National Autism Safety Council™

Autism & Safe Police Interactions

An Educational Guide for Law Enforcement

Featuring SAFECOPS FOR AUTISM™

v20260822F

About This Guide

This guide was developed in collaboration with law enforcement officers, first responders, families, clinicians, and autism and IDD service professionals.

It integrates knowledge from:

- Current research
- Field expertise in policing, search and rescue, and emergency response
- Lived experience of individuals with autism and their caregivers

The content reflects documented practices and the most up-to-date knowledge available at the time of publication.

This guide is for informational and training purposes only and is not a substitute for professional medical, behavioral, or therapeutic advice. Individuals with autism or other developmental differences may have unique needs that require consultation with qualified healthcare providers, behavioral specialists, or support professionals.

Every individual and situation is unique. Decisions about safety planning, communication, and intervention should be made in collaboration with caregivers, support personnel, and qualified professionals familiar with the individual's needs. Law enforcement officers should always prioritize safety, patience, and verified information when responding.

SAFECOPS FOR AUTISM™
Autism Safety Initiative

National Autism Safety Council™
Advancing Autism Safety Through Science, Expertise & Collaboration

About Autism

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by:

- Social communication differences
- Restrictive and repetitive behaviors (RRBs) and focused interests
- Sensory differences
- A wide range of strengths and challenges across individuals

Because autism exists on a spectrum, each individual experiences it differently. Autism can range from nonspeaking individuals who need high amounts of daily support, to those who are indepedent and require low to minimal support. It affects individuals across all ethnic, socioeconomic, and age groups.

According to the Centers for Disease Control and Prevention (CDC, 2025), approximately 1 in 31 children in the United States has a diagnosis of autism. Because autism can create significant social, sensory, communication, and behavioral challenges, unique safety risks may arise.

Recognizing behaviors consistent with autism can help prevent misunderstandings, escalation, and unsafe interactions.

Autism By the Numbers

1 in 31
In communities tracked by Centers for Disease Control (CDC), about 1 in 31 8-year-old children were identified with autism. (CDC, 2025).

25-30%
In the United States, research estimates that approximately 25% to 30% of autistic individuals are nonspeaking or minimally speaking (Brignell et al., 2018).

20%
Nearly 20% of autistic youth report having had contact with law enforcement by age 21. (Rava et al., 2017).

1 in 5
1 in 5 young adults with autism will interact with police before age 21 (Indiana University, HANDS in Autism, 2023).

References:

- Centers for Disease Control and Prevention. (2025). Autism spectrum disorder (ASD) prevalence in the United States. U.S. Department of Health and Human Services. https://www.cdc.gov/autism
- Brignell, A., Chenausky, K. V., Song, H., Zhu, J., Suo, C., & Morgan, A. T. (2018). Communication interventions for autism spectrum disorder in minimally verbal children. Cochrane Database of Systematic Reviews, (11). https://doi.org/10.1002/14651858.CD012324.pub2
- Rava, J. A., Shattuck, P. T., Rast, J. E., & Roux, A. M. (2017). The prevalence and correlates of involvement in the criminal justice system among youth on the autism spectrum. Journal of Autism and Developmental Disorders, 47(2), 340–346.
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Common Autism Characteristics

Autism looks different in every person. The traits described on this page are common characteristics of individuals with autism, but they are not a checklist and do not apply to everyone. Each person is unique, with their own strengths, challenges, and ways of expressing themselves.

With Communication Differences, They May:

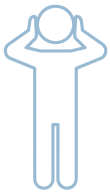
- Not speak or have limited speech
- Use repeated words or phrases (echolalia)
- Not respond to their name or verbal commands
- Take extra time to process questions, instructions, or demands
- Not answer questions consistently

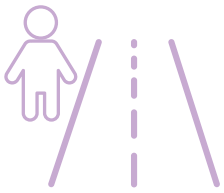
With Social & Interaction Differences, They May:

- Avoid eye contact or lack gestures (pointing, waving)
- Avoid or resist physical contact
- Appear withdrawn or uninterested in social interaction
- May appear emotionally flat or hyper-focused
- Appear "under the influence" or uncooperative without reason

With Sensory & Behavioral Differences, They May:

