

An Examination of the Links between Autistic Spectrum Disorders and Offending Behaviour in Young People

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Abstract

This dissertation examines the links between autistic spectrum disorders and offending behaviour in young people. First identified over sixty years ago, autistic spectrum disorders have remained relatively unknown until recently. Given the hidden nature of these disorders, they can be difficult for criminal justice professionals to identify, and characteristics of the conditions could be misconstrued as offending behaviour.

In order to examine the possible connections between autistic spectrum disorders and offending, as well as the criminal justice system response to young offenders on the autistic spectrum, a review of the current literature was undertaken. To gain a greater insight, interviews were conducted with professionals who work with children on the autistic spectrum.

In addition, a Police Community Support Officer was interviewed.

Results of primary and secondary research indicated that, without labelling all children on the autistic spectrum as criminal, there are predisposing characteristics of the condition that could be linked to offending behaviour. Furthermore, the research highlighted the lack of training criminal justice professionals receive on how to recognise and appropriately deal with children on the spectrum. The dissertation concludes with recommendations for future research, and outlines the need for better intervention techniques within the criminal justice system.

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Abbreviations and Acronyms

ADHD	Attention-Deficit Hyperactivity Disorder
BIBIC	British Institute for Brain Injured Children
CAMHS	Child and Adolescent Mental Health Services
ICD-10	International Classification of Diseases
PCSO	Police Community Support Officer
PDD	Pervasive Developmental Disorder
PDD-NOS	Pervasive Developmental Disorder Not Otherwise Specified
RCSM	Residential Child Support Manager
RCSO	Residential Child Support Officer

Introduction

CHAPTER 1

Statistics from the Youth Justice Board indicate that around 150,000 children and young people under the age of 18 enter the youth justice system each year (DfES, 2007). The UK also locks up more children and young people than any other country in Europe (Burke, 2005: 52). Facts and figures such as these call into question why so many young people come into contact with the criminal justice system in the first place. Many researchers have proposed that certain factors increase the risk of a child becoming an offender (Prior and Paris, 2005; Farrington, 2002). These can include family factors (deprivation, history of criminal activity), school factors (low achievement), community factors (disadvantaged neighbourhood), and personal, individual or peer factors (delinquent peer groups) (Communities that Care, 2001, cited in Stephenson, Giller and Brown, 2007).

Mental health problems can also be a significant risk factor for offending behaviour. Research evidence is consistent in showing that ‘young people involved in the criminal justice system have elevated rates of mental health problems when compared to other adolescents’ (Mental Health Foundation, 2002, cited in Sinclair and Epps, 2005: 134). Several studies have shown that young people in young offender institutes and other secure establishments show very high rates of psychiatric disorders (Maden *et al.*, 1995; Dimond and Misch, 2002; Hagell, 2002). During 2004/2005 it was estimated that 44% of young people who offended had emotional and mental health needs (Healthcare Commission, 2006).

Although many studies have concentrated on a range of psychiatric disorders, there has been little attempt to explore the possible relationship between autistic spectrum disorders and offending behaviour. Yet recent public cases have ‘led to suggestions that there may be an excess of violent crimes amongst more able people with autism or those diagnosed as having Asperger’s syndrome’ (Howlin, 2004: 301). Due to the hidden nature of the conditions, criminal justice professionals may not understand the underlying causes of an individual’s behaviour. As Barnard, Prior and Potter, (2000: 25) highlight, ‘people with autistic disorders are vulnerable in any situation where their condition is not recognised.’ This could result in inappropriate treatment of individuals with autistic spectrum disorders. In identifying this, it is important that the characteristics of the disorders are defined and explored.

