

# Understanding the needs of autistic people in police custody

## A step-by-step approach for custody visitors

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### 1. Introduction

There is increasing awareness of the number and needs of neurodivergent people in the criminal justice system. It is estimated that [half](#) of the prison population may be neurodivergent, compared to 15-20% in the general population. Research indicates that as an autistic person, you are [more likely](#) to be a victim of crime than a perpetrator.

The failure to identify and support the needs of autistic people as children in education and in community health services is a factor in many people's journey into the criminal justice system. There are high rates of [school exclusion](#) for neurodivergent children and many cases of [criminal exploitation](#) of autistic people. People from [minoritised communities](#) and [women](#) may be less likely to have received a diagnosis or support. Too many people are identified or diagnosed for the first time when they come into contact with the criminal justice system.

The background of neurodivergent people in police custody may include grooming, trauma, restraint, exploitation, bullying and unmet needs. Autistic people are at significantly higher risk of suicidal thoughts and behaviours compared with non-autistic people. There are very high rates of self-injury in autistic people.

#### What is neurodiversity?

A concept that helps us understand that all brains work differently, and people experience and interact with the world differently. This is due to natural variations, not deficits, disorders or impairments.

#### What is neurodivergence?

When the way your brain works is different to “neurotypical” people. This is an umbrella term covering many different conditions, many of which co-occur.

Autism	ADHD	Dyslexia
Dyscalculia	Dyspraxia	Tourette's Syndrome
Acquired Brain Injury	Learning Disability	...and more

## **2. Key issues for autistic people in custody**

### **Identification and support**

A person may disclose that they are autistic during the custody risk assessment process. However, there are no specific flags on the Police National Computer that would allow police to record a person's neurodivergent profile. We know that some custody staff may pick up on issues or concerns, but experience varies. If the person has a formal diagnosis and sees healthcare or liaison and diversion, their diagnosis is likely to be picked up and passed on, but many neurodivergent people are undiagnosed. As a result, custody staff may be unaware that they have an autistic person in custody.

Custody staff may have limited understanding of how best to support an autistic detainee, or the particular challenges they face. Some of the ways in which an autistic person who is struggling may present (e.g. meltdown or shutdown, heightened anxiety) may be understood as a mental health or "behaviour" issue.

### **The custody environment**

Neurodivergent people are likely to find the custody environment difficult. The sensory environment – including noise, smells, bright lights, temperature – might be challenging for an autistic detainee who could become dysregulated (find it hard to manage their emotional responses) as a result.

If an individual's sensory needs are not met while in custody (e.g. through quiet time, stimming, movement or exercise), or they become overloaded, they are likely to struggle to stay calm – there is a risk that this may be misinterpreted as "threatening" or "challenging" behaviour.

### **Anxiety**

Being in custody is an anxious time for anyone. For an autistic person, anxiety is likely to be heightened when their needs are not understood and/or because of the challenges of the environment they are in. Autistic people may find it hard to process their experiences and feelings. Unpredictability – for example not knowing when an interview is going to happen – and the lack of familiarity of the environment can significantly exacerbate anxiety. Anxiety may make it impossible for the autistic person to sleep, cause physical symptoms (including toileting difficulties, nausea and many others). Some autistic people may show very outwardly compliant behaviour, masking significant anxiety or distress.

### **Communication**

Autistic people have different communication styles and may understand social conventions differently. As a result, many have a lifetime of experience of being misunderstood or misinterpreted and this can cause additional stress and lead to dysregulation.

Co-occurring dyslexia, or learning disabilities are common. An autistic person's ability to communicate verbally and advocate for themselves may vary over time, particularly during high pressured situations. Some may need the help of visuals or written formats to understand and be understood.

### **3. Adapting your approach during the custody visit – a step-by-step approach**

ICVs should not request or make presumptions about an individual's diagnosis. However, given what we know about the high numbers of neurodivergent people in the criminal justice system, ICVs do need to adapt their approach to ensure they are attuned to their experiences and needs.