- Engage in stimming behaviors (rocking, pacing, spinning, hand-flapping)
- Cover ears, squint, or shield eyes due to sound, light, or tactile sensitivity
- React strongly to sensory input, sirens, flashing lights, K-9s, or crowds
- May display posturing, toewalking, or have rigid or stiffened movements
- Display unusual fears, obsessions, or fixations
- Show repetitive or ritualistic behaviors





With Limited Safety & Environmental Awareness, They May:

- Try to run away, or hide
- Be naked or not properly dressed for the weather or environment
- May enter water or roads without hesitation
- Have cognitive or mental abilities younger than their chronological age

With Differences in Household Characteristics, You May See:

- Walls or furniture damage, including holes or dents
- Extra or unusual security to keep the child safe
- Lack of typical toys
- Unusual foods (only eats crackers, only eats toast, etc.) due to sensory needs
- Covered windows in the home or car for safety or sensory reasons
- Nontraditional sleeping arrangements for safety
- Unusual clothing (wears shirt inside out, etc.) due to sensory sensitivities

Drowning is the leading cause of death for children with autism

Autism and Unique Safety Risks

Elopement (wandering): Research shows that children and adults with ASD are more likely to leave safe environments without notice. One study found that 49% of children with ASD had attempted to elope, nearly four times the rate of their unaffected siblings (Anderson et al., 2012). In the United States, an average of eight children and dependents with autism die each month following wandering or elopement incidents. (McIlwain, Hudgins, Heaps, 2026). Drowning remains the leading cause of death, followed by traffic injury, hyper/hypothermia, falls, and animal attacks.

Elopement/Wandering

In the U.S., an average of eight to ten children and dependents with autism die each month following wandering or elopement incidents.

Water Attraction

NASC's longitudinal surveillance data on autism-related elopement fatalities, spanning 1974 to the present, show that approximately 82% of deaths are due to drowning.

Water attraction and drowning: Many children and dependents with autism exhibit a strong attraction to water, regardless of its temperature or type. This attraction is often driven by the need for quiet and calm (regulation), sensory-seeking behaviors (stimulation), or both. As a result, drowning is the leading cause of death associated with elopement in autistic children, particularly those under age 15. NASC's longitudinal surveillance data on autism-related elopement fatalities, spanning 1974 to the present, show that approximately 82% of deaths are due to drowning. For this reason, it's critically important to search nearby water first if a child or dependent with autism is missing.

Frequent contact with law enforcement: Individuals with ASD may experience disproportionately high levels of interaction with police and other law enforcement personnel over their lifetime. Nearly 20% of autistic youth report having had contact with law enforcement by age 21. A smaller proportion — around 5% — report being arrested by that age (Rava et al., 2017).

Police Interactions

Nearly 20% of autistic youth report having had contact with law enforcement by age 21. (Rava et al., 2017). .

Misinterpreted behaviors: Common autistic behaviors, such as avoiding eye contact, delayed or absent verbal responses, repetitive movements, or atypical reactions to sensory stimuli (e.g., loud sounds, bright lights, crowded environments), may be misinterpreted as defiance, non-compliance, intoxication, or suspicious behavior. These misinterpretations can escalate interactions and create unsafe situations, particularly during emergencies or encounters with authority figures (Debbaudt, 2012).

Misinterpretations

Behaviors are often misinterpreted as misconduct, when they are actually a form of communication. Calm, patience, predictability, and respect greatly reduce risk and improve outcomes.

Meltdowns

Meltdowns are not acts of defiance, but rather involuntary stress responses of extreme overwhelm. If no imminent danger is present, giving them time and space is essential.

Meltdowns: A meltdown occurs when sensory, emotional, or cognitive overload overwhelms an individual's ability to cope or self-regulate. Meltdowns may involve crying, screaming, erratic or aggressive movements, or complete shutdown. These episodes are not acts of defiance, but rather involuntary stress responses and a form of communication indicating extreme overwhelm (National Autistic Society, 2023).

Suicide and self-harm: Individuals with ASD are at significantly increased risk for suicidal ideation, self-harm, and suicide compared to the general population. Research indicates that suicidal thoughts and behaviors can occur in autistic children as young as 8 years old, particularly among those with co-occurring anxiety, depression, bullying experiences, or communication difficulties (Schindel et al., 2024). Autistic adolescents and adults are also at elevated risk, with suicide rates several times higher than those of non-autistic peers (Hirvikoski et al., 2020).

Suicidality

Studies show suicidal thoughts and behaviors can occur in autistic children as young as 8 years old.

