



Interactions Between the Police and the Autistic Community in Australia: Experiences and Perspectives of Autistic Adults and Parents/Carers

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Abstract

This study aimed to describe the experiences of autistic people who had interacted with police in Australia in the previous 5 years. Fifty autistic adults and 61 parent/carers completed a questionnaire and 30 participants took part in an interview. Participants were most commonly interacting with police in the context of seeking assistance or as victims of crime. Autistic adults were largely unsatisfied with their interactions and reluctant to disclose their autism. Parent/carers reported significantly higher satisfaction than autistic adults and incidents involving children were rated more highly than those involving adults. Suggestions for improved interactions included increased autism awareness amongst police and use of appropriate accommodations. Areas for future research in relation to the evaluation of police training is discussed.

Keywords Autism spectrum disorder · Criminal justice system · Victimisation · Police · Disclosure of diagnosis

Although there are no official record-keeping practices measuring the frequency or nature of contacts between autistic people and the criminal justice system, findings from a number of studies across several jurisdictions indicate that autistic people are interacting with police at least as often as non-autistic people, with possibly higher rates of involvement in some contexts. In a nationally representative sample of North American youth, Rava et al. (2017) found that 20% of autistic youth (aged 14–15 years and 21–22 years) had been stopped and questioned by police. Similar rates of police involvement (16%) were found in a prospective study of Canadian youth (Tint et al. 2017). These rates are comparable to the non-autistic population in the United States i.e. 21.1% for persons 16 years and over (US Department of Justice 2018). Studies focused on autistic adults indicate frequent contacts with police. In a survey of Canadian adults aged between 18 and 65 years, 80% reported at least one

interaction with police in their lifetime, with 39% reporting four to nine interactions and 14% reporting 10 or more (Salerno and Schuller 2019). Surveys of police officers in the UK (Crane et al. 2016) and the USA (Gardner et al. 2019) also indicate frequent interactions with autistic individuals.

The core symptoms of autism, i.e. difficulties with social communication and social interaction, preference for sameness, fixated interests and hyper- and hypo-reactivity to sensory stimulus (American Psychiatric Association 2013) may contribute to the high rates of involvement with police across a number of contexts. For example, lack of awareness of social conventions may result in inappropriate sexual behaviour, sensory overstimulation may lead to “meltdowns” in community settings. Autistic children and adults are at higher risk of being victims of physical, emotional and sexual abuse compared to non-autistic peers and this often necessitates police contact. A US study of 252 autistic children found that 74% had been physically assaulted and 49% had been victims of property crime in the previous 12 months, based on parent report (Pfeffer 2016). Findings from a study of 95 autistic adults and 117 adults matched for intellectual ability found an increased rate of sexual victimisation, (Brown-Lavoie et al. 2014). In a US college sample, students with autism and other disabilities were twice as likely to report unwanted sexual contact compared to non-disabled students (Brown et al. 2017). In a qualitative

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study aimed at understanding the impact of late diagnosis on autistic women, 9 of the 14 women (65%) interviewed reported being sexually abused (Bargiela et al. 2016). There is some evidence of heightened compliance amongst autistic people (Chandler et al. 2018; North et al. 2008), which may also lead to susceptibility to exploitation and increased victimisation.

Autistic individuals are also more likely to need assistance from police, particularly when younger. Difficulties with social understanding, along with co-occurring language and cognitive delays can result in poor situational awareness and awareness of personal safety. Autistic children often wander from supervised areas (referred to as eloping). Anderson et al. (2012) surveyed 598 parents/carers and found a significantly higher rate of elopement for autistic children (49% eloped at least once after the age of four years) compared to their non-autistic sibling. This type of behaviour may result in parents/carers needing to contact the police for assistance in locating their child.

Although there is no compelling evidence that autistic people are more likely to engage in offending behaviour than non-autistic individuals (King and Murphy 2014; Rutten et al. 2017) there is some evidence that autism-related characteristics may be a contributing factor for the minority who do offend. Social naivety and difficulties with social understanding and perspective taking may result in inappropriate or aggressive behaviour, or increase the likelihood of being manipulated by others to engage in criminal behaviours. Disruption of routine, attempts to interrupt engagement in circumscribed interests or exposure to aversive sensory experiences may lead to aggressive or unpredictable behaviour that results in police involvement (Freckelton 2013; King and Murphy 2014). Previous exposure to physical or sexual abuse has also been shown to be associated with higher rates of offending behaviour among autistic children (Mandell et al. 2005).

Autism-related difficulties may also affect the nature of police interactions. Anxiety arising from changes in routine, unfamiliar social situations or sensory overload may increase stress for autistic individuals engaging with police (Boulter et al. 2014; Hodgson et al. 2017). Communication and social difficulties may be misinterpreted by police or lead to vulnerability during police encounters. For example, poor eye contact or failure to answer questions may be attributed to deceptive behaviour; direct or blunt responses to questioning may be perceived as insolence.

A number of studies have been conducted in the USA, United Kingdom and Canada to explore the interactions between autistic individuals and police from the perspectives of police officers, parents of autistic children and autistic adults. A survey of 400 police officers in the UK found that 47% reported being “fairly knowledgeable” about autism and only 21% expressed any dissatisfaction with the

way they had worked with autistic individuals in their role (Crane et al. 2016). A similar proportion of US police (48%) reported that they were well trained and adequately prepared for a call out involving someone on the autism spectrum (Gardner et al. 2019). In both studies, approximately one-third of police indicated that they had received autism-specific training.

