



National
Autism Safety
Council™

Autism & Restraint, Seclusion, and Aversives

Promoting Prevention & Safe Practices

A Comprehensive Guide for Caregivers



About This Guide

This guide was created in collaboration with families, clinicians, educators, first responders, and service professionals. It integrates current research, field expertise, lived experience, and collaborative input from caregivers and professionals.

The content reflects documented practices and the most up-to-date knowledge reasonably available at the time of publication. Practices, laws, and standards may change over time.

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Every individual, family, and situation is unique. Decisions related to safety planning, crisis response, and intervention must be made by qualified professionals based on the specific circumstances, applicable laws, and the individual's needs.

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*Advancing Autism Safety Through
Science, Expertise & Collaboration*



Understanding the Use of Restraint and Seclusion



HOW COMMON IS IT?

- According to the Department of Education Office of Civil Rights (OCR), schools restrain and seclude students with disabilities at higher rates than students without disabilities.¹
- In one sample year, more than 69,000 students with disabilities in the U.S. were subjected to restraint and seclusion practices.

1. Department of Education Office for Civil Rights. (2016). 2013–2014 Civil Rights Data Collection: A first look (Updated October 28, 2016). U.S. Department of Education. <https://www.ed.gov/ocr/docs/2013-14-first-look.pdf>

The use of physical restraint and seclusion in schools and other settings is a serious safety concern for individuals with autism.

It's important to recognize that these practices, especially if used as a form of **consequence, control, or convenience**, can cause trauma, physical injury, and long-term emotional harm.

Potential Dangers May Include:

- **Death by asphyxiation**
- **Bodily injury**
- **Post-traumatic stress disorder (PTSD)**
- **Heart, gastrointestinal, or pulmonary complications**
- **Malnutrition, dehydration, or incontinence**
- **Anxiety, depression, and increased aggression, including self-injury**





What is Restraint?

Restraint is any method used to restrict a person's movement or ability to act freely. It can be dangerous, especially if it is used as a form of **consequence, control, or convenience**.

Types of Restraint



1. Physical Restraint

- Physical restraint involves another person using their body to limit movement.
- Examples can include holding arms, pinning, or restricting mobility.
- Physical restraint can carry serious risks, including injury, trauma, or death.



2. Mechanical Restraint

- Mechanical restraint is the use of equipment or devices to restrict movement.
- Examples can include straps, belts, blankets, helmets, harnesses, or specialized chairs.
- These may be especially dangerous when used for behavior control rather than medical necessity.



3. Chemical Restraint

- Chemical restraint is the use of medication to control behavior.
- Parents should be informed and understand the purpose of any medication.



4. Positional Restraint

Positional restraint places a person in a position that restricts breathing, such as:

- **Prone restraint:** This is when a person is held or restrained face-down, which may limit movement and potentially restrict breathing. This position can be extremely dangerous and has been linked to serious injury and death.
- **Supine restraint:** This is when a person is held or restrained face-up, often with pressure on the body that can still restrict breathing and cause distress or injury.



Impact of Use of Restraints

Restraint can have lasting physical and emotional impacts, particularly for autistic individuals who may already be experiencing sensory overload or difficulty communicating distress. Used outside of clear and imminent danger, it can unnecessarily increase fear, trauma, and future behavioral escalation.

Physical restraint should only be used as a last resort to prevent immediate, serious physical harm after all positive behavioral supports have failed. Families have the right to ask if restraint is used, under what circumstances, and how incidents are documented and reviewed. Whenever possible, restraint should be prevented through proactive supports, de-escalation strategies, and individualized safety planning.



What is Seclusion?

Seclusion occurs when a person is isolated and prevented from leaving a space, often alone, against their will. It can cause trauma and long-term psychological harm, especially if it is used as a form of **consequence, control, or convenience**.

Types of Seclusion



1. Locked Seclusion

The individual is placed in a room or area they cannot exit independently. This can be deeply distressing and traumatic, especially for autistic individuals.



2. Unlocked but Blocked Seclusion

When a door is physically unlocked, so the person could theoretically leave, but something (e.g., staff member, furniture, or a barrier) prevents them from actually leaving the space.



