

Improving interactions between the
police and Autistic People:
Perspectives from the ASD
community

Alisha C. Salerno-Ferraro, M.A., York University

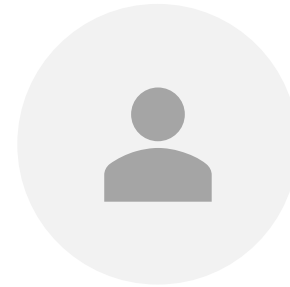
Autism & Police Contact

- Neurodevelopmental disorder, affects 1 in 66 in Canada & 1 in 88 in US
- Substantial number of Autistic people encounter police in their lifetime
- Police interactions can be especially stressful for people with ASD
 - Sensitivity to noise/light
 - May behave inappropriately (e.g., attempt to flee)
 - May react aversively to touch
 - Communication difficulties

ASD, DD & Police



Though research suggests significant number of interactions, receive little to no training on ASD (Rava et al., 2016; Tint et al., 2017)



Police lack knowledge of DD & ASD (Chown, 2010; Modell & Mak, 2008)



Misidentify disability as mental illness or substance use (Bailey, Barr & Bunting, 2001; Henshaw & Thomas, 2012)



Hold generally negative attitudes toward people with developmental disabilities (Eadens et al., 2016)

Police Training on ASD

- Not empirically evaluated
- No unified effort, many disparate attempts to develop training, without consulting key stakeholders (e.g., Autistic people, caregivers, advocates, law enforcement)
- Incorrectly included under “mental illness”

What exists?

- Autism Awareness training
 - Effectiveness unclear
- Autism Registries or Vulnerable Persons Registries
 - Effectiveness unclear, skepticism toward
- Lacks Autistic Perspective

Autistic Perspective

- Lived experience is invaluable
- Research on police interactions lacks the Autistic perspective, mainly caregiver-report
- Discrepancy in opinion between different stakeholders



Nick Dubin
@NicolasD1977

Asking **#ActuallyAutistic** people

Would an autism registry that police could use to help them with their interactions with you make you feel more safe? wfla.com/news/hillsboro ...

77% No, they would abuse it

8% Yes it could save my life

15% Haven't thought about it

300 votes • Final results



AutiMomOfTwins @AutiMomOfTwins · Feb 27, 2019

Teaching **#ActuallyAutistic** people to reach for anything while standing in front of **police** can be a death sentence, especially if you're **#AutisticWhileBlack** get real @autismspeaks and delete that tweet.



Autism Speaks @autismspeaks · Jul 26, 2018

Wallet Card project helps people with autism communicate with police.
Read more: bit.ly/2uSHjVh

[Show this thread](#)

Method

- Collaborative & community-engaged approach
- Obtained input from Autistic adults on their experiences with the police (Salerno & Schuller, 2019) and views regarding challenges & recommendations for police interactions (Salerno-Ferraro & Schuller, 2020)

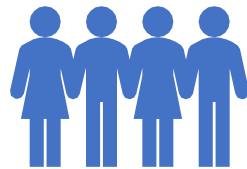
Results

Part 1: Police experiences & perceptions

Part 2: Challenges & recommendations regarding how police interactions with *Autistic* people can be improved

Respondent Characteristics

- 35 Autistic adults (21 women, 13 men, 1 missing)
- Most (76.4%, $n=26$) reported co-occurring mental health diagnosis
- White European descent (64.7%)
- Most (70%) attended or completed post-secondary
- Most (60%) unemployed
- Living with family (58%)



Lifetime Police Experiences

- 80% (n=29) reported at least 1 lifetime interaction
- Over half (53.6%, n=15) reported 4 or more

Nature of interaction	N (%)
Victim of a crime	17 (56.7%)
Stopped by police	17 (58.6%)
Mental health related	11 (37.9%)
Suspected	8 (29.6%)
Handcuffed	8 (29.6%)
Convicted	2 (6.9%)

Victimization Experiences

- **Assault** was most frequently reported, followed by **sexual assault & theft/robbery** – many mentioned multiple experiences

“Assault, theft, sexual assault, other things. I have been beaten for wearing a helmet. I have been sexually assaulted by a caregiver. I was robbed by a neighbor”

Mental health interactions

- Most incidents described as preceded by “panic”, “out of control behaviour”, “meltdowns”, “suicide”

“Meltdowns. Sometimes they just left one [sic] they were sure everyone was safe (this was most of the times, actually). Twice they took me to the hospital for a mental health assessment.”

“My anxiety was so high that I kept lashing out at people so I got put in a shelter. I was brought to the hospital for mental health treatment, but it didn’t resolve anything.”

