

Autism and the Criminal Justice System

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Abstract

This analysis of research compiles data and information regarding the interactions between criminal justice first responders, people with Autism Spectrum Disorders, and their caretakers. Before considering interaction effects, a thorough explanation of Autism is conducted. The history and evolution of the disorder is discussed along with the current diagnostic criteria. The prevalence of persons with ASDs as well as the quality of their interactions with criminal justice first responder personnel is discussed. Possible explanations are considered with counter-evidence also offered. The types of offenses committed are explained followed by a discussion on the Autism community as victims of criminal activity. The conversation continues into topics focusing more closely on the court process. The need for expert witnesses is advocated for before moving into decisions regarding competency and capacity to stand trial. The authors briefly touch on the intersection of the ASD community and family law cases. Awareness is stressed followed by the authors' suggestions for future research and training practices.

Keywords: Autism, Autism Spectrum Disorder, criminal justice, law enforcement

Introduction

The present days of social activism are awakening realities among many of the world's citizens. Unfortunately, this has resulted in unrest and sometimes violence. Within these concerns a struggle has long ensued as to how to more effectively deal with individuals experiencing mental health issues. In recent history, Autism has been a matter that has been studied with very positive knowledge gained. However, it is often our emergency service first responders that must initially respond to incidents that involve Autistic persons.

Individuals with autism are significantly more likely to come into contact with first responders over the course of their life and face additional obstacles in their interactions with police. An understanding of the complexities of Autism greatly aids responders in effectively dealing with, understanding and assisting autistic individuals. While no one expects a first responder to diagnose Autism, we are now able to offer some common signs that may be observable in a field situation.

Autism Spectrum Disorder and the Criminal Justice System

In the past few decades, more effort has been allocated into understanding the needs of special populations. Most textbooks in the criminal justice field have chapters discussing nuances of dealing with women, minorities, and more recently, the mentally ill. Officers will typically learn basic information about physical disabilities and how to interact with the people who have them. That being said there seems to be a lack of education and research surrounding people with intellectual disabilities. Perhaps one of the most common intellectual disabilities in the United States is Autism. Nevertheless, there seems to be a lack of understanding when it comes to their involvement in the criminal justice system. The term “Autism” brings along countless misconceptions and stereotypes that are hazardous to society. This misinformation becomes even more severe when the people who serve justice spread this information or fail to correctly educate themselves. This paper will explore the multifaceted interaction between people with Autism Spectrum Disorders and actors of the criminal justice system. Although research is only in its infancy, analysis of this topic can bring these issues to the surface.

Diagnosing Autism Spectrum Disorders

Before discussing the complex interaction between persons with Autism Spectrum Disorder and the Criminal Justice System, it is important to clarify exactly what Autism is and how it has developed as a unique diagnosis. Autism Spectrum Disorder (ASD) was first spoken of in 1943 by Leo Kanner in his article “Autistic Disturbance of Affective Contact”. Kanner’s version of Autism is a far cry from the vast range of disorders known as Autism today. Kanner believed that children diagnosed with Autism were biologically incapable of displaying normal human interaction and forming social relationships (Harris, 2018). He also noted the presence of concurrent physical and intellectual deficits. In 1968, Autism was added to the Diagnostic Statistical Manual of Mental Disorders-II (DSM-II); however, the disorder was listed as a sub-type of Schizophrenia, marked by a detachment from reality (American Psychiatric Association, 1968). In the 1950/60s, Autism became known as a result of “refrigerator mothers” – Mothers who acted cold and unemotional to their child(ren) during the early stages of their development (Zeldovich, 2018). When the DSM-III was published in 1980, the diagnosis of Autism was expanded into its own disorder. A patient would have to meet three criteria to qualify for diagnosis: lack of interest in people, severe impairments in communication, and a bizarre response to the environment (American Psychiatric Association, 1980). In 1987, the DSM-III was revised and many disorders, including Autism, saw big changes in diagnostic criteria. The three criteria were expanded into 16 criteria under 3 domains. It wasn’t until the DSM-IV was published in 1994 (revised in 2000) that “Autism” became a spectrum of disorders – Autism Spectrum Disorder (American Psychiatric Association, 1994). It is referred to as a “spectrum” because each patient differs in symptomology, severity, and capability. The umbrella term encompasses all of the following: Early Infantile “refrigerator mother” Autism, Childhood Autism, Kanner’s Autism, High-functioning Autism, Atypical Autism, Pervasive Developmental Disorder – Not Otherwise Specified (PPD-NOS), Childhood Disintegrative Disorder, and Asperger’s Disorder. Autism Spectrum Disorder (ASD) refers to multiple different diagnoses combined under one roof, who all share principal characteristics and etymology.