3. In-Room Isolation

The individual is required to remain alone in a room as a behavioral response. Isolation can increase fear, dysregulation, and long-term anxiety.

Basic Understanding Leads to Safer Outcomes

It's important to understand that autistic individuals may:

- Experience sensory overload, not behavioral defiance
- Have difficulty communicating distress
- Respond with increased fear or trauma to restraint or isolation
- Be disproportionately subjected to these practices

Seclusion does not teach skills, improve regulation, or build safety long-term. **In many cases, it can escalate risk rather than reduce it.**

What Families Should Know

- *You have the right to ask if and when restraint or seclusion is used.*
- *You can request written policies and documentation.*
- *You can advocate for prevention plans, not crisis punishment.*
- *Many regions have laws or regulations limiting or prohibiting these practices.*



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What are Aversives?

Aversives are actions, substances, or conditions used to suppress behavior by intentionally causing discomfort, distress, fear, or pain. Although sometimes described as “behavioral consequences” or “interventions,” **aversives are harmful, unethical, and ineffective**, and their use can increase anxiety, trauma, and unsafe behaviors rather than promote learning or safety.

Examples of Aversives

Aversives can take many forms. Some examples families should be aware of include:



1. Physical and Sensory Aversives

- Applying hot sauce, lemon juice, or vinegar to the mouth or skin
- Spraying vinegar or other irritating substances near the face
- Using unpleasant tastes or smells to stop behavior
- Exposing someone to painful, overwhelming, or distressing sensory input



2. Emotional and Psychological Aversives

- Shaming, threats, or humiliation
- Intentionally ignoring or withdrawing comfort to cause distress
- Using fear or embarrassment as a behavior deterrent



3. Environmental and Deprivation Aversives

- Restricting access to food, water, bathroom use, or movement
- Removing communication tools or sensory supports as punishment
- Isolating a person to cause discomfort or compliance

Some practices may be presented as “therapy,” “discipline,” or “behavioral treatment,” but they function as aversives if their primary goal is to cause discomfort in order to control behavior. **Aversives do not teach skills, support regulation, or address the underlying needs behind behavior and should never be used.** For autistic individuals, they can be especially harmful and traumatic.



Signs to Look For in Your Loved One

- Escalated behaviors
- Bruises, marks, abrasions
- Fear of going to school
- Regression, like bed-wetting
- Shutdowns, withdrawal
- Torn clothing
- Sleep disturbance
- Not wanting to be alone
- Loss of appetite or interest in favorite things
- New phobias, such as a door being closed





Preventing Restraint and Seclusion: What Parents Can Do

Parents and caregivers play a vital role in protecting their children and ensuring safety, dignity, and transparency in all settings. **Taking proactive steps can help prevent harm and reduce the use of restraint, seclusion, and other unsafe practices.**

Start the Conversation

- Share your concerns about restraint and seclusion with your child's teachers, aides, and administrators.
- Ask directly whether your child or dependent has ever been restrained or secluded.
- Request clear explanations of the school's policies and prevention strategies.

Set Clear Boundaries in Writing

- Write a "No Consent" letter stating that you do not consent to the use of restraint or seclusion.
- Request the letter be placed in your child's Individualized Education Plan (IEP) or educational record.
- Sample letters are available at stophurtingkids.com.

Avoid IEP Traps

- Use caution regarding restraint or seclusion being included in your child's IEP.
- Be alert to vague or coded language that could imply these practices (such as "physical management," "crisis procedures," "quiet time" or "safety holds.")
- Ensure the IEP focuses on prevention, de-escalation, and supports, not discipline or a form of control.

Monitor Your Child's Environment

- Stay engaged with your child's school or program, or enlist a trusted ally at the school to monitor.
- Volunteer when possible and observe different parts of your child's day.
- Review your child's records regularly, including incident reports, behavior data, and communication logs.

Document Concerns

- Keep written notes of any concerns, changes in behavior, or concerning statements.
- Take pictures of any unexplained or suspicious injuries.
- Save copies of all emails, reports, and meeting notes.

