, as well as law enforcement personnel in Canada

Houston’s Mental Health Crisis Response

- Boarding Homes Enforcement Detail (November 2013)
  - 1 Lead Officer, 2 additional investigative Officers, 1 Rotational Officer
  - Collaboration with APS, DADs and other community organizations

THE MENTALLY ILL AND THE STIGMA OF VIOLENCE
THE MENTALLY ILL AND VIOLENCE

When most people associate crime and mental illness they usually think of the mentally ill as perpetrators, not victims.

THE FACTS

When in reality, the mentally ill are victims far more often than perpetrators.
THE FACTS

“Most people who are violent do not have a mental illness, and most people who have a mental illness are not violent”

- Report to the President on Issues Raised by the Virginia Tech Tragedy, June 13, 2007

WHAT HAS LED TO SO MANY MENTALLY ILL VICTIMS OF CRIME???

MENTAL HEALTH CRISIS

- Over 500,000 in Mental Asylums in 1950’s
- Development of medications
- Fewer than 50,000 in State Mental Hospitals today
- Community treatment
- Deinstitutionalization
DEINSTITUTIONALIZATION

- As a result, most persons with serious mental illness now live in the community, where they are at a greater risk of victimization.
- Most ended up in less-desirable parts of urban areas living in halfway houses and group homes.

DEINSTITUTIONALIZATION

- These places tend to be located in poor, crime-ridden parts of town without the political clout to keep them out.
- Example: 5th Ward vs. Kingwood, Magnolia Glen.
- They have become small asylums hidden in the community.

DEINSTITUTIONALIZATION

- In our enthusiasm for every mentally ill person, however vulnerable, to live in the community, we have overlooked the need to protect them.
CONSEQUENCES OF THIS MENTAL HEALTH CRISIS

TRAGIC CONSEQUENCES

It is estimated that nearly 3 million severely mentally ill people are crime victims each year in the U.S.

(Northwestern University)

TRAGIC CONSEQUENCES

More than \( \frac{1}{4} \) of persons with serious mental illness are victims of violent crime in the course of a year, a rate 11 times higher than the general population!

(Northwestern University Study)
TRAGIC CONSEQUENCES

- Mentally ill are six times more likely to be murdered than the general population.
- Males with schizophrenia and people with affective psychosis (severe depression with delusions and hallucinations) have even higher rates of being murdered.

TRAGIC CONSEQUENCES

- The mentally ill have higher death rates from suicide and accidents.
- Mentally ill drug users have the highest rates of suicide for all categories.

TRAGIC CONSEQUENCES

- Victimization rates vary with the type of violent crime. People with serious mental illness are:
  - 8 times more likely to be robbed
  - 15 times more likely to be assaulted
  - 23 more times to be raped
Theft of property from persons, rare in the general population at 0.2 percent, happens to 21% of serious mentally ill, or 140 times as often.

Greater victimization rates can often be attributed to lifestyles and environment.

Many of the mentally ill are poor, live in low-income and high crime areas.

Many are preyed upon because of their mental illness.

Many of the mentally ill have low IQ’s along with their mental illness and become easy targets of criminals.

Mentally ill persons often become victims of fraud/scams involving their government disability checks and their medications.
TRAGIC CONSEQUENCES

- In Houston, we have a major problem with a scam called “scripting”.
- We also have a problem with the mentally ill being taken advantage of at day labor centers.

TRAGIC CONSEQUENCES

DEADLY ENCOUNTERS WITH POLICE

- People with mental illness kill law enforcement officers at a rate 5.5 times greater than the rest of the population.
- People with mental illness are killed by police at a rate nearly 4 times greater than the general public.
- Nearly 1/3 of all persons killed by police are severely mentally ill.

REPORTING PROBLEMS
REPORTING PROBLEMS

- Crimes committed against mentally ill are often labeled as abuse and neglect (rather than assault, rape, or murder), which understates the victimization problem.

- Very common at personal care homes, group homes, psych facilities.

REPORTING PROBLEMS

- Many mentally ill victims may not report crimes because of their dependence on the abuser for basic survival needs.

- When victims do report crimes, police may not take the person’s allegations seriously or may be reluctant to get involved.

REPORTING PROBLEMS

- Be aware of false stories that may result from their illness, delusion, hallucinations, etc…

- Some typical allegations are: sexual assaults, poisoning, stalking, government oppression.
Both male and females with mental illness often make outlandish claims of sexual assault. Claims of being raped by invisible persons, dead persons, God, people in the attic, etc.… It is important to take these claims seriously and to look for any clues that there may be some truth in the story.

Often, those interviewing the person just blow the person off as being “crazy”. Most often, there is no truth in the allegations.

Over last several months, HPD has been dealing with one severely mentally ill lady who claims to be raped by invisible men. No evidence but has completed 8 sexual assault exams in last 6 months at a cost of $600 each to HPD.
 REPORTING PROBLEMS

As frustrating as these situations may be, we still train our officers to listen closely to the allegations and document them in an offense report.

There is a chance that a seemingly unbelievable story may be true.

REPORTING PROBLEMS

One elderly lady with dementia made several calls to HPD with claims of being raped at night by a man living in her attic.

Because of her dementia, officers did not take her claims seriously.

One officer took the initiative to look in her attic and found evidence of someone living there.

An investigation was conducted and the suspect was arrested. He had been living in her attic for almost 6 months!

REPORTING PROBLEMS

As victim service providers, you should work closely with your local police department, District Attorney’s office, and other mental health professionals.

When you are working with a mentally ill person who makes a claim of being a victim of a crime, never hesitate to notify the police…no matter how outrageous the claim.
REPORTING PROBLEMS

- Case Example: Paranoid schizophrenic female who claimed her children, ages 2, 5, & 8 were being sexually abused by her husband.

REPORTING PROBLEMS

- This case is a perfect example of someone who was experiencing paranoia and delusions because of her illness, but was still able to provide information outside of their illness or false beliefs.

REPORTING PROBLEMS

- Listen to their story as if it were fact…then probe, ask questions, speak to family members, and others to help determine the veracity of the story.

- If the person appears to be hearing voices, ask about it, it may be a vital piece of the story.
REPORTING PROBLEMS

- If you aren’t comfortable interviewing the person due to their actions or illness, ask someone to assist you.

- Often HPD detectives will experience this while conducting interviews and contact MHU for advice.

REPORTING PROBLEMS

- If you are taking a recorded statement or interrogating a mentally ill victim or suspect, ensuring their rights are protected is of utmost importance.

- It is recommended that a guardian, mental health caseworker or legal representative be present to protect the rights of the mentally ill.

REPORTING PROBLEMS

- Case Example of U/H professor’s wife
COMMUNICATION TIPS

IN CONCLUSION

- Take the time to listen…
- Take the time to validate…
- Take the time to care.