

Invisible Indicators: Autism and Policing in the Chicago Area

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Abstract

Due to the spectrum of severity in autism, training law enforcement on how to best identify and deescalate encounters with individuals with autism can be challenging. Little research exists on the quality and effectiveness of police interactions with individuals with autism. This paper gauges the nature of interactions between police officers and individuals with autism in the Chicago area and hypothesizes alternatives to best protect individuals on the spectrum during encounters with law enforcement. Through the use of semi-structured interviews with Chicago Police Department (CPD) officers, autism behavioral analysts, professors, and families with members on the spectrum, I find that interactions between individuals on the spectrum and law enforcement in and around the Chicago area are typically unproblematic. Specifically, I find that families who have had fewer interactions with CPD shared a more fearful and distrustful perspective on law enforcement than those who have had more interactions with CPD. I also find that the majority of officers receive minimal training on dealing with individuals on the spectrum during basic training. Despite the lack of extensive training for autism, CPD officers felt comfortable handling situations with individuals on the spectrum, employing de-escalation tactics used in other scenarios of crisis. I also find that officers can opt in to receive specific Crisis Intervention Training (CIT), a 40 hour training program which teaches officers how to interact, intervene, and de-escalate situations with persons in crisis. I recommend the implementation of four policies: Mandatory CIT training for all officers offered yearly, open consultative relationship between CPD and mental health professionals, an autism registry, and a yearly program where individuals with autism and police officers can meet.

Introduction

Connor quietly paced beside his tree. It was the tree he always waited by, always waited by on Wednesdays at 2pm. The tree he liked to wait by when he waited for Linda to come back with the groceries. He could feel the sun, the light cutting through the branches and the leaves, creating a kaleidoscope across his eyes, warming his skin. In his fingers, he played with a yellow piece of string. Back and forth, back and forth. He rubbed the smooth string back and forth through his fingers and across his cheek. Linda would be back soon and soon they'd go home but tomorrow they'd come back to the park and again he would wait by his tree.

“What’s going on?” a man said. Connor watched as the man stepped out of his car. It was a policeman. Connor really liked their uniforms. The policeman came closer,

“What are you doing?” the policeman repeated, this time more sternly. Connor didn’t notice the change in tone.

“I’m stimming!” Connor said.

“You’re what?” the officer came closer. Connor instinctually walked back.

“I’m playing with this string!” Connor said happily. He raised the string excitedly forward so that the officer could see it.

“Stop walking away from me” The offer commanded. Connor felt the tree at his back.

“It’s a string” Connor offered, confused.

“So why are you bouncing around? You got any ID on you?” Connor didn’t like how close the officer was to him. He didn’t understand what questions he was asking.

“No,” Connor said without hesitation. He shifter his body away from the officer and started to walk away. Immediately Connor felt a hand grasp his arm. He hated the feeling. The coarse hand scratching his skin. The hands turned him around. He could hear the man’s voice behind him,

“Don’t go anywhere, just relax” The officer twisted Connor’s arms behind his back. It was hurting. He didn’t feel good. He felt scared.

“I’m okay,” Connor whispered. “I’m okay, I’m okay, I’m okay, I’m okay” his voice grew louder until he started to scream. He tried to wriggle out away from the man, but suddenly his face was pushed against his tree. The ridges of the bark digging into his cheek. He started to

fight, fight hard, but the more he moved, the more he yelled, the more weight he felt pushed against him. “I need help” Connor screamed. “Please, I need help.”

In July of 2017, Connor Liebel, a 14 year old boy with moderate ASD, was pinned to a tree and tackled to the ground by a police officer in the Phoenix area. Officer Grossman approached Connor after watching him repetitively sniffing and rubbing a piece of yarn, a self regulatory behavior that helped Connor remain calm. He went up to Connor, who told the officer he was stimming. Unfamiliar with the term, the officer assumed “stimming” was some type of drug. The officer took his behavior as a sign of non-compliance and forcibly restrained Connor, pinned him against a tree, then tackled him to the ground, placing his full body weight over the boy. At one point Connor stated that he “couldn’t breathe.” Connor’s caregiver came back and tried to interrupt the assault, identifying Connor as having autism. The officer, however, did not loosen his restraint until another officer came to the scene. Connor suffered from cuts, bruises, and scratches to the face, as well as a swollen ankle that required several surgeries to fix (Kahn).

There have been several other cases of unnecessary escalation between individuals with autism and law enforcement. Connor’s story is just one of many, which mistake autism related behavior with signs of drugs or noncompliance. Disabled individuals account for at least 25% of people killed by law enforcement, yet only 1.2% of required police basic training is dedicated to dealing with disabilities (Perry, Laan). This asymmetry can be attributed to the absence of any legal requirement to report violent police incidents involving individuals with disabilities (Perry). The minimal training and dearth of reporting both ignores and exacerbates the prevalence of violent encounters between the disabled community and the police. Because visible indicators of an

individual's disability are often either absent or hidden, individuals with disabilities are especially prone to being misidentified. By either assuming the individual will behave typically or misinterpreting abnormal behavior as incriminating, officers who are unfamiliar with autism tend to escalate situations rather than resolve them (Shonebarger). This dual invisibility is what makes individuals with disabilities especially vulnerable, and police reform in this field critical. Police incidents involving individuals with autism offer insight into this dual invisibility. Like other disabled individuals, individuals with Autism Spectrum Disorder (ASD) are often victimized by law enforcement (Frantz & Zellis). In recent years, there have been several highly publicized cases of violent encounters between police officers and individuals with ASD. Characteristics of ASD such as an inability to recognize social cues, wandering, physical tics, an aversion to certain stimuli, and an absence of intuitive appropriate behavior predispose individuals on the spectrum to escalated police encounters (Laan). While training exists for police officers to identify and properly interact with individuals with ASD, studies have shown that in most cases police are ill-prepared for such situations. A majority of officers recognize this gap in skill and desire greater guidance in navigating these interactions. However, while acknowledgement exists, the lack of consistent training reveals the system's lack of concern.

Despite several high profile cases between individuals on the spectrum and Chicago police officers, not much research has been done investigating Chicago police encounters involving individuals with ASD. Chicago is a particularly interesting city to investigate this topic in because of its notorious policing history and lingering structural segregation. The Chicago Police Department has been accused of celebrating use of force rather than reprimanding it (Bleakly). Chicago is in the top five cities where the most police killings of unarmed individuals has oc-

curred without punishment (Sinyangwe). Of those unarmed individuals, a disproportionate amount of them have been black (Sinyangwe). Through a series of 15 semi-structured interviews with Chicago police officers, families with members on the spectrum, professors, and therapists, this paper explores the perceptions of CPD (Chicago Police Department) encounters with individuals with ASD and CPD autism training. I investigate incidents of police interactions with individuals on the spectrum and observe them through the lens of both the officer and families with members on the spectrum, noting how satisfied the officer felt with the handling of the situation as well as the degree to which the families believe their family member with autism felt protected. The interactions between individuals on the spectrum and law enforcement discussed in my interviews appear to be relatively unproblematic. Specifically, I find that the majority of families experienced minimal encounters with law enforcement, while one family member experienced a multitude. Despite the relative ease of these encounters, families still remained wary and skeptical of law enforcement. On the other hand, the one family member who had witnessed the most police encounters expressed trust and gratitude towards the officers. In terms of the officer interviews, I find that the majority of officers receive minimal training on dealing with individuals on the spectrum during basic training. Despite the lack of extensive general training for autism, CPD officers had not experienced any encounters with individuals on the spectrum that they felt unprepared for. The Crisis Intervention Team training (CIT), a 40 hour training program which teaches officers how to interact, intervene, and deescalate situations with persons in crisis is a valuable resource for the department, however officers and training personnel express a desire for more frequent and expansive access to this training. From these findings, I recommend the implementation of four policies: Mandatory CIT training for all officers offered yearly, an

open consultative relationship between CPD and mental health professionals, an autism registry, and a yearly community outreach program where individuals with autism and police officers can meet.

Historical Context and Prior Research

Characteristics of Autism and Vulnerabilities

According to the Diagnostic and Statistical Manual-Fifth Edition (DSM-V) an ASD individual must display (a) deficits in social communication across multiple contexts and (b) restricted and/or repetitive patterns of behavior, interests or activities. While there exists a range of abilities and patterns of deficits among individuals with ASD, there are distinctive characteristics of autism that allow for identification. Such qualities and mannerisms fall under three categories: impairments in social interactions, impairments in communication, and restrictive and repetitive patterns of behavior. Individuals with autism typically exhibit these deficits in social communication and social interaction: 1) lack of social or emotional reciprocity which includes abnormal social approach, a lack of back and forth conversation, reduced sharing of interests and emotions, and a deficiency in initiating or responding to social interactions; 2) deficits in multiple nonverbal behaviors such as a lack of eye contact, abnormal body language, failure to understand or use gestures, and a total absence of facial expressions and nonverbal communication; and 3) difficulties in developing, maintaining, and understanding relationships such as an inability to adapt behaviors to suit different situations and an absence of interest in peers. Some individuals with autism, along with these qualities, are completely nonverbal. Individuals with autism also typically exhibit patterns of repetitive behavior, interests, and activities of which include: 1) repeti-

tive motor movements, use of objects, and speech 2) extreme aversion to change/deviation from typical routine 3) intensely fixated interests and 4) hypersensitivity to or unusual interest in sensory inputs (APA 2013).

While an individual with autism doesn't usually display all of these qualities, most still exhibit several of these characteristics rather than just one. These characteristics make individuals on the spectrum exceptionally vulnerable to police encounters and to the encounters' escalation. Because of deficits in social interactions and communication, individuals with ASD are less likely to initiate or engage in conversational interactions (Jones & Schwartz). This deficiency in practice causes a failure to develop adequate social communication skills, further widening the difference between their behavior and that of their neurotypical peers. This means that individuals with autism might have a difficult time understanding the social situations they encounter, as well as with responding in ways that would put officers at ease. An individual on the spectrum's inability to make eye contact, nod, display typical body language, or simply respond in the expected manner, could lead an officer to mistake these mannerisms as being indicative of drug use or be a sign of non-compliance (Shonebarger). Further, the repetitive and abnormal behaviors or fixations that ASD individuals exhibit are often mistaken by police officers as being drug-related (Teagardin).

Stereotypy is the umbrella term used to describe the repetitive and rigid behavior distinct to autism (Cunningham). One such stereotypy is referred to as stimming, a term short for self-stimulating behavior. In autism, stimming often presents itself as rocking, hand flapping, repetition of words or phrases (referred to as echolalia), bouncing, jumping, twirling, walking on tip-toes,

pulling hair, rubbing or scratching skin, repetitive blinking, playing with particular objects, and rearranging objects. Some stims cause physical harm such as head banging, punching, biting, and excessive rubbing or scratching at skin. Most of these behaviors are done obsessively as a coping mechanism. An individual with autism most likely stims in order to stimulate the senses or decrease sensory overload, adjust to a new environment, reduce anxiety, express frustration, or avoid certain activities (Cunningham). The most vulnerable feature of autism, though, is the individual's inability to cope with novelty. Individuals with ASD who come into contact with law enforcement will already be in a heightened state of fear, making them more likely to exhibit stereotypic and erratic behavior (Haas). Because individuals with autism have difficulties comprehending the social consequences of their actions, individuals will often try to escape the situation, exhibiting to an officer non-compliance. Given an individual with ASD's strong aversion to change combined with their inability to connect action to social consequence and their stereotypic behavior, it is difficult to see how an officer unaware of the features of autism could have a standard interaction with an individual with ASD. An officer viewing this non-compliance may move to arrest or restrain the individual with autism further worsening the ASD individual's anxiety and therefore their behavior (Shonebarger). Because 80% of police departments adhere to a use-of-force continuum policy (if an officer's presence fails to calm the situation, officers can move to increasingly severe types of force) this escalation might be met by a heightened response from the officer (Terril). Again, this would exacerbate the situation rather than quell it.

