

# **Autism Spectrum Disorder:**

**Clinical Overview and Guide for Criminal Justice  
Professionals**

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# Overview

- Features of Autism Spectrum Disorder (ASD)
- Disability, ASD and CJS
- Engaging with People with ASD

# Intellectual Disability

- Intellectual disability (ID)

reduced ability to understand complex information or learn new skills  
(impaired intelligence)

Reduced ability to cope independently (impaired adaptive/social  
functioning relative to peers)

Onset of difficulties before 18 years of age

# ASD: Overview

- Complex lifelong neuro-developmental disorder
- Development is delayed and disordered
- “ ...describes qualitative differences and impairments in reciprocal social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours” (NICE Guidelines, 2011, p.3)
- Triad of impairments
  - reciprocal social interaction
  - communication
  - stereotyped, repetitive or limited, behavioural repertoire
- Sensory processing and motor difficulties
- ‘Spectrum’ Disorder - impairments occur along a continuum
- ASD may occur in association with any level of intellectual ability
- Not associated with social class, ethnicity

# Prevalence

## Identified Prevalence of Autism Spectrum Disorders

ADDM Network 2000-2008

Combining Data from All Sites

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Prevalence per 1,000 Children (Range)	This is about 1 in X children...
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8.0 (4.6-9.8)	1 in 125
2006	1998	11	9.0 (4.2-12.1)	1 in 110
2008	2000	14	11.3 (4.8-21.2)	1 in 88

# Prevalence contd.

- DCU (April, 2013) 1% among Irish children
- Baird et al. (2006) UK: just under 1%
- Increased prevalence ASD due to “non-catastrophic reasons”  
(Gernbacher et al., 2006)
- Increase in diagnosis means increased contact with CJS

# Triad Of Impairment



# Social and Emotional Interaction

- Can desire friendship/social interaction
- Difficulty forming and maintaining relationships
- Appear indifferent/"aloof"/"odd"
- Difficulty working cooperatively
- Lack of social response
- May relate to different people the same way
- Difficulty understanding/picking up social cues
- Difficulties predicting consequences - understanding own consequences
- Limited insight into what others think
- Difficulties with "personal space"
- Lack empathy

# Social Communication & Language

- Difficulty processing and retaining information (listening and attending)
- Difficulty understanding/interpreting
  - facial expressions/ tone of voice
  - Jokes, sarcasm, figurative or metaphorical speech
- Can sound unusual (accent, formal) have unusual style of expression (formal, stilted)
- Honest - appear rude and blunt
- Facial expressions, gestures, eye-contact - absent or uncoordinated
- Unable to see things from other persons perspective (“theory of mind”)
- Communicating for own needs not always to be “social”
- Difficult with two-way conversation
- Conversation/talking about non preferred topic can be socially demanding
- Difficulty accepting another person's point of view (if it differs from theirs)
- Difficulty with personal pronouns - terms for space and time (here, there, come, go)

# Imagination and Flexibility of Thought

Restricted, repetitive patterns of behaviour, interests, or activities

- Stereotyped or repetitive speech, motor movements, or use of objects
- Adherence to routines
- Ritualized patterns of verbal or nonverbal behaviour
- Resistance to change - routines, environment
- Can be very literal (even with good vocabulary)
- Difficulty generalising from one situation to another
- Lack of empathy
- Highly restricted, fixated (special) interests (obsessions) abnormal in intensity or focus
- Hyper- or hypo-reactivity to sensory input
- Unusual interest in sensory stimuli and/or aspects of environment

# Sensory Issues

- AUDITORY - Hear more loudly
- VISUAL - See more clearly
- OLFACTORY - Smell more strongly
- TACTILE - Feel things others don't
- GUSTATORY - Taste things differently

# Anxiety

- Common among people with ASD
- Need for sameness and predictability
- Can exhibit heightened anxiety for everyday situations (lack of fear for real dangers)
- Reach “overload” quickly
- Anxiety can look different among individuals e.g. panic, stimming, noises, laughing, self-injurious behaviour, pacing, escape, hide, obsessions and rituals etc

# Disability and CJ System

- Lack of understanding of ASD could lead to behaviour being misconstrued
- Can exhibit extreme behaviour in certain circumstances
- People with disabilities could be easily enticed into criminal behaviour
- Lack consequential thinking and can be impulsive
- Unable to calculate risk
- Often marginalised - want friendships so duped into offending behaviour and experience belonging and satisfaction, positive affirmation from offending peers
- Unlikely to understand legal language and processes
- May not have capacity to take legal advice – advise solicitor
- Suggestible during interrogation

# Disability and CJ System – Ireland

- 2000: Prisoners with ID –“28.8% of the sample falling in a range suggestive of a learning disability” (Murphy et al.)
- The Mental Health Act (2001) and the Criminal Law Insanity Act (2006) facilitate admission of people with ID who offend to mental health treatment centres
- Existing facilities general adult psychiatric services - no specialist facility for ID
- 2006: *A Vision for Change* (Department of Health and Children) - outlined plans for a forensic learning disability service in Ireland
- 2007: Forensic Learning Disability Psychiatry Working Group Survey
  - 431 people with ID and offending behaviour identified nationally - males, moderate or severe range
  - Funding required for specialist service in UK should be used to establish service in Ireland
- 2013: Forensic Psychological Services (Irl) increasing number of referrals of people with ID some undiagnosed – specialist support required

# Disability and CJ System

- U.S. - People with disabilities 7 times more contact with Police than general public (Curry et al., 1993)
- Prisoners with ID - 7% UK, 6% U.S.
- Prisoners with ID:
  - 5 times more likely to experience control and restraint
  - 3 times more likely to experience segregation
  - 3 times more likely to have anxiety and depression
- UK 60% of Prisoners have problems with communication (understanding and expressing)

