

Autism INFORMATION FOR LAW ENFORCEMENT AND OTHER FIRST RESPONDERS



SERVING VICTIMS OF CRIME SERIES

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POLICE OFFICERS AND OTHER FIRST RESPONDERS MAY ENCOUNTER OR BE ASKED TO PROVIDE SERVICES TO A PERSON WITH AUTISM SPECTRUM DISORDER. RECOGNIZING THE SIGNS OF AUTISM AND KNOWING EFFECTIVE WAYS TO APPROACH A PERSON ON THE AUTISM SPECTRUM CAN MINIMIZE SITUATIONS OF RISK OR VICTIMIZATION OF THE INDIVIDUAL, AS WELL AS THE RISK TO THOSE INTERVENING.

Individuals with autism spectrum disorder (ASD) have difficulty picking up social cues (social referencing) and understanding other individual's thoughts and intentions, making them vulnerable to a range of crimes from fraud and theft to more violent crimes. Individuals with ASD are also generally taught compliance from a very young age, making them easy targets for abuse and victimization. When assisting a crime victim who is on the autism spectrum, first responders should take specific actions to communicate with and support the individual.

 **AUTISM SOCIETY**



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FIRST RESPONDERS SHOULD HAVE BASIC KNOWLEDGE OF HOW TO MEET THE INDIVIDUAL'S NEEDS AND, IF ADDITIONAL ASSISTANCE IS NECESSARY, COLLABORATE WITH A PROFESSIONAL FAMILIAR WITH AUTISM.



WHAT IS AUTISM?

Autism is a spectrum disorder that affects every individual to a differing degree. Autism is a complex developmental disability. It is a neurological condition with a variety of symptoms that affect individuals in different ways. It knows no racial, ethnic or social boundaries. People with autism may have difficulties in communication and social understanding. They may also have unusual reactions to sensory input, and may demonstrate what appear to be inappropriate behaviors. Autism Spectrum Disorders (ASD) are now known to be more common than previously thought, affecting as many as 1.5 million individuals nationwide.

CONSIDERATIONS FOR POLICE AND OTHER FIRST RESPONDERS

There will be many situations in which a person on the autism spectrum may encounter police. A survey of individuals with ASD and their families indicated that 35% of individuals with autism had been the victim of a crime and that 23% have had interactions with first responders due to wandering or eloping (Autism Society, 2007).

When responding to situations involving individuals with ASD, officers should take into consideration that individuals with disabilities are often taught compliance – values and beliefs that affect behavior and social etiquette that may make them more vulnerable to victimization. Individuals on the autism spectrum may:

- Not question “rules” or those in charge
- Not be assertive
- Agree with adults or authority figures out of necessity
- Always honor other people’s opinions or their personal choices may not be honored by others
- Be taught to be obedient and dependent

Due to the nature of autism and the social environments in which individuals with ASD may live, the risk for victimization and abuse are heightened by:

- The individual’s reduced privacy
- Lack of teaching regarding healthy sexuality and decision-making
- Reduced expectations by caregivers and others
- Rewards provided for obedience and passivity
- Limited friendships and increased social isolation
- Negative attitudes toward those with disabilities

First responders should also be aware that autism is a spectrum disorder that affects every individual to a differing degree. Individuals may be highly verbal or nonverbal, have above-average intelligence or cognitive limitations (mental retardation), and may respond differently

to sensory stimuli. During instances of heightened anxiety or when they do not know what is expected of them, individuals with ASD may also lose some of their abilities more readily. Providing reassurance will assist in alleviating the individual’s anxiety and discomfort.

Success in providing services is more likely when a first responder assisting a person with ASD has information regarding the individual’s regular behavior and communication patterns. First responders should have basic knowledge of how to meet the individual’s needs and, if additional assistance is necessary, collaborate with a professional familiar with autism. For officers conducting initial investigative interviews, it will be essential to be comfortable with the individual. If there is doubt as to the abilities of an interviewer, seeking out a Forensic Interviewer with knowledge of autism will aid dramatically in the development of a case for prosecution. Individuals with ASD often seek “sameness” or consistency; therefore, if initial contacts with first responders are negative, the investigation could be prolonged.

