Autism Spectrum Disorders: Offending and the CJS

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Outline

- Overview of the literature regarding offenders with Autism Spectrum Disorder (ASD)
  - prevalence and characteristics

- Introduction to the salient issues for this population in the CJS

- Case examples
Increased recognition that individuals with ID and/or ASD who offend should be dealt with differently from the general population:
- high prevalence of psychiatric disorders
- poor insight and consequential learning

Present specific challenges and vulnerabilities within the mainstream CJS for police, courts and corrections (treatment vs punishment)
Why important now?

- Process of deinstitutionalisation and bed closures suggest period of resettlement is often difficult
  - increased exposure to risk situations
  - new legal pathways

- Present specific service implications for caregivers and agencies
  - caregiver tolerance threshold
  - system culture change i.e. custody to community
What is PDD, ASD & Autism?

- Pervasive Developmental Disorders are defined as a continuum of disorders
  - Autism, Aspergers, Childhood Disintegrative Disorder, Retts Syndrome, PDD NOS

- Autism Spectrum Disorder is a spectrum from Autism to Aspergers

- Individuals exhibit a continuum of diverse characteristics with similar underlying impairments in social interaction, communication and behavioural interests

- Better to define as the degree of expression of impairment in each of the three areas (DSM IV to DSM-V)
Triad of Impairments

Identification based on presentation of communication skills, social interactions and pattern of skills and abilities

I. Communication:
   Impairment in verbal and non-verbal communication

II. Social Relationships:
   Impairment in reciprocal social interaction

III. Imagination and Rigidity:
   Impairment in imaginative play and limited interests
ASD Spectrum

DOMAIN

I. COMM  AUTISM
       No speech /vocalizations

II. SOCIAL  
          World of their own

III. IMAG  
         Non-functional objects

HFA/ASPERGERS

Verbal  Mature/Odd language (semantic/pragmatic)

Social  Misfit in socially focused world

Imagination/
Repetitive Behaviour

Non-bizarre routines/interest “extreme hobbyist”
ASD Offenders: Prevalence

- Prevalence studies reflect around 3% of mentally disordered offenders in community (Siponmaa 2001)

- Higher rates of HFA and AS in secure hospitals
  - (Hare, 3% ASD/90% AS, 1999)(Scragg, 1.5% ASD)

- Vulnerable due to unique neuropsychiatric symptoms and behavioural phenotype of ASD
Phenotype of ASD and Risk

- **Social impairment:**
  - Interpreting social cues and interactions (distorted intentions)
  - Socially and emotionally unusual behaviours (b/w rules)
  - Poor insight or concern about consequences (empathy, TOM)

- **Verbal /Non-verbal communication:**
  - Awkward expressive language (concrete)
  - Superficial comprehension (perceived by others)
  - Dysprosody/affect modulation (extreme emotions)

- **Routines and repetitive activities:**
  - Obsessional rote pursuit of circumscribed interests
  - Impulsive high risk behaviours, poor self-control
  - Adherence to rules, lack of flexibility
RCP (2006) Risk Variables in ASD

- More likely male
- Executive dysfunction difficulties (stickiness)
- Social naivety with interpersonal difficulties (context)
- Impairment in social judgment of others (intuition)
- Difficulty with empathy and remorse (emotions)
- Acquiescent to others (social traffic/rules)
- History of impulsivity and/or ADHD
- Chronic anxiety and attachment problems
Offence Type

**Range of offences:**
- Physical Aggression and/or Verbal threats
- Public Nuisance
- Sexualized Offences (i.e. stalking, harassment)
- Criminal Damage
- Fire-setting
- Homicide
  (Murphy et al, Howlin et al, Attwood)

**Precipitating Reasons:**
- Isolation
- Social rejection
- Sexual rejection
- Bullying
- Family conflict
- MH instability
- Life event
- Bereavement
  (Allen, Evans et al)
Aggression and ASD

- Offenders more likely to have difficulties with reactive aggression and anger dyscontrol than premeditated violence or malicious intent.