Not only do these characteristics make an encounter between an individual with autism and a police officer more likely to go awry, but it also makes an individual with autism more likely to come into contact with the police. One study found that in 92.3% of interactions between law

enforcement and individuals with ASD, autistic characteristics either caused the interaction or affected the conduct of the interaction (Haas). In some instances, ASD individuals attract attention from law enforcement because of atypical behavior; however, some ASD individuals actually engage in offending behavior. Two features of autism that may make ASD individuals more likely to carry out aggressive acts or require police assistance are tendencies to wander and meltdowns (Haas). Nearly half of ASD individuals wander, either in an attempt to go somewhere/get something of special interest or to escape some situation of anxiety (the latter is referred to as elopement) (Shonebarger). Individuals with autism often have an impaired sense of danger (Fitzgerald). Fixations, combined with this impaired sense of danger and an unawareness of social norms, makes ASD individuals more likely to trespass or end up in dangerous places/situations (Shonebarger). For example, an individual who loves trains may head to the train tracks, while an individual obsessed with a particular animal may trespass onto private property in an attempt to see it. When an individual's wandering or elopement causes safety concerns, caretakers or parents may directly call the police for assistance (Shonebarger). Wandering and elopement are only one category of behavior an ASD individual might display in reaction to an interruption in their fixation or disruption in routine.

Because many ASD individuals prefer a strict adherence to rules and routines, any disruption may trigger a tantrum or meltdown. At times these outbursts turn aggressive (Salerno). Meltdowns occur as a result of an, "overload of the nervous system, causing an explosive behavioral release" (Bedrossian). ASD individuals tend to have lower stress thresholds than neurotypical individuals, and these outbursts may occur in situations that would most likely not provoke such a reaction from their neurotypical counterparts. Meltdowns may include, "angry outbursts, head-

banging, crying, pacing, or talking to themselves” (Bedrossian). While these meltdowns are involuntary and the ASD individual is typically unaware of what is happening, this behavior may still illicit fear. Suggestibility and difficulties with emotional regulation can also put ASD individuals at a greater risk of being coerced into offending behavior or committing offenses impulsively without fully considering the consequences (Haas).

Prior Research on Interactions between ASD individuals and Officers and Prior Research on the Impacts of Training

Previous research examined perceptions of officers’, ASD individuals’ and their families during encounters with aforementioned parties involved in the encounters. Of these studies, few were conducted in the U.S and concluded with conflicting results. Despite these limitations, these studies can still inform this current research. One study conducted in Ontario found that ASD families were satisfied with encounters with law enforcement. In a 12-18 month period, 16% of the 248 ASD individuals interviewed had some interaction with a police officer and of that group 63% of parents were satisfied or very satisfied with the encounters (Tint). This satisfaction was supported by another study that found 53.2% of parents and care givers reported being satisfied or very satisfied with the encounter out of 109 reported incidents (Gibbs). On the other hand, studies reveal that ASD individuals and families are largely dissatisfied with the potential encounters with police, reporting fears of possible misinterpretation of certain behaviors that their children exhibit as similar to being under the influence of drugs or alcohol and a fear of an encounter with a law enforcement officer who does not have the proper training to support an ASD individual (Railey). Despite less-than-ideal satisfaction percentages from ASD individuals

and their family members, officers have been found to feel moderately satisfied with their encounters with ASD individuals. One study found that only 42% of police officers were satisfied with their handling of ASD incidences, and only 37% were trained for such interactions (Crane). Another study found that of the 72 law enforcement officers surveyed, 72.2% reported no formal training for interacting with individuals with ASD. For the minority of officers with formal training for interactions with the ASD population reported elevated preparedness for responding to calls involving ASD individuals in comparison to reported preparedness of law enforcement officers who received no formal training supporting the need for formalized training of ASD for law enforcement officers (Gardner).

Studies have shown that ASD characteristics can contribute to unsatisfactory encounters between law enforcement and ASD individuals. The efficacy of explicit training of ASD identification and interactions for law enforcement officers and satisfactory encounters has been studied by multiple disciplines including autism researchers, policy makers, and branches of law enforcement. One study conducted a systematic review of the literature to assess the efficacy of specific ASD training for law enforcement. Of the 606 originally identified articles from 28 data bases only 2 articles met the research team criteria suggesting that more research on law enforcement training for interactions with ASD individuals is needed. In both identified studies training on ASD interactions and identification showed statistically significant increase of ASD knowledge and confidence when interacting with ASD individuals (Railey). One of the included studies evaluated a training consisted of a 13-minute educational video designed specifically for law enforcement of how to recognize an ASD individual and overall knowledge of ASD. 82 law enforcement officers were recruited for the study. The results showed a significant increase of

ASD knowledge compared to a control group of untrained officers. However, this increase of ASD knowledge did not meet mastery standards set by the research team, suggesting that more extensive training, beyond video training alone, may better facilitate learning of how to interact and identify ASD individuals in emergency situations (Teagardin). One study in the *Journal of Global Intelligence & Policy* analyzed current training of law enforcement officers related to mental disorders and ASD. Interviews, a review of training materials was compared to existing recommendations for training on ASD. Results from this study showed that training in these areas are inconsistent with current guidelines established for training in mental disorders including ASD for law enforcement (Laan). One study in the *Journal of Police Practice & Research* investigated the scope of training on ASD recognition and interaction after a state mandate of ASD training for first responders in New Jersey. The results found a significant percentage of emergency personnel failed to complete the mandated training (Kelly). From these studies it is clear that no formalized autism training or accountability exists, despite evidence supporting the efficacy of such training in improving police encounters with individuals with autism. In the next section, I will describe a few high profile and tragic cases that occurred between law enforcement and individuals on the spectrum.

Cases

Unfortunately, there have been several cases where officers did not recognize autism despite clear indicators. A lack of training and awareness of autism can lead to these situations becoming unnecessarily violent. Due to the absence of any legal requirement for police to report a violent incident involving a person with disabilities, there is not data on the frequency at which police encounter individuals on the spectrum. However, it is estimated that one in five teenagers with

autism is stopped and questioned by the police before age 21 (Rava). It is again unknown how often these interactions escalate or turn violent. At least 21 incidents of police violence against individuals with autism were reported by the media between 2013-2015 (Perry). While this number might be seemingly small, it is surely an underreported number. Nevertheless, in almost all of these cases escalation was avoidable (Perry). Some notable cases from the past few years include those of Arnaldo Rio, Conner Leibel, Michael Moore, and Kenneth French; besides Conner Liebel whose story is used to introduce this paper, below I describe each of these cases in greater detail.

Arnaldo Rio was a 27-year old man with ASD. He was on the lower functioning side of the spectrum with an IQ of 40. In June of 2016, he had a police encounter that resulted in the shooting of his African American caretaker, Charles Kinsley. The altercation began after Rios went into a state of crisis in his group home. Rios began to elope, running out of the group home onto the street. His caregiver Kinsley followed close behind him. A woman driving by called the police. Kinsley was able to calm Rios before the police arrived, however the presence of the police scared Rios and re-aggravated his meltdown. Police who came to the scene were not aware of Rios having any developmental disability. The police commanded that both men get down on the ground and while Kinsley did, Rios was non-compliant. While Kinsley sat on the ground, Rios played with a toy car he had brought outside with him – a kind of self-soothing behavior. His caregiver Kinsely was on the ground with his hands behind his head trying to get Rios to comply. The police mistook the toy car for a gun and shot at Rios. The police missed and instead shot Kinsley in the leg (Ortiz). Kinsley, who had the proper training and knowledge to calm Rios, had the situation under control; the presence of the police, however, led to unnecessary violence.

Michael Moore was a 19 year old man with ASD. He was throwing rocks at a fence in his own backyard when his neighbor called the police on him. Like in Connor's case, the police mistook Moore's abnormal responses and behavior as being drug-related. They initiated sobriety tests, which led Moore to become increasingly confused. The officers decided to place handcuffs on him. Out of fear, Moore tried to fight to get away. Despite Moore telling the officers that he lived there and that his mom was just inside the house, officers tackled Moore to the ground and tased him multiple times. The situation did not de-escalate until Moore's mother came outside and screamed at the officers to let go of her son (Keneally).

Cases between police officers and individuals with autism can be fatal. Kenneth French was a 32 year old man with autism and schizophrenia. He was non-verbal with a low IQ. French did not have a history of violence. In June of 2019, French was in a Costco with his family. While in line for sausage samples, French became agitated and pushed off-duty officer, Salvador Sanchez to the ground. Sanchez, who thought French had a gun, opened fire in the middle of the Costco. He fired ten rounds killing French and seriously injuring his parents. Sanchez was fired, but not convicted of any crime (Bernick).

Chicago is not without its own publicized cases of police brutality involving individuals with autism. In 2017, Ricky Hayes, an 18 year old man with autism was in the Morgan Park neighborhood, was approached and later chased by off-duty CPD officer Sergeant Khalil Muhammed. The officer saw Hayes hanging out near a car and was concerned that Hayes might have been linked to a recent car break-in in that area. Sgt. Muhammed was driving a civilian vehicle and wore civilian clothes when he approached Hayes. While the officer stated that he had told Hayes

his police status, the video shows Sgt. Muhammed driving past Hayes, making it unlikely that his status was relayed. The rest of the video shows Hayes sprinting away from the officer who followed after Hayes in his car. Hayes paused for a moment and looked at the car, at which point the officer believed Hayes had a weapon. The officer then opened fire and shot Hayes several times. Hayes survived, and the officer - despite there being no evidence of provocation - was only penalized with a 6-month suspension (Mitchell).

These cases are illustrative incidents where an individual with autism has been victimized by an uninformed officer. In all of the cases mentioned thus far, none of the officers were severely punished for their aggression (Perry). Officer Sanchez was terminated in the case of Kenneth French and Sgt. Muhammed was suspended, but neither were convicted of any crime. In these instances, officers found justification for their actions through the perceived threat of these individuals. This can be further understood through the criminalization of disability and conception that use of force is inevitable and possibly unavoidable in these situations.

Theoretical Framing: The Criminalization of Disabilities

The 1972 case *Wyatt v. Stickney* recognized the constitutional right of people with mental illnesses to gain treatment (Perez). While this case was meant to protect individuals with disabilities and mental illnesses, it inadvertently harmed them. Instead of this decision catalyzing mental health reform, states took this as an opportunity to save money. States shut down psychiatric hospitals which failed to meet the minimum requirements, yet did not put any of the money saved towards the development of, “community-based outpatient treatment centers or much-needed social services” (Perez 63). The deinstitutionalization of state psychiatric hospitals com-

bined with the absence of any system to replace it led to the proliferation of homelessness and the expansion of the prison system into a kind of proxy asylum (Abramov). The individuals with mental illnesses and developmental disabilities who used to be picked up by the psychiatric hospitals were left with no place to live. Many of them, unable to care for themselves, eventually got picked up by the police. This historical and intimate relationship between the psychiatric ward and the prison system has criminalized disability. It is estimated that nearly a fifth of all inmates have some kind of mental health problem (Torrey). Accordingly, the “largest inpatient psychiatric facilities in the [U.S.] are jails with the LA, Rikers and Cook County each individually housing more persons with mental illness than any [current] psychiatric institution” (Rembis viii). It is estimated that there are nearly 10 times more inmates with mental illnesses than individuals in state hospitals (Torrey).

This association between psychiatric wards and prisons exists not only statistically and historically, but in theory as well. Both function as institutions of control, with the intent to segregate the typical from the abnormal. This link between disability, deviancy, and illegality is facilitated and reinforces this narrative that disabled individuals are dangerous. Whether it is subconscious or conscious, this association informs the way that police officers will interact and view a person with a disability.