Developmentally Younger

Older individuals with autism may have cognitive or adaptive functioning levels significantly younger than their chronological age.

Cognitive differences in older individuals: Some older individuals with autism may have cognitive or adaptive functioning levels significantly younger than their chronological age. These differences can complicate safety planning, informed consent, and interactions with service providers, first responders, or the justice system (American Psychiatric Association, 2022).

Introduction to Quick-Reference Frameworks

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This toolkit includes specialized frameworks to support safe, effective, and respectful interactions between law enforcement and individuals with autism. Each framework is designed as a quick, one-page reference for use in the field.

SafeCops provides guidance for general interactions, offering practical strategies that promote understanding, calm communication, and positive engagement in everyday encounters.

SafeSearch focuses on responses to missing children or dependents with autism, emphasizing safety, clear communication, and tailored search strategies.

SafeStops outlines approaches for traffic stops involving independent adults with autism, with strategies to reduce stress, support compliance, and foster mutual respect.

Because interactions can vary significantly by situation, guidance is organized into focused frameworks so officers can quickly access the most relevant strategies for the scenario at hand.

SAFECOPS FOR AUTISM™ SAFESEARCH FOR AUTISM™ SAFESTOPS FOR AUTISM™

Supportive, Adaptive, and Flexible Engagement (SAFE)

SAFECOPS FOR AUTISM™

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This framework provides the foundational approach for most interactions with individuals with autism.

S – Supportive

- Provide reassurance and calm presence.
- Avoid rushing the home or environment.
- Offer assistance without judgment.
- Listen actively and validate the individual's feelings or perspective.
- Listen to and support caregivers and family members when present.

A – Adaptive

- Adapt the environment (e.g.,turn off lights, sirens, reduce stimuli).
- Adjust your communication style to meet the individual's needs.
- Anticipate potential triggers or risks and adjust interactions proactively (e.g., a child on a roof was moving away from an approaching officer towards the edge, so the officer sat down.)

F – Flexible

- Stay patient and avoid rigid expectations about behavior or responses.
- Offer choices when possible to empower the individual.
- Collaborate with caregivers or support staff for guidance.

E – Engagement

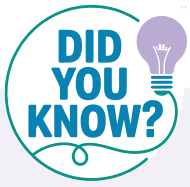
- Maintain respectful, person-centered interaction.
- Use clear, simple language and visual cues if needed.
- Encourage cooperation without coercion; focus on collaboration.
- Speak directly to the individual, even if they are nonverbal. Do not assume they cannot understand.
- Avoid unnecessary restraints unless danger is imminent (e.g., running towards busy road.)

Scenario 1: Missing Child or Dependent with Autism

When a child or dependent with autism is missing, time is critical. Statistics and experience show that water is the greatest immediate danger. Your first priority is to search nearby water and act fast, while keeping the response calm, quiet, and coordinated.

Immediate priorities:

- Search the nearest body of water FIRST (ponds, pools, creeks, retention areas).
- Assign searchers to stay at water sources in case the child arrives.
- For pools, make sure the bottom is checked thoroughly.
- In urban areas where water bodies are more scarce, check parked cars thoroughly, include the floorboards.
- Act quickly -- every second counts!



Children with autism will go to any and all types of water, including waste water, stock pools, horse troughs, and water that may be icy, cloudy, dirty, or contain debris or algae.

Response actions:

- Gather information from family/caregivers about:
  - Favorite things, fixations, routines
  - Sensory sensitivities (noise, lights, touch)
  - Fears or triggers
  - Even if parents suggest their child dislikes water, or has a fascination with other places that are not water-related, search nearby water regardless.
- Keep the environment calm and quiet.
- Reduce lights, sirens, radios when possible.
- Use response tools, such as Wireless Emergency Alerts, Drones, K-9s, EMA's or your state's alert system.
- Use preferred items or sounds (music, show character, mom's voice, etc.) instead of shouting their name.

Important considerations:

- If the child or dependent is spotted, do not assume they can respond to verbal commands.
- Use a calm, quiet voice and minimal, simple language.
- Allow extra processing time after asking a question.
- Move slowly and predictably.
- If the child or dependent was found wandering and not reported missing, check for an ID on their wrist, shoe, or backpack.
- Do not assume that a person described as 'independent' is at low risk. For older teens and adults, be sure to also check woods, homeless shelters, abandoned cars or buildings, and hospitals.

