

## APPENDIX 4: GUIDANCE ON AUTISM

### Autistic Spectrum Conditions

#### Introduction

SOTSEC-ID groups frequently include men with autism spectrum conditions, including Asperger's Syndrome, atypical autism and classic or childhood autism. In the twenty years SOTSEC-ID has been running, the presence of men with autism spectrum conditions in groups has remained stable, if not increased as a result of increased identification and recognition of autism spectrum conditions in men being referred for treatment.

#### Autism Spectrum Conditions

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It impacts the way in which that individual processes information and make sense of the world around them.

Often referred to as the 'triad of impairments' (Wing, 1981), the core features of autism spectrum conditions fall within specific areas of difficulties:

- 1) **Social communication and social interaction difficulties** (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice; difficulties in recognising and understanding other people's feelings and managing their own emotions, problems in understanding and predicting other people's intentions).
- 2) **Displaying repetitive or restrictive patterns of behaviour, interests and activities** (can be *physical manifestations* e.g. stereotypies, handflapping, body rocking; or *cognitive displays* e.g. 'special interests', a rigid, inflexible thinking style, strong preference for fixed routines and resistance to or anxieties around change).

Many people with autism also experience some form of sensory sensitivity or under-sensitivity, which are now included within the updated Diagnostic and Statistical Manual (DSM-V) criteria for autism spectrum conditions (APA, 2013). These sensitivities can manifest in a variety of ways, including a dislike of loud noises or particular sounds, a strong preference for a particular food or extreme avoidance of

certain tastes or food textures, hypersensitivity to smells or temperatures or a particular fondness or 'need' for certain textiles or objects, such as wearing specific clothes or touching certain materials.

Autism spectrum conditions can present with and without an intellectual disability, with those with average or above IQ ( $\geq 100$ ) referred to as having Asperger's Syndrome or High Functioning Autism. It has been suggested that half of all adults with an autism spectrum condition also have a comorbid intellectual disability (National Audit Office, 2009, 2012), however variation in prevalence estimates do not consistently support this proposition (e.g. Bourke et al. 2016; Brugha et al., 2016; Cooper et al., 2008).

Those presenting with Asperger's Syndrome (no intellectual disability) or higher functioning autism are more likely to come to the attention of the police and criminal justice system due to their presumed *mens rea* and resulting culpability. It is however important to bear in mind the spiky profile associated with autism and possible uneven spread of cognitive abilities. For example, advanced verbal abilities may give a false impression of higher adaptive functioning. This should be considered not only also in relation to the criminal justice system and possible prosecution, but also in determining the most appropriate treatment option e.g. using an adapted or standard (non-adapted) programme.

Priority on autism in children may mean that men within the SOTSEC-ID groups have no diagnosis or a putative one. Older men in particular may have a missed or mis-diagnosis such as schizophrenia and psychopathic or schizoid personality disorder. It is important to bear in mind the heterogeneity of presentation within autism spectrum conditions, as well as the fact that a number of men may exhibit traits of autism but not meet the cut-off threshold for a diagnosis. An autism diagnosis can now be made without a development history, therefore it may need considering during formulation, and when deciding upon treatment approach, whether an autism assessment (e.g. Autism Diagnostic Observation Schedule revised (ADOS) or the DISCO) would be in the best interests of the individual.

Social policy and statutory guidance provide the framework for diagnosis, treatment and support for individuals with autism spectrum conditions, including those with forensic needs. Recent changes now mean Community Learning Disabilities

services' responsibilities include those with forensic needs, and the Autism Strategy 2016 update has put pressure on Local authorities and health providers to identify and support the needs of offenders with autism spectrum conditions in community settings and to prevent inappropriate entry into the Criminal Justice System.

### **Autism Spectrum Conditions and Sexual Offending Treatment**

Anecdotal feedback from SOTSEC-ID business meetings and through our online professionals' network, has highlighted a series of common challenges faced by facilitators when treating men with autism spectrum conditions in the groups.

These challenges are consistent with existing research and literature on individuals with autism spectrum conditions who sexually offend (Dein & Woodbury-Smith, 2005, 2010; Higgs & Cater, 2015; Kohn et al., 1998; Melvin et al. 2017; Pritchard et al., 2016; Woodbury-Smith & Dein, 2014).

The features of autism spectrum conditions which may leave an individual vulnerable to committing a sexual offence, as well as creating challenges to achieving sexual offending treatment outcomes, include:

- **social naivety** – difficulties in understanding social or sexual scripts, and specific communication styles such as the nuances of flirting.
- **difficulties with victim empathy** – particularly in relation to 'indirect' offences e.g. accessing online content. Might be general empathy deficits or victim-specific.
- **concrete or inflexible thinking styles** - can create challenges in addressing cognitive distortions and attitudes to offending.
- **difficulties with theory of mind** and perspective taking.
- **special interests or 'obsessions'** – particularly if sexual or deviant in nature, or linked to a sensory preference or 'need'.
- **central coherence difficulties** – problems being able to foresee and/or fully understand the consequences e.g. understanding the act of rape might hurt the victim at the time but not appreciating the long-term impacts of trauma.