These reports of confidence and competence of police officers are not reflected in the reports of autistic adults, who predominantly report low levels of satisfaction in relation to their involvement with police and being negatively impacted by these encounters, such as feeling fear and distrust of police officers and experiencing trauma symptoms (Crane et al. 2016; Salerno and Schuller 2019). Salerno and Schuller (2019) investigated perceived procedural justice (PPJ) or perceptions of fair and just treatment by police in a sample of 35 autistic adults that yielded low ratings overall. Perceived procedural justice has consistently been found to be associated with satisfaction regardless of the outcome of the encounter, including in studies of specific populations such as those with mental illness (Jones and Thomas 2019; Livingston et al. 2014).

Parent and carer perspectives on police interactions have been investigated in two studies with mixed results. Tint et al. (2017) followed 284 US adolescents and adults over a 12 month period and obtained ratings of parent satisfaction with police encounters over that time. The majority of parents (63%) reported being satisfied to very satisfied with the police response. In contrast, 74% of the 38 parent/carers of autistic children and adults surveyed in a UK study reported being unsatisfied or very unsatisfied with police encounters (Crane et al. 2016).

There are a number of possible reasons for discrepant reports of satisfaction with police encounters involving autistic people. Firstly, it is possible that police in different jurisdictions may respond to incidents involving autistic individuals differently due to prior training or general awareness of autism in that jurisdiction. Secondly, autistic adults who respond to surveys about police interactions may represent a distinct sub-group compared to those whose parents/carers complete surveys on their behalf. Autistic adults who participate in research may not have an accompanying cognitive impairment and may not be easily recognised by police as having any kind of disability, thereby increasing the likelihood of being misunderstood by police. Finally, parent/carer reports may be more likely to relate to interactions involving children and in contexts that are less likely to be perceived negatively, such as requests for assistance by police and as victims of crime. Parents may be more likely to disclose their son or daughter’s diagnosis to police compared to autistic adults themselves (Crane et al. 2016) and disclosure of a diagnosis to police may be associated with increased satisfaction (Salerno and Schuller 2019).

A number of jurisdictions in the US, UK and Canada have introduced, and in some cases, mandated autism-awareness training for police. However, there have been no efforts to date to provide autism-specific training programs for police in Australia and no studies have been conducted in relation to interactions between police and autistic people in this context. In May 2018, Autism Spectrum Australia, an autism specific service provider, was awarded an Australian federal government grant to develop autism training for Australian police. In preparation for the development of this training, this current exploratory research sought to gain an understanding of the experiences of autistic people and their parents/carers about their interactions with police in Australia, including their perspectives on how their interactions with police could be improved. The current study also sought to expand on previous research by exploring the frequency of disclosure of an autism diagnosis to police and reasons for disclosure or non-disclosure.

A mixed methods approach was chosen whereby we surveyed and interviewed autistic adults and parents/carers of autistic children of all ages who had interacted with police in the previous five years in Australia in order to:

- (1) Examine the nature of interactions between autistic people and police in Australia and the satisfaction of autistic adults and parent/carers with these interactions;
- (2) Examine whether disclosure of autism to police is associated with satisfaction with police interactions and the reasons for disclosure or non-disclosure to police; and.
- (3) Identify ways in which interactions between autistic people and police could be improved from the perspective of autistic people and their parent/carers.

Methods

Design and Procedure

A convergent mixed-methods design (Creswell and Plano Clark 2018) was utilised with collection of data via questionnaire and interview. This enabled triangulation of quantitative and qualitative data resulting in increased depth and credibility of findings. Two questionnaires were developed (one for autistic adults and one for parents/carers of autistic people of any age) to gather demographic and diagnostic information along with information about the autistic person's experience with police in the previous 5 years (2013 to 2018) in Australia. The information gathered from each questionnaire was identical, with only minor wording changes to suit the respondent's profile, i.e. autistic self-report versus parent/carer report. The only exception was that an additional procedural justice measure was included in the adult questionnaire.

Ethics approval for this study was provided by Griffith University Research Office. Autistic adults (aged 18 years and over) and parents/carers of autistic individuals of any age were recruited via social media (Facebook), via emails circulated by a number of service provider organisations across Australia to autistic clients and their parent/carers and via advertisements on the websites of these organisations. Eligible participants were (1) adults who self-reported having a professional diagnosis of any form of autism (including autism, autistic disorder, autism spectrum disorder, atypical autism, pervasive developmental disorder-not otherwise specified, Asperger's disorder, Asperger's syndrome) OR parents/carers of a person of any age with any of the above diagnoses AND (2) the autistic person has had at least one experience with police either as a suspect, witness, victim, request for assistance or traffic incident (excluding routine alcohol or drug testing) AND (3) the experience(s) had occurred in Australia in the previous 5 years.

Those interested in participating in the study were provided with a link to an online questionnaire and gave informed consent prior to completing the questionnaire. The questionnaire took approximately 15 min to complete and was hosted by SurveyMonkey between May and August 2018. At the end of the questionnaire, participants were given the option to provide their contact details if they wished (via a separate online form) to be invited to participate in a follow-up interview. Follow-up interviews were conducted with all survey respondents who agreed to take part. Both authors conducted the semi-structured interviews, which lasted between 20 and 30 min and were held between August and September 2018. Two of the interviews were conducted in person and the remaining interviews were conducted by telephone. Interviews were audio-recorded and transcribed verbatim.

Participants

The majority of autistic adult participants were female (56%, $n=28$) and diagnosed with autism in adulthood (74%, $n=37$). Only two (1%) reported having an additional diagnosis of intellectual disability. Table 1 provides additional demographic and diagnostic characteristics of the 50 autistic adult participants. Based on their level of education, living arrangements, age of diagnosis and their ability to complete the online questionnaire, this group likely represents a sample of relatively high-functioning autistic adults.

