



# Autism-Related Elopement Fatalities in the United States

# 2025 REVIEW



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# Executive Summary

## 2025 Review: Autism-Related Elopement Fatalities in the United States

National Autism Safety Council | Lori McIlwain · Caleb Hudgins, PhD · Joe Heaps

### Overview

This report presents a descriptive epidemiological analysis of known autism-related elopement fatalities occurring in the United States during calendar year 2025. As defined for this report, elopement is the sudden, unsupervised departure of an individual with autism spectrum disorder (ASD) from a safe environment and represents a persistent and serious public health and safety concern. This study documents 96 confirmed fatalities, likely an undercount, and identifies critical patterns to inform prevention, response, and surveillance strategies.

### Key Statistics at a Glance

**96**

confirmed elopement-related fatalities in 2025 (minimum estimate)

**8**

average deaths per month in the United States

**87%**

of fatalities caused by accidental drowning (83 of 96 cases)

**53%**

of fatalities involved children aged 5–9 (largest age group)

**49%**

of drownings occurred in ponds (40 of 83 cases)

**24**

states reported at least one fatality (26 states had no reportable data)

### Key Findings

#### ***Temporal Patterns***

Fatalities occurred throughout the year but were concentrated in late spring and summer. June recorded the highest monthly count ( $n = 15$ ), followed by April, July, and September ( $n = 12$  each). Conversely, January, February, November, and December saw the fewest deaths. This seasonal pattern aligns with increased outdoor activity, access to water, and disruptions to routine associated with school breaks and travel.



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### ***Geographic Distribution***

Cases were identified across 24 states. Florida reported the highest count (n = 36), followed by Texas (n = 8) and Georgia (n = 5). The disparity between states is believed to reflect differences in reporting infrastructure rather than true differences in incidence. Florida's more robust child fatality review system, which explicitly captures autism diagnoses and provides near-real-time data, likely inflates its count relative to states with limited or delayed reporting. Twenty-six states and U.S. territories could not be included due to either a lack of incidents or insufficient data availability.

### ***Age and Sex***

Children aged 5 to 9 years accounted for the majority of fatalities (53%), followed by children under 5 (27%). While drowning risk in neurotypical populations peaks before age 5, autistic children demonstrate sustained and elevated risk extending through middle childhood and beyond. Adolescents and adults also experienced fatalities, confirming that elopement risk does not diminish with age. Males represented 73% of decedents, consistent with higher ASD diagnosis rates among males rather than indicating a sex-specific increase in risk.

### ***Cause of Death***

Drowning accounted for 87% of all fatalities. Vehicular-related incidents were the second most common cause (9%), followed by hyperthermia (2%) and animal attacks (2%). Among drowning deaths, ponds were the most frequent water source (49%), followed by pools (29%), rivers (10%), and lakes (5%). The prevalence of pond-related drownings is particularly concerning given that ponds are often unfenced, lack standardized safety measures, and are frequently located near residential properties.

### ***Additional Contextual Observations***

Several recurring patterns emerged across cases that are not captured in primary descriptive analyses:

- Approximately 22 incidents occurred in apartment complexes with nearby bodies of water.
- Multiple fatalities were associated with vacation or temporary lodging settings and family gatherings, where supervision may be disrupted and routines changed.
- Several incidents followed concurrent sleep situations in which a caregiver fell asleep alongside a child who subsequently eloped.



## Executive Summary Cont'd

- School settings accounted for five fatalities, demonstrating that elopement risk extends beyond the home.
- A subset of cases involved children without a prior ASD diagnosis who exhibited a recognizable 'elopement signature' — consistent behavioral patterns characteristic of autism-related wandering.

## Implications and Recommendations

### ***For Clinicians***

Universal drowning risk assessment should be conducted for all individuals with ASD, regardless of documented elopement history or prior water attraction. The absence of past wandering behavior must not be interpreted as protective. Clinicians should classify patients into risk tiers:



#### **Extremely high drowning risk if missing:**

Any child with autism aged 10 and under, or any child who is nonspeaking or unreliably speaking.



#### **High drowning risk if missing:**

Any individual with autism aged 14 and under, any nonspeaking or unreliably speaking individual at any age, and anyone with profound support needs regardless of age.

### ***For First Responders and 911 Dispatchers***

When a child or dependent with ASD is reported missing, a parallel 'Search Water First' protocol ([www.searchwaterfirst.org](http://www.searchwaterfirst.org)) should be activated immediately. Time-to-water is often short, and the likelihood of drowning is high. Nearby ponds, pools, drainage ditches, and other accessible water sources should be prioritized in initial search efforts.



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### ***Public Policy and Surveillance Resource Investment***

The findings underscore a critical need for nationally standardized, diagnosis-inclusive mortality surveillance. Recommended actions include:

- Implementing validated national reporting protocols that capture ASD diagnosis, elopement circumstances, and cause of death in a single, integrated system.
- Systematically documenting search and rescue methods to enable evaluation of intervention effectiveness.
- Expanding use of drone surveillance, GIS-integrated mapping tools, and trained search animals in elopement response efforts.
- Developing state-level prediction models to estimate minimum and maximum fatality counts where direct reporting is unavailable.

### ***Limitations***

The reported figure of 96 fatalities is a conservative minimum. Confirmed cases require corroboration of multiple independent factors, such as ASD diagnosis or awaiting diagnosis, elopement circumstances, and accidental cause of death, which are rarely captured by a single reporting source. The reliance on media, government dashboards, family memorials, and retrospective data introduces variability, and the 2025 annual total is expected to increase as delayed reports become available. Interstate variability in reporting infrastructure also limits systematic national comparisons. These limitations do not undermine the study's core conclusions and recommendations but reinforce the urgent need for standardized national surveillance.

### ***Conclusion***

Autism-related elopement fatalities continue to occur at an unacceptably high rate in the United States, averaging two deaths per week in 2025. Drowning is by far the leading cause of death, and young children, particularly those aged 5 to 9, are at greatest risk. These deaths are largely preventable with the right combination of clinical screening, caregiver education, water safety infrastructure, and immediate, water-prioritized emergency response. Sustained surveillance, standardized national reporting, and evidence-based prevention strategies are essential to reducing preventable mortality in this population.