1.1 Definition of autism and Asperger’s Syndrome

Eugen Bleuler was the first researcher to use the term ‘autism’ at the beginning of the twentieth century. It originally referred to a particular striking disturbance in schizophrenia (Frith, 2003), and was described as ‘a narrowing of relationships to people and the outside world, a narrowing so extreme that it seemed to exclude everything except the person’s own self’ (*ibid*: 5). However, the main drive to define autism began in the 1940s with the pioneering work of Leo Kanner (1943), whose first paper entitled ‘Autistic disturbances of affective contact’ listed several features of what was termed ‘early infantile autism’ (Frith, 2003:5-6). These features, as described by Kanner, were autistic aloneness, desire for

sameness, and islets of ability, which are still seen today as important features of classic autism (*ibid*). At the same time, Kanner (1943) distinguished autism from childhood schizophrenia, when he noted that ‘people with schizophrenia withdrew from social relationships while children with autism never developed them in the first place’ (cited in Me-sibov, Shea and Adams, 2001: 7).

Coincidentally, in 1944, a Viennese paediatrician named Hans Asperger coined the term ‘autistic psychopathy’ to describe what he considered a form of personality disorder, after describing the behaviour of four boys who were quite unusual in their social, linguistic and cognitive abilities (Attwood, 1998). Like Kanner, he stressed the peculiarities of communication and the difficulties in social adaptation of children with autism (Frith, 2003), but where Kanner described children with a more severe expression of autism, Asperger described more able children (Attwood, 1998). While autism as described by Kanner gained worldwide recognition, the condition identified by Asperger was virtually unheard of anywhere outside Germany (Rosaler, 2004). It was not until 1981, when Lorna Wing published a paper about research into Asperger’s syndrome, that ‘the diagnosis was brought to the attention of the English-speaking world’ (*ibid*: 54). Through a series of epidemiological studies and clinical work, Wing and Gould (1979 cited in Wing: 1998) concluded that children with Kanner’s autism and Asperger’s syndrome have in common a triad of impairments affecting social interaction, communication and imagination, accompanied by a narrow, rigid, repetitive pattern of activities. Thus, ‘[t]hey developed the hypothesis of a continuum or spectrum of disorders held together by this triad’ (Wing, 1989 cited in *ibid*, 1998: 22). The spectrum runs from clear-cut autism through to subtle variants that shade into traits found within the normal (neurotypical) population. Evidently, it is now believed that ‘autistic traits are widely distributed in the normal population and many “normal people” show isolated autistic traits’ (Thambirajah, 2007: 133).

1.2 Diagnosis of autistic spectrum disorders

Autism and Asperger’s Syndrome are two of the five pervasive developmental disorders (PDDs) which, today, are more often referred to as autistic spectrum disorders. They have a ‘neurological basis in the brain, and genetic causes play a major role. However, precise causes are still not known’ (Hill and Frith, 2004: 1). Thus, autism and Asperger’s syndrome are ‘defined using behavioural criteria, because so far, no specific biological markers are known’ (*ibid*: 2). This fact, combined with the non-specific and variable nature of the autistic spectrum, results in difficulties in diagnosis. As Scothorne (1998, cited in the National Autistic Society, 2008b) notes, ‘it is easier to describe a pain in the leg than a feeling that something is not quite right.’

There are two main diagnostic systems in which autistic spectrum disorders are currently classified: the 10th revision of the International Classification of Diseases (ICD-10), which was created by the World Health Organization (2003); and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), which was established by the American Psychiatric Association (APA) (2000). The criteria for autistic disorder in the DSM-IV-TR (APA, 2000) specify that an individual must have qualitatively impaired social interaction and communication, as well as limited, repetitive and stereotyped behaviours. Within each of these categories, the individual must exhibit a certain number of characteristics in order

to meet the criteria. In addition, they must manifest the delays or abnormal functioning in at least one area (i.e., social interaction, language used for social communication, and symbolic or imaginative play) by the age of 3 years (APA, 2000, cited in Clark, Jenson and Miller, 2005). The diagnostic criteria for Asperger's syndrome are similar to those for autistic disorder in that they require qualitative impairment in social interactions, and restricted, repetitive, and stereotyped behaviours. However, the DSM-IV-TR specifies that Asperger's syndrome does not involve a significant delay in language or cognitive development, thus distinguishing it from more 'classic' autism (Smith-Myles, 2003). With few substantive differences (Nadesan, 2005), the diagnostic criteria stipulated in the ICD-10 basically mirror the criteria of the DSM-IV-TR.