Is this association between deviancy and disability simply a byproduct of the reinstationalization of disabled and mentally ill individuals into prisons, or is there some validity in this association within autism? It is important to note that aggressive behavior does not only present itself in autism-related meltdowns, but can exist apart from outbursts. The prevalence of aggression in

individuals with autism is still being researched, and the results have somewhat varied. On the lower end of the spectrum, one study found that 15-18% of adults with autism engaged in aggressive behavior towards others (Matson). Other studies have found a higher prevalence of aggression. For example, a study conducted by Kanne and Mazurek found that 68% of 1,380 ASD individuals had a history of aggression with caregivers, and 49% had a history of aggression with non-caregivers (Kanne and Mazurek). While varied, it is clear that aggression can be a factor of autism. Aggressive behavior would make individuals more likely to come into contact with law enforcement. However, aggressive behavior does not necessarily warrant an aggressive response. Yet, this association between disability and deviancy can facilitate a societal acceptance of police force in situations involving someone with a disability. Furthermore, police demands for complete compliance is complicated by disabled individual's abnormal behaviors. Lack of eye contact, back and forth conversation, or compliance with commands could be interpreted by officers as disrespect, an implicit form of aggression. Disabled individuals thus become seen as dually aggressive. In situations where the officer is unaware of the individual's diagnosis, unusual mannerisms can be interpreted as defiance, justifying escalated responses. In situations where the officer is aware of the individual's diagnosis, aggressive behavior from the individual could be justification for an aggressive officer response.

While the media is a great tool for exposing police brutality, it also facilitates a discourse which frames the disabled as deviants. Instead of blaming the violence on police errors, the media will often describe the use of force as an inevitable tragedy, a byproduct of the individual's disability (Perry). While the media is cautious of police reporting, reporters will often substantiate this link between disability and violence. Headlines tend to mention some dangerous feature

of the disabled individual, implying a justification for police violence. Such headlines include: “Attorney: Man killed at Costco was mentally ill, off meds,” “Wisconsin Police kill knife-wielding man who family says suffered from mental illness,” “Philadelphia Police Shoot and Kill Mentally Ill Man with Knife,” and “Miami Gardens police chief says officers who killed mentally ill man 'did best they could'” (Dazio, Carrega, Rabin). While the articles themselves are more balanced, these headlines insinuate the need for police force. The headlines suggest that these individuals, because of their disabilities, became dangerous and that police retaliation was not only justified, but needed as self-defense. Reporters also describe disabled individuals as “suffering from” their disability, depicting them as victims of their disability, rather than victims of police brutality (Perry). The language used to describe these encounters are underlined by an ableist perspective that tends to portray the disabled in a negative light as well. The media indirectly perpetuates this association between disabled individuals and deviancy, subtly justifying police actions. However, often reporters will avoid ableist language and police narratives. Reporters like to capitalize on disabled individuals’ vulnerabilities in order to cast police in an even greater negative perspective (Perry). While these reports place more emphasis on police brutality, they often fail to recognize the structural relationship between the prison system and the disabled. Reporters tend to end their stories with recommendations for improved training for officers and fail to acknowledge the need for greater access to behavioral therapy and clinics (Perry).

Understanding the historical and theoretical links between disability and deviancy as well as the way in which disability became criminalized offers greater context to encounters between police officers and individuals with autism. It can help explain the rate of violent encounters between the disabled community and law enforcement, by offering insight into police decision

making. Recognizing these trends reveal potential biases, associating disability with criminality and aggression.

Data and Methods

Recruitment and Interviews

I conducted 15 semi-structured interviews with four CPD officers, five family members of individuals on the spectrum, five autism therapists, and the psychologist who creates and conducts the autism training for CPD's Crisis Intervention Training. All interviews were done over Zoom conference calls and all recruitment for officers and therapists was done through email. Recruitment for families on the spectrum occurred in part through email, but also through posts on two autism centered Facebook groups based in Chicago: Chicago Autism Parents and Providers and Chicagoland Autism Speaks.

Interviews with police officers concerned their experiences dealing with mental health crises as well as their experience and exposure to individuals with autism. The interviews also focused on crises and disability training experience/recommendations. Interviews with ASD individuals' family members focused on experiences that their family member might have had with law enforcement and concerns the family members may have had with these encounters. The interviews with behavioral analysts concerned typical characteristics and behaviors of individuals with autism and how these qualities might make individuals with autism vulnerable in police encounters. Interviews with behavioral analysts contextualized the issue, framing these encounters in a broader discussion of mental health, disability, and policing. For a full list of interview questions, see Appendices A-C.

Interviews with police officers and family members of individuals on the spectrum provided insight into the issue from both the perspective of the officer and the family members of the ASD individuals who may be vulnerable in these encounters. The interviews with therapists and professors helped ground these results in expertise. Considering the small scope of this interview population in no way are these results indicative of the CPD's disability training as a whole. Rather these interviews offer glimpses into what interactions look like between Chicago police officers and families with members on the spectrum.

Data Analysis

Each interview was transcribed in full half by hand and half using otter.ai. Key quotes, sections, and ideas were highlighted based off of repeated themes in the interviews/themes emphasized by interviewees. Relevant themes in the therapist interviews included deficits in social skills, aggression and noncompliance, aversive stimuli, and deescalation and restraints. Relevant themes in the family interviews included elopement, mistrust, patience, and registries. Lastly, relevant themes in the police interviews included Crisis Intervention Training, identification, deescalation, use of force, and mental health professionals and resources. The interviews were also coded along positive and negative categories, where positive perceptions of encounters or training was placed in the positive category and negative perceptions of encounters of training was placed in the negative category.

Researcher Positionality

I became interested in this project in part because my sister is an Applied Behavioral Analysis (ABA) therapist. She works specifically at improving problem behaviors with individuals on

the spectrum. Her clients are predominantly children, although she has a handful of teen and adult clients as well. Having my sister as a behavioral therapist has influenced my approach to this project as well as my understanding of this issue. Because of her, I have had several opportunities to shadow her clinic, granting me greater exposure to individuals with autism and behavioral therapy than the average person. Given this experience, I have much more insight into the perspective of the individual with autism compared to the police perspective. It has influenced my inclusion of therapist interviews into this project, as well as the importance I place in their expertise. Despite, coming into these interviews with a more sympathetic viewpoint towards the individuals with autism, I understand that police officers are not healthcare professionals. I kept the breadth and intensity of their duties in mind while conducting interviews and shaping policy solutions.

Findings

Threatened by Ignorance, not Autism: The Behavioral Therapists

“People in my field are able to do their jobs successfully because we understand their needs and their strengths and until a police officer understands this as well, individuals with autism will not be protected.”

Police encounters with ASD individuals may escalate when an officer feels threatened. Often officers will misconstrue characteristics of autism as being dangerous or non-compliant. However, an individual with autism’s erratic or resistant behavior is not displayed out of disrespect but rather misunderstanding and fear. Understanding how individuals with autism process situations may help an officer de-escalate encounters rather than escalate them.

Behavioral analysts Lisa, Tony, Vera, Elizabeth, and Grace each note two main situations in which an individual with autism may exhibit offending behavior warranting police involvement. The first are deficits in social skills and knowledge of social rules which may lead the individual with autism to either break a law or appear as if they may break a law. Lisa notes,

People with developmental disabilities may be more likely to violate informal social rules or guidelines because they just don't pick up on them. Unless it's really directly taught to them they may not gain those skills. It could even be something like crossing the street without checking first for the light or for safety. So any of those deficits in social skills or even deficits in adaptive behavior, would set them up to be more likely to come into contact with police officers because they might be violating rules and laws that they simply aren't familiar with.

There are instances where an individual with autism will actually break a law because they are unaware of social contexts, like walking through a place that's barred off or picking something up out of a store without paying, but there are other instances where an individual behaves in an unusual manner which may lead a bystander or an officer to think that they are dangerous or may break a law.

Elizabeth gives an example,

We might have some adult who goes out and grabs things and may be in a store and then grabbing something might look like stealing to someone else, but they may not know that they have to pay for something or there can be some altercation where the individual with autism may perseverate on a topic and it might seem like they are trying to cause an argument but it's just a deficit in communication

Grace offers up a few other examples of when an individual with autism's behavior may draw attention from law enforcement,

I know some who will use verbal profanity out in public and that is just a script they are scripting but someone else may think that it is aggression. There are others who

for attention will disrobe and again I can see why that might lead someone to call the police.

Certain behaviors that appear aggressive or inappropriate can also be provoked. The therapists described the importance of a strict adherence to routine and the need to perform ritualistic behavior. Any deviation from such situations can cause a large outburst from the individual with autism. Many individuals with autism also have sensory sensitivities, leading them to have greater discomfort from some noise, smell, or touch than would occur in a neurotypical person. These sensitivities, aversion to change, and deficits in what is socially acceptable, can lead to huge reactions from the individual with autism that may be concerning to those unaware of their diagnosis.

Tony describes this using one of her clients as an example,

That inflexibility to sudden change. If the routine gets interrupted that can cause a lot of problem behavior whether that's screaming, yelling, or even tapping. I have a client who when he gets agitated or some routine is interrupted he will rush up to someone only to give them a light tap. I mean even though he only ever gives me a light tap, the running up to me often scares me and I can see how that can startle someone.

In the cases discussed thus far the individuals with autism aren't necessarily exhibiting aggressive behavior, however therapists do see instances where encounters with police are caused by deliberate offense. The second situation in which police interactions may occur is when an individual with autism does display some form of aggression. Tony explains,

Not everyone with developmental disabilities engages in problem behavior but there is a higher prevalence than in a neurotypical population and you take that and that can increase the likelihood of them coming into contact with law enforcement. If a family has a child who is engaging in high levels of aggression and they simply can't keep that child safe sometimes they call the police for help.

In these circumstances, officers will be in situations where they will be encountering an individual who appears threatening. Often individual's with autism will be noncompliant to police commands which exacerbates the perceived threat that police may have of them. This noncompliance can appear in several different ways. It can present itself as passive noncompliance (e.g. deliberately ignoring commands) or active noncompliance (e.g. running away). Vera explains,

We have a lot of kids who have trouble with noncompliance. There are a lot of kids who just don't want to follow directions or they just continue what they were doing, when they've been asked to stop, I can see how that would lead things to escalate.

Furthermore, many factors of the encounter could be aversive to the individual with autism and could produce further noncompliance as the individual will try to escape the discomfort. If the officer's voice is raised or the officer is trying to encroach upon their space or make them try and do something that they want to do or they don't understand why they should do it, the individual with autism may try to fight against the officers commands and run away. Often, individuals with autism cannot understand what kind of behavior would allow them to escape the situation besides literally running from it. Lisa notes such a reaction,

The sirens could be too loud. The uniform could be scary. The cop could be moving upon the individual in a way that scares them or is uncomfortable to them. With those things being aversive, many individuals will continue with that avoidance behavior, continuing to run away, not complying and trying to escape.

Some individuals with autism may actually know coping techniques that would allow them to express their discomfort, but officers unfamiliar with their perspective may ignore these cues to stop the aversive behavior. This could further frustrate and scare the individual with autism who has learned that asking for the aversive object or behavior to be stopped is the correct way to go about getting away from it. Elizabeth expresses the importance of understanding what individuals with autism are communicating,

A lot of our kids I can see have learned to say simple phrases or words or to, you know, to have requests to remove something aversive. So a cop may be putting on handcuffs, and they're using their words, which they've been taught in ABA [Applied Behavioral Therapy] for 10 years, you know, 15 years to use your words, and they're saying, Get off of me, don't touch me Get off me. And yet this officer is still putting hands on them. So I think being able to kind of understand also their communication.

If the officers are unaware of the individuals diagnosis or what to expect from an individual with autism, officers could ignore such request and interpret noncompliance as disrespectful or an escalation that requires further force. However, while these individuals with autism may not be obeying commands and may be acting in aggressive ways, many therapists agreed that in these instances of aggressive behavior, police officers do not have to use violent tactics to de-escalate the situations. Escalation towards violence may be excessive and harmful to the individual both physically and psychologically and may only exacerbate the individual's aggressive behavior rather than reduce it. Tony continues,

When looking at violent encounters with the police, my guess would be that those individuals [with autism] would be individuals likely to engage in aggressive or self-injurious behavior. Although I can tell you that working with that population for a long time, simply because someone engages in aggressive or self-injurious behavior does not mean that you need to engage in aggression to calm that person down, [aggression] is certainly not an excuse, the vast majority of kids and adults who engage in aggression are not actually all that much of a threat to injure someone.