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## Abstract

### Objective:

To describe the epidemiology of identified autism-related elopement fatalities occurring in the United States during calendar year 2025.

### Methods:

Fatal elopement cases were identified in the United States involving individuals with autism spectrum disorder (ASD) occurring from January 1, 2025, to December 31, 2025, with additional retrospective reviews for all months to identify missed or updated cases. Inclusion criteria were: (1) confirmed or strongly consistent diagnosis of ASD; (2) documented elopement from a safe or supervised setting; (3) occurrence within the United States; (4) accidental cause of death; and (5) corroborated by one or more reliable sources (e.g., media, law enforcement, state agency, family reporting, obituary). Cases were excluded if the fatality occurred within a home (e.g., bathtub), involved intentional harm (e.g., homicide), lacked substantiated information, or was inconsistent with ASD presentation. Cases were summarized by month,<sup>1</sup> state, cause of death, age group, sex, and, when applicable, water type.<sup>2</sup> Descriptive statistics were used to characterize temporal patterns for months captured and demographic distributions.

### Results:

During 2025, 96 elopement-related fatalities were identified, though this figure likely represents an underestimate of the true incidence. **This is an average of eight deaths per month.** Fatalities peaked during late spring and summer months, with the highest counts in June (n = 15), April (n = 12), July (n = 12) and September (n = 12). Drowning accounted for 87% (n = 83), followed by vehicular incidents (9%), hyperthermia (2%), and animal attacks (2%). Most fatalities involved children aged 5 to 9 years (53%), followed by children younger than 5 (27%). Males represented 73% of decedents. Among drowning cases, ponds (48%) and pools (29%) were the most common water types.

### Conclusion:

Elopement represents an enduring safety concern in autism spectrum disorder, with documented associations to increased morbidity and mortality, with lethality in 2025 marking an average of eight fatalities per month. Epidemiological evidence consistently identifies young children with autism spectrum disorder as a uniquely vulnerable demographic cohort for fatal and non-fatal drowning incidents in water-related environments. These findings underscore the need for ASD-specific prevention strategies, strengthened surveillance systems to accurately capture risk, and evidence-based clinical screening to identify at-risk individuals and guide targeted safety interventions. This includes adopting a “Search Water First” protocol<sup>3</sup> for search and rescue operations. Robust surveillance should include nationally implemented, standardized, and validated protocols for documenting incidents of elopement related drowning for ASD populations. This will allow for a more accurate estimate of the prevalence of elopement related drowning fatalities, identification of additional risk factors, and evaluations of the impact of preventative initiatives nationwide.

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1. Defined as month missing or month fatality known, when these are not the same month the latter was used.  
2. Water type describes natural, semi-natural, pool, and other.  
3. [www.searchwaterfirst.org](http://www.searchwaterfirst.org)



## Introduction

Elopement, also referred to as wandering, is a well-documented safety concern for individuals with autism spectrum disorder (ASD), particularly during childhood. Characterized by sudden, unsupervised departure from a safe environment, elopement can result in rapid exposure to environmental hazards, including traffic, extreme temperatures, and bodies of water. Drowning has consistently been identified as the leading cause of death following elopement in autistic individuals, particularly among young children (McIlwain, 2017; McIlwain et al., 2012; Golden, 2025).

Despite growing awareness, real-time epidemiologic data on autism-related elopement fatalities remain limited. Annual surveillance provides critical insight into temporal trends, high-risk subgroups, and environmental contexts that may inform prevention and response strategies. This study presents a focused analysis of autism-related elopement fatalities occurring in the United States during calendar year 2025, offering an updated snapshot of mortality patterns that are consistent with ongoing and growing public health and safety concerns for autistic individuals, their families, and the communities in which they live.

## Methods

Fatal elopement cases occurring between January and December 2025 were identified through ongoing surveillance of autism-related missing person and fatality reports. Sources cited in the manuscript are listed in Appendix A, and case-level corroborating sources used for ongoing surveillance and retrospective reporting are documented in Appendix B. Cases were included if the individual had a confirmed or strongly suspected diagnosis of autism spectrum disorder (ASD), the incident involved documented elopement or wandering from a safe or supervised setting, the death occurred within the United States, the cause of death was accidental, and the case was corroborated by at least one reliable source (e.g., media reports, law enforcement, state agencies, family reporting, or obituaries). Cases were excluded if the fatality occurred within the home (e.g., bathtub incidents) or involved intentional harm (e.g., homicide).

Cases were coded by month of occurrence, location, cause of death, age group, sex, and, when applicable, water type. Age groups were categorized as younger than 5, 5 to 9 years, 10 to 14 years, and 15 years and older. The younger than 5 age group in the general pediatric population is highest risk group for drowning (Xu, J.Q., 2014). Based on this, we continued this pattern of grouping cases in 5-year intervals. Descriptive statistics were calculated to summarize distributions and identify temporal patterns. Given the surveillance nature of the data, analyses are descriptive.



## Methods Cont'd

Data collection was attempted for all states; however, the availability, specificity, and timeliness of state mortality reporting varied substantially. Many states publish only aggregate annual counts of child fatalities without cause-specific detail (Virginia Department of Health, 2023; North Carolina Child Fatality Task Force, 2024; Oklahoma Child Death Review Board, 2020). Others like Texas and Minnesota report drowning-specific child mortality (Texas Department of Family and Protective Services, 2025; Minnesota Department of Natural Resources, 2025). Florida was the only state identified that provides near-real time reporting and explicitly includes autism diagnosis within its child death review data (Florida Department of Children and Families, n.d.). As a result, Florida cases are more readily identified and verified, and the number of reported elopement-related deaths from Florida is likely inflated relative to other states due to differences in reporting practices rather than true incidence (See Appendix A for a list of these state specific sources). Consequently, the fatalities described in this study should be interpreted as a conservative minimum estimate of autism-related elopement deaths in the United States, and the findings highlight the need for standardized, diagnosis-inclusive mortality surveillance across states to support accurate epidemiologic tracking and prevention efforts.

