

Autism, Law Enforcement and Disclosure: Advice from the Training Room

**Revised By Dennis Debbaudt from his original report in
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Advice for the autism community from law enforcement professionals throughout the US, Canada and elsewhere is very consistent: accurate autism information, even when generic in nature, will inform their response. Information that is specific to the person becomes clearly advantageous for a responding officer.

In the training room setting, generic information is extremely useful for the law enforcement professional. For example, understanding our population, people with autism spectrum disorder (ASD), from the viewpoint of independence level becomes essential background about autism related field interactions.

The term “less independent” may be used to describe children and adults who will have difficulty in areas involving basic life skills such as safely crossing a street, negotiating a financial transaction, and making sense of social interactions. Often, these individuals are also nonverbal and may use alternative forms of communication such as sign language, Picture Exchange Communications Systems (PECS), or computers that can speak for them. If verbal, their communications may be understood only by a family member, caregiver, or teacher. More often than not, they will, or should, have a caregiver accompanying them and will be dependent on parents, siblings, or others to provide the basic necessities of life.

More independent young people and adults may be able to fully express needs, use public transportation, learn to drive, attend college or university, be employed with surprisingly powerful and professional careers, marry, and have children. However, they are challenged by the same issues as their less independent peers, albeit to a lesser but still significant degree (Debbaudt, 2013).

This report will focus on safety strategies that families, caregivers and everyone involved can develop and implement for the less independent individual.

Law enforcement professionals advise that approximately eighty percent of patrol responses do not involve criminal activity. Research indicates that persons with developmental disabilities, ASD being the most prevalent, are approximately seven times more likely to interact with law enforcement than others (Curry, Posluszny & Darska, 1993). Additionally, the estimated rate of diagnoses of ASD has grown dramatically in North America.

Field contacts regarding a suspicious person, aggression and missing children and adults are three predictable, high risk autism related interactions that hold the potential for injury or death.

The first two hold the potential for use of force and are fraught with communication and proximity dilemmas. The third, tragically, is too often a cause of death for the vulnerable child, young person or adult.

Since each individual with autism is unique and may act or react differently (Debbaudt & Legacy, 2005), the responsibility of providing information for persons with autism, family members and care providers loom large. If person-specific information is clearly advantageous for a responding officer, how can individuals with ASD, families and caregivers provide this actionable intelligence? In a word: disclosure.

Disclosure of person-specific information is a key element - perhaps *the* key element - of a personal safety plan. Disclosure in a variety of settings can be simple or more complex depending on individual needs and circumstances. Once the voluntary decision to disclose is made, a higher level of informed response during interactions with law enforcement professionals can be accomplished.

During training, officer and citizen safety is a primary concern. When safe to do so, officer investments in time, patience, and clear communications can occur. Training does inform officers about the sights and sounds associated with persons with ASD. Yet, asking trained police officers to accurately conduct a field diagnosis of person's autism may go beyond reasonable expectations. Disclosure will help by taking diagnosis guesswork off the table of risk.

Police training topics include how a physical outburst might well be related to the ASD person's sensory dysfunction, inability to deal with interruptions in the daily routine, or emotional lability (being susceptible to change, error, or instability). This often presents itself in individuals with ASD - their emotions can change quickly and they can become upset, scared, or anxious very quickly. They may also be extremely anxious one minute, and then calm the next, or vice versa (Taylor, Mesibov & Debbaudt, 2009).

Suspicious person reports can include parent or caregiver actions that may be misinterpreted or appear as assault. For example, a father picking up and carrying away his crying child from a store or park may appear to observers as a possible child abduction. Another example would be a caregiver's actions in trying to calm an adult. Both are precisely the sorts of situations that may result in a 911 call reporting suspicious persons (Debbaudt, 2001). When police do arrive, lack of disclosure and proximity could become a volatile combination.

Aggressive outbursts frequently occur at home, at school or in any community setting. The proximity to others in the rooms of most homes and schools adds to the danger of the situation. These aggressive behaviors may be a form of self-stimulation or a sensory reaction to objects and influences in the environment and not truly a sign of calculated disobedience. The person with autism wants the circumstances to change but does not know how to implement that change. When one adds in the issue of emotional lability, this presents an obvious dilemma for responding officers (Debbaudt, 2013 and Debbaudt & Rothman, 2001).