Vera shares a similar sentiment,

They are not trained fighters, they're just kind of swinging in any direction. Even if they engage in high levels of problem behavior that does not in any way justify a violent response from police. I've been working with kids and adults like that forever and it's never had to resort to violence and I've never been injured myself. We've been able to follow procedures that keep both parties safe.

Again Lisa expresses the same bewilderment with police officer's use of force in these encounters,

We teach people how to de-escalate in two days, two days we learn how to get out of a choke in a way that doesn't hurt the child. We learn how to keep an individual restrained in a way that they can't hurt themselves or others without it hurting them. Are we teaching officers how to de-escalate that doesn't involve hurting the other person?

Individuals with autism lack the coordination and training to put up a fight against someone like a police officer. In situations where the individual is exhibiting aggressive behavior restraint may seem like an instant path towards de-escalation since the individuals will be restricted. However, other less intrusive techniques can work just as well at de-escalating the situation if not do so better. When restraints are used it is paramount that they are done in a safe manner that avoids harm for either party. Elizabeth articulates what procedure therapists take when dealing with an individual with autism having an outburst,

Restraining is the very last protocol we take, but we try to do the least intrusive thing first and if things escalate more and more then we become more and more intrusive until we have to restrain, which our restrains are with our hands and we make sure that the restraints are safe both for the person receiving the restraints and the person giving the restraints. We also keep constant communication. Like we say, "we know when you have a calm voice or a calm body, we know you are ready", so we are giving them constant communication and we are all talking in a neutral tone. We don't up our tone to match their tone.

While the therapists expressed that in most cases, the individual displaying aggressive behavior can be calmed either through words or safe restraints, other therapists did acknowledge instances of aggression from individuals with autism that would feel dangerous and difficult to subdue; instances where they are dealing with a large individual and instances where a weapon is involved. In those situations, there is a very real fear that the individual with autism could be harmful. Even still, therapists felt that talking and listening would be the best approach to de-escalation. Grace, a therapist who works primarily with adult individuals on the spectrum explained,

It can be scary sometimes when you are dealing with an individual twice your size. I'm 5ft 2, like I'm small. I have one adult client, Marcus, he's 6-foot-3, at least 200lbs. If he were to get very aggressive with me I'm not sure that I could calm him down or protect myself without help from someone else... If one of my clients had a weapon, I'd be terrified. But I still feel like the first thing I would try to do is just talk with them and listen... A weapon should really be the absolute last resort response not the go to.

Grace reiterated the attitudes of the other therapists and stated that even in these tense situations listening and patience is the best and first approach. Even therapists, who may not have had extensive defense training, found that de-escalation with a person with autism rarely required violence. Aggressive behavior can be subdued just by understanding how the individual with autism is viewing the situation. Characteristics of autism such as difficulties adjusting to novel situations and deficits in social skills, may lead individuals with autism into behavior that officers see as dangerous or non-complaint. Understanding why an individual may be behaving in that manner and the way in which they process these encounters should help officers realize that these individuals are not coming from a threatening place and de-escalation doesn't require violent force. Lisa explains,

We do have data that says that individuals with autism don't always do well in new situations, it's a bigger learning curve they can't always generalize what they learned from situation A and how that can be applied to situation B. An encounter with a stranger, a police officer is certainly a new situation, it can be very aversive if they cannot process how to safely navigate the situation.

Because individuals with autism have difficulty predicting social expectations, therapists expressed concern with the use of handcuffs. Vera explains how this form of restraint might cause panic in an individual with autism,

People with autism have difficulty understanding their social situation... And so when they get handcuffed they may not be able to process, "okay well if I then calm down then this is what will happen," they may not be able to predict that sequence and so it would not surprise me if restraint would be more aversive to many people with autism than a

neurotypical person who has that ability to think about all the consequences of different actions or process previous conversations, things I've seen on tv, things that maybe my mom has told me

In this, therapists expressed the benefit of exposure, both in the interest of the individual with autism as well as for the officer. Direct instruction from therapists and parents about what to do in interactions with police officers and exposure to police officers would better protect individuals with autism in interactions with law enforcement. Lisa describes,

So many of the kids we work with we have to directly teach them how to interact in every situation. I've worked with kids who before they're getting their first haircut, we will just walk by the salon and then we go another time and we just touch the chair and we slowly get them acclimated to these situations. At the very minimum instructing individuals with disabilities about their community helpers including police officers so at least we get some basic foundation that these people are here to help, that it is safe to do what they ask, this should help individuals with autism be better prepared for an encounter with police.

Likewise, police officers would benefit from exposure to and knowledge of autism. In the same way that this kind of education would give individuals with autism direction in navigating these interactions, training and exposure would also provide officers with guidelines to de-escalating these situations. Tony indicates,

I think that there would be a need for officers to have a lot more training in order to work with individuals with autism sufficiently. I can say for myself it took me years of training to say okay I can do this well... It takes a lot of training, not just sitting in a class but experience. Actually working with individuals with autism to get that experience not just the lecture.

Both parties would benefit from these kinds of interactions as it would allow both parties to better understand the other. It would allow both individuals with autism and police officers the opportunity to form expectations for their own behavior in these interactions and each other's

behavior. While therapists emphasized the need for autism training for officers, therapists did debate the feasibility of officers gaining such expertise. Tony continued,

Police deal with so many types of crises and I think that is part of the problem. Can we train a person to deal with 10, 15 types of crises? Is that a feasible approach and I'm not sure if it is. Is the solution for every officer to deal with the homeless and mental health needs and disability needs and violent criminals and domestic disputes and maybe it's not responsible to expect one person to learn how to manage all of those. Like me I know how to handle people with autism really well but I don't know if I could add to my tool belt. I wonder if we are expecting too much from police officers and if we could instead have more specialized people who work collaboratively. That way we can have experts in each situation versus a generalist police officer who has to address all of those.

Vera offered a different solution. Rather than creating specialized forces, she wondered if general reform of the way officers approach de-escalation might be sufficient.

I think a protocol that would be successful for people with autism would also be successful for people with mental health needs and probably people without them too. I think this is an autism specific issue, but I don't know if it needs an autism specific solution.

Here, Vera argues that de-escalation tactics for individuals with autism could also be used more generally in de-escalating high intensity scenarios. Therapists Elizabeth and Grace specifically mentioned using Satori Alternatives to Managing Aggression, referred to as the SAMA technique, to de-escalate outbursts. The SAMA technique teaches three main responses to de-escalation depending on the severity of the situation. The first program provides "a logical, sequential format that leads the person in crisis from the reactive part of the brain to the reasoning part of the brain to resolve the activating situation". The second program focuses on ways to protect oneself from aggressive acts while the third program focuses on restraining individuals in a safe manner. Both programs avoid pressure points and joint locks. SAMA technique was not made specifically for autism. Instead the design can be used in a variety of different scenarios and populations. Their website lists some of the communities that their design serves (people with men-

tal health and intellectual and developmental disabilities, geriatric populations, substance abuse and recovery, emigrant detainees, and foster families etc.) and notes that their “procedures can be adapted to literally anyone on the planet who is in a relationship with anyone else”. This technique directs de-escalation towards non harmful paths. It places importance on de-escalation through patience and communication and when things remain hostile it aims to de-escalate through safe restraints. Again, while this procedure works well with individuals on the spectrum it can be used in a variety of other situations as well (SAMA).

Overall, therapists were skeptical of police training on autism. They believed that the key to better protecting individuals with autism in these situations was to bridge the gap in understanding between the two parties. While therapists acknowledged the importance of educating individuals with autism on encounters with police officers, therapists were clear that this responsibility laid primarily in the hands of those who’s job’s purpose is to protect and serve. Tony emphasized,

I think that we need to be very careful not to blame the person with autism for those things happening because it is ultimately the responsibility of police officers, of the teacher, whoever decides to go into a profession who may be interacting with people with disabilities should be the ones responsible for knowing how to do that safely. It’s only one percent of the solution, ultimately its the responsibility of the person who decided to enter into that field not the person who did not have the choice to have autism.

The individual who has full capacity to understand the other side’s perspective should gain the knowledge to enable them to do so rather than depend on an individual who does not intuitively have those abilities to act appropriately and understand the officer’s perspective. Individuals with autism shouldn’t be criminalized or harmed simply because of their developmental dis-

abilities. Police understanding is integral to ensuring safe encounters between themselves and individuals on the spectrum

Family-rization: The Families

“He’s a beautiful, privileged child and there’s not a month that goes by that I don’t think that he could be murdered by accident”

Stephon jiggled at the lock, his eyes fixed on the handle. In, in, in, need to get in. Sweat crawled across his forehead, his full weight against the door. Dad’s yells muffled around him.

“Stephon! Get away from that door. I already told you not right now.”

Dad was coming closer, but Stephon was unaware. He blinded out everything, focusing only on the lock, on the computer that lay behind it. Pressure built in his head, a million hands pressing against his skull. If he could just get inside, he knew he could get in. Dad hurried down the stairs, placed his hand on Stephon’s shoulder. But Stephon couldn’t connect the hand to Dad and instinctually, Stephon pushed, pushed hard. Stephon shoved his dad away, throwing him against the wall.

“Stephon!” his dad growled. Stephon remained locked to the handle, still oblivious to his dad. Tears streaked across his cheeks as he anxiously fidgeted with the door. Furious, Stephon’s dad scrambled to his feet and up the stairs. That was the last straw. He had been fighting with Stephon all morning. Fighting to get him to school, wrestling over the computer. Stephon’s dad had finally gotten the computer locked in the basement, away from Stephon, but Stephon wasn’t letting up. He was still downstairs playing with the lock, ramming himself against the basement

door. When he had gone down the stairs, Stephon's dad thought about caving and letting him into the room, but the forcefulness of Stephon's shove threw Stephon's dad over the edge. No way was Stephon getting time with the computer today. No Stephen's dad was irate. He grabbed the phone. He pressed the numbers hard. 9-1-1.

It took only a few minutes after calling the police for assistance for Stephon's dad to start to panic. He had never called the police before. He didn't trust them. It was his wife who usually called the police and whenever the police came, he would often put Stephon in the car and drive him away. He didn't want any accidents to happen. And so, he quickly called the police back, told them he had everything under control, he didn't need their help anymore, thank you. But, the police said they had to come, they were already close.

Feeling uneasy, Stephon's dad told the police that Stephon had fled the house. Despite this, the police insisted on searching each room. The whole incident happened in a matter of seconds. Stephon's dad led the three officers down the stairs. As they came around the corner, Stephon appeared out of nowhere, waving a knife in his hands. The officers reacted. "Knife!" Officer Hynek yelled, shooting Stephon first in his armpit. Officer Coffey responded in kind, this time lethally shooting Stephon in the back. Stephon was indeed holding a knife. A butter knife that he was using to jiggle the lock.

On February 1, 2012, Calumet City police fatally shot Stephon Watts, a 15 year old with autism. Neither Officer William Coffey nor Officer Robert Hynek were charged for Stephon's death. Both are still active officers (Dukmasova). While this incident did not happen with CPD officers, it occurred just 30 minutes south of Chicago. Two of the five family members I inter-

viewed specifically referenced this story, as well as a handful of others who referred me to this story on the Autism Facebook groups. The father of Cam, a nonverbal medium functioning 10 year old, said about this incident, “What happened to that boy in Calumet City was sickening. It happened around the time that Cam was just a baby, but who’s to say it can’t happen again?”.