The current literature used by professionals in the field of psychology is the DSM-V, published in 2013. Under this version, ASD is recognized as a neurodevelopmental disorder – a dysfunction caused by abnormal development of the brain or nervous system. It is diagnosed using 5 domains (A-E) which each have several criteria within them. Each criterion will be discussed in detail later on. Individuals receiving diagnosis are also given a level of severity ranging from 1-3. Level 1 signifies that the client is “requiring support.” Next, Level 2 signifies that the client is “requiring substantial support.” Last, Level 3 is the most severe and signifies that the client is “requiring very substantial support” (American Psychological Association, 2013). Diagnosis also requires that the symptoms outlined are pervasive and sustained.

Domain A states that the individual must have a reduced capacity for social communication and social interaction (American Psychological Association, 2013). Within this domain there are several criteria that can express the symptomology of the disorder. Patients may have deficits in socioemotional reciprocity or the ability to share one’s emotions with others. There is also low or no ability to engage in productive back-and-forth communication with others. Additionally, they may also have difficulty sharing interests and emotions. It is common for clients to lack the ability to understand nonverbal communication or to use it properly themselves. It would be unlikely for patients to initiate social interaction or maintain a relationship (friendly, romantic, or otherwise). Along with this, they may show no signs of interest in their peers. Patients are marked by poor eye contact and a lack of facial expression. In children, patients may not display a desire or ability to engage in imaginative role play.

Domain B discusses restricted, repetitive patterns (American Psychological Association, 2013). These can come in the forms of behavior or speech. Behaviors may include physical gestures or the use of objects. Patients with ASD have notably inflexible routines or ritualized behaviors along with a need for sameness. When these routines and rituals are disrupted, severe adverse reactions can occur. Often, but not always, an individual will have a fixation or interest beyond what is deemed a normal extent. For example, a young child with an Autism Spectrum diagnosis may only play with toy trains, even if other toys are available. While everyone has interests and preferences, the interests described here are obsessional. Collecting is also quite common. Furthermore, some patients have hypo-/hyperreactivity to different noises, textures, etc. This may cause them to “shut down” or become unable to function until the sensation stops.

Domain C requires that the symptoms described above be presented in early development. Traditionally, signs and symptoms first become apparent between 12-24 months of age. Initial symptoms typically include delayed language development, lack of social interest, unusual play patterns, and unusual communication (American Psychological Association, 2013). It would be incorrect to assume however, that a child experiencing one or a few of these symptoms will be diagnosed with an ASD. Several other disorders, such as verbal communication disorders and deafness, also develop around the same age and have similar symptoms. In addition, while these symptoms may be present, they can be masked during certain periods of the patient’s life. Many children learn compensatory strategies at a very young age. Other symptoms may not become fully apparent until later in life when the specific area of cognition becomes more essential to everyday life.

Domain D simply states that the symptoms outlined above create a significant impairment to one’s life (American Psychological Association, 2013). Impairment may be in terms of social, educational, occupational, or other areas. As will be discussed more fully later, the majority of individuals with ASD will always need a caretaker. Deficits in communication can have a major impact on how a person lives their life. In more severe cases, an individual may need help bathing, toileting, and feeding themselves because of their disability. These are just a few examples of how symptoms can be an impairment to one’s life.

