

Avoiding Unfortunate Situations

By *[Dennis Debbaudt](#)*

SECTION A: A Definition & A Law Enforcement Handout

A definition from the Autism Society of America:

Autism is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects the functioning of the brain, autism and its associated behaviors have been estimated to occur in as many as 2-6 of every 1,000 individuals (Centers for Disease Control and Prevention, 2001). Autism is four times more prevalent in boys than girls and knows no racial, ethnic, or social boundaries. Family income, life-style, and educational levels do not affect the chance of autism's occurrence.

Autism interferes with the normal development of the brain in the areas of social interaction and communication skills. Children and adults with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities. The disorder makes it hard for them to communicate with others and relate to the outside world.

For more information about autism, the Autism Society of America's website is linked at [this site](#). Or call them at: 1-800-3-AUTISM

EDUCATING THE PUBLIC... and Law Enforcement

A Handout originally developed in 1996 by Dennis Debbaudt for the Wayne County, Michigan Workshop Series For Trainers & Officers of Law Enforcement and updated for the publication of Autism, Advocates and Law Enforcement Professionals by Dennis Debbaudt, 2002. See section C at [this site](#).

Law enforcement responders may unexpectedly encounter or be asked to find a person with autism. Recognizing the behavior symptoms and knowing contact approaches can

minimize situations of risk--risk or victimization of the person with autism, and risk to the interveners.

Recognizing Persons With Autism

- May be non-verbal (approximately 50% of this population is non-verbal); or may only repeat what is said to them; may communicate with sign language, picture cards or use gestures and pointing.
- May not respond to "Stop" command, may run or move away when approached; may cover ears and look away constantly.
- May have seizure disorder that is not apparent to responder.
- May toe walk, have pigeon-toed gait or running style.
- May appear as high on drugs, drunk or having a psychotic episode.
- May react to sudden changes in routine or sensory input- for example, lights, sirens, canine partners, odors- with escalation of repetitive behavior, such as, pacing, hand flapping, twirling hands, hitting self, screaming (temper tantrums are an expected response to fear, confusion, or frustration as an effort to stop the stimuli).
- May attempt to present an autism information card; may wear medical alert jewelry or have information sewn or imprinted on clothes or on non-permanent tattoo.
- May not recognize danger or hurt; may possess weak help-seeking skills; may not be able to distinguish between minor and serious problems, may not know where/how to get help for problems; may not be able to give important information or be able to answer questions.
- May not recognize police vehicle, badge or uniform or understand what is expected of them if they do.
- May have difficulty recognizing and repairing breakdowns in communication such as asking for clarification or responding to a request for clarification; may not understand or accept officers' statements or answers.
- May appear argumentative, stubborn, or belligerent; may say 'No!' in response to all questions; may ask 'Why?' incessantly.
- May repeat exactly what the officer says.

- Will have difficulty interpreting body language, such as command presence or defensive posture, or facial expressions, such as, raised eyebrows, rolling eyes, smiles and frowns; and have difficulty recognizing jokes, teasing and verbal/non-verbal emotional responses.
- May be poor listeners: may not seem to care what you have to say; their lack of eye contact may give you the feeling they aren't listening or have something to hide.
- May have passive monotone voices with unusual pronunciations; often sound computer-like; will have difficulty using the correct volume for the situation.
- May have difficulty judging personal space; may stand too close or too far away; may not differentiate different body parts; may stare at you or present atypical fixed gaze.
- May perseverate on favorite topic when uncomfortable in the form of repeated questions-for example, What if? What's your name? - arguments, or apparent ramblings about favorite sports teams, train, bus or plane schedules, city names, etc.
- May have difficulty in seeing things from a different point of view; may have difficulty predicting other persons' reaction to them.
- Are usually very honest, sometimes too honest; have behaviors limiting credibility with others but do not or ably tell lies; often very blunt, not tactful.

Suggested Responses

During law enforcement patrol situations or encounters with persons with autism, the following responses should be considered:

- Talk in direct, short phrases, such as 'Stand up now. Go to the car.'
- Allow for delayed responses to questions or directions/commands.
- Avoid literal expressions and random comments, such as 'give my eye teeth to know', 'what's up your sleeve?', 'are you pulling my leg?', 'spread eagle', 'you think it's cool?'
- Talk calmly and/or repeat. Talking louder will not help understanding. Model calming body language, slow breathing, hands low.

- Person may not understand your defensive posture/body language; may continue to invade your space. Use low gestures for attention; avoid rapid pointing or waving; tell person you are not going to hurt them.
- Avoid behaviors and language that may appear threatening.
- Look and wait for response and/or eye contact; when comfortable, ask to 'look at me'; don't interpret limited eye contact as deceit or disrespect.
- If possible, avoid touching person, especially near shoulders or face; avoid standing too near or behind; avoid stopping repetitive behaviors unless self-injurious or risk of injury to yourself or others.
- Evaluate for injury; 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 tags; person may have seizure disorder.
- Be aware of person's self-protective responses to even usual lights, sounds, touch, orders, and animals.
- If possible, turn off sirens, flashing lights and remove canine partners or other sensory stimulation from scene.
- If person's behavior escalates maintain a safe distance until any inappropriate behaviors lessen, but remain alert to the possibility of outbursts or impulsive acts.
- Consider use of sign language, or picture or phrase books.
- If you **take an individual into custody and even remotely suspect the person may have an autism spectrum disorder**, to reduce the risk of abuse, and/or injury, ask jail authorities to segregate the individual and not to place them in the general incarcerated population before a mental health professional has evaluated them.