

Is There Potential in the use of Autism Registries?

**Experiences and Perceptions from
the Autism Community**

by

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Abstract

This research focussed on autists and the autism community's interactions with law enforcement officers (LEO) and how those interactions differ depending on access to the Vulnerable Persons Registry (VPR) or Autism Registry (AR). Two New Brunswick (NB) autists and three support persons (responding for themselves and four autists) were interviewed concerning aspects of interactions with LEO including perceptions of efficacy, events initiating interactions, and experiences of interactions. To explore VPR/ARs impacts on interactions and perceptions comparisons were made based on the presence and absence of registries. Comparisons noted that there were notable differences in jurisdictions utilizing registries and distinct similarities in perceptions of risk and lack of training. A thematic content analysis was also conducted identifying six categories consisting of 25 themes. Categories included themes surrounding respondent's perceptions and experiences of Leo's skills, fears associated with interactions with LEOs, and their perceptions of LEO interactions with the autism community. This research acknowledged the intersectionality of disability and approached registries as a tool bridging the social distance between LEO and autists challenging intrinsic stereotypes and impacting soft skill development in the absence of training.

Dedication

I would like to dedicate this thesis to four men who believed in me and pushed me and my four children who inspired me.

To my father who finished his education while I was still a small child. His lifelong modeling of balancing dreams and responsibilities will never be forgotten. I will forever be grateful for being taught that making mistakes is being human and what matters is how we correct ourselves.

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Introduction

There is an alarming increase in the frequency of law enforcement responses to calls involving mental health issues, to persons displaying mental health crises, and responding to disabled or disordered persons. This is indicative of social changes and alterations of institutional living conditions. However, this has been mostly unaddressed within training provided to law enforcement officers (LEO). Little is available to LEO when responding to these calls and much of what has been made available lacks significant research to explore its efficacy. This is especially true in relation to training and resources available to LEO surrounding autism. This research focussed on providing an initial formal engagement with two registries that are available to the autism community – Vulnerable Persons Registry, Autism Registry – and currently used by municipal law enforcement agencies. The goal was to provide a start point of understanding of how and if these tools are impacting these interactions.

Autism Spectrum Disorder (ASD or autism) is a developmental disorder affecting various aspects of a person's social interaction and communication ability. This may include how they interact, internalize, interpret, and react to the social and physical world. This may increase the likelihood of law enforcement officers' (LEO) interactions. This statement is misleading as it is more likely to be understood that persons in this population are more criminal in their nature which is inaccurate. Studies focussing on how persons viewed as being vulnerable or who identify as having a cognitive or intellectual disability (like autism) have found they were 1.5-2 times more likely to

experience victimization (Fisher, Baird, Currey & Hodapp, 2016) accounting for a higher likelihood in interacting with LEO in their lifetimes.

There is little to no doubt that the justice and legal system are interacting with the Autism community, how that is perceived, and what tools or resources may alter those perceptions is one of the main focuses of this research. Interactions between LEO and autists occur for various reasons. It is not uncommon for behavioral presentation to be abrupt, to be perceived as socially inappropriate, or even aggressive. It is also common for LEO to respond to episodes of elopement/wandering or as a mental health response to suicide attempts or episodes of disconnection. Autists are also more likely than neurotypical persons to be victims of various types of offenses and therefore may interact with law enforcement officers during these times as well.

In Canada, statistical studies are reporting the cognitively disabled or disordered are four times more likely to be victims of violent crimes and twice as likely to experience other forms of victimization compared to neurotypicals. This indicates an increase in LEO responding to the disabled as victims and not as suspects (Government of Canada, 2018). This can require different techniques in communicating or behavioral conduct for both parties and present its own set of stressors for which LEO are not receiving training.

As a response to issues between vulnerable persons or disordered persons and LEO or first responders, the Vulnerable Persons Registry (VPR) and Autism Registries (AR) were launched. This began in New Brunswick in 2009 with AR and Ontario during 2011 with the first VPR. Since the program was introduced variations of it have been implemented by municipal and provincial law enforcement agencies across Canada.

Concerning ARs, this is often done in collaboration with local Autism Resource Centers or ASD support persons/groups.

The first VPR registry focussed on the physically disabled or those dependent on power reliant devices and was therefore susceptible to complications during power disruption. This registry was shared between the power company and first responders. The subsequent registries were designed to incorporate mental disability, cognitive disorders as well as addictions within the scope of those who qualified. This wave of registries has seen autism support services involvement in launching autism-specific registries. They were designed to provide LEO with information for aiding during emergencies, but subsequent versions have included interactional supports for all occasions of engagements including guidance on communication, methods of approach, how to avoid triggering the person, preferred places, or fixations as well as effective de-escalation methods. These registries are unique, being the only tools created for LEO aimed to increase favorable outcome interactions with the ASD community. They have also been a core learning tool as there has been little development in the way of training or education for law enforcement.

Interactions between LEO and the disordered or disabled have experienced an increase in frequency since the deinstitutionalization movements of the 1980s. This movement resulted in a lower number of persons residing in permanent institutional care (Canadian Mental Health Association, 2005). It not only impacted interactions it also affected mental health/cognitive disorder stigmas. The increased presence of the disabled and disordered in mainstream society has seen attitudes towards these populations change and their social desirability begin to increase. This is not to say stigma has stopped

affecting autists or that they are welcomed without apprehension and with understanding, but that a mystique was removed as they became more visible and new understandings began to arise. This is noted in the theory of social distance as being relative to the increase in familiarity coinciding with the decrease in space created by the abled between the abled and disabled – the initial stage of awareness necessary before acceptance (Dietrich et al., 2004).

This research focussed on the autism community's interactions with law enforcement officers (LEO) and how those interactions differed depending on access to the Vulnerable Persons Registry (VPR) or Autism Registry (AR). It approached these registries as being a potential source of soft skill development fostered through the shortening of social distance. It also explored potential reasons behind increased interactions with factors such as the presence of comorbid diagnosis, living accommodations, victimization, and environment using a feminist perspective looking at disability at the intersections and the implicit presence of ableism and stereotypes as an impactful social factor.

Historically there has been an absence of the Autism communities voice being used during the production of knowledge about their community and issues which impact it. Milton (2012) stated, "Autism is not just an invisible disability ... the autistic voice has been made 'invisible' within the current culture of how knowledge is produced about 'autistic people'" (p. 885). This is particularly true when looking at interactions with power structures in society. Through interviewing persons within the autism community and through being a member of the community this researcher is focused on providing a method for the voice of the autism community to be included in telling their story.

During the course of the research, a common tendency to use language such as “we”, “us” and other collective terms was noted in reference to persons living with autism or directly supporting autists. This research respects this and will attempt to integrate this development as it is presented within the data. As Ed Roberts, the founder, and president of the World Institute on Disability, points out “when people with disabilities conclude that they have the right to be in the community, to have a say in how that community treats them, they are beginning to develop a consciousness about taking control of their lives” (Charlton, 2000, p. 1).

Chapter 1 Theoretical Framework

Exploring the autism community's perceptions and experiences with LEO requires establishing a point from which to understand how they are affected by stigma, perceptions, and the internal/external attitudes of outgroups. While engaging with matters around social encounters of persons who experience being human in cognitively or sensory unique ways, it will be helpful to utilize a combination of theories and perspectives to produce a clearer understanding of the forces and structures at work. When working with disability Shifrer and Frederick (2019) found that it is a category through which individuals experience marginalization and that inequalities are created within interactions as well as involves multiple categories of social exclusion.

For this research, a blending of theories and perspectives will be utilized to provide context concerning axes of stratification experienced by autists as well as factors affecting their social position or the social expectations on them. These will be disability at the intersections, social distance, and ableism. These will be used to understand the potential role of the VPR/ARs on the autism community and autists' perceptions of the resulting experience. Autists are affected by theoretical complexities such as labeling, stigma, and deviance as well as symbolic interactionism which all work together to view disability as a social construct produced through various interactions between persons and environment creating a complex dynamic to explore (Erevelles, 1996).

These theories and perspectives (social distance, disability at the intersection, and ableism) will assist in understanding the role of the registries on the inclusive or exclusive treatment of autists during interactions with LEO and to incorporate the response of the registries from the perspective of the Autism community and autists.

1.1 Disability at the Intersection

Engaging with experiences and perceptions of the autism community will lead the researcher to examine what it can be like to be an autistic. This can be a difficult task as autism is different for each autistic even before factoring in additional social factors or comorbid diagnoses. Outside of the individual, it is also necessary to understand how society is receiving autistics and how social players are engaging with them.

To explore the diversity of the social positionality of members of the autism community the perspective used by Shifrer & Frederick (2019) referred to as disability at the intersections is useful. This perspective provides a base from which it is possible to discuss, analyze, and disassemble converging factors that influence the experiences of autistics. As Garland-Thomson (2002) explains there is no template for understanding disability as a category of analysis or knowledge.

The use of a feminist disability perspective introduces disability and ability as categories of analysis while offering insights, methods, and perspectives for analysis. In doing this the disability theorist maintains that disability is not a disadvantage but a difference. These differences are sourced within disability and intersect all vectors of identity presenting as intersections within intersections (Hirschmann, 2020). Feminism here recognizes that a person occupies multiple positions, cultural identities, and social identities simultaneously (Spelman, 1988) which should be acknowledged for their individual and combined impact. Jaarsma & Welin (2011) found through research on neurodiversity that autism is understood by autistics as inseparable from their person and that it influences every aspect of their person. Neurodiversity in essence posits that all people are simply people and that the difference is in the presentation of human behavior.

Although this may be valid those who oppose this perspective most often do so do to the outcomes or impacts which are experienced through various axes of stratification.

Shifrer & Frederick (2019) explain disability as a complex state of being which is impacted by various axes of stratification. Garland-Thompson (2002) elaborates on this explaining that disability is pervasive in nature and is an unarticulated ideology that applies cultural notions of the self to the person, that like gender it pervades all aspects of culture and can not be separated from the individual. Garland-Thompson (2002) asserts that feminist perspectives hinge on approaching or viewing disability as an all-encompassing system present in a culture that stigmatizes a human variation, that it is a culturally created narrative similar to race and gender. This is noted in western culture as the understanding of disability as a defect. It challenges the premise that the unusual is inferior and pushes for the analysis of how disability functions with other systems of representation and the processes by which they mutually constitute each other.

Approaching disability as intersectional requires assessing how disability is legitimized through modes of social construction including moral and biological attributes, separation, and dichotomization. These legitimization processes laid out by Shifrer & Frederik (2019) highlight that there is assigned cultural value to the disability community (moral attribute), the attachment of the 'normal' as defining what is biologically natural (biological attributions), the placement of onus of change being placed on the nonconforming or disabled (separation) as well as blatant or indirect social binaries/segregations (dichotomization). They note "sociologists regularly engage with dominant constructions of race, class, and gender the discipline but as a whole continues

to fall short in critically examining how the cultural value of normalcy and disability shape observed patterns” (p. 1).

Aside from approaching disability through this perspective, it has come to also be regarded as a genre of identity studies. Disability as a point of social identity can even be attributed to a source of pride as well as the axes of building community (Shifrer & Frederik, 2019). Like identity studies, it asks what kinds of knowledge may be present and suggests that we are better societally to not approach disability with the intention of elimination or expectation of conformity but to acquire knowledge and learn to accommodate the varied kinds of humans. To do this it can be necessary to investigate how social systems operate to support imaginary norms by identifying where power, privilege, or status are operating (Garland-Thompson, 2002).

Approaching disability as intersectional is helpful to conceptualize societal placement as well as factors or actors which act upon the minority group. Using this theoretical approach may also prove useful in understanding the Vulnerable Persons Registries and Autism Registries’ potential impact as mobilizing, suppressive, helpful, stratifying, or as contributing to the legitimization of discrimination.

The choice to approach these registries and experiences through the perspective of the autism community additionally provides a vantage point that intersectionalists have pointed out as often being missed. Crenshaw (1989) points out that intersectionalists approach discussing or researching group oppression through the experiences of the most privileged group members or groups. In this instance the oppressed or underprivileged group being the autism community and the privileged group being law enforcement officers and agencies.

1.2 Theory of Social Distance

Early theoretical engagement with social distance engaged and explored the construction of either industrial relationships or larger society (Durkheim, 1964). More recently social distance has focused on ‘moral density or reproachment and looks at distances between individuals’ (Weinar et al., 2017). More explicitly that attitudes of alterity (state of being othered) are highlighted through the identification or use of social distance (Lopez, 2021). Social distance then moved to be used as a perspective that emphasizes the interactive aspects of engagements and incorporates a Simmelian treatment which involves reflecting on how nearness and remoteness present in social relationships/engagements to engage in the maintenance of social actors or groups as strangers (Simmel, 1950).

Social distance is defined by Hergenrather & Rhodes (2007) as a “relative willingness of a person to participate in relationships of any degree with a stigmatized person” (p. 67). Studies have found that the desire for social distance to be created or maintained was static, in that it not only increased with age but that it experienced a decrease with education, in particular, education about the stigmatized group(s). Social distance, as well as functional interaction, was also much more prevalently noted when this was looked at concerning interactions between the ‘able’ and those who have been diagnosed with disorders associated with possessing reduced willpower or lack of control of faculties (Dietrich et al 2004).

Hwang, Kim, Koh & Leventhal (2018) discuss that some common behaviors or behavioral traits possessed by autists may be interpreted by outsiders or onlookers as them being dangerous, violent, or aggressive. This interpretation of behaviors potentially

leads to avoidance or the use of social distance due to being perceived as bullies or as unpredictable. This is a fallacy of perception as shown by Hwang, Kim, Koh & Leventhal's 2018 study titled 'Autism and Bullying' where a multiple country analysis highlighted autists as being socially less likely to engage in bullying behavior due to social functioning issues. Essentially, they found that autism spectrum disorder appeared to act as a protective factor against becoming a bully or employing bully tactics overall. Unfortunately, it was also discovered that autism was not efficient in protecting the autist from being bullied and that over 75% of the autists included in their studies reported being victims of bullying throughout their lives.

Looking at the social placement of persons and groups requires looking at some of the factors involved in social interactions. Kintsch and van Dijk (1978) discuss that it is schemas or frameworks which integrate information including relationship information to provide a model to the actor on how to act during social situations. Persons who may lack social schemas skills or who do have these but take additional time to access them in the moment will struggle to navigate social situations. This struggle in navigation affects what Shaller et al. (2019) explains as the ability to create positive moral judgments from others during the negotiation of social interactions. This results in the use of social distance on a reactive basis by others in the social situation. This social distance can be applied entirely intrinsically without the person realizing it is happening. Conversely, impairments in this area for the autist will impede the ability to properly and quickly 'read' others in social situations also creating a social distance.

Disorders that are more strongly associated with reduced willpower or control were additional factors affecting the social distance employed during interactions. It

appears as if when mental health or cognitive disorders have been biologized it becomes more likely for social interactions to result in them being subjected to implicit and explicit negative attitudes which in turn increases social distance as well as ‘othering’ of the disordered person (Dietrich et al 2004). Negative attitudes and the act of ‘othering’ are more likely to develop when there is insufficient or faulty knowledge held about a group. Both negative attitudes as well as the use of ‘othering’ can vary depending on a person's acquired knowledge or familiarity with the other person or group (Huskin, Reiser-Robbins, Kwon, 2018).

Huskin, Reiser-Robbins & Kwon (2018) found that when using social distance scales, a stigma hierarchy appears which supports claims from Westbrook et al. (1993) that there is increased stigmatization when a person’s disability involves either mental functioning or is socially visible. However, the presence of this stigmatization and distance was more likely to alter – by reducing the social distance between groups or persons – when cooperative relationships were built that promoted equity and optimized conditions of interactions. For example, quality contact involved the interacting use of intellectual, social, and emotional engagement.

This translates to a course of social experiences which are affected by social stigma in turn affecting public behavior toward others. This is more commonly referred to as an attachment of stereotypes or prejudice toward a person or group. Stereotypes are understood as efficient knowledge structures which involve shortcut thinking to access retained information representing a social group and are used to assist in social interactions. They represent a collectively agreed-upon notion to quickly generate impressions based on stored information which guides interactions and responses.

Agreeing with these notions, if they should be stigmatizing or negative, an actor is more liable to develop an emotional reaction and show prejudice thus deliberately creating a discriminatory space referred to here as social distance (Corrigan et al 2001). This is not to imply that this form of social distance is created intentionally or is indicative of malice or negative connotations towards a group or person.

Harder, Keller & Chopik (2019) found that this discriminatory space, as well as the presence of ableism, was reduced through education and exposure with the permanently or visibly disabled. Alternately those who are closer in social space are more likely to interact and thus the space is likely to result in a reduction of social distance in future interactions as well as reducing both prejudice and ableism all while permanently altering useable stereotypes for future interactions (Akerlof, 1997).

Dietrich et al. (2004) applied social distance principles to their study which focused on law enforcement officers' perceptions regarding persons with either an intellectual disability or a cognitive disability by focusing on interactions between LEO and schizophrenics. They used the theory of social distance and Link and Phelan's (1999) definitions of stigma and individual discrimination to understand the amount of social distance LEO used when interacting with the disabled. The study found that there was a positive correlation between the implementation of social distance and biologically understood disorders or disabilities. This study was conducted in response to the significant increase in the interactions between the two groups due to the deinstitutionalization movements of the 1980s.

This movement was a ripple effect consequence which Fisher, Baird, Currey & Hodapp (2016) credited to the publication of a photojournalism book in 1974 titled

‘Christmas in Purgatory’. This book highlighted what can only be described as inhumane living and treatment conditions within the institutions which ultimately incited multiple social groups and activist groups to lobby against the institutionalization of the disabled. The resulting movement has seen an increase in the number of individuals with intellectual or cognitive disabilities who exited these institutions and enter the public sphere. This move consequently led to an increase in their social desirability. That is to say that they were no longer invisible and their presence was accepted as normal, not that it resulted in a consistent reduction in the social distance between the disabled and the abled (Dietrich et al., 2004).

With disabled persons no longer expected to be permanently institutionalized the group became regarded as commonplace citizens. This citizenship was coupled with a noted increase in misconceptions about their personhood and significant disenfranchising. Deinstitutionalization resulted in persons being moved from closed institutions (closed in the sense that there was no visible line of sight in or access to persons who were not employed or screened) into group homes, halfway houses, or independent/assisted living facilities. These new living arrangements and spaces often limited social participation in the surrounding community and often employed untrained staff resulting in a rise in the victimization of the socially vulnerable (Fisher, Baird, Curry & Hodapp, 2016).

Deinstitutionalization equated the integration of stigmatized groups into society lowering socially present or socially accepted stigmatization. The reduction in these stigmas is related to the amount of accepted space between groups. Shorter or lesser social distance allows for a form of desensitization or familiarity of a group formerly viewed as obtusely abnormal, resulting in less friction in engagements. This is supported

by Corrigan et al (2001) who explained that familiarity alters attitudes. This is linear to the effects noted in studies by Flores et al (2018) when studying how the mere-exposure effect altered stereotypes toward discriminated against populations finding that familiarity reduces negative perceptions and fear resulting in closer proximity and reduced stigmatization.

Dietrich (2004) expanded on the components of stigma referring to definitions provided by Link and Phelan, these components include: being identified through difference, differences label the undesirable, being subjected to a separation noted by ‘us’ and ‘them’, and a resulting loss of status or discrimination. Of these levels of discrimination, it will be individual discrimination which is used to explore the amount of readiness or preparedness that is noted in differing engagements and applied to the theory of social distance. The second form of discrimination that is used when discussing the connotation or terminology which is used within the registries as well as structural discrimination.

Dietrich et al (2004) explain that individual discrimination focuses on how the actions of one group affect the social lives or interactions of another and can be measured by the desire for social distance noted in the willingness and readiness to engage with people of certain groups. For example, there is low individual discrimination toward a group when there is a willingness to engage and interact with persons of a group but there is high individual discrimination if there is no effort or attempt to interact with a group when they are present or attempting to initiate contact themselves. Structural discrimination moves from interactions between actors and focuses instead on institutional practices or policies etc. which may work to disadvantage or initiate negative

stereotypes during interactions or engagements. Concerning registries, this can be used to assess the execution of the registries, the process of registering as well as the use of stereotypical language or language which reinforces such things.

Therefore, the theory of social distance as a theoretical standpoint when approaching the VPRs and ARs is useful in several ways. It can be used when regarding the registries as axes of understanding the 'where in society' autists are, it allows the researcher to take note of the information provided in the registries to identify stigma related behavior or traits that may be increasing social distance between the groups when the registry is absent and it can be used as a tool which provides a bridging of social distance affecting existing stigma within LEO and subsequently affecting the treatment of autists during responding.

Dietrich et al. (2004) and Corrigan et al. (2001) explanations of the effects of social distance assists in understanding the effects of social desirability through interactions that have been impacted by the presence of VPR/ARs. The premise in findings reflects that just as de-institutionalization served to shorten the social distance in social spaces, the registries serve to shorten the distance between the disabled and law enforcement officers. In both instances, we are looking at bridging two groups using tools that increase the knowledge of each other and therefore draw the other closer and into a clearer understanding. Activism and social programs of recent years have increased much of the public knowledge of the disorder's existence whereas these tools hold potential for increasing the functionality of this knowledge and foster a greater acceptance of other humankind. Tools have been predominantly implemented or amended by the abled

populations or power structures leading to an increased presence of what has become known as ableism.

2.3 Ableism

Ableism is what happens when the able-bodied are viewed as either the norm or as superior. This not only affects what shapes social norms and beliefs but also leeches into the social and physical construction of the world resulting in socially embedded discrimination, labeling, and accessibility. The trickle-out effect of ableism within organizations and social settings can often be found to be a primary barrier for the differently-abled (*Ableism / Discrimination / Britannica*, n.d.). Kumari Campbell's (2001) definition focuses on ableism's dehumanizing role in that it is "a network of beliefs, processes, and practices that produce a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical ... disability is cast as a diminished state of being human" (p. 44).

Ableism and all which it invokes has been found in experimental research to be more present toward persons with a congenital disability versus acquired disability (Bogart & Dunn, 2019). That is to say that those persons who are born with a disability or diagnosed with a disability that is believed to have been present at birth or a result of non-environmental factors experience a higher impact of ableism within their lives.

When ableism is present in both implicit (internalized or hidden) and explicit (external or overt) forms it presents as an expression of stigma. When it is exhibited directly from persons and not structures it is not a concrete trait of the holder and has shown to be able to be decreased with increased exposure and experience with the disabled or disability – a reduction of social distance.

As such ableism serves to perpetuate stigma and oppress or restrict individuals causing feelings of being less than and precipitates the person(s) who feels less than to be more prone to label avoidance or to not disclose information that would assist in interactions. Such impacts make the stigmatization associated with ableism potentially more damaging than the disability (Young et al, 2019).

A common link that exists among many current studies is that the research design contains elements that indicate intrinsic ableism presenting as there is something wrong or in err of the autistic. By addressing and identifying ableism this research aims to place the personkind in a position that is not viewed as handicapped or pathological and simply as unique in ways of socializing or interacting. This is a conscious and deliberate method to maintain constant and transparent respect for the variability of the neurological difference and human variation. This crux or intersection which is noted by Jaarsma and Welin (2011) as the perspective point which involves the application or avoidance of ableism in research conducted which focuses on issues pertinent to those identifying or belonging to disabled groups.

Within interactions and structural implementation of registries as well as within currently provided training, there is a need to identify present ableism and how it affects disability communities. Ableism as it appears in either explicit or implicit form impacts interactions and relationships as well as assists to provide an understanding as to how labeling, stigma, and stereotypes are applied to the autism community. This can be stratifying for persons with disabilities. Thompson (1997) identifies disability as the ultimate other. Even though - as Garland-Thomson (2002) clarifies - it is the most human

of all lived experiences, touching every family and existing as an identity category which anyone can enter at any time.

The identification and presence of ableism provide context and understanding surrounding the development of stigma and othering specific to developmental disability. Goffman (1986) addressed stigma as social information which an individual conveys about themselves. Stigma, as he defined it, is a ‘special kind of relationship between attribute and stereotype’. He elaborates on this stating that:

We believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances (Goffman, 1986).

These processes impact both interactions and policy creation. Ableism, regarding the registries, can provide a perspective from which to understand the role autists have in policy creation, in the support/education development as well as to analyze the language and information chosen in these registries. Registries are predominantly monitored and amended by the abled, often only involved, and perceived abled persons (support persons or guardians) are noted as able to register others, even the language within the registries indicates the presence of ableist connotation – this has been slowly being removed and identified through communication from adult autists who independently reach out and point out the err.

With the premise and procedures involved with registering and the content of the information within the VPRs and ARs containing elements of ableism it is necessary to unpack how ableism is interwoven and impacts persons. This creates a more complete or holistic understanding of the experiences affecting the perspectives of the autism community.

Originally registries were developed by members of the disability community, mainly by support persons and organizations. Over several years the use of the registries expanded, what began in one town moved to a municipality followed by a province and eventually made its way into communities across the country as a tool used by many but shared by none of them. The initial introduction of these registries and their implementation by first responder departments remains most often precipitated by members of the autism community. The content of the registries has been altered from the original version through countless amendments, usually department or service provider-specific. These updates or revisions are done under the premise that they reflect the needs of the disabled or disordered person, however, without the voice of the registered or the disability community at the table during revisions, this is more apt to reflect the needs or perceptions of the responder. It is also more apt to contain verbiage which is not just ableist in nature but terms that operate to trigger the use of stereotypes which can be counterproductive in the field, for example referring to the person as suffering from autism (Corrado, 2019).

Bogart and Dunn (2019) describe that when ableism is implicit within policy making it manifests as putting the onus on the disabled individual or community to demand access or accommodation. This assertion reinforces the social stigma of the disabled as needing special treatment and removes the onus from society and institutions from being responsible to provide diverse treatment and services. Ableism is what obscures the role of social environments and institutions creating a picture of disability to these spaces which reinforce the source of human essence as being the proximity to able

or normal and those who are not are ‘damaged’. By placing the disability ahead of the person, it is easier to respond by relying on social stereotypes.

Ableism is also found in the premise of the creation and use of social distance during interactions. It is initiated through the process of othering persons or groups into labeled categories that are identifiable through comparison to the accepted norm or abled person. Those that are found to be deviating from the ‘able’ in mind or body are subjects of fear or negative emotional response and social distance is created – a buffer zone. Those who are identified as having differences that are physical, sensory, or intellectual are more apt to be stereotyped and experience greater effects of ableism in their lives (Bogart & Dunn, 2019) as well as experience more social distance from persons who perceive them in this othered state.