Domain E states that the symptoms a patient has cannot be more adequately diagnosed as a different disorder. Most often, patients being examined for a diagnosis of ASD will also be assessed for Intellectual Disability or Global Development Delay. Noting this, ASD can occur co-morbidly with other psychological disorders including Intellectual Disability (ID). The DSM-V suggests that 70% of clients diagnosed with ASD also have one other psychiatric diagnosis, while 40% have two or more other psychiatric diagnoses (American Psychological Association, 2013). In addition to co-morbid psychiatric disorders, many patients with ASD also have medical impairments such as epilepsy, sleep issues, constipation and avoidant/restrictive food intake. It is important to note that in all cases of co-morbidity the connection is merely correlational, not causal.

Several other characteristics of Autism are known but do not lie within the five domains. To begin, research has shown that Autism Spectrum Disorders are 4x more common in males than females. Meanwhile among those already diagnosed with an ASD, females are more likely to have a co-morbid psychiatric diagnosis (American Psychological Association, 2013). Autism is not a degenerative disorder. While most people with an ASD will need a caretaker their whole lives, their ability to function does not markedly decrease as seen in other neurological disorders like Dementia and Multiple Sclerosis. That being said, there are a small percentage of patients that are able to live and work independently in adulthood. These patients typically have high-functioning verbal abilities and do not display violent or self-destructive tendencies.

As the definition of ASD has developed and grown, the public has been able to see how truly pervasive the diagnosis is within society. The Centers for Disease Control (CDC) estimates that 1 in 59 children may be diagnosed with an ASD (“Data and Statistics,” 2019). While critics argue that these statistics and the broadened definition are a result of overdiagnosis, there is no question that ASDs affect a substantial population. With that being said, it is important for law enforcement and criminal justice personnel to be knowledgeable about ASD and the unique needs of this population. The same principle is found in this argument as is seen in studying other special populations such as juveniles, women, and minorities. More research has to be completed regarding how persons affected by ASDs are handled within the criminal justice system in order to create a more productive relationship between both parties.

Prevalence of Persons with Autism Spectrum Disorders in the Criminal Justice System

There is considerable debate regarding the prevalence of persons with ASD in the criminal justice system as well as the quality of their contact with CJS personnel. One study suggests that 9.2% of transition-age youth (14-15) with ASD had already been stopped and questioned by police. By age 21-22, this number jumps to 20% (Rava et al., 2017). To break this down, by age 22, more than one in five persons with ASD have come into contact with police and the criminal justice system. Not only are persons with ASD being stopped, but they are also being arrested at a considerable rate. Using the same data as outlined above, 6.7% of 14-15-year olds and 4.7% of 21-22 year olds with ASD have been arrested by police (Rava et al., 2017). It is important to also note that in both conditions – being stopped and questioned and being arrested – females were significantly less likely, mirroring trends of the general population. This can also be explained by prevalence rates of ASD in terms of gender. Autism Spectrum Disorders occur 4.5x more in males than females, though statistics differ greatly (Christensen, Baio, & Van Naarden Braun, 2016). Many people will question why these rates are so high. Some possible explanations could lie within the behaviors that people with ASD commonly exhibit. For example, a lack of social understanding may lead a person with ASD to exhibit strange behaviors that could potentially be regarded by an officer as suspicious even though they are simply a manifestation of their condition. An officer could see this and as a result, stop and question the person.

In contrast to the above findings, several studies have examined prevalence rates and found that persons with ASD commit fewer crimes in comparison to a control population (King & Murphy, 2014). These findings hold true even when factors such as age and gender are taken into account. Consistently, these studies support their findings with the fact that most people diagnosed with an ASD are able to follow and adhere to rules. A common sign of ASD is a strict adherence to schedules and patterns. This is accompanied by poor social skills. In order to progress through social situations, many people with ASD have adapted to follow rules rather than act based on social cues. Once these rules are learned and solidified with the help of a caretaker or therapist, they are rigidly executed. The same concept holds true for laws. A high-functioning person with ASD can be taught the basic rules regarding what they can and cannot do by law. When the learning process is complete, that person will typically show strict adherence. That being said, it is critical to again cite the high rate of intellectual disabilities (IDs) that are seen as comorbid to ASD. If a person has a severe ID, the rule-learning system may not be a viable option for them to use thereby discrediting this argument.