1.3 Structure of the dissertation

With the use of current literature and by conducting interviews with professionals who work with children with autistic spectrum disorders, this dissertation will produce an objective view of the links between the disorder and offending behaviour. Although it has been acknowledged that there are five pervasive developmental disorders: autism, Asperger's syndrome, Rett's disorder, Childhood disintegrative disorder, and Pervasive developmental disorder not otherwise specified (PDD-NOS) (Kusch and Petermann, 1997), this dissertation will only focus on autism and Asperger's syndrome.

Chapter two will examine current literature regarding autistic spectrum disorders and offending behaviour. In doing so, it will focus on three main areas: the characteristics of autistic spectrum disorders and how they could be linked to offending behaviour; the prevalence of offending among young people with autistic spectrum disorders; and the criminal justice system's response to offenders with the disorder.

Chapter three will provide a description of the methods that were used when conducting both primary and secondary data. The advantages and disadvantages of interviewing and library-based research will be considered, along with an explanation of how the research is ensured to be ethically sound.

Chapter four will discuss the results obtained from the interviews with a Residential Child Support Officer (RCSO), a Residential Child Support Manager (RCSM) and a Police Community Support Officer (PCSO). Again, this chapter will focus on two of the main areas examined in chapter two: characteristics of autistic spectrum disorders that could be linked to offending and the criminal justice system response.

Finally, chapter five will draw together the strands of the previous four chapters, and will conclude with some brief recommendations for future research and practice.

1.4 Aims and Objectives

- To define autism and Asperger's syndrome in relation to the particular impairments that could be linked to criminality.
- To explore the extent of the disorders among young offenders. With particular attention to the fact that autism and Asperger's syndrome were only discovered relatively recently, this dissertation will examine what the disorders entail and the range of behaviours that they encompass.
- To examine the criminal justice system's response to young offenders on the autistic spectrum, paying particular attention to the nature of interventions.

Literature Review

CHAPTER 2

The aim of this chapter is to examine current literature regarding autistic spectrum disorders and their links with offending behaviour. The chapter will be broken down into subsections, and will discuss the characteristics of autistic spectrum disorders and how they could be linked to offending behaviour, the prevalence of offending by such individuals, and finally the criminal justice system's response to offenders with autistic spectrum disorders.

2.1 Characteristics of autistic spectrum disorders that could be linked to criminality
 Prior and Paris (2005) have highlighted that the risk of becoming an offender is statistically more probable if a child experiences certain factors. Many authors have outlined these risk factors, which include: peer rejection, low popularity, social isolation (Farrington, 2005), poor social functioning and impulsivity (Pakes and Winstone, 2007). When considering that these factors pose a risk to non-autistic individuals, it is important to highlight the risk to children with autistic spectrum disorders. Acknowledging this, Ghaziuddin, (2005) has pointed out that, factors such as poor parental control, a chaotic environment, and a family history of mental health and criminality could predispose persons with autism and Asperger's syndrome to violence. Holland (1997: 270) also remarks that, '[those] people who fall within the autistic spectrum... have very particular difficulties which markedly impair their understanding of the social world, and they may be more prone to problem behaviour and therefore to offending.'