Nature of Interactions with the Police

Thematic analysis (Braun & Clarke, 2006)
of 25 described police interactions

*“Think about your experiences and interactions
with police officers [...] please tell us what
happened during one particular interaction with the
police [...]”*

Aggression/
Violence

Accused of
committing crime

Witness

Stopped by police

Missing persons

In-distress (non-
violent)

Victim of crime

Domestic dispute

Engaging in
illegal activity
(non-violent)

Use of Force

42.3% (n=11) experienced use of force



Restraining & handcuffing most frequent

Outcomes of Police Interactions

Of the 25 interactions...

- **Unresolved** ($n=8$, 32%)
- **Transported to hospital** ($n=3$, 12%)
- **Resolved on-scene** ($n=4$, 16%)
- Only 1 mention of a mental health crisis team

Lack of appropriate resources?

Perceptions of Police Experience

Most respondents (77.8%, n=21)
felt *afraid* or *scared*

More than half (60%, n=15)
described the interaction as
traumatic

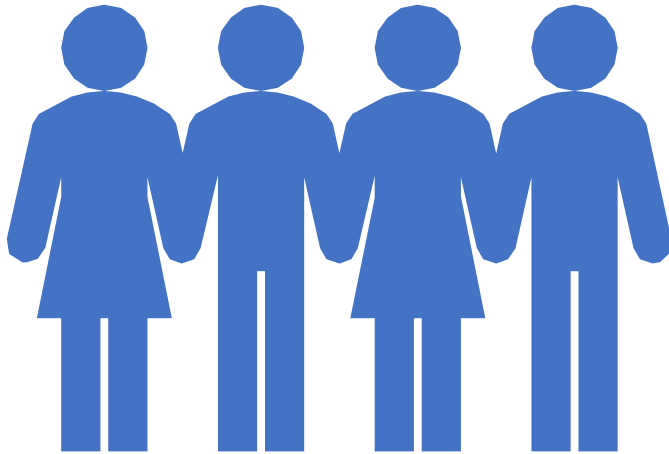
Just under half (42.9%, n=15) said
they would **not feel comfortable**
calling the police in an emergency

ASD & (Lack of) Police Awareness

In most cases, police were unaware of the person's ASD

- Only 1/3 tried to disclose their disability
- No officers were able to recognize the individual's ASD on their own

Hesitancy to disclose influencing the quality of their encounter?



Have the police **ever** been helpful when they found out you have Autism?

- Disclosing disability led to **better understanding of their behaviour and subsequent situation**

“One time a man called the police when I was having a meltdown [...] I explained I was just having a meltdown because I have autism not a dispute he was really nice and non-judgmental and understanding”

- **Improved treatment from officer** after finding out about their ASD

“They didn’t treat me like a criminal, just someone who needed to calm down and be safe”

Impact of police experiences on mental health

Distrust

*“Heavy **mistrust** in cops and in people more generally”*

Fear of law enforcement

*“I am **afraid** to call them. They have exasperated traumatic events. They have belittled me for my appearance, so I stopped wearing my helmet. They are no better than kids.”*

Trauma

*“In some interactions with the police it caused me more **stress and trauma** because they couldn't do anything to stop the perpetrator or police charges which left me in fear of seeing [sic] the person again another time.”*

Interim Conclusions

People with ASD have a significant number of police interactions in their lifetime, not satisfied with their experiences

Negative perceptions could be due to officer's **lack of awareness** of ASD and/or perhaps **lack of appropriate resources** for officers to refer to

Given high number of mental health related interactions, those with ASD might benefit from accessing **acute MH services and resources**

Challenges & Recommendations of Police Interactions

(Salerno-Ferraro & Schuller, 2020)

Challenge 1: Misinterpreting Autism

- Misinterpreting Autistic characteristics, expressions & behaviours as resistance, deceit or guilt (e.g., lack of eye contact, stimming).

“I don't have the greatest eye contact, which some people interpret as a sign of guilt (in my case it's just a sign that I can't process visual and auditory information at the same time).”

Challenge 2: Speaking a different language

- Communication differences make interactions exceedingly difficult.
- Disconnect between police expectations and their ability (e.g., response time, narrative etc.)

“I don't hear their instructions because i am having difficulty processing verbally (both inbound and outbound). I cannot form a narrative very well. I can't think of words or am jumbled when speaking.”

Challenge 3: Sensory sensitivity

- Noise, visual stimuli, and being touched
- “sensory overload” – can lead to aggression

“...unpleasant sensory experience ie. handcuffs, being pushed in to the back of a cruiser, being yelled at.”

“we are easily agitated and startled. Any use of physical contact or loudness can drive a disabled person to become aggressive out of anxiety, or meltdown”

Recommendations

Rec 1: Communicate Effectively

- Allow more time for responding
- Repeat or rephrase unanswered questions
- Unambiguous, clear language
- Short, concise questions and alternative communication tools

“Use clear, unambiguous language if gathering language .. if responses seems especially blunt and direct, don’t take it personally. It is a feature of the communication disorder in some individuals.”