Quick Tips

SAFESEARCH FOR AUTISM™

SafeSearch is a one-page framework that provides basic response and interaction steps when a child, dependent, or adult with autism is missing.

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S

Search Nearby Water First

Search ponds, pools, lakes, canals, and unique water sources (horse troughs, stock pools, gravel pits) closest to the last known location. Google the address to help identify water not readily seen. Use drones, K9s, and sonar if available, and instruct searchers to remain at water bodies. Search busy roads. In urban areas, search parked cars (floorboards) thoroughly.

E

Engage Caregivers

Gather information about the lost individual from caregivers, including routines, sensory triggers, fixations, preferred food/items, de-escalation techniques, and behavioral patterns. Confirm preferred communication method to assist if located, and ways to contact the caregivers.

A

Activate Alert Systems

Notify the media, public, and other agencies through Silver Alerts, Purple Alerts, Reverse 911, Wireless Emergency Alerts, or State EMA systems. Include critical information: autism, name, age, description, last-known location, last found location of previous elopement, and to search and stay at nearby water.

R

Reach Out to Other Agencies

Notify and quickly mobilize other agencies, including fire, EMS, SAR, and relevant partners. Share last-known location, behavioral info, and instructions for a coordinated search.

C

Check Other Areas

Thoroughly search sheds, abandoned homes, wooded areas, and other locations where children or dependents may hide. For older, more independent individuals check shelters, hospitals, homeless encampments, and parked cars. Ensure all assigned zones are covered systematically.

H

Handle Recovery with Care

Approach calmly; avoid loud commands. Contact the caregiver and allow the individual to have comfort items like water, cookie, or phone. Speak directly to the individual in simple, literal language. Do not talk about next steps to someone else. Example: "First, we're going to walk to the car," as opposed to, "Let's get him to the car."

Scenario 2: Child or Dependent with Autism is Found

When a missing child or dependent with autism is found, the initial moments of contact are critical. A calm, respectful, and low-sensory approach helps reduce anxiety, build trust, and prevent secondary elopement.

Initial contact:

- Speak in a calm, reassuring voice, even if they appear not to understand.
- If there is no imminent danger, give the individual space.
- If able, speak to the caregivers over the phone for guidance.

TIP

Use simple first/then statements

"Hi, my name is ___ . You're safe right now.
We're going to stand right here for a moment.
First we sit here, then we can have some water.
(Pause. Give space. Speak slowly and calmly.)
"If it's okay, I'll stay right here with you."

Communication strategies:

- Keep sentences short and concrete.
- Avoid sudden movements.
- Get down to their eye level if possible.
- Speak to the child, not about them, even if nonspeaking.

Engagement & safety:

- Offer neutral, comforting items:
  - Bottled water
  - Snack or cookie
  - Smartphone or tablet
- If the child or dependent has a character on their shirt (e.g., Bluey), gently talk with them about it. Commenting on familiar characters or interests can reduce anxiety and increase trust.
- Maintain constant observation -- secondary elopement is common.
- Keep the environment calm and low-sensory.

Scenario 3: A Person with Autism is in Crisis

This scenario involves a person with autism who is experiencing a neurological crisis. What you're seeing is not criminal behavior, it's an overwhelmed nervous system. Your goal is to slow the situation down, reduce sensory stress, and focus on safety through calm, clear communication rather than control.

What you may see or hear:

- Yelling, pacing, crying
- Dropping to the ground, covering ears
- Repetitive movements or phrases
- Hitting, biting self, or head-banging
- Running or attempting to run
- Talk of wanting to self-harm

TIP

Think of it this way

An overwhelmed nervous system is like a shaken can of soda that suddenly pops open. You don't keep shaking it, you step back and give it time to settle.

Response actions:

- Call for a Crisis Response/Intervention Team if available.
- Recognize this is a neurological crisis, not defiance.
- Stay calm, do not rush towards the home or setting.
- Reduce sensory input (noise, lights, crowding.)
- If there is no imminent danger, give the individual time and space to regulate.

Communication:

- Use simple, concrete language.
- Offer choices when safe.
- Allow extra time for responses.
- If the individual is able to state what they need, listen.
- Do not overwhelm with questions.
- Stay focused on look-forwards, like favorite meals, snacks, or items.