It has also been suggested that the group nature of typical CBT programmes may be inappropriate for individuals with autism spectrum conditions (Howlin, 2004; Dein & Woodbury-Smith, 2010). A small number of case studies have highlighted the

complexities of addressing sexually abusive behaviour in individuals with autism spectrum conditions using different therapeutic approaches (e.g. Griffin-Shelley, 2010; Kohn et al., 1998; Milton et al., 2002). These studies however reported inconsistent results in treatment outcomes with some identifying improvements (Griffin-Shelley, 2010), and others reporting little or no change in behaviour (Milton et al., 2002).

In the original SOTSEC-ID treatment groups and subsequent follow up, higher rates of recidivism were reported in men with autism spectrum conditions (Murphy et al., 2007; SOTSEC-ID, 2010; Heaton & Murphy, 2013). However, the authors caution that it is important to bear in mind the sample size and also that those with autism were more likely to commit non-contact sexual offences, which may have contributed to the increased recidivism rates<sup>1</sup>.

A systematic review by Melvin et al. (2017) also reported that some of the research to date indicates poor treatment outcomes for offenders with autism (including sexual offenders), potentially suggesting the need for further adaptations or considerations in therapy for some men with autism spectrum conditions.

### **Points for consideration in working with men with ASC in groups**

The following suggestions/points for working with men with autism spectrum conditions within treatment groups have been compiled from existing and current research, along with anecdotal accounts and experience from SOTSEC-ID members and facilitators.

- **Group Treatment:** As with men without autism spectrum conditions, group therapy may not be appropriate. However, a recent study (Melvin et al., in preparation) in addition to existing research (e.g. Langdon et al., 2013; McConachie et al., 2014) provide examples where individuals with autism have undergone positive experiences and benefitted from a group programme or treatment. Depending on the individual's communication and mental health needs, a group may not always be suitable, however a diagnosis (or suspected diagnosis) of autism should not be an automatic reason for excluding a group treatment option.

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<sup>1</sup> There is some evidence to suggest higher recidivism rates for non-contact than contact offences (e.g. Mair & Stephens, 1994).

- **Sensory Issues:** Is the behaviour linked to any sensory need or preference? Does it pose any danger or risk to the individual as well as others e.g. autoerotic asphyxiation? Will anything in the environment or delivery of treatment impact any sensory issues?
- **Victim Empathy:** Much of the existing literature and anecdotal accounts from SOTSEC-ID facilitators indicate men with autism spectrum conditions struggle with the victim empathy component of treatment. Some of the men may display a degree of cognitive understanding (e.g. “putting yourself in the other person’s shoes”), however there might be little evidence of emotional resonance. This may be complicated further if there is no direct contact with the victim e.g. online offences, looking through windows. It is important to bear in mind that difficulties in victim empathy for individuals with autism spectrum conditions may stem from general empathy deficits, victim-specific empathy deficits<sup>2</sup>, difficulties with theory of mind, or a combination of the three.
- **Cognitive distortions/pro-criminal attitudes:** Inflexible thinking styles and cognitive rigidity may create challenges in shifting cognitive distortions or addressing attitudes consistent with offending. SOTSEC-ID (2010) showed significantly poorer pre-, post and follow up treatment scores for one of the cognitive distortions measures for the participants with autism spectrum conditions, compared to those with ID alone<sup>3</sup>. A focus on the consequences for an individual may therefore prove beneficial (rather than appeals to morality or adherence to social mores), stressing the benefits of living ‘the good life’ and the negative outcomes for the individual themselves (and not the victim), if they were to re-offend.
- **External Management:** An emphasis on external management may be required for some men with autism spectrum conditions (as for those with intellectual disabilities alone), with some evidence suggesting a lack of insight

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<sup>2</sup>Some research has shown sexual offenders to display empathy to victims other than their own e.g. Marshall et al., 2001.

<sup>3</sup> Questionnaire on Attitudes Consistent with Sexual Offences (QACSO) (Broxholm & Lindsay et al., 2003). No significant differences were found in other measures (SAKS, victim empathy, SOSAS), other than poorer pre-group SAKS scores for the autistic men.

into risk factors to re-offending and low motivation to rely on internal controls (Melvin et al., in preparation).

- **Additional/Booster sessions:** Teaching the CBT model and link between thoughts, feelings and actions, or understanding the offending model may require additional/booster sessions run in parallel with the group sessions. These may be in relation to emotion regulation/recognition or understanding risk.
- **Repetition of material:** Individuals with autism spectrum conditions may benefit from repeating the material. This could be individual sessions or certain modules of the programme. Repetition will obviously increase the length of time needed to complete treatment, however could be undertaken in additional/booster sessions (see above). Additionally, the individual may benefit from repeating the entire treatment programme (Melvin et al., in preparation).
- **Monitoring relationships with other men:** All individuals within a group have the potential to be a victim of bullying, exploitation or experience negative peer relationships, however individuals with autism spectrum conditions may be particularly vulnerable, especially in relation to possible social naivety or their interaction/communication style.

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