Whilst there is reluctance to link any disorder with criminality, there are a number of characteristic features of Asperger's syndrome [and autism] that predispose individuals to criminal offending (Berney, 2004). Firstly, some individuals have narrow obsessional interests. As the National Autistic Society (2005: 10) notes, 'people with autism are often so single-minded about their interest that they are unaware of the effect that their actions have on others, or that it could lead to putting themselves in danger.' An example of this has been highlighted by Wing (1986) who identified an autistic individual who caused explosions and fires because of an obsessional interest in chemical reactions (cited in Howlin, 2004). Howlin (1997) also described an autistic individual who was fascinated by washing machines from a young age. In adolescence, he would enter any house where he could hear a washing machine, and was unable to appreciate the alarm this caused the occupant. Children with autistic spectrum disorders have problems with the interpretation of rules, particularly social ones, and as a result of this they may find themselves unwittingly embroiled in offences such as date rape (Berney, 2004: 7). Their limited emotional knowledge 'can lead to a childish approach to adult situations and relationships, resulting, for example, in the mistaking of social attraction or friendship for love' (*ibid*). Put together, an individual's obsessional interests and misinterpretation of social rules could also lead to obsessive

harassment (stalking). In a study on stalking among adolescents and adults with autistic spectrum disorders, Stokes, Newton and Kaur (2007: 1971) found that individuals 'tend to display a higher than expected level of inappropriate and intrusive behaviours, consistent with stalking, across all types of targets of interest.' Their study also supports the suggestion by Stokes and Newton (2004) that 'those with autistic spectrum disorder may have an unrecognised preponderance towards intrusive and stalking behaviours' (cited in *ibid*: 1979).

This misinterpretation of social rules could also be linked to social naïvety. Often coupled with the desire to be accepted, children with autism can be very 'easy prey' (Howlin, 2004), and as the National Autistic Society (2006) has noted, this 'has led some people with autistic spectrum disorders to be befriended by, and become unwitting accomplices of, criminals. People with autistic spectrum disorders often do not understand the motives of other people.' Debbaudt (2003) provided an example of this unintentional criminal involvement when he described a young man with Asperger's syndrome with few social opportunities but excellent computer skills. He was recruited by so-called friends to design and print counterfeit US currency. When the counterfeiters were caught, it was an Assistant United States Attorney (AUSA) who read about the young man's condition in a presentencing report. After learning more about Asperger's syndrome and recognising that the young man had possibly been duped through false friendship, the AUSA recommended no custody and probation.

From a different viewpoint, this social naïvety could increase the risk of an individual with autism or Asperger's syndrome being a victim of crime (National Autistic Society, 2006). As Debbaudt (2003 cited in Willey, 2003: 162) notes, 'the criminally bent individual becomes skilled at finding the perfect victim among those who appear timid,... who have no eye contact or unusually long eye contact, or whose appearance or behaviour is different from the crowd.' Through their criminal experiences, they have learnt that people who display these characteristics are easy targets. Furthermore, the individual with autism or Asperger's syndrome may not report the crime to the police, or they may lack credibility as a victim when they do (*ibid*). In keeping with this viewpoint, individuals with autistic spectrum disorders may be wrongly accused of committing an offence, and could be seen as an easy target to blame. When being interviewed by the police, the individual may mistake friendliness or politeness as a sign of friendship, and may confess to an offence they did not commit to make their new 'friend' happy (Debbaudt, 2002 cited in Hall *et al.* 2007). Alongside the characteristics mentioned above, children on the autistic spectrum like routine and are resistant to change. If unexpected change occurs, 'it can be so distressing to a person with autism that they may react with an aggressive outburst' (National Autistic Society, 2005: 9). This was evident, along with other characteristics mentioned, in Baron-Cohen's (1988) study, which assessed the violence in a young man with Asperger's syndrome. As the author comments, the man 'had a history of difficulties in adapting to change, an inability to fit in any particular group and an obsession with his jaw... his father reported that he would hit others when he felt frustrated with anything or "paranoid" about his jaw' (cited in Ghaziuddin, 2005: 219).