While independent adults may wander away from homes and caregivers, the majority of missing person calls will involve children; the reporters will be family members, educators and caregivers. They are prone to escaping into the community from homes and schools or while shopping or traveling. The escape often occurs at night when caregivers are asleep. The escape can also occur when parents and caregivers become injured or incapacitated, ill, or otherwise occupied, perhaps when using a restroom, taking a call, or caring for a sibling. Keep in mind that the individual may quickly cut across great distances.

Drowning is a leading cause of death for people with autism (Shavelle, Strauss & Pickett, 2001). They may be unusually attracted to water sources and frequently found in or near rivers, lakes, ponds, pools and fountains. The child or adult will all too often seek out and enter into water sources, for example, permanent or seasonal swimming pools, ponds, rivers, streams and lakes. Individuals may also be dangerously attracted to vehicles and wander into traffic or attempt to enter nearby homes or dwellings, wander onto train tracks and elevated places such as rooftops, trees and on or under bridges. They may fatally find false refuge in underbrush, alleys and dumps where they may seek rest and comfort under a mattress, between sofa cushions or inside discarded furniture and appliances.

For each of these high risk contacts, the first step for families, school officials or other caregivers will be to call 911 immediately upon discovery of a missing child or adult and use the word autism to describe the individual. Resist the temptation to conduct a search before calling 911.

Simple and highly effective disclosure options include multicolored autism puzzle ribbon magnets, awareness decals, license plate holders and autism awareness license plates for vehicles, homes and locations where the person may be. Identification (ID), name or phone number, may include an autism tag or bracelet, an autism information card, information printed or on quick response (QR) codes (scanned by smart phones) on tags put in shoes, sewn into garments, imprinted on undergarments, or on a non-permanent ID tattoo. The operable word gleaned from these awareness icons and ID is autism. Upon observation or when they hear the word, trained police will recognize these disclosures and put their autism knowledge into action.

Families and caregivers should develop a person-specific autism emergency contact form (example below) that includes, but are not limited to the following information: name, current photograph, complete physical description, home and cell phone numbers of all emergency contact persons, sensory, medical, or dietary issues and requirements, inclination for wandering, attractions and locations where person may be found, atypical behaviors or characteristics that may attract attention, favorite topics to pursue and calm the person; topics to avoid that cause fear, anger, or outbursts, recommended approach and de-escalation techniques, method of communication, ID jewelry, tags on clothes, printed handout card, guide to nearby properties with water sources and dangerous locations highlighted, communications technology being used to track the movements of person radio frequency (RF) or global positioning system (GPS) (Debbaudt, 2001).

This form should be legible, printed out and copied for distribution to all caregivers: family, educational, child or adult care, transportation, therapeutic and recreational. Keep copies in vehicle glove compartments, under sun visors, in care providers and child or adults purses, wallets and backpacks.

Emergency call centers (911) are now offering voluntary registration programs in regions of the U.S. and Canada. For families that participate, person-specific information can be uploaded and accessed quickly by way of mobile computer or dispatch. Check with your local call center for availability.

Review, revise and practice your disclosure options at least once a month.

Remember the advice from our law enforcement advisors: accurate information will inform their response. Let's get it to them! Stay safe!

For more information, please contact Dennis Debbaudt at ddpi@flash.net or (772) 398-9756 and visit www.autismriskmanagement.com and www.debbaudtlegacy.com

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Autism Emergency Contact Form



Name of Child/Adult with Autism

Nickname (if any)

Date of Birth

Height

Weight

Eye Color

Hair Color

Medical Conditions

Scars or Identifying Marks

Address

City, State, Zip

Home Phone

Other Phone

Method of Communication, if non-verbal: sign language, picture boards, written word, etc.

Identification Worn: (ex. Jewelry/Medic Alert®, clothing tags, ID card, tracking monitor, etc.)

Current Prescriptions (include dosage):

Sensory/Medical/Dietary issues and requirements, if any:

Inclination for wandering behaviors or characteristics that may attract attention:

Favorite attractions or locations where person may be found, if missing:

Likes/Dislikes (Include approach and de-escalation techniques:

Name/Phone: _____

Name/Phone: _____

Name/Phone: _____

Name: _____

Address: _____

Home/Other Phone: _____

Other Contact Info: _____



Name: _____

Address: _____

Home/Other Phone: _____