When someone comes into contact with the police it does not necessarily mean that they will be arrested or be sent to jail. This is true for the general population as well as within the ASD community. In a given sample, most ASD-police interactions dealt with violence in the community or at home (60%), including verbal and physical aggression. Of these cases, officers were able to leave the situation once it had been diffused (45%) without further intervention. On the other hand, 30% of calls required officers to take the individual to a police station for further processing (Tint et al., 2017). The researcher cites a mitigating factor – the majority of those individuals who were taken away from the scene were escorted away because they were supposed to be somewhere else (e.g. school, residential community). Perhaps this is evidence to conclude that the high rate of interaction can be attributed to the need for de-escalation services rather than criminal activity.

Scholars have identified several quasi-risk factors that increase the likelihood of someone with ASD coming into contact with police or the criminal justice system. Unsurprisingly, patients with externalizing behaviors are more likely to be involved in the CJS. Externalizing behaviors are those such as physical aggression and destructive aggression where a person acts out against the environment around them. While these behaviors can appear menacing and can cause harm, there is no intent to do so. It has been suggested that school-aged children may also be put at higher risk if they become socially isolated. Children with developmental disorders are often subjected to bullying or exile from their peers which can make a person more likely to “lash out.” Because persons with ASD typically already have issues in controlling their emotions, placing them in these situations only magnifies the effect. If bullying and isolation can cause violence in a person from the general population, this reaction could potentially be exacerbated if the person suffers from an ASD.

Furthermore, co-morbid psychiatric disorders may increase likelihood of contact as well. For instance, many individuals with Schizophrenia will be arrested for actions taken to fulfill delusional thought. If a person has both of these disorders, one could reasonably assume that he or she is more likely to be involved with the criminal justice system.

A few studies have suggested that violent behavior and offense rates within the ASD community are a result of comorbid psychiatric disorders as opposed to ASD itself. Again, 70% of those diagnosed with ASD also have at least one co-occurring psychiatric disorder (American Psychological Association, 2013). Difficulties arise when examining comorbidity in any facet because many studies are performed on populations that are already institutionalized. Presence of multiple disorders is always going to be more common in institutionalized populations in comparison to the general public. Therefore, studies regarding comorbidity while helpful, should also be analyzed for limitations. It is crucial to be aware of this bias before examining the results (King & Murphy, 2014).

Types of Offenses

When people with ASD are arrested and prosecuted, they seem to be partaking in various types of crimes. In examining records from the Department of Juvenile Justice, a study was able to compare rates of specific types of offenses between ASD and non-ASD individuals ages 12-18 through the Autism Monitoring Project (Cheely, 2012; King & Murphy, 2014). In regards to crimes against people, a significant difference was found in rate of offense between the two populations. If an offense was charged as a crime against people, the offender was 2x more likely to have been diagnosed with ASD (ASD=38.8/non-ASD=19.8%.) Crimes committed against property were significantly less likely to have been committed by a person with ASD diagnosis than a person without an ASD diagnosis (20.4/28.6%). Crimes that dealt with school disturbances were 2x more likely to have been committed by a person with an ASD diagnosis (15.5/7.1%). Probation violations were significantly less prevalent in ASD population (1.9/7.2%) (Cheely, 2012). Though data suggests that people with ASDs commit certain types of crimes more than others, they still engage in many different areas of criminal activity.