#### **Step one – information on arrival**

*Think about information can you ask for that might help you tailor your approach if there are any neurodivergent detainees.*

- Ask custody staff – do any detainees have communication needs or have reason to find custody particularly difficult?
- Look out for adults with an Appropriate Adult because of vulnerability, or those who have been referred to liaison and diversion.

#### **Step two – speaking to the detainee**

a) *Inquiring about a person's needs without requiring them to disclose a diagnosis. You could ask:*

- Do you have (or need) an Appropriate Adult?
- Do you need support with communication or understanding the custody process?
- Do you receive support in your day-to-day life/at school?
- Is there anything about the environment that is particularly difficult for you?

b) *How to adapt your conversation if you think it's possible the person might be autistic:*

- **Reassurance:** provide extra reassurance of your role through clear and calm explanation. Be aware your visit may provide a chance for the person to raise questions about things they have not understood.
- **Body language:** adopt a calm and non-threatening posture.
- **Eye contact:** it may be impossible for an autistic person to look you in the eyes – you can minimise pressure by not looking directly at them.
- **Communication style:** use unambiguous language, ask precise questions. Allow processing time.

- **What's going on around you:** avoid speaking when there is background noise or activity. Pause until the interruption has stopped. If the person is absorbed in something else, do not interrupt.

### **Step three – issues to explore**

*Reflecting on the issues above, think about areas you might want to explore in more detail, for example:*

#### *a) Identification and support*

- Do you think the autistic detainee's needs have been recognised and are being acted upon?
- Are Appropriate Adults provided in all cases where there is need?
- Are approaches individualised, to ensure appropriate support to those who need it?
- Has the detainee raised concerns that have been minimised or ignored?
- Have custody or health staff identified any risks (eg self-harm) and how are these managed?
- How is the person spoken about? Are they stereotyped or are assumptions being made about them because they have disclosed a diagnosis?

#### *b) The custody environment*

- What is the sensory environment like? Think about all senses – smell, noise, temperature. Is there anything the detainee finds problematic, and are there any mitigations (eg using a cell at a quieter end of the suite, agreeing an approach to cell lighting)?
- Is there an exercise area and is access to this prioritised for neurodivergent people who may need it?
- How is the person supported to stay regulated? Are fidget toys or soft balls available? How is their behaviour interpreted?
- Is the person eating? If not, can they be provided additional information about the food (eg the nutritional information leaflet) to help them decide if they are able to eat it?

#### *c) Anxiety*

- Are custody staff aware of the person's anxiety and what might be causing it?
- Is the autistic detainee's anxiety taken seriously?
- Have staff explored or offered any possible supports or mitigations?
- Are custody staff making pro-active efforts to provide updates or check in with the person who may be struggling with the lack of structure or predictability?

#### *d) Communication*

- How are custody staff communicating with the person? Does the person understand them?
- How do custody staff interpret the detainee's way of communicating? Are judgments being made about their different communication style?

- If a person is not responding to questions, are custody staff adapting their approach and offering alternative communication supports?
- Is there an expectation that the person should request support, or is there a proactive approach to this?

### **A note on language**

Use **identity-first language**. Research shows that the majority of autistic adults prefer this. Identity-first (“autistic person”) rather than person-first (“person with autism”) language terms. It is also important not to use language that pathologises (views as medically or psychologically abnormal) or stigmatises difference.

Briefing Ends.

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## Further reading

- ADHD Alliance and Neurodiversity in Law: *ADHD in custody: A guide to custody for ADHD'ers* <https://www.adhdfoundation.org.uk/wp-content/uploads/2023/08/ADHD-IN-CUSTODY-.pdf>
- Criminal Justice Joint Inspection (2021), *Neurodiversity in the criminal justice system: a review of evidence* (<https://www.justiceinspectorates.gov.uk/cjji/inspections/neurodiversity-in-the-criminal-justice-system-a-review-of-evidence/>)
- National Police Autism Association, “Disordered, vulnerable – or autistic” <https://www.npaa.org.uk/disordered-vulnerable-autistic/>
- Woodhouse et al, “Identification and support of autistic individuals within the UK Criminal Justice System: a practical approach based upon professional consensus with input from lived experience” in *BMC Medicine* (2024) 22:157 <https://doi.org/10.1186/s12916-024-03320-3>