

Autism Recognition & Suggested Responses for Law Enforcement Professionals

**Northern Virginia Criminal Justice
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From the Autism Society of Northern Virginia (ASNV) and
Parents Of Autistic Children of Northern Virginia (POAC-NoVA)

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Objectives

- Discuss why law enforcement professionals need to recognize autism spectrum disorders
- Discuss behaviors and characteristics commonly seen in individuals with autism spectrum disorders.
- Explain the problems that a person with autism may have in emergency and criminal justice situations.
- Discuss ways that law enforcement agencies are working with individuals with autism, their families, and organizations.

Why should law enforcement be concerned with recognizing autism spectrum disorders?

- Safety of others & go home safe to your families.
- Positive, proactive community relations.
- Make best use of available time and resources.
- Enhance communication skills.
- Avoid exposure to liability and bad press.

What are Autism Spectrum Disorders?

- Definition - Pervasive Developmental Disorders or Autism Spectrum Disorders are developmental disabilities that typically appear during the first three years of life.
- Pervasive Developmental Disorders include Autism, Asperger's Syndrome, Rett's Disorder, Childhood Disintegrative Disorder (CDD), or Pervasive Developmental Delay-Not Otherwise Specified (PDD-NOS).
- Autism is a broad-spectrum neurological disorder that causes the brain to process information differently.
- It is not a mental or psychological disorder.
- Autism impacts the normal development of the brain in the areas of social interaction and communication skills, along with some form of repetitive behaviors.
- Specific cause is unknown, & there is no definitive cure.

A Spectrum Condition

- Delayed speech is usually the first sign of a possible development delay.
- Affects persons in varying degrees, severity and symptoms.
- Independence levels vary.
- Individuals with autism spectrum disorders are more like us than different.
- Each person with autism is unique.
- May display strength in some cognitive skills.
- Lasts their entire lives to some degree.

Prevalence



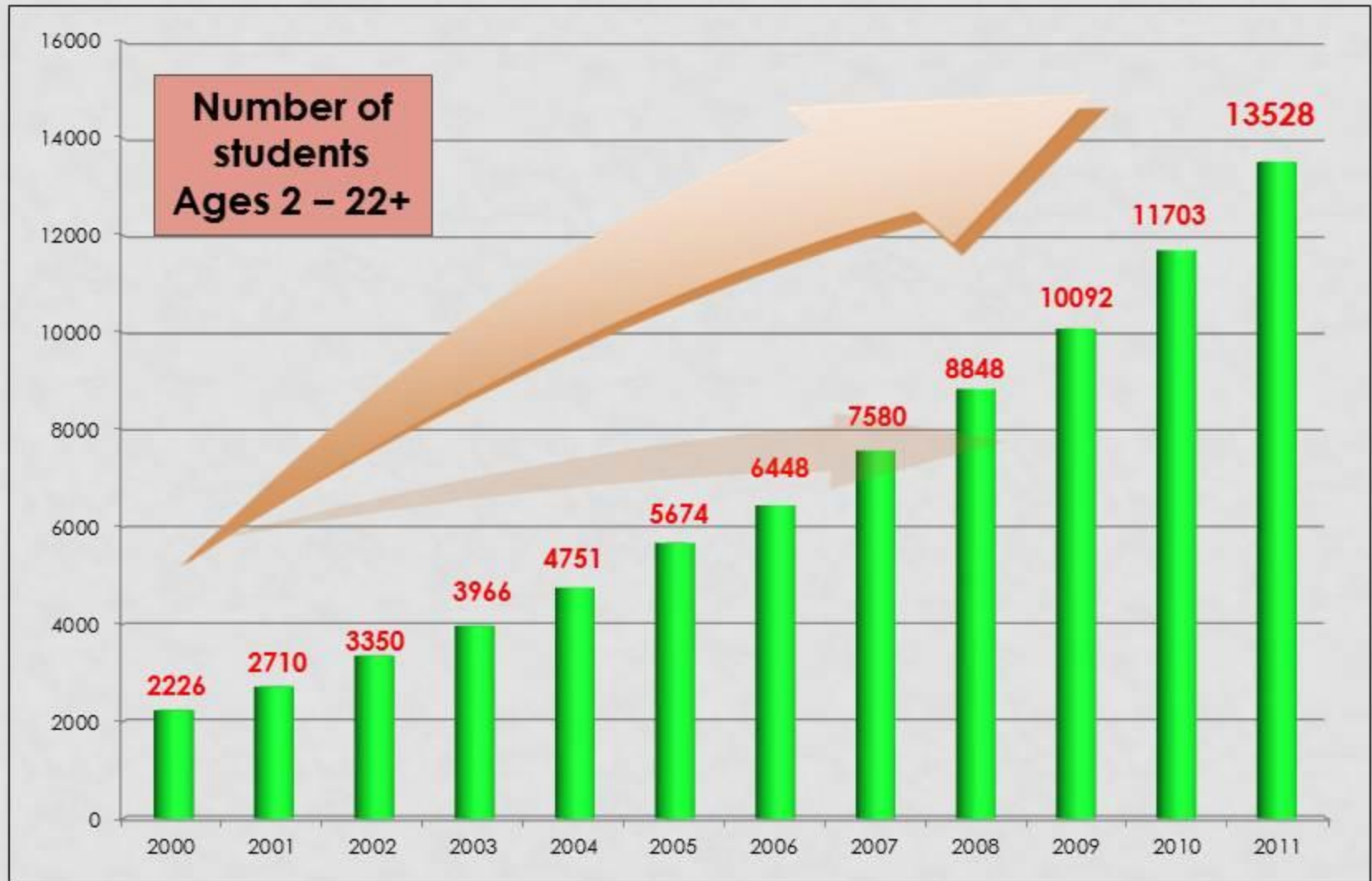
Autisms!

