

Introduction

People of color (POC) have dealt with unfair and oppressive treatment from law enforcement and the criminal justice system for years, with the process to reform only coming from community pressure or through the devastating loss of lives. Edwards et al. (2019) report from their findings, “Our results show that people of color face a higher likelihood of being killed by police than do White men and women, that risk peaks in young adulthood, and that men of color face a nontrivial lifetime risk of being killed by police.” Outside of an individual’s ethnicity and the color of their skin, there is another major aspect that is hardly considered in the heat of the moment, if at all: Having a disability that one may not be able to recognize upon a first encounter, solely because it is not visible. Invisible disabilities, according to the Invisible Disabilities Association (2010), are defined in simple terms as a “physical, mental or neurological condition that is not visible from the outside, yet can limit or challenge a person’s movements, senses or activities.” To the majority, people may only consider someone to have a disability when they have a mobility aid or some form of assistive equipment. On the contrary, as stated by Invisible Disabilities Association, “...the 1994-1995 Survey of Income and Program Participation (SIPP) found that 26 million Americans (almost 1 in 10) have a severe disability, while only 1.8 million used a wheelchair and 5.2 million used a cane, crutches or walker (Americans with Disabilities 94-95). In other words, 74% of Americans who live with a severe disability do not use such devices.” (Invisible Disabilities Association, 2010). To determine whether an individual is disabled depending on if they use mobility aids is not considered practical and has its significant flaws. By considering this information presented regarding invisible disabilities, it prompts a major question: What would the most likely outcome be for a person of color, who has some form of an invisible disability, in a potential altercation with law enforcement?

Disabilities, more specifically ones that are ‘invisible’, are incredibly important and crucial to document in unfair police treatment, as disabled people are more likely to be victims of crimes committed against them by police. The Guardian has its own journalist-ran database known as the ‘The Counted’, which collects information regarding police violence and confirmed accounts of each person killed by law enforcement within the United States from 2015 to 2016. The information comes from verified sources such as police reports, witness statements, regional news outlets, research groups, and open-source reporting outlets. On December 31st, 2015, The Guardian reported that out of 246 people, or 1 in 5 killed by law enforcement, had a known mental health disability or that the person’s mental health was involved in the attack. Similarly, The Washington Post has a personal project, ‘Fatal Force’, which keeps track of each law enforcement shooting that occurs throughout each year, and collects their data from local news reports, independent non-governmental databases, records requested from police departments directly, and investigative reporting (Julie Tate, et al.). Reported on October 9th, 2017, The Washington Post revealed that 768 people were killed by law enforcement, with one in four deaths involving a documented mental health disability. However, The Washington Post had no specific documentation on the exact mental health conditions/disabilities that the deceased victims had.

While these sources and data date back to around eight to ten years ago, in the year of 2025, there were reports of police violence against autistic people of color. Reported on April 22nd, 2025, Devon J. Hampton published, “The killing of an autistic teen highlights potential police violence that people with disabilities face”, highlighting the death of Victor Perez. Perez was a nonverbal, Autistic 17-year-old with cerebral palsy, who was facing a mental health crisis and brandished a knife. Despite his family not viewing him as a threat, the police had come with guns already drawn, and “shot Perez nine times within seconds of arriving at his home” (Hampton, 2025). Perez is just one of many documented cases of a formally diagnosed, Autistic person of color who had a fatal interaction with police, when all that was truly needed to handle Perez was just to deescalate the situation. For there to be proper training on how law enforcement responds to mental health crises, there needs to be guidance for this change to be enacted. Proper education for law enforcement about disabilities, specifically Autism, will provide a more comprehensive understanding about the disability and how to properly deescalate these situations for law enforcement. In turn, it can lessen the number of altercations that have higher chances of fatal outcomes, leading to longer lives and different responses from law enforcement. The police cannot hold these

assumptions that encountering hidden disabilities will lead to a negative outcome because of personal biases or lack of proper education. Reform is necessary since police are ‘Public Servants’ where they are meant to protect the public, not just the neurotypical population.