Avoid:

- Touching without warning, or unnecessary restraint
- Issuing rapid or overlapping commands
- Escalating due to perceived noncompliance
- Minimizing the reason for the meltdown (e.g., power outage; ran out of Goldfish Crackers, internet is down, favorite object is missing, or the restaurant was out of chicken nuggets) For many individuals, preferred items and comforts act as critical coping mechanisms and lifelines for an ongoing overwhelmed nervous system, and perpetual daily challenges.

Scenario 4: Suspicious Behavior or "Under the Influence"

Certain behaviors of autistic teens and adults are often misinterpreted during police encounters. This guidance emphasizes the importance of observing, asking clarifying questions, and responding calmly to reduce harm and improve safety.

Common misinterpretations:

- Eye-contact avoidance mistaken for deception or guilt
- Unusual speech patterns mistaken for alcohol use
- Stimming (pacing, rocking, flapping) mistaken for drug use
- Delayed response mistaken for defiance
- Comfort objects mistaken for weapons
- Stress or shutdown responses mistaken for resistance

First step — VERIFY:
Ask clarifying questions before assuming intoxication or ill intent.

- Any indication of a developmental disability?
- Any insights from family members?
- Are they responding verbally or nonverbally?
- Do they appear overwhelmed or anxious?
- Are movements repetitive rather than erratic?

What Officers Might Notice:

When a teen or adult appears confused, anxious, repetitive, or non-responsive, and there is no odor of alcohol, drug paraphernalia, or clear impairment, officers may also observe:

- Simple, comfort-based clothing rather than complex outfits (button-down shirts, belts, layers, etc.)
- Slip-on or Velcro shoes instead of tied laces (fine-motor or sensory reasons)
- Clothing with cartoon characters, logos, or specific interests regardless of age
- May have a lack of piercings or tattoos (often due to sensory aversion or needle sensitivity)

TIP

Remember:
Verification before escalation saves lives.

Officer response:

- Approach calmly and non-threateningly.
- Give one instruction at a time.
- Observe and ask before acting.
- Avoid assuming intent based on behavior alone.

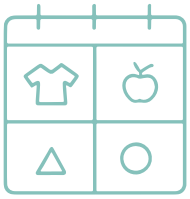
Scenario 5: Victim Interview (Abuse or Sexual Assault)

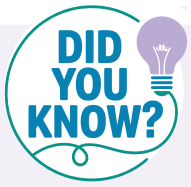
Autistic individuals are at higher risk of abuse and victimization, making careful, respectful interviewing especially important. Communication may be atypical but still accurate.

The following outlines key considerations for communication, support, and interview approach to ensure information is gathered accurately while preserving safety, dignity, and trust.

Important Considerations:

- Ask in advance about the individual's preferred communication method:
  - Spoken language
  - Writing, typing, or spelling
  - Picture-based communication
  - Augmentative and Alternative Communication (AAC) devices
- Ensure access to their preferred supports whenever possible.





You can find a local Board Certified Behavior Analyst (BCBA) babc.com.

Consult local expertise when available:

- A local Board Certified Behavior Analyst (BCBA) may help advise on communication strategies, triggers, or effective supports.
- Caregivers or support professionals can provide context but should not answer for the individual.

Interview Approach:

- Use clear, literal, concrete questions.
- Ask one question at a time.
- Allow extra processing time before repeating or rephrasing.
- Be patient with pauses, repetition, or atypical emotional responses.
- Check for understanding without pressuring for speed.
- Don't assume dishonesty due to flat affect or lack of eye contact.
- Avoid asking multi-part or abstract questions.

Scenario 6: Traffic Stop of an Autistic Driver

During traffic stops, autistic drivers or passengers may display behaviors that differ from typical expectations but do not indicate criminal intent. Extreme anxiety, difficulty following instructions, avoidance of eye contact, or repetitive movements are often stress or sensory responses to emergency lights, noise, and uncertainty.

Documented practices emphasize clearly explaining each step of the stop using plain, literal language, allowing the individual to remain in the vehicle when safe, and accepting autism disclosure if offered. Officers should avoid rapid or overlapping commands, interpreting anxiety or delayed responses as defiance, or escalating situations that require patience rather than force.

What you may see:

- Extreme anxiety
- Difficulty following instructions
- Avoiding eye contact
- Repetitive movements

Documented practices:

- Clearly explain what is happening, step by step.
- Use plain, literal language.
- Allow the individual to remain in the vehicle if safe.
- Accept autism disclosure if offered.