To include information about the experiences of autistic individuals who would not be able to complete an online questionnaire due to various reasons including their age, language level or autism severity, parents and carers were also invited to participate in the study. Of the 65 autistic individuals whose parents/carers responded, 83.07% ($n=54$) were male, 61.5% ($n=40$) were 17 years

Table 1 Characteristics of autistic adult participants

	n	%
Gender		
Female	28	56
Male	17	34
Other	4	8
Non-disclosed	1	2
Age (years)		
18–24	5	10
25–39	29	58
40–64	16	32
Diagnosis		
Aspergers	24	49
Autism spectrum disorder	22	42.8
Atypical autism	2	4.1
Autistic disorder	2	4.1
Age of diagnosis		
<4 years	3	6
5–11 years	5	10
12–17 years	4	8
Over 18	37	74
Don't know	1	2
Other diagnoses		
Co-morbid mental health	34	68
Intellectual disability	2	1
Other issues		
Current or historical substance abuse	9	18
Education		
Mainstream schooling	45	90
Some level of tertiary qualification	38	76
Occupation		
Full-time, part-time, casual employment	24	48
Full-time study	7	14
Carer	3	6
Unemployed and not studying	16	32
Living arrangements		
Living independently	38	76

or younger and 92.3% ($n = 60$) were diagnosed during childhood or adolescence. Sixteen (7.7%) were reported to have an intellectual disability. Table 2 provides additional demographic and diagnostic characteristics of this group.

Compared to the autistic adult participants, the group of autistic people whose parents/carers participated in the study appeared to represent a broader range of functional abilities based on their diagnosis type, age of diagnosis, rates of co-occurring intellectual disability, and support needs as indicated by the type of educational setting.

Table 2 Characteristics of autistic individuals as reported by parent/carer participants

	n	%
Respondent type		
Parents	61	93.8
Carers or other	4	6.2
Gender of autistic children		
Male	54	83
Female	10	15.3
Other	1	1.7
Age of autistic children		
6–11 years	12	18.5
12–17 years	28	43.1
Over 18	25	38.4
Diagnosis		
Autism or autism spectrum disorder	15	76.9
Aspergers	14	21.5
Don't know	1	1.5
Age of diagnosis (years)		
<4	25	38.5
5–11	23	36.4
12–17	12	18.5
Over 18	5	7.6
Other diagnoses		
Co-morbid mental health	33	50.8
Intellectual disability	16	7.7
Other issues		
Current or historical substance use	6	9.2
Education		
Mainstream schools	27	41.5
Some level of tertiary qualification	7	10.7
Living arrangements		
Living independently	6	9.2

Measures

Questionnaires

Demographic Information and Clinical Characteristics

Demographic and clinical information in relation to the autistic person who had interacted with police, i.e. age, gender, education level, living arrangements, employment status, autism diagnosis, age of autism diagnosis, any co-occurring conditions was obtained in the participant responses in the adult and parent/carer questionnaires.

Experiences with Police in the Past 5 Years

The first part of the questionnaire sought information on all interactions with police in the previous 5 years. Participants

were asked how many times the autistic person had interacted with police in Australia in the past five years, the context of each of these interactions (as suspect, witness, victim, request for assistance, or driving incident) and for suspect, victim and witness interactions only, the type of crime. Participants were asked whether their own or their family member's autism was disclosed to police on either every occasion, some occasions or had never been disclosed to police in relation to all interactions with police in the past 5 years. In the second part of the questionnaire, participants were asked to provide further information about up to three of the most recent incidents, including the context of the interaction and whether an autism diagnosis was disclosed. Participants were also asked to indicate how satisfied they were with the way they, or their family member, had been treated by police for each incident, using a five-point scale ranging from 1 = very dissatisfied to 5 = very satisfied.

Perceived Procedural Justice

For autistic adult participants only, the questionnaire included the Perceived Procedural Justice (PPJ) subscale of the Police Contact Experience Scale (PCES). The PCES is a standardised scale designed to assess various dimensions of police interactions (Watson et al. 2010) and has been used in research investigating interactions between police and people experiencing mental illness (Jones and Thomas 2019; Livingston et al. 2014) and autistic adults (Salerno and Schuller 2019). The PPJ subscale is a 10-item measure that assesses the extent to which a person believes that they have been treated in a procedurally just manner during a police interaction. Items are rated on a 4 point scale, with higher scores indicating higher levels of perceived procedural justice. The PPJ subscale has been shown to have good reliability, Cronbach's $\alpha = 0.94$ (Watson et al., 2010).

Interviews

Semi-structured interview questions included asking participants to describe what happened during each interaction they, or their child, has had with police in the previous 5 years, whether or not police were aware of the person's diagnosis, their perception as to whether they or their child's autism affected the interaction in any way, and any accommodations or supports that were provided or could have been provided to improve the interaction.

Data Analysis

Quantitative Analysis

Preliminary analyses included descriptive statistics. The relationship between PPJ scores and satisfaction scores

reported by autistic adults was investigated using Spearman Rank Order Correlation. Due to non-normal data, Mann Whitney U tests were used to analyse the relationship between disclosure, respondent type and age group with satisfaction scores.

Qualitative Analysis

Twelve autistic adults (seven female, five male) participated in interviews subsequent to completion of the questionnaire. Of these, seven were aged 25–39 years and five were aged 40–64 years. Eighteen parent/carers of one female and 17 males participated in interviews. Nine of their children were aged 12–17 years, four were aged 6–11 years and five were adults aged 18–24 years.

Qualitative data, collected via the 30 audio-recorded interviews and participants' open-ended responses provided in the questionnaires, were analysed to examine two aspects of the study—the reasons given by participants as to why an autism diagnosis was or was not disclosed to police; and participants' suggestions for how interactions with police could be improved.