Knowledge of the individual’s method of communication is vital, thus the interviewer should have resources available for working with an interpreter or facilitator. It is estimated that 30% to 50% of individuals with autism are nonverbal and even those who are verbal may process and communicate information in different ways. Individuals with ASD may have immediate or delayed echolalia (the repetition or echoing of verbal utterances made by another person). Immediate echolalia may be used with no intent or purpose or may have a very specific purpose for the individual. Delayed echolalia appears to tap into long-term auditory memory, can involve the recitation of entire scripts, and can also have both noncommunicative and communicative functions. Knowing the individual well is a key to understanding his or her specific use of echolalia and other communication traits. Ensuring the interview setting is private and lacks distractions is also essential. All parties involved should be aware that interviews of crime victims on the autism spectrum will take more time. Within the courtroom setting there will be time needed to prepare an individual to participate in the process of a trial. Assisting the individual with ASD to become familiar with the setting, the concepts involved, and expectations will allow them to participate more effectively. It is also very important that if a person with ASD is a victim of a crime, they be reassured that they will be safe in the presence of the perpetrator. At the end of prosecution, no matter the outcome, an explanation will be required to allow for closure.

APPROPRIATE RESPONSE/DELIVERY OF SERVICE

A lack of personal familiarity with individuals who have a disability may cause first responders to feel professionally awkward and uncertain when providing emergency care and assistance. Common reactions to individuals with disabilities include fear, embarrassment, or pity and,

unfortunately, too often disbelief, disregard, or discounting of information supplied by the individual.

Awareness and education of first responders about disabilities increases their ability to provide appropriate response. Recognizing behaviors associated with autism will allow you to best respond to the situation.

A person on the autism spectrum may:

1. **Not respond to a uniform, badge, or other emergency response symbols.** Autism may limit a person's ability to recognize and differentiate uniforms and other common symbols. Pointing out these items to allow the person to focus is helpful.
2. **Avoid eye contact.** People with ASD often have difficulty making eye contact. Do not insist on eye contact or misinterpret lack of eye contact as disrespect or guilt.
3. **Make repetitive motions or sounds.** Repeated movements or sounds may be a signal of distress but may also be the person's means of securing comfort. Unless the person is causing injury or damaging property, do not stop these behaviors.
4. **Become upset when touched.** Avoid touching if possible. If you have to have physical contact with the individual, explain in simple terms what you are going to do and why. Try saying, "I want to help you, but I (explain what you intend to do)."
5. **Not provide I.D.** when asked. Be patient and speak slowly and calmly. Keep questions simple and allow time for answers. Repeat or rephrase. The person may not be able to speak. Check for ID jewelry, an ID card, or ID sewn into the individual's clothing.
6. **Lack awareness of danger.** Gently persuade or remove the person from the dangerous situation. Offer an alternative to the dangerous action. Be aware that if the person is anxious there is a risk they could bolt without warning.
7. **Continues to do something after being told to stop.** Demonstrative, non-threatening gestures may communicate more effectively than a verbal command. Demonstrate what you want the person to do. Repeat the behaviors and instructions. Use a communication board if possible and allow time for processing of information before responses are given.
8. **Appear to be under the influence of alcohol or drugs.** The actions of people with ASD can appear to be odd or inappropriate. When asked about drug use, the person may admit to having taken drugs if they take prescribed medications. Avoid making assumptions about alcohol or drug use.
9. **Become self-injurious.** Under stress an individual may become self-injurious. Use the least invasive technique possible to ensure the individual's safety.
10. **Become aggressive.** Restraints should only be used if the individual's or other's safety is at risk. Individuals with ASD may have a poorly developed upper trunk area. Positional asphyxia could occur so it is critical to ensure that a prone position is not used and the person is moved to a secure and quiet place away from distractions. De-escalation techniques to calm or distract the individual are safer and more effective.