As with prior years, this [annual total is expected to increase over time](#) as additional cases are identified through the integration of ongoing surveillance and retrospective reporting. Ongoing surveillance involves continuous monitoring of media, public safety alerts, and other real-time sources to identify cases shortly after they occur. These sources are detailed in Appendix B. Retrospective reporting, by contrast, captures cases that surface months or even years later when delayed state data are released, when states publish annual or supplemental child death review findings, or when previously unreported incidents become public through family memorials, civil litigation, or other public records. These delayed disclosures may reveal fatalities that did not initially receive media coverage or sufficient detail to meet inclusion criteria. In addition, previously identified cases may be refined as new information becomes available. Together, these complementary approaches ensure the dataset reflects both real-time detection and the systematic incorporation of cases that emerge over time.

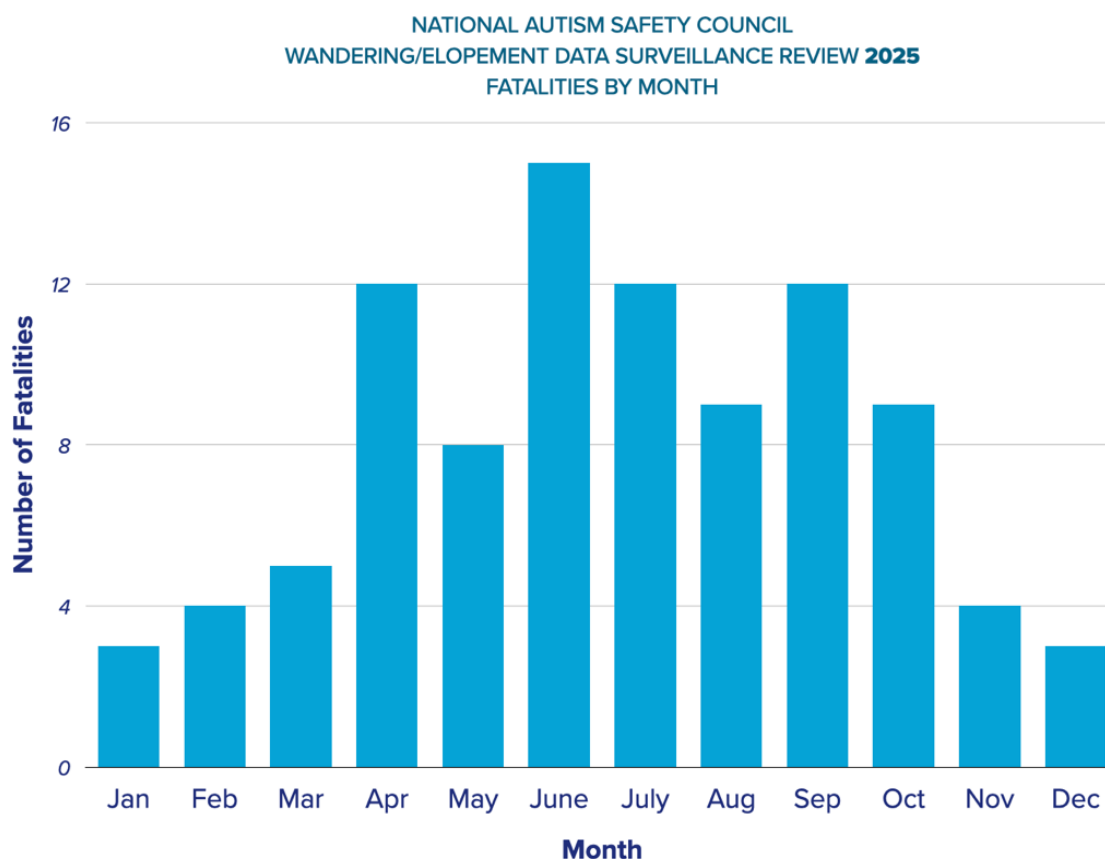


## Results

The data reported here represent the primary descriptive analysis of variables that were able to be consistently documented and verified across almost all incidences and include time (month), location (state), cause of death, age, sex, and type of drowning. Additional noteworthy variables that were not able to be consistently documented across incidences are mentioned following the primary descriptive analysis.

### ***Temporal Distribution***

A total of at least 96 known autism-related elopement fatalities were identified in 2025, representing an average of approximately eight deaths per month, or two per week. Fatalities occurred throughout the year, with marked seasonal variation. The highest monthly counts were observed in June ( $n = 16$ ), April ( $n = 12$ ), July ( $n = 12$ ) and September ( $n = 12$ ), corresponding to late spring and summer months. Lower counts were observed in January ( $n = 3$ ), February ( $n = 4$ ), and November ( $n = 4$ ) and December ( $n = 2$ ) (Figure 1).