Avoid:

- Rapid commands
- Interpreting anxiety as defiance
- Escalation due to delayed responses

What is the Blue Envelope?

The Blue Envelope is a voluntary disclosure tool used during traffic stops to help autistic drivers or passengers communicate their needs to law enforcement in a clear, nonspeaking way.

What it is:

- A blue-colored envelope (paper or digital, depending on jurisdiction)
- Typically holds a driver's license, registration, and insurance
- May include a brief information card indicating the individual is autistic (or has another communication-related disability) and may need extra time, clear instructions, or reduced sensory input

Use of the Blue Envelope is optional and intended to support safer, calmer interactions during traffic stops.

Learn more at **nps-aid.org/blue-envelope-program/**

Quick Tips

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SafeStops is a one-page guide for law enforcement officers who may interact with autistic drivers during traffic stops. These steps are designed to help officers maintain calm, positive interactions and prevent escalation.

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S Stay Calm & Slow Things Down

Once a driver is identified as having autism, adjust your approach to slow down and stay calm. Speak slowly and clearly, and avoid sudden movements. Reduce sensory input if possible (sirens off, lights dimmed).

T Take Time to Communicate

Give step-by-step directions: "First get your ID, then give it to me." Keep instructions literal and simple. Allow extra processing time before repeating or rephrasing. If safe, allow the individual to stay in their vehicle.

O Observe & Respect Behavior

You may observe stimming (rocking, flapping), avoidance of eye contact, or repetitive movements. These are coping behaviors in autism, not defiance. Avoid interpreting delayed responses as non-compliance.

P Patiently Wait

Avoid rushing the individual, and understand that delayed responses, or atypical emotional reactions are common. If escalation occurs, (crying, shouting), don't take it personally. Give the individual time and space to regulate.

S Seek Support if Needed

Engage caregivers or support personnel if needed. Review available disclosure tools (e.g., Blue Envelope, QR code IDs) for ways to better support the individual.

Proactive Community Safety Strategies

To enhance safety for children and adults with Autism Spectrum Disorder (ASD), agencies and community organizations can take proactive, relationship-based steps that build familiarity, trust, and understanding before an emergency occurs.

- **Host community meet-and-greets:** Organize autism-friendly safety events at police or fire stations, schools, libraries, parks, or community centers. These events allow individuals with ASD and their families to become familiar with officers, uniforms, vehicles, equipment, and K-9s in a low-stress environment.
- **Partner with schools and special education programs:** Collaborate with local special education directors, superintendents, and school staff to schedule school visits or classroom presentations. Repeated exposure helps reduce fear and anxiety during real-world encounters.
- **Offer sensory-aware experiences:** Provide quiet hours, reduced sirens, dimmed lights, and clear expectations during events to accommodate sensory sensitivities and prevent overwhelm.

11/11

- **Develop a voluntary autism registry:** Create a confidential, opt-in registry that allows families to share important information (communication preferences, sensory triggers, elopement risk, calming strategies). This information can help first responders tailor their approach during emergencies.
- **Provide autism-specific training**: Ensure officers, dispatchers, and staff receive ongoing training on autism, sensory processing differences, meltdowns, and de-escalation strategies.
- **Use visual and accessible materials:** Share visual schedules, social stories, or short videos that explain what happens during police, fire, or emergency interactions.
- **Designate autism liaisons:** Identify trained staff members who can serve as points of contact for families and schools and assist during autism-related calls.
- **Engage caregivers and self-advocates:** Invite parents, autistic adults, and disability advocates to help guide policy, training, and community outreach efforts.
- **Practice scenario-based planning:** Conduct drills or tabletop exercises focused on elopement, sensory overload, mental health crises, and traffic stops to improve preparedness.
- **Partner with a local BCBA:** Partnering with a local Board Certified Behavior Analyst (BCBA) is important because BCBAs can provide immediate, practical guidance on communication strategies, sensory needs, triggers, and effective calming supports for a child with autism. Their expertise can help officers reduce distress, prevent escalation or elopement, and ensure the child's safety and well-being while in temporary police care.

Autism Community Safety Checklist

One-page checklist for agencies, first responders, and community organizations

1. Leadership & Planning

☐ Designate an autism/disability liaison.
☐ Include feedback from autistic adults and caregivers.
☐ Review policies using trauma-informed and sensory-aware principles.