Analysis of the qualitative analysis commenced with both authors taking field notes during, and debriefing after, each interview, noting key points from the interview and any similarities or differences with other participants' responses, to identify possible initial patterns in the data. All interview recordings were transcribed verbatim by the second author. Both authors independently read and re-read all transcripts, hand coding line by line any content relating to either Disclosure or Suggestions. Both authors then met to agree on which content was relevant for each topic. All transcripts and open-ended responses from the questionnaire were then imported into NVivo 12 software, to allow for systematic coding and matrix queries. The second author used a constant comparative method (Strauss and Corbin 2015) to generate codes inductively, which were iteratively re-grouped, merged, re-coded and sub-coded to identify and categorise main and sub-themes (Braun and Clarke 2006). Both divergent and convergent views were actively sought, with participants' perceptions, constantly compared for similarities and differences. During this coding process, the two authors met at several stages to review results and further revise and refine the categories and themes. Sections of coding were checked and verified by an independent coder who was not associated with the project, to ensure alignment between raw data and final coding. Final analysis of all qualitative data was checked and agreed on by the first author.

Mixed Methods Analysis

The result of both quantitative and qualitative analyses were merged during interpretation to provide a comprehensive

understanding of participant's experiences when interacting with police.

Results

Nature of Interactions Between Autistic People and Police in Australia

Type of Involvement—Autistic Adults

The most common type of involvement with police reported by autistic adults in this sample was as victims of crime, with 54% ($n=27$) stating that they had interacted with police in this context, and one-third of these reporting three or more interactions as victims. The most frequent type of victimisation was violence/physical assault (12 participants), harassment/bullying (11 participants) and sexual assault (9 participants). Asking police for assistance and providing information to police as witnesses of crime was also common amongst autistic adults (46.4%, $n=23$ and 40%, $n=20$ respectively). Interactions with police as suspects of crime was reported by 28% (14%) of the sample, with half of these reporting one incident only. The most frequent interactions in which the autistic person was a suspect were those related to drug offences (5 participants), violence/physical assault (4 participants) and sexual offences (2 participants). One quarter of the sample ($n=12$) reported interacting with police in the context of a traffic incident or driving offence.

Type of Involvement—Autistic People of any Age, as Reported by Parent/Carers

The most common type of involvement of autistic people with police as reported by parents/carers was to seek assistance (59.4%, $n=38$) and the majority of these (54%) were reported to have made multiple (more than three) requests in the past 5 years. Just over one-third of the participants (35.4%, $n=23$) reported interactions as suspects of crime for their autistic family members, with the majority ($n=68$) of those reporting only one or two incidents of this type in the preceding five years. The most frequently reported types of crime where the autistic person was a suspect were physical assault and domestic violence (eight participants each), and sexual offences (four participants). Eighteen participants (27.7%) reported that their autistic family member had interacted with police in the context of being a victim of crime with the most frequent type of victimisation being violence/physical assault (11 participants) and harassment/bullying (six participants). Traffic related interactions and witnessing crime was reported by eight participants (12.5%) and seven participants (10.9%) respectively.

Satisfaction with Police Interactions

In total, details relating to 74 interactions with police in the preceding five years were obtained from the autistic adults and 109 interactions from the parent/carers. For approximately half of the 109 incidents (53.2%), parent/carers reported being satisfied or very satisfied with the interaction. Autistic adult participants reported being unsatisfied or very unsatisfied in relation to the majority of their 74 police interactions (62%) (Table 3).

Autistic adult respondents were also asked to provide ratings on the PPJ subscale of the PCES in relation to each incident. Ratings of perceived procedural justice were low ($M=2.03$, $SD=0.93$), i.e. below the mid-point of the 4 point scale (2.50). Satisfaction ratings were converted to a satisfaction score from 1 = very dissatisfied up to 5 = very satisfied to examine association with PPJ scores. There was a strong positive correlation between PPJ scores and satisfaction scores with higher PPJ scores associated with higher overall satisfaction ratings, $r=0.895$, $n=74$, $p<0.001$.

Comparison of Satisfaction Scores Between Respondent Types and Age Groups

Mann Whitney U tests examined satisfaction levels based on respondent type and the age group of the person involved with police. There was a significant difference in satisfaction scores for autistic adult and parent/carer participants ($U=2564$, $z=-4.318$, $p=0.000$). Parents/carers recorded significantly higher median satisfaction scores ($Md=4$) than autistic adult participants ($Md=2$). Similarly, there was a significant difference in satisfaction scores for interactions with police that involved children than for those that involved adults ($U=2985$, $z=-2.165$, $p=0.030$). Incidents that involved children yielded significantly higher median satisfaction scores ($Md=4$) than those that involved autistic adults ($Md=3$).

Table 3 Satisfaction ratings of adult and parent/carer participants

	Autistic adult ($n=74$ incidents) (%)	Parent/carer respondent ($n=109$ incidents) (%)
Satisfaction ratings		
Very dissatisfied	47.3	24.8
Dissatisfied	14.9	10.1
Neutral	12.9	11.9
Satisfied	16.2	15.6
Very satisfied	9.5	37.6

Disclosure of Autism Diagnosis to Police

On most occasions (67.5%) autistic adults reported that they did not disclose their autism diagnosis to police. In contrast, 63.9% of parent/carers reported that their family member's diagnosis was disclosed to police. Mann Whitney U tests were conducted to examine the relationship between satisfaction score and disclosure of autism. There was no significant difference in satisfaction score between those who disclosed and those who did for adult respondents ($U = 556$, $z = -0.687$, $p = 0.492$) or parent/carer respondents ($U = 915$, $z = -0.311$, $p = 0.756$).

Reasons for Disclosure or Non-Disclosure

In completing the questionnaire, 42 autistic adult participants provided a qualitative response as to why they had decided to either disclose or not disclose their autism diagnosis when interacting with police during the previous five years. In addition, in interviews with both autistic adult and parent participants, the topic of disclosure of an autism diagnosis was discussed. This qualitative data provided rich insight into participants' reasoning and perceptions regarding their decisions to disclose or not disclose an autism diagnosis during an interaction with police.