Ableism creates a webbing from disability creating a multitude of stereotypes, labels, social barriers, or misconceptions. These intersect all other social identities creating the potential for the disabled to experience multiple forms of discrimination from those deemed abled. This is reliant on the presence of either implicit or explicit attitudes associated with ableism and affects the quality of exchanges and social interactions (Bogart, 2019).

Effects of ableism on mental health may be reduced with the presence of positive autism social identification. Autists are found to exhibit lower self-esteem and higher levels of anxiety or depression than neurotypical peers when they lack a positive autism identity. Positive autism identity is defined by a self-concept comprised of personal characteristics and characteristics which are shared with members of a community (Cooper Smith & Russell, 2017).

In sum disability at the intersection looks at subsections and labels created through distinguishing those who deviate from the socially acknowledged norm, or are able. It is ableism at play precipitating the drift in social proximity discussed in the theory of social distance. Both registries of focus are completed from the vantage point of the abled, discrediting the autistic or disabled directly.

The resulting interactions show there is a more positive interaction where the registries are in use, potentially initiating a point by which social distance is reduced and implicit stereotypes are challenged and altered through experience guided by supplied information. That is not to say that these registries do not warrant improvement but that they may be showing to be beneficial in the impact on soft skill development in lieu of lack of efficient training.

Chapter 2 Literature Review

2.1 Autism, History of a Diagnosis

When discussing autism, it is common to conceptualize the neurological or developmental disorder as a relatively new condition affecting a growing number of children in society. In the recent past, there has even been the use of the word ‘epidemic’ in relation to autism prevalence and diagnosis increases. However, this may not be the case. It may be that this is the lens that we are inclined to use but a lens that is guided by the birth of the classification itself.

As a diagnosis autism has traditionally been attributed or thought of in relation to Leo Kanner’s description of the disorder from 1944. Kanner described the presenting disorder as being seen in children through the presentation of ‘extreme autistic aloneness’, echolalia (repeating of heard words/sounds), and the compulsion for sameness. These were all attributes or traits that were noted within his clinical studies. He did not attribute what he was defined as having the ability to affect the cognitive ability of the children. He and a few others however attributed some of the symptomologies to distant mothers or parenting deficits (“The Evolution of ‘Autism’ as a Diagnosis, Explained,” 2018). This was such a widely accepted misconception of the cause of the disorder that in 1948 Time magazine ran an article titled ‘Frosted Children: Diaper—Aged Schizoids’ which explicitly attributed the disorder to cold perfectionist parents who were career focussed. Doing this it pointed at the correlation that all except five of the mothers of the children in Kanner’s study held college degrees (Time, 1948), overlooking the idea that access to Kanner’s lab and practice required economical funding that low middle- and lower-class persons could not afford.

The first time Kanner labeled the disorder in formal writing he referred to it as ‘early infantile autism’ (Silberman, 2015), this initial description and analysis have since evolved. To better understand how the evolution of the disorder as a diagnosis affects the current epistemological understanding and the development of lasting stereotyping and stigma attached to it, it is best to start where it was believed to have been first noted and work ahead. Butler (1993) states that disabilities clarification suggests that the self materializes not so much through the discourse but through history, that the self materializes in response to engagements with social and concrete environments affecting the psyche and interactions with power structures.

There is a potential misconception that autism as a condition among humankind aligns with the inception of the diagnosis some 70 years ago. That concept has been challenged through the work of Wolff (2004) who proposed that the disorder has been with the human condition for centuries, possibly since the beginning. Wolff chronicled records of individuals who exhibited symptomology of autism as early as the early 1700s. For example, the 1747 court case of Hugh Blair where Blair’s brother petitioned Scottish courts to have his brother’s marriage annulled on the grounds of the younger siblings ‘silent madness’. Recovered court documents describe Hugh Blair’s symptomology as including deficits in social relationships, an abnormal gaze, abnormal and inappropriate use of language, long periods of echolalia, and obsessive illogical or repetitive behavior.

Publications from the early 1800s like ‘Observations in Madness and Melancholy’ written by John Haslam (1809) also highlight cases such as Blairs and others similar to it with linear symptomology pointing to the probable existence of autism severely predating the creation of the diagnostic label and criteria. Several early scientists involved in large

scientific contributions such as Henry Cavendish, who discovered Hydrogen in the mid-late 1700s and who also formulated methods to (surprisingly accurately) estimate the weight and density of planet Earth are also suspected as being on the autism spectrum due to these and many other noted behavioral traits and tendencies (Sacks, 2001).

Studies in the early 1900s by German psychologist Eugen Bleuler focussed on schizophrenia describing severe symptoms including infantile wishes to avoid reality and a tendency to replace reality with hallucinations. He referred to these hallucinations as 'inner life' and coined the phenomenon as 'Autism' (Evans, 2013). Initially, the term autism was born to describe hallucinations and any assumed type of fantasy life associated with schizophrenia. This makes it understandable that early clinical studies would incorporate the term schizophrenia in relation to their study participants.

A multitude of studies on displaced children in the onset of WWII classified these symptoms under the heading of childhood schizophrenia, additionally listing the primary cause as cold parenting by Leo Kanner (leading psychologist of the autism diagnosis development) and others. It was not until several years later that researchers began to view the group of symptoms as a set of developmental disorders or a condition with varied behavioral and social symptoms ("The Evolution of 'Autism' as a Diagnosis, Explained," 2018).

It has been believed that advancements leading to the labeling of the disorder remained relatively quiet until WWII. During the social disruptions on family units caused by WWII, there was an increase in study opportunities involving children and child psychology. This was due to the influx of unaccompanied children in evacuee/refugee populations. It is probable the use of this population of minors who were

left without parents may have added to the validity that was afforded to the understanding of the time period that these disorders were the product of absent or ‘cold’ of parents (Evans, 2013).

Another addition to this way of explaining the presence of autism in what was being recorded during this initial clinical study phase was the high frequency of elite or upper-class children who were being assessed. These children arrived for assessment and were accompanied by parents who were busy in social or professional worlds or exhibited a methodical approach to parenting as noted in Kanner’s clinical notes. Many of the parents noted arrived with lists of concerns, highly detailed descriptions of behavioral concerns, and appeared to themselves be hyper focussed and socially awkward or reliant on the stories of child-rearing staff (Silberman, 2015). At this time in history, the minority of families which had two professional parents within the home would often rely on live-in nanny service or an equivalent to rear children, there was no existence of child-minding businesses such as daycares.

In 2010 Steve Silberman published the book *NeuroTribes* where he reveals historical data which shows Hans Asperger (1933-1944) had been conducting lectures in psychology departments in Vienna at a University Children's hospital discussing children who mirrored the children in the Americas a few years later who were being identified by Kanner in his clinics as having early infantile autism. The American psychologist Kanner, who named the disorder in his studies, was assisted on his clinical ward during these clinical trials by a research assistant named Georg Frankl. Before immigrating to the United States to work with Kanner Frankl was Asperger’s chief diagnostician in

Vienna - as a Jewish practitioner, he was one of many who immigrated to America to avoid German forces (Silberman, 2015).

The subjects Asperger discussed in his Vienna lectures were young children who he described as 'little professors' or 'absent-minded'. During this time he labeled them as exhibiting 'autistic psychopathy' (Baron-Cohen, 2015). Asperger did publish some of his research about these adolescents however these publications remained untranslated and available in German only until 1981 when Lorna Wing referred to Asperger's paper in her seminal paper written in collaboration with Gould. Wing's paper birthed the differentiated diagnostic label of Asperger's syndrome from autism (Wolff, 2004).

Asperger referred to this 'condition' as a natural entity of the human condition that varied in its effects across those which it affected; it was due to this observation that he posited the condition was most likely genetic. He did not believe that the condition affected the cognitive processes and that it was most likely a condition similar to a psychosis that decreased in effect over a person's lifetime. He suggested this pointing to the increases in social interaction success with his research subjects (a phenomenon now referred to as camouflaging which uses superficial parroted social skills). When Asperger presented the findings from his established therapeutic school, a school-based solely on emphasizing skills and exploring hyper focusses of subjects in a scheduled and soft environment, he is noted as apologizing for the lack of female subjects. This he postulated could be due to the low frequency of females being affected but he could not be sure. It also could have been a gender bias reflective of the recruitment process which was done through referrals from teachers and juvenile courts (Silberman, 2015).

In the early 1940s, Leo Kanner began working on child psychiatric studies at Johns Hopkins University School of Medicine in Baltimore, MD, USA. He focussed his early writing on a group of 11 children from the clinic who exhibited similar symptomology eventually defining what he proposed as a new condition called ‘infantile autism’ (Baron-Cohen, 2015). These children were described as exhibiting a state of extreme aloneness, using delayed echolalia (exact phenomenological repetition), held obsessive rigid desire for sameness, were sometimes intelligent with emotional disturbances, and had no cognitive impact from the condition (Zeldovich, 2018).

Kanner’s clinical schools discouraged parental involvement, particularly involvement or visitation of mothers. He claimed that the condition was rare and there was no diagnosing ability in adolescence stating clarity of diagnosis was restricted to childhood years alone (Baron-Cohen, 2015). The formalized list of shared symptoms became solidified, and a beginning point for future research. Whereas Kanner pointed to distant mothers or cold parenting as a causal factor it was not until the 1950s that the term ‘refrigerator mothers’ was coined by Bruno Bettelheim and cited as a source of autism in children. Most of the symptoms listed by Kanner were included in the DSM diagnostic criteria published a few years later in 1952 when autism was listed as a psychiatric condition (Zeldovich, 2018).

Parental style was not challenged as a cause of the disorder until the 1960s. It was during this decade that psychology researchers in Britain released studies that reformulated autism. These studies referred to a documented perception of a lack of unconscious symbolic life and a lack in the ability to fantasize. These research studies went on to point to sensory deficits which impacted language development making

abnormalities in language a key indicator of the presence of autism. For example; echolalia, pronoun reversals, third-person use of language, and so on (Evans, 2013). In the latter half of the 1960s research began to point to biological origins and a root in brain development (Zeldovich, 2018). It is in this decade we see a shift in the epistemological knowledge of autism moving from the previously understood conception as a form of juvenile schizophrenia caused by parental influence move into a biological source or cause. The stigma of the origin of this newly labeled diagnosis as parents holding fault for their child's disorder or as those with the disorder having little to no control, consciousness, or awareness still appears 70 years later in conversations and misconceptions and holds mild intonations in the ideal of the source being genetically rooted and passed down.

The 1950s marked the beginning of the deinstitutionalization movements throughout North America, Canada has seen effects of this movement throughout the 1960s (Spagnolo, 2014). This began as a product of belief sets that held that institutions and asylums were cruel, that the improvements in medication were leading to cures and more functional people, and in the push to reduce government expenses. This movement has seen institutions be closed and the former occupants moved into mainstream society, often without much transition. It has seen an influx in the development of activist groups for better diagnosis and recognition of people now seeking ways to live and survive outside institutions (Yohanna, 2013).

Many autists who were moved out of institutions were moved into group homes which adversely increased their risk of victimization due to being unaware of risks or not possessing skills to respond to new social situations. This risk is defined by the

vulnerability that occurs when individuals are at risk of being unable to avoid adverse events that could affect their emotional, physical, or financial well-being (Fisher, Baird, Currey & Hodapp, 2016).

The drive of newly created parental advocacy groups, and groups seeking educational solutions resulted in the increased push of the recognition of the mentally ill and disabled. The result was an increase in attention in the following years from researchers. This increase in interest and social response also seen an increase in the publications around autism and autism-related issues to the tune of 1000s of papers, 100s of organizations and advocacy groups, and a minimum of 7 international journals.

By the end of the 1970s, there was a recognized and almost uniform agreement among professionals that this disorder was not a relation to childhood schizophrenia. In 1979 Lorna Wing and Judy Gould embarked on the start of their studies focussing on autism. Wing, an autism parent, and her research partner embarked on their research which reconceptualized autism as a social impairment (Evans, 2013). Their resulting seminal paper took two years to produce and focus on the previously unseen translated work from Hans Asperger.

Wing and Gould's (1979) epidemiological study on children with special needs broadened the conceptualization of autism, birthed the diagnosis of Asperger's syndrome, preceded a burst of diagnosis among adolescents and children as well as allowed for wider distribution of therapies provided by governments and agencies (Wolff, 2004). This change in the approach and understanding of autism make Wing and Gould the first to approach the disorder with a spectrum model and challenged the concept of the disorder as being rare. Instead, their study increased the breadth of the disorders'

symptomology and resulted in an exponential increase in diagnosis rates (Silberman, 2015).

The diagnosis of autism was included in the DSM-III in 1980. In this edition, it remained heavily linked with Pervasive Development Delays (PDD) but was officially free of its previous association with schizophrenia. The initial diagnostic criteria listed 3 specific features which were required to be met before 30 months of age. This age has seen some movement and was initially set due to the lack of documented evidence that symptoms were present or distinguishable before this age (Silberman, 2015). These features were a lack of interest in people, severe impairments in communication, and bizarre responses to the environment. By 1987 diagnosing professionals were petitioning to drop the age requirements of the diagnosis and to broaden the diagnosis to include mild and moderate effects of the features as well as including PDD-NOS (pervasive developmental disorder not otherwise specified). Pervasive Developmental Disorders (PDDs) were retained in the DSM-IV and now included five diagnoses – Autistic Disorder, Asperger’s Disorder, Childhood Disintegrative Disorder, Rhett’s Disorder, and Pervasive Developmental Disorder not otherwise specified (PDD-NOS). Other alterations that were proposed were the inclusion of 16 criteria for each of the 3 features with a minimum requirement to meet 8 of these in each category for official diagnosis (Zeldovich, 2018).

In the mid-1980s a group of psychologists including Baron-Cohen, Leslie, and Uta, and Firth began to postulate the existence of a lack of theory of mind as a central connector of autists. This belief stayed unchallenged for over twenty years when others

have challenged that a lack of theory of mind is a secondary effect and not a precursive indicator of the disorder at all (Evans, 2013).

The DSM-IV published in 1994 seen some alterations in how autism was defined, this was the beginning of the diagnosis officially being recognized as a spectrum and encompassed other childhood diagnoses such as Asperger's syndrome, Childhood Disintegration Disorder, as well as Rhett Syndrome and seen the inclusion of a reference to potential genetic roots. The new changes also characterized autism as an all-inclusive diagnosis that could range from mild to severe (Zeldovich, 2018).

2.2 Historical Context Leading to LEO Interactions

As a diagnosable disorder, ASD is vastly considered a young diagnosis, it has been accepted that it became the focus of study during the 1940s. It took another 40 years of study before being entered into the DSM-III in 1980 ("The Evolution of 'Autism' as a Diagnosis, Explained," 2018). Some of the belief that the disorder itself is a new development in the human condition has been challenged in recent years as incorrect. It is being suggested that autism was indeed an area of study before the 1940s but due to translation issues it was not recognized as such in the prominent English institutions in the USA. It has also been suggested that autism has been present as part of a variation of the human condition for generations going back hundreds of years. It has been suggested that with analysis of court documents and historical records it may be possible to identify autists through historical literature using retrospective diagnosing going back as far back in our history as the 1700s (Silberman, 2015).

Through the accumulation of research and a growing understanding of the disorder, the term autism replaced various predecessors, some of which included titles

referring to childhood schizophrenia. Eventually, this led to another alteration of the disorder's name, and the addition of the term 'spectrum disorder' was included to refer to the disorder possessing a range of effects on a person resulting in different or individual manifestations of symptomology for each Autist.

Autism has an agreed-upon neurological impact noted through the exhibition of behavioral traits, this is not to be confused with having a universal cognitive impact as this is not always a present effect. It does however lack a universal biological understanding to date; however, it is getting closer as some aspects of the disorder are showing biological understanding. All this understanding around the disorder results in the formal diagnosis of ASD being made through a combination of checklist assessments and observational assessments of behavioral traits, social communication skills, and other areas of development. This is all assessed collaboratively by parents, diagnosticians as well as teachers or educators.

This lack of universal biological or neurological understanding may contribute to stigma or stereotypes about persons with autism including presumptions that they lack the want to control their behavior, that they are socially defective, that they are the product of 'bad' parenting, or that they are incapable of human connection. These types of stereotypes or attitudes are often affected and altered based on the past understanding of social placement or, in this case, a disorder. For example, in the case of autism, early documentation conducted by Dr. Kanner (1943 on) was built upon by Bruno Bettelheim as the director of a facility for troubled children in Chicago which led to a 1967 publication highlighting his theory about the onset or cause of autism being located within the familial home. This associated the onset or causation of the disorder as a result

of cold parenting or detached mothers (Silberman, 2015) which may explain some of the stereotypes or cultural associations of shame associated with the diagnosis.

Stereotypes about autism or autists are often culturally learned. Many originate with misinterpretation of behavior as well as media depictions of the disorder. Misinterpretation of behavior can occur with the presence of self-stimulatory behavior, differences in non-verbal communication as well as periods of lower control. Many autists experience periods of lowered self-control which can be noted through a lowered ability to control gross motor functioning, lowered social skill abilities, or lowered emotional control. The presence of lowered self-control, erratic or unpredictable behavior, or movements have been related to higher involvement with LEO and viewed as problematic or criminological (Venables et al., 2018) reinforcing this misconception. Traits common with autism such as reduced verbal response, difficulty maintaining eye contact, or involuntary body movements may cause a person to be perceived as to be deviant, an addict, or mentally ill and therefore subject to treatment based on held stereotypes of these as well.

Stevenson, Harp & Gernsbacher (2011) focussed their work on analyzing media depictions of autism recognizing that autists depicted in media sources appeared to be overwhelmingly child depictions. They found that 90% of book characters with autistic traits were children, 68% of film and television depictions were children and 79% of news articles featuring autists were focused on children while those who featured autistic adults also made note of the autists' parents by name. this indicates a high propensity for media depictions to infantilize autism, much as it has infantilized disability throughout history, in particular persons with developmental disabilities who have historically been

treated like children and subject to condescension. With much of autism in media being focussed on the disorder being synonymous with childhood and little focussed on adult autists a new intersect is presented; that of being invisible.

Most autists also exhibit or experience a lowered emotional intelligence. Emotional intelligence refers to the ability to identify emotions in others at the moment and to adjust accordingly socially, it also refers to the ability to regulate their own emotions at the moment. Challenges or deficits in this type of intelligence have been associated with increased LEO interactions in criminological studies (Hunnikin & van Goozen, 2019) however it is important to note that this increase in LEO interaction does not imply an increase in criminological behavior.

Canadian studies show that Canada is not exempt from their autistic citizens experiencing higher than average instances of interactions with LEO (What happens when people with autism interact with police/CAMH). Precipitating factors of interactions include providing support for staff, family, or support persons during behavioral outbursts, for assistance in de-escalation during crises, outsider interpretation of irregular behavior or response, elopement (wandering/flight), a tendency to misinterpret danger, as well as due to mental health concerns or wellness checks (What happens when people with autism interact with police/CAMH; Chen, Pan, et al., 2017; King & Murphy, 2019).

2.3 Autism in present day

The DSM-5 was published in 2013, this publication altered some of how autism is classified and diagnosed. The category formerly listed as Pervasive Development Disorders was formally removed and replaced with Autism Spectrum Disorder (ASD).

The other individual diagnoses were removed, and their symptom patterns were added under ASD. Diagnoses excluded symptom checklists or age requirement however the two types of symptoms (impaired social communication and interaction and restricted repetitive patterns of behavior, interests and activities) required being present from early childhood and experienced in such a way as to limit daily functioning (American Psychiatric Association, 2013).

The concept of autism as a catch-all is removed and is now replaced with the notion of it being a spectrum disorder or approached as a form of a diagnostic continuum. Autism syndrome, PDD-NOS, and Asperger's are now a single classification, and a new classification is born separate from autism known as Social Communication Disorder. These changes resulted in a slight decrease in diagnosis eligibility and a reduction in the ability to access intervention or support services (Lobar, 2016).

The diagnostic criteria listed in this edition of the DSM sees autism as having two symptom domains: one of exhibiting impaired social communication and interactions (limited use of facial expressions or gestures to communicate, limited eye contact), and one of experiencing restricted repetitive interests or behavior (self-stimulatory behavior, extreme or unexpected response to specific sensory input). Four major criteria remained listed meaning that those fitting a diagnosis of autism would have to; have continuous impairment in social communication including reciprocal communication, exhibit patterns in activity/behavior/interest, symptoms would have had to persist from early childhood and these symptoms would be identified as having interfered with daily life (Lobar, 2016).

In 2020 autism is characterized by social impairment, difficulties with communication, and repetitive or stereotyped behaviors (American Psychiatric Association, 2000) and has been found to affect approximately 1 in 66 Canadian youth (Canada, 2018) with four times more males diagnosed than females (Canada, 2016).

Research suggests various potential causes of this disparity. First, there is evidence to support the existence of a gender bias in the currently used diagnostic criteria. This gender gap may potentially originate from the diagnostic criteria being developed using early research which utilized case studies predominantly containing male subjects (Haney, 2016). Secondly, the effects of gendered socialization of males and females in the early developmental years may lead to an exclusion of what has become known as the female autism phenotype being represented in the diagnostic criteria. Thirdly, more recent research is suggesting and finding support that females may be genetically subject to reduced diagnosis through the biological damper created through the existence of their second X-chromosome which is referred to as the Female Protection effect (FPA) (Hull, Petrides & Mandy, 2020).

Diagnosis typically begins with screening due to the missing or delayed developmental milestones in the developmental years. This often results in diagnosis happening close to the age of two years old but often not until entering the education system particularly if symptoms are mild (Diagnosis, N.D.). The age of diagnosis does show differences between the sexes. Female autists are typically diagnosed 1.5 years later in life than males (Helio, 2020). Females diagnosed later in adolescence or adult life is not uncommon, it is also not uncommon for later diagnosed female autists to have been first diagnosed with anxiety disorders, obsessive-compulsive disorders or so forth

indicating that there is a higher prevalence of misdiagnosis for female autists (Haney, 2016). Females are also noted to exhibit camouflaging and to be protected from pervasive symptoms needed in diagnosis due to genetic factors (Hull, Petrides, and Mandy, 2020).

Autism, as it is now, has found a new dichotomy amongst its population. This is partly due to the access to service changes and various movements pushing toward total autonomy of persons with disabilities. There is a strong presence of neurodiversity movement supporters among those considered moderate to high functioning which posits persons be accepted without emphasis on interventions considered conformity based. This shift away from therapeutic treatments is seen as abandonment and a step backward from those who are perceived as being on the lower end of the spectrum. This has opened both dialogue and tension regarding how persons diagnosed with autism should be treated, what is acceptable socially when neurotypicals interact with autists, and what services or interventions should be deemed appropriate in both application and design.

2.4 Gender As A Factor of Criminality and Victimization

When interacting with LEO, Allen (1989) found males were overrepresented in both arrest rates and interactions with LEO. Mayes (2003) estimates that autists (not factoring for gender or sex) are 4-10x more likely to be victims of crime. Being more likely to be victims of crime increases the probability or instance of interacting with LEO throughout. Allen (1989) further discussed those autists who were interacting with LEO during a call for response or support were interacting in part due to societal concepts of crime and criminality. These types of interactions involved more males and were most often due to behavior being viewed as suspect, aggressive, or devious by an onlooker or patrol officer. This adds another level of concern for autists as

presently there are more males diagnosed with autism and some of the common problematic behaviors associated with the disorder have a high propensity for being misunderstood or misinterpreted.

Allen's (1989) research reflected those males are overrepresented in crime statistics. The study describes that this is occurring in part due to societally built concepts of crime and criminality. Allen (1989) posits that these gendered societal concepts lead to a higher likelihood of law enforcement officers perceiving the behavior of males as being suspect, devious, or with malice. This, in turn, he claims, results in harsher outcomes when males encounter LEO and a higher frequency rate of interacting with law enforcement.

According to Statistics Canada reports 75% of police-reported incidents in 2019 involved males, even though this sounds high this low female representation is a reduction in the instance of female involvement compared to previous years. In the 2019 report males were more likely than females to receive custodial sentences or be processed through formal criminal procedures than they were to receive diversionary methods. By admission persons suspected of crimes are charged by LEO following two routes; through necessity or a judgment call of the responding law enforcement officer (Government of Canada, 2019). Judgment calls by law enforcement officers can be influenced by their moral reasoning, impacted by their held gender or cultural stereotypes as well as be influenced by their perceptions based on circumstances that are visible at the time of the incident or those which are precipitated during dispatch.

Differences in perceptions regarding male and female behavior held by law enforcement officers and the court/judicial system were the focus of a recent study

conducted by Hendree & Nicks (2000). Their study found there was a propensity for violent behavior from females to be perceived as a response to distress and “indicates a perceptual difference in the attribution of blame for criminal behavior” (pg. 487) based on sex. Whereas male’s violent behavior was more likely to be perceived as controlled, directed, or intentional. This is important to note as it indicates an intrinsic response by responders based on the visual identification of the persons' sex to which they are responding. This can be translated to differential treatment which may impact the autism community substantially as there is a gender disparity between diagnosed males and females as well as a held stereotype that autism is not present in females. There is little research to discuss responses to non-gender-conforming persons which is comparable.

One of the most common reasons for LEO to be called concerning autists is to assist with problematic behavior attributed to meltdowns. The above-mentioned perception difference may have some origin in a higher rate of violent offending by males that are experienced by responding police officers. Therefore, resulting in the male autist being at a greater risk of being criminalized than female autists during incidents or responses involving behavior that is perceived as hostile. Another common reason for the necessity for police intervention is to respond to mental health calls or wellness checks regarding potential suicide attempts or suicide ideation, it is also common for response to be due to elopement (wandering/running) or due to being victimized.

LEO responding to suicide ideation or attempts may add another layer of negative stigma if the autist being responded to is male. Surveys have found that males who are experiencing suicidal thoughts or tendencies are more likely to be subjected to higher

amounts of negative mental health stigma than females by those who are responding due to expectations attributed to masculinity (Murphy, O'Reilly et al, 2019).

Visher (1983) found that treatment decisions made by law enforcement officers were influenced by individual factors that were subject to culturally learned gender expectations or gender roles that were applied to the officers' perceived gender of the individual they were responding to. The potential for gender bias in treatment and the associated perception of criminality based on the interpretation of behavior attributed to an individual's sex is important to acknowledge in this research. It speaks to the importance of proper training and supports for LEO particularly when confronted with persons who live with disabilities or disorders that may have behavioral symptomology or characteristics which hold intrinsic stereotypes or stigmas to them even before sex is added as an element of navigating a response by the responder.