# Disability and CJ System

**A Joint Inspection of the treatment of offenders with learning disabilities within the criminal justice system - Justice Inspectorate UK (January 2014 )**

Findings:

- Lack of screening at arrest stage
- Lack of professionals specifically trained to work with people with ID
- Lack of knowledge and training leading to people with ID being treated as a “problem” rather than having specific needs
- One police force had mechanism to divert offenders from custody before arrest
- In  $\frac{2}{3}$  of cases CPS was not provided with information re ID

# Crime and ASD

- No association between ASD and criminal offending
- Majority law abiding - respect rules
- Vulnerable to criminal acts against them – need to be taught about specific situations
- Behaviour change when experience sudden changes or misunderstand social cues
- Unusual/odd behaviour draws attention
- Obsessions - commit crime or put themselves in danger
- Become distressed in “normal” situations they don’t understand
- Behaviour misinterpreted and attempts to intervene could escalate situation (handcuffs, sirens, questions)
- Sensory overload - may not be able to communicate fears, misunderstanding appropriately
- Criminal acts due to variety of factors – rarely deliberate intent to hurt others
- Could be undiagnosed or misdiagnosed

# Types of Offences

- **Social naivety** - desire to have friends/easily lead = unwitting accomplices don't understand motives of others
- **Aggression** – related to sudden change in routine or environment causing anxiety or stress (e.g. Late bus)
- **Misunderstanding of social cues** – behave inappropriate towards others make unwanted advances
- **Adherence to rules** – agitated if others break rules

# Engaging with People with ASD: First Contact

- No sirens, flashing lights
- Keep clam
- Give space - do not understand personal space
- Keep facial expressions and gestures to a minimum (model calm behaviour)
- If person's name is known use it at the start of each sentence – so they know you are addressing them
- Give slow, clear, direct instructions (no slang)
- Explain what you are going to do
- Avoid touching
- May be attracted to certain sensory stimuli
- May flee from sensory overload
- Check for injuries in non invasive way – may be unable to communicate pain
- Don't stop person from engaging in repetitive movements (self-calming strategy)
- May not respond appropriately or at all when given a command
- May lack fear of real danger

# Engaging with People with ASD: Interviewing:

- May have excellent vocabulary and appear very able (masks disability)
- May give blunt answers, make no eye contact, limited or incongruous facial expression
- Literal understanding - misinterpret what is said – incorrect answers and increase anxiety
- Keep facial expressions and gestures to a minimum
- May need breaks – tell person length of break and what's happening next
- May need a break if engaging in repetitive behaviour (e.g. speech, motor movements, self-injurious)
- Signpost changes in topic
- Sensory sensitivities - affect functioning
- Confused if being arrested as may not understand they have “broken a rule”
- Interrogation techniques could inadvertently elicit false information

# Strategies to Support Communication

- Be clear ask specific questions – one question at a time
- No concepts or “why” questions
- Use name at the start of each sentence
- Avoid using idioms or humour = misunderstanding
- It’s OK to get straight to the point - reduces misunderstanding
- Check they have understood meaning
- Break instructions down into small chunks and ... WAIT
- Give time to process information and generate response
- May repeat the question asked
- If asked “yes or no” question may repeat the first or last word
- REDUCE LANGUAGE – short sentences/questions

# Key points about questioning

- People with ASD may not be able to recognise/say when they do not understand something
- May acquiesce
- Ask about individual's specific characteristics and communication ability
- If person repeats the question or last few words of question this is not their answer
- Some questions carry high risk of being misunderstood/producing unreliable answers
- Examples:
  - “tag” endings – statement followed by an invitation to confirm its truth
  - Questions in form of statements may not be recognised as a question
  - Use of present tense about past events “If you are outside where was Peter, are you on the road or...”
  - Time confusion – “what happened before that” - instead “what happened next”
  - Causal chain of events – requires understanding of motivation/how one thing led to another
  - Personal point of view – “How did it make you feel ...”
  - Suggesting that witness is lying or confused

*(The Advocates Gateway: Toolkit 3, Lexicon Limited, 2013)*

# Person with ASD in Court: Witness or Victim

- Difficulties may not necessarily mean unfit - require support in courtroom (Bradley Report, 2009)
- Familiarisation
- Video recorded evidence
- Removal of wigs and gowns
- Communication aids (stop card, freeze card, type answers)
- Use of intermediary
- Scheduling same time each day
- Avoid unambiguous speak - “I’m going to pass you over to ...” “I’m trying to paint a picture...”

# Prevention

- (Bradley Report, 2009)

Learning disabilities must be looked at separate from mental health problems

“Police stage in the offender pathway ...greatest opportunity to effect change”.

- People with disabilities predisposed vulnerabilities
- Recidivism rates increase if vulnerable offenders not supported
- Often don't generalise or learn from experience so can “re-offend”
- ASD card (personal details, emergency contacts and explanation of condition)
- Teach people with ASD to inform Garda that they have ASD and need a support person
- Community-based services
- Support, supervision and intervention to prevent “re-offending”
- Screening programme to identify ID as new offenders become known to CJS
- Currently no specialist service

# Further reading

- The National Autistic Society. [www.autism.org.uk](http://www.autism.org.uk)
- Debbaudt, D. (2002) **Autism, Advocates and Law Enforcement Professionals: Recognizing and Reducing Risk Situations for People with Autism Spectrum Disorders**, London-Philadelphia, Jessica Kingsley Publishers
- Farrar, P. (1998) *Preparing for the Interview*, In Hutchinson, L. (ed) **Admissible In Court: Interviewing Witnesses Who Live With Disabilities**, Lethridge, Alberta, Canada: Hutchinson MacLean Productions
- The Bradley Report (2009) Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system

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