It was Asperger (1944) himself who first suggested a possible association between the condition he described as 'autistic psychopathy' and violence. All four of the children he described had a history of problems such as physical aggression, fascination with blood, graphic description of violent fantasies, or obsession with poisons (cited in Ghaziuddin, 2005). Several other studies have documented examples of violence in people with autistic spectrum disorders. Baron-Cohen (1988) described a 21-year-old man with Asperger's syndrome who was frequently violent towards his 71-year-old girlfriend. The researcher believed that 'underlying this patient's violence is an inability to appreciate the mental states of his victims' (*ibid*). Mawson, Grounds and Tantam (1985) described a 44-year-old male with Asperger's syndrome whose violent acts included stabbing a girl in the wrist with a screwdriver because he did not like her (cited in Ghaziuddin, 2005).

Howlin (2004: 301) believes that, 'although there is little evidence of any significant association between autism and criminal offending, occasional and sometimes lurid publicity has led to suggestions that there may be an excess of violent crime amongst more able people with autism or those diagnosed as having Asperger's syndrome.' This is evident in the case of a 13-year-old autistic boy who killed his baby brother by cutting off his left hand and stabbing him 17 times (BBC News Online, 2001). When asked by the police why he did it, he replied, 'I wanted to be with my mum' (*ibid*). Another case reported by Kelly (2006) also highlights violent behaviour in an individual with Asperger's syndrome. A 21-year-old male stabbed to death his 57-year-old boss because he thought she was to blame for getting him sacked. Despite the gravity of this offence, it was reported that 'even now [he] believes he acted appropriately' (*ibid*).

Ghaziuddin (2005: 226) has argued that 'the offending behaviour of people with autistic spectrum disorders often index the occurrence of another form of psychiatric disorder, commonly depression and psychotic behaviours.' Therefore, it is important to rule out co-morbidity, as other disorders may independently raise the risk of offending. For example, Tantam (1988) highlighted 'the high prevalence of additional psychiatric disorders in a group of adults with Asperger's syndrome and violent behaviour' (cited in *ibid*). Palermo (2004) conducted a study on three patients with Pervasive Developmental Disorders whose admission to hospital was precipitated by criminal behaviour. He also found that the delinquent behaviour described resulted from co-morbid psychopathy and not as a direct consequence of a developmental disorder. Arguably then, 'it is unclear to what extent people with autism spectrum disorders should be singled out as being particularly vulnerable to offending behaviour' (Ghaziuddin, 2005: 231).

2.2 Prevalence of offending among people with autistic spectrum disorders

Many studies have been conducted in an attempt to estimate the prevalence of offending among people with autistic spectrum disorders. Difficulty arises due to the concept of the autistic spectrum, wherein the disorders are seen as varying along a continuum of severity. Therefore, the estimates can vary considerably. As Palermo (2004: 40) points out, 'although corresponding to a clinical reality, [this spectrum] broadens the inclusion criteria in most studies... decreasing the specificity of a given diagnosis and consequently of any association with a given diagnostic entity.'

In a recent study carried out by the British Institute for Brain Injured Children (BIBIC), it was found that 'nearly 37% of youngsters in the sample of youth offending teams questioned were found to have conditions such as autism, attention-deficit hyperactivity disorder (ADHD) or a low learning age' (BIBIC, 2007). This research highlights the number of children with autistic spectrum disorders that are being put on a path that sends them towards the criminal justice system and possibly into custody. Hagell (2002) has found that, for young people in custody in the UK and the USA, the prevalence of mental health problems ranged from 46% to 81%. Subsequently, 'a conservative estimate based on these figures would suggest that the rates of mental health problems are at least three times as high for those within the criminal justice system as within the general population, if not higher' (*ibid*: 14).