While I did not interview any families who had experienced such a tragic encounter, fears of such an encounter permeated our conversations. Acknowledging such a possibility, even amongst the family members most trusting of law enforcement, was inevitable. The families interviewed varied in degree of autism, number of experiences with law enforcement, and perspectives on such encounters. The families which had fewer experiences with police officers shared more negative and fearful perspectives on officers while one family member who had the most experience with police officers had the most gratitude towards them.

As previous sections have explained, families with individuals on the spectrum must navigate how to raise and protect their child in a system which does not widely know how to identify or interact with an individual with autism. Autism does not present itself physically in features like it does in other disabilities, making individuals with autism even more vulnerable to misunderstandings and danger. As was noted in the previous section with behavioral therapists, the nature of autism does make individuals on the spectrum prone to encounters with law enforcement. Therapists hypothesized that such encounters usually occur because unusual behavior warrants investigation or police assistance is needed for de-escalation. Similarly, the families described two scenarios in which their child had interactions with the police: elopement and de-escalation aid. Only a few families reported incidents where an officer approached their child because of

unusual behavior. Instead, four out of the five families stated that encounters between the police and their child occurred due to elopement or running away. The father of Cam, the 10 year old, described one such encounter,

So elopement is a big problem. When he was five his little brother was born and he was having a hard time with that. We overslept until 9am, police are banging on the door. We chained the top of the front door, he had watched us unhook it a million times and for the first time he went and got a chair, unhooks it and goes out. He was completely naked, he walked a mile through this neighborhood, he walked into someone's house, and got into bed with them. This was like a Sunday morning and luckily we were in a wealthy suburb and the family didn't freak too much. They just sorta took [Cam] aside and called the cops.

The mother of Dougie, a now 29 year old high functioning adult, gave a similar story of escape and wandering,

Another time, when he was a little older, probably about 15. We got to the point where we were locking the doors when he was home. We usually locked the doors, but we must have forgotten to lock the door that day. And I got up to go to work. when I got back around six or so he wasn't in his room. He wasn't anywhere in the house. And it turned out, they found him. He was discovered seven miles away at a McDonald's. The McDonald's near us was under construction. So it was closed. And he knew this other McDonald's because we'd go there all the time after one of the ice skating sessions. How he knew how to get there, I'm not sure. But he was there. And the police called us.

Similarly, the mother of Riley, a high functioning 26 year old, described a few times where Riley ran away as a child and was found at his favorite fountain several blocks away from their house.

For each family described above these were not isolated incidents. Rather each family had multiple stories of elopement where the police found their child and returned them back to their families, for Cam it happened 4 times, Dougie 5 times, and Riley 2 times. In all of these interactions, the police did not further escalate or endanger any of the children, however each situation

of elopement placed the children in dangerous environments in which tactful aid was required from the officers. Given the risky nature of the circumstances, even greater importance is placed on these officers protecting the autistic individuals and acting in a correct manner. While there was never a situation where the families felt that their child was in danger when the officers found them, each one did describe a situation where they either felt like the officers didn't know what they were doing or were dissatisfied with the way the officers interacted with them as parents.

Cam's dad described how the police reacted after finding him in his neighbor's bedroom, "The cops were pissed, they didn't know what to put in their report. You could tell they felt sorry for us, but they thought it was fucking ridiculous".

Similarly, Riley's mother described a time after Riley eloped, where the police seemed to not know exactly what to do or what to report,

By the time we went to the fountain the police were there. They didn't know what to do because they were trying to keep him out of the fountain but he was stimming, arm flapping. We meet up with the police and we explain that we just moved in, we hadn't put a deadlock on the door yet, and he escaped from the house. After explaining though the cop goes, "okay so he ran away from you in the parking lot at Walgreens when you were putting stuff away in your car right?". Which was not what happened, he ran away from the house. He eloped but I guess the Walgreens story was easier to explain in a report?

The mother of Dougie described a time where she was so distraught with her interaction with the officers that she complained to the department,

Now there was one time he got out. And he walked down. You probably don't know our area, but he walked down Golf road, which is a very busy highway. It's one of the highways. And I guess the police that brought him back, really jumped on me, 'how could you not know where your son was? I know where my son is at all times'. You know, that sort of thing. And I actually complained to the police department about how

that was handled. And they didn't at first apologize, but eventually they said that they felt that officer had been in the wrong.

Despite the actual interactions between the individuals with autism and the officers being largely unproblematic, because some parents had negative interactions with police (with police either displaying frustration, contempt, or ignorance) some parents continued to hold a distrustful stance on police officers. While none of the families described an encounter where the police improperly deescalated, almost all of the parents expressed concern about such a situation happening in the future. Their worry stemmed from possible misunderstandings between the officers and their child's unusual and often noncompliant behavior. They were also fearful of the officer's lack of training for handling such situations.

For example, while Cam, the 10 year old nonverbal child who was found in their neighbor's bedroom, did not have a bad encounter with the police, Cam's father still felt fearful about a similar situation happening again when Cam gets older. Cam's father explains,

When he gets older it's going to be a lot scarier, he'll be bigger, he won't be this cute kid anymore. We do certain things to make sure he's safe like he'll be in a 1200 dollar canada goose jacket. That's stereotypes but that's a way we feel like we can keep him safe. If I was African American, same money and privilege, I would be absolutely terrified. The cops, they're not trained for it. Even with little kids they're not trained for it. If he had been a 16, 18 year old black kid he could've been shot just based on what I've seen.

Even though Cam's father did not have a bad experience with the cops, he seemed to have little faith in the cop's ability to recognize and handle a situation with an individual with autism, especially in cases where the individual is older, bigger, or seems to present a threat. The mother of Mick, a low functioning 4 year old, who has yet to have any encounters with the police, described how she often feels like she needs to reassure others that Mick is harmless.

Mick is nonverbal, but he vocalizes. Sometimes the sounds he makes can put people off. He stims by twisting his favorite toy and will hit his head. It's a constant fear. You're always trying to assure people not to be afraid like, 'oh don't worry he's nice'.

Continuing on, Mick's mom was terrified of Mick encountering an officer who is not familiar with his diagnosis. If ordinary people were cautious of him, why would the police be any different? When asked whether or not Dougie's mom sees the police as a resource during an outburst, she said,

I would never call the cops to my house if he was having an outburst. I would be hesitant to call the cops if we were burglarized and he was there. I would take him somewhere else. Cops are skittish.

Vera shares a similar sentiment,

Dougie's mom elaborated saying that if she called the police to report a burglary, she would be scared that they would see Dougie and mistakenly think that he was the burglar. Riley's mother also expressed fear of a future encounter. In a recent public outburst, Riley's mom explained that she wanted help from the police, but didn't feel like she could call them, "I could've really used the help. But I was scared, I wanted to be able to calm him myself. I didn't want anyone pulling out a gun".

Riley's mom further expressed concern over a specific behavior that could put Riley in a dangerous position with an officer. Riley's mother explained,

I can think of something that has never escalated to a problem, but has been a potential problem as he he plays with himself masturbates, right? And I caught him exposing himself at the local park district fitness center. And fortunately, I was next to him when I saw him exposed while he was on one of these recumbent bikes. And obviously, if it weren't me, who had quickly said, cover yourself up, you don't do that. Somebody could have called the cops on that without any hesitation. Right? And then would they have recognized who he was? That he has a disability? Who knows?

While most of the parents were apprehensive of police encounters, despite their child not having had a negative encounter with the police, Christopher's mom expressed only gratitude towards the police. Christopher, a high-functioning 30 year old, has a history of aggression. Christopher's behavior became so severe that he at one point had to be institutionalized. Because of his behavior, Christopher had countless encounters with law enforcement. Christopher's mom described,

As a family, when Christopher was in high school his behavior became very dangerous. He was really trying to harm me and hurt me. He was having very aggressive episodes. But I will tell you our experiences with the police officers have always been amazing. Like the Glenview police officers were so well trained. We didn't even know that we needed them. We thought that was for other people. A couple of times when Christopher became really difficult to manage or we were very worried, we would call them they would come in they were very calm. They would always sit and talk with him, try and process with him, help him to make better choices. And we found them so exemplary. They did such a good job.

Besides Christopher's experience with the police, Christopher's mom also saw many incidents between individuals with autism from her residential program and law enforcement. In light of Christopher's behavioral struggles during his teenage years, his parents founded a program that helps individuals with autism in the Chicago area transition into adulthood. The program offers networking opportunities, job skills, and a residential program where teens and young adults with autism can live. Christopher's mom noted in our interview that she has had to call the police to assist in outbursts at the residential program countless times. Of all of those encounters, Christopher's mom could not reference a time where the police improperly deescalated. Rather, Christopher's mom boasted,

We always say that "we are running a residential program for individuals with autism and mental health issues, you don't have to come with your sirens blazing" we ask them not to and they always respect that. We've been in some really intense situations. Scary

situations. Twice we've had individuals in the program with a gun. But every time the officers have been so good. They come through the front door, they are prepared for trouble but their physical presence is just comforting to us. They seem like experts and they are always ready to just gently intervene. So non short fuse. They are really playing the long game. Using their words to deescalate the situation. We've really needed them. I have to say personally we feel very grateful and we absolutely rely on our police men and women. They have just been wonderful allies and wonderful resources for us.

Christopher's mom emphasized the officer's gentleness and patience in the success of these interactions. She elaborated on what specific characteristics aided in these smooth de-escalations,

It's important for them to know how to be able to interpret movements that may be unpredictable or vocalizations that are unexpected, to be able to interpret and not over interpret that. To be able to look at someone who is moving in an unusual way, not feel like they are being threatened but to be able to recognize that this person has developmental disabilities. To know when to use words and not to use words in times when someone is really agitated. Tons and tons of talking isn't helpful sometimes. To come in with a comforting presence to first thing be like, "I see that you are upset, how can I help you." That's been our experience, instead of them making them feel like they are in trouble. "we are going to take you away" I think leading with that kind of language is super important.

When asked what qualities the parents hoped officers would have in their interactions with individuals on the spectrum, the parents agreed with what Christopher's mom had to say. Being cautious and slow were the two main traits parents described. Dougie's mom's advice for officers was to,

Just wait. Not feel like you always have to react or do something. Just waiting is helpful. If the individual isn't in the middle of the street or in some immediate danger there's no harm in just waiting a little bit.

Likewise, Dougie's mom said,

I realized that if they do not know the individual, they cannot know whether this individual is on drugs or drunk or half asleep, and therefore not answering for whatever reason but I would like them to realize that going slowly and cautiously, protects the individual and protects them.

Mick's mom similarly said, "I'd hope they'd just understand that words and listening go a long way. I think we all forget that we get agitated and upset too. We all have those moments. Most of the time the best thing to do is give space. You feed off the energy you receive". Besides specific qualities that would help officers, parents discussed two other solutions that would aid in interactions between individuals with autism and the officers. An autism registry and police engagement with their children through community outreach programs. All of the parents interviewed reacted positively to the notion of an autism registry. Riley's mom said,

I would not be opposed to having it known that an autistic individual lives in this house. So that if they are called to that house, they're more aware of it, whether that's the problem, or there's a different problem. That way they can come in knowing that they may need to act differently because someone in there acts and understands differently. Say there's a burglary at a house. They come in to look for the burglar, but they at least know that there's also an individual there that might need some special reaction, or you know, handling.

This is a similar sentiment that Dougie's mom expressed earlier, a fear that their child could be targeted as a suspect. Dougie's mom offered up a solution to this fear, an outreach program where police officers from their area could meet and interact with Dougie and other individuals on the spectrum. Christopher's mom described such a program with the police in Northshore,

I know there have been opportunities for officers to get to know the families with autistic children, there have been people who have gone into the police departments and talked at the various Northshore community meetings. North Shore communities are pretty active in this sort of thing. It hasn't been specifically so that officers can get to know the individuals with autism, it's been more general, but I know families with kids on the spectrum who felt a lot safer knowing that at least someone in the department knew that their child was autistic.