- No racial, ethnic, or social boundaries.
- Income, lifestyle and education levels have no effect.
- It is not caused by the way parents raise their children.
- Affects about one million Americans!
- America's fastest growing developmental disability at 1 in 88 children per reports using data from 2008 on 8 year-olds per the CDC in 2012. (Increase from 1 in 112- 2006 data) [2,598 or 1 in 68 in FCPS for 2010, 1105% growth since 1997] {1 in 70 children for active-duty military families using data from military medical records review in 2008.}
- 4 to 5 times more prevalent for boys (1 in 54) than for girls (1 in 252)!
- New case is diagnosed about every 20 minutes. Over 70 a day!
- Fastest growing developmental disability with 10-17% annual growth.
- Costs \$2.3M per person during their lifetime, or at least \$126B per year per University of Pennsylvania Report . (Mandell, 2012)
 - Up from \$35B per year in Harvard School of Public Health Report, April 2006.
- Having a child with autism affects the entire family!

Student (ages 2 to 22) Autism Totals as of 12/11

Alexandria City	102
Arlington County	370
Clarke County	22
Fairfax County	2,598
Falls Church City	29
Fauquier County	114
Fredericksburg City	23
Loudoun County	821
Manassas City	93
Manassas Park City	34
Prince William County	855
Spotsylvania County	228
Stafford County	268
Warren County	60

Autism in Virginia Public Schools



Autism: Behaviors & Characteristics

- May not understand what you say. Possible scripting!
- Appear deaf and may not respond to verbal cues.
- Be unable to speak (50% nonverbal), speak with difficulty, rambling speech, or echo what you say.
- Engage in repetitive behaviors and repeat words.
- Act upset for no apparent reason or have tantrums.
- Appear insensitive to pain.
- Appear anxious or nervous.
- Dart away from you unexpectedly.
- Engage in self-stimulatory behaviors or “stims”, like hand-flapping, body rocking, finger-flicking, spinning, or shaking parts of their body.



DRUGS?

Autism: Behaviors & Characteristics

- If verbal, answers may seem loud, blunt, or tactless.
- May appear argumentative, stubborn, or belligerent.
- May not recognize jokes, slang, or body language.
- Communication frustrations when you do not understand their sign language or gestures.
- May exhibit inappropriate laughing or giggling.
- Unusual reactions to sensory environment- touch (87%), sound (87%), vision (86%), bright lights, smell (30%), or sometimes animals.
- May cover ears, look away and have little eye contact.
- Have difficulty judging personal space and confuse pronouns.