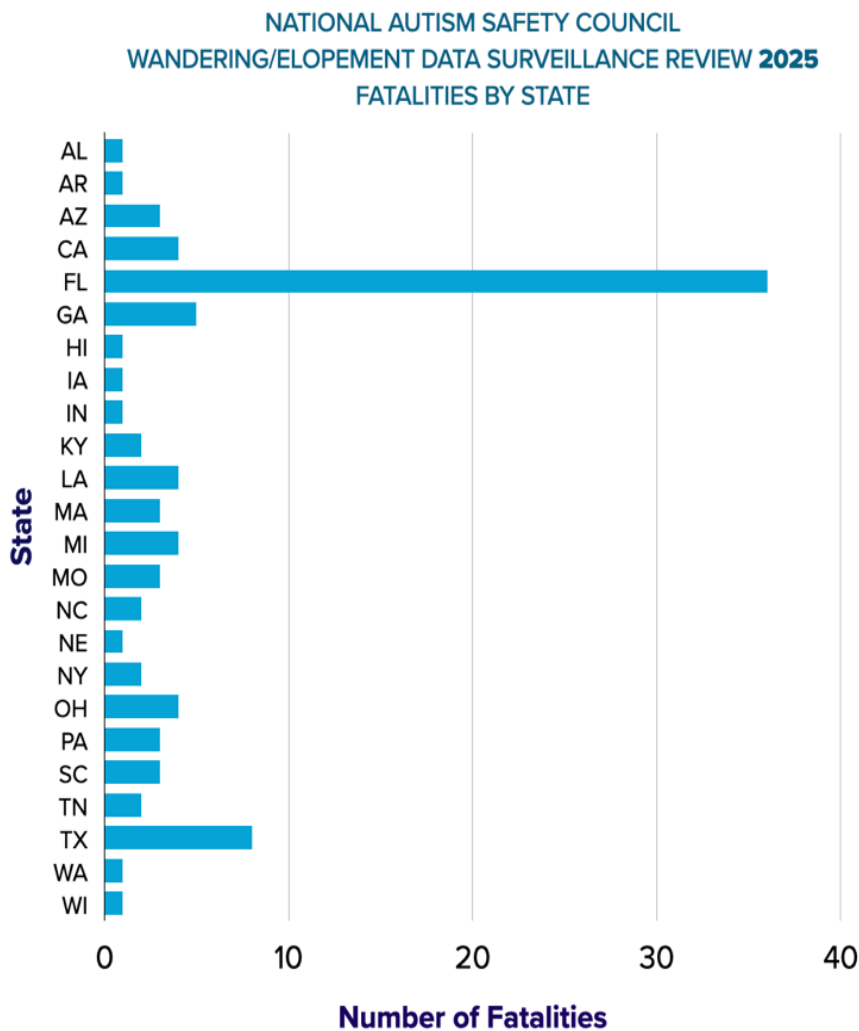
**Figure 1.** Identified fatal autism elopement cases by month, United States,



# Results Cont'd

## State Distribution

Fatal autism-related elopement cases were reported across 24 states (Figure 2), with considerable variation in the number of cases per state. Florida accounted for the highest number of reported fatalities (n = 36), followed by Texas (n = 8) and Georgia (n = 5). California, Louisiana, Michigan, and Ohio each reported four deaths, while Massachusetts, Missouri, Pennsylvania, and South Carolina each reported three. Arizona reported three fatalities, Kentucky and North Carolina two each, and several states, including Alabama, Arkansas, Hawaii, Iowa, Indiana, Nebraska, Washington, and Wisconsin, each reported a single case. This geographic distribution may reflect differences in population size, state reporting practices, and the availability of surveillance and retrospective reporting data rather than true differences in risk.



**Figure 2.** Identified fatal autism elopement cases by state, United States, 2025.



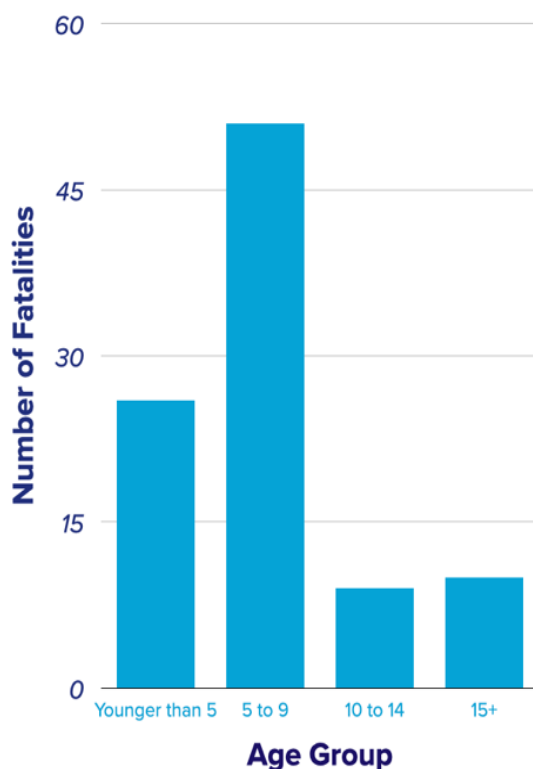
## Results Cont'd

### Age

Children aged 5 to 9 years represented the largest proportion of fatalities, accounting for over half of all cases ( $n = 51$ ; 53.1%), followed by children younger than 5 years ( $n = 26$ ; 27.1%). Adolescents aged 10 to 14 years accounted for nine fatalities (9.4%), while individuals aged 15 years and older accounted for 10 deaths (10.4%) (Figure 3).

These age groups were chosen to align with key developmental stages associated with varying levels of independence, supervision, and elopement risk among individuals with autism. The inclusion of the younger than 5 age group is particularly important, as drowning death rates in the neurotypical population are highest during this period (Centers for Disease Control and Prevention [CDC], 2023), providing a critical reference point for comparison.

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WANDERING/ELOPEMENT DATA SURVEILLANCE REVIEW 2025  
FATALITIES BY AGE GROUP



**Figure 3.** Identified fatal autism elopement cases by age group, United States, 2025.

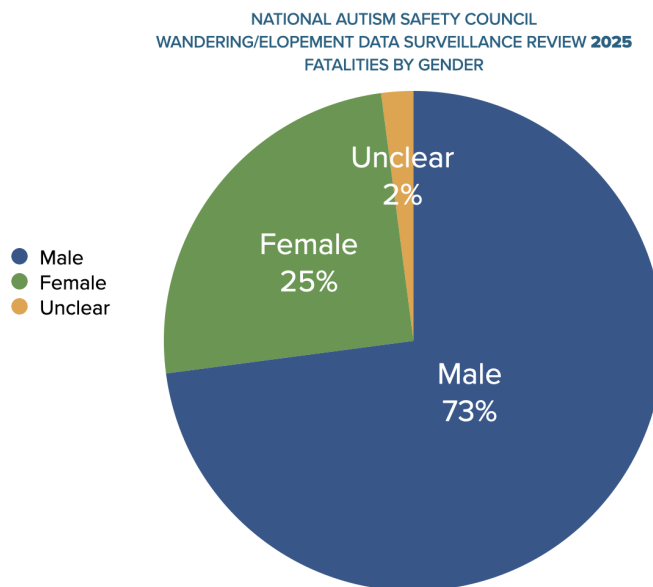


## Results Cont'd

### Sex

Males comprised the majority (n = 70; 72.9%), with females accounting for 24 fatalities (25%). Sex was unreported in two cases (Figure 4).