In relation to crime, there is also a gender split noted in victimology. When looking at how sex affects the types of crimes one may experience as a victim there are differences noted as to the types of crime experienced by the sexes. Females are more likely to experience sexual assault or violent crimes, while men are more apt to experience assaults or robberies. However, there has also been a downward trend in relation to crimes that are more likely to be experienced by men ("Gender-Based Violence in Canada | Learn the Facts," n.d.). With autists being 4 to 10x more likely to be victims of crime than neuro-typical persons (Mayes, 2003) it is important to note that they may be at risk of experiencing certain types of crimes based on their sex as well as based on their vulnerability or perceived vulnerability due to living with a disability.

Bhavsar & Bhugra (2018) looked at how victimization against people with mental illness or disability may differ based on sex. They did this while recognizing the impacts of additional stratification that disability incurs in addition to sex or gender. They reported that there was an inevitable increase in the occurrence of victimization based on the presence of mental health issues or disabilities. They added to this finding with the recognition that of these persons (disabled or experiencing mental health issues) men were twice as likely to be victims while women were three times more likely to be victimized. They did not make it clear if there was a distinguishable discrepancy in the type of crimes experienced by autists solely based on their sex or if this differs from the national findings. It is clear, however, that there is a higher instance of sexual assault, physical or common assault, and bullying experienced among the disability population. All these forms of victimization carry recognized potential for lasting impacts on the mental health of the victim or impact the level or number of interactions with LEO during their lifespan.

2.5 Police Response

Salerno & Schuller (2019) conducted a study focusing on the frequency of interactions with law enforcement officers (LEO) experienced by autists in Ontario. They polled 35 respondents who identified as being diagnosed with autism spectrum disorders (ASD) about how often they had interacted with LEO and what the context of the interaction(s) had been. They found that 80% of respondents had had at least one interaction, 50% reported having had four or more interactions and 15% reported they had had over 10 interactions. The most common reason reported for the interactions was law enforcement being called to assist with challenging behaviors.

Contrary to the initial assumption interactions with law enforcement are not indicative of offending or criminality, there is a higher likelihood for autists to be interacting with LEO as victims than as perpetrators or suspects. Among the autism population itself, some groups are more susceptible to being victimized than others. Particularly with Asperger's syndrome, those who also are diagnosed with intellectual disabilities, or those who reside in group homes or congregate facilities may be more susceptible to being victimized (Murrie et al 2002, Fisher Baird Curry and Hodapp 2016). It has also been found that the risk of victimization also increases with the presence of behavioral problems, poor interpersonal competence, and with passive or avoidant personalities or those who lack risk awareness (Fisher, Baird, Currey & Hodapp, 2016).

Tint et al (2007) investigated the experiences and perceptions of adolescent youths on the autism spectrum regarding their interactions with law enforcement officers. They followed 284 autistic adolescents over 18 months. Their study found that 16% of participants reported having been engaged in interactions with LEO during that timeframe. Of the reported interactions 1/3 were perceived as being negative by the participants, 19% of the youth reported the use of physical restraint, 30% described the interactions as resulting in physical escort to emergency services while only 2 of the individuals were formally charged.

It is unclear if the law enforcement officers involved were aware of the youth's autism diagnosis or if they perceived or recognized the youth had a developmental disability. Presently it is noted that there is an onus on the disabled or differently-abled to not just demand equitable access but to also disclose their differences or diagnosis rather than on the deliverance of universal design by service providers or power structures. This

creates the impression that there is special treatment and may reinforce the use of stereotypes which amplifies the use of power (Bogart, 2019).

Ultimately this type of response deflects from changing any exclusionary attitudinal environments or economic barriers and emphasizes vulnerability instead of highlighting the social systems which may need repair (Garland-Thomson, 2002). This is an example of how the cultural response to disability is felt like a cure or conform by the disability community rather than a matter of the social worlds' response being to adjust or accommodate (Longmore, 1997). The arising feelings of prejudice in attitude or treatment that can be felt in such circumstances have been found to affect levels of happiness (Hirschmann, 2020) impacting perceptions, experiences, and mental health.

Studies show that law enforcement officers report regular encounters with autists. These encounters are often due to domestic disputes, elopement (wandering), or behavior management assistance (Railey et al., 2020). In terms of autists as victims, it is most common for LEO to be responding to calls due to common assault, personal offenses as well as sexual assault. In many instances, these are not singular occurrences but are instances in multiple episodes occurring over a longer period. The number of episodes was found to be related to the severity of intellectual ability/disability, the more severe the disability the more episodes were noted (Fisher Baird Currey & Hodapp, 2016).

When responding to autists Henshaw & Thomas (2012) found that law enforcement officers often identify or recognize persons they are interacting with as being with on the autism spectrum by using visual or communication 'tells' in the person's actions or language. These 'tells' were reportedly learned through recollected media representation of autists or from encounters in their personal lives. Their study also

reported that responding officers felt that they do not receive enough training surrounding methods of communication, issues surrounding autism, and identification of the disorder.

Interacting with law enforcement officers is not without stressors, there is a considerable amount of anxiety associated with LEO merely due to perceptions or stereotypes surrounding the profession. In that respect interactions with LEO may be interpreted as stressful or overwhelming due to excessive sensory input attributed to uniforms, sirens, lights, and new social rules to remember or maneuver. This may induce poor, abnormal, or unexpected responses from autists. For example, autists may experience a decrease in social skills, verbal, or communication skills as well as encounter social processing complications which could affect the overall outcome or experience particularly if responding officers are unaware of these complications at play.

The presence of law enforcement officers may result in increases in stress response. This response can result in erratic behavior due to unfamiliarity with the social situation and may include the loss of interactional or communication skills (executive functioning challenges). This type of reaction can be mistaken for intoxication or ill-will by outsiders (Shutdowns and Stress in Autism, 2016). These types of reactions may be directly from stress, in relation or response to previous experiences, the result of abrasive stimuli, or may be induced due to associations of uniforms or even the sex of the responding officer. It becomes clear that there is a large margin of error for interactions to result in high stress or poor outcomes.

Without concrete functional knowledge of what autism is and how it affects persons law enforcement is left to piece together interactions with what knowledge and training that they do have which can result in adverse effects on autists. King and Murphy

(2014) found that autists were more vulnerable once involved with law enforcement or the judicial system due to a lack of understanding rights or those rights being effectively communicated. They also found that autists were susceptible to making poor decision throughout these processes and that there was little to no built-in protections within these systems to support them during all stages. It is no wonder that persons with disabilities are found to experience not just more social control from the state but are also at a higher risk of being victimized in instances of violent crimes and police brutality (Moore, 2010; Sherry, 2016).

Additionally, King and Murphy (2014) found that in instances where LEOs involvement was due to offending or perceived offending autists with lower social skills were more likely to be considered for being deferred due to lack of mens rea whereas those with higher social skills or communication skills were perceived by officers to hold higher behavioral accountability and were more likely to advance in the criminal justice system (CJS).

2.6 Autists & the Criminal Justice System (CJS)

It has been understood and shown in research that autists are more likely than neurotypical peers to encounter the criminal justice system (CJS). Initially, it was believed that autism was a risk factor present that increased the likelihood of offending. This was reinforced throughout the 1980s and 1990s due to several published studies which associated offending with autism. Some went so far as positing a correlation between the presence of autistic traits and various forms of murder (typically pointing to a higher propensity toward mass murder) however this has been challenged and current research no longer supports this stance. More recent studies show no link between ASD

and the propensity to commit violent crime. They do show however that it is quite rare for autists to commit violent crimes (Mouridsen, 2012, Allely et al, 2017).

Hunniken & Goozen (2019) note that there is a correlation between early-life behavioral issues and adult offending as well as an increase in perceived antisocial behavior when there is a noticeable reduction or inability to quickly empathize. The ability to empathize rapidly is linked, they note, with the use of eye contact. Reduction in eye contact, which is common in autism, can be inadvertently interpreted as indicating antisocial behavior affecting interactions. More precisely eye contact is understood to increase the response time when formulating and eliciting a response or behavior associated with empathy. This may increase the likelihood of others responding to autists based on inaccurate stereotyping.

Studies conducted in the United Kingdom reported that 80% of crime was committed by individuals who had unaddressed behavioral issues in their developmental years, and those who struggled with emotional regulation or emotional recognition (Hunniken & Goozen, 2019). Although this precipitating set of factors does have an impact on what is statistically noted it is necessary to look at such findings and identify that they may not be able to be generalized to the autism community. It is plausible these types of broad stroke findings may have added to negative stereotypes and impacting implicit stereotypes of LEO during interactions.

Chaplin & Gunasekaran's (2012) work discusses studies that have shown that those diagnosed as what has previously been referred to as higher functioning may be less likely than the general population to offend. However, if comorbidity of conditions or disabilities interacts or alters this has not been clarified. They do note that there is a high

tendency for media sources to sensationalize crimes associated with ASD and that many times the claim is unsubstantiated and only serves to add to negative stereotyping.

Regardless of the amount of misconception in the likelihood of offending research is consistently finding that it is far more likely for an autistic to interact with law enforcement as a victim than a suspect (Chaplin & Gunasekaran, 2012). In relation to findings pertaining to being victims Modell and Mak (2008) state that autists are 10x more likely to be victims of sexual assault and 12x more likely to be victims of robberies or theft. These findings are similar to statistics noted earlier.

Wing (1981) noted a small group of Aspies (persons diagnosed with Asperger's syndrome) who exhibited bizarre antisocial acts which classified as victimizing others however she noted that they did not appear to hold motivation for this and were noted to quickly confess when the wrongdoing was acknowledged. King and Murphy (2014) noted autists were at low risk of offending due to a higher-than-average dependency on rules however the behavioral response to particular factors may increase this risk. Reasons that this risk may increase include reduced social naivety making them susceptible to manipulation, abrupt disruption to routine, reduced understanding of a complex social situation, or poor negation skills as well as obsessional interest inducing failure to recognize implications of their behavior.

Murrie, Warren et al (2002) added to this showing that persons diagnosed with Asperger's syndrome were particularly vulnerable to victimization and held higher than average depression or anxiety traits. Bhavsar & Bhugra's (2018) studies have indicated a significantly higher occurrence of violent victimization against persons with mental illness or disability and went further to indicate that over 80% of these victims reported

that the incident or incidents emotionally impacted them and increased symptoms of mental health distress leading to poor functional status in their community. Similarly, Blood et al (2013) reported that victimization by way of bullying was twice as high as the general population and that it was victimization that was often reported. The effects of this type of victimization are explained by Young et al (2011) as poor academic achievement, lowered self-esteem, and confidence, increase in anxiety and depression, creation of alienation, and lessened social connection.

Autists are more likely to encounter the CJS by way of response to mental health calls or calls in relation to their victimization. This includes responding to being bullied, assaulted, robbed, or for suicide attempts or risks. Cage, DiMonaco and Newell's (2017) studies on experiences of autists regarding their mental health found that 77% of the sample population held mental health diagnoses including anxiety, depression, or bipolar disorders. Indicating that understanding the factors involved and the social effect of autism is necessary to understand how to effectively interact with and support them.

To elaborate on this, it is more probable that a law enforcement officer will respond to an autist in distress than escalated. During encounters with the CJS or LEO Aker and Johnson's (2020) research indicates autists encounter significant barriers including the typical communication style of officers etc., lack of mediated support or assistance, being more prone to suggestibility, and issues with questioning styles. These barriers, if not addressed, result in poor encounters, lack of proper understanding or support as well as unresolved issues.

Autists may interact with the criminal justice system or legal system for various reasons. The National Research Council estimates that autists are 4-10x more likely to be

victims of crime (Mayes & Koegel, 2003). Studies focusing on incarcerated populations estimate that nearly 5% of the prison population meets the criteria for an autism diagnosis (Fazio et al, 2012).

Presently it is estimated autists also have a significant representation in the prison system as well. This does not indicate they are more likely to be incarcerated but speaks more so of a lack of support or capability of navigating a system that is not built to accommodate their needs at any level. Without counting the incarcerated population which was diagnosed prior to sentencing there is a probability that 4.5% of federal inmates fall within the criteria for a diagnosis of ASD (Fazio, Pietz & Denney, 2012). Statistics Canada estimated in 2016 there were 157,500 federal inmates in custody or under supervision of the Correctional Services of Canada (Government of Canada, 2018) this equals approximately 7,088 inmates/offenders who were impacted by the results of their initial interactions with LEO and potentially are operating with a developmental disability unsupported and with little probability of receiving a diagnosis.

2.7 Police Training

The ability to serve communities or populations which require accommodations or additional understanding relies heavily on not just the availability of training but the quality and source of the training. More than that the outcomes of these interactions also rely on the methods used or encouraged in training about interacting with serviced populations.

Gardner, Campbell & Westdal (2018) researched law enforcement officers surrounding the amount of training that they received which was relative to autism, and how the training affected Leo's experiences in the field. This research was conducted

using self-reported data and lacked the perspective of the autists' experiences with LEO post-training. As such it is only reflective of Leo's self-evaluation of their job performance and interaction efficacy. Of the law enforcement officers surveyed a little over half reported that they knew someone with autism and 72% reported they had not received any training relative to autism or responding to autists. This indicates that subsequent interactions were based on a limited understanding of a vastly diverse disorder.

Gardner, Campbell & Westdal (2018) conducted general knowledge testing with law enforcement officers surrounding autism after they had received general training on autism. This testing resulted in findings showing that the formal training did increase test scores about particulars of the disorder and how autists may present compared to testing conducted without the training with LEO. There was no follow-up research available on the retention of the training used to indicate it would bear a lasting impact on interactions. Supplemental surveys revealed a correlation with a higher likelihood to engage in the use of force, handcuffs, or making use of involuntary hospitalization when confronted with dealing with an autist when officers reported that they have not had any training or lived knowledge about the disorder.

Crane, Maras & Hawken (2016) surveyed 400 police officers about their concerns regarding interacting or responding to autists while on the job. This survey found that officers noted several concerns about interacting on calls with persons with autism. Some of these concerns surrounded the lack of meaningful training, the recognition of a lack of support during active calls involving persons on the autism spectrum, and around

experiencing significant struggles in making appropriate adaptations or accommodations when questioning or interacting with autists.

During instances where officers reported having to question, interview, or gather statements from autists Aker and Johnson (2020) noted that there was a propensity to use a low proportion of open-ended questions resulting in grounds for concern. It has been noted that during these instances (higher stress) it is beneficial to use direct questions when interacting with persons on the autism spectrum. This is recommended to encourage accurate responses and do not add additional stressors involved in navigating language or connotation during emotionally elevated events. Other challenges which were not addressed by training were the increased instance during questioning or interviewing for autists to be highly suggestible, susceptible to yes and no answering or yea saying (Finlay and Lyons 2002, Gudjonsson and Joyce 2011, Standcliffe et al 2015).

This is not to discredit the validity of learning law enforcement officers have acquired through lived experience in and out of the field. A report by Lacobucci (2014) discussed a propensity and validity to the development of skills through work [life] experience and that this type of learning is detrimental to increasing professional soft skills. It is this type of learning that this research is interested in, the accumulation of transferable skills through interactions that have an element of provided direction. A focus of this research is to explore if the use of guided interactions or information provided through the VPRs or ARs holds the capability of expanding LEO skillsets enough to improve the response and support received by autists. If this is the case the perceptions and experiences of the autism community who are serviced by LEO who are using these registries should show significant differences compared to those who are not.

Teagardin et al's (2012) study reinforce the above-mentioned findings. Their research found that LEOs who received or participated in video training possessed a more diverse and functional skillset to use during encounters than LEOs who had no additional training. This skillset, however, was also found to be insufficient and subject to short retention therefore of little long-term value to officers. It would indicate that lack of training is not the only issue, but that both the quality and method of training are important to make a meaningful impact on these interactions.

In Canada municipal and federal police officers have access to shared online video and power-point-based training through the Canadian Police Knowledge Network. This online training resource currently lists a single training about autism that estimates one hour to complete. The training was developed by the Toronto Police Service by an employee/officer with ties to the autism community and is free for all officers to take (*About CPKN – Canadian Police Knowledge Network, n.d.*).

Coleman et al (2020) focussed on the types of training or topics for the training of Canadian law enforcement officers in a report compiled for the Canadian Mental Health Association. They found that there was no training offered for law enforcement officers regarding mental health issues or mental health law in the required training for officers during depot. Additionally, they reported that there was no mandated training during their professional development surrounding mental health or disabled populations. They also reported that during subsequent years of employment as a law enforcement officer in the field the amount of training received by officers varied between 1 – 24 hours with the average officer reporting having engaged in 10 cumulative hours of training.

In North America traditional policing shifted toward community policing in the 1970s with significant adaptations in the 1980s (Herbert, 2016). This shift in policing theory coincides with the deinstitutionalization movements of the 1980s which had an unavoidable increase in Leo's interactions with the disability communities. The deinstitutionalization movements decreased the numbers of disabled inpatients, moving them out of institutions and into home settings or settings similar to assisted living. This shift in living accommodations decreased social space between the abled and disabled and between the disabled and wider society. This increased response calls including the disability community as well.

Herbert (2016) describes community policing as “aiming for the co-production of policing strategies with community and police as partners” (p. 446). Core components of successful community policing are community involvement and how well police identifies and solves community problems, the sharing of power with the community, and how it utilizes community resources. All of these factors encourage active participation in the community (Correia, 2000).

In relation to responding to various communities, community policing could be reflected in the ability to navigate and include different groups from the community. This could for example include and incorporate sections of the autism community in the production and implementation of training or response methods or seeking tools or training to better support or respond to members of the community. This would begin with the identification of deficits and the building of relationships to build proper and inclusive tools.

Issues regarding LEO interactions with autists are sourced around the training available or received as well as the approach of registry tools on the effects or use of stereotypes. These issues can be explored in the understanding of ableist (measuring the abilities of all against the recognized 'norm' or 'able') content of current training registry tools. It can also be explored in the lack of training providing identification tools or skills for persons with ASD (autism spectrum disorder), and lack of use or employment of supportive tools for officers. A lack of study on the efficiency of trained skills and a lack of disability-specific tools available are additional issues.

Presently one of the only tools used by police departments is Vulnerable Persons Registries and Autism Registries. Across Canada these tools are limited in their users, they are currently being used by varied municipal police detachments across all the provinces and one provincial police service (Ontario Provincial Police).

Beyond the registries there are tracking devices available which can be sourced through select ground search and rescue teams, however, these are not yet available in New Brunswick. The voluntary registries work by providing responding officers with direction and supply knowledge specific to individual persons by the persons support persons or guardians. To date, there has not been any formal research, either internal or external, which explores the efficacy, efficiency, or potential of these registries for officers.

Presently all but three of New Brunswick's municipal police forces have active registries, in one instance this registry is shared with the local fire department as well and in several instances, the registry is a collaboration with local Autism resource centers or service providers. The registries are actively advertised on police websites or within the

local resource centers but there is a lack of widespread knowledge of their availability or function.

2.8 Vulnerable Persons Registry/Autism Registry

In 2011 the first Canadian Vulnerable Persons Registry (VPR) was launched in Sault Ste. Marie following the untimely death of a young man by the name of Lewis Wheelan. Wheelan was a physically disabled man who died during a widespread blackout, the registry was founded through a collaboration between his family and responding bodies including the power company, police, and paramedics. Wheelan had experienced a workplace accident that ultimately caused the loss of three limbs and resulted in his undergoing multiple skin grafts. Due to the excess of skin grafts, his skin could no longer breathe for itself and he was dependent on air-conditioning to live. The heat wave-induced blackout resulted in the loss of the cooling devices he needed and created an inability to access emergency assistance to save his life. Initially, this voluntary registry intended to alert first responders (i.e., police, EMT, fire) of vulnerable persons living independently who would be at risk of harm or death due to conditions affecting accessibility or power by providing information necessary to improve safety during emergencies, etc. (Cruel Fate, n.d.; CBC, Oct 20, et al., 2011).

Within two years of the initial vulnerable persons registry being implemented a mirrored version was launched throughout the province of Ontario by provincial police (OPP). This version included a more diverse definition of what constituted a vulnerable person. This registry with a wider definition of vulnerable persons was implemented across all OPP – Ontario Provincial Police – at a cost of \$10,000 (*Index of Policing Initiatives*, 2018). Three years following this registry launch the Toronto City Police also

implemented a Vulnerable Persons Registry to be used within the Toronto City limits
(*Toronto Police to Launch Vulnerable Person Registry - Toronto | Globalnews.Ca*, n.d.).

The subsequent registries contained alterations that widened their service population to include persons with mental health issues, addiction issues, and elopement tendencies – a trait attributed to autism. These subsequent versions also introduced personalized profiles that included information about the registered individual, support person contact information, as well as photographs. To encourage up-to-date information and photographs registries typically required yearly updates to remain active and provide the best information for responders.

Over the past 10 years, Vulnerable Persons Registries have been launched by nearly all municipal police services and law enforcement departments within New Brunswick except 3 – Bathurst, Grand Falls, and Edmunston which do not currently have registries in place. A small portion of these services simultaneously uses an Autism Registry which specifically focuses on interacting and responding to autists. These registries are more prone to be shared between first responders including fire departments etc.

The first Autism Registry in New Brunswick was launched at the end of 2009 in New Brunswick's Miramichi City. It began as a collaborative effort between the Miramichi City Police and the Autism Resource Center in response to the death of a 7-year-old Nova Scotian boy, James Delorey. Delorey, who was on the autism spectrum, had been reported missing following an incident of elopement (wandering) early in December of 2009 and was found the following day curled up under low-lying branches in the woods. He died later in hospital due to medical complications incurred from effects

of exposure (CBC, Dec 17, et al., 2009). The news was spread quickly, and the autism community seen one of the autism parents' nightmares unfold, the response to implement a service or tool to assist others in the hopes to avoid the same circumstances was made quickly.

These registries are all available voluntarily. They include information about the vulnerable person or autists such as physical description, up-to-date photograph, effective de-escalation techniques, preferred items or destinations, communication capabilities or methods, and triggers (*Vulnerable Persons Registry / City of Fredericton*, n.d.). The information provided is deemed by the support person or autistic registering to be helpful for potential interactions based on the individual and intended to be used by the responding law enforcement to navigate and guide choices and responses.

Registries have been relatively well-received within the autism community. The various departments which have implemented them have approached them as flexible and evolving tools and have revised them based on their growing knowledge, experience, and recommendations from the serviced community.

Nicole Corrado, a self-registered autistic from Ontario, has dedicated much of her advocating hours to searching for and reviewing registries. She has communicated with many registry providers about the content, wording, and function of their registries with generally positive reception as well as voicing concerns about the tendency for registries being constructed solely by out-group persons like officers and omitting the autistic voice. She has also written about respectful reporting or registering of autists by law enforcement. She has highlighted concerns such as officially releasing descriptions and characteristics. Corrado uses blog writing, Facebook page publications, email

communication as well as telephone calls to discuss registries and their present status or state. This involvement has seen not just positive effects of the registry's use but has been able to initiate and recommend any changes to existing registries including the option and inclusion of self-registering. Language and terms used in the registry by organizations have been a focus in many of Corrado's reviews. The avoidance of terms like suffering has been addressed as well as the non-necessary release of a diagnosis to the public during incidents may be better addressed by 'may respond with...' (nicolecorradoart, 2019).

Terms that are chosen to be used in the registration forms can invoke visions or perceptions of autists as helpless, weak, or incapable and produce approaches that are based on interacting with threatening persons (Garland-Thompson, 2002). These associated connotations when present can work to activate intrinsic stereotypes that may inadvertently affect law enforcement officers' choices or approaches during interactions. They are not a definitive factor of the overall interaction but one element which has drawn attention from the autism community.

There is a tendency for the registries in New Brunswick to be designed to register someone else and not include options for autists to self-register. This oversight may be viewed as infantizing autists who are self-aware of their potential needs in a situation with LEO. Additionally, it may be indicative of the existence of a stereotype that independence is either unattainable or equates nonexistence of potential assistance being required ((*Autism Registry | City of Saint John, New Brunswick*, n.d.; *Autism Registry - Autism Resources Miramichi Inc.*, n.d.; *Vulnerable Persons Registry*, 2016). There are many other terms or inclusions in the registry which could be seen as problematic. For

instance the identification of race due to invoking stereotypes or due to their arbitrary usefulness, the 'degree of autism' is also arbitrary and can be often replaced with questions concerning communication preferences or needs, the use of negative connotation phrases such as 'afflicted with' or 'suffering from' as this creates an image of pity and potentially opens the interaction up to having one party talking down to or underestimating the other, the sole inclusion of the descriptor in the registry papers as 'child' as these tools may be used for adults and should be made to include self-registration. In place of these it is more inclusive and productive to use physical description, communication abilities or preferences, the descriptor of 'loved one' and inclusion of self-registry, also unique traits or behavior which is seen as beneficial to communicate to responding officers. Careful use of terms and phrases assist to create less stigma inducing responses and assists in reducing the ableist approach as such it is most often preferable to use person-first language to deter the intrinsic ability of labeling, reduces the use of stereotypes or segregated thinking as well as lowers the use of ableism (Bogart & Dunn, 2019).

Chapter 3 Research Questions

This research aimed to investigate potential correlational impacts on the perceptions and experiences of Autists which coincide with the responding law enforcement officers' use of either Vulnerable Persons Registry or Autism Registry. It aimed to present the perspectives and experiences of autists and the Autism community from areas that have registries and those that do not. In doing this the research looks at how the presence of the registries affects experiences with LEO and subsequently influences perspectives of LEO held by autists and the Autism community. The potential for the registries to reduce the social distance between social groups and effectively alter intrinsic stereotypes resulting in an effective supplementation of specified training may be indicated through the differences in law enforcement officers' soft skill developments noted through the experiences and perceptions reported.

In addition, this research is focussing on supplying a voice for the Autism community to share their experiences and perceptions when interacting with law enforcement officers, this perspective will be provided throughout the interpretation and analysis of the data.

Currently most municipal police services within New Brunswick list at least one of these registries on their websites. Registries are typically accessed online or in-person and are both free and voluntary to use for persons within the service area. One major exception with registration is that most of these registries do not account for autists who wish to self-register and only account for the registering of autists by legal guardians or support persons. The federal police detachments (RCMP) have no access to these

registries, nor do they possess any equivalent or similar system. These registries are regarded as tools to assist responding law enforcement officers by providing useful information to guide a response with appropriate interventions focussed around interacting and communicating as well as pertinent information about unique or relevant characteristics or traits about the person to whom they are responding.