Quality of Interactions

If prevalence rates are in question, it is also important to talk about the quality of ASD-police interactions. As stated earlier, one in five people diagnosed with ASD will have come into contact with police by age 22 (Rava et al., 2017). Since it is known that the incidence rate of interaction is high, one must look at how these interactions play out from the perspective of both parties. Comparative research suggests that success regarding interactions is largely determined by who is being asked. When officers were surveyed regarding their interactions with persons with ASD, 49% stated that the interaction was easy. Only 19% found the interaction to be difficult, with the rest of the respondents falling somewhere in between the two extremes (Crane et al., 2016). To follow up, officers were questioned about the specific strategies they used to facilitate the interaction. Most officers knew to avoid multi-faceted questions (92%), allow extra time for responses (91%), and to avoid using complicated terms and vocabulary (89%) (Crane et al., 2016). In the same study, adults with ASD and parents of children with ASD (further referred to as “the ASD community”) were asked about their experiences with the criminal justice system. While officers tended to view the experience as positive, the ASD community did not perceive it in the same way. In rating their satisfaction with their interactions, 69% of ASD community participants rated the experience as unsatisfactory (Crane et al., 2016). They also cited an overall lack of awareness and knowledge coming from the person they interacted with. This directly contradicts the perceived confidence and faith that officers had in themselves. Since it is clear that a discrepancy exists, further research must be conducted in order to bridge the gap between what criminal justice personnel find sufficient and what the ASD community finds sufficient.

An interesting factor to also bear in mind is disclosure. If an individual does not disclose their disability, in this case an ASD, should officers and other actors in the criminal justice field be compelled to treat them differently? There is an emerging market of products available to consumers in order to make identification easier. Things like identification bracelets, medical alert dog tags, and seatbelt covers can all be used to communicate that the person needs some form of extra assistance; however, it is understandable that some people may not wish to use one of these because it can feel like a sign that says “I have a disability.” People within this community are often ostracized enough so adding a label may not seem appealing. The problem occurs then, when a person requires special needs but neglects to communicate or is unable to communicate these needs to the officer or other personnel. Autism diagnosis was only revealed to officers by 25% of the community ‘on some occasions’ and ‘always’ by 39% of the ASD community (Crane et al., 2016). This leaves a large gap of ambiguity for the remaining 26% of the ASD community who do not disclose their diagnosis. While this decision is completely justified, it does cause some issues. Someone who is nonverbal may seem as though they are ignoring an officer’s question.

Likewise, a person who has an ASD with a comorbid Intellectual Disability may not be able to understand the terminology used by an officer even though they “look normal.” Although this problem has surfaced countless times, research has yet to dive into the intricacies of this double-edged sword.

As many persons with ASD are under the care of a parent or medically designated caregiver, studies often collect data from these caretakers. When parents were surveyed on their satisfaction with the police, 63% indicated they were either “satisfied” or “very satisfied” with their interactions ($M=3.85$, $SD=1.11$) (Tint et al., 2017). In the aforementioned study, a Likert-type rating scale was used ranging from 1-5 (very dissatisfied - very satisfied). Those who had prior police involvement tended to be older (M difference= 2.28 years) and more aggressive (82.6%). Parents also indicated that these individuals were more likely to have not been receiving structured services due to the family’s economic circumstances (Tint et al., 2017).

Persons with Autism as Victims of Crime

The vast majority of research focuses on the ASD community as offenders in the criminal justice system; however, people with ASD are also victims of crime. Because persons with ASD can often be highly suggestible due to difficulties in understanding, they can be viewed as viable targets. Studies suggest that people with developmental disabilities, such as Autism and other Autism Spectrum Disorders, are 4-10x more likely to become victims of crime (Mayes, 2003). In addition to being suggestible, these individuals tend to have poor social insight which can subsequently place them in risky situations (Mayes, 2003). Individuals with an ASD can often become victims of their caregivers. There are many cases in which a guardian has been found abusing or taking advantage of the individual with Autism. When special needs trusts or similar savings accounts have been established, it can be easy for the person handling their finances to steal from the individual. Another factor to consider is the likelihood that the crime will be reported. Many people with ASD lack the understanding of how to report a crime. If they are nonverbal, reporting may be next to impossible especially if the offender is their caregiver.