By familiarizing with individuals on the spectrum in their community, officers could prevent misinterpreting autism related behavior with behavior of a suspect. In summary, of the families I interviewed no one experienced a situation where their child was endangered by the police, how-

ever most families still remained wary and skeptical of officer's knowledge of autism. One family member, Christopher's mother, the founder of a residential program for individuals on the spectrum, witnessed the most interactions between individuals on the spectrum and police officers. Of all the encounters she had seen, not one involved improper handling by an officer, leading her to feel only gratitude for and trust in CPD. Patience and listening appeared to be two of the most important qualities of officers interacting with individuals on the spectrum and an outreach program and an autism registry were both supported recommendations.

Protect, Serve, Listen: The Police Officers

The four officers interviewed, Officer A, Officer X, Officer J, and Commander S, differed in experience and expertise. An officer for the past 4 years, Officer A was assigned for the majority of those years to a community on the far south side. This community was primarily African American, low income, and was one of the worst areas in terms of violent and particularly gang motivated crimes. Officer X has been an officer for the past 25 years, working for 10 years as a patrol officer, and most recently working in the Community Alternatives Policing Strategies Office, serving as the youth liaison officer and the Office of Restorative Strategies. An officer for the past 8 years, Officer J has worked primarily as a patrol officer in the 19th district. Lastly, Commander S has been a police officer for the past 32 years. Her latest assignments have been as the commanding officer at the Juvenile Intervention and Support Center, commanding officer at the Special Investigations Unit, which investigates crimes against children, specifically, sexual abuse, and for the last two years, the Commander of Youth Investigations, granting her oversight of the Juvenile Intervention and Support Center, the Special Investigations Unit, Criminal Regis-

tration and Youth Administration. Commander S had particularly unique perspective as she is also the mother to a girl with cerebral palsy and cognitive disabilities. All four had at least one encounter with an individual with autism, although such encounters were minimal and unique. Unsurprisingly, none reported any incidents with individuals on the spectrum that went poorly. Additionally, I interviewed Dr. Susan Kahan, a mental health therapist at University of Illinois at Chicago, and the Institute of Disability and Human Development with the Developmental Disabilities Family Clinic. She also acts as a consultant for the Chicago Children's Advocacy Center, which coordinates the investigation of sexual abuse of children in the city of Chicago, helping specifically in cases involving children with autism or other developmental disabilities. In conjunction to this, she also consults with the police department on cases involving people with developmental disabilities and autism in particular. Her involvement as a consultant for the police department led her to head a portion of the Crisis Intervention Team (CIT) training for all Cook County, on encounters with people with developmental disability, and particularly autism. Her expertise and position offered a unique liaison between law enforcement and mental health experts.

Encounters

All officers reported having at least one knowing encounter with an individual with autism. Officer A experienced two encounters, both times being an incident where the parent called for additional assistance during a meltdown. Officer X talked about a child with autism that her unit regularly saw. Commander S spoke generally about encounters that she had but did not zone in on one particular one. Of her encounters all were calls made to the home for assistance. And, Of-

ficer J was the only one who had an experience with an individual with autism where he was not told beforehand about their diagnosis.

In general when asked about how often the officers encountered individuals with mental health problems or individuals going through a mental health crisis, officers said that it was a daily occurrence. Officer A explained,

When I was on the street, I would say a near, definitely a daily basis, if not multiple times a day, unfortunately. And I think that's just a result of the community that I was assigned to. It's an unfortunate symptom of a lot of other problems, namely, a lack of access to long term behavioral health services and not if not healthcare, generally, and health insurance and things like that. But yeah, pretty much every day.

Similarly, Officer J talked about the prevalence of such interactions,

It's hard to look at the groups that were selling, you know, dope on the corner, and not see one or two who should probably be seeing somebody or getting help, even if it's for something minor, like anxiety or stress or PTSD, PTSD in these communities, particularly with the violence and how interconnected a lot of these families are in these blocks are. It's pervasive, I think it's one of the bigger issues so there's that element to it. But also the individuals who do suffer from serious mental illnesses. are largely homeless, and if not homeless, for whatever reason, spend a lot of time in public. Whether that's in front of gas stations hanging out at liquor stores, or just walking around the streets. So we saw the same folks all the time and dealt with the same folks all the time. You know, even now, six months removed from seeing one in particular, I still remember his name, birthdate, things like that, because it was an everyday thing with certain people.

Despite most of the officers lacking extensive training on individuals with mental illnesses and disabilities, because of the frequency of such encounters all of the officers had some sort of approach to how they went about such situations. For example Officer X liked to approach the situations with the care of a parent. She said,

But me personally, I always look at a situation as if it was somebody that was close to me, if it was a family member or friend or relative, that I was encountering that was having a mental episode, how would I handle the situation? You know, of course, you, you know, you want to stay safe and make sure that you don't get hurt, or the person

doesn't get hurt as well. But there's just ways that you should go in to talk to people to try to figure out the situation and maybe you can bring them down.

Office A shared a similar strategy of care and patience. He expressed to me that when it came to individuals with mental issues he would try to avoid force at all costs. Officer A described,

Now, for me, in situations involving individuals in mental health crisis, or individuals in crisis, I don't want to use force because it's like, I don't know, for me, it's just like an empathy thing. And I like, like I kind of described earlier, you really, it's really difficult to, to do that to somebody who doesn't understand why you're doing it. You know, the guy who is running from me because he's got crack in his pocket and a gun in his waistband, understands why I'm tackling him into a wall. The kid who hasn't taken his medication in weeks and needs to be forced to the hospital for an evaluation because he attempted self harm. isn't going to understand why I've got his arm behind his back... Somebody who's sitting in a car, driving without a license, and I tell them 1000 times you have to get out of the car, get out of the car, get out of the car, get out of the car, is going to have less time to comply before I do something about it. They're gonna have less time to comply than a kid who's sitting on his bed. You know, rocking back and forth, talking to himself, that kids got all day, I don't care if I get off in an hour, I don't care if I get off in eight hours, that kid's got all the time in the world to comply. As long as he's not harming himself or anybody else.

The qualities that both Officer X and A try to exhibit during these encounters- patience, care, and understanding- are all characteristics that both families and therapists hoped to see in officers. In both Officer A and Officer J's encounters with individuals on the spectrum, they noted that part of their success came from general training about autism that they had received just prior to these encounters. Both Officers were able to use their intuition, shaped by some training, to expertly navigate and deescalate these situations in a gentle manner. Officer A's encounter happened as a response to call for assistance. Officer A described,

This kid was supposedly tearing up the house and we go in the house and the TV's broken and furnitures destroyed and things like that. And mom was flustered. And she wanted them taken to the hospital. And I said, Well, let me talk to him for a minute. And it was really, really interesting to, you know, employ what they just tried to train us on. I

kind of took the lead and I said, you know, whereas somebody on a proactive covert team would want to finish things as fast as possible. Because if you're not looking for bad guys, you're not going to catch the bad guys. So when you're spending time with this kid, that's time that somebody might be getting ready to commit a shooting, or that's a gun, you can't take off the street. Here. I don't remember why I just I had had a day and I just wanted to talk to this kid. And I remember the whole reason he turned up the house was because mom didn't like that he listened to rap music. And I remember talking to him about it. He understood me and I understood him. And we avoided the whole taking him to the hospital and signing him in the 48 hours at hardgrove which is where we would have taken them for or some other facility. And you know, mom was upset, obviously that her furniture was destroyed and the teenager was upset but to be able to calm them down and to avoid unnecessarily hospitalizing somebody is that something that it was a small win that obviously stuck with me because this was some time ago.

In this encounter, Officer A, entered the scene with a calming presence. He exhibited a listening strategy that Christopher's mom praised in the previous section. Officer A acknowledged how often the mentality is for officers to try and subdue the situation as quickly as possible. Oftentimes the first instinct approach is to get the kid to the hospital. However, with a patient approach, Officer A prevented an unnecessary trip to the hospital and paperwork that would have taken much longer to complete. Officer J's encounter was also influenced by training that he recently had had. Without the training he wouldn't have been able to identify the man as having autism and the situation could have become dangerous. Officer J explained,

I had gone to Walmart with my family. And I went into the men's room, and I came out and there was a guy sitting against the wall, there were five security officers in there. The guy was not responding to their commands, and they were getting ready to take him down. And I recognized that he kept twisting his hand around a yo yo over and over again and I just stepped in, Can you just give me a minute here, just like, I think I can fix this for you. And I went over to the kid, and I said, Are you stimming? And this young man looked up at me and said, I can't find my dad. And it was a young man with autism, who was not responding to the officers, he got lost in the store got very anxious, so he took a yo yo. And he was standing on the spring. And I had just been to a training and I recognized right away what the problem was, and we averted a really bad situation.

Officer J's experience is great illustration of how integral training on autism can be, even if it is just a familiarization with basic characteristics and terms. It also shows how any officer could end up in a situation involving an individual with autism and why training should be widely given. Both of these encounters show the proper ways for officers to identify and deescalate situations involving an individual with autism.

CIT

In discussing autism specific training for officers, all officers referred me to CIT. The CIT program is a 40 hour, voluntary training program, which trains its participants about the signs and symptoms of mental illness and disabilities, enabling them to correctly interact, intervene, and deescalate situations of crisis. In CPD's own words, Special Order S05-14 states, "The CIT Program serves to improve the Chicago Police Department's competency and capacity to effectively respond to individuals in crisis; de-escalate crises to reduce the need to use force against individuals in crisis; and improve the safety of officers, individuals in crisis, family members, and community members". Of the four officers interviewed, only Officer X had been CIT trained. Officer A explained general disability and mental illness training as well as the procedure for CIT involvement,

...in the academy, which is six months long, a lot of your training is state mandated. And some of the training is Chicago specific. As part of the state mandated training and Chicago specific training, you receive instruction in different areas related to mental health crises and individuals struggling with different mental illnesses. The training is relatively basic in the academy, because we have a more built out formal program called the Crisis Intervention Team program, which is, I believe, a week long training to receive a certification where you become a CIT officer. And as a CIT, Officer, dispatchers have some indication next to your name on their roster, that you're somebody who's received special training, to handle calls that are meant to have a mental health component. And they will, I don't know their policies or procedures, but they will typically look

to those officers first. As even if the call is in my area of responsibility on my beat, they'll call an officer who's a little further away, to come back me up, because that officer's part of the crisis intervention team and has received that certification, but no all officers receive training in the academy now, but its not extensive.

Officer X elaborated on the specifics of CIT. She confirmed that Crisis Intervention is available to all department members and is voluntary. She specified that there are actually three 40 hour courses that teach department members how to interact with persons that are having a mental health crisis, who may be intoxicated due to drugs or alcohol, or who may have signs of developmental disabilities. One is a basic CIT class, another is specifically for youth in crisis, and the other is specifically for veterans in crisis and autism and other developmental or intellectual disabilities are addressed within each training.

All of the officers confirmed that CIT officers are prioritized in mental health calls. Officer J reiterated the protocol for CIT use in crisis calls,

If they have knowledge, that, you know, there's someone in the household, you know, he has a mental health crisis or a disability that may, you know, cause them to have a mental health break. They always ask, Is there a CIT, officer to ride?

Commander S further expanded upon this. In line with the other officer's recounts, Commander S verified the department sentiment to design mental health calls to be serviced by CIT officers. However, while prioritizing CIT officers in mental health calls is the protocol, calls that are mental-health related are not always stated as such. Often times, the mental health aspect is not noticed when a call is made and so calls that should be designated as mental health calls will be labeled as disturbances, leading to the absence of any CIT officer. In acknowledging this, Commander S emphasized the importance of screening,

I think that one thing that we can work on, to mitigate that is to have our call takers, you know, do a better screening when they're taking a call, you know, if there's a disturbance and, you know, someone's, you know, tearing up the house, you know, to ask, you know, do they have any disabilities or, you know, or any mental health conditions or, you know, to try to get a little information, I know, that's not always possible, when, you know, the person that's calling may be in fear, or something's going on, but, you know, to work on, on screening our calls a little better, so we can let the officers that are responding know, hey, you know, warning, you know, there's a teenager in the house is autistic is out of control right now. You know, and, and to try to get someone that's CIT trained going, you know, we do, we do work on that, you know, I do hear you know, calls on the radio, where it's like, oh, they're requesting a CIT officer. You know, sometimes the families know, that we have CIT officer, so I think just getting the information out there, you know, and making sure that our dispatchers are continually screening.