For both autistic adults and parents of autistic children, the most common reason to disclose an autism diagnosis was to explain to police about one or more autism-related differences that were impacting on the autistic person's behaviour or their capacity to deal with the interaction, e.g. anxiety, communication challenges, violence during meltdowns, or the need for time for information processing:

“To explain difference. That my communication style is not a case of suspicious behaviour or guilt” [Adult female 40–60 yrs].

“To explain why I had acted differently to what they may have expected.” [Adult female 25–39 yrs].

Some autistic adult participants gave further insight as to why they felt the need to explain their autism to police. For some, they were seeking to gain the understanding of police in the hope of eliciting a more helpful response or attitude:

“My diagnosis was disclosed in order for the appropriate understanding by police and health professionals.” [Adult female 18–24 yrs].

“To help them understand me and hopefully treat me more objectively.” [Adult male 40–64 yrs].

“I hoped it would help them to understand and work with me better, when they had been uncaring first.” [Adult male 40–64 yrs].

In the cases of four parents/carers, the purpose of disclosing was to avert police from physically harming the autistic

child or adult who was in their care through use of force. A further two parents were seeking to avoid police mistaking their child's autistic behaviour for that of a drug-affected person:

“Absolutely, cos I told them that on the phone, and I do that so they don't hurt him.” [Parent of male 12–17 yrs].

“...and I saw him sort of reach for his gun, and I'm like “NO! Please don't! He's autistic, he's not trying to hurt you, he just doesn't.... he wants to give her a hug”. And as soon as I said that he understood straight away, which was good.” [Parent of male 12–17 yrs].

For some parents who called police requesting assistance to locate or manage their autistic child, disclosure was a way to press the urgency or explain the nature of their request for police support.

“...look, my son has autism, he won't know where he lives to be able to get back, he can't communicate with you, he can't tell you how to get back home even if he wanted to, he's at risk of walking onto the road when he's in that pacing mind frame, he's not observant at all. He's likely to get hit by a car or jump into the river if something's in his road without knowing how to swim” [Parent of male 6–11 yrs].

In explaining why they did not disclose their autism diagnosis to police, the most common reason given by autistic adults was that, at the time, it did not seem relevant or necessary to do so; others did not disclose because at the time of the interaction they did not have an autism diagnosis.

Another reason given by both autistic adults and the parent/carers of autistic adults for non-disclosure was their perception, often expressed as a fear and based on a past experience, that rather than facilitating the interaction with police, disclosure would lead to a negative outcome for the autistic person. This commonly related to the participants' perception that police did not understand what autism was, or what it meant to be autistic.

“Once I disclosed my diagnosis, they treated me like a child and made me report sexual offences committed against me on video because they said I am an unreliable witness. Which is bullshit. I now do not disclose anything to police.” [Adult female 25–39 yrs].

“Because ... it will just be ignored the same as the past.” [Adult female 25–39 yrs].

“I no longer feel safe disclosing any kind of non-conforming or invisible diagnosis to police.” [Adult non-binary gender 25–39yrs].

Participants also expressed concern that the autistic person would feel stigmatised or embarrassed by disclosure because police perceptions of autistic people were most

likely based on common myths about autism, e.g. that all autistic people are violent or unable to communicate, or that autism is a mental illness:

“I still don’t think that it would have been worthwhile me just sharing that because so many people think it’s a mental illness ... But I don’t think that would have helped because people generally don’t have a good understanding of what it is like for females in particularBecause people don’t understand. They think you’re mentally ill and/or stupid. I want to be taken seriously.” [Adult female 25–39yrs].

Other participants based their decision not to disclose on their view that disclosure may have possibly resulted in mistreatment by police, including physical harm. One autistic adult foresaw that disclosure may have resulted in him being hospitalised in a mental health ward; another feared for his life if he had disclosed his autism, based on recent media reports of police shootings of autistic people.

“... With the stigma around it could have probably been worse, I mean could they have put me into hospital into a mental ward ...” [Adult male 40–64 yrs].
 “I thought it would get me into trouble for disclosing my disability. Cos you’ve been hearing reports that people get killed because of the Asperger’s Syndrome and that type of thing, so they could do something to me that could be very harmful.” [Adult male 40–64 yrs].

Furthermore, some autistic adults and parent/carers of autistic children and adults explained that during the interaction the autistic person did not, or would not have thought to disclose their autism to police because their autism had impacted on their capacity to deal with the situation, either through being overwhelmed, anxious, upset, shutting down, or needing time for information processing, and the autistic person was not thinking clearly enough to consider disclosing their autism to the police:

“Oh look, I would do it [disclose autism diagnosis]; I don’t necessarily think it’s going to be a guaranteed solution, I would do it if I think it’s relevant. I think at the time I was just so scared of everything that was going on I just didn’t think to do it.” [Adult female 40–64yrs].
 “I didn’t think of it at the time of my speeding ticket as I was distraught I had mistakenly done the wrong speed.” [Adult female 25–39 yrs].

One autistic adult voiced the regret that if they had thought to disclose, they may have had a more positive outcome from the interaction.

“I think if I had explained to them that I was autistic that they might have dropped the charges, they might have understood that this is something that we deal with. I think if they were actually to understand some of those issues maybe they could have sat down and had a conversation, let me come in and explain my side of the story.” [Adult male 40–64 yrs].

This regret is also clear in the comments of a number of autistic adult participants who described the uncertainty they experienced when considering whether or not to disclose their autism in interactions with police.

“It’s like maybe they will understand more if I say I have a mental illness and I am autistic, but then again is it the other way and they might not.” [Adult male 40–64 yrs].