Autism: Behaviors & Characteristics

- May also exhibit forms of self-injurious behaviors, biting, spitting, screaming, tantrums, stripping, or self-induced vomiting when frustrated.
- Can be good rule and command followers.
- Pigeon-toed gait or contorted posture.
- May stare at you with an atypical gaze or into space.
- Display discomfort with change or new situations.
- May inappropriately place objects in their mouth.
- Attachment to objects that are not age-appropriate.
- May have information pertaining to their condition on an ID card/bracelet/necklace, non-permanent tattoo, or clothing tags, including in their shoelaces.

Examples of Autism Awareness Items



Three Things You Can Do Today To Protect A Person With Autism

1. Place the printed decal on the front door or window of your home or on your submodel. Do not place the decal on the door or window of the individual's room.
2. Complete the attached Personal Information Form and make copies of it for your home, car, cell/office, other computers and emergency personnel.
3. List your facility's non-emergency telephone number and ask personnel to note in the 911 database that someone with autism lives at your address.

www.autismaware.org



Examples of Autism Awareness Items

 **Public Autism Awareness** 

My child has Autism
 He / she is not being naughty and we are not being bad parents for not reprimanding them. Children with autism can often behave in an unpredictable manner, because they find it hard to cope with many everyday situations. They are quite simply doing their best. Please be patient.

For more information about autism please visit www.autism-society.org

I Have Autism:

My medical condition impairs my ability to communicate with others. As a result I may have difficulty understanding your directions, and I may not be able to respond to your questions. I may also become physically agitated if you touch me or move too close to me.

Please do not interpret this behavior as a refusal to cooperate. I am not intentionally defying your instructions.

© 2010 SEOPittsburgh.com Over Please ➡

I am requesting that you contact the person noted below on my behalf; s/he will confirm my diagnosis and provide information you may need about my identity. Sincerely,

My Printed Name Contact Printed Name

Produced by <http://SEOPittsburgh.com>
 An Autism Owned and Run Business

Funded by ASOARD (Advisory Board On Autism and Related Disorders)

Contact Phone #

This Card Approved by the Allegheny County Office of the Public Defender, 542 Forbes Avenue, Pittsburgh, PA 15219

 **WHAT YOU ARE WITNESSING IS A CHILD WITH AUTISM**


This child is not a brat, does not need discipline, and we are not bad parents. Autism is a neurological disorder that makes children behave in ways that most people don't understand.

People with autism are often confused and upset and react in ways that are socially inappropriate, such as a tantrum. Please be patient while we teach our child how to function appropriately in the community.

To learn more about autism, please visit www.autismlink.com

Autism Society of America

AUTISM is a disorder of brain function affecting 1 in 250 people.



Children & adults with autism may:

- ✓ not understand what you say
- ✓ appear deaf
- ✓ be unable to speak or speak with difficulty
- ✓ engage in repetitive behaviors
- ✓ act upset for no apparent reason
- ✓ appear insensitive to pain
- ✓ appear anxious or nervous
- ✓ dart away from you unexpectedly
- ✓ engage in self-stimulating behaviors (i.e., hand flapping or rocking)

For law enforcement or medical emergency personnel: This individual may not understand the law, know right from wrong, or know the consequences of his or her actions.

www.autism-society.org



 **ATTENTION: ON SCENE CAREGIVERS AND EMERGENCY RESPONDERS**

PERSONAL INFORMATION RECORD FOR:



Examples of Autism Awareness Items



Public Safety Risk Associated with Autism

- May not know what to do or how to seek help.
- May not be able to communicate contact information, what hurts, or what happened.
- May not react well in emergencies (re-enter burning home or touch downed power lines).
- May not recognize real danger. Have NO real fear!
- May have very high tolerance for pain, heat and cold.
- May react poorly to changes in routine for apparent trivial reasons.
- May seek inappropriate age relationships and touch in socially inappropriate ways. Indecent exposure.
- Will likely flail against physical restraint or continue to struggle.
- May have other medical conditions, such as seizure disorder (up to 30-40%), asthma, or hypotonia - low muscle tone.