This research is among the first to focus on the potential for these registries to do any of the following: become a mechanism of soft skill development, hold the capacity to initiate diffusion of learning among LEO, or carrying potential in creating a more positive perception of LEO within the Autism community. This will be explored by collecting first and second-person accounts of experiences with LEO from members of the Autism community through individual interviews. Interviews were conducted and analyzed as a whole, and within a comparative nature dependent on if the responding officer was a municipal officer or federal officer.

Three major research questions were explored in this study focussing on experience and perceptions of interactions with LEO.

1 – What kinds of experiences do the Autism community and autists have while interacting with LEO? What are their perceptions regarding law enforcement officers' efficiency during interactions or contacts with autists?

2 – What factors are included in incidents where autists are interacting with police officers. Are there factors that are associated with increases in these interactions or are there factors that improve these interactions?

3 – In regions employing the use of VPRs or ARs is there a notable difference in experiences or perceptions of the Autism community about their interactions and contacts with LEO?

Chapter 4 Research Design, Methodology, and Analysis

Milton (2012) noted a default in reporting about the autistic population which results in the exclusion of the autistic voice and a void in their input in the creation of knowledge about their community. This proclamation is indicative of the underrepresentation of the voice of the humankind of autists in research and as such an indication of how infantile the knowledge is of how power structures are interacting with autists currently.

This researcher as part of the autism community acknowledged that there is a lack of voice from the community in research pertaining to autism and how it affects everyday living or social interactions, this acknowledgment was instrumental in the design of the research and its focus on keeping the focus on the experiences and voice of community members. The lack of analysis and critique of the few tools LEO has is no exception and this research was designed to provide a platform of formal analysis into the conversation of the status of service provided to the autism community through the exploration and sharing of experiences and perceptions from autists.

4.1 Positionality

The researcher identifies as an insider in the autism community. This identification was born out of parenting a young child with an autism diagnosis. Due to this, the researcher holds a personal history of learning to access services, resources, and engaging in conversations with persons within the community from various life stages. All these assisted in identifying the research topic and accessing community resource centers to support the research. Community or insider input is most often sought during

conceptualization phases of research to identify priority topics (Manafa et al., 2018) and does not require consciously addressing the positionality of insider.

Smetherham (1978) discussed the researcher as an insider and its impacts on research. He found that role-related knowledge was beneficial in identifying research question(s) and that the concept of the researcher as an insider was related to respondents' willingness to share knowledge. He also discussed that through stepping into the role of researcher there is a detachment acknowledged which makes the researcher relatable to participants but also be regarded as a 'stranger' by altering the conception of an insider to a social other.

Berkovic et al. (2020) identified advantages of insider research as having increased in establishing credibility with respondents, reducing the power relationship, and an increase in ease to rapport building.

4.2 Interviews

This qualitative analysis collected data through semi-structured interviews. These interviews were conducted with respondents who identified as either autistic, guardian of an autistic, or full-time support person within the New Brunswick Autism community. Interviews were conducted with individuals or pairs of individuals depending on their comfort levels, personal living accommodations, and the personal preference of the participant. Some respondents supplied written responses to interview guides due to reasons including social anxiety and unreliable internet access.

Due to the climate surrounding the COVID-19 pandemic during the recruitment and research development process alterations were made to the physical structure of interviewing was necessary. Acknowledging the potential of increased health risks of the

target population interviews were conducted via electronic platforms including Microsoft Teams and Zoom. On occasion, it was requested and granted to provide written responses to questions due to internet access issues or personal preference based on comfortability.

There is a high propensity of the target population to experience significant social anxiety, to experience functionally limiting sensory overloads initiated from environmental factors as well as possibly requiring additional processing time. Developing the interview structure considered all these things. To address these concerns several things were used during the development of the interview guide and the interviewing process.

An interview guide was structured and used to conduct interviews, there were separate similar guides for autists or support persons. The guide divided questions into topic areas. Each topic was discussed individually, and questions were asked based on if the respondent identified as an autist or a support person. Where applicable questions were posed based on previous answers to ensure questions were relevant to the respondent. In cases where the respondent inadvertently answered an upcoming question that question was read when it appeared in sequence and a chance was provided to add anything additional, the respondent may wish to include. This resulted in some interviews appearing differently structured however each interview question was reviewed by the interviewer before asking and if it was discussed during responding to another question it was skipped over to reduce redundancy. The focus was not on the structure in which questions were posed but on the collection of information relevant to each question included.

Each section began with a brief overview of what is to be discussed and included a continual request for consent. Each section ended with a definitive closure, a brief overview of the upcoming section, an offer of a small break, and the request for consent to continue. The interview guide was field-tested with three trial runs which were used to refine the delivery of the interview resulting in the inclusion of a protocol for addressing answers which answered more than one question without having the respondent repeat themselves but allowed for adding or supplementing information given. This also resulted in the open invitation of additional information being provided post-interview through email or request to video chat should reflection bring something to mind that they felt would be beneficial to their interview or the research.

To reduce potential anxiety associated with interacting with several people simultaneously or within non-familiar environments interviews were arranged with a maximum of two persons in attendance plus the researcher. Interviews were conducted using Microsoft Teams or Zoom as well as through written response in some instances. These platforms allowed for the consensual recording of the interviews and for visual adjustment of screens and volume to increase the palatability of participants. This also reduced the number of unfamiliar persons present and provided the comfort of being in a familiar space allowing for comfort items to be close by and for the respondent to increase and maintain their comfortability.

Initially, there was some apprehension surrounding the use of online platforms for interviews, as required due to the ongoing global pandemic, and if this would produce equivalent data or result in useable quality data. Woodyatt et al.'s (2016) study focused on these concerns. They compared the quality of data collection between online and in-

person interviews and focus groups to establish if there was a discrepancy in the quality of information collected. To do this they conducted interviews/focus groups in both manners and compared the results from each. The resulting findings highlighted a higher word count for online respondents with a shorter duration of the interviews/focus groups. They also reported that there was a high overlap in themes that emerged from the data between the groups indicating that thematic data were comparable. Analysis of their thematic data found that there were more sensitive themes that had emerged from their online participants indicating a higher level of respondent comfort. Given the subject matter of the proposed research being potentially sensitive or personal, the use of online platforms may be beneficial to induce and support climates pertinent in drawing out data and information which may otherwise be held back.

To structure interviews including autistic recommendations from the DART center for Journalism were used. These suggestions were developed and outlined by clinical psychologist Nancy Crown who lays out best practices for interviews for various types of persons or situations for best results for both interviewer and respondent. Her recommendations include the inclusion of support persons in interviews to provide support and interpretation, providing specific information on topics that will be discussed, and asking clarifying questions about respondents' answers (*Interviewing People with Autism*, 2014). These recommendations were met with the interview layout, requirements, and by incorporating an interview framework from Rothwell, Anderson, and Botkin's (2016) deliberative discussion into the interviews.

Supportive techniques for interviewing individuals on the autism spectrum were used from other current research using interviews with autistic respondents. Research

conducted by DeWinter, Pays, and Vermeiren (2017) where they interviewed autistic youth ranging in age from 16-20 years old was also modeled. The interviews they conducted were scheduled to be done in familiar environments with a known support person present, both of which were either done or recommended to participants. In this research, participants chose where they were being interviewed as they could sign into the interview in a place of their choosing due to the use of online video platforms.

DeWinter, Pays, and Vermeiren (2017) also described the benefits of maintaining a journal during and after each interview or interaction with the data to increase the reflexivity of the researcher. The use of a journal was implemented for the same purposes.

Schneid and Raz (2020) also conducted interviews with autists and identified and described significant importance in designing questions to be concrete and specific to avoid misinterpretation or confusion. In the case of questions that could be answered as yes or no that it was easier to ask for expansion or clarification following a question that does not obscure any meaning. They also found value and positive results by providing the question sets prior to conducting their interviews noting this helped reduce potential anxiety about the interviews or the topics to be discussed.

The interview guide questions for this research were tested using trial runs through one high school student and a graduate student to ensure that they were concrete and understandable before being administered to respondents. The researcher provided the interview question guides to respondents prior to their interviews and supplemented the guides with information on each question as to why the question was being asked or what the responses would be used for in the case of geographic information. It was also

recommended that a support person be present during the interview if the respondent felt that it would be helpful.

Rothwell, Anderson, and Botkin (2016) also suggest providing an overview of interview questions and clarifying information on topics that will be discussed during the interview. This was used to provide transparency around the researchers' aim, to unify definitions of topics to be discussed, and to create a conversational framework. This was accomplished using supplemental information about questions in the guide, the addition of defining relevant topics such as what the registries are in the questions before posing questions. Providing the interview questions and supplying clarification or definition served to provide respondents with a sense of structure and allowed for respondents to follow the interview with their guide to give a general timeline to reduce performance anxiety. This technique is also recommended by Bryman & Bell (2019) when planning productive interviews or focus groups.

Interview questions were designed to collect demographic information, information on personal experiences with LEO both in the community and during response calls, and to explore perceptions held about LEO by members of the autism community. Primarily the research will be conducted to provide a platform from which the voice of the autism community can be heard concerning these interactions.

4.3 Data Collection

Data collection required the recording and subsequent transcription of each interview. The recording was achieved through the recording option available through Microsoft Teams and Zoom. Respondents were required to agree to be recorded during the interview before the interview beginning. They were not required to use their video

options in the platforms and if they were comfortable with just audio that was acceptable. At all times, the researcher kept their video on to maintain a physical presence with the respondent. Recordings were used to produce verbatim transcripts.

There was the inclusion of some supplemented or additional information provided by participants through written submission which was added to their interview post hoc and in two instances all the respondents' responses were submitted in written form.

4.4 Data Analysis

Qualitative thematic analysis of the resulting transcripts followed data collection. Transcripts were used to conduct thematic content analysis while also allowing for the use of thick descriptions. Ryan & Bernard (2003) describe how to analyze text and transcripts using thematic content analysis. They define it as a process that requires the continual review of data to identify occurring or recurring themes up to the point of saturation. These themes are identified through identifying repetitions, indigenous typologies or categories, metaphors and analogies, transitions, similarities and differences, linguistic connectors, missing data, and theory-related material. This inductive approach allows for emerging themes to be identified and provides material to be explained, contrasted, or compared and respondents' experiences to be described in a more meaningful way.

Thick description is beneficial in qualitative research as it provides a method of communicating in-depth exploration of experience and the perspective of respondents. Ponterotto (2006) explains that thick description requires researchers to interpret behavior within its context and ascribe thinking and intentionality. Denzin (1989) adds to the use of thick description is more than action. That it presents context, emotion, relationships,

and inserts history into experience allowing for voices, feelings, actions, and meanings of interactions to be heard.

Demographic and experience-related information collected during interviews will be compiled to produce tables to describe and explore correlations in symptomology, experience, and jurisdiction. This can be used to provide information on such things including the number of interactions with LEO, the prevalence of comorbidity in respondents, any correlation in comorbidity and interaction frequency, reasons for interactions with LEO as well as comparatives with the sex of respondents.

4.5 Limitations

Limitations in this research predominantly surrounded issues in recruitment, gender biases, and impacts of restrictions surrounding covid-19. Recruitment was restricted to online recruitment methods and social media access meaning that there was a limited amount of reach for the research. Respondents would need to be literate, have computer and internet access as well as subscribe to either service provider email registries or service provider social media sites.

Initial contact with resource and support services was made through email contact, follow up emails were sent 2-weeks after the initial email was sent. This was responded to relatively well throughout the lower half of the province, however, there was no response from the upper half of the province as well as predominantly francophone servicing centers. This may be due to the researcher's unilingual ability; however, it will impact the findings to be representative of the anglophone experience within the southern half of New Brunswick.

Respondents were of varied ages and relations to the Autism community however some limitations within the respondents' needs were recognized. There was no representation of non-verbal autists and all support persons who responded identified as female. This was expected to be a limitation related to support persons as women are culturally more dominant in care roles and care work (Hirshmann, 2020).

Limitations attributed to the researcher are discussed by Berkovic et al. (2020) who identified a single disadvantage of insider research as the likelihood of difficulty associated with compromised objectivity. Even with the potential of the insider being viewed as slightly different by the community or themselves, there was a need to ensure the position did not have excessive impacts or succumbed to the effects of compromised objectivity. One method which was outlined as beneficial and utilized by this researcher through the research process is referred to as Bracketing (Tufford & Newman, 2010). This method centers around preconceptions that may influence the research process and interact with these conceptions in an attempt to reinforce impartiality.

Bracketing was present through identifying preconceived notions of what the researcher expected to would find, labeling them, and conducting literature reviews on these topics to identifying the misconceptions held compared to what was found. At times through the study topics were identified by respondents which were unexpected, and they too were identified, labeled, and researched. Preconceptions which did not align in current relative research were then able to be addressed to reduce potential impacts on emerging findings and allowed the researcher to acknowledge and mitigate their own biases.

Chapter 5 Ethical Considerations

Ethical considerations for this research were necessary for several areas. It was probable young adult autists may still be listed as dependents, therefore, would require consent forms signed by guardians and the presence of a guardian during participation. Also, participation was available to persons over 16 requiring guardian consent for 16–18-year-old potential respondents. Therefore, three consent forms were constructed for participants; one for autists over the age of consent, one for autists who were below the age of consent or required a guardian, and one for adult persons who were full-time support persons of autists.

The population of interest is considered a vulnerable population and care was taken to provide complete anonymity in data collection processes, particularly regarding more sensitive information. Interviews were transcribed for data analysis using aliases. Aliases were kept in a master list on a secure key with only the participants given names. Any available contact information was kept in a second document using the order number of the interview and not using any attached name.

Questions asked during interviews were pre-screened to ensure they were appropriate, non-threatening, and contained minimal amounts of triggering language/content. A choice of non-response was an option stated in the letter of invitation, consent form, within the interview guide and was reiterated verbally by the interviewer during the interview several times. There was also an option to withdraw from the research should they so choose at any given time.

To reduce the stress and anxiety of being asked questions or due to talking for long periods, all participants were given the full interview guide before scheduling their interviews allowing them time to review and become familiar with the questions. The provided interview guide included the questions, a description of why the question was being asked and how the response would be used in plain language to reduce any mystique or confusion. Full disclosure of what the data is being collected for and how it will be used will also be supplied to all respondents and any support persons.

The Research and Ethics Board (REB) of the University of New Brunswick follows requirements described by the Tri-Council (NSERC, CIHR, and SSHRC) as requiring research with humans to ensure human dignity, incorporate free and informed consent, ensure privacy and confidentiality, ensure justice and inclusiveness, and to balance harm and benefit (University of New Brunswick, 2011).

The following provisions were deemed as plausible and used to achieve these requirements by the researcher and have been utilized in current published research focusing on the same population. These provisions include respondents who identify as on the autism spectrum are encouraged to have a guardian or support person present during the interview, support persons/parents attending will be welcomed and during the interview were encouraged to participate, anonymity was provided through the use of pseudonyms in all written documentation and transcriptions. In addition to maintaining anonymity, any demographic information used from the data collection will be free from being linked to any specific participant or their pseudonym. Additionally, all respondents were required to provide written consent prior to participating, were asked for continual

consent throughout the interview process, and breaks after sections of questions were offered, lastly, participants were advised of the right to withdraw. Participants were interviewed using video conference software allowing for the interviews to be conducted from familiar spaces increasing comfortability and reducing anxiety.

Chapter 6 Population and Participant Recruitment

Participant recruitment for this research was subject to limitations induced by the Covid-19 global pandemic and as such was done completely through digital means concentrating predominantly on the sharing of the research poster through various support services social media accounts. As these accounts are all public profiles it was capable of being shared beyond the support services of social media subscribers. In one instance there was one individual who contacted the researcher via telephone who did not have internet access and indicated that they became aware of the study through word of mouth.

Recruitment of participants was conducted using what Brymen and Bell (2019) define as open settings. This required the researcher to initiate contact by starting with community organizations and service providers whose focus is the target population. In doing this I first compiled a complete list of Autism Resource centers and disability activism and advocacy groups that are active within the province. Following this I made email contact with each or connected with leaders of the spaces through other specified means i.e.: through social media messaging services or telephone. Emails supplied a letter of invitation outlining the research and a copy of the research poster to share with their service users. This resulted in responses from all the Anglophone services in the southern half of the province omitting the greater Moncton area as their resource center closed during March of 2020 due to the resigning of their Executive Director.

The responding resource centers posted the provided poster on social media or offered to share it within their email newsletters with their patrons. The social media site

that was used by all these centers was Facebook and varied in the use of pages and open or private groups. Non-responding resource centers were sent a follow-up email six weeks later. At this time one additional resource center responded however resource centers located within the heavier francophone communities or northern half of the province did not respond to follow-up emails. Emails were also sent to all resource centers by the board of directors overseeing all the resource centers in the Maritime provinces to those in New Brunswick.

Following this, I compiled a list of community support services and advocacy groups that actively focussed on autists or the cognitively disabled and emailed each of these groups. Awareness of these organizations was gained through personal experience, the recommendation from community organizations, and the use of the Google search engine. These groups were emailed with the same request as organizations and applicable attachments were sent. The request was made to consider if the current research study could be presented to their boards of directors on a request to be shared on their social media or through email to patrons of their services. This was received well and all those who were contacted shared the research in either form.

The research participant recruitment advertisement (appendix I) specified the search for individuals who were eligible to participate indicating they would be required to be residents of New Brunswick, on the autism spectrum, and over the age of 16 and interact with law enforcement officers. Eligibility was also described as those who were full-time support person of an individual(s) on the autism spectrum who has interacted with law enforcement officers. Full-time support persons included parents, guardians, or full-time support staff.

Respondents made the first contact with the interviewer/researcher through email or in the case of social media advertisements directly through posted ads on the service providers site. Interested individuals were provided with a letter of invitation and a letter of consent. Upon the return of a signed letter of consent, respondents were provided with the appropriate interview guide to preview before the interview. All the interviews were scheduled based on the availability and preference of the respondents. There were two letters of consent sent to interested parties that were not returned for which no interviews or further communication was had beyond one check-in after two weeks of no communication.

Due to the pandemic and high potential for complex health issues among respondents' interviews were conducted predominantly using video-capable platforms, this was usually done using Microsoft Teams. There was one interview where Teams did not work for the respondent and resulted in them receiving error messages, so this interview was moved to the Zoom platform.

One interview was conducted via a virtual interview with some questions being answered via email because the respondent requested additional time to compile thoughts or recommendations as per the question(s). In another instance, a respondent contacted the interviewer after their interview was complete and requested a consent form for the autistic that they support and asked if it was acceptable for this person to submit answers via email. This was asked because the autistic respondent in question expressed difficulty speaking with strangers and did want to filter questions that focussed on interactions with law enforcement officers out due to personal reasons but wanted to participate to help with the research. This was granted. In qualitative thematic analysis, non-response does

hold analytic merit and as such can still be added. An additional respondent shared the research with a colleague who requested to participate but also wanted to submit responses via written response due to lack of internet access and what was communicated to the researcher as a personal preference. In this instance, the documents were printed by the respondent at work and returned via Canada post.

During the interview scheduling phase participants were supplied with the complete interview guides (Appendix II, Appendix III). This was accompanied by a reminder that if they felt questions would host difficulty, they could have a support person with them or choose to not answer or skip any question without the worry of it being revisited. Due to some respondents offered they wanted to answer everything they could do provide all the help they could the researcher held conversations explaining that if they did not answer that did not mean that they were not helping and that choosing to not answer also provided information that was useable, and that the most important thing was that they were comfortable throughout the interview.

Interview questions were broken into topic sections consisting of between 3 to 9 questions each, some questions were broken into different parts depending on the answer of the first part of the question while some were marked to be skipped or asked depending on the answer to a preceding question. Participants were offered a short break between sections if they wished or to take a break if they felt they needed it for any reason. Each section ended with time for any clarifying questions from participants and the subsequent section was described. Before starting a new section, respondents were asked if they would like any clarification of any topics coming up in questions, Care was taken to avoid asking if respondents needed clarification as this style of wording may

imply an inability to understand, this type of caution and care was taken throughout to be as inclusive as possible.

Sections included were demographic and skills-related questions that sought to identify the roles of the parties responding, if the responding law enforcement was federal or municipal if there was a variety of community support, and the extent to therapeutic intervention in terms of social communication and regulation coaching. A section was dedicated to respondents' registrations or knowledge of either registry. This section focuses on how the registration process was handled, follow-up from officers, and how they felt about the process. The following two sections asked questions about interactions with law enforcement officers in either responding or through everyday interactions which may happen while in the community. These questions remained focused on action and experience. Lastly was a section about perceptions of law enforcement officers' interactions with the autism community. This also included a space for respondents to reflect and offer suggestions on what officers future training regarding interacting with the Autism community should contain. This was included to tease out aspects of interactions that may be less than ideal but not necessarily included as well as to indicate some of the things which may be going well solely from the exclusion of their mention in the recommendations.

Respondents were a mix of autists and various types of support persons. Support persons were a mix of parents/guardians as well as full-time staff in live-in special care homes which specialize in the long-term care of the cognitively disabled. The ages of all respondents combined ranged from mid-twenties up to mid-60s.

Autist respondents were a half and half split of persons who identified as male and persons who identified as female. They were also split evenly in persons who lived with a relative who supported them as well as living in an alternate family living accommodation, were split between rural and urban settings, both were serviced by federal RCMP and ranged in age between mid-20s to mid-30s and had limited therapeutic interventions in early years.

Support persons identifying as guardians also identified as female, and all identified that they supported an individual with autism who was male and were split between being serviced by federal and municipal police departments. All were predominantly responsible for the person they supported throughout their lives and varied in amounts of supports or therapeutic interventions they accessed in their early years.

Support persons who identified as full-time staff were female, were all over the age of 50 and supported male autists in live-in accommodations. They were unaware of the extent of interventions prior to arriving at the special care or therapeutic center but they had received several pieces of training and hours of education concerning working with autists of varied abilities and needs.

The total number of respondents was 6. This was lower than the initial goal, but it is believed that the impacts of the pandemic may have affected this due to the limited methods of recruiting as well as additional constraints on the home life of those on the spectrum and their support persons during the pandemic measures and lockdowns.

By representing different members of the Autism community – autists, parents, staff - from various communities in the province the sample becomes more representative and assists in increasing trustworthiness and reliability (Rothwell et al., 2016). Reliability

here refers to the research showing some variation within the population of focus concerning experience (direct and indirect) and through providing a detailed description of procedures used during the collection and analysis of data for potential repetition in future research.

In total, the respondents were from 5 different communities in the province including cities, towns, and villages. The varied relation to the autism community and the personal positionality to the responding calls involving LEO and autists allowed for a level of diversity in the represented experiences and perceptions.

Chapter 7 Analysis Procedure and Findings

7.1 Analysis Procedure

Thematic analysis was chosen for this research due to the ability to provide contextualization and a rich understanding of experience. Without any attainable research focusing on the impacts of the VPR or AR the primary goal was to establish a preliminary understanding from the vantage point of the autism community. The thematic analysis allows for a rich understanding and produces an introduction to the impacts these registries may be making on interactions.

Prior to presenting analysis findings, it is necessary to clarify not only the understanding used but to explain the method. First, what is referred to as and viewed as a theme should be defined. Next, it will be beneficial to briefly explain the choice in methodological approach. It will be beneficial to provide definitions of not only each method for identifying themes that were utilized but how that was executed. Lastly, it is providing a description of the questions and reasoning behind each interview question section will create parameters surrounding the theoretical sensitivity of the research tool.

Ryan & Bernard (2003) explain that when conducting thematic analysis there are three reasons that techniques should be explicitly laid out and followed and how they provide validation of the methodological approach. First, discovering and defining themes is a strong basis of social science, without this base, there is truly nothing to describe, compare or explain. Secondly, explicitly defining how these themes are established allows the users and consumers of qualitative research a start point for assessing methodological choices made during analysis processes. Lastly, it provides a

jargon-free vocabulary to support cross-discipline communication and the use of findings.

A theme is understood and approached as either an implicit or recurring idea/event which has been identified through the data collection or within the data itself. It is important to focus on the use of the word 'or' in this definition. In this analysis, a theme did not have to occur a set number of times but could be identified through a primary or sole identification. A theme that surfaced even once could be as impactful to the subject matter as themes that are noted in several instances. Themes were then able to be grouped into broader categories for presentation and discussion.

Themes are derived through both inductive and a priori approaches. Identifying themes that emerge through the collected data is inductive while applying the researcher's theoretical understanding of the phenomenon uses an a priori approach. A priori themes revolve around characteristics of the study's focus (Ryan & Bernard, 2003) which provides what Strauss and Corbin (1990) refer to as theoretical sensitivity and will additionally require the interview questions to be included as an a priori source (Dey, 1993) this is accomplished in the expansion and description of each question's sections premise.

To elaborate on this Hong (2008) explains that Silverman credited both researcher-provoked and naturally occurring data to equally serve in ensuring findings that are credible by way of addressing issues, as a mode to represent their understanding of reality, society, and institutions or organizations. Hong (2008) goes further stating it is key to understand that the choice of methods reflects the perspective of the researcher as

well as to reflect and guide posed interview questions. This is not to discredit the value and richness of naturally occurring data that will arise in conversation, tangents, and further defining statements made. The start point of the interview data begins then with the tool and moves into responses.

In examining the interview questions, the techniques used most were those based on theory-related material and constant comparison. Interview question guides were not uniform, they were altered slightly based on the type of participant to reflect the perspective of the respondent concerning the interactions of focus. They were also altered in wording, simplified wording used in one version, where the potential was higher for communicative or language-based differences. In theory, this applies the knowledge of the autistic population having higher than average difficulties in communicative or language-based disabilities or disorders. On a comparative note, this may provide a supportive application of the tool. However, it also supports the stigma that material has to be simplified without taking into account individual abilities. This, in effect, shows a tendency to infantilize or oversimplify without first identifying if there is a need for accommodation on an individual basis and therefore perpetuates the stereotype of being unable. It may also support the notion that the onus of accommodation should not always fall on the individual to request so may be viewed as countering the implicit nature of ableism within the construction and speaks to a pre-existing exposure to the community and the need to have the accommodation at the ready while not adhering to the ability of self-advocating so depicting the remnants of a small degree of ableism. This places the

tool itself as a reflection of a partial move away from the ableist nature of institution and community while showing a theoretical sensitivity to the population.

Thematic analysis within the interview data was conducted with the aim to extract themes based on the principles and techniques as described by Ryan & Bernard (2003). Themes were identified using various scrutiny-based techniques which include repetitions, indigenous typologies or categories, metaphors and analogies, transitions, similarities and differences, linguistic connectors, missing data, and theory-related material.