Autism Spectrum Disorder and People of Color

Autism Spectrum Disorder (ASD), as defined by the National Institute of Mental Health (2024), is “a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first two years of life.” People who have an Autism diagnosis do not fit one perfect mold, as it is a spectrum containing a wide range of symptoms. These can include numerous differences in socializing and communicative behaviors, forms of intellectual disabilities, and various forms of both physical and mental health conditions. Therefore, it is crucial to note that each Autistic individual has unique and varying needs depending on what symptoms and conditions they are faced with. Additionally, Autism Spectrum Disorder has dramatically increased in diagnoses in just the past two decades. According to Durkin et al., 2017, a research study conducted focused on the years of 2002 to 2010, where the data highlighted the distribution of diagnosed Autistic children across states in the United States. Non-Hispanic White children were diagnosed more often and at higher rates, as they comprised of 55.8% of those diagnosed within the study, while POC made up the 44.2%. Black diagnosed children represented 20.4% of the diagnosed population, ethnically Hispanic represented 16.6%, and “other races” (which primarily include Asian/Indigenous communities/people) represented the smallest amount at 7.2% of the diagnosed population.

The U.S. Centers for Disease Control and Prevention (CDC), directly funds a program known as The Autism and Developmental Monitoring (ADDM) Network. As reported by the CDC (2024), the ADDM provides information that can be utilized to better understand the number of characteristics of children with Autism Spectrum Disorder (ASD), cerebral palsy (CP), and other developmental disabilities living in the United States. The combined data collected by the ADDM Network from 2000 to 2022 had reported the combined prevalence per 1,000 children, which ranged across ADDM sites. Reported in 2020 (CDC, 2025) there was a combined prevalence of 27.6 (23.1-44.9) from 11 reported ADDM sites, which meant that 1 in 36 children had been identified with a prevalence of ASD. In comparison to the most recent documentation from 2022, 16 ADDM sites reported a combined prevalence of 32.2 (9.7-53.1), leading to 1 in 31 children being identified with a prevalence of ASD. Additionally, reported by Shaw (2025), the prevalence of ASD among 8 year old children was shown to be much higher in 2022 compared to previous years. The prevalence of ASD was much higher among Asian/Pacific Islander, Black, and Hispanic children aged 8 years in comparison to White children of the same age, which confirms a continued pattern first observed in 2020. As a final point, the Asian/Pacific Islander, Black, and Hispanic groups of children were more likely to have a co-occurring intellectual disability. With the statistics presented, it can be noted that there is an evident amount of information pointing to POC children for higher documentation of ASD diagnoses, as well as the potential chance of another mental disability accompanying the ASD diagnosis. However, there are various financial hurdles that can prevent POC families and their children from receiving a proper Autism diagnosis. With a lack of resources, the children may struggle with transitioning into a well-functioning and adjusted adult, especially in the chance that they are able to be independent from their families in the future.

Socioeconomic Barriers and the Impacts on Autistic Adults

Children and adolescents who are White and come from wealthier socioeconomic backgrounds have an easier time receiving a proper diagnosis and accessing the developmentally crucial services that follow suit (Alyward et al., 2021). In comparison, children of color such as Black, Hispanic, or Asian/Pacific Islander children who come from lower income backgrounds are more likely to have multiple factors that contribute to why their children may be diagnosed much later in comparison to White families and their children. Sociodemographic influences, which include financial and educational barriers, are main contributors, since a lack of financial resources can be a huge limiter in access to necessary information, education, and access to quality health care (Tek S, Landa RJ, 2012). These lack of