This distribution is consistent with the higher diagnosis of autism among males (Loomes et al., 2017, but see Cruz, et al., 2025), which is commonly estimated at approximately three to four males for every female diagnosed. Accordingly, the observed male-female ratio in these fatalities appears broadly in line with underlying diagnosis patterns, rather than suggesting a sex-specific increase in risk.



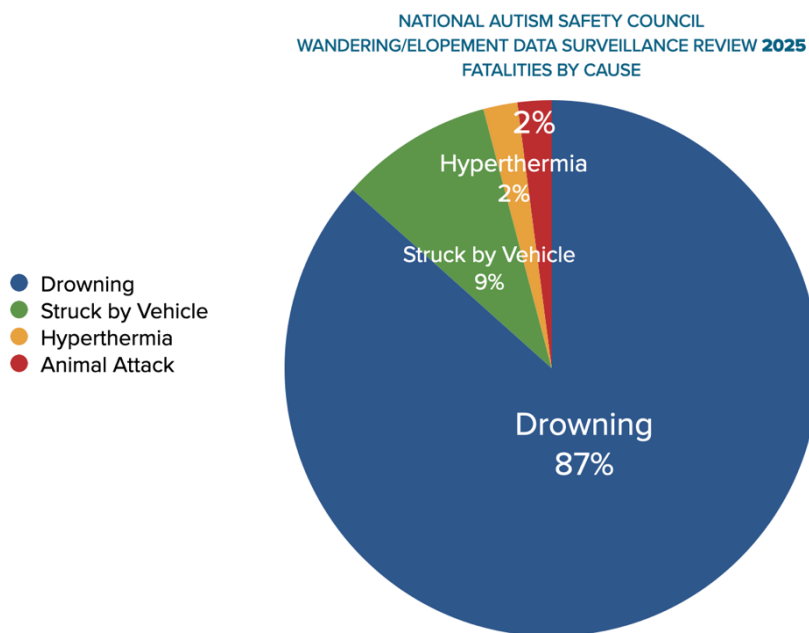
**Figure 4.** Identified fatal autism elopement cases by gender, United States, 2025.



## Results Cont'd

### ***Cause of Death***

Drowning was the predominant cause of death, accounting for 83 fatalities (87%). Vehicular-related incidents accounted for nine deaths (9%), while hyperthermia (n = 2) and animal attacks (n = 2) were less frequent (Figure 5). Hyperthermia was caused by the children trapping themselves in a vehicle on a hot day.



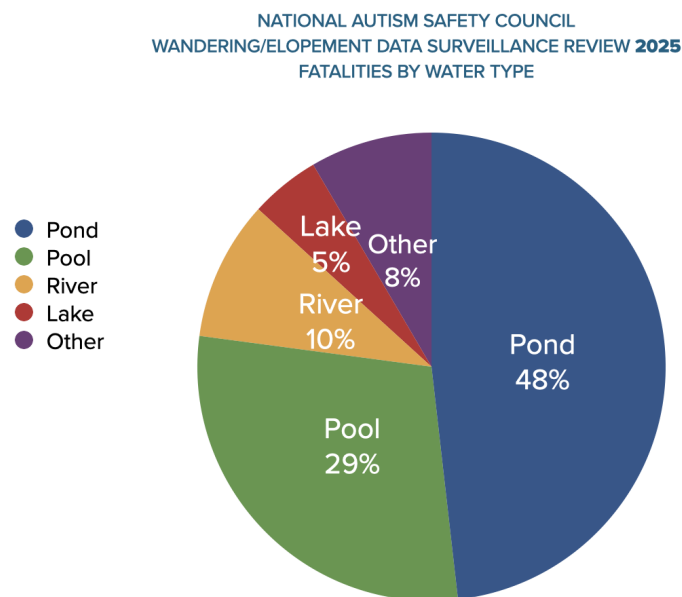
**Figure 5.** Identified fatal autism elopement cases by cause, United States, 2025



## Results Cont'd

### ***Water Type in Drowning Deaths***

The vast majority of drowning fatalities occurred in natural or semi-natural water (Figure 6). For specific water sources, ponds were the most common (n = 40; 48.7%), followed by pools (n=24; 28.9%), rivers (n = 8; 9.6%), lakes (n=4; 4.8%), and other water sources (n=7; 8.4%). “Other” refers to instances where drowning occurred in lagoons or canals or was identified as the cause of death but the water source was not able to be identified or confirmed.



**Figure 6.** Identified fatal autism elopement cases by specific water source, United States, 2025



## Additional Noteworthy Observations & Patterns

In addition to the primary descriptive analyses, several recurring patterns were identified across cases. These observations were not consistently captured as structured variables and are therefore reported descriptively; however, they provide important contextual information regarding circumstances and risk profiles associated with elopement-related harm.

Increased vulnerability was frequently observed among nonspeaking individuals and children younger than 15 years. Approximately 22 incidents occurred in apartment complexes with accessible bodies of water, including ponds and pools located near residences or common areas. When included in reporting, most fatalities occurred within a half mile of the individual's last known location.

Multiple incidents occurred in vacation or temporary lodging settings, including hotels and short-term rental properties, as well as during family or social gatherings characterized by increased activity, divided supervision, and disrupted routines. In multiple cases, elopement followed a concurrent sleep situation in which a child fell asleep with a caregiver who subsequently fell asleep. School-related settings accounted for five fatalities, underscoring the fact that elopement risk extends beyond the home environment.

In addition to fatal outcomes, surveillance identified multiple nonfatal but severe incidents, including vehicular-related injuries and nonfatal drowning events requiring emergency medical intervention.