In a survey by Tantam (1988) of long-term users of mental health services who were regarded as socially isolated and eccentric (77% having Asperger's syndrome), 44% of the sample had committed isolated offences and 23% had committed actual criminal offences, primarily involving violence against other people (cited in Hare *et al.*, 1999). Supporting this, Mawson *et al.* (1985 cited in Murrie *et al.*, 2002: 61) speculated that 'the association between Asperger's syndrome and violent behaviour is more common than has been recognised and that more such individuals are to be found in long-term care institutions.' To test this hypothesis, Ghaziuddin, Tsai and Ghaziuddin (1991) reviewed all papers on Asperger's syndrome published between 1944 and 1991. They found that out of a total sample of 132 patients, only 3 (2.27%) had a clear history of violent behaviour. By comparing this figure with the base rate of violent individuals in the general population, they concluded that no true association existed between the two. However, Scragg and Shar (1994: 679) argued that 'this conclusion may be inaccurate because of a failure to detect AS [Asperger's syndrome] in prisons and secure settings.' In view of this, they conducted a study to investigate the prevalence of Asperger's syndrome in the entire male population in the maximum security hospital Broadmoor (*ibid*). Results from this showed a prevalence rate of 1.5% which, based on Ehlers and Gillberg's (1993) conservative figure of 0.55%, is much higher than that found in the general population. Nevertheless, Hare *et al.* (1999:6) suggest that 'given the manifest differences between the general population and that of a special hospital, it is not clear that this is a valid comparison to make.'

2.3 Criminal justice response to autistic spectrum disorders

The National Autistic Society (2006) has pointed out that young people with Asperger's syndrome are seven times more likely to come into contact with the criminal justice system than their peers (cited in Ghose, 2006). However, given the 'hidden' nature of the autistic spectrum disorders, especially for those at the high-functioning end of the spectrum, legal professionals may not understand the underlying causes of their behaviour and the possible constraints on reform. In a study conducted by the National Autistic Society (2005), it was found that 'over 90% of police and solicitors have no training to help them understand autism' (cited in Adams-Spink, 2005). An individual example of this was highlighted by Langdon-Down (2005), who reported on a case involving a young female with Asperger's syndrome who had been arrested more than 150 times over a 3-year period. The vast majority of her arrests arose out of a fundamental misunderstanding about her condition that went back to the first time she was arrested.

In the USA it has been recognised, that there is ‘a growing interest in the global autism community to bring public awareness of autism and the people it affects to law enforcement professionals’ (Debbaudt, 1999). Many articles, training guides and videos have been produced to help law enforcement professionals recognise and respond appropriately to individuals with autistic spectrum disorders. Books have been published targeting emergency responders, retailers and parents (Davis and Schunick, 2002) and specifically law enforcement professionals (Debbaudt, 2002). In the UK there is a need for more training for criminal justice professionals. A study conducted by the Welsh Assembly Government (2006) found that there was a strong positive response for more training. They also found that some youth justice professionals felt they had probably dealt with an autistic person in the course of their work but had not recognised the person’s specific problem.

In line with this, Autism Alert Cards are available from the National Autistic Society. ‘The card comprises a wallet containing a leaflet of key facts about autism, and a credit-card style insert listing emergency contact details’ (National Autistic Society 2008a). This would prove extremely beneficial if an individual was to be stopped by the police, as recognition would be instant. At present, these cards are only voluntary and are only being piloted in certain areas. Furthermore, the cards would only be of benefit to those who have already been diagnosed with an autistic spectrum disorder.

The legal status of young people with autistic spectrum disorders must also be questioned. As Hare *et al.* (1999: 19) pointed out, ‘because they may score in the borderline, average or high range on standardised intelligence tests their impairments of social interaction, communication and understanding the consequences of their actions are, in many cases, overlooked.’ Considering that offences require *mens rea* (a ‘guilty mind’) it can be argued that the *actions* of such individuals are given precedence over their apparent *neurodevelopmental disorder* and thus, they are being treated as rationally calculating human beings. This was evident in the case of an 18-year-old, with Asperger’s syndrome, who murdered a 10-year-old girl. It was revealed that ‘the judge asked jurors not to read up on the condition, wanting them to concentrate on the evidence presented in court’ (Nottingham Evening Post, 16 November 2004). Although the jurors have a legal obligation only to concentrate of the evidence given to them in court, this still highlights the improper treatment by the professionals involved in the case.