“...if somebody doesn’t know then I guess you can’t ask them to recognise that stuff, so yeah, I think it is important for them to know, but equally they’ve got understand what that means, so if they don’t understand what that means, then—yep.” [Adult female 40–64 yrs].

Suggestions for Improvements in Police Encounters

In both the questionnaires and the interviews, participants were asked if they had any suggestions for what police could have done differently to improve their interactions. Analysis of participants’ qualitative responses identified two key suggestions: (1) that police need a better understanding of autism; and (2) that police use appropriate accommodations in their interactions with autistic people.

Understanding Autism

Participants talked in general about the need for a better understanding of autism by Australian police.

“I was very blown away by the fact that they knew nothing about it and it was basically a tick box situation. They asked for information but it wasn’t acted on or it wasn’t acknowledged, or that kind of thing. That’s fair enough, the guys who don’t know about it don’t know about it. But if you’re dealing with people with disabilities you should know what you’re actually dealing with” [Parent of male 12–17 yrs].
 “They need more patience and better understanding of autism” [Parent of female 6–11 yrs].

Participants also made specific suggestions about the aspects of autism that police need to understand, i.e. sensory difficulties, meltdowns, difficulties processing verbal information and the impact that using force might have on an autistic person.

The importance of police officers having a better understanding of autism was especially highlighted by those cases where an autistic person had experienced a meltdown, which some participants were concerned may be misinterpreted as violence or aggression. Participants reported how recognising the difference between meltdown or features of autism and genuine threat may prevent police officers from using strategies such as force which could exacerbate a situation.

“It’s so often just labelled to be poor behaviour but if it’s actually dealt with differently then it wouldn’t escalate” [Adult female 25-39yrs].

“So I don’t really know what the police could do, other than have an understanding that when he’s aggressive like that and when he’s yelling and screaming and carrying one, he’s not doing it because he’s a psycho violent human being. He’s doing it because he’s so overwhelmed that that anything they add on top of that is going to make it 100 times worse, and any type of intimidation or harsh voices and standing over him and being a threatening presence is going to be the worst thing ever” [Parent of male 18–24 yrs].

One participant described that a better interaction would have occurred had the police understood autism.

“I still think that with a better understanding of autism or Asperger’s that I could have at least come away with a better experience and not this sort of distrust now of the police now” [Adult male 40–64 yrs].

Many participants who described the need for police to have a better understanding of autism also explicitly suggested that police need training in autism, as a means of increasing understanding:

“I feel there needs to be more education for police officers on how to deal with people on the spectrum. They have no idea what it actually means or how it affects these people” [Parent of male 12–17 yrs].

Participants talked about the importance of police training in reducing misunderstandings between police and autistic people and the possibility of unnecessarily harsh treatment:

“Police need training in Autism like all professions. I’m sick of being misinterpreted” [Adult female 25–39 yrs].

“Police need to be educated about how people on the spectrum react to questions. The way they ask questions is often ambiguous and confusing, so very difficult to answer”. Adult female 40–64 yrs].

“Under no circumstances should handcuffs be used especially in this instance as a first resort. Let alone at all. This is not how the gap should be bridged between

police and ASD. This is a clear example of why training needs to be provided” [Parent of male 6-11yrs].

Some participants suggested the need for training to help police officers become more compassionate towards autistic people.

“Police could really benefit from training to understand that people with ASD are not “bad” but can find themselves pushed into bad situations” [Parent of female 18–24 yrs].

Use Accommodations

The second key suggestion was that interactions could be improved if police used appropriate accommodations. In the words of an autistic adult who was interviewed, accommodations are:

“...just little things to reduce the anxieties, because it could easily escalate into something else” [Adult female 25-39yrs].

Accommodations suggested related to communication, seeking advice from parents or an advocate, and taking into account sensory differences.

Communication Suggested communication accommodations included using non-threatening body language/ tone, allowing for processing time, using simple direct language and explaining procedures in advance. Participants described that the way in which police approached an autistic person was key, and that police should adopt a calm and non-threatening demeanour to prevent escalation.

“It causes enormous anxiety and escalation if a person on the spectrum is in trouble and they’re approached in a—what’s the word, let me think, punitive way. It just increases their anxiety and it’s likely to escalate their behaviour or their reaction to the situation.” [Parent of male 18–24 yrs].

Many participants also talked about their need for additional processing time and that this would have enhanced communication and reduced the likelihood of the autistic person becoming overly stressed:

“They need to talk slower and give people time to process information.” [Parent of male, 25–39 yrs].

“Please allow lots of time for someone to answer questions. Firing one question after another is disorientating, overwhelming, and we may/ will give inaccurate statements because our brain can’t put sentences together properly. Please allow regular silences, when a person is distressed...” [Adult female 25-39yrs].

Participants suggested that police officers should use simple and direct language when asking questions or explaining anything to an autistic person, to improve understanding. Explaining processes in advance was also recommended as an important accommodation:

“Please ask follow-up questions. I answer questions literally. Especially when stressed. Please ask direct questions when ‘tell me about it’ renders a person overwhelmed by things to say and mute.” [Adult female 25–39yrs].

“It’s important that police report process in simple terms and asked questions in simple terms.” [Parent of female 12–17 yrs].

“If I could say anything maybe just explaining what was going to happen next with more detail would be helpful.” [Parent of male 12–17 yrs].

Sensory accommodations Suggestions for sensory accommodations included teaching police to recognise and understand sensory sensitivities and stimming behaviour; and how to make appropriate adjustments to the environment and their actions (where possible) to account for these sensitivities:

“There is a need to have an understanding that autistic people may not like the light or sirens.” [Parent of male 25–39 yrs].