## Discussion

Analysis of 2025 data through December 31 demonstrates that documented, known, or reported autism-related elopement fatalities continue to occur at a steady and concerning rate in the United States, averaging approximately eight deaths per month, or two deaths per week. As in previous surveillance years, the annual total is expected to increase as delayed state data, legal records, and family disclosures become available.

### ***Time of Year***

Fatalities occurred year-round but showed clear seasonal clustering in late spring and summer. This pattern likely reflects increased outdoor activity, greater exposure to water, and routine disruptions associated with school breaks, travel, and social gatherings.

### ***Location by State***

Cases were identified across 24 states, with substantial variability in reported counts. Florida accounted for the largest number of reported cases, followed by Texas and Georgia. These differences likely reflect variability in population size, environmental exposure, and, most critically, state-level reporting infrastructure rather than true differences in risk. Florida's higher case count is consistent with its more robust child fatality review systems, while underrepresentation from other states likely contributes to national undercounting.

### ***Age and Sex***

Examining autism-related elopement fatalities across these age ranges demonstrates that, in contrast to neurotypical children, whose risk peaks at ages younger than 5, children with autism experience sustained and elevated risk beyond early childhood, with the greatest proportion of fatalities occurring among those aged 5 to 9. Stratifying the data in this manner allows for clearer comparison of vulnerability across early childhood, middle childhood, adolescence, and later ages, supporting the identification of high-risk periods and the development of age-appropriate prevention strategies.

Although fewer cases involved adolescents and adults, fatalities across all age groups indicate that elopement-related risk persists beyond early childhood. Males represented the majority of decedents, a distribution consistent with the higher diagnosis of autism among males rather than evidence of sex-specific risk.



### ***Cause of Death***

Drowning remained the dominant cause of death, accounting for 87% of fatalities, consistent with prior research. Other causes, including vehicular incidents, hyperthermia, and animal attacks, were comparatively rare but highlight the range of hazards encountered following elopement. The continued predominance of drowning reinforces the need for water-focused prevention strategies and immediate, water-prioritized response when an autistic individual is reported missing.

Drowning deaths were most often associated with natural or semi-natural water environments (ponds, lakes, rivers, other non-manmade sources), highlighting the substantial risk posed by unguarded and readily accessible water sources. Ponds emerged as the most frequently involved water type, followed by pools, with fewer cases occurring in rivers, lakes, and other settings. The prominence of ponds is particularly concerning, as these water bodies are commonly unfenced, lack standardized safety measures, and are often located in close proximity to residences, including apartment complexes and suburban neighborhoods. Ponds are also not as consistently identifiable in GIS and other satellite mapping technologies due to their presence and depth is highly influenced by recent weather patterns (i.e., rain, drought). Together, these patterns reinforce the need for prevention strategies that prioritize identification and mitigation of nearby water hazards, extending beyond conventional swimming safety to include natural and residential water features.

### ***Additional Noteworthy Variables***

In addition to the primary descriptive analysis, several recurring patterns observed across a subset of cases provide important contextual insight into elopement-related risk. Elevated vulnerability was frequently noted among nonspeaking individuals and children younger than 15 years. Twenty-two cases occurred in apartment complexes with accessible bodies of water, highlighting multi-unit residential settings as critical but often overlooked risk environments. Most fatalities occurred within a short distance of the individual's last known location, reinforcing the urgency of immediate, localized search efforts focused on nearby water.

Vacation settings, family gatherings, and situations involving disrupted routines were repeatedly observed, as were incidents occurring during concurrent sleep situations in which caregivers may unintentionally fell asleep. School-related fatalities demonstrate that elopement risk extends beyond the home environment. Beyond fatal cases, surveillance also uncovered numerous, serious, but non-fatal incidents, underscoring that death is only the most severe point along a wider continuum of elopement-related harm.



## Discussion Cont'd

A subset of cases initially involved children without a documented autism diagnosis at the time of disappearance but exhibited a highly consistent pattern characteristic of autism-related elopement. In most instances, a diagnosis was later confirmed. This recognizable “elopement signature” often involves leaving a supervised area on foot, not engaging in usual play activities, moving alone toward traffic or nearby water, and showing little awareness of potential danger. Common antecedent triggers often involve changes to routine, sensory overload, travel, holidays, and heightened levels of activity and noise. The consistency of this signature highlights the importance of early recognition and suggests that elopement risk assessment and response protocols should be activated even in the absence of a formal diagnosis.

Additional recurring factors include cold-water exposure, drowning in unconventional or unexpected water sources, and inadequate or inappropriate clothing for environmental conditions.

Taken together, these recurring behaviors closely mirror well-documented autism-related wandering and elopement patterns, and reinforce the importance for early autism screening in children who remain undiagnosed but display similar behaviors in non-fatal situations. In select cases, particularly involving children over the age of four who match this signature but lack a documented diagnosis, postmortem forensic psychological and behavioral evaluations may offer valuable insight into underlying vulnerabilities, missed indicators, and opportunities for earlier intervention.

These findings reinforce the need for universal drowning risk assessment in children with autism or suspected autism, early recognition of elopement signatures even prior to diagnosis, and immediate, water-focused prevention and response strategies across clinical, caregiver, and emergency systems.

## Limitations

The primary limitation of this research is related to the difficulties in obtaining the data from which the report is based. Identification of this data requires corroboration of a multiple factors including accidental cause of death, following an instance of wandering/elopement, and presence of an ASD diagnosis. Fundamentally, these factors are not identified by the same individual in the death investigation process. While a coroner may identify cause of death, whether or not the fatality occurred after an instance of elopement/wandering, and presence of an autism diagnosis, cannot be based on a physical forensic investigation of the individual.



## Limitations Cont'd

Confirming an instance of wandering requires corroborating information from the search and rescue process. Even when those details are readily available, “following elopement or wandering”, while sometimes included in law enforcement agency reports, is not part of standardized documentation of the search and rescue event, or may not be readily known by search and rescue personnel. This requires specific information about the conditions under which an individual goes missing from a caregiver or parent.