Public Safety Risk Associated with Autism

- May not respond to stop or other commands.
- May flee when approached due to sensory overload.
- May inappropriately approach or run towards you.
- May invade your personal space and have little eye contact.
- May repeat words or body language of law enforcement officers. Often trained to be imitators!
- May answer no or why to all questions.
- May not recognize badge, uniform or marked vehicle or understand what is expected of them if they do.
- Behaviors draw attention and may limit credibility.
- Elopement: lost and wandering. Trespassing.
- Attracted to water, reflections, shiny objects, or high places.
- Some foods make the symptoms and behaviors worse.

Elopement Risk Associated with Autism

- 2012 Kennedy Krieger Institute study: “49% of children with autism wander from a safe setting, a rate nearly four times that of their unaffected siblings”.
- More than one third of children who elope are never or rarely able to communicate their name, address, or phone number verbally or by writing/typing.
- Two in three parents report their missing children had a “close call” with a traffic injury.
- 32% of parents report their missing children had a “close call” with a possible drowning.
- Wandering was ranked among the most stressful ASD behaviors by 58% of parents of elopers.
- 62% of families with children who elope were prevented from attending activities outside the home due to fear of wandering.
- 40% of parents had suffered sleep disruption due to elopement.

Public Safety Risk Associated with Autism

- Three times more likely to have to quit their jobs or reduce work hours to care for their kids. They pay more for their kids' health needs, spend more time providing for that care, and are more likely to have money difficulties. (Kogan, 2008)
- Significantly higher stress levels, but not divorce rates of 80-90%.
- Sometimes the autism apple does not fall to far from the parent tree.
- Up to seven times more contacts with law enforcement. (Curry, '93)
- Persons with disabilities over age 12 experienced violent crime at rates that were almost twice the rate among persons without disabilities for each violent crime measured. (DOJ, 2010)
- Experienced serious violent crime at rates that were over three times more frequent compared to persons without disabilities. (DOJ, 2010)
- Maltreatment of children with disabilities is 9.5 per 1000 for physical abuse versus 4.5 for children without, and 3.5 per 1000 for sexual abuse versus 2.0. (Goldson, 2002)
- 64% of the children who were maltreated had a disability. (Sullivan & Knutson, 1998)

Public Safety Risk Associated with Autism

- Children with intellectual disabilities were 5.5 times as likely as children without disabilities to be sexually abused. (Sullivan & Knutson, 2000)
- 83% of the developmentally disabled females and 32% of males are the victims of sexual assault. (Johnson & Sigler, 2000)
- 90% of people with developmental disabilities will experience sexual abuse, but only 3% of sexual abuse cases involving people with developmental disabilities are ever reported. (Valenti-Heim & Schwartz, 1995)
- 49% of people with developmental disabilities who are victims of sexual violence will experience 10 or more abusive incidents. (Valenti-Heim & Schwartz, 1995)
- 81% of child sexual abuse incidents for all ages occur in one-perpetrator/one-child circumstances. (Snyder, 2000)
- Multiple studies show that approximately 90% of individuals with developmental disabilities know their abusers/ care givers.

Other Common Reasons for First Response

- Often seek water sources (40% of deaths).
- Medical emergency, fire, or natural disaster.
- Person is acting out or exhibits escalated behaviors.
- Person appears to be a threat due to suspected substance abuse or obsessive/ compulsive behaviors.
- Running into traffic, enter homes of others, or looking into windows of homes, or in unsafe position.
- Going with or running from strangers.
- Elopement prevention and care may look like abuse, or actions are misinterpreted.
- Lack of ability to prevent elopement or self-injurious behaviors may lead to criminal charges.
- Injury, incapacitation, or death due to accidental actions of individual with autism.

Suggested Responses

- **Use their first name before EACH command** by one speaker.
- **Speak slowly, clearly and use simple language** for deliberate, one-step commands or instructions. Offer choices.
- **Use concrete terms** and ideas.
- **Repeat simple and direct questions.** Rephrase & verify as needed.
- **Allow up to 10-15 seconds for responses.**
- **Give lots of praise and encouragement** (compliment and reassure).
- **Do not attempt to physically block self-stimulatory or other non-dangerous, inappropriate behavior**, since it is their way of adapting to the situation and calming themselves.
- **Remember that each individual with autism is unique** and may act differently than others.
- Check for information pertaining to their condition on an ID card/bracelet/necklace or clothing tags, including in their shoelaces.