Respond and Report When Necessary

- If you suspect abuse or injury, consult your child's medical care provider immediately.
- You may consider filing a police report if harm is suspected.
- Report abusive or unsafe practices to your State Education Agency or appropriate oversight body.



No Restraint Letter Sample

Parents Name
Address
City, State Zip Code
Telephone Number

Date

[Name of Special Education Director]
[Name of School District]
[Address of School]

Re: child's name and birth date

Dear Special Education Director:

My child, child's name, is a _____ grade student at _____ school. **[Insert child's name]** has insert disability and has received special education services since **[Insert grade or age.]**

We are concerned that **[Insert child's name's]** behavior challenges now are being or might be addressed in part through the use of seclusion, physical management or restraint. I have not authorized and will not consent to any activity that involves physically or mechanically restraining my child while at school or going to and from school. I know that special education law requires the use of functional assessments of behavior and positive behavior support plans to address behavior challenges. If the school feels **[Insert child's name's]** behavior is such that seclusion, physical management or restraints are being considered or used, it is obvious to me that we need to follow the law, do the assessment and develop a positive behavior support plan.

I am sure you are aware of the number of news reports in recent months highlighting the death of children with disabilities during or after having been secluded, physically managed or restrained. Given that special education law requires the development of behavior plans, and given the known risks to children – and to **[Insert child's name]** – of the use of seclusion and restraint, this letter is official notice that I will weigh all legal options if these activities against **[Insert child's name]** are not terminated immediately, pursuant to Gebser v. Lago Vista Independent School District, 524 U.S. 274 (1998), and Davis v. Monroe County Board of Education, 526 U.S. 629 (1999).

You may consider this letter a request to convene a behavior support team meeting to discuss **[Insert child's name's]** behavior and possible approaches to address his/her particular needs. You also may consider this letter my request and consent for the performance of a functional assessment of behavior across environments and across time, provided that I am informed in advance that the functional assessment of behavior is going to be conducted and am permitted to participate in the development and implementation of the assessment.

I want to work with you and with **[Insert child's name's]** teachers and professionals at _____ school to be sure that **[Insert child's name]** learns to develop positive behavioral skills in an environment that is safe for him/her, for his/her peers and for school personnel. I am certain that you also share my concern for student safety where seclusion or physical intervention has the potential to result in the student's death. I, like you, want my child's school to be a safe and secure environment where all students can learn. I want to work with you to help create that environment for **[Insert child's name]**.

Sincerely,

[Your name]
[Your address]
[Your telephone number]

cc: Insert name of school superintendent
Insert name of state protection and advocacy system
Insert name of state education department/compliance



Preventing Restraint and Seclusion: Questions to Ask

As a parent or caregiver, you have the right to understand how your child is supported and protected in school, therapy, or care settings. **Asking clear, specific questions helps ensure transparency, safety, and respect for your child's dignity.**

Use the following questions as a guide to learn about policies, staff training, monitoring, and how your child's needs are addressed before, during, and after any crisis situations.



Questions Parents Can Ask

- Are restraint or seclusion used here? If so, what types and under what circumstances?
- Who is authorized to use them, and what training do staff receive?
- Are prone, supine, or positional restraints allowed? What are your policies on this?
- Are locked rooms or isolation used? Do "sensory rooms" have a lock?
- How is my child monitored for safety, breathing, and emotional well-being?
- How are incidents documented, reported, and communicated to families?
- How often are practices reviewed, and what steps are taken to reduce or eliminate their use?
- What de-escalation protocols, and prevention or regulation-support strategies are used first?
- How are families involved after an incident? Is there a process for review and advocacy?



Quick Resource List

National Disability Rights Network
Provides advocacy for individuals with disabilities in all U.S. states, DC, Puerto Rico, and federal territories.
www.ndrn.org

Ukeru Systems
Training programs for schools and agencies to reduce restraint and seclusion practices.
www.ukerusystems.com

Stop Hurting Kids
Sample "No Consent" letters and advocacy resources for parents concerned about restraint and seclusion in schools.
www.stophurtingkids.com

State Office of the Child Advocate
Investigates allegations of systemic abuse or neglect of children in state services.
Search "[Your State] Office of the Child Advocate" online for contact information.