Additionally, the corroboration of an autism diagnosis, is yet another factor that is independent from information about cause of death and the conditions of search and rescue. Confirming this factor is made additionally difficult as ASD often goes un- or mis-diagnosed due to its complex expression as a developmental and learning disorder (Hus & Segal, 2021). This information could only be included if a parent or caregiver is interviewed about disability status of the individual, and if disability status is known. Hence, inclusion of this factor in death investigation documentation may be missing, unknown, or not deemed relevant.

Due to these difficulties, confirmation of this kind of incident requires both ongoing as well as retrospective surveillance in order to obtain an accurate figure. While some cases are able to be identified immediately, others are only able to be included after all relevant factors are corroborated, which may not happen until years later, as mentioned earlier when discussing retrospective reporting sources (E.g., delayed state-level data releases, memorial events).

Comparison of this rate of fatalities to prior years, while possible, can also be problematic. Data from prior years is available (McIlwain, 2017; McIlwain et al., 2012; Golden, 2025) but not consistently organized and published to inform prevention and response efforts. In general, the lack of consistent and standardized prior reporting standards make systematic comparisons more difficult. This kind of comparison is also problematic due to the time lag mentioned in the limitation above and the reliance on retrospective reporting for corroboration.

There is also a lack of data to systematically compare incidents with non-autistic populations with and without other learning and developmental disabilities. The National Center for Missing and Exploited Children does collect this data on neurotypical populations but again, due to a lack of standardized and nationally implementing reporting protocols, current comparisons are limited.



## Limitations Cont'd

Finally, as alluded to in the other limitations, data availability between states varies drastically due to the lack of standardization of reporting requirements in terms of the responsible individual or state agency, the variables documented, and the timeline for reporting cases. Florida accounted for the highest number of reported fatalities, likely reflecting its more robust child fatality review infrastructure and greater access to statewide data. In contrast, limited or delayed reporting from other states, particularly California, likely contributes to underrepresentation of elopement-related fatalities at the national level.

There are also 26 states as well as U.S. territories, that were not able to be included in this analysis due to a lack of available information. It is currently unclear if that is because this kind of incident didn't occur, or if the fatality review infrastructure is insufficient to capture this kind of incident. Future research should look to develop prediction models in order to extrapolate a minimum and maximum range of potential elopement related fatalities for states and territories in which these data are not readily available.

These limitations, while important, do not undermine the stated conclusions and suggestions for addressing elopement related fatalities for individuals with autism. Even though the reported data are an undercount of the actual number of incidents, identified instances, and the conditions under which they occurred, have been accurately documented, with a very low likelihood of false positives. Moreover, any suggestions made by the authors still have the potential to effectively prevent similar future fatalities. These limitations do, however, highlight the need for nationally implemented, standardized, and validated reporting protocols.

The persistence of mortality across temporal and environmental contexts necessitates comprehensive and sustained prevention efforts, encompassing routine clinical assessment of elopement and drowning risk.

Clinicians should assess this risk universally, regardless of a child's history of wandering/ elopement or documented attraction to water. Case reviews consistently demonstrate that wandering-related drownings may occur in children with no prior elopement history and for those who previously showed minimal or no interest in water. As such, absence of past behavior must not be interpreted as protective.

Based on outcome data, the risk assessment should include the following categories:

- ***Extremely high drowning risk if missing.*** This includes any child with autism aged 10 years and under and any child with autism who is nonspeaking or unreliably speaking.
- ***High drowning risk if missing.*** This includes any missing child with autism aged 14 years and under; any individual with autism who is nonspeaking or unreliably speaking at any age; and any individual with autism who has profound needs or challenges, regardless of age.

Additional factors that increase risk include proximity to accessible water (including ponds, pools, drainage ditches, gravel pits, stock tanks, and similar hazards), a history of wandering or elopement (even if previously limited to indoor settings), and co-occurring conditions such as intellectual and developmental disability, sensory processing differences, emotional dysregulation, ADHD, anxiety or OCD, epilepsy, sleep disturbances, specific fixations or phobias, and self-injurious behaviors.

When a missing person with autism is reported, 911 dispatchers and first responders should follow a parallel, "Search Water First" protocol, recognizing that time to water is often short and that survival depends on immediate prioritization of searching the closest accessible water.

Technological advances in search and rescue technology represent an important opportunity to reduce mortality following autism-related elopement. The rapid identification of nearby water hazards, both permanent bodies of water and temporary or floodplain-related sources, using satellite imagery and mapping technologies can support more effective, water-prioritized search strategies. Integration of these tools with real-time geographic information systems may improve situational awareness for first responders and reduce time to hazard identification.



## Implications and Conclusion Cont'd

In addition, drone-based aerial searches offer the ability to rapidly survey large or inaccessible areas, particularly around water, while trained search and rescue animals may further enhance detection through scent tracking in both urban and rural environments. Future surveillance efforts should consider systematically documenting the methods and means of search and rescue employed, including the use of mapping tools, drones, and canine units, as such data may yield critical insights into response effectiveness and opportunities for lifesaving intervention.

Regular surveillance remains critical for tracking epidemiological trends, detecting emerging mortality risks, and informing the development of targeted, evidence-based interventions to reduce preventable deaths in the ASD population.

In summary, elopement-related drowning prevention in autism requires universal assessment, anticipatory guidance, and decisive, water-focused emergency response.

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## Appendices

### **Appendix A**

This appendix lists the public reports, and ongoing surveillance context sources cited in the body of this manuscript. These sources also provided background epidemiologic context and information about state mortality and child fatality reporting systems that inform interpretation of the findings.

