

Autism & Law Enforcement Roll Call Briefing Handout, (Debbaudt, 2005)

NOTE: This handout supplements information contained in the Autism & Law Enforcement Roll Call Briefing Video.

The video and handout were designed to bring you a basic understanding of children and adults who have Autism and Aspergers Syndrome when you meet them in field situations.

Patrol in the 21st century is very diverse duty. People with autism are part of that diversity. Autism is America's fastest growing developmental disability. The rate of autism has seen a tenfold increase. Autism is estimated to affect as many as one in every 150 children (CDC-NCBDDD, 2008).

Research indicates that people, who have developmental disabilities, including autism, will have up to seven times more contacts with police than a member of the general public. (Curry et al, 1993)

Definition:

Autism is a neurologically based developmental disability that seriously affects a person's ability to communicate, socialize, and make judgments. Autism also affects the person's sensory responses to even normal levels of lights, sounds, touches, odors, and tastes. It is typically observed by age three, and is more common in males than females. It is not caused by the way parents raise their children. Despite ongoing research, there is no known cause or cure, although people with autism can make remarkable gains.

Autism is referred to as a spectrum disorder. It affects each person differently and ranges from mild to severe. Other terms for autism may include: Asperger Syndrome, High Functioning Autism or Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). Parents and professionals have learned through experience and education how to recognize the common traits of autism. No one expects a responding officer to be able to diagnose autism, but here are some diagnostic behaviors and characteristics you may observe:

- Autism may or may not be physically obvious; there may be no particular physical marker
- Be non-verbal or have limited speech
- Avoid eye contact
- Prefer to be alone
- Lack fear of real danger
- Apparent insensitivity or high tolerance for pain
- Have difficulty in expressing needs; does not use gestures
- Unusual responses to lights, sounds, or other sensory input
- Seek sensory stimulation, including heavy pressure
- Have difficulty interacting with others
- Avoidance of touch
- Sustained unusual repetitive actions
- Inappropriate laughing or giggling
- Inappropriate attachment to objects
- Spin or twirl objects and exhibit finger, arm, or wrist flicking

- If verbal, may have trouble with correct speech volume (i.e., loud to whisper, and/or monotone, computer-like vocal intonation)
- Appear as if deaf, cover their ears and look away
- Display clumsiness, toe-walk or have difficulty running
- Rock back and forth
- Talk to themselves or no one in particular
- Echo words and phrases
- Display fascination with water, lights, reflections and shiny objects

Wandering and Autism

As with the Alzheimer's patient, children and adults with autism may wander away from caregivers.

Missing Persons

Child or adult has wandered away from parent or caregiver at home or school:

- The person may also wander into traffic or attempt to enter nearby homes or dwellings
- Search nearby water sources
- Encourage families to provide key information to the 911 database
- Recommend a good locksmith, burglar alarm company, or electronic alert system

Other Common Reasons for Autism Related Contacts or 911 Calls

Parent or caregiver actions are misinterpreted or appear as assault. Person displays unusual behavior in community setting where they are not known. These behaviors may be interpreted by others as suspicious, threatening, criminal in nature, or as someone high on drugs or other substances. Unaware of the person's autism, citizens will call 911. Rearranging or making order out of store displays or products may appear as shoplifting. The person may display escalated behavior in the community, at school, or at home. Escalated behavior may be in the form of rocking, pacing, grunting, noisemaking, utterances, running into walls, head banging or hiding under mattresses or other large objects. These behaviors may be a form of self-stimulation or a sensory reaction to objects and influences in the environment.

Communication, Behavior, and Responding to the Call

The behaviors that children and adults with autism display will challenge your training and instincts. Behaviors, as seen in the video, draw attention, may seem suspicious, and will result in increased 911 calls.