- Present as either:
  - Behavioural Reaction (immed. impulsive act)
  - Emotional Response (perceived threat/slight)

- May be ‘symptom’ of underlying mental health problem and/or sensory impairments.
Assault and ASD

- Revenge (*justified anger*)
- Exclusion (*perceived marginalization*)
- Default identity (*deviant membership*)
- Special Interest (*fascination with extremes*)
- Reactive (*environmental/sensory defensiveness*)
- Gaining Recognition (*guaranteed response*)

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Sexual Behaviours and ASD

- Higher risk and vulnerability due to:
  - more likely to experience abusive sexual events
  - less likely to have experiences that enhance sexual health
  - more likely to have distorted/inflexible knowledge of sexuality

- Sexual deviance or paraphilia is distinctly different, rare and often misdiagnosed

- Offenders more likely to exhibit less violent but more sexually inappropriate behaviours due to ‘sexual rule ambiguity’ (i.e. stalking, public masturbation, exhibitionism, voyeurism)
Sexual Offences and ASD

- Lack of normative experiences (*comp. group*)
- Impaired social perspective-taking (*advance*)
- Projected social assumptions (*intimacy*)
- Rote learners and concrete rules (*past exps*)
- Lack of flexibility in social interpretations (*fluidity*)
- Rigid expectations (*dichotomy*)
- Persistence/rumination provoke re/shp change

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Misguided perceptions of intent and purpose:

- ‘no remorse, callous’ – poor insight
- ‘oppositional, non-compliant’– inflexibility
- ‘attention seeking’ – diffs with nuisance
- ‘fradulant’ – sophisticated language
- ‘no responsibility/account.’ – b/w thinking
- ‘won’t learn from cons.’ – diff generalizing
- ‘looks guilty’– anxiety, motor diff (clumsy)
Legal system and ASD

INEQUITIES OF JUSTICE

Service challenges:
Ltd. planning after legal outcome

Complex process:
Minimal court accommodations

System challenges:
lack of advocacy

Poor identification

Arrest

Legal Outcome

Criminal Interview

Court

Charges Laid
CJS Vulnerabilities

- Unlikely to be recognised
- Temporal time problems
- Differentiate accountability of self vs others
- Misinterpret sequence of events (literal)
- Misjudge re/shps (advocate vs support)
- Undue compliance or rule rigidity
- Uncautious honesty & unemotive about facts
- Sophisticated language without meaning
Wide range of variability ‘when, why and what for’ CJS is accessed due to:
- agency policies & philosophy of care
- behavior tolerance & risk management approach

Most individuals have different experiences of contact with the law as most move around services

SO no clear message of what to expect

DS and MH systems not accommodating as ASD are seen as ‘square peg in a round hole’

False deterrent as inds like structure/routine of CJS
Red Flags in the CJS

- Limited training for police about ASD/MI
- Influence of system pressures: choose ‘least time’ option
- Vicious cycle of breach of probation – 3 strikes your out
- Message of punishment not treatment
- Rarely a teaching opportunity to change behaviour
- Misused as ‘leverage’: if beh then jail!
ASD Offending Behaviour Treatment...

- Individually tailored rather than ‘blanket’ approach
  - MUST be based on comprehensive risk assessment and management plan
  - substantial research on ABA intervention programs
  - communication: signing, PECS, visual boards
  - social stories, cartoons & social perspective taking
  - behavioural rehearsal, role-play & skill acquisition
  - sensory integration assessments
  - psychopharmacology (SSRI’s, anti-psychotics, anti-convulsants, anti-anxiety, stimulants)
  - psychotherapy depending on cognitive level (CBT, DBT and systemic)
CJS Cases: ASD & Aggression

- Rule-based world
  - Strict routine and Intolerance to ‘exceptions to the rule’
  - 42 yr old with multiple physical assaults

- Extreme social experiments
  - Avoids ‘live’ confrontation and elicits extreme reactions due to inability to read non-verbal cues
  - 22 yr old with verbal harassment charges

- Entitled aggression
  - Lack of empathy, TOM and insight leads to egocentric righteous attitude and justified extreme response
  - 30 yr old with threats and arson charges
CJS Cases: Sexual Behaviors & ASD

- Poor insight and self-identify
  - Unrealistic expectations exacerbate romantic failure
  - 19 yr old with trespassing and stalking charges

- Greys of Relationships
  - Inability to interpret social nuisance and context
  - 25 yr old with sexual solicitation over internet

- Rigid expectations
  - Paucity of romantic exp and rule generalization
  - 17 yr old female with sexual harassment behs at school

- Acceptance: non-judgmental, social immature, un-complex
Thank you!

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