Repetitions as acknowledged by Ryan and Bernard (2003) are the easiest form of theme to identify as they are strongly evident as explicitly stated repeatedly or are concepts that are continually identifiable in the data. Less explicit are indigenous typologies or categories which are typologies or categories identified by identifying terms that are distinct to the subject matter or used in unfamiliar ways. These can assist in identifying important or impactful areas. This technique has also been referred to as *in-vivo* coding (Strauss & Corbin, 1990). Ryan & Bernard (2003) explain that metaphors and analogies can be found by identifying where they occur and through words or behavior and in turn used to identify underlying themes absent in direct wording. Transitions were not used in this analysis as they were not as applicable as other methods to identify themes due to the variability of respondents and the varied methods of supplying response. Another prominent method used to identify themes in the data is identifying similarities and differences which entails a constant comparison between participant responses as well as against the interview themes identified above is used with

similarities and differences. This technique is used to explore commonalities of themes between respondents as well as to explore the probability of difference based on opposites.

The last three methods to identifying themes include linguistic connectors, missing data, and theory-related material. Linguistic connectors in speech and text are useful in identifying themes as they are often indicative of comparative emphasis or conditional relations that open themes for discovery. As Ryan & Bernard (2003) further explain the use of 'metaphors, transitions, and connectors are all part of a native speaker's ability to grasp the meaning. By making these features more explicit, we sharpen our ability to identify themes. Missing data is used to look at the data in an altered lens which searches from what is missing, what is avoided, or sifting past salient themes and identifying the topics which may be assumed as understood by the respondent and challenge the information about the subject matter the researcher has. Ryan and Bernard (2003) acknowledge this technique is often felt to be difficult but fruitful. Lastly, theory-related material focuses on identifying material within interview data that serves as evidence for the presence of social conflict, methods of social control, status, the management of interpersonal relationships, and problem-solving. Here it is also necessary to examine the participants' way of thinking and relationships and to maintain a level of sensitivity to consequences of the phenomenon of study (Ryan & Bernard, 2003).

Themes were identified using methods known as word co-occurrences as well as cutting and sorting. Co-occurrences required the researcher to become familiar with the interview responses and to identify reoccurring themes between respondents and across

interviews while cutting and sorting is a tactile approach that required the researcher to physically cut and group sections of interviews using other methods mentioned to uncover themes. These methods were applied to each question section of the interview guides in order and the resulting themes were grouped into categories.

The interview guide consisted of five question sections: demographic and skills-related questions, registering with vulnerable persons registries/autism registries, interactions with law enforcement, everyday interactions, and perception-related questions. Each section had a specific goal or aim that guided the construction of the questions included. The demographic and skills-related questions section's goal was to establish information from which to describe the respondents and build an understanding of the response base. It also focused on asking questions that placed individuals in communities of focus and comparison as well as information that contextualizes living conditions or therapeutic history. The second section of the guide focused on registering with the VPR/AR and was constructed to compile an understanding of awareness of the registries and lived experience with accessing them and perceptions of the existence of these tools. The two sections which followed asked questions about incidents in which the autists interacted with law enforcement. It asked about reasons for interactions which were community event-based, response-based, random meeting, as well as what these different interactions looked like or involved in relation to action/language. Lastly, respondents were asked questions about their perceptions on the efficacy of training provided to law enforcement, quality of interactions, and comfortability of interactions between them.

7.2 Demographics

Within the analysis, respondents are referred to using pseudonyms. This was done to provide anonymity to respondents. Pseudonyms are as follows: Eve – a middle-aged support person of one son on the autism spectrum who resides in a community using municipal policing services and registries. Rhonda – a middle-aged support person of one son on the autism spectrum who resides in a community using federal policing services and no registries, mother to Paul. Lisa – a full-time support person nearing retirement who supports 3 male autists from 2 different communities, one which uses municipal policing services with registries and one using federal. Cheryl – a young adult female autist residing in a community that utilizes federal policing services and no registries. Paul – a young male autist residing in a community that utilizes federal policing services and no registries, son to Rhonda.

7.3 Analysis Findings

Several themes emerged from the compiled transcripts which were able to be grouped into six overarching categories; what it means to be part of the autism community, how society meets autists, victimization specific to autism, perceptions, and experiences of law enforcement skill, fear, and perceptions of impact. Each of these categories will be discussed with reference made to the themes being related to the subset of respondents: autist, support person, or who they are serviced by where it is applicable.

7.4 What it means to be part of the autism community

Throughout all the interviews many themes or commonalities were noted from respondents which focused on how autism was tied to a sense of identity or community and implications of a personal role within this construct. The base of the community is found within the presence of collective consciousness. Collective consciousness is identified through a transforming set of ideas that may legitimize opposition of traditional roles or institutions and a common ground of belief that many of the shared personal problems may result from unfair treatment and lack of effort of the mainstream to integrate or accept outside its terms (Barnartt, 1996).

The concept of identity connected with autism relates to how being on the autism spectrum or heavily connected with autism is rooted in personal characteristics which are felt to be shared with others and thus create a social identity (Cooper, Smith & Russel, 2017). It is important to establish that the reference to identity is not finding an identity in the diagnosis but in finding roots of identity in the community roles that are established through being part of the collective consciousness. Autism itself as a sort of identity has been alluded to in many writings and has recently become a stance for debate where autists have voiced their disagreement with their identity being formed or sourced through their diagnosis but rather being influenced through their association with a wider community or subculture.

Respondents however referred to being part of a grander autism community, the presence of shared autism behavior and traits, and often used reference words to this by way of ‘us, we, they’ and more directly as the ‘autism community’. When the researcher

asked about respondents' relationship to autism or the autism community there was a propensity to state the direct relationship with who they support as well as discussing initiatives for specialized non-profits or support services, or as advocates for autists. The identification of being advocates for autists within the community highlights the distinguished difference between person kinds as well, this again indicates an existing form of a sense of unity.

Within this category, several distinct themes emerged from the transcripts and recordings. Each of these either defined a state of being with the larger category of community or further elaborated an attribute or experiences directly related to it. These themes include family ties, source of identity/community, multiple diagnosis & record keeping, not being understood or misinterpretation, lack of support or difficulty accessing supports, risk assessment, isolation or reclusiveness, and the birthing of an advocate.

7.4(1) Family ties

Three of five respondents discussed the presence of shared mental health concerns or their own diagnosed disability. This varied from shared developmental delays to struggles with suicide ideation or depression as well as supporting additional extended family who was also diagnosed on the autism spectrum or with neurological disabilities.

These ties were more of a method of connection that underpinned a broader relationship and empathetic root to a community. It was not eluded or spoken of negatively but instead maintained in dialogue as a source or relating to the person they supported or as a mode by which to provide support and guidance through their own lived experience.

Cheryl briefly stated that she spends time helping family members who are on the spectrum as well as their parents. She described some best practices when supporting a person with autism during a meltdown, “just be there and make sure they don’t get hurt but don’t touch them, and don’t yell at them, talk calm” (Cheryl). When the interviewer validated this advice saying that she sounded like she understood it well she responded by saying, “I have three nephews with autism too, I help them [their family] a lot” (Cheryl). The researcher noted a visible change in her demeanor talking about this supportive role she had, her head got higher, and her smile broadened. There appeared to be a sense of pride or happiness attached to the relationship, possibly a sense of personal meaning attributed to the helper role.

Likewise, Eve shared that like her son she had severe language delays until the age of 6 and had been diagnosed as having Asperger’s syndrome. She recalled:

My son was six ... he was pretty well non-verbal ... I was delayed in speaking myself. Until I started researching autism, then moving to get a diagnosis that I realized it was autism, Asperger syndrome, and that I had it too (Eve).

Lastly, Rhonda confided that she had experienced suicidal periods and periods of depression as has her son. When describing incidents leading to interactions with LEO, she recalled a time when LEO arrived for a wellness check initiated by an unidentified outside source. There was a multitude of personal life contributors which had compounded. Most were mental or emotional but also included being left in a substandard living condition by a contractor causing significant difficulties in day-to-day life. Rhonda recalled that “I was actually suicidal, I was very logical about it. I wasn’t

very emotional about it ... my son was also suicidal, so somebody called on us”
(Rhonda).

The researcher noted that most of the responding parents or support persons disclosed either diagnosis considered to fall under the autism spectrum or to share some of the same attributes or mental health challenges as the person they support. This was noted through identifying concrete diagnoses or struggles with mental health which was similar. Responding autists as well held similar associations that were established. This was not discussed as though it was a huge revelation but that it was a common and expected correlation. It was approached and discussed as casually as hair color or height, there was no recognizable existence of shame or stigma that is often noted during discussions centering around mental health. Even disclosing taboo subjects such as suicide ideation or complex medical issues was approached with a casual demeanor.

7.4(2) Source of identity/community

Each respondent in this research shared language commonalities in how they spoke about persons with autism and phrases that were used. The choice of language is indicative of a sense of community or possibly a sense of identity with the autism community itself. This was noted in statements such as “our guys” in reference to autists, “we” when talking about autists as a collective, as well as phrasing such as “they don’t understand us” grouping autists and support persons as part of a community living in a sort of dichotomy or othered state.

The strength of association with a community bonded by autism was found by the researcher to not hold the connotation of being heavy or laden with unwanted obligation

but to be endearing and in some respect a sense of strength or motivation. Reference to being isolated or left out was eased in a way through knowing that there were others experiencing periods of the same and that there were spaces or places for them to connect such as resource centers, virtual platforms, and grass-root organizations. Comfort and kinhood appeared to be found in these spaces and organizations so much so that almost all the non-autist or support person respondents had held positions or active roles in these spaces at various times.

Eve warned that “sometimes you can end up living the life of a recluse if you’re a caregiver ... it’s 24/7 and you miss out on things” (Eve). She was cognizant of the absorbent nature of caregiving and discussed the kinship and purpose she found in periodic involvement with resource centers, research committees, and support group formations which involved interaction and a sense of proactive activism. “The more we [work] promote and make people aware the more we bring about change ... but it’s too much to do alone ... accept help” (Eve). The efficacy of these groups, organizations, and movements relies on the common tie that binds actors together and promotes momentum in their goal pointing to underpinning relatable attributes.

7.4(3) Multiple Diagnosis and Recordkeeping

Parenting is a labor of love and the reports from support persons who identified as parents all showed that there was a love that was forefront but one that was also fraught with documenting and logical bookkeeping. Changes in therapeutic intervention providers, complex medical needs, turnover in mental health clinicians, and support staff are followed by paperwork and documentation. There were several incidents during

interviews when respondents struggled to recall dates, years, or names and referred to the multitude of documentation that they could rifle through to find the information if deemed pertinent.

There was no autistic respondent with a singular diagnosis and support persons only reported one individual in their care who had a singular diagnosis of autism spectrum disorder. Lisa stated, “there is only one who has no other diagnosis” (Lisa), while the others in her care had been diagnosed with several allergies, anxiety, PTSD, autoimmune disorders as well as epilepsy. Other comorbidities discussed among respondents included the presence of social phobia, depression, obsessive-compulsive disorder, and borderline personality disorder.

There is always a level of record-keeping or memento filing but this was not the average amount of record-keeping that was referred to. Eve referred to her ‘notes’ and ‘files’ where all the details of her son’s life are kept. When asked how long her son had been registered with the VPR Eve provided a guess and laughing added “ten years, it may be more, I have it in my notes, but I am not digging all those out!” (Eve) this indicated to the interviewer a significant amount of documentation would require moving or sorting to find the exact response.

Rhonda also discussed incidents and events being documented in her ‘papers’ and ‘files’ concerning incidents both reported and not reported to LEO.

The researcher did not consider that this area of the discussion was void of maternal caring and more logical but that it was a necessary task that began from necessity and maintained dutifully to support their child as well as to provide a reference,

validation, or guidance. These were mentioned in relation to moments of escalation, intervention, medical assistance, or appointments, as well as in relation to schooling and some cases during the periodic implementation of homeschooling.

7.4(4) Not understood/Misinterpreted

It was not only autism that created these binds or sense or collective consciousness it was also found in the use of language that alluded to a sense of being different, severed from mainstream, or othered in some fashion. Facing stigma and stereotypes are inevitable and although there was some mention of this the identification with being different stood out more. Statements like “they don’t understand us”, “they don’t get it”, “they think I am weird or mean” were found to be used often. The root of each being that there is a deficit in understanding or communicating that rifts the neurotypical and the atypical. As Eve states “this is [our] reality because we have not removed the stigma of mental illness [disability], it has many faces and it’s a label” (Eve).

This concern or revelation of not being understood or prone to a misunderstanding was strengthened when discussing interactions with power structures such as school or law enforcement. Cheryl recalled, “they don’t understand me, they think I am rude” (Cheryl) when reflecting on interactions with people. She also discussed how responding LEO have treated her saying, “they treat [me] like [I’m] not really a person” (Cheryl) while reflecting on how officers responded to her while she was in a care home. That when LEO had been called to provide support during meltdowns that restraints are not

always the best response and that people rarely take time to ask questions to help them understand her at different times.

Eve as well directly talked about the use of stigma and stereotyping in discussing the use of self-stimulatory behaviors like hand flapping or verbal stims (stimulation) where professionals had reported to her that her son had “been making those stupid e-e-e-e sounds again today” (Eve).

Understanding another person or interpreting interactions is done through direct and indirect methods of communication. Neurotypical persons use language, tone, body language, gestures, and more to communicate with each other. It is so effective it is easy to overlook that not all people we converse with have the interpretation skills to assimilate all the communication that is used during an interaction. Adversely neurotypicals often struggle to interpret non-conventional or atypical communication methods.

Not being submerged in different communication types or styles and relying on communication assumptions appears to be problematic for neurotypicals during interactions with autists, LEO is not exempt in this. The researcher felt that although there was understanding that it is commonplace that autists are misunderstood or not understood at all it was not approached with conveyed frustration from respondents. Instead, it was approached with a sympathetic demeanor, the acknowledgment that there is a lack of knowledge and with the reality that this can be a source of learning or a source of catastrophe. The researcher felt that there was an innate need present that drove the sense to support the education of others relative to navigating communication with

autists and that there was acceptance to the vast margin of error during the learning process.

7.4(5) Lack of supports/difficulty accessing supports

Among respondents, there was nearly a unanimous mention of a lack of supports throughout the life cycle for autists and their families or support persons. This is coupled with services and supports being used either short-term or having a lack of consistency due to high turnover rates.

Rhonda stated when asked about accessing supports “in terms of support in how to help my son or even understand him or properly support him I have no support” (Rhonda). She discussed gains when they began accessing a psychologist which was lost when she moved into private practice “that resulted in Paul being bounced around, even now” she explains, “with him being suicidal he is on a mental health waitlist” (Rhonda).

Nearly all autists of focus or autist respondents were either young adults or late teens. This was not a concern that was mentioned being synonymous with this stage in their lives but throughout their lives, that being stated that would indicate several different levels of an industry which is quite often divided up according to the age of focus. Accessing supports was discussed as problematic and the use of what is provincially deemed as therapeutic services was minimally utilized – either due to lack of availability or from lack of physical proximity.

Lack of supports is problematic on many levels and intertwined with the use of LEO. LEO was found to be used most often with respondents for mental health calls,

bullying, and to assist in supporting individuals during meltdowns associated with environmental or emotional origins. Many services - even those found to be sourced in ableist notions - contain elements of self-regulation, social skills mirroring neurotypicals, and familiarity with community helpers. Ableist-based services are defined as those that are sourced from the neurotypical standpoint or focused on the conformity of the non-typical to the typical social world. Other service issues connected with interaction increases may be accessibility or consistency issues with services like mental health workers and counselors as well. This inconsistency or long wait times may also serve to increase the frequency of these interactions or alter the severity of these interactions. The majority of responses discussed were of a mental health check nature, with appropriate, consistent, and accessible mental health care these types of calls may be less likely to occur.

7.4(6) Risk assessment

Three respondents discussed the use of risk assessment style thinking when having to consider the use of LEO. These considerations are not made lightly. For example, Rhonda reflected that when situations arise when she should call, she probably would not because “I would [do] handle it myself ... because I am not sure he would be alive at the end” (Rhonda). Her risk assessment factors in her understanding of LEO capabilities and skills with autism, her son's state at the time, her understanding and knowledge of autism, and personal resources and energy to manage without assistance or support. Rhonda and her son live in a jurisdiction serviced solely by RCMP and have had

no interaction with officers who have access to VPR/ARs meaning there is no comparison available for their personal experiences.

Lisa on the other hand supports several persons on the autism spectrum and discussed that she would only use municipal police when needing guidance or support if she can help it and that she was more likely to avoid utilizing RCMP. This was based on her direct interactions with various officers' capabilities and understanding of not just legal or police matters but of navigating autism simultaneously. This simple statement of "I am less likely to call RCMP than town police" (Lisa) indicates a cost-benefit analysis existing that factors in outcome expectations and efficacy.

Comparatively, Eve had only had interactions with town police and had had only positive interactions when they were needed. She and her son had used LEO in their community for various reasons and had found that they were patient and compassionate with them and in some instances, they approached the situation by requesting her to take some of the lead and before leaving discussed the approaches she took and discussed their knowledge before and after the interaction. In these instances, LEO arrived to support her through the interaction and in a way provided her with 'back up' and used it as a learning experience even allowed themselves vulnerability by acknowledging the holes in their skills and by being open to learning.

7.4(7) Isolation/reclusiveness

Individuals who experience a high amount of behavioral crisis often experience isolation from peers, as well as those who are distinctively different in behavior or communication. Therefore, it is no surprise that autists and their families often report

experiencing higher than average feelings of social isolation in research, blogs, and online support groups. Within this research, this was mentioned in various ways both directly and indirectly by respondents.

Isolation can be directly experienced or experienced through treatment from others, interactions can sometimes be as isolating as having no interactions at all. Rhonda discussed that her son “doesn’t have any friends, just his cousins who are younger than him” (Rhonda) indicating that his social life relies on family connections.

A high prevalence of bullying alludes to feelings of being isolated socially and stigmatized just as prominently as being excluded socially or a physical lack of quality long-term friendships. The use of bullying from peers was highly present for nearly all respondents indicating a prevalent sense of being socially pushed aside, stigmatized, victimized, or as unworthy by peers. Bullying as discussed by Rhonda resulted in the removal of her son from school in favor of homeschooling to end the trauma and effects thereof. Homeschooling removed him from the harmful aspects of the school environment it also reduced same-age peer interactions and altered her daily expectations.

Support persons are not exempted from isolation, both parental support persons interviewed disclosed having a lack of support or social lives. There was no animosity toward this noted by the researcher. The two respondents disclosed that sometimes it was difficult to manage or deal with, however pointing to an acknowledgment of the fatigue that they explained in a way to remove any guilt.

Eve described that as a support person or parent of an autistic that “you can end up living the life of a recluse” (Eve) while Rhonda reflected on having no consistent support

of any kind and having a minimal connection with community supports for herself or her son. Some of this is partially due to the pandemic, which was underway during the interviews, some from the age group of her son and some from lack of availability of services that matched the need.

7.4(8) Birthing of an advocate

A sense of belonging or community was paired in two respondents through their referring to voluntary positions they held within social activists' organizations or provincial organizations associated with disability or inclusion. There was a conveyed sense of pride in the strides that the respondents had been able to take part in during their activities in these organizations or the implementation of these organizations.

Eve explained that much has been accomplished and that what she had been able to see come to fruition also affected her on a personal level.

We've come a long way, but there's still so much to do ...
it's made me a better person I'm more compassionate and
more sympathetic ... sometimes you can't change
something but sometimes you can be the catalyst that
brings about change (Eve).

This was understood by the researcher to be indicative of a lasting sense of dedication and the effects of being socially active within a movement that holds a personal investment.

Rhonda also participated in non-profit advocacy groups and although she no longer was an active chair in these, she was still actively using their services when necessary. She discussed the necessity to advocate and educate persons consistently who

were interacting with her son. This resulted in concerns around interventions or treatments in schools.

Cheryl discussed learning to self-advocate and how she has independently met socially with local police officers who had taken her for coffee to talk about what autism is like and how to interact as well as assisting family members to understand autism as they begin the journey of raising autists. These experiences were discussed when Cheryl was asked if she had had any good experiences with LEO.

Lisa as well directly mentions being an advocate in her work with the autism community although there is a little indication if this is on an organic social level or through interactions with an organization.

In many ways advocacy can be likened to awareness movements, most respondents discussed this as though they were still actively working within this area of the community although they were no longer holding the seats or positions, they previously have. Eve shared just as much about autism and community as she did advice on “spreading the weight of the load” (Eve) acknowledging that she was no longer able to be active in these ways anymore and was happy to “pass the torch” (Eve).

7.5 How society/LEO meets Autism

In each section of the interview guides, some questions focused on how autists and their support persons perceived their reception or treatment within social situations. These questions focused predominantly on interactions with LEO however there were many instances of interactions with other social actors or where institutions were referred

to or highlighted that occurred organically. The aspects of these which appeared within the transcripts varied and resulted in two main themes under this category. The first theme includes acts or ways in which autists are dehumanized, infantilized, invalidated, or not responded to. The second theme being the lack of organic interactions.

7.5(1) Dehumanization/infantilization/invalidation/nonresponse

Three participants discussed troubling interactions which contained the use of dehumanizing behavior toward them, being infantized or being invalidated as an individual. These types of interactions may be the result of implicit stereotypes. These types of stereotypes reinforce the implementation of methods that ensure social distance is maintained or function to maintain social misconceptions associated with the disabled and disordered.

Lisa is an employee who works in live-in homes with autists who are in the care of the company or social development. She also works as a personal support person for autists as well. She noted instances where physical interventions (physical restraints without tools) were used with what she perceived as excess use of physical force or behavior that was not typical in her opinion.

I was there for that once [elopement incident] and they were great with him, but they had a strange demeanor towards his parents that I never understood. There has also been responding to ... calls for meltdowns or behavior. With those times there has been mostly the use of almost what seemed to me to be an attempt to intimidate, they used a lot of physical stances that emphasized their weapons or uniform. We use restraints in the care home when necessary ... but in all my years in the field I have only ever seen physical bruising maybe twice, when I have been

there when police have restrained there is almost always a bruise (Lisa).

In addition to concerns regarding the force, she had seen used she also mentioned that she was sure she had heard derogatory terms being used or the clients being referred to through name-calling. Even though this may not have been directed toward the individuals or being noted as being stated under breath it carries a connotation of hosting active negative stereotypes toward the persons. Active negative stereotypes have been noted to affect a person's chosen behavior, physical positioning, and attitudes.

Lisa also discussed that the autists she supports have had interactions with LEO in the community during community events and not just within their living arrangements. This was met with a form of invalidation of their person or infantilizing. In most instances during these interactions officers were noted to look away from the autist and to the present support worker or another party, present to verify anything which was said or direct conversation through the other party. Lisa supports youth and young adults, this type of response during an interaction is akin to treating a young adult as a child and accentuates the power imbalance. She reflects in her responses that "there is a default to talking or treating autists like they have brain damage or are little kids but that is just not right, they just process things differently" (Lisa).

Experiencing this more directly Cheryl discussed that at times when she interacted with LEO (RCMP) while living in special care homes. While living in special care homes she recalls she was treated differently. "They treat you like you are not really a person and are a lot meaner than when you are in a regular home" (Cheryl), elaborating

on this to explain an instance while in a care home “they threw me down on the ground and my nose got broken” (Cheryl). In this instance pending charges attributed to the call were dropped. She had had calls after this incident for similar behavior which resulted in bruising from physical interventions (restraints).

Rhonda discussed several incidents where she and her son interacted with LEO (RCMP) where officers also failed to acknowledge him or interact with him. In one instance she presented herself with her son at the police station to file a statement regarding a break-in at their home. Being a single parent, her son was present, he was still feeling anxious about the incident and in an unfamiliar setting, so his anxiety had become physically visible, and he was pacing along the wall looking at the wall art. She was told to come back without him.

I was on my own and I had nowhere to take him and I didn't have anyone that could babysit him, ya know what I mean, because he was very ... well he wasn't the same as he is now he was a lot more complicated back then. And they basically said so when you don't have him with you come back and we can do a report but you know two months wen my and I still had nothing if you know what I mean and so I ended up just giving up ya know (Rhonda).

Not having childcare options, she did not get a timely opportunity to return to make the statement and the crime went both officially unreported and uncharged. She recalls that this traumatic event may have seen some justice served if officers had even offered her son a coloring book and pop he could have calmed, and the issue could have been resolved without her worrying about where this man who broke in could be.

This was not the only incident that there was a failure to interact or assist during a visit to a police station. During her son's late teen years or early adulthood, he divulged to her that he was sure police did not understand autism and he had planned to commit suicide by cop. Being concerned she took him to the police station and told officers this. By having him present she hoped that they would interact with him and intervene on this idea, or that they would take a copy of his photo ID or passport to identify him if he were to attempt. Instead, she recollected "the RCMP didn't interact with him, but they were cordial with me" (Rhonda).

A third incident was reported regarding the failure to interact by officers. During an incident of physical assault, while in a different province Rhonda was called by her son "in a panic one day and he was physically being beaten at the time by the boy, Paul was crying and being hit, I could hear the other kid in the background ... we got disconnected because the other kid was even hanging up on him" (Rhonda). In response, she phoned RCMP and was transferred to the closest detachment. She explained what was happening and disclosed his diagnosis however no officer physically responded to the call. It took additional calls by Rhonda for officers to respond by calling the residence in which the assault occurred. There were no eyes on response to see the extent of the assault and if it would warrant charges or further intervention.

When Rhonda filed a complaint, she was responded to by the department in question and told that the officer who received the call was nearing retirement and that they did not want to tarnish his reputation. She believed that this was unjust, "unfortunately the RCMP investigate themselves" (Rhonda) and when discussing this

within her local RCMP detachment she was met with disbelief and assurance it would have been handled differently in her local detachment.

Rhonda also reflected on changes in treatment at the disclosure of an autism diagnosis by giving an example from within the school system. When she formerly provided her son's school with his diagnosis “they really did dumb everything down, before that he was into all the sciences ... did extra science projects ... they took him out of all those things and put him in cooking and things like that” (Rhonda). This is not interactions with LEO however emphasizes that even the more aware fields are susceptible to this type of response.

7.5(2) Lack of organic interactions

From four respondents there were no reported organic interactions with officers while within the community. Organic interactions are those interactions that occur with officers when they are out in the community or at community events including events whose purpose is to facilitate interactions with community helpers. Officers responded when approached or verbally initiated by support persons who were present however there was no recollection of LEO in the community initiating any form of interaction with autists.