Expert Witnesses

People often assume that judges are all-knowing actors in the court; however, they are only human. When situations involving individuals with ASD come about, it is important to make sure that there is an across-the-board understanding of not only the general disorder, but also the nuances of the disorder manifesting in that specific individual. Autism is a spectrum – each case is a little different, some much different than others. Even if a judge were to have a decent background regarding ASD, an expert witness may be necessary in order to explain the specific manifestations of symptoms that that the particular individual experiences. Furthermore, expert witnesses are necessary because they can provide a neutral view of what is going on, why it is happening, and what needs to be done in the future. For example, just because an individual’s mother says he or she needs ‘accommodation x’ does not necessarily mean that the accommodation is justified according to his symptomology. Even if his symptomology does align with what “accommodation x” is used for, does not mean that it is the best option for that child. There may be another option that fits the individual and his or her unique needs better than “accommodation x.” Expert witnesses create a neutral image of the situation so that the individual’s best interests can be met without the influence of misinformation or unvalidated opinions.

Competency & Capacity to Stand Trial

Contrary to popular belief, “mere diagnosis of a mental impairment, such as autism, does not render a person incompetent to stand trial” (Mayes, 2003). Individuals with high-functioning Autism Spectrum Disorders may certainly be able to advocate for themselves and understand the processes of the court. Autism is a spectrum and therefore individuals on the higher end of that spectrum may be competent enough to understand legal terminology and communicate effectively. Each individual has a unique set of capabilities and function levels that need to be considered on a case-by-case basis.

The issue of comprehension shows itself way before court is even being considered. One of the most stressful parts of the criminal justice system for a person with communication dysfunction is the interview and interrogation process. Just like an individual with ASD may have a hard time understanding when a police officer is talking to them on the street, they will face the same confusion when being questioned. For any person, the interrogation process is nerve-wracking – it’s supposed to make you feel uncomfortable. When this discomfort is coupled with communication difficulties, matters are made even worse.

In addition, an individual with an Autism Spectrum Disorder may be more likely to make a false confession in these situations. There are instances where these individuals have responded affirmatively as an acknowledgement that something has been said to them; however, the affirmative is taken by the interviewer as being a confession of guilt (Chester, 2018).

Another area of concern is the comprehension of basic rights. The average person has heard the Miranda Rights countless times on TV and in the media, and probably has a fairly decent understanding of what that means for them if they were to ever be arrested. On the other hand, evidence suggests that people with ASD, communication dysfunctions, or intellectual disabilities may not understand what it means (Chester, 2018). This inherently puts them at a disadvantage. For example, most citizens will know that they have a right to request to have an attorney present. If a person with ASD cannot understand what a “right to an attorney” is, they won’t ask for one. Even if they do know of this right, they may not be able to communicate adequately in order to express this desire.

In conjunction to competency, a discussion is necessary regarding an individual’s mental capacity. In a criminal trial, the individual must have committed an *actus reus* in a viable *mens rea*. It must be decided that the person acted recklessly, maliciously, purposefully, or negligently. If the accused is found to have not acted in this manner, they will be found not guilty of the crime (Chester, 2018; Mayes, 2003). It is important to clarify that capacity is a legal, not medical, term. Again, mere diagnosis is not sufficient because capacity is measured at the time that the offense was committed. Determining capacity in any case is a difficult task because it requires one to assess the event after-the-fact. In many cases, courts will drop cases that involve people with Autism. If the case does go to trial and the defendant is found guilty, judges will often recommend treatment in a care-focused environment rather than jail or prison. Of course, if the offensive act is serious enough and *mens rea* is found, the defendant will be sentenced to prison (Chester, 2018).