2. Training & Awareness

☐ Provide autism training for staff.
☐ Train on basics: communication differences; sensory sensitivities; nervous system activation; meltdowns vs. noncompliance; de-escalation; elopement and wandering risks; water attraction; safe traffic stops; safe interaction techniques; and to always search water first if missing.
☐ Use scenario-based or role-play training.

3. Community Engagement

☐ Host autism-friendly meet-and-greets at stations, schools, libraries, or parks.
☐ Offer reduced lights, noise, and sirens during events.
☐ Allow to explore safely vehicles, equipment, and K-9s.
☐ Clearly explain what to expect using simple language or visuals.

4. School & Youth Partnerships

☐ Collaborate with special education directors and school administrators.
☐ Schedule classroom visits and repeat opportunities.
☐ Share autism safety and interaction guidance with schools.

5. Voluntary Autism Registry

☐ Maintain a confidential, opt-in registry.
☐ Include: Communication preferences; Sensory triggers; Calming strategies; Elopement risk; Emergency contacts.
☐ Ensure privacy protections and appropriate responder access.

6. Sensory-Aware Response Practices

☐ Turn off sirens and flashing lights when safe.
☐ Allow for space; maintain calm body posture.
☐ Avoid sudden movements or unnecessary touch.
☐ Minimize noise, lights, and crowding when possible.

7. Communication & De-escalation

☐ Use short, concrete phrases.
☐ Give one instruction or question at a time.
☐ Allow extra processing time.
☐ Use first/then language to create predictability.
☐ Offer limited choices when appropriate.

8. Meltdown & Stress Response

☐ Recognize meltdowns as stress responses, not defiance.
☐ Give time and space during meltdowns when no imminent danger exists.
☐ Allow the meltdown to pass safely without escalation.
☐ Monitor for signs of rising distress and adjust approach early.

9. Elopement & Emergency Preparedness

☐ Maintain protocols for missing autistic individuals.
☐ Search nearby bodies of water closest to their last known location.
☐ Use sensory-aware search and response strategies.
☐ Coordinate closely with caregivers and schools.

10. Review & Improve

☐ Gather feedback from families and individuals.
☐ Review autism-related incidents for training gaps.
☐ Update policies and training regularly.

Core Principle

Preparation, predictability, and calm reduce risk.
Autistic behaviors are communication. Safety improves when responders slow down, reduce sensory input, and build trust before a crisis occurs.

Police Training and Resource List

National Autism Safety Council
Education, safety guidance, training, and resources.
Contact: info@autismsafetycouncil.org
Website: autismsafetycouncil.org

National Center for Missing & Exploited Children
Contact: training@ncmec.org
Website: missingkids.org

Blue Line Spectrum Safety
Stefan Bjes
Contact: bluelinespectrumsafety@gmail.com
Website: bluelinespectrumsafety.com

Autism Risk & Safety Management
Dennis Debbaudt
Contact: ddpi@flash.net
Website: autismriskmanagement.com

The Arc's National Center on Criminal Justice and Disability®
Leigh Anne McKingsley
Website: thearc.org/our-initiatives/criminal-justice/

Montgomery County Police Department, Maryland Autism/IDD Outreach Program
Officer Laurie Reyes
Contact: Laurie.Reyes@montgomerycountymd.gov

S.A.V.E.S Project, Michigan
Officer Brenna Hogue
Contact: support@savesproject.com
Website: savesproject.com

Pathfinders for Autism, Maryland Law Enforcement Training
Shelly McLaughlin
Contact: info@pathfindersforautism.org
Website: pathfindersforautism.org

The Autism Project, Rhode Island
Joanne Quinn
Contact: theautismproject@brownhealth.org
Website: theautismproject.org

International Board of Credentialing and Continuing Education Standards (IBCCES) Law Enforcement Training
Website: ibcces.org/law-enforcement/

First Responder Autism Training
Bill Cannata
Website: firstresponderautismtraining.com

IACP Home Safe Resources
The Kevin and Avonte Program
Contact: HomeSafe@theIACP.org
Website: theiacp.org/projects/home-safe

Blue Envelope Program
Website: nps-aid.org/blue-envelope-program/

Just Bee, South Carolina
Training and License Plate Program
Contact: contact@justbeethechange.com
Website: justbeethechange.com

SAFECOPS FOR AUTISM™
Autism Safety Initiative

National Autism Safety Council™