Leading on from this, early intervention techniques must be assessed. In the case highlighted above, it was found out that the offender had come into contact with the criminal justice system 2 years previously after abducting a 16-year-old at gunpoint but the charges were later dropped. The Leicester Mercury (18 January 2007) reporting on this incident remarked that if the youth ‘had been prosecuted for the kidnapping, he would undoubtedly have been the subject of a psychiatric report, which would have been of “considerable benefit” at the time and might have prevented Rosie May’s death.’ Evidently, ‘early diagnosis and appropriate care and education in childhood and help and support in adult life, would [prevent] the psychological confusion and distress that [leads] to crime being committed’ (Hare *et al.* 1999: 20). But as Cooper (1997: 106) has pointed out, ‘detection of autism is too often delayed. This is not surprising as routine developmental checks only screen motor, intellectual and perceptual development, all of which may seem normal in autism.’

When attempting to explore the literature regarding the assessment of young people with autistic spectrum disorders, it is evident that no such literature relates *specifically* to the disorders. Consequently, the Youth Justice Board's core document relating to general mental health is *Key Elements of Effective Practice – Mental Health* (2003), which states that 'assessment and intervention will require a multi-agency approach, involving mental health specialists outside the criminal justice system' (Youth Justice Board, 2003: 8).

This multi-agency approach can be conceptualised as the delivery of Child and Adolescent Mental Health Services (CAMHS) that aim to 'promote the mental health and psychological wellbeing of children and young people, and provide high quality, multidisciplinary mental health services to all children and young people with mental health problems and disorders' (Every Child Matters, 2007). CAMHS delivers services in line with a four-tier strategic framework, with each tier characterised by increasingly specialised service provision (McDougall, 2006). However, there have been criticisms that CAMHS are 'patchy and variable' (Harrington and Bailey, 2005: 5) as 'there are currently insufficient specialist CAMHS to meet the level of mental health needs among children and young people in England and Wales' (Stephenson, Giller and Brown, 2007).

The main form of assessment used by youth offending teams at present is the ASSET form, a mental health screening tool which provides the starting point for conducting safe and accurate mental health assessments (Youth Justice Board, 2003). It is used on all young offenders who come into contact with the criminal justice system and 'aims to look at the young person's offence or offences and identify a multitude of factors or circumstances – ranging from lack of educational attainment to mental health problems' (*ibid*). It does not, however, mention autistic spectrum disorders and has been summarised as a 'tick box' approach, with a heavy emphasis on the negative indicators of risk of offending (Smith, 2007). The *Joint Inspection of Youth Offending Teams Annual Report 2005/06* also found that even where ASSET identified a mental health need associated with offending behaviour, 'a quarter of these children and young people were still not referred on for specialist assessment and/or treatment' (HM Inspectorate of Probation, 2006, cited in Stephenson, Giller and Brown, 2007: 106). With reference to individuals with autistic spectrum disorders who become involved in legal processes, The Royal College of Psychiatrists (2006) recommends that there should be routine access to psychiatric services. These services should: distinguish autistic spectrum disorder from other psychiatric disorders; recognise the potential impact of these disorders on responsibility and mental capacity, and encourage awareness of, and provision for, people with autistic spectrum disorders in court processes and in subsequent care.

Lack of awareness and improper treatment could also affect individuals with autistic spectrum disorders who are in custody. Due to their need for routine and structure, a period in custody may have the opposite effect to punishment, and may even be seen as a relief. As the National Autistic Society (2007) has noted, the 'routine and familiarity of secure establishments are reassuring for some people with autism.' The Royal College of Psychiatrists (2006: 24) also supports this by highlighting that 'some individuals with autistic spectrum disorders are not distressed by the structure of prison life and may even be reluctant to return to a less predictable life in the community.' This could therefore cause problems on release as their routine will be disrupted. Particular support and attention would be needed

‘to avoid the “revolving door” effect’ (National Autistic Society, 2007). If the condition is not recognised, individuals will not receive the appropriate support required.