Suggested Responses

- Approach in quiet, non-threatening manner.
- Seek and use available information from persons at scene on how to de-escalate behaviors and identify sensory triggers.
- Talk calmly in moderated voice on one issue at a time, since talking louder does not improve understanding and may elicit an undesirable response on their part.
- May need to repeat and rephrase questions.
- Avoid jokes, metaphors, or slang and minimize body language.
- Maintain safe distance and do not crowd them.
- Be alert to sudden outbursts or impulsive acts - be able to appear to retreat to de-escalate.
- Avoid impulse to act quickly.
- Avoid rapid pointing or waving.
- Do not give food, since it makes problem behaviors worse.

Suggested Responses

- Reduce noise, light, animals and stimuli as much as possible and be aware of sensory issues – fight, flight, or freeze!
- Use their communication device, if they have one.
- Consider using a clipboard or tablet to get yes/no answers or draw questions out in pictures.
- Model the behavior that you want the individual to display.
- Model and use calm body language such as slow breathing and keeping your hands low.
- Do not take away a favored object, but use it to better connect with them.
- Expect a possible seizure as a reaction to overstimulation.
- To quickly move a person, be prepared to wrap them in a blanket with their arms inside to calm them down and prevent thrashing.
- Are a bolt risk after rescue, so you must stay with them.
- Use the individual's working dog to the best extent possible.

Suggested Responses

- Use communications and geographic containment, not physical restraint, but do not leave unattended.
- If the individual needs to be restrained, approach them from the side, since they may tend to throw their head back when being restrained. Use space, posture and positioning instead.
- Never place the individual in a prone position unless absolutely necessary, since they may not be able to support an airway. Get them to their side as soon as possible.
- Avoid touching, if possible (especially the shoulders and face), unless necessary.
- Speak to them at their eye-to-eye level, not talk down!
- **BOTTOM LINE: Treat them like they are two years old, in spite of their actual chronological age.**

Is sensory over-stimulation a factor?

Look for outward behaviors.

Move person to a quiet place.

Calm creates calm.

- Reduce sensory climate
- Sirens
- Lights
- Crowds
- Touch
- Odors
- Animals
- Geographic containment
- Restraint; last resort
- Avoid face down take down
- Positional asphyxia
- Hypotonia-low muscle tone
- Consider buffers
- Seizure, medical conditions

Arrest and Incarceration

- **Document** autism in initial report.
- Continue communication and de-escalation techniques, and model calm behavior.
- Be alert to unknown medical condition and medication requirements.
- Consider medical evaluation by an autism specialist.
- Alert supervisor, prosecutor and mental health professional for immediate evaluation.
- **Alert jail authorities** - person is at great risk in general population. Jail diversion is key!
- Contact caregivers ASAP.

What NOT To Do!



Restraint of 10 year-old girl with autism by untrained public school employee in 1998.

From the Cornell University Residential Child Care Project: “At least 64 children died and thousands were injured while being restrained in face-down and other methods. About half of the restraints that caused deaths were unnecessary.”

Criminal Justice Situations

- May not truly understand rights, even when they say they do.
- May have difficulty remembering facts or details of offenses.
- May become anxious in new situations.
- May not understand consequences of their actions.
- Usually have difficulty lying and answer honestly, so pre-test for lying skills.
- 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.
- Do not interpret the person’s failure to respond to orders or questions as a lack of cooperation or reason for increased force.
- 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, deceit, or disrespect.
- Persons with Asperger’s may be overly influenced by standard interrogation techniques and produce a misleading statement or false confession.