“The flashing lights on the car are a trigger for me and having them differently placed or turned off would have helped enormously rather than having the flashing and the reflected flashing in my eyes.” [Adult non-binary gender 25–39 years].

“If we need stim or fidget let us. Please don’t try and touch us without saying what you’re about to do first, that can put into meltdown” Adult female 25–39 yrs].

Seek advice from parents or other advocate Four parent participants suggested that police officers could have sought assistance from them, as they would have been able to provide helpful information about their son or daughter. In addition to parental support, four participants talked about the possibility of an autism consultant or advocate to assist police officers when interacting with autistic people:

“For anyone under 21 [years], parents should be involved as soon as possible.” [Mother of male 18–24 yrs].

“SO I really think if someone identifies as autistic then, you have some sort of pathway or something like that... like a disability advocate, or an autistic advocate of some sort, so that the person’s got the support and help the police understand what’s actually happening.” [Parent of male 12–17 yrs].

Discussion

There is now a growing body of research in relation to the interactions between autistic people and police. However, studies conducted to date have been in jurisdictions where there has been at least some attempts to educate police about autism, i.e. USA, UK and Canada (Crane et al. 2016; Rava et al. 2017; Salerno and Schuller 2019). This present study is the first to investigate interactions between autistic people and police in Australia where there has yet to be any autism-specific police training. It builds on the collaborative community-engagement approach adopted by Salerno and Schuller (2019) in Canada by including the perspectives of both autistic adults and parents/carers, particularly in relation to their views on what police need to know about autism to facilitate fair treatment for autistic people.

The first objective of this study was to gather information about the contexts in which autistic people were interacting with police in Australia and the satisfaction of both autistic adults and parent/carers with these interactions. Most research examining interactions between autistic people and the criminal justice system has focused on contexts related to offending behaviour. This study does not allow any conclusions to be drawn about the comparative frequency of police involvement, as only those who had interacted with police in the last five years were invited to participate in the study. However, those who did participate were far more likely to have been engaging with police in circumstances other than being suspected of criminal behaviour. The most frequent interactions reported by autistic adults with police were as victims of crime (54%), with one third of those reporting three or more interactions of this kind. The most frequent type of victimisation were crimes against the person, i.e. physical and sexual assault. It is important to note, however, that the majority of adult respondents in this study were female. Women, in both typical and autistic populations, are at higher risk of victimisation than males (Bargiela et al. 2016; Hartmann et al. 2019; Yakubovich et al. 2019) leading to a possible bias in the results of our study. However, victim-related interactions were also reported by approximately one-third (27.7%) of parent/carers where the gender representation in this sample was more even. Asking for assistance from police was the most common interaction reported by parents/carers with 59% reporting that their son or daughter had sought assistance in the past five years with the majority of those who had sought assistance making multiple (more than three requests) during that time. Just under half (46%) of the autistic adults also reported seeking assistance from police. This was more common than interactions involving the autistic person

being suspected of a crime (28% adult report, 34% parent/carer report), being a witness to a crime (40% adult report, 10% parent/carer report) or related to traffic incidents (25% adult report, 10% parent/carer report).

The high rate of victimisation is concerning and is consistent with previous research investigating the context of police involvement with autistic people (Crane et al. 2016; Salerno and Schuller 2019) and prevalence studies of criminal victimisation of children and adults with disabilities (Cotter 2018; Jones et al. 2012). Autistic individuals are a potentially vulnerable group in the community, due to the nature of the disability itself. Experiencing victimisation, especially violent forms of victimisation, is likely to exponentially increase their vulnerability to adverse outcomes, particularly in relation to mental health (Burns et al. 2016; Thoresen et al. 2015). Further research is needed to understand the characteristics and correlates of victimisation experiences of autistic people, especially incidents involving violence.

Consistent with the findings of both Crane et al. (2016) and Salerno and Schuller (2019), in 62% of the incidents, autistic adults reported being dissatisfied or very dissatisfied with their interactions with police and perceived their treatment as procedurally unjust (Crane et al. 2016; Salerno and Schuller 2019). Higher perceived procedural justice was strongly associated with higher satisfaction scores, indicating that for autistic adults, a perception of fair and just treatment is an important factor in their evaluation of their experience with police. This is also consistent with findings from studies conducted with the general population and those with mental illness (Wells 2007; Livingston et al. 2014). Parent/carer satisfaction levels were mixed, with approximately half of the 74 incidents (53.2%) described as being either satisfactory or very satisfactory.

Incidents that involved children received significantly higher satisfaction ratings than those involving adults. In addition, incidents reported by parents/carers, regardless of the age of their autistic children, received significantly higher satisfaction scores than those reported by autistic adults. It is likely that children, regardless of whether they have additional needs or not, would receive some level of accommodation from police on the basis of the child's age alone, explaining some of the discrepancy between the satisfaction levels reported for child versus adult police encounters. This may also partially account for the higher ratings of satisfaction by parent/carers, as 60% of the incidents on which they reported were for an autistic child aged 18 years or under. Also of note is that parent/carers reported their own satisfaction levels with the encounter, and this may not necessarily reflect the perceptions of the autistic person about whom they reported. Finally, the autistic adult sample in this study were predominantly tertiary educated, living independently and not diagnosed until adulthood. During

a brief encounter with this type of autistic adult, it is less likely that police will detect any kind of disability or need for additional assistance and thus are more likely to misattribute any unusual behaviour.