**Virginia Department of Health, Office of the Chief Medical Examiner.** (2023). Annual report of the Office of the Chief Medical Examiner. <https://www.vdh.virginia.gov/medical-examiner/annual-reports/>

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## Appendices Cont'd

### Appendix B

Case-level corroborating sources used to identify and verify individual fatalities during ongoing surveillance and retrospective reporting. (Case Source Log).

| Case Number | Source Type            | Outlet/Agency                        | Report Type              |
|-------------|------------------------|--------------------------------------|--------------------------|
| 2025-001    | Media                  | Pasco News Online                    | Local news report        |
| 2025-002    | Media                  | NBC Boston                           | Local news report        |
| 2025-003    | Media                  | Hawaii News Now                      | Local news report        |
| 2025-004    | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-005    | Media                  | NBC DFW                              | Local news report        |
| 2025-006    | Family/Public Memorial | GoFundMe                             | Supporting corroboration |
| 2025-007    | Media                  | SGV CityWatch                        | Local news report        |
| 2025-008    | Media                  | KHOU 11                              | Local news report        |
| 2025-009    | Media                  | NBC DFW                              | Local news report        |
| 2025-010    | Media                  | Kansas City Star                     | Regional news            |
| 2025-011    | Media                  | Kent Reporter                        | Local news               |
| 2025-012    | Media                  | WSB-TV Atlanta                       | Local news               |
| 2025-013    | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-014    | Media                  | Jacksonville.com                     | Local news               |
| 2025-015    | Media                  | KCCI                                 | Local news               |
| 2025-016    | Media                  | People Magazine                      | National media           |
| 2025-017    | Media                  | FOX 13 Tampa Bay                     | Local news               |
| 2025-018    | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-019    | Family/Public Memorial | GoFundMe                             | Supporting corroboration |
| 2025-020    | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-021    | Media                  | CBS Boston                           | Local news               |
| 2025-022    | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-023    | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-024    | Media                  | WOWT                                 | Local news               |
| 2025-025    | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-026    | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-027    | Media                  | KSHB Kansas City                     | Local news               |
| 2025-028    | Media                  | WLWT Cincinnati                      | Local news               |
| 2025-029    | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-030    | Media                  | KFDM                                 | Local news               |
| 2025-031    | Media                  | KOLD Tucson                          | Local news               |
| 2025-032    | Social Media           | NBC DFW Facebook                     | Supporting corroboration |
| 2025-033    | Media                  | WMBF News                            | Local news               |
| 2025-034    | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-035    | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-036    | Media                  | Dayton 24/7 Now                      | Local news               |
| 2025-037    | Media                  | ClickOrlando                         | Local news               |
| 2025-038    | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-039    | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-040    | Media                  | Local 10 News Miami                  | Local news               |
| 2025-041    | Media                  | KCTV5                                | Local news               |
| 2025-042    | Media                  | WNDU                                 | Local news               |
| 2025-043    | Media                  | Miami Herald                         | Local news               |
| 2025-044    | Media                  | WNEM                                 | Local news               |
| 2025-045    | Media                  | WCVB Boston                          | Local news               |
| 2025-046    | Media                  | Myrtle Beach Online                  | Local news               |



## Appendices Cont'd

| <b>Case Number</b> | <b>Source Type</b>     | <b>Outlet/Agency</b>                 | <b>Report Type</b>       |
|--------------------|------------------------|--------------------------------------|--------------------------|
| 2025-047           | Video                  | YouTube                              | News video coverage      |
| 2025-048           | Media                  | WMBF News                            | Local news               |
| 2025-049           | Media                  | WBRZ                                 | Local news               |
| 2025-050           | Media                  | ABC15 Arizona                        | Local news               |
| 2025-051           | Media                  | ABC Action News Tampa                | Local news               |
| 2025-052           | Media                  | FOX56 Kentucky                       | Local news               |
| 2025-053           | Media                  | WCTI12                               | Local news               |
| 2025-054           | Media                  | WBBJ TV                              | Local news               |
| 2025-055           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-056           | Social/Media           | Facebook / FOX13 / YouTube           | Supporting corroboration |
| 2025-057           | Media                  | Gulf Coast News Now                  | Local news               |
| 2025-058           | Media                  | MLive                                | Regional news            |
| 2025-059           | Media                  | KENS5                                | Local news               |
| 2025-060           | Media                  | CBS19                                | Local news               |
| 2025-061           | Media                  | WTOL                                 | Local news               |
| 2025-062           | Media                  | 5News Online                         | Local news               |
| 2025-063           | Media                  | WPBF                                 | Local news               |
| 2025-064           | Media                  | WPXI                                 | Local news               |
| 2025-065           | Media                  | NOLA.com                             | Regional news            |
| 2025-066           | Media                  | Action News Jax                      | Local news               |
| 2025-067           | Media                  | Staten Island Advance (SILive)       | Regional news            |
| 2025-068           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-069           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-070           | Media                  | PIX11                                | Local news               |
| 2025-071           | Media                  | Yahoo News                           | News aggregator          |
| 2025-072           | Media                  | FOX11 Online                         | Local news               |
| 2025-073           | Family/Public Memorial | GoFundMe                             | Supporting corroboration |
| 2025-074           | Media                  | WSMV                                 | Local news               |
| 2025-075           | Media                  | Local21 News                         | Local news               |
| 2025-076           | Media                  | WDRB                                 | Local news               |
| 2025-077           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-078           | Media                  | 10TV Columbus                        | Local news               |
| 2025-079           | Media                  | FOX26 Houston                        | Local news               |
| 2025-080           | Media                  | KFOX                                 | Local news               |
| 2025-081           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-082           | Media                  | WNEP                                 | Local news               |
| 2025-083           | Media                  | WOODTV                               | Local news               |
| 2025-084           | Media                  | WKYC                                 | Local news               |
| 2025-085           | Family/Public Memorial | GoFundMe                             | Supporting corroboration |
| 2025-086           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-087           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-088           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-089           | Government Record      | Florida Child Death Review           | Case report PDFs         |
| 2025-090           | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-091           | Media                  | WPBF                                 | Local news               |
| 2025-092           | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-093           | Media                  | 13WMAZ                               | Local news               |
| 2025-094           | Media                  | ABC7 Los Angeles                     | Local news               |
| 2025-095           | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |
| 2025-096           | Government Dashboard   | Florida Dept. of Children & Families | Child Fatality Dashboard |