Officer A also recognized such misses in the labeling of calls. Despite being mainly on the receiving end of those calls rather than being the officer screening at the scene, Officer A would do his own form of screening. He would always approach disturbance calls with caution, looking out for cues that would hint at being mental health related. Officer A explained,

I'm not CIT certified. I don't have the week long training. So I would always if I had the smallest inkling on the way to a call that it might be mental health related, and you can look up on the computer in the car, the call history and you can see Okay, today we're going for a domestic disturbance because of xy and z. But I can see that on January 6. A week ago, there was a call where mom said that he was suicidal. You know, she didn't say he was suicidal today. But she said he was suicidal last week when she called, maybe I should raise that to the dispatcher and inform other people who are going. Because sometimes the caller will have the state of mind to say, my son who suffers from manic, you know, he's manic depressive, or whatever, or my son who suffers from PTSD. They'll say that, and we'll know going into it. Other times the situation is evolving so quickly that they don't say that to the 911 dispatcher. And we have no idea until we get there. And sometimes we never find out, which is why the identification aspect is so important. So I always look through, I would always look through the location history to see if there were previous calls for service that had a mental health component. And in those instances, I would almost always call for, I would specifically request over the radio backup from somebody that has Crisis Intervention Training.

From the interviews, it became clear that the department has been actively incorporating methods that provide crisis specific responses. In addition to actually utilizing CIT officers for crisis calls, Commander S said that several other areas of reform were being initiated to better

help address individuals with disabilities, as well as other vulnerable populations. Specifically, Commander S talked about trauma and child development training, as well as specific youths with disabilities initiatives. While the reforms are encouraging, access to these trainings were only given to a handful of officers. The introduction of these reforms and hopes for future expansions of these programs is hopeful, but given its current scope, are these acts merely performative or actually effective? Similarly, a prioritization for CIT officers in mental health related incidents exists, but what does CIT training actually consist of and is it effective? Susan Kahan summarized the training she provides as two fold: identifying individuals with autism and proper response to dealing with these individuals. She criticized the more impractical state mandated parts of the training,

The state has like, required elements that they want to put into any kind of training. It includes things like the history of autism, they don't care, right? The cops don't care. They don't, they also don't need to know that. There's like, that doesn't help their work that doesn't make them more sensitive, and it doesn't make them better at their work. What it does is put them to sleep in the middle of your presentation, like literally puts them to sleep. When I do my work I really focus on practical intervention skills because that's what's important and that's what they care about. Here are the communication barriers. Here's how you might try getting around them. Here are some behavioral barriers. Here's how you might try getting around that. Here's what stimming is, often misunderstood by the police as aggressive behavior, things like that.

Officer J, while he hadn't gone through CIT training himself, reiterated the importance he felt the department placed on identification in training in general,

...a lot of the training has less to do with response to those individuals, and more to do with the identification of those individuals. Because that's, I think something that department believes officers struggle with more than how to respond is how to identify when somebody is not just angry, not just upset, not just, you know, acting out and not just causing a scene, but is actually going through something serious or traumatic, or whether they're not taking medication or things like that.

Susan further went into depth on what she specifically teaches in terms of identification and response. In terms of identification, she described what exactly she emphasizes as indicators of autism. She told me that she specifically teaches what stimming is and all the different ways that an individual might stim. Physical stimming can look like anything from hand flapping, rocking, odd jerky movements, fanning arms, head banging, etc. and the way to differentiate a stim from a tic or drug-related movement is that it's rhythmic and repetitive rather than sporadic. Verbal stimming is also rhythmic and repetitive or it can be something scripted. Someone with a mental illness might have some odd or nonsensical responses, but an individual with autism will respond with a specific phrase that is from a movie, show, or song. Like the behavioral therapists noted previously, Susan made sure to acknowledge that,

Not all of individuals do all of these things. And not all of them do it consistently. But if you hear it, it's another clue, right? So none of these things happen all the time. And not everybody does it. But these are all things you could be kind of listening for.

In terms of response, Susan offered a few specific tips which emphasized the use of literal language, understanding, and avoidance of nonverbal cues.

Now you're going to want to be especially attentive to the language you use. If you have a literal thinker, you better talk literally. If you want them to do something, be explicit. So I can tie all of these visual and verbal cues that they might take to get to give them a reasonable guess that somebody has autism or another developmental disability. And then how are we going to work with that? Right? So then we talk about, what kind of communication are you going to use, you're going to use extremely literal communication, and no reliance on nonverbal cues. So a police officer, their expectation is that when they come into a room, they come in big and loud, right? They want to establish authority, that's for their own safety, right? What if people don't read nonverbals you can come in as big and loud as you want. And they don't care. Right? Because they're not getting your point. And now you're offended. It feels disrespectful to you. But what if they just didn't get it? Right? Or if you say, Hey, sit down, (*she nods her head towards a chair) I mean, to sit down over there, sit down over there, Come on, sit down over there. And they just stand there. Right? Now they look oppositional or defiant, but maybe

they're not, maybe they just don't know why you keep doing that (*jerks her head) with your head

In talking to Susan, it was evident that the autism and crisis training she was providing was thorough and accurate, however did officers find this training helpful and was it sufficient? Officer X, the only CIT trained officer of the four interviewed, emphasized how helpful this training was when she received it. In addition to the training that Susan provided, Officer X also appreciated that in the training the officers had an opportunity to talk with individuals with mental illnesses and disabilities. She described how helpful having an actual dialogue with individuals with mental health problems was for her,

The training that I received, I remember some of it was great. I thought it was a good training because they brought in people that we work with, people who actually had a mental health diagnosis. So they sat there and talked with us and told us what their triggers were, this is what triggers me. This is, you know, is what happens when I'm experiencing an episode, this is how I feel. And I don't want nobody coming close to me. I don't like nobody to touch me. Which was all helpful. You know, speaking to someone who is diagnosed with schizophrenia, he tells me when I'm experiencing an episode, just don't touch me, you know, or you don't leave me alone, whatever the case may be. And, you know, that's good information for the officer to know, but we also need to know, how do we get through the call, you know, because we can't stay there all day, and just watch you and just don't figure out what to do next, you know, and the people with mental health stuff would tell us what to do and the trainers would give us tips on what to do too. So yeah it was great.

Officer X gained a lot from her training, initially, however, she quickly expressed frustrations with the consistency and availability of such training. Yes, she was a CIT officer, but based off of training she received 5 to 6 years ago, much of which she no longer remembers. Officer X explained,

I do think that it needs to be repeated. yearly, honestly because for the one thing, if you don't use it, you lose it. And I haven't had the training in about maybe maybe five or six years, you know, and so it's not mandatory that I take it again, because I've already taken it, and they feel like I've been certified and I should be good to go, you know, but

things change from year to year, you know, there are different drugs that come out on the market, that somebody that may have an episode, bipolar, you know, they may have, you know, it's just different things that change, you know, just like doctors and nurses have to amputate on go for years without, you know, recertified or re looking over some things that have changed, but I just think if that's something they're going to put on officers plate, they need to give them more frequent training behind it so that it's fresh, you know, in their in their mind, cuz, you know, you asked me something now about something, you know, that took this class five, six years ago, I'm just gonna be like, I can't tell you, you know.

Even though Officers J and A had not participated in CIT training, they supported expanding the accessibility and frequency of the program as well as the idea of making it mandatory for all officers to participate in. Susan seconded this idea as well, noting that this extra training wouldn't be cumbersome rather freeing, as it would grant them tools to better navigate crisis situations that they'd inevitably encounter,

It's not rocket science. That's the point I keep trying to make. I mean, they feel like, you know, the work I do. It's already it's too much. I'm already overwhelmed. I can't do that, too. You're asking me to be everything to everyone. I can't do that. And my point is, it's not more than what you do. But I can give you some of the specific tricks to it. And that's just the whole goal, make your job easier, not harder, easier. You're already doing this, you're encountering people with disabilities, right? Like you think you don't have a jail full of people with autism, you do! Let me give you some ideas that will make your job easier, not actually do extra, you already have that job, let me help make it easier. And when I explain it like that they are much more receptive.

Susan further elaborated. Not only is this information helpful since encounters with individuals in crisis is inescapable, deescalation tactics that are useful for individuals with autism or individuals in crisis are helpful and applicable in situations involving neurotypical people as well. Susan said,

It's about emphasizing the fact that there's nothing unique about autism or other developmental disabilities, all of these characteristics I talked about actually exist across the population. It's just a matter of degree. Right? And so you, you actually, you already know how to work with it. It's not new to you, it's just more, right. So if I talk about stimming, always I can like, immediately look out into my training group, it's usually

about 50 people and start pointing out who's jiggling their foot? Because there's always people jiggling their foot because they're bored. And I would say, why are you stimming because the person up front is boring you and you're trying to keep yourself awake, you know, that's why people jiggle their foot. It's a stim, it keeps your system regulated so that you can be focused. And so what's important about that for a police officer, don't take away somebody's stim. If it's what they're using to try to regulate themselves. And now you say if they're a pacer, because that's how they they're trying desperately to regulate themselves. And you say, sit down. Well, now you took away the thing they use to regulate themselves.

In this, CIT training becomes not only helpful for encounters with individuals on the spectrum or individuals in crisis, but also better informs all situations in general. Learning about human behavior, better shapes officer's implicit intuitions and should therefore allow for better situational understanding and decision making.

Broader Issues and Potential Solutions

Throughout our conversations, a tension between policing and mental healthcare felt pervasive. While officers found that they could navigate these incidents involving individuals going through mental health crises, there were situations where officers felt out of their depth. Officer J and Officer X expressed their desire to not be responsible for deescalating such situations. Officer X explained,

I don't think officers should have to handle mental health calls, I think we should go in and assess, to make sure that there are no weapons or nothing to hurt anybody. And I feel as though at that point, we should only be on scene long enough for crisis to be dispatched. Now, just come and take it over from there, you know, especially nothing criminal has taken place. They can make the determination whether or not if this person needs to, or whatever resources or services they're gonna do with them, you know, they have an established connection with the family, and then they can work back and forth with the family. What's the next plan? You know, for this person?

While a separation between mental healthcare and policing would be ideal, the nature of policing and the nature of the nation's mental health resources, necessitates the interaction between these two realms. One consideration some police departments have integrated are mental

health professional ride alongs. In these ride alongs, a therapist is brought to the mental health call along with a police officer, allowing for the officers to ensure that all parties remain safe, while at the same time allowing mental health professionals the opportunity to correctly and safely handle the situation. Officer J, however pushed back on this idea,

No, we don't want that. That's one more person for us to keep safe. Like what we, you know, what I don't need is somebody else walking into a crisis setting. And now I've got to deal with the person in crisis and the person they're trying to hurt, and now the therapist too?

As a consultant for the police department, Susan recommended instead a less intense and safer collaboration. Susan described a more expansive consulting relationship between police officer and healthcare professional. Susan elaborated,

This is something that I think we all have to like, recognize is cops are trained to be cops. They don't want my job. And they don't want me interfering in their job. But they'll listen to me. If I can make them if I can give them ideas that will make their job easier, right? Our thinking about it is that ideally, it would be kind of ongoing, right information and ongoing consultation at the Children's Advocacy Center, for example, with the with the forensic interviewing team there when we're not in a pandemic, I meet with them once or twice a month. Just to go over any questions they have. We'll do case review. Here was the situation this kid came in, he had autism. I tried to get this information. But here's where I got hung up. What do you think? Is there something else I might have tried? And we'll think about it and we kind of brainstorm around it and and I can bring in some ideas? Well, I wonder if you if you might try this? This is a really really helpful model and hopefully the whole department can take it on and more therapists can get involved.