services can lead to a reduced quality of life for diagnosed Autistic individuals once they reach adulthood, as prevalent mental health conditions can arise alongside their lifelong invisible disability. A clinical study found that between 54% and 94% of Autistic adults will experience reoccurring psychiatric disorders or physical health issues within their lifetime that are active detriments to their quality of life (Hossain et al., 2020; Pehlivanidis et al., 2020). “All psychiatric conditions examined were more common amongst adults with autism after adjusting for age, sex and deprivation. Prevalence of attention-deficit hyperactivity disorder (7.00%), bipolar disorder (2.50%), obsessive-compulsive disorder (3.02%), psychosis (18.30%) and schizophrenia (5.20%) were markedly elevated in those with autism, with corresponding odds ratios 8.24–10.74 times the general population. Depression (25.90%) and anxiety (22.40%) were also more prevalent, with epilepsy 9.21 times more common in autism.” (Underwood et al., 2022). As healthcare inequalities may still be present well into an Autistic minority adult’s life, mental health crises have the higher chance of occurring more often if the individual is not receiving the necessary healthcare services to aid their day-to-day lives. This can be incredibly problematic, as more negative, damaging, and harmful behaviors can erupt when an autistic individual is in the middle of high stress situations with little to no forms of support available.

Autistic Behaviors Presented During High-Stress Conflict

When an Autistic individual is dealing with mental health issues and externalized behaviors, it heightens their risk of encountering law enforcement. As each Autistic individual has specific and complex social, health, and mental health needs, each interaction may differ or hold similarities depending on the external behaviors exhibited. Some of the notable behaviors for an Autistic individual that may potentially co-occur with their mental health issues include all or some of the attributes listed – emotional dysregulation, heightened levels of stress and anxiety, restricted interests, repeated behavior, and even the chance of increased aggression. The actions that follow suit can be caused by a build-up of stress, where according to the research found by MacAlister (2024), it can leave an individual in a constant state of hyper-arousal, commonly known as ‘fight or flight’ mode. When Autistic individuals reach this point of hyper-arousal, mild to severe meltdowns or shutdowns can occur as a result of being completely overwhelmed. In addition, there have been accounts of Autistic people who have discussed their experience with alexithymia, which is a difficulty surrounding the understanding, describing, and overall identification of emotions. The struggle with emotions can add an additional layer of difficulties to properly understand how to handle one’s emotions and calm down. When an Autistic individual is placed in a high-stress situation, such as a police confrontation during a meltdown, this can lead to misunderstandings and misinterpretations from the police. If the police have no prior understanding or training on what exactly occurs to an Autistic individual during these moments of heightened stress, there is a much higher chance that the Autistic individual will be viewed as a threat instead of a person in distress. To add, there are actions that an Autistic person can unintentionally add to these heightened conflicts, some of which include non-verbal cues and/or a lack of eye contact, pacing, and constant fidgeting. These specific actions could be perceived incorrectly by the police that the individual is possibly dangerous. If the Autistic individual is refusing to comply or that they are acting ‘suspiciously’, that can have a strong impact on the outcome of the interaction as a whole (Debbaudt, 2001). For Autistic individuals and law enforcement to have a safe interaction lies on the disclosure of the individual’s diagnosis, but there are factors that heavily depend on whether that sensitive information will be shared. There is no standard protocol for the disclosure of this information, but what matters is sharing the previous types of experiences that the Autistic individual had up until that point to law enforcement. Autistic individuals will feel less inclined to disclose their disability to police if they have had a negative experience previously when disclosing that information to the police, or if they feel that the police will not completely understand what Autism is and view the disclosure as unhelpful (Salerno & Schuller, 2019). To start the process of bettering the individual’s outlook on interacting with law enforcement, there needs to be more care provided to ensure that trust can be earned. Providing the necessary care and understanding can allow law enforcement a stronger chance at diffusing situations that could be on the brink of turning into a severe mental health crisis.