The second objective of this study was to investigate the disclosure of an autism diagnosis during interactions with police. Consistent with previous research (Crane et al. 2016; Salerno and Schuller 2019), we found comparatively low rates of disclosure for incidents reported by the autistic adult participants and higher rates of disclosure for incidents reported by parent/carers participants. This discrepancy may be related to the nature of the interactions. Parents were more commonly seeking assistance from police and, based on feedback from parent/carers during our interviews, some parents choose to disclose their child's autism to convey the seriousness of the situation and/or to increase the likelihood of a prompt response. Parent/carers may be more likely to disclose as they are, perhaps, more able to 'put themselves in the shoes' of the police officer and anticipate that their child's behaviour may be misunderstood. A recent study by Sasson et al. (2018) found that autistic adults were less accurate than non-autistic adults at predicting how others would perceive them (meta-perception). Difficulties with meta-perception may mean that autistic adults are not aware of how they may be perceived by a police officer during an encounter and therefore do not perceive the need to disclose their autism to adjust for any inaccurate perceptions. In fact, the most common reason provided by adults in this study for non-disclosure was that they did not think it was necessary to do so or did not think that their autism was relevant in any way to the situation.

This is the first study that has heard directly from autistic people and their parents/carers about why an autism diagnosis was either disclosed or not disclosed to police. Participants' responses indicated that the reasoning behind these decisions was often complex and problematic. Central to this complexity was the participants' need or desire for police officers to understand autism and autistic people, while simultaneously expressing a lack of confidence that this would be the case. The most common reason given by both groups for disclosure was to explain to police the behaviours the autistic person was exhibiting, in the hope that this would lead to a more accommodating response from police. For incidents where an autism diagnosis was not disclosed, both autistic adults and parent/carers reported that this was due to a fear that disclosure would lead to a negative outcome, based on the perception of the person involved in the interaction that police did not have a good understanding of autism or autistic people. The potential for misinterpretation of behaviour has been highlighted in previous studies, not only from the perspective of autistic people but also from police officers themselves (Mogavero et al. 2019; Railey et al. 2020).

Thus, in deciding whether to disclose an autism diagnosis when interacting with police, many participants described being faced with a ‘double-edged sword’, which hinged on their confidence in the police officers’ understanding of autism. While they want to feel safe to disclose an autism diagnosis to police so as to receive consideration for the autistic person’s needs, they are equally fearful of the poor outcome that may result from disclosing an autism diagnosis, as they perceive that police knowledge of autism is based on myths and misconceptions.

This dilemma—the doubled-edged sword of disclosure—is further supported by the current study’s finding that there was no association between disclosure of autism and satisfaction ratings. This finding is perhaps unsurprising in the Australian context, where police training in relation to autism is not mandated. Any increase in satisfaction following a disclosure would be contingent on at least some understanding of autism on the part of the police officer. It is important that autistic people and their parent/carers have confidence that police possess an accurate and unbiased understanding of autism and some knowledge about how to accommodate autistic people. Knowing that police in their jurisdiction have undergone autism-specific training may go some way to alleviating fears of unfair treatment due to misunderstandings about autism.

The final objective of this study was to seek input from autistic people and their parents/carers who had interacted with police. Much of the reluctance in relation to disclosing an autism diagnosis to police related to the belief that police had either no knowledge or inaccurate perceptions of autism. It is therefore unsurprising that the suggestions of both parent/carer and autistic adult participants centred on the need for police to have a good understanding of autism and appropriate accommodations. Increasing understanding of autism through police training may eventually lead to increased willingness amongst the autism community to disclose autism when encountering police. Participants were of the opinion that autism-specific training for police, particularly in relation to sensory differences, meltdowns and communication difficulties was critical in ensuring that autistic people are not erroneously perceived to be belligerent, drug-affected or mentally ill. Specific strategies suggested included allowing extra processing time, using direct language, explaining procedures in advance and reducing sensory input. Parent/carer participants also talked about the benefits of seeking advice from them about how to communicate effectively with the autistic person. The content of current autism training programs for police is variable and has been developed, in the most part, by medical or allied health professionals in collaboration with law enforcement representatives (Ashworth and Tully 2017; Kelly and Hassett-Walker 2016; Teagardin et al. 2012). As most training opportunities with police services are one-off and relatively

brief, these findings provide important information about the type of content that should be prioritised, from the perspective of autistic people and their representatives, who have had an interaction with police.

There are a number of limitations to this study. Firstly, our sample may not be representative of the broader range of autistic people. In particular, the autistic adult sample in this study consisted of mostly well-educated individuals, diagnosed in late adulthood, the majority of whom were women. Second, we did not undertake any confirmation of diagnostic status, although participants were asked to provide information about when they were diagnosed and by whom. Finally, similar to most of the prior research in this area (Crane et al. 2016; Salerno and Schuller 2019; Tint et al. 2017) the study relied on recall of events, up to five years in the past, which could result in recall bias.

Conclusion

This study builds on previous research about interactions between autistic people and police by gathering, for the first time, information from the autistic and autism communities in Australia about their experiences with police. It has also explored reasons for disclosure and non-disclosure and suggestions from autistic adults and parents/carers for ways to improve interactions with police. Our findings suggest that police officers’ awareness and understanding of autism and how to best interact with autistic people may have important implications for the experiences of autistic individuals during these interactions, and for equitable access to the justice system. Autistic people and their parents/carers need to be confident that police have a solid knowledge and understanding of autism if they are to feel safe to disclose their autism diagnosis and thus receive the supports that they may need. This all points to the need for police in Australia to receive autism training. There was high agreement amongst participants about the importance of police training to increase their understanding of autism and to provide them with information about appropriate accommodations. Although training programs for police do exist, the evidence base for the effectiveness of these programs in real world settings is lacking. Further research is needed in order to understand what content should be included for officers across various roles, the duration of training required and the presentation modality (e.g. online, face to face, virtual reality) that will result in improved practices in real world settings.

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Author Contribution VG and KH contributed to the study conception and design. Material preparation, data collection and analysis were performed by VG and KH. The first draft of the manuscript was written by VG and KH commented on previous versions of the manuscript. VG and KH approved the final manuscript.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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