While this solution doesn't totally solve the divide between policing and mental health calls, it's certainly a move in the right direction. Furthermore, measures need to also be taken at the structural level so that pressure can be alleviated at the policing level. According to Susan, access to mental health and disability care depends completely on income, neighborhood, and schooling. After 22, there's a dearth of resources for individuals with disabilities and mental

health issues and is the main cause behind the increasing crossover of mental health calls into the policing realm. Susan explained the situation further,

The only thing you're guaranteed after the age of 22, is basically institutional care. So there are wait lists around the country, but the waitlist is something like 20,000 people long. So it's a terrible, it's a terrible situation. So what you have are people with significant significant needs, living at home with their families. And then the family is expected to figure out on their own, how to support those people. And if they have high behavioral issues, there's going to be a lot of interaction with the police. This is how families end up in a lot of struggle because they're keeping people home because the alternative is institutional care. They're keeping people home who are who can sometimes be extremely difficult to manage. And there's not, there's often not a lot of support. And sometimes that support depends again, on where you live. It's really a it's a very flawed system. It really plays on disparities.

Fixing these disparities and figuring out how to better care for individuals with disabilities is the most important and impactful reform that needs to be made. In order to best protect individuals with autism while at the same time alleviating pressure off of law enforcement for handling mental health calls, a collaboration between families, therapists, police officers and policy makers must occur.

Policy Recommendations

Quality training does exist for police officers. Successful and tried tactics of de-escalation are used daily in clinics by behavioral therapists and should be implemented in police practice. It is understandable given the scope of law enforcement's jurisdiction, that autism training may not be prioritized, however even just the implementation of a few of the following suggestions would help officers prevent a situation with an ASD individual from escalating and allow for proper de-escalation. The first recommendation would be to change the policies around CIT training. Because of the frequency that officers encounter individuals going through mental health crises, the program should no longer be voluntary and should instead be a mandatory part of every officer's

training. While the 40 hour program may seem burdensome for all officers to receive, in reality such training should actually alleviate some pressure off of the officers, as it will better equip officers for encounters with individuals with mental illnesses and developmental disabilities that will inescapably occur. The second necessary change that should be made regarding CIT training would be to make the training available each year to all officers and mandatory to attend every three years. While the 40 hour training program does offer quality training, that information and those skills learned will inevitably diminish if gone unused. Police training for interactions between individuals with autism is also a new realm which continues to evolve and become better. It is therefore essential that the training programs remain updated and that officers have access to the best and newest information. If CIT training does not become mandatory for all officers to participate in, at the least, it should be mandatory that in any call that involves someone going through a mental health crisis or involves an individual with autism that a CIT officer is given that assignment. At the moment, officers explained that it is customary to have CIT officers given calls involving individuals with mental illnesses and developmental disabilities. However, there should be an order that ensures that these calls are only handled by CIT officers who have at least some training in dealing with these situations.

Besides broadening CIT training, there should exist an ongoing consulting relationship between officers and mental health professionals. While reforms suggest having mental health professionals ride along on police calls involving mental health crises (and several police departments have implemented this), officers often express resistance to this. While the aid and knowledge from mental health professionals is valued by the officers, officers can feel even more pressure as there is another life to protect and consider. Instead of being a resource, the mental health

professional becomes a burden that can distract from de-escalating the situation. Instead, there should be an open consultation with mental health professionals. Officers should be able to call up a mental health professional, describe the situation that they are or were in involving an individual with autism or an individual going through a mental health crisis and receive expert advice from that mental health professional. As was discussed in the section on police, police officers cannot expect to have the expertise or perform the duties of a health care professional and vice versa. However, because mental health and policing have become inextricable, it is important that mental health calls are taken in through the lens of both perspectives

There are a few other procedures that should be avoided by police officers in encounters with individuals with autism. Dangerous restraints should be completely prohibited. Safe restraints include basket holds (individuals arms are crossed in front with officer holding individuals hands from behind), side restraints (which allow for unobstructed air flow), and two person transport (where two officers hold onto the individual's arms) (SAMA). Handcuffs should not be used during de-escalation and no weapons should be used in scenarios where the individual with autism is unarmed. Nonviolent conversational techniques prove to be successful at de-escalation and should be preferred over all other procedures. The most recommended technique given by the therapists, families, and officers is to simply just listen and be patient. Although behaviors can appear unusual, with some training officers should be able to pick up on cues and know whether or not they are navigating properly.

Another recommendation would be to create and make available an Autism Registry. While not all parents need to participate, as there may be some privacy concerns, giving parents the op-

tion to list their child as having autism could better protect their child in encounters with law enforcement. The registry would allow officers to already come into a situation involving an individual on the spectrum with the knowledge that they have autism. Ideally that registry would also record all previous encounters with law enforcement that that individual has had, so that further encounters can occur more smoothly. In addition to this, CPD should begin to record all encounter with individuals with disability as to create greater visibility into the quality and frequency of such interactions.

Finally, the most important recommendation and what I believe would be the most effective training addition, would be to create a program where police officers and individuals with autism can meet each other. Exposure is essential for both police officers and individuals with autism as it will greatly improve understanding and comfortability. From my own experience learning about autism, it was one thing to read about autism and an entirely different experience meeting individuals on the spectrum. My understanding of how autism presents itself and what autism looks like truly came from my experiences meeting individuals with autism rather than learning about it. Both are essential but the exposure offered me a deeper and more complete understanding. Giving officers the opportunity to meet with individuals on the spectrum in their community would grant officers a greater understanding and empathy for those on the spectrum as well as allow officers to familiarize themselves with individuals with autism who they might encounter in the future. Not only would officers benefit from some interactions, but individuals on the spectrum along with their families would benefit from this program as well. It would offer individuals on the spectrum, the opportunity to meet with officers and understand that they are people they should ask for help from rather than fear. It would also allow the individuals on the

spectrum the chance to learn about how they should act and what they should say in a situation where they may encounter the police. Lastly, these interactions would decrease some of the fear that parents of individuals with autism may hold against law enforcement. If the parents can see that officers are being conscientious about how they approach their encounters with individuals on the spectrum, they may be less fearful of their child encountering police officers. Also knowing that at least a handful of officers may remember their child from this autism program, may put some parents at ease.

While the implementation of such police reform for encounters with individuals on the spectrum are essential, what is even more important is greater access to behavioral clinics, therapy, and group homes. Investment in services for individuals with autism should lessen the number of encounters. Autism resources for adults needs to be greatly expanded. An expansion of institutional care would alleviate pressure off of police officers and quell the proliferations of incarcerated individuals with mental illnesses and developmental disabilities.

Discussion and Conclusions

This paper aimed to gauge the quality of interactions between individuals on the spectrum and CPD officers. Minimal research on this area has been done across the country and no research on this topic has been done in the Chicago area prior to this data. Through interviews with therapists, families with individuals on the spectrum, CPD officers, and the head of training for CIT, I was offered a glimpse into how each party perceived interactions between ASD individuals and law enforcement. I find that despite relatively unproblematic encounters with law enforcement, families maintained a cautious attitude towards police officers. The one family mem-

ber who had witnessed the most encounters between individuals with autism and CPD officers, was the most trusting and gracious towards the officers. I also find that even without extensive autism training, officers took on patient and caring postures in their interactions with individuals on the spectrum. From these findings, I put forth four main policy recommendations: the expansion of CIT, an expansive and frequent consultation with mental health professionals, an autism registry, and outreach programs where individuals with autism and officers can meet each other.

Given the scope of this project, in no way is this research reflective of the CPD's overall encounters with individuals on the spectrum. Rather, this paper is the beginnings of a greater project. Ideally, at least 100 interviews could be conducted with both police officers and families with individuals on the spectrum, as well as incorporate interviews with autistic individuals. Besides the scope of this paper, one of the major limitations of this research was the exclusion of autistic voices. Including the perspectives of individuals on the spectrum, rather than only receiving the perspective of family members, would illuminate a whole other sphere of understanding.

The other major shortcoming of this paper is the absence of quantitative data. Figuring out the frequency of encounters between ASD individuals and police officers, would require a thorough comb through of police reports, as there is no specific dataset which records such statistics. The breakdown of positive and negative encounters is greatly needed as well. Such data could in part be produced by looking at the Invisible Institute's complaint reports.

Until mental health reform is conducted at a structural level, policing will continue to involve mental health related calls. While my own research did not find negative encounters between individuals on the spectrum and police officers, deadly and tragic incidents between the two parties

continues to be publicized. While, perhaps rare, these tragic incidents should never occur due to a lack of training or improper deescalation tactics and should never be justified or blamed on the victims disability. It is essential that further research be conducted so that greater visibility can be granted to an often invisible community.

Appendix A

Interview Questions for Police Officers

- 1) Can you tell me a bit about your position? How long have you been an officer? What kinds of issues do you usually deal with?
- 2) Have you had any training on how to deal with a person going through a mental health crisis?
- 3) How often do you come into contact with someone going through a mental health crisis?
- 4) Can you describe a time in which you encountered someone going through a mental health crisis?
- 5) What procedures did you follow? Were there training protocols that were used?
- 6) How did you feel about how you handled the situation? Did you feel satisfied with the outcome? Did you feel prepared for this situation?
- 7) How do you deal with non-compliance? What protocols do you follow? (ie. refusing to comply with your directives)
- 8) Can you tell me about the most recent time you had to deal with non-compliance?

- 9) Do you know anyone who has autism?
- 10) What do you think is the percentage of people who have been diagnosed with autism?
- 11) Have you had an encounter with an individual with autism?
- 12) Do you know of any other officers who have had encounters with an individual with autism?
- 13) Have you had training specific to autism?
- 14) Do you think that you have had sufficient training to

Appendix B

Interview Questions for Families with Members on the Spectrum

- 1) Can you describe your family member to me? What are their likes/ interests? What are they averse to? Do they engage in any unwanted behaviors such as physical aggression, property destruction, tantrums, or elopement? Do they engage in any stereotypy or stimming? What does that look like?
- 2) When did you first notice that your family member may have autism?
- 3) Has your family member had behavioral therapy or any other services like this? Has your family member ever been enrolled in an Applied Behavioral Analysis program?
- 4) Has your family member ever come in to contact with law enforcement?
- 5) Can you describe this encounter?

- 6) Were you satisfied with this encounter? Did you feel like your family member was protected?
- 7) Do you have any concerns with your family member encountering a police officer?
- 8) Have you had a conversation with your family member about what to do in a police encounter?
- 9) Has your child received specific teaching on how to engage with an emergency personnel ie. identifying themselves, saying, "I have autism", and providing emergency contact information.
- 10) What level of autism training do you think officers typically receive?
- 11) What would you wish police officers knew about autism? What would you recommend their training look like?

Appendix C

Interview Questions for Behavioral Therapists

- 1) Can you tell me a bit about what you do?
- 2) How long have you been working in your field?
- 3) What led you towards working with individuals on the spectrum?
- 4) What are some characteristics of autism?
- 5) Have you ever witnessed an encounter between an individual with autism and a police officer or heard about an encounter from another therapist or client?

- 6) Do you know how often an individual with autism may come into contact with a police officer? What might be the reasons for such encounters?
- 7) What might make an individual with autism vulnerable to a violent interaction with a police officer?
- 8) Are individuals with autism more likely to engage in aggressive behavior?
- 9) Do you think that an individual with autism would receive the use of handcuffs well?
- 10) What level of autism training do you think officers typically receive?
- 11) What would you wish police officers knew about autism? What would you recommend their training look like?
- 12) Could you expect an officer to be able to identify an individual as being on the spectrum? Do individuals with autism have behavior that's particularly distinct from individuals with other disabilities?
- 13) Have you ever provided specific teachings on how to engage with an emergency personnel? What might such teachings look like?
- 14) Do you think it would be beneficial to have an overarching system for individuals with ASD to follow in police encounters?
- 15) As I go into my interviews with officers are there any questions that your field would benefit from me asking?

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