Understand that the individual with autism:

- May inappropriately approach or run towards officers
- In emergencies, may flail against medical procedures; may attempt to re-enter dangerous environment (i.e., a burning home, flee into traffic, or touch a downed power line)
- May be non-verbal. About 50% of this population is non-verbal
- Can become upset with changes in routine for apparently trivial reasons
- May not recognize your uniform or marked vehicle, or understand what is expected of them if they do
- May not understand your verbal commands or use of slang expressions
- May not understand your command presence, body language and non-verbal communications, such as rolling of eyes, raising of eyebrows, shrugs, or hand signals
- People with autism may be attracted to shiny objects and actually reach for your badge, radio, keys, belt buckle, or weapon
- May display repetitive, self-stimulation behaviors, such as twirling an object or themselves, finger or hand flicking, body rocking, pacing, or talking to themselves
- Sensory overload may cause flight from lights, sirens, canine partners, aromas or even a light, comforting touch
- Be aware that your attempts to stop these behaviors may result with the person's escalated, self-protective actions, such as a "fight or flight" reaction

Response

You may learn the person has autism from your dispatcher, someone at the scene, or the person himself or herself. Here are some tips for responding officers:

- Make sure the person is unarmed and maintain a safe distance because they may suddenly invade your personal space
- Talk calmly and softly
- Speak in direct, short phrases such as: "Stand up now." or "Go to the car."
- Avoid figurative expressions, such as: "What's up your sleeve?" or "Are you pulling my leg?"
- Allow for delayed responses to your questions or commands
- Repeat and/or rephrase
- Consider use of pictures, written phrases and commands, and sign language
- Use low gestures for attention; avoid rapid pointing or waving
- Examine for presence of medical alert jewelry or tags, or an autism handout card
- Model calming body language (such as slow breathing and keeping hands low)
- Model the behavior you want the person to display

De-escalation

You may be called to respond to a situation where the person with autism is displaying escalated behavior that has alarmed a citizen or is apparently beyond the control of the parent or caregiver. These calls will challenge the training and instincts of even the most experienced veteran.

Consider:

- A person may not react well to changes in routine or the presence of uniformed strangers
- Person may display "fight or flight" reaction when approached
- Officers should not interpret the person's failure to respond to orders or questions as a lack of cooperation or a reason for increased force
- Seek information and assistance from parent or others at the scene about how to communicate with and de-escalate the person's behavior
- Avoid stopping repetitive behaviors unless there is risk of injury to yourself or others. If the individual is holding and appears to be fascinated with an inanimate object, consider allowing subject to hold the item for the calming effect (if officer safety is not jeopardized by doing so)
- Be aware of person's self-protective responses and sensitivities to even usual lights, sounds, touches, orders, and animals
- If possible, turn off sirens and flashing lights and remove canine partners, crowds, or other sensory stimulation from the scene
- Evaluate for injury: the person may not ask for help or show any indications of pain, even though injury seems apparent
- Examine for presence of medical alert jewelry or tag
- Be aware that the person may be having a seizure
- If the person's behavior escalates, use geographic containment and maintain a safe distance until any inappropriate behaviors lessen
- Remain alert to the possibility of outbursts or impulsive acts
- Use your discretion. If you have determined that the person is unarmed and have established geographic containment, use the available time to allow the person to de-escalate themselves without your intervention
- Use of pepper spray may heighten sensory reaction and escalated behavior

Restraint

Despite your best efforts, you may have to restrain the person with autism and take them into custody. You may be responding to a public safety emergency, or a criminal justice situation. These are the highest risk situations for officers.

Be aware of the following when using standard force or restraint techniques:

- People with autism may have under-developed trunk muscles-hypotonia-and may not be able to support their airway
- After takedown, avoid positional asphyxia. Turn person on their side often to allow normal breathing to occur
- Monitor the person's condition frequently to prevent further trauma or injury
- People with autism may have seizures. Up to 40% of this population has some form of seizure disorder
- Asthma and heart conditions are also common. Be aware of associated medical conditions and medication requirements
- The person may not recognize the futility of resistance and continue to struggle. Continue to use communication, de-escalation, and calming response techniques
- For officer safety, avoid standing too near or behind. The person may suddenly lurch backward

Arrest

You may have a person with autism in custody that you have arrested or will be committed involuntarily to a mental health facility.