An active choice to not acknowledge someone can be as powerfully felt like an active effort to acknowledge another person. In these instances, there was proximity in some cases, and no effort was given to be acknowledged. With the majority of the respondents not being able to recall organic interactions it alludes to the lack of feeling

validated or recognized in a public setting or life, intrinsically maintaining social distance.

7.6 Impacts of Autism on Victimization

Support persons discussed that they became aware of the person they supported being victimized in various ways. Victimization is understood as being subjected to or targeted for mistreatment. Respondents who discussed victimization all spoke of actions they took in the process of healing as far as accessing services for counseling and similar measures. Accessing these services was not met with the same hardships as accessing services previously mentioned however were subject to similar staff turnover in some cases. Types of victimization which were discussed included being targeted for scams or harassment, physical assault, sexual assault, and bullying. This category can be broken up into four themes; bullying, assaults & living accommodations, sexual assaults, and the effects of being victimized.

7.6(1) Bullying

Both respondents who identified as parents of autists discussed an excessive amount of bullying which they were made aware of at different times in their sons' lives. Eve's son began experiencing bullying as young as the age of six, "I got counseling for him, but then the bullying, which is unfortunately prevalent, and not discouraged" (Eve). Although counseling may have been helpful bullying was believed to precede the presence of major depressive disorders. There was no clear connection that the bullying was found to initiate the depression, however, there is a correlating presence of depression and other mental health concerns and impacts on academic life with

experiencing bullying. This manifested in interactions with LEO through the use of mental health calls and incidents surrounding suicidal behavior.

Rhonda also discussed her son experiencing excessive bullying during his school years “during the first parts of middle school I was homeschooling him because the bullying was so bad, and he would come home every day talking about how he would kill himself because of how he was treated at school” (Rhonda). She was able to recount not just the presence of bullying but that it had escalated to being physical. LEO was involved in the final complaint made at the school and was supportive toward them at this time. An officer even offered to collect Paul’s items at the school and delivered them to their home.

7.6(2) Assaults & living arrangements

Assaults were discussed as they were referred to within the conversation. Common assaults were noted to have been experienced by two respondents. Common assault is found in section 265 of the criminal code and is defined as the least serious form of assault and includes pushing, slapping, punching, and face-to-face verbal threats Criminal Code (R.S.C., 1985, c. C-46)

Lisa alluded to a form of assault in her responses with one of her clients but did not elaborate on the type of assault that had been discovered. The assault was discovered through observed changes in behavior and the presence of new behavior which served as communication of an incident. It is possible that this assault was not a common assault however it appears in the data as an assault without further information. This response

was submitted through written answers to the interview guide, so clarification questions were not possible.

Rhonda and Paul's history with assaults were more extensive. Rhonda chronicled these with detail while Paul chose to not respond to these topics or sections of the interview guide stating, "I try to block that out" (Rhonda). It is clear in the non-response that these types of interactions held a high sense of emotional trauma and were uncomfortable for Paul.

Rhonda discussed assaults within the school which resulted in physical assaults, as well as an assault in her presence with a family member.

When Paul was younger, he would put his hands against my mother's cheeks and I mean gently ... you know on each side of her face and give her a kiss. Anyway, he went to do that with her (paternal grandmother) and they were in an embrace and when he put his hands on her face she ended up assaulting him. She physically hit him and slapped him in the face (Rhonda).

This incident resulted in a rift in the paternal side of Paul's family for a time. Another significant incident that resulted in extensive bodily harm and long-term pain was discussed surrounding the assaults which occurred away from home. The physical harm was noted through bruising and a distended testicle which was addressed at the local outpatients' department and involved physical examinations and correcting which was difficult for Paul to experience and process. "Paul was seeing a psychologist for a time after that and was diagnosed with social phobia fear of being killed ... and afterward when he gets anxious, he makes chirpy noises ... a tick" (Rhonda).

These assaults were difficult as they were inflicted by someone trusted, and amplified trauma for her and her son as he was not close to home and resulted in injury and loss of property. This was only amplified by a lack of response by contacted LEO.

There was one incident that was recounted by Eve during a period in her sons' life while he was listed as suicidal.

He was very suicidal and had a knife. He wanted to kill me. His exact words were I'm going to kill you mom because I don't wanna go to heaven alone, I want you to go with me (Eve).

She was able to disarm him before he became emotionally escalated further and fled the family home. Eve called for assistance from LEO leaving instructions to talk to him, not to use weapons, and that she was not interested in pressing charges that she was worried about his safety. This event resulted in her son staying in a psychiatric ward for a time and being assessed.

The use of psychiatric wards, residential homes, or special care homes is a common source of support for persons on the spectrum. All but one respondent mentioned having made use of these spaces and resources. Eve and her son have used psychiatric units and assisted living apartments. Cheryl had lived in a special care home as well as in an alternative family living arrangement and Lisa is employed in group homes that care for special needs or disabled persons.

The researcher felt that within the respondent's base there was a feeling that experiencing victimization was not just common but that there were instances where they felt targeted. Rhonda discussed being approached in the supermarket by a man who

offered services due to her low-income status and sons' disability, this man later harassed her for sexual favors, with repetitive emails and eventually broke into her home.

Discussions about assaults did chronicle the assaults but the focus was not the incident itself and more so the impacts on mental health.

7.6(3) Sexual Assaults

There is a probability that the assault which Lisa mentioned in her interview responses was of a sexual nature, with a higher likelihood of these types of assaults happening to persons on the spectrum or toward those with disabilities it is not a probability that should be avoided. Due to the wording used in mentioning this assault and that it was purposefully not clarified the privacy maintained in it is probably related to the nature of the assault.

There was one call that was made once or one of them that was not any of those things (lost, hurt, meltdown). It was the hardest call we had to make. It had become very clear to all our supports and parents that there had been some abuse that had happened. He couldn't tell us but we knew from the responses and behavior that something was very wrong (Lisa).

Of five respondents there is one potential mention of sexual assault and one direct discussion surrounding sexual assault history. Eve explained that her son had experienced sexual assault resulting in a mental health crisis and their interacting with the court system. Mental health crisis has been a significant concern for Eve and her son,

A couple of times officers were kind enough ... they told him if you're having a hard time come over here [station] and we'll talk to you. So, for a while, my son was going to

police headquarters because it was usually harder for him in the evenings or overnight (Eve).

The researcher noted that Cheryl also reported that LEO had responded to a call that had been made due to a domestic dispute between her parents and that during this call officers were supportive and nice to her. The context of the call appears to correlate with the treatment to those onsite when officers arrive. This may indicate a potential impact on the perception of treatment being the change of roles within the interaction.

7.6(4) Effects of being victimized

Being victimized was discussed in the first person with the autist, meaning that those chronicled here in themes were events that occurred directly to the autist being interviewed and were being recounted by themselves or their support person. This is recounting primary trauma. Victimization can also manifest as secondary trauma which can occur when someone is present during the direct victimization of another person or as the result of indirect exposure to trauma.

During Rhonda's interview, she discussed a man who had approached her and her son in the supermarket and proceeded to target her several times through email and harassment under pretenses. This man eventually attempted to gain access to her by attempting to break into their home, leaving damages and broken locks behind before fleeing. During this time both Rhonda and her son were inside, they each experienced a direct trauma of the events and secondary trauma would play in as preceding events came to be known by Paul. This man had implanted himself into Paul's mothers' contacts

identifying Paul as disabled and posing as an employee of computers for disabled children employee making the effects of the incident and harassment a source of concern from her son to her as he attributed it to his autism.

Secondary trauma may also be present, although not directly discussed, in parental support persons who would be exposed to the details of the traumas which they discussed. In some parts of the interviews, it was evident that Eve and Rhonda both have had to emotionally deal with the impacts of trauma on their sons and on the role their disability may have played in their being victimized.

Primary and secondary trauma and the experience of victimization have been mentioned within interviews in relation to suicide ideation and planning, high anxiety, depression, PTSD, academic interruption, and social phobias.

7.7 Perception/experience of LEO skill

Two sections of the interview guide focused on different aspects surrounding perceptions of experiences with LEO. Respondents were asked to describe both how they felt about potentially interacting with LEO and about their experiences interacting with LEO. Every respondent had a rich history to draw from, each of the autists of focus had a minimum of 10 interactions with LEO and an estimated max of 40 separate interactions. Under this category, four themes emerged: compliance focus and ego, lack of understanding and training, response types, and stigma and media influence.

7.7(1) Compliance focus/ego

Two respondents mentioned issues concerning Leo's focus on attaining compliance being the driving force during interactions. Lisa talked explicitly in her responses noting that interactions with RCMP tended to resemble compliance-based communication and non-verbal's. When describing the response that she has seen for her clients who do not reside within jurisdictions which have registries she noted, "the response is different, it is more control based and the body language is power play ... you can almost sense the ego" (Lisa). Having clients who were both registered and not registered she reflected those interactions she has been present for felt or appeared differently depending on which police force was responding. She explained that clients who were registered receive responses that were different, "they [LEO] tend to come in and be casual and almost nurturing, they tend to physically lower themselves and they know about our guy and get his attention using what they know about our guy" (Lisa).

In one response she discussed that as part of her job staff are trained to use physical restraints or Non-Violent Crisis Intervention (NVCi) and in her time in the care homes they have used these skills often but that there have very rarely been any bruising or physical remnants of this on clients' bodies. However, at times when LEO have been involved and used this or similar physical restraint techniques, there has often been bruising. She felt it was an indication of the use of excessive force beyond what was necessary to ensure safety or reduce the individual's potential for self-harm.

During Cheryl's recounting of interactions, she recalled that "people have called the cops on me before and they were not nice to me, some of them have dug their fingers

into my shoulders” (Cheryl). Most of the responses where LEO was called for Cheryl surrounded running or meltdowns indicating her experiencing a heightened state of being. She also recalled a propensity to use loud voices (yelling) and being impatient or lacking time to acknowledge understanding. That they arrived with urgency and in ways that increased anxiety or are overly sensory-rich – weapons visible or ready for access, sirens, etc. This urgency in approach can interact with the ability to quickly process direction or language and reduce compliant response and increase the probability of misinterpreting any non-response. The description of increased volume and urgency also lends to the potential for inadvertently increasing the anxiety of autists who may experience slower or delayed processing speed compared to neurotypicals.

7.7(2) Lack of understanding/training

Respondents were unanimous in their awareness of the lack of training and subsequent issues in understanding autism and autists. The understanding of the lack of training was not just a common theme between respondents but how they viewed or acknowledged this was also similar. The acknowledgment was made without putting fault on LEO but rather as an acknowledgment of the state of things out of the control of acting officers. This deficit in providing training for both mental health and vulnerable populations was noted to be approached as though this was a failure of governing or overseeing bodies and not of detachments or LEO themselves.

This lack of training specific to interacting with autists did however raise concerns in respondents about the potential for misinterpretation. When asked about something police should know about autists or autism Paul discussed concerns

surrounding behavior interpretation “rapid hand movements are not a threat. Police are trained to see such things as threats to their safety” and that “basic understanding of autistic behavior should be included in training” (Paul).

Rhonda mirrored her son’s concerns stating that “if there was a crisis and somebody called on him, I could see him being mortally injured. He doesn’t react like the normal or typical person” (Rhonda). She expanded on her understanding of the lack of training regarding autists stating, “they don’t have enough training you know; they just aren’t trained for it and part of the problem is that there’s not enough of them to have the break to so have the training you know?” (Rhonda).

Cheryl had spent time discussing what it is like to be on the spectrum with an RCMP officer in her community. Although there was an acknowledgment of a lack of training there was also an acknowledgment of some understanding about autism by officers. Cheryl recounted that during one time while out in her community she became aware of an RCMP officer yelling at her, “he [cop] was yelling at me and I had to yell that I had autism and as soon as I said that he said sorry and then he left” (Cheryl). Although the demeanor changed there was a lack of support offered and a clear move to not interact any further. However, she also acknowledged “they’re not all bad, they just don’t understand” (Cheryl).

In relation to training Lisa pointed out that training is only a portion of the issue “they aren’t really trained for some of the types of calls that they are called for with autists” and that, “some things help them learn faster and more respectfully” (Lisa). She expanded on this saying:

If you are able to connect beautiful things happen, that kind of thing can't be taught though ... that kind of thing has to be developed and can only happen by ignoring preconceptions and your own ego and choosing to be active in the autism community and with autists (Lisa).

Eve also pointed to prominence in known autism diagnosis in the general public and with that a potential for more interactions from which to gather understanding. She also acknowledged that gaining more knowledge and skills to use during these interactions may help to increase the confidence and feelings of safety of officers during calls with autists. She also mirrored the concern that some autistic behavior may be misinterpreted as posing a danger to officers and affecting their feelings of safety during calls.

7.7(3) Response types

Questions in the interview guide directly asked respondents what types of calls were made to LEO in relation to the autist of focus as well as if there were any resulting charges or the outcomes of the call. None of the respondents were ever held on any charges or received charges due to the calls, aside from this there were several other notable commonalities and themes. It was found through analyzing the interview data that the most common reason for calling LEO for respondents was for mental health calls, elopement, or for a response as a victim.

Mental health calls were predominantly for suicide attempts or concerns, as well as self-harm. Often these were related to elopement or elopement as the result of a crisis. Mental health response has been a topic of conversation for some time within the

province where there has been significant media coverage centering around individuals who have lost their lives during such calls. This development may have intensified the feelings of concern for misinterpretation or bad outcomes from the autism community due to the recognized prominence of mental health distress among autists compared to the general public. Most respondents who discussed having called LEO due to this also discussed the interactions which followed and recounted favorable interactions where there was a clear display of sympathetic response and efforts to connect or support both autist and support person. This is encouraging as there is a clear dialogue nationally concerning mental health calls and the efficacy of using LEO for these calls and the lack of specialized training.

Eve and Rhonda both discussed mental health calls where responding officers were sympathetic and patient. They were not concerned during their discussions about these calls about the misinterpretation of behavior or communication. Nothing was noted about difficulties in the interactions particularly when called for suicide ideation or attempts. There was a concern mentioned from both however that if there was a time when these types of things occurred that in the community and someone who did not know them, or their diagnosis was to call in instead of themselves that the call would be made based on the misinterpretation of the behavior. For example, someone misinterpreting behavior as intoxication or belligerence during a crisis.

Elopement was met with the same response for many respondents. Lisa recounted a different experience once officers returned with her client and noted that there was a

shift from LEO where she and her parents were met with a different and strange demeanor.

7.7(4) Stigma and media influence

Research has found that autists are met with stigma or stereotypes regularly in society. It stands to reason that LEO would hold many of the same stigma or stereotypes as they are people before they are officers. Respondents found that stigma and stereotypes were problematic. This was due in part to what autism is not being reflected as relative to notions held in society. This then affects interactions and chosen behavior by LEO and is seen in the interviews as mentions of avoidance or talking down to autists or treating them as though they are defective or broken.

Stigma is not always negative; it highly depends on the connotation and uses within the interaction. Eve discussed that she found it was helpful in previous interactions with LEO where she needed to locate her son to liken him to a popular media personality depicted on the hit show Big Bang Theory. Telling officers who were searching for her son “You know Sheldon Cooper? When you find him [Paul], he will remind you of Sheldon Cooper” (Eve). This provided a way to shortcut describe social nuances or demeanor for the searching officers. This does not mean that there is any belief by Eve that there is a likeness of this character in all autists, but that there are depictions highlighting aspects from across the spectrum which are impacting stereotypes or possibly perpetuating stigma. This is one way in which stigma may work just as effectively in positive ways (serving a purpose to aid in triggering understanding) as it does in negative ways.

Verma, Bharti & Singh (2018) explain that stigma results in more than negative impacts. According to them, Goffman (1963) conceptualized stigma as a social construction impacting individuals but that his conceptualization did not account for stigma as an individual attribute. Shih (2004) reinforces this describing that although stigma contributes to the difficulty there is no lack of success within the stigmatized. Corrigan and Watson (2002) concur that earlier work focussing on stigma assumed that self-stigma was synonymous with public stigma. They describe that through an individual's ability to incorporate or apply coping models they avoid internalizing public stigma and instead apply perceptions of the stigma to identity resulting in the higher instance initiating empowerment through difference and avoiding self-fulfilling prophecies.

7.8 Fear

There is inevitably fear when raising a child who does not conform to societal concepts easily or struggles with social interactions or structures. It is natural for any parent or caregiver to say that one has some fear about what the future will look like, about if they will find love or a life partner if their social lives will be fulfilling, and if they will be self-reliant. It may not be accurate to vocalize these things as fear, they may be more reflective of anxiety. Fear as the respondents describe it is accurately used. Many respondents indicated or directly stated that they held a significant amount of fear regarding the autists in their lives or themselves regarding interacting with LEO. These fears surrounded fear of injury or death, anxiety triggered fear related to the physical nature of LEO, fear of misinterpretation or misconception of behavior, and fear or

reluctance to utilize police services. These fears were mostly discussed by those who resided within areas utilizing RCMP and in most cases, those who reside in areas utilizing VPR/ARs noted it as a deciding factor in registering.

7.8(1) Fear of injury/death by cop

A strong theme between interview respondents has been the fear of being injured or the fear of death involving LEO by all but one respondent. The theme itself is similar between the respondents but their relationship with the concept varies. Meaning each of them discussed these fears but had a varied closeness to a reality of it or held slight conceptual differences.

Cheryl discussed that she had experienced firsthand pain during police response which had initiated additional anxiety or fear for her when they were responding to calls associated with her in a non-victim position. She described LEO responses as having had occurred often in her life and being scary. “When I was 15, I was arrested but they dropped the charges, but they did throw me down on the ground and my nose got broken” (Cheryl). Regarding physical response, she added, “it would be good if they didn’t just throw you down on the ground if you’re having a meltdown and hold you there” (Cheryl).

She described that occasionally she has had issues complying in what was deemed a timely fashion, “we [autists] don’t always understand every question and they can explain it better ... especially if you’re upset, you don’t hear what they are saying” (Cheryl). In those instances, she recalled, “if I don’t listen to them a lot of them have like

dug their fingers into my shoulders...they've tried to taser me before and they yell at me” (Cheryl).

Paul raised concerns and identified in his written responses that “police are trained to see such things [behavior] as threats to their safety and can react violently” (Paul) such as rapid hand movements. This was a large concern for Paul and he added that the incorporation of common autistic behaviors in training would help to reduce this likelihood, increase safety for autists and reduce the feeling of threat on LEO during these calls.

Support persons conveyed a broader understanding of social narratives around training issues available for LEO. That coupled with media or first-person relations of incidents involving bodily harm or death of a person with ASD served to compound their fears.

Eve discussed discovering the death of a friend’s brother during an encounter with LEO in Montreal. “He was having a mental health crisis and when he turned around from the police, officers drew their gun, and a bullet, a bullet in the back” (Eve). This discovery and the shared pain she had with her friend resulted in Eve being more concerned about the potential misinterpretation of her own son’s behavior during LEO responses. When calling for assistance with him or to assist in finding him during episodes of elopement or mental duress she had begun to emphasize to the dispatcher “Don’t taser him! Don’t shoot him! Talk to him directly” (Eve). She would also tell them of his diagnosis and request confirmation that dispatch had alerted responding officers of the neurological difference.

Rhonda held concerns about the lack of available training as well as the lack of time available for officers to take training. She discussed this recalling news articles which were published following the highly publicized Moncton New Brunswick area manhunt for Justin Bourque. In many of these articles, she recalled that there was a lack of personnel to be able to both provide and run training and a lack of training in various areas or concerning various topics.

This resonated with her as she had multiple concerns surrounding her son needing assistance or interacting with LEO. Mostly these were centered around them not having the proper training to interpret his behavior or to navigate autism but were amplified due to her son having previously divulged that he had created a plan for suicide by cop. This was a genuine concern due to her fear of misinterpreted behavior, response styles, and health concerns as well, “I think if he was ever in a bad situation, he could get himself shot or [tased] and he has a heart problem” (Rhonda).

This was a plan created because like her he had noted the training deficit and decided that it would not be unattainable. She responded to this by attempting to alert officers in the hopes of thwarting any action made by him to execute this plan. In response the alerted officers photocopied his passport but did not offer any information to assist her nor did they directly communicate with him.

7.8(2) The face of Autism

During the conversation talking about how Rhonda and Eve felt about how easily it could be for their sons to be misinterpreted a theme emerged, this was noted by looking at what was missing in the data. They discussed how behaviors common to autists (self-

stimulation, eye avoidance, etc) may appear on their adult children who were of significant physical stature and how some common autistic behaviors may be received differently when seen being used by an adult body versus a child's body.

This speaks to the face of autism and the presence of autistic behaviors being less acknowledged when they are exhibited by an adult, that adults are impacted by the invisibility of adult autism. Historically the face of autism in much of the media or ads for awareness is still those of young boys under the age of 10. In many instances, the media still perpetuates the stereotype that autism is a childhood disorder affecting only boys. Often omitting that autism does not disappear with age, that an autistic child will be an autistic adult. More recently there has been a larger use of autistic adult characters in media however these characters are often depicted as 'high functioning' or more akin to savants. Again, this avoids depicting adult autists as potentially exhibiting some characteristics or traits of autism into their adulthood and instead paints a picture of adult autism being 'quirky' or brilliant. This affects perception particularly when the main staple of general knowledge about this disorder is derived from media and lived experience.

7.8(3) Anxiety and fear associated with LEO

Cheryl took time to discuss that she felt that the LEOs approach and physical presentation increased anxiety or fear for her. She explained some of the experiences of officers responding which increased her anxiety outlining that some of these factors included things like the sound of the sirens, the loudness, and the visual presence of weapons. She reflected that "if they had normal clothes on it would be different" (Cheryl)

regarding feelings of anxiety when she has seen officers indicating that the physical appearance alone triggered an emotional response. When discussing what may reduce those feelings she responded “maybe take off the belt with all the guns on them and stuff” (Cheryl).

These were also things that were noted as different in officer approach from Lisa when she compared the interactions with LEO with her clients. Lisa had noted that when officers who used the VPR/ARs responded they often turned their belts to put weaponry behind them, arrived without sirens, and came in with relaxed or low volume, and that in response clients appeared to be less anxious at the idea of LEOs presence.

This type of altered approach speaks to LEO utilizing information to provide appropriate accommodations. Thus, allowing LEO to optimize their interactions and not increase the arousal levels of all those involved.

7.8(4) Reluctance in use of RCMP

All respondents who used municipal police or receive service from stations that utilize VPR/ARs appeared to be satisfied with the response and interactions which they had seen or experienced with LEO. There were no great concerns that were directly related to affecting if or when they would use LEO. This was not broached within the interviews.

Those who responded and were in jurisdictions that used RCMP were more apprehensive. Rhonda and Lisa both directly approached the subject of calling for assistance from local RCMP. Rhonda reflected:

Even if I felt like calling for help I don't know that I would, I think I would try to handle it myself as much as I could because I am not sure he would be alive at the end of it with everything you hear about in the media" (Rhonda).

At the time of the interview with Rhonda, there was a lot of coverage in the provincial media concerning two deaths that had occurred during a mental health or wellness checks. Just as much of what is learned about autism is often learned via media sources the truth is often found in reverse and much of what is learned in relation to LEO is also learned through media sources.

Lisa did not mirror Rhonda in her concerns, she did not explicitly hold fear about the mortality of her clients, however, she stated "I am less likely to call RCMP than town police" adding "I feel that town police are doing much better with responding to the clients ... they have an unfair advantage because they know so much about our guy before they show up" (Lisa). She referred to calling LEO during her clients' crisis akin to a game of Russian roulette regarding outcomes and quality of response.

7.9 Perceived impacts of registries

Discussing perceptions with respondents was done not just surrounding perceptions of interactions or skills. It was also approached concerning how respondents felt about how the registries impacted officers and autists. This found that there were noticeable differences pointed out, as well as questions about the limited use of the registries. Themes within this category include anxiety reduction effect, LEO assured/confidence, and sense of security.

7.9(1) Anxiety reduction effect

It was clear to the researcher during the interviews that there was reduced anxiety present in support persons about LEO interacting with the person they supported when they resided in areas utilizing the registries or they knew that the autistic they supported was registered. This was due to not having to supply excessive information when calling and reducing the stress of missing information pertinent to a positive response as well as the experience of seeing differences in officers' approaches during calls.

All respondents held respect for the stress and pressures of working as a LEO and an understanding of the failure for structures in decision-making capacities to provide time for training and training. Eve added "It should be Canada-wide; we have that for sex offenders. Why not for all vulnerable people that include dementia, Alzheimer's, and things like that?" when discussing the impact on anxiety relative to the availability of VPRs.

Eve was not alone in identifying the reduction in anxiety in both autists and LEO. Lisa also briefly described that she is "no longer losing time explaining needs anymore" and that when LEO responds her registered clients "aren't worried about the police and know they are safe and see the police as helpers more than disciplinary" (Lisa) referring to a reduction in anxiety.

Eve mirrored the comfortability of interactions with LEO describing how her son had begun to seek officers or visit the police station in times of crisis or anxiety and to view them as a source of support and anxiety reduction versus a disciplinary source.

My son started heading to police headquarter and talk, and they would come and say he's fine and they would take time to listen to him. So, it got to be a routine. If he had a crisis and he bolted I would call the police ... and just go over there ... and he'd be there (Eve).

Respondents who were not able to register due to not having access to registries felt that having access would be welcomed and beneficial and that they would utilize the service. Rhonda held some concern "I know that Paul wouldn't like the idea of being recognized as a vulnerable person ... even though he has said that he is a vulnerable person" (Rhonda) however she stated she would still utilize it for her peace of mind. This concern was also discussed by Lisa concerning the first introduction to the registries, but she found in her experiences that the opposite was true and that officers became more comfortable and less apprehensive leading to a more quality interaction.

7.9(2) LEO assured/confident in response/communication

The researcher was able to make comparative notes about differences mentioned in the communication styles used by LEO discussed by respondents as well as the physical description of interactions. It was clear that there was a wider berth given in interactions with officers who had no access to registries, and that there was more often a harsher or firmer approach or tone used. This is not to say that those officers who had access to registries did not respond and use methods or approaches which may be infantilizing but that there was a use of a more informed approach and calmer presence.

Registries are noted by those who use them to supply the officer with information and images that prepare them before arrival, part of that preparation would be planning

with the known information to respond versus planning to react as well as removing some of the unknown variables of responding and thus reducing some of the anxiety associated with responding to emergency or assistance calls.

Lisa made a note in her responses that she noticed differences in interactions with her clients and LEO who use VPR/ARs. She described that officers from municipal detachments appeared to attend to building rapport with her clients, that they used the information supplied like using the clients likes and dislikes to foster engagement, they were more apt to engage longer with her clients and altered their physical appearance to be less dominating or intimidating. Alternately officers from outside jurisdictions that used these registries more often maintained that intimidating stature and maintained more personal space or positioned themselves broadside to clients.