To continue on the topic of sentencing, a study was performed to analyze how judges perceive their interactions with the ASD community. The researchers surveyed their attitudes and discretionary decisions in order to learn more about how decisions are made from their perspective. They found that only 33% of judges had come into contact with a person with a high-functioning Autism during their career. Approximately two thirds of judges (15 of 21) stated that the individual’s diagnosis is important in determining appropriate sentencing. Nine judges believed that a diagnosis of high-functioning Autism qualifies as a mitigating circumstance. Meanwhile, only 3 judges believed that this diagnosis qualifies as an aggravating circumstance (Berryessa, 2016). These findings are interesting because very few research studies focus on judicial discretion. It also shows the lack of consistency within the justice system. If the same case was tried by two different judges, a verdict of guilt or innocence will likely be the same; however, there may be considerable differences in the sentencing that is issued.

Familial Law

Individuals with ASD often become the center point of family law cases. These situations occur in several different types of scenarios. Disagreements occur when a couple is filing for divorce and a custody agreement needs to be established. In traditional custody plans it is often possible to designate some form of split custody where the child is transferred back and forth between the two parents on a set schedule. However, this type of schedule would be highly disruptive for a child with ASD who follows a rigid schedule (continuity in routine) and has difficulty understanding ambiguity and change (J. Adu, Attorney, personal communication, November 13, 2019). In this case, the court must decide what is in the best interest of the child and their individual needs. Typically, custody is granted to one parent, with the other parent receiving visitation rights (J. Adu, Attorney, personal communication, November 13, 2019). In some cases, custody of the child with ASD has been transferred to a grandparent. Ultimately the decision will be based on who can provide the most adequate care for the child in all areas of need (Freckelton, 2013).

Another common area where familial law and the ASD community interact is decisions for guardianship. For many people with ASD, living independently is not a safe option whether that is simply because they are nonverbal and cannot communicate effectively, or because they do not have the capacity to perform activities of daily living (e.g. toileting, feeding themselves). When these individuals turn 18, their parents will typically file for guardianship. This can even be done later in life through the use of probate courts as well (J. Adu, Attorney, personal communication, November 13, 2019). The individual is given an attorney to work with to determine their specific needs and capabilities. This attorney is separate from the attorney of the person(s) seeking guardianship so that there is no cross-influence.

Awareness

In order to combat any problem, the first step is to have a solid understanding of the topic at hand. If the population(s) in question are uninformed or ill-informed, then progress cannot be made. There are simple things that officers can change in their approach in order to adapt to different scenarios. In the case of Autism, changes such as refraining from using lights and sirens except when completely necessary, can make a huge difference in ASD-police interactions (Sutton, 2014). A lot of people on the Autism Spectrum suffer from sensory issues that can easily debilitate them. Sensory overload can occur when lights flash, there is a sudden loud noise, or persistent noises are too loud. While an officer may use lights and sirens to get to the scene safely and in a timely manner, the lights can often be turned off once he or she has arrived. This easily eliminates a substantial stressor that could potentially exacerbate the situation. Other simple changes include talking slower and using simpler terms. Many people with Autism struggle to recognize changes in tone and tend to take things literally (Sutton, 2014). They may also misunderstand that a statement made was actually a question because they do not perceive the correct inflection. Once an officer becomes aware of the person's disability, adaptations can be made to better fit the situation.

While not many resources made exclusively for criminal justice personnel exist, there are a few substantial organizations leading the way for education. Autism Speaks, a leading organization for research and education, has a section of their website dedicated to education for law enforcement officers ("Information for Law Enforcement," n.d.). It provides brief explanations of common signs that might indicate a person has Autism or a similar neurodevelopmental disorder. They also discuss common behaviors that may be misinterpreted as well as basic guidelines for effective communication. At the bottom of the page, Autism Speaks provides links to trainings and other programs that could be beneficial to individuals as well as entire departments.