Rec 2: Maintain a calm demeanor & minimal sensory environment

- A soft, calm voice can be an effective tool in de-escalating
- Keep env't stimuli (e.g., sirens, lights) to a minimum
- Avoid physical contact or yelling

“No touching. I would rather strip naked and cough than be touched over my clothes for a second.”

“approach using a calm, respectful way, stay calm, “be respectful and calm.”

Rec 3: Allow Autistic Behaviours

- Permit stimming, avoidance of eye contact etc.
- Means toward facilitating interactions and even de-escalation.

“don’t prevent us from doing repetitive movements/fidgeting unless there is a good reason (like if whatever we’re doing might cause harm to someone), we probably aren’t getting worked up, we’re probably keeping ourselves calm.”

Rec 4: Include Autistic people

When asked if it's important for police officers to learn about ASD, one respondent noted,

“Yes. But only if this includes interactions with adult autistics ourselves, not advocates speaking for and about us who are non-autistic.”

“They should receive training based on suggestions from neurodiverse people”.

Cues to facilitate recognition

(1) Aversions (eye contact, noise, touch and other sensory experiences)

*“we often... wear stimulus blockers like sunglasses, headphones, hats or earplugs.”,
“hand-shy flinching at being touched”*

(2) Stimming

*“Rocking, nail biting, constantly hand movement or foot or toes movements, which is
stimming, each person does it different.”*

(3) Atypical speech & language use

“monotone voice” “odder sounding voice” “stuttering, repeating words.”

(4) Identifiable cards or tags

“zipper pulls, necklaces, bracelets with medical info/ symbols”

Facilitating Disclosure

Direct Question

“Just literally ask me if I have a developmental disability.”

“they could ask about a list of conditions.... like: "Do you have any medical or developmental conditions?" Something that makes it sound generic, like it applies to everyone.”

“Asking if someone has special needs or is 'on the spectrum' is a good start. I self-identify as autistic, to head off misunderstandings of my manner/behaviour and communication needs.

Facilitating Disclosure

Ask an Indirect Question

“Do you need any help? "It seems like you're stressed out or scared.”

*“Is there a medical condition or health problem or disability that is giving you problems?
Is it okay if we talk about that? (if yes) I am asking because I want to know how to
help you.”*

“They first should ask what accommodation the person needs.”

“

*They could ask if the person has any neurological difference that may make them
appear different.”*

Facilitating Disclosure

Informing of their right to disclose

“Before getting too close to someone who is considered a suspect or person of interest, tell them (Miranda Rights style, only without arresting) that they have the right to disclose whether they have a disability, and that doing so (and providing contact information for someone who can verify) can help their situation immensely. Make sure to give more-than-adequate response time, and remember that just because they don't say it doesn't necessarily mean it's not true.”

Final thoughts

- This information can be used in development of training, or could be integrated into pre-existing training
- These challenges & recommendations may not be representative of the entire ASD community, more so of a mildly impaired BUT most at risk population
- Importance of including Autistic voices not only in research, but in training

Summary of Key Recommendations

1. Allow Autistic people to engage in typical Autistic behaviours such as self-stimulation. These behaviours are often self-soothing and may even act as a means toward facilitating interactions and de-escalation. This includes repetitive movements and fidgeting, which is often referred to as “stimming” (self-stimulation). Similarly, forcing eye contact should be avoided.
2. When communicating with Autistic people, use unambiguous, clear language. Be patient, slow down and allow the person more time to respond to your question. If they are unable to answer your question, rephrase the question, or offer an alternative communication tool such as a notebook. Offer to call an intermediary like a parent, family member or caregiver on their behalf.
3. Maintain a calm demeanor and minimal sensory environment. This means turning off any sirens (both lights and sounds), avoiding the use of bright lights (e.g., flashlights or headlights), and speaking in a soft voice. Adopt a “hands-off” approach when possible, as touching an Autistic person may further escalate the situation.
4. If you suspect that a person you are interacting with has Autism, ask them. Tell them they have the right to disclose any disabilities or mental health conditions, and that doing so can help their situation.



Contents lists available at ScienceDirect

International Journal of Law and Psychiatry

journal homepage: www.elsevier.com/locate/ijlawpsy

Contents lists available at ScienceDirect

Research in Developmental Disabilities

journal homepage: www.elsevier.com/locate/redevdis

A mixed-methods study of police experiences of adults with autism spectrum disorder in Canada

Alisha C. Salerno*, Regina A. Schuller

York University, 4700 Keele St., Toronto, ON M3J 1P3, Canada



Perspectives from the ASD community on police interactions: Challenges & recommendations

Alisha C. Salerno-Ferraro*, Regina A. Schuller

York University, Department of Psychology, 4700 Keele St., Toronto, ON, M3J 1P3, Canada



Thank you!
Special thanks to Dr. Schuller, my co-author & supervisor

Contact information:

salern0a@yorku.ca (0 = zero)

<https://alishasalerno.wixsite.com/salernoa>

 @Salerno_AC