This type of communication style or presentation style was mirrored in Cheryl's responses when she discussed how she found that officers tended to use loud voices when they responded to her, that she had been restrained several times and that when she had disclosed her autism they had moved away. This may speak not to the concept that knowing a person has autism alters the interaction but that having a collaboration of information to give autism a broader understanding creates a way in which others can navigate the interaction more productively or supportively.

7.9(3) Sense of security

It was not shocking to the researcher to get the sense during interviews that there was a sense of security and safety provided to support persons who were able to use the registries. It appeared to originate with the reduced responsibility to provide extensive

information with each call, and the respondents reported multiple calls in their history, as well as the understanding that responding officers would be provided information to assist in understanding non-typical behavior. There was also the concept of anticipating a sense of security noted in respondents who did not have access to a registry when asked if they would utilize such a service indicating that they identified the registries concept as comforting or viewed its premise as supportive.

Respondents reported during the interviews that an appealing part of the concept of the VPR/ARs was the sense of security. Both respondents who did not have access to registries stated that they would be interested in using them, Cheryl, in particular, stated she would be interested because “when I get upset, I’ll run away or I have a meltdown and people have called the cops before and they were not nice to me” (Cheryl), she felt if LEO understood autism more they would be less likely to be mean.

Respondents who had been registered found that seeing the changes in interactions has provided more ease over the concept of vulnerable persons registries. Using the registries resulted in reports that they provided a sense of security, removed the onus of having to provide details when calling, and helped to remove some negative attention. Lisa added to this when she explained that she found her clients were less anxious or worried about the police and referred to them more as helpers than disciplinary sources.

Analyzing the similarities and differences in perceptions and experiences led to an extensive list of present categories and themes. Identifying such an array of themes reinforces that there is a clear impact on interactions and actors by the VPR/ARs. The

majority of themes were found among more than two of the respondents and several were found present among all respondents. Themes appeared at all points of contact from social experiences, understanding, and knowledge of training, aspects of victimization, and alterations in experiences with LEO.

Chapter 8 Discussion

This exploratory research found a difference in reported treatment during interactions with LEO which appeared to be associated with interactions were with municipal police or RCMP. This became clear through the comparison of experiences discussed by respondents based on their jurisdictions. There appeared to be higher satisfaction with the response from municipal police than that of RCMP. This higher satisfaction is attributed to the difference in interactions with autists and their supports and through the reported feelings of being seen, heard, or better understood.

Respondents discussed differences they received in treatment, differences in response approach by officers, and overall interaction quality. In relation to the response of LEO to autists, this can potentially be derived from three main differences. Firstly, there is less likelihood of municipal police transferring where RCMP does experience a higher frequency of transfers and movement. This would allow municipal police more familiarity with cohorts and community members and longer periods to build rapport. This potential impact on interactions was not explored nor addressed. There is potential validity in the idea that the higher relocation of RCMP may impede the ability to gain comfortability with these populations and would be of interest for future research.

Secondly, the implementation of community policing efforts, which is more often mandated in municipal departments and requires more hands-on or front-line style work from officers could result in a diverse understanding of the serviced population. Departments that utilize the approach of community policing would be spending more time within the community on proactive measures versus reactive measures which allow

for a more intimate knowledge of the people in the community they are servicing. This may not be impacting interactions as noted in this research as there is little in the way of respondents discussing interactions with LEO during organic interactions or community interactions which would be indicative of a healthy practicing of community policing. Particularly in areas where there are special care homes or group homes as these are often built or opened within areas that would be considered prime areas for active community policing. For instance, many group homes and special care homes within one of the communities that respondents live in are located in poorer parts of town where building or buying costs are lower.

Lastly, it could be reflective of the registries' impact on officers' soft skill development and familiarity. It is likely that the use of the registries is impacting the soft skill development of LEO and that the resulting impact is perceived as more satisfactory interactions and engagements. This would occur through officers being supplied with a basic understanding of the individual prior to arrival as well as relevant information surrounding de-escalation and behavioral differences. This information reduces guesswork and anxiety and increases comfortability and confidence resulting in a shortened use of social distance and activating a source of challenge to any preconceptions or stereotypes, therefore, altering the repertoire of response tactics.

The registries provide a framework of understanding for officers who are called to respond. This is akin to being briefed ahead of a stressful meeting to prepare for approach and delivery. This permits a reduction in anxiety for responding LEO and a base of understanding to help navigate the interaction while avoiding some of the probability of

misinterpreting behavior or communication barriers due to relying more heavily on intrinsic stereotypes.

LEO in these instances is made aware of diagnoses, personal nuances, and traits and able to better navigate and understand. As Deitrich et al (2004) discussed, social distance increases when discomfort rises. By increasing comfort and reducing response anxiety social distance is reduced and intrinsic stereotypes are challenged through the interaction. This allows for new understandings and reformations of held stereotypes that impact future interactions and alter the actors' (LEO) repertoire of soft skills. As noted in the interviews with respondents there was a difference in the way municipal police not just framed their incoming approach, but their body language and tones were also different compared to RCMP.

This is extremely impactful particularly in these interactions and calls because autism is a diverse diagnosis and rarely presents as the only social or communication barrier. Disability at the intersections insofar as autism is concerned is a complex layering. Classic issues of intersectionality apply to autists and can include impacts from such things as race, socio-economic status, gender, and sexuality. Adding disability at the intersect does not just add a new crux but layers intersections into a compounding set of impacting factors. These can include communication differences, comprehension speed differences, sensory limitations, or stigma associated with the presentation of traits. Each of these is not a stand-alone point of intersectionality as they are not just stand-alone, they also impact and interact with every other intersection individually and may operate to superimpose the effects of intersectionality.

In relation to the respondents' points of intersectionality, there are a plethora of axes that have been seen within the analysis. As stated previously, autists are at a higher risk of experiencing victimization or sexual assault. That stated male respondents, for example, who identified as having been victims of sexual assault would also have experienced a challenge to masculinity as part of their victimization. Additionally, males with disabilities are impacted by both their disability and by the disabilities impact on masculinity. This demonstrates that male respondents are impacted through the intersect by not adhering to societal constructs of masculinity, by the victimization, and by the individual impacts of the disability. Living in custodial care, having a low socioeconomic status, and the impacts of experiencing mental health crises also speak to axes of impact.

This is not to imply that females experience less compounding intersects in relation to autism, just that the intersects differ. A female on the autism spectrum is less likely overall at any age to be recognized as an autist, most depictions use young males, and discussions center around the male experience for example. Females are also more prone to utilizing camouflaging, they may be better at managing social interactions, or be misdiagnosed and missed altogether.

It is not possible to unravel the intersections to make them not impact the individual, however, it is possible to create an opportunity to challenge assumptions and stereotypes and reduce the impact of the intersections. The first step in doing this lies in providing opportunities and methods to reduce the social distance to allow for interactions that actively challenge stereotypes in a supported manner. Registries appear

to hold some potential in doing this. Their implementation is not just impacting the officers using them but also impacts the autists and autism community as well.

Registries can hold several positives by way of altering interactions as discussed by respondents yet there are some aspects of the registries that hold elements of ableism and possible reasons for concern. Many registries in the province do not have a self-register option, insinuating that the belief held by the registries creators is that there is a lack of capacity to self-register, or if there is the capacity to do so there would be no need. The inability to self-advocate in these instances reinforces the infantilization of autism as it treats the autist not as a legal age adult or independent person but as a person requiring the consent and care of a guardian. There is an issue of disclosure of information that is pertinent during an emergency concerning the personal information provided by the registries and the appropriateness of public knowledge during a crisis. In this regard, the question is not asked in any registry as to what information is consented to be released, for example, if a missing person report is issued is it necessary to disclose diagnoses, or is it preferred to have this concealed for privacy. There is also a concern about registries being a form of structural discrimination based on the sources and goals of data collection and the potential for them to trigger the use of infantilization or stigma. With little being discussed on the long-term documentation or statistical use of data collected through registries there is a lack of transparency offered or issued.

Conclusion

Interviews provided a vast amount of information surrounding respondents' experiences and perceptions. Originally the interview guides were designed to collect data that would answer three research questions: 1 – What kinds of experiences do the Autism community and autists have while interacting with LEO? What are their perceptions regarding law enforcement officer's efficiency during interactions or contacts with autists? 2 – What factors are included in incidents where autists are interacting with police officers. Are there factors that are associated with an increase in these interactions or are there factors that improve these interactions? 3 – In regions employing the use of VPRs or ARs is there a notable difference in experiences or perceptions of the Autism community about their interactions and contacts with LEO? These questions were all answered.

This research asked about what kinds of experience the Autism community and autists are having while interacting with LEO? Thematic analysis of responses found that experiences varied from positive to negative and this was heavily relative to the respondents' jurisdiction. Autists and support persons who were not in jurisdictions utilizing registries reported high apprehension, physical injury, and non-response when LEO was called to respond. Whereas those respondents who responded from jurisdictions with active registries reported a high empathy response from LEO. There was still apprehension and nervousness about potential outcomes regarding LEO and autists however the appearance of recalled interactions was more supportive and interactive.

The research asked what respondents' perceptions were regarding law enforcement officers' efficiency during interactions or contacts with autists? Again,

thematic analysis of interview transcripts found that this was heavily relative to jurisdiction. Those jurisdictions which utilized registries were perceived to have higher efficiency when responding to autists while those that did not have registries were perceived to struggle more with interacting or felt to be at a higher likelihood to misinterpret autists. However, the consensus appeared to be that there was a deficit in the availability of both training and resources available for training for officers regardless of jurisdiction.

Additionally, the research asked what factors are included in incidents where autists are interacting with police officers. Thematic analysis indicates within the respondents there was a prevalence of victimization and mental health crisis among the majority of reported interactions. Are there factors that are associated with an increase in these interactions or are there factors that improve these interactions? Answering this was more difficult than the majority of the research questions asked. There does appear to be more interactions where there is a history of suicide ideation or elopement among respondents. The factor which appeared to be higher associated with improving the interactions or the interaction outcomes, again, was noted to coincide with the existence or access of registries.

Lastly, the research questions centered around exploring if in regions employing the use of VPRs or ARs if there was a notable difference in experiences or perceptions of the Autism community about their interactions and contacts with LEO? This was met with a resounding yes by the analysis. Respondents who were registered or residing where there were active VPRs/ARs reported that the interactions and efficacy of

responding officers were significantly less strained than those responding from jurisdictions without these tools.

This exploratory study was able to give a preliminary understanding of what interactions with LEO are like in Southern NB from the perspective of autists and their support persons. Further similar research with different demographics would be beneficial to provide a base for comparisons to provide a broader understanding of these tools. For example, different communities or cultural areas as well as different provinces. To keep the voice of the autist heard having this from the vantage point of the autism community would be ideal. Combining several similar studies could provide a basis to build on to provide more thorough or grounded recommendations concerning implementing registries efficiently on a wider scale, how to augment registries with training, or use registry data to construct meaningful training and methods for sharing registries between jurisdictions. Presently registries are not studied, researched, or shared therefore there is little in the way of knowing how they are impacting both parties and no way for registries to move along with individuals meaning they are not able to be serviced or benefitted by them if they are outside of the jurisdiction they have registered in.

The researcher felt that there was some past trauma experienced from various sources from all respondents, that there was a high emphasis on the community from respondents, and that there was a sense of acceptance and a drive for growth for various areas of personal development as well. Although there was significantly prominent reluctance to interact with RCMP and discussions about negative experiences with them there was no animosity voiced or perceived by the researcher. Given the extent or

outcomes of some of the interactions discussed this was interesting, it was found there was a high level of acceptance of human error which was reflected and unexpected.

Research has shown that autists experience more crime and victimization, they are more apt to experience mental health distress and as such often experience interactions with LEO. Respondents fell into all these findings, findings which do not often investigate what these interactions unfold like. This research found that these interactions are as diverse as the autists, but the perceptions of these interactions were attached to which LEO service was responding. With the registries being a cost-effective tool and showing potential for increasing soft skill development, particularly in the absence of meaningful training, the validity of their further and wider use should be a conversation and focus of research and investigation in the future.

Further research into the perspective of LEO using registries versus those who are not while responding to autists would be beneficial to provide a more holistic view of the tool. Understanding the perceptions and series of internal and external events leading up to interacting with autists by LEO would assist in augmenting registries to support both the responding LEO and the autism community. Focus on impacts of long-term policing in one community would also assist in placing how this affects soft skill development with various populations and demographics if some of the positive impact noted in this exploratory study is a result of the lower mobility of municipal officers.

These registries have been initiated with first responders alone or in collaboration with autism resource centers. To date, they are only available within participating municipal police detachments and one provincial police service. With very little research focus on their impacts and efficacy, this is not probable to be changed. Registries being

standalone community initiatives shared between these parties may not be an entirely negative aspect. This allows them to remain more pliable and reflective of the needs of the autism community and how that may differ depending on the location as long as the responsible bodies are open to communication and input as it is provided. Regardless of how beneficial they appear to be in preliminary research any use on a grander scale should continue to balance the needs of both the registry users and the registered parties.

Bibliography

Ableism / discrimination / Britannica. (n.d.). Retrieved June 8, 2020,

<https://www.britannica.com/topic/ableism>.

A statistical snapshot of youth at risk and youth offending in Canada. (2018, December

21). Retrieved: <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ststclsnpshth/index-en.aapx#sec02.1>

About CPKN –Canadian Police Knowledge Network. (n.d.). Retrieved February 17,

2020, from <https://www.cpkn.ca/en/about-4>.

Åker, T.H., & Johnson, M.S. (2020). Interviewing alleged victims with mild and moderate intellectual disabilities and autism: a field study of police-investigated cases of physical and sexual abuse in a Norwegian national sample. *Journal of Intellectual Disability Research: Jidr*, 64(10), 782-792.

Akerlof, G.A. (1997). Social distance and social decisions. *Econometrica*, 65(5), 1005-1027.

Allely, C.S., Wilson, P., Minnis, H., Thompson, L., Yaksic, E., Gillberg, C. (2016).

Violence is rare in autism: When it does occur, is it sometimes extreme? *The Journal of Psychology* 151(1) 49-68.

Allen, J. (1989). Men, crime, and criminology: Recasting the question. *Int. J. Sociol. Law*

17, 19-39.

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: dsm-iv-tr* (4th edition text revision). American Psychiatric Association.
- American Psychiatric Association, (2013). *Diagnostic and statistical manual of mental disorder: dsm-5*(fifth). American Psychiatric Association.
- Autism Registry | City of Saint John, New Brunswick*. (n.d.). Autism Registry | City of Saint John, New Brunswick. Retrieved February 28, 2021, from <https://saintjohn.ca/en/saint-john-police-force/community-programs/autism-registry>.
- Autism Registry—Autism Resources Miramichi Inc*. (n.d.). Retrieved February 28, 2021, from <https://www.armnb.com/autism-registry>.
- Baron-Cohen, S. (2015). Leo Kanner, Hans Asperger, and the discovery of Autism. *The Lancet*, 386(10001), 1329-1330.
- Bargiela, S. (2019). *Camouflage: The hidden lives of Autistic women*. Jessica Kingsley Publishers.
- Barnartt, S.N. (1996). Disability culture or disability consciousness? *Journal of Disability Policy Studies*, 7(2), 1-19.
- Berkovic, D., Ayton, D., Briggs, A.M., & Ackerman, I.N. (2020). The view from inside: positionality and insider research. *International Journal of Qualitative Methods*, 19.

- Bhavsar, V., & Bhugra, D. (2018). Violence towards people with mental illness: Assessment, risk factors, and management. *Psychiatric and Clinical Neuroscience* 72:811-820.
- Blood, G.W., Blood, I.M., Coniglio, A.D., Finke, E.H., & Boyle, M.P. (2013). Familiarity breeds support: speech-language pathologists' perceptions of bullying of students with autism spectrum disorders. *Journal of Communication Disorders*, 46(2), 169-180.
- Bogart, K.R., Dunn, D.S. (2019) Ableism special issue introduction. *Journal of Social Issues*, 75(3), 650-644.
- Bogart, K.R., Rosa, N.M., & Slepian, M.L. (2019). Born that way or became that way: Stigma toward congenital versus acquired disability. *Group Processes & Intergroup Relations*, 22, 594-612.
- Bryman, A., Bell, E. (2019). *Social Research Methods*. Don Mills, Ontario: Oxford University Press.
- Butler, Judith. (1993). *Bodies that matter*. New York: Routledge.
- Cage, E., DiMonaco, J., & Newell, V. (2018). Experiences of Autism acceptance and mental health in Autistic adults. *Journal of Autism and Developmental Disorders*, 48(2), 473-484. <https://doi.org/10.1007/s10803-017-3342-7>.
- Campbell, F. (2001). Inciting legal fictions: 'Disability's' date with ontology and the ableist body of the law. *Griffith Law Review* 10(1), 42-62.

- Canada, P.H.A. of. (2016, January 18). *About Autism Spectrum Disorder (ASD)* [Education and Awareness]. Aem. <https://www.canada.ca/en/public-health/services/diseases/autism-spectrum-disorder-asd/about-autism-spectrum-disorder-asd.html>.
- Canada, P.H.A. of. (2018, March 29). *Autism Spectrum Disorder among children and youth in Canada 2018* [Research]. Aem. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/autism-spectrum-disorder-children-youth-canada-2018.html>.
- Chaplin, E., Gunasekaran, S. (2012). Autism spectrum disorders and offending. *Advances in Mental Health and Intellectual Disabilities*, 6(6), 308-313.
- Charlton, J.I. (1998). *Nothing about us without us: Disability oppression and empowerment*. University of California Press.
- Chen, M. H., Pan, T. L., Lan, W. H., Hsu, J. W., Huang, K. L., Su, T. P., . . . Bai, Y. M. (2017). Risk of suicide attempts among adolescents and young adults with autism spectrum disorder: A nationwide longitudinal follow-up study. *The Journal of Clinical Psychiatry*, 78(9).
- Coleman, Terry, Cotton, & Dorothy. (2020). *Police interactions – A report towards improving interactions between police and people living with mental health problems*. Canadian Mental Health Association.
- Cooper, K., Smith, L.G.E., & Russell, A. (2017). Social identity, self-esteem, and mental health in autism. *European Journal of Social Psychology*, 47(7), 844-854.

Correia, M.E. (2000). The conceptual ambiguity of community in community policing – Filtering the muddy waters. *Policing: An International Journal of Police Strategies & Management*, 23(2), 218-233.

Corrigan, P.W., Green, A., & Penn, D.L. (2001). Prejudice, social distance, and familiarity with mental illness. *Schizophrenia Bulletin*, 27(2), 219-25.

Corrigan, P.W., & Watson, A.C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*, 9(1), 35-53

Crenshaw, K.W. (1989). Demarginalizing the intersection of race and sex. *University of Chicago Legal Forum*, 139-167.

Dec 05, S. N. · C. N. · P., December 5, 2019, 4:00 AM ET | Last Updated: & 2019. (2019, December 5). *Toronto police vulnerable persons registry welcome but privacy questions remain, experts say / CBC News*. CBC.

December 17, 2009. Last Updated: 2009, December 17. *Miramichi Launches Autism Registry / CBC News*. CBC.

Denzin, N.K. (1989). *Interpretive Interactionism*. Newbury Park, CA: Sage.

Dey, I. (1993). *Qualitative data analysis: A user-friendly guide for social scientists*. London: Routledge.

Dewinter, J., Van Parys, H., Vermeiren, R., & van Nieuwenhuizen, C. (2017). Adolescent boys with an autism spectrum disorder and their experience of sexuality: An interpretative phenomenological analysis. *Autism*, 21(1), 75–82.

Diagnosis. (n.d.). *Autism Canada*. Retrieved January 23, 2021, from

<https://autismcanada.org/autism-explained/diagnosis/>

Dietrich, S., Beck, M., Bujantugs, B., Kenzine, D., Matschinger, H., & Angermeyer,

M.C.. (2004). The relationship between public causal beliefs and social distance toward mentally ill people. *Australian & New Zealand Journal of Psychiatry*, 38(5), 348-354.

Durkheim, Emile. (1964) *The division of labor in society*. (G. Simpson, Trans.) (Ser. Free press paperbacks). Free Press

Evans, B. (2013). How Autism became Autism. *History of the Human Sciences*, 26(3),3-31.

Erevelles, N.(1996). Disability and the dialectics of difference. *Disability and Society*, 11(4), 519-538.

FAQs—Vulnerability. (n.d.). Retrieved May 16, 2021, from

<https://www.vulnerablepersonsregistry.ca/Home/Faqs>

Fazio, R.L., Pietz, C.A., & Denney, R.L. (2012). An estimate of the prevalence of Autism Spectrum Disorders in an incarcerated population. *Open Access Journal of Forensic Psychology* 4, 69-80.

Finlay, W.M., & Lyons, E. (2002). Acquiescence in interviews with people who have mental retardation. *Mental Retardation* 40, 14-29.

- Fisher, M.H., Baird, J.V., Currey, A.D., & Hodapp, R.M. (2016). Victimization and social vulnerability of adults with intellectual disability: A review of research extending beyond Wilson and Brewer. *Australian Psychologist, 51*(2), 114-127.
- Flores, A.R., Haider-Markel, D.P., Lewis, D.C., Miller, P.R., Tadlock, B.L., & Taylor, J.K. (2018). Challenged expectations: mere exposure effects on attitudes about transgender people and rights. *Political Psychology, 39*(1), 197-216.
- Frosted Children: Diaper Aged Schizoids. April 26, 1948. Time.
- Gardner, L., Campbell, J.M., & Westdal, J. (2019). Brief Report: Descriptive analysis of law enforcement officers' experiences with and knowledge of Autism. *Journal of Autism and Developmental Disorders, 49*(3), 1278-1283.
- Garland-Thomson, R. (2002). Integrating disability, transforming feminist theory. *NWSA Journal, 14*(3), 1-32
- Gender-Based Violence in Canada | Learn the Facts. (n.d.). *Canadian Women's Foundation*. Retrieved March 8, 2021, from <https://canadianwomen.org/the-facts/gender-based-violence/>
- Girls Diagnosed with Autism 1.5 years later than boys, on average. (n.d.). Retrieved January 23, 2021, from <https://www.healio.com/ews/psychiatry/20200127/girls-diagnosed-with-autism-15-years-later-than-boys-on-average>.
- Goffman, E. (1986). *Stigma: notes on the management of spoiled identity* (First Touchstone, Ser. A touchstone book). Simon & Schuster.

- Government of Canada, S.C. (2018, March 15). *Violent Victimization of Women with Disabilities, 2014*. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54972-eng.htm>.
- Government of Canada, S.C. (2018, June 19). *Adult and Youth Correctional Statistics in Canada, 2016/2017*. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54972-eng.htm>.
- Gudjonsson, G.H. & Joyce, T. (2011) interviewing adults with intellectual disabilities. *Advances in Mental Health and Intellectual Disabilities, 5*, 16-21.
- Haney, J.L. (2016). Autism, Females and the DSM-5: Gender bias in Autism Diagnosis. *Social Work in Mental Health, 14*(4), 396-407.
- Harder, J. A., Keller, V. N., & Chopik, W. J. (2019). Demographic, experiential, and temporal variation in ableism. *Journal of Social Issues, 75*(3), 683–706.
- Haslam, J. (1809). *Observations on madness and melancholy: Including practical remarks on those diseases, together with cases, and an account of the morbid appearances on dissection. J. Callow*.
- Hendree, P.K. & Nicks, S.D. (2000). Perceptions of violent crimes in relation to sex of perpetrator. *Perceptual and Motor Skills, 90*(2), 485-488.
- Henshaw, M. & Thomas, S. (2012). Police encounters with people with intellectual disability: Prevalence, characteristics and challenges. *Journal of Intellectual Disability Research, 56*(6), 620-631.

- Hergenrather, K., & Rhodes, S. (2007). Exploring undergraduate student attitudes toward persons with disabilities: Application of the disability social relationship scale. *Rehabilitation Counseling Bulletin, 50*(2), 66-75.
- Herbert, S. (2016). Policing the contemporary city: Fixing broken windows or shoring up neo-liberalism? *Theoretical Criminology*.
- Hirschmann, N.J. (2012). Disability as a new frontier for feminist intersectionality research. *Politics & Gender, 8*(03), 396-405.
- Hong, Z. (2008). David Silverman, interpreting qualitative data: methods for analyzing talk, text, and interaction *Discourse and Communication, 2*(2), 207-208.
- Hull, L., Petrides, K.V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M., & Mandy, W. (2017). “Putting on my best normal”: Social camouflaging in adults with autism spectrum conditions. *Journal of Autism and Developmental Disorders, 47*(8), 2519-2534.
- Hull, L., Mandy, W., & Petrides, K.V. (2017). Behavioral and cognitive sex/gender differences in autism spectrum condition and typically developing males and females. *Autism: The International Journal of Research and Practice, 21*(6), 706-727.
- Hull, L., Petrides, K.L., & Mandy W. (2020). The female autism phenotype and camouflaging: A narrative review. *Review Journal of Autism and Developmental Disorders, 1-12*.

- Hunnikin, L.M., & van Goozen, S.H.M. (2019). How can we use knowledge about the neurobiology of emotion recognition in practice? *Journal of Criminal Justice*, 65, S0047235218300217.
- Huskin, P. R., Reiser-Robbins, C., & Kwon, S. (2018). Attitudes of Undergraduate Students Toward Persons With Disabilities: Exploring Effects of Contact Experience on Social Distance Across Ten Disability Types. *Rehabilitation Counseling Bulletin*, 62(1), 53–63.
- Hwang, S., Kim, Y. S., Koh, Y.-J., & Leventhal, B. L. (2018). Autism Spectrum Disorder and School Bullying: Who is the Victim? Who is the Perpetrator? *Journal of Autism & Developmental Disorders*, 48(1), 225–238.
- Index of Poicing Initiatives*. (2018, December 21).
<https://www.publicsafety.gc.ca/cnt/cntrng-crm/plcng/cnmcs-plcng/ndx/snpss-en.aspx?n=492>
- Interviewing People with Autism*. (2014, September 10). Dart Center.
- Jaarsma, P., & Welin, S. (2012). Autism as a natural human variation: reflections on the claims of the neurodiversity movement. *Health Care Analysis: An International Journal of Health Care Philosophy and Policy*, 20(1), 20-30.
- King, C., & Murphy, G.H. (2014). A systematic review of people with autism spectrum disorder and the criminal justice system. *Journal of Autism and Developmental Disorders*, 44(11), 2717-33.