Another leading source of education is The Organization for Autism Research. They have compiled information from countless sources including people with firsthand experience as well as from peer-reviewed, published research. Their resources include information regarding de-escalation, responding to 9-1-1 calls, and interviewing. They also suggest strategies for parents and caretakers to use in order to make an emergency situation more straightforward for police and other emergency services personnel. They recommend that neighbors be informed that they live next to a child with Autism. While this may seem invasive and "none of their business," it could be extremely helpful if there is ever an emergency. For example, if said child that requires monitoring begins wandering out of the home alone, a neighbor can cite this as a red flag. If they do not know that he or she needs to be accompanied by an adult or caregiver and the child is a bit older, they may see this as nothing out of the ordinary. Furthermore, the organization recommends that families that support an individual with Autism should take a proactive approach to interaction. By simply making local law enforcement officers aware of what the person looks like, their limitations, and any other remarkable information, the likelihood that interactions will run smoothly will increase (Debbaudt, 2006).

Future Implications & Research Considerations

To bring this discussion full circle, several considerations can be made for further research and training. To begin, the system currently lacks a systematic and reliable way to identify people with ASD. As of now, no proposed system exists; therefore, this topic calls for further research so that there is less ambiguity in ASD-police relations. In conjunction, improvements must be made in bridging the gap between how police and the ASD community perceive their interactions with one another. There is a clear discrepancy that exists which creates a negative and untrusting environment. Advocates from both parties need to meet and discuss where things are not lining up and hypothesize ways to fix this discrepancy.

Another area that lacks research is national prevalence rates. More data needs to be collected on the general population as well as specifically, people with ASD who are involved in the criminal justice system. Solutions cannot be provided until the problem is more fully understood. That being said, a sense of understanding needs to go beyond just mental health professionals. Personnel throughout the criminal justice system need to become more aware of the special needs of this population. Programs are already in place to provide workers with knowledge about handling other special populations such as juveniles and the elderly. Similar programs should exist that focus on the ASD community. To promote an increased awareness within the criminal justice field, more research needs to be compiled at the federal level. Most studies focus on small samples of individuals, limiting the external validity and generalization of the study.

Nationwide statistics vary tremendously due to a lack of large-scale studies being performed. A possible short-term solution to this deficit could be compiling data into a comprehensive meta-analysis. Though these types of studies have greater limitations, they could pave the way for more adept research.

Autism and other Autism Spectrum Disorders are complex in nature – but interacting with someone who has one can be made easy. While the diagnostic criteria can become confusing and intricate, anyone can take the steps to educate themselves on the basic information surrounding this group of disorders. Autism is a spectrum that includes diagnoses of all shapes and sizes; however, there are many commonalities that the average person can easily understand. By simply taking the time to understand what ASD is, they can take simple steps to adapt during periods of interaction. Because the criminal justice system inherently deals with every type of person, it is necessary for its actors to be familiar with how to handle different populations that require special assistance. Although more formal education programs still need to be developed, the research that does exist offers exceptional and easy suggestions for law enforcement officers. In addition, changes can be made at every level of the system from the first interaction with a patrol officer all the way to sentencing and imprisonment. As of now, a tremendous difference in perceptions exists between the ASD community and criminal justice personnel regarding their interactions at every level; however, with more research and continued education, the criminal justice system can develop strategies to circumvent this discrepancy.

Autism Speaks: Information for Law Enforcement (*autismspeaks.org*)

A person with autism might:

- Have an impaired sense of danger.
- Wander to bodies of water, traffic or other dangers.
- Be overwhelmed by police presence.
- Fear a person in uniform (ex. fire turnout gear) or exhibit curiosity and reach for objects/equipment (ex. shiny badge or handcuffs).
- React with "fight" or "flight".
- Not respond to "stop" or other commands.
- Have delayed speech and language skills.
- Not respond to his/her name or verbal commands.
- Avoid eye contact.
- Engage in repetitive behavior (ex. rocking, stimming, hand flapping, spinning).
- Have sensory perception issues.
- Have epilepsy or seizure disorder.

When interacting with a person with autism:

- Be patient and give the person space.
- Use simple and concrete sentences.
- Give plenty of time for person to process and respond.
- Be alert to signs of increased frustration and try to eliminate the source if possible as behavior may escalate.
- Avoid quick movements and loud noises.
- Do not touch the person unless absolutely necessary.
- Use information from caregiver, if available, on how to best respond.

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