Interviews

- Seek permission to and consider videotaping the interview.
- Consider having a person the victim trusts present.
- Get to know the person's communication style through casual conversation before any attempt to get recollection of events.
- Plan questioning based on person's ability level.
- Develop good rapport; use the person's first name.
- Use simple, direct language. Avoid technical terms.
- Deal with one issue at a time.
- Encourage the victim to recreate the situation in their own words.
- Ask questions that require a narrative answer.
- Make sure the victim understands whom is being referred to when using pronouns.
- Be alert to non-verbal cues that they may not understand.
- Victim may not want to answer questions more than once.
- Let victim know it is OK to say "no" to your questions.
- Avoid leading questions and negative questions.
- Use fine rote memory skills.
- Use chronological sequencing to aid in transitions.
- Use pictures and visual aids to describe actions and situations.
- May have short attention spans, so consider short interviews.

Dispatchers and 911 Flags

- Listen to caregiver and consider their higher stress level.
- Understand and consider risks of autism for all first responder professionals - police, fire, EMT and ER.
- Flag with key data to alert first responders as a “location of interest”.
- Information sheets at 911 data base with name, address, phone numbers and emergency contacts.
 - Photo, physical description, likes/dislikes and fears.
 - Favorite attractions and locations to go and/or hide.
 - Type of disability and sensory, medical, or dietary issues.
 - Approach and de-escalation techniques.
 - Best method to communication and identification wear.
 - Inclination for elopement and any atypical behaviors or characteristics that may attract attention.
 - Possible compulsive activity.



Project Lifesaver

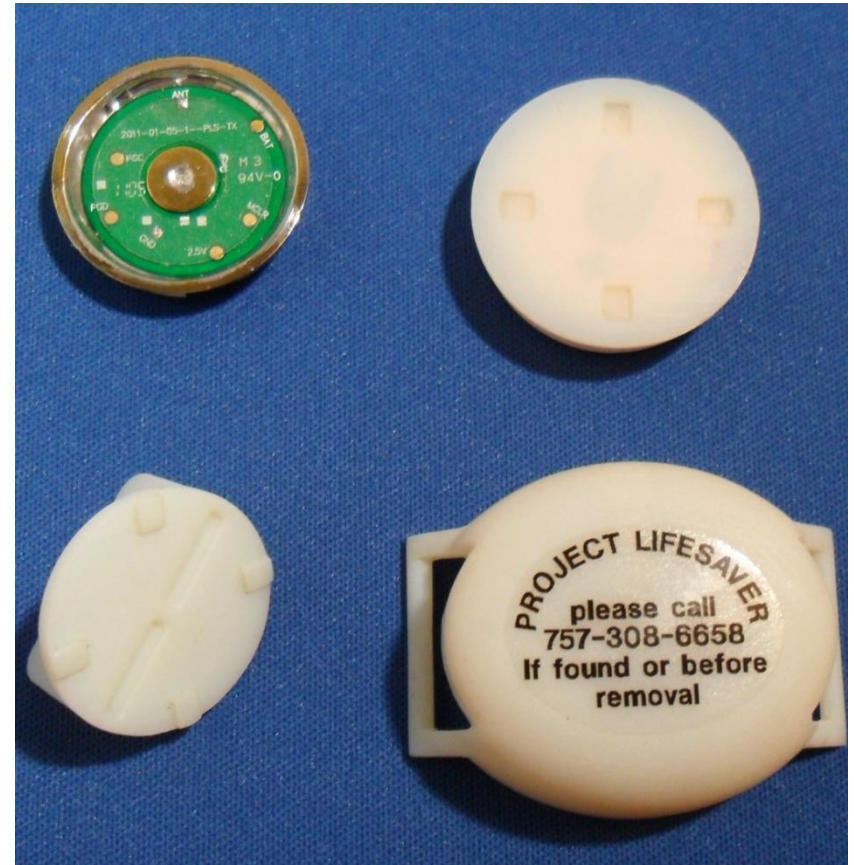
The reliable rapid-response partnership with law enforcement aiding victims and families suffering from alzheimer's disease and related disorders such as Down's Syndrome and Autism.



ENDORSED BY THE NATIONAL SHERIFF'S ASSOCIATION

<http://www.projectlifesaver.org>

Project Lifesaver relies on proven radio technology and a specially trained search and rescue team. Clients that are enrolled in the Project Lifesaver program wear a personalized wristband that emits a tracking signal. When caregivers notify the local Project Lifesaver agency that the person is missing, a search and rescue team responds to the wanderer's area and starts searching with the mobile locator tracking system. Search times have been reduced from hours and days to minutes.