- Kintsch, W., & van Dijk, T. A. (1978). Toward a model of text comprehension and production. *Psychological Review*, 85(5), 363–394.
- Lacobucci, F. (2014). *Police Encounters With People in Crisis*.
- Link, B., Phelan, J., Bresnahan, M., Stueye, A., Pescosolido, B.A. (1999). Public conceptions of mental illness, Labels, causes, dangerousness and social distance. *American Journal of Public Health* 89:1328-1333.
- Lobar, S.L. (2016). DSM-V Changes for Autism Spectrum Disorder (ASD): Implications for diagnosis, management, and care coordination for children with ASDs. *Journal of Pediatric Health Care*, 30(4), 359-365.
- Longmore, P.K. (1997). Conspicuous contribution and American cultural dilemma: Telethon rituals of cleansing and renewal. *The Body and Physical Difference: Discourse of Disability*, 134-158.
- Lopez, Daniela Griselda. (2012). A phenomenological approach to the study of social distance. *Human Studies*, 44(2).
- Manafa, E., Petermann, L., Vandall-Walker, V., Mason-Lai, P. (2018). Patient and public engagement in priority setting: A systematic rapid review of the literature. *PLoS One*, 13.
- Maras, K.L., Crane, L., Mulcahy, S., Hawken, T., Cooper, P., Wurtzel, D., & Memon, A. (2017). Brief report: Autism in the courtroom: Experiences of legal professionals and the autism community. *Journal of Autism and Developmental Disorders*, 47(8), 2610-2620.

- Mayes, T., & Koegel, R. (2003). Persons with Autism and criminal justice. *Journal of Positive Behavior Interventions*, 5(2), 92-100.
- Milton, D.E.M. (2012). On the ontological status of Autism the ‘double empathy problem.’ *Disability & Society*, 27(6), 883-887.
- Moore, L.N. (2010). *Black Rage in New Orleans*. Baton Rouge, LA: LSU Press.
- Mouridsen, S.E. (2012). Current status of research on autism spectrum disorders and offending. *Research on Autism Spectrum Disorders*, 6(1), 79-86.
- Murphy, A., O’Reilly, C., Ataya, R., Doucetter, S., Martin-Misener, R.A., & Gardener, D., (2019). A survey of Canadian and Australian pharmacists stigma of suicide. *Sage Open Medicine*
- Murrie, D.C., Warren, J.I., Kristiansson, M., & Dietz, P.E. (2002). Aspergers syndrome in forensic settings. *International Journal of Forensic Mental Health*, 1(1), 59-70.
- nicolecorradoart. (2019, January 29). How to report missing persons with neurological differences respectfully. *Art by Nicole Corrado*.
- October 20, 2011. *Vulnerable persons registry 1st of its Kind*. CBC News.
<https://www.cbc.ca/news/canada/sudbury/vulnerable-persons-registry-1st-of-its-kind-1.1113717>.
- Overseeing inmates with autism | CorrectionalOfficer.org*. (n.d.). Retrieved May 15, 2021, from <https://www.correctionalofficer.org/overseeing-inmates-with-autism>.

- Ponterotto, J.G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept “thick description”. *Qualitative Report*, 11(3), 538-549.
- Railey, K.S. Bowers-Campbell, J., Love, A.M.A., & Campbell, J.M. (2020). An exploration of law enforcement officers training needs and interactions with individuals with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 50(1), 101-117.
- Rothwell, E., Anderson, R., & Botkin, J.R. (2016). Deliberative discussion focus groups. *Qualitative Health Research*, 26(6), 734-740.
- Robinson, E.B., Lichtenstein, P., Anckarsäter, H., Happé, F., & Ronald, A. (2013). Examining and interpreting the female protective effect against autistic behavior. *Proceeding of the National Academy of Sciences of the United States of America*, 110(13), 5258-5262.
- Ryan, G.W. & Bernard, H.R. (2003). Techniques to identify themes. *Field Methods*, 15(1), 85-109.
- Sacks, O. (2001). Henry Cavendish: An early case of Aspergers syndrome? *Neurology*, 57(7), 1347.
- Salerno, A.C. & Schuller, R.A. (2019). A mixed-methods study of police experiences of adults with autism spectrum disorder in Canada. *International Journal of Law and Psychiatry*, 64, 18-25.

- Schaller, U. M., Biscaldi, M., Fangmeier, T., Tebartz van Elst, L., & Rauh, R. (2019). Intuitive Moral Reasoning in High-Functioning Autism Spectrum Disorder: A Matter of Social Schemas? *Journal of Autism & Developmental Disorders*, 49(5), 1807–1824. <https://doi.org/10.1007/s10803-018-03869-y>
- Schneid, I., & Raz, A.E. (2020). The mask of autism: Social camouflaging and impression management as coping/normalization from the perspectives of autistic adults. *Social Science & Medicine*, 248, 112826.
- Sherry, M. (2016). *Disability and Hate Crimes*. New York, NY: Routledge
- Shifrer, D. & Frederick, A. (2019). Disability at the intersections. *Sociology Compass*, 13(10)
- Shih, M. (2004). Positive stigma: examining resilience and empowerment in overcoming stigma. *The Annals of the American Academy of Political and Social Science*, 591(1), 175-185
- Shutdowns and Stress in Autism*. (2006, November 27). Autism Awareness. <https://autismawareness.com/shutdowns-stress-autism/>
- Silberman, S. (2015). *Neurotribes: the legacy of autism and the future of neurodiversity*. Avery: Penguin Random House
- Simmel, G. (1971 [1908]). The Stranger. In D. Levine (Ed.), *Georg Simmel. On individuality and social forms* (pp. 143-149). University of Chicago Press.

- Spagnolo, J. (2014). Improving first-line mental health services in Canada: addressing two challenges caused by the deinstitutionalization movement. *Healthcare Quarterly (Toronto, Ont.)*, 17(4), 41-5.
- Spelman, E.V. (1988). *Inessential woman: Problems of exclusion in feminist thought*. Boston MA: Beacon Press.
- Smetherham, D. (1978). Insider research. *British Educational Research Journal*, 4(2), 97-102.
- Standcliffe, R.J., Tichà, R., Larson, S.A., Hewitt, A.S. & Nord, D. (2015). Responsiveness to self-report interview questions by adults with intellectual and developmental disability. *Intellectual and developmental disabilities* 53, 163-181
- Statistics Canada. (August 21, 2009). *Definitions*. Statscan. Retrieved June 16, 2021, <https://www150.statcan.gc.ca/n1/pub/85-224-x/2008000/dd-eng.htm>
- Statistics Canada. (June 2, 2015). *Mental Health and Interactions with Police in Canada, 2012*. Statscan. Retrieved May 19, 2021 www150.statcan.gc.ca/n1/pub/85-002-x/2015001/article/14176-eng.pdf
- Stevenson, J.L., Harp, B., & Gernsbacher, M.A. (2011). Infantilizing autism. *Disability Studies Quarterly*, 31(3)
- Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*.

- Teagardin, J., Dixon, D.R., Smith, M.N., & Granpeesheh, D. (2012). Randomized trial of law enforcement training on autism spectrum disorders. *Research in Autism Spectrum Disorders*, 6(3), 1113-1118
- The evolution of 'autism' as a diagnosis, explained. (2018, May 9). *Spectrum/Autism Research News*. <https://www.spectrumnews.org/news/evolution-autism-diagnosis-explained/>
- Tint, A., Palucka, A., Bradley, E., Weiss, J., & Lunskey, Y., (2017). Correlates of police involvement among adolescents and adults with Autism Spectrum Disorder. *Journal of Autism & Developmental Disorders*, 47(9), 2639-2647
- Tufford, L., Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work: Research and Practice*, 11, 80-96.
- University of New Brunswick. (2011, October 18). *University Policy on Research Involving Humans*. Unb.ca/research/vp/ethics.html
- Venables, N.C., Foell, J., Yancey, J.R., Beaver, K.M., Iancono, W.G., & Patrick, C.J. (2018). Integrating criminological and mental health perspectives on low self-control: a multidomain analysis. *Journal of Criminal Justice*, 56, 2-10
- Verma, S.K., Bharti, P., & Singh, T. (2018). Does stigma always have negative consequences? *Journal of Community & Applied Social Psychology*, 28(6), 495-507
- Visher, C.A. (1983). Gender, police arrest decisions, and notions of chivalry. *Criminology*, 21(1), 5-28

- Vulnerable Persons Registry/City of Fredericton*. (n.d.). Retrieved December 8, 2019, from <http://www.fredericton.ca/en/fredericton-police/vulnerable-persons-registry>
- Weinar, A., Unterreiner, A., & Fargues, P. (Eds.). (2017). *Migrant integration between homeland and host society. Volume 1. Where does the country of origin fit?* Springer.
- Westbrook, M. T., Legge, V., & Pennay, M. (1993). Attitudes towards disability in a multicultural society. *Social Science & Medicine*, 36, 615–623.
- What happens when people with autism interact with police/CAMH*. (n.d.). Retrieved April 18, 2020, from <https://www.camh.ca/en/camh-news-and-stories/what-happens-when-people-with-autism-interact-with-police>
- Wing, L. (1981). Aspergers Syndrome: A clinical account. *Psychological Medicine* 11, 115-129.
- Wolff, S. (2004). The history of autism. *European Child & Adolescent Psychiatry*, 13(4), 201-208
- Woodyatt, C.R., Finneran, C.A., & Stephenson, R. (2016). In-Person versus online focus group discussion: A comparative analysis of data quality. *Qualitative Health Research*, 26(6), 741-749.
- Yohanna, D. (2013). Deinstitutionalization of people with mental illness: Causes and consequences. *AMA Journal of Ethics*, 15(10), 886-891

Young, R.E., Goldberg, J.O., Struthers, C.W., McCann, D., & Phillis, C.E. (2019). The subtle side of stigma: understanding and reducing mental illness stigma from a contemporary prejudice perspective. *Journal of Social Issues*, 75(3), 943-971.

Young, J., Ne'eman, A., & Gesler, S. (2011). Bullying and students with disabilities. *Proceedings from the Whitehouse Conference on bullying prevention*. Retrieved from the National Council on Disability <https://www.ncd.gov/publications/2011/March92011>.

Zaboski, B.A., & Storch, E.A. (2018). Comorbid autism spectrum disorder and anxiety disorders: A brief review. *Future Neurology*, (13)1, 31-37

Zeldovich, L. (2018). Cold parenting? Childhood schizophrenia? How the evolution of autism has evolved over time. *Science*, (20180509)

Zeldovich, L. (2018, May 9). The evolution of 'autism' as a diagnosis explained. *Spectrum News*. <https://www.spectrumnews.org/news/evolution-autism-diagnosis-explained/>

Appendix I: Recruitment Poster

ARE YOU?

*- over 16
-diagnosed with Autism
or
-supporting someone diagnosed with Autism*

HAVE YOU?

-had interactions with Law Enforcement Officers

OR ARE YOU?

-registered for a Vulnerable Person Registry or Autism Registry

We invite you to participate in a study on interactions and perceptions of law enforcement and the Vulnerable Persons Registries/Autism Registries.

If you have an hour for an individual Interview please contact Christine at:

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Appendix II: Interview Guide for Autists

DEMOGRAPHIC AND SKILLS RELATED QUESTIONS

The first questions are to get information about you, I will not be using any information which could be used to identify you. You can choose to not answer and if you do, we will keep going without returning to that question. This interview will be broken into sections and we can take breaks between those sections if you need. When we end one section, I will tell you and I will also quickly tell you what topics are coming up in the next section.

1. What is your gender?
2. How old are you?
3. Do you have any other diagnosis other than Autism? For example, ADD/ADHD, learning disabilities, anxiety, OCD, etc

This will be used to compare the frequency of interactions to increased comorbidity as mentioned as a risk factor for more frequent police interactions.

4. Have you attended any types of therapy related to your diagnosis? This includes OT, counseling, ABA, etc

This question is to understand the amount of social skills practice, instruction, or preparation that the individual receives incidentally. This will be compared to the perception of interactions and interactional components surrounding communication. This will help to create a more whole picture of the skills at the persons' disposal that may act as a confounding variable on interaction and supply additional information about potential sources of successful or more positive encounters.

5. What do you find are the least and most challenging things about talking to neurotypical or non-autistic people?

This question provides insight into the autistic's perceived communication and social skills capabilities. This data can be used to show strengths and weaknesses affecting interactions as well as compare experiences of interactions based on identified strengths.

5. What town/city do you live in?

Municipal police have access to registries whereas RCMP does not, this will allow for the researcher to separate interview data for comparison of perceptions and experiences based on this presence alone.

6. Do you live independently, with a parent, in assisted housing, or in a group home?

Living conditions of this manner have been identified as a risk factor for increased interaction in previous research. Asking this will provide additional information will also provide insight into social supports.

Those are all the questions that I will be asking in this section. The next section is about your personal experience with law enforcement officers. Do you want to take a short 3-minute break or would you like to continue to the next section?

EXPERIENCE QUESTIONS

During this section of the interview, I am collecting information about your experiences. You can choose to not answer and if you do, we will continue without returning to that question. In this section, I will ask questions specifically about the registries.

REGISTERING WITH VPR/AR

The first topic I will ask about is the Vulnerable Persons Registry and Autism Registry.

1. Did you have a chance to look over the information about what these registries are?

If YES

A. Continue to the next question

If NO

To explain these registries are like databases that police officers may have that people with autism or other disabilities can register with. They have a picture and information that is filled out for them to use all about that person. All the information is given by the person it is for or their guardian. It can include how to de-escalate, best communication methods for high-stress times, triggers, and so on. Do you have any questions about these registries that I can answer for you?

1. Did you know about these registries before this research opportunity?

If the response is YES

A. What did you think about them?

If the response is NO

B. Now that you know about them, what do you think about them?

2. Have you ever been registered with either registry?

If the response is Yes:

A. Which one?

B. Did you register yourself or did someone else?

C. Are you still registered with it now?

D. Did a police officer visit you/see you because of registering?

E. How did/does being registered make you feel?

F. Since being registered have you had interactions with police?

G. Did you have interactions before being registered?

H. Do you think the police are using the information from the registry? Can you tell me how you come to believe they do or don't use it?

I. Since being registered have you noticed a change in interactions with police?

Here the questions are establishing general knowledge of the existence of the registries among the autism community. This is accompanied by some perception questions about their experiences with the registries and officer interactions without going into interaction details.

If the response is No:

I. If there was a registry available for you would you register? Why or why not?

This is being asked to get some of the perceptions of the registry from members of the autism community who are less familiar or unable to be registered.

That's all the questions for this topic, would you like to take a 3-minute break or continue? The next topic is all about your personal experiences with law enforcement officers.

INTERACTIONS WITH LAW ENFORCEMENT

That's all the questions for this topic, would you like to take a 3-minute break or continue? The next topic is about other interactions with law enforcement, these can be interacting at community celebrations or school visits. I want to remind you that you can choose not to answer if you are uncomfortable with the question and that you can request a break at any time if you need to.

1. Where have you seen and talked to police in your community?
2. When you see police in the community do you talk to them or do they talk to you first?
3. Do you feel comfortable talking to police officers when you see them in the community? Why or why not?
4. Tell me about times when you have interacted with officers like this. For example were you there alone, who else was in the interactions or what did you and the police officers talk about, and so on.

**Questions which are asked about everyday interactions are being asked to gauge the comfortability of interacting and communicating. This can help provide a contrasting point of soft skills and will serve to return to a more neutral topic and separate from the potential stress associated with discussing interactions where the police were called for the individual.*

**Questions subject to elaboration questions to get additional information about responses.*

In the next section, I want to focus only on your interaction or contacts where a police officer was called to respond to you. Here I want to focus on a circumstance where police officers were responding to a call where they needed to interact with you. This could be because someone called them to help you or they stopped to talk to you because they were looking for someone.

1. Have you had any interactions with police officers as I described?

If answered YES:

A. How many times would you say that this has happened? In multiples of 5 – so once, under 5x, 5-10x, 10-15x

B. Can you explain some of the reasons for these interactions? For example, random stop on the side of the road, to help during a meltdown, because of wandering, etc

C. Where was you when the police interacted with you? For example, home, school, park, etc

D. Can you explain some of what has happened when you have interacted with the police?

E. Were you ever charged following these interactions?

If answered NO;

Move on to the next section.

**Questions in this section are based on collecting data about interactions with police where the autistic was either a suspect or the reason for a call for support/assistance was made. This information will be used to show what these interactions look like. It will also be used to create two groups (municipal police and federal) to compare, this comparison will help to identify skills used that differ between the two service providers that may show a difference in training and soft skill development from tool availability.*

PERCEPTION QUESTIONS

The next topic is about perceptions about law enforcement. I want to remind you that you can choose not to answer if you are uncomfortable with the question and that you can request a break at any time if you need to. Do you have any questions before we begin?

1. From your experience interacting with police officers, how do you feel about police intervention with you?

**follow up with probe questions of why? Can you explain that?*

2. Can you describe what feeling safe means to you?

**follow up with probe questions of why? Can you explain that?*

3. If you could tell police officers something about responding to calls with autistic what would it be?

**follow up with probe questions of why? Can you explain that?*

4. Would you feel comfortable calling the police if you needed their help? For instance, if you were lost or hurt. Why or why not?

**follow up with probe questions of why? Can you explain that?*

5. Can you tell me how you would like interactions to be with police officers? For example, I don't like the sound of sirens, and sometimes I feel nervous if men stand in

certain ways so I would prefer those things being different when an officer comes to my home.

6. As a person with Autism, what do you think is important for police to know or understand when they are interacting with autists?

**questions here are looking to collect data about feelings and perceptions about police.*

**questions are subject to clarifying questions for elaboration throughout.*

That's all the questions for this topic. This is the last topic I have, is there anything that you would like to add about any of the stuff we have talked about?

Appendix III – Interview Guide for Support Persons

DEMOGRAPHIC AND SKILLS RELATED QUESTIONS

1. Do you identify as male/female or other?

2. What age group do you belong to? 20's, 30's, 40's, 50's, 60's, etc

The preceding two questions will allow the researcher to compare support persons' concerns and experiences based on sex and age range.

3. Is the person with Autism you support male or female?

4. Tell me about your relationship with Autism and the autism community.

This will assist in creating a better concept of who their caregivers are and provide insight into the notification of arrest or emergency via emergency services.

5. Can you tell me about any additional diagnosis that [insert son/daughter/name] has received. For example ADHD, ODD, ID, etc.

_____ will be filled in with the relationship to the autistic that the support person has identified in questions 3 and 4 for example client, son, daughter.

6. Tell me about any of the therapeutic interventions or services that your [insert son/daughter/name] has received?

Same as section A, _____ will be filled in with the relationship to the autistic that the support person has defined above.

7. What town or city do you live in? Is this the only community where your [insert son/daughter/name] has had interactions with LEO?

If NO

A. Can you tell me where [insert son/daughter/name] was that the incidents/interactions occurred?

8. Tell me about the living arrangements of you and your [insert son/daughter/name]?

This coincides with question 4 about notification etc.

9. Tell me about how your [insert son/daughter/name]'s communication skills in different situations. For example, with familiar people, in different environments, or when they are under stress.

This can be compared to amounts of interventions, social supports, and the results or events of interactions with LEO to provide a better picture and understanding of interactions.

**general demographic information will also be used to provide a basic view of generalities of the support persons*

**information in this question set is designed to match that of the corresponding autists question set*

**questions are designed to supply demographic information and information specific to communication capabilities of the Autist they are discussing.*

In the next section, I will be asking questions about the VPR/AR.

REGISTERING WITH VPR/AR

1. Before participating in this research were you aware of Vulnerable Persons Registries or Autism Registries? If so tell me how you became aware of them.

2. Has your [insert son/daughter/name] ever been registered with either registry? Which one?

_____ *will be filled in with the relationship the support person has identified with the autist/autism community*

If the response is Yes:

A. Describe for me the process you went through when deciding to register.

B. Are they currently registered?

C. Can you walk me through the process of registering. Please include the steps you recall taking, and how you felt through the process.

D. Did an officer visit you or your charge because of registering?

E. How does having [insert son/daughter/name] registered make you feel?

F. Since being registered has [insert son/daughter/name] had interactions with police? Do you feel like the information that you provided was useful?

If the response is No:

6. Do you feel like you would register [insert son/daughter/name] if a registry was available and why/why not.

**This question set mirrors the question set from section A and is focussed on asking questions about experiences with and perceptions of the VPR/ARs.*

That's all the questions for this topic. The next topic is all about your personal experiences with law enforcement officers.

INTERACTIONS WITH LAW ENFORCEMENT

The next questions are about interactions with police where the police were responding to a call to help.

1. Has [insert son/daughter/name] had any interaction/contact with police officers?

If answered YES:

A. How many times would you guess [insert son/daughter/name] have had these types of interactions with police officers?

B. Tell me about some of the reasons that [insert son/daughter/name] has had police respond for them?

C. Tell me about where these incidents have happened?

D. Can you explain some of what you have seen happen during these interactions/contacts?

F. Has any of these interactions/contacts resulted in [insert son/daughter/name] being charged? What type of charges? Can you explain what that process was like for you?

If answered NO;

Continue to the next section.

**These questions have been designed to mirror the data collected from autists and include some information on the notification of guardians which will be compared between municipal and federal and registered to non-registered.*

That's all the questions for this topic, the next topic is going to be about interactions with police in social or community settings.

EVERYDAY INTERACTIONS

1. Can you describe places in your community where you have seen or talked to police officers in your community with [insert son/daughter/name]?

2. Do police officers attempt to engage with you or [insert son/daughter/name] during these occasions? What is your experience engaging with police officers, how did you feel? Can you explain why you feel this way?

3. In what circumstances do you talk to police officers in the community? How would you describe the exchange?

5. Can you tell me about what conversations between [insert son/daughter/name] and police officers look like during interactions in the community?

**These questions are a mirror of the questions for the autists and will serve the same purpose.*

** ____ will be filled in with the name or relationship of the autist to the respondent.*

That's all the questions for this topic, the next topic is about perceptions about law enforcement. I want to remind you that you can choose not to answer if you so choose.

PERCEPTION QUESTIONS

1. What do you think about how police are responding to situations with [insert son/daughter/name]?
2. Do you think police officers understand people with Autism? Please explain.
3. If you could tell police officers something about responding to calls with autists what would that be?
4. Have you called the police in situations where [insert son/daughter/name] was lost, hurt, or experiencing a meltdown that you needed help to manage?
5. Based on your experiences can you walk me through what it's like when you have had to decide to call the police for assistance with [insert son/daughter/name]? Have your past experiences changed how you approach this decision?

**Questions here are looking to collect data about feelings and perceptions about police.*

**Questions are subject to the interviewer asking clarifying questions for elaboration throughout.*

That's all the questions for this topic. This is the last topic I have, is there anything that you would like to add about any of the stuff we have talked about?

Glossary

Ableism – discrimination in favor of able-bodied or able-minded persons

Aspergers Syndrome – an autism spectrum disorder typically noted with difficulty in social interactions, a restricted range of interests, and repetitive behavior

Atypical – Non-representative of a type, concerning social actors the accepted ‘normal’ or unaffected by disability or disorder

Autism Spectrum Disorder (ASD) – a developmental disorder of varying severity characterized through difficulty in social interaction or communication and restricted or repetitive behavior

Autism Registry – a registration available to autists to provide information specific to behavior and needs held and maintained by first responder services

Comorbidity – the presence of more than one diagnosis or condition simultaneously

De-escalation – the reduction of a state of arousal

De-institutionalization – the removal of closed live in institutions that housed disabled or disordered persons

Disability – a limiting physical or mental condition

Discrimination – unjust or prejudicial treatment based on grounds that classify or divide

Disorder – a disruption in the functioning

Echolalia – repetition of another’s spoken words

Elopement – response or impulse to run

Extrinsic Stereotype – an overtly acted upon stereotype, prejudice, or bias

Female Protective Affect – the dampening effect of the second x chromosome on the presence or experience of the presence of an ASD

Infantilization – treating someone as a child denying their age, maturity, or ability

Intellectual Disability – problems within general mental abilities including intellectual or adaptive functioning

Intersectionality – interconnected nature of social categories creating overlapping or interdependent systems of discrimination or disadvantage

Intrinsic Stereotype – covert or unconsciously held stereotype, prejudice, or bias

Labeling – the assignment of a category

Law Enforcement Officer (LEO) – a staff person of a law enforcement agency or service provider

Mens Rea – intention or knowledge of wrongdoing

Mere-Exposure Effect – positive effects on things/persons/ideas/information with continued exposure in close proximity

Neurodiversity – range of differences in brain function and behavioral traits regarded as part of normal human variation

Neurotypical – not displaying or being characterized by autistic traits

Non-Verbal Communication – communication which is had without the use of spoken language

Non-Violent Crisis Intervention (NVCi) – a training provided which focusses on verbal de-escalation and physical restraints

Royal Canadian Mounted Police (RCMP) – federal law enforcement agency of Canada

Self-stimulatory Behavior – behavior employed by an individual which soothes, stimulates, etc

Stereotype – a widely held fixed/oversimplified image or idea of a particular category of persons

Stigma – negative ideas or associations that are associated with a person.

Stigmatization – when a person is no longer viewed as a person but as a label etc

Structural Discrimination – a form of institutional discrimination which has the effect of restricting the opportunities of individuals who are identified as holding characteristics granted protective priorities due to these

Theory of Social Distance – the social space between persons or groups which is affected by the employ of intrinsic stereotypes and potentially reduced through mere-exposure

Vulnerable Persons Registry – a registration available to persons who are defined as belonging to a vulnerable social population to provide information specific to behavior and needs held and maintained by first responder services

Christine A Wark

Curriculum Vitae

Diplomas' & Degrees

Eastern College, 2010-2012, Criminology

University of New Brunswick, 2016-2019, BA (Joint Honors Psyc/Soc)

University of New Brunswick, 2020, Diploma in University Teaching

Committees:

HIPSJ (Homelessness Information Partnership Saint John)

STAC (Sex Trafficking Action Committee)

CAC (Citizen Advisory Committee)

Presentations:

Sociology Department Brown Bag Presentation on the research focus

Workshops/Certificates/Training:

Autism 101

Neuro-Medical Model of Therapeutics

Restorative Justice Facilitator Level 2

Autism Explained Online Summit 2020

Reality Therapy/Choice Theory Counselling Certified

Service Prioritization Decision Assistance Tool administration use training (SPDAT)

Current Employment:

Elizabeth Fry Society of New Brunswick;

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