Proper Training and Guidance for Law Enforcement

When an active severe mental health crisis *is* occurring, there are methods for law enforcement to follow to potentially diffuse the situation without committing harm to the Autistic individual. In the United States, there are various states that provide additional training to law enforcement that centers how to have a better understanding on Autism and the needs of Autistic individuals. Presented in California, there is a guidebook for Peace Officers titled, “A First Responder’s Guide For Persons With Mental Illness Or Developmental Disability”. This guidebook provides in depth information that surrounds various mental illnesses and developmental disabilities by defining what the mental illnesses and disabilities are, the indicators that an individual may have said mental illness and/or disability, and proper communication tips that provide simple yet instructive education on what should and should not be done during these encounters. In the section ‘Calls for Service’, it emphasizes the importance of officers obtaining as much information as possible to accurately assess and stabilize the scene. “The more information an officer has prior to contact, the more likely the response will be appropriate.” (A First Responder’s Guide For Person’s With Mental Illness or Developmental Disability, p. 1-1) What follows suit are various questions that the police can ask the reporting persons and/or bystanders that can aid in information gathering. The questions can center on what the subject was doing, where the subject is located, if the subject is armed, have any form of criminal history/previous police contacts, any known usage of substance use, whether or not the subject is currently or has previously been violent, and most importantly if the subject has any conditions and/or disabilities that need to be accounted for. By asking these brief yet in depth questions, these can aid with the police’s pre-planning strategies and gauging what kind of support will be needed depending on what is occurring at the scene. By doing this, the police will be able to dispatch better suited resources, such as specialty teams or paramedics, to be present to handle individuals with specific triggers.

Following this, there are organizations that advocate strongly for Autistic individuals, which can be present in and outside of the United States. These organizations have their own guides, which can be easily accessed online, for how law enforcement should handle situations with Autistic individuals to result in positive outcomes. The National Autistic Society, which is an organization in England established in January 1962, works to reform society to have it properly aid Autistic people and their lives. The National Autistic Society provides a comprehensive guide that is available to the public titled, “Criminal Justice – a guide for police officers and professionals”. It holds information that explains how an Autistic individual may behave when approached by law enforcement, as well as multiple indicators of how one is Autistic. The guide delves more into how exactly the police can initiate contact with Autistic suspects, witnesses, victims, and so on. The guides mentioned collectively contain vital information that can prevent situations from becoming fatal and instead better the chances of a successful deescalation. Though it may prove to be difficult, there are numerous non-lethal techniques that can be provided and taught through extensive training.

Conclusion

Autistic people of color are shown to be an incredibly marginalized group who deserve to be treated as a person first, no matter the circumstances presented. Each year of new and updated data recorded by the CDC shows that more children are continuing to be diagnosed with Autism and/or other co-occurring mental illnesses. This emphasizes the need for law enforcement to be better educated on handling Autistic individuals, as the future lives of these children are in their hands. In addition to this, these people’s skin colors and their invisible disabilities should not dictate whether or not they walk away alive after a police encounter. These individuals are not born with the choice of being Autistic, what the color of their skin is, and if they can receive the proper treatment and coping mechanisms to avoid these severe mental breakdowns. Where in comparison, police and law enforcement are in positions of power and are shown to have the ability to properly provide support and protection for the people when necessary. It should not be normalized that there are Autistic youth from varying ethnic backgrounds still dying at the hands of police misreading situations, instead of actively taking the time to assess how to properly handle the subject and diffuse the situation without a fatality. To combat police brutality, especially conducted against Autistic people of color, the work and effort has to be done from the inside

out. Proper reformation and training needs to be taught to law enforcement, regardless of whether or not they personally believe that an individual at the scene is a threat. These people of color with Autism, more often than not, can have invisible disabilities that lead them to behave in abnormal, erratic manners during high-stress situations. This does not automatically mean that their behaviors justify the police taking their life to protect others and themselves as the sole solution. These Autistic minorities need to be handled differently, and there are measures that can be taken prior to encountering the situation. This includes having a better understanding of what the individual could potentially be experiencing within that very moment, or what mental disability and/or mental illnesses the individual has and how to safely resolve the conflict. This vital information is not automatically provided, taught, or even discussed by the police departments, which emphasizes the strong need for this necessary and important change. Those people of color who are Autistic, who could have other invisible disabilities, or who suffer from mental illnesses, do not deserve to be profiled as automatic dangerous threats. These people deserve to be accommodated just as much as someone without these distinguishing attributes and aspects.

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