Document autism in your initial report.

Consider a medical evaluation.

Alert jail authorities and suggest an isolation facility. A person with autism would be at extreme risk in the general prison population.

Whenever possible, contact parents or caregivers.

Interview

The person with autism will have difficulty processing your questions. They may be unable to give name, address, phone number, or be unable to present ID when asked. Expect your interview to take longer. The person may have the information you need. However, they may be difficult to understand.

It is common for people with autism to repeat your words and phrases. This is known as *echolalia*. Be aware that a person with autism may also model your body language and emotional state.

Here are some tips for interviewing a person with autism:

- Do not take a lack of eye contact, the changing of subjects, or answers that are vague, evasive or blunt as evidence of guilty knowledge
- The person may truly not understand Miranda warnings even when they say they do

- To avoid confusion, ask questions that rely on narrative responses
- Consider asking a series of unrelated "yes" or "no" questions to determine the style and dependability of the response
- If you have learned that the person has autism or Asperger Syndrome, prior to questioning, consider contacting a specialist familiar with these conditions

With their unusual responses to your questions, the person with autism may challenge all of your training. Follow procedure, but also follow your gut instincts if you feel something isn't quite right with the subject of your investigation. As in the old adage: if the statement or confession is "too good to be true," it probably is.

Victims

People with autism are oftentimes victims of crime, such as: sexual, verbal or physical assault. This can occur anywhere. Investigators can overcome the communication barriers of interviewing the person with autism when they become familiar with the person's communication style and background. Review fresh records and interview others who know the person well. Ask parents, caregivers, and people who know the victim for tips about how the person gives and receives information. If not verbal, how do they communicate?

Further:

- Seek permission to and consider videotaping the interview
- Consider having a person the victim trusts present at the interview
- Avoid uniforms or authority clothing
- Get to know the person's communication style through casual conversation before any attempt to get recollection of event
- Plan questioning based on person's ability level
- Develop good rapport; use person's first name
- Use simple, direct language and deal with one issue at a time
- Get the witness to recreate the context in his or her own words-ask questions that require a narrative answer
- Make sure your words and their words have meanings that you both understand to be the same
- Make sure that you and the victim-witness understand who is being referred to when using pronouns
- Be alert to non-verbal cues that suggest the witness does not understand, is confused, or does not agree with the question you asked or the statements you have made (i.e., restlessness, frowning, and extremely long pauses)
- The victim may not want to answer questions more than once (explain first that you may have to ask questions more than once)
- Let victim know it is OK to say "no" to your questions

- Become convinced the person understands or is known to tell the truth
- Avoid leading questions
- Carefully establish timelines
- Learn person's schedule and determine events through this context, rather than asking, "What time did it happen?"
- Person may have short attention span. Consider several short interviews
- Be alert to a spontaneous disclosure of evidence. (Farrar, 1996)

Community Policing Options:

For officer safety and to reduce liability, create opportunities to meet people who have autism, their families, and support organizations.

911 data base red flag alert programs can provide key information for a safe, successful resolution to a contact with an individual with autism. Consider proactively offering the 911 database as an option to parents and care providers

Seek opportunities to visit schools, work and recreation facilities, and the homes where people with autism live. Invite people with autism, their families, advocates, and supporters to visit your stations and participate in law enforcement events. This can enhance officer education in the areas of recognition and response to the vulnerable person who has autism and enhance citizen education of the roles and responsibilities of law enforcement professionals. Officers and persons with autism can learn from each other during these controlled, safe, and non-stressful interactions

Applying skills, tolerance, and public relations when interacting with children and adults who have autism, their families, care providers, and supporters are the best approaches to ensure officer and citizen safety, make the best use of your valuable time and resources, and avoid litigation.

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For referral to a local autism advocacy organization, E-mail ddpi@flash.net

For video inquiries and further information, contact:

Dennis Debbaudt at 772-398-9756 (son with autism may answer phone)

Debbaudt Legacy Productions

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