CHARACTERISTICS OF AUTISM

Persons on the autism spectrum may act in any of the following ways in an encounter with police officers and other first responders. Care should be taken not to misinterpret some of these actions as deliberate, disrespectful or hostile. Persons with ASD may:

- Not recognize a first responder vehicle, badge, or uniform
- Not understand what is expected of them
- Not respond to commands
- Run or move away when approached
- Be unable to communicate with words
- Only repeat what is said to them
- Communicate only with sign language, pictures or gestures
- Avoid eye contact
- Appear argumentative or stubborn
- Say "No!" or "Yes!" in response to all questions
- Have difficulty judging personal space
- Try to avoid sensory input (e.g., flashing lights, sirens, crowds) due to hypersensitivity
- Have a decreased cognitive ability when experiencing heightened anxiety or frustration
- Become anxious or agitated, producing fight or flight responses or behaviors such as screaming, hand flapping, or self-injurious behaviors
- Appear to be under the influence of narcotics or intoxicants
- Have an associated medical condition such as seizure disorder
- Be fixated on a particular object or topic, and may ask repeated questions
- Speak in a monotone voice with unusual pronunciations
- Reverse pronouns ("Can I stop?" instead of "Can you stop?")
- Give misleading statements or false confessions
- Have problems speaking at the correct volume
- May, if verbal, be honest to the point of bluntness or rudeness
- Not acknowledge physical pain or trauma due to hyposensitivity
- Not be able to communicate the extent of trauma due to a lack of understanding of healthy sexuality or appropriate boundaries in care provider or other relationships
- Have the need for a Forensic Interviewer with knowledge of autism
- Not have knowledge of the criminal justice system and the expectations to assist in prosecution

First responders and paramedics involved in search-and-rescue response should be aware that individuals with ASD will seek out items and locations that hold fascinations for them. Examples include water sources, trains, and cars. Individuals may go to these places without realizing the potential dangers involved. In fires, individuals with autism have been known to hide in closets or under beds to escape from the sound of fire alert systems.

Autism source™

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AUTISM SOCIETY

4340 East-West Highway, Suite 350
Bethesda, Maryland 20814
Phone: 301.657.0881 or
1.800.3AUTISM
Fax: 301.657.0869
Web: www.autism-society.org

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RESOURCES:

Autism and Crime

Autism Society ~ 1-800-3AUTISM
www.autism-society.org/safeandsound
Find, or contribute, local resources for victims of crime at Autism Source™, the Autism Society's on-line referral database:
www.autismsource.org
Office for Victims of Crime,
U.S. Department of Justice ~ 1-800-851-3420
OVC has a number of useful publications and materials, including *Victims with Disabilities*:

The Forensic Interview training DVD and manual & *Serving Crime Victims with Disabilities* DVD.

California District Attorneys Association
(916) 443-2017 ~ www.cdada.org

The CDAA's DVD, *Crime Victims with Disabilities: What the Prosecutor Needs to Know*, includes sections specific to autism.

National Center for Victims of Crime
(NCVC) ~ 1-800-394-2255

Disability, Abuse & Personal Rights Project
www.disability-abuse.com

L.E.A.N. On Us
(Law Enforcement Awareness Network)
www.leanonus.org

Autism Risk and Safety Management
www.autismriskmanagement.com

Crime Victim Organizations

Office for Victims of Crime,
U.S. Department of Justice ~ 1-800-851-3420

National Center for Victims of Crime (NCVC)
1-800-394-2255

National Domestic Violence Hotline
1-800-799-7233

National Organization for Victim Assistance
(NOVA) ~ 1-800-879-6682

National Resource Center on Domestic
Violence ~ 1-800-537-2238



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