Project Lifesaver

- Rapid response program which places personalized radio transmitters on persons who are at risk of wandering and getting lost, since April 1999.
- 99.9% success rate with average location time of less than 30 minutes.
- As of 29 November, have located 2,606 individuals in over 1200 locales.
- Initially, 95% located are Alzheimer's adults and 5% are individuals with autism or another developmental delay.
- Also, Plexiglass or bars on windows are sometimes necessary.
- May need mechanical locks, audible alarms, or video monitors.
- Dress the person in bright colored shirts and coats for a quicker positive search results!

Other Tracking and Locator Systems Options

- A wide variety of tracking and locator system options are also available using GPS devices in cell phones, jackets, shoes, and many other means.
- Of note, is the FREE Safelink Wireless cell phone and service at <https://www.safelinkwireless.com/EnrollmentPublic/Home.aspx>.
- Highly recommend checking zip code on the Sex Offender Registries.
- Virginia State Police Sex Offender and Crimes Against Minors Registry is at <http://sex-offender.vsp.virginia.gov/sor>.
- Parking placards for Virginians with disabilities application from DMV at http://www.dmv.state.va.us/webdoc/citizen/disability/plates_assist.asp.
- “Walker” or “Non-Driving ID” cards from Virginia DMV at http://www.dmv.virginia.gov/webdoc/citizen/id/get_id.asp.
- Virginia Systemic Therapeutic Assessment Respite Treatment (START) provides emergency family crisis and behavioral assistance at (571) 409-0377 for Northern Virginia contacts or Virginia Department of Behavioral Health and Developmental Services information at (804) 371-4696 or <http://www.dbhds.virginia.gov/documents/ODS/ods-START-flyer.pdf>.

Autistic Child in Area Signs



- Traffic signs and signals are maintained by the Virginia Department of Transportation (VDOT). For more information, contact VDOT at 703 383-8368.
- Photo from article titled "Sign of relief" dated 17 March 2006 by Andy Rathbun from The Battle Creek (MI) Enquirer.
- Another Associated Press article titled "Rochester's 'Autistic Child' signs are among the first in the nation" dated 27 February 2007.

Community Involvement

- Get your neighbors and community involved proactively.
- DISCLOSE, DISCLOSE, DISCLOSE!!!
- Display autism awareness and notification safety items.
- Get Virginia “Unlocking Autism” license plates.
- Ask neighbors to call you immediately if they see your child outside the home; before calling 911.
- Provide 911 information sheets with photo and your contact info to neighbors; explain unusual behaviors.
 - Have a get-to-know-your-kid BBQ or party, so they know you are approachable.
 - Show them your child’s ID wear, tags, or info cards.
 - Inform neighborhood watch programs.
- Visit your local police and fire departments.
- Invite your school resource or safety officer to an IEP meeting.
- Autism and an IEP are not a get-out-of-jail free card!
- Get a “Kismart Vocal Smoke Detector”, if needed.
- In 911 situation, ask to ride with your child.

Summary

- Emergency and law enforcement professionals can enhance safety and reduce exposure to liability when they:
 - Recognize the risks associated with individual who have autism.
 - Learn response options.
 - Use this and additional training.
 - Apply tolerance and public relation skills in situations with people that have autism.
 - Know best ways to get information from people with autism, and assistance from families, caseworkers and advocacy organizations.

For more information, contact:

Scott Campbell

703 241-2640 (Home)

campbellsservices@gmail.com

Section J and K for first responder personnel and school staff on the Autism Spectrum Disorders and Public Safety

Considerations References and Websites at

[http://www.autismva.org/sites/default/files/4-24-](http://www.autismva.org/sites/default/files/4-24-12%20public_safety_references.pdf)

[12%20public_safety_references.pdf](http://www.autismva.org/sites/default/files/4-24-12%20public_safety_references.pdf) and

[\[nova.org/newsmanager/news_article.cgi?news_id=3528\]\(http://www.poac-nova.org/newsmanager/news_article.cgi?news_id=3528\)**](http://www.poac-</u></p></div><div data-bbox=)**