2.4 Summary

An examination of the available literature has revealed that, although there is reluctance to link autistic spectrum disorders to offending behaviour, individuals with autistic spectrum disorders may have predisposing characteristics that could be connected to such behaviour. It has also been acknowledged that individuals on the autistic spectrum could also become victims of crime due to certain characteristics. Many studies have been conducted to estimate the prevalence of autistic spectrum disorders both in secure settings and the community, but they all provide contrasting results. Some authors have suggested that, whilst offenders have been diagnosed with autistic spectrum disorders, other psychiatric disorders may be present and may increase the risk of offending. In relation to the criminal justice system’s response to young offenders on the autistic spectrum, it is clear that the lack of training and guidance for professionals has resulted in such individuals being inadequately dealt with. Therefore, further investigation would be helpful to establish the true extent of the effects that autistic spectrum disorders have on offending behaviour.

Methodology

CHAPTER 3

With every research project, the way in which the study is carried out needs to be carefully addressed. As possible links between autistic spectrum disorders and offending have not been extensively explored in the past, both primary and secondary research was undertaken. This chapter will outline both data collection methods and discuss the advantages and disadvantages of each.

3.1 Primary research

Primary research for this study involved interviewing professionals who work with young people with autistic spectrum disorders. These included a Residential Child Support Officer (RCSO) and a Residential Child Support Manager (RCSM) who work with children in care. Along with these participants, a Police Community Support Officer (PCSO) was also interviewed.

Adopting an inductive approach, a clear hypothesis was not set. Instead, the aim was ‘to develop theoretical insights as they emerge out of the fieldwork’ (Maguire, 2002:127). Given that ‘social research is complex, diverse and pluralistic’ (Sarantakos, 2005:29), a qualitative methodology was employed as the aims of the dissertation do not lend themselves to statistical methods of data collection. As Kruger (2003:18) notes, ‘it is difficult to get the real meaning of an issue by looking at numbers.’ Semi-structured interviews were conducted that had a series of questions but had ‘some latitude to ask further questions in response to...significant replies’ (Bryman, 2004: 113).

3.2 Ethical issues

Ethical issues must be taken into consideration when conducting primary research. As Bryman (2004: 505) asserts, ‘ethical issues cannot be ignored in that they relate directly to the integrity of a piece of research’. Furthermore, Diener and Crandall (1978) have identified that the four main areas that require consideration are: ‘whether there is *harm to participants*; whether there is a *lack of informed consent*; whether there is an *invasion of privacy*; [and] whether *deception* is involved’ (original italics) (cited in Bryman, 2004: 509). With reference to informed consent and deception, Bell (2005: 156) maintains that the researcher has ‘a responsibility to explain to respondents as fully as possible what the research is about, why you wish to interview them, what will be involved and what you will do with the information you obtain.’ Respondents were briefed before the interviews took place, and all interviews remained anonymous to protect the individual’s identity. Any names of children discussed during the interview were also changed. Permission was sought to use a dictaphone as the researcher ‘is supposed to be highly alert to what is being said [and] it is best if he or she is not distracted by having to concentrate on getting down notes’ (Bryman, 2004: 329). An ethical agreement form was also signed by the researcher, stating that the study would not be harmful in any way to the participants.

3.3 Advantages and disadvantages of interviewing

The main advantage of using semi-structured interviews is that they enable the interviewer to 'follow up and probe responses, motives and feelings' (Jupp, 2006: 157), thus giving 'some latitude to ask further questions in response to what are seen as significant replies' (Bryman, 2004: 113). Not only does the interviewer have the ability to question further, non-verbal communications, facial expressions and gestures can be recorded, which can 'enrich the qualitative aspects of the data' (Jupp, 2006: 157). As Bell (2005: 157) notes, 'questionnaire responses have to be taken at face value, but a response in an interview can be developed and clarified.'

However, although preparing an interview 'follows much the same procedures as for questionnaires' (Bell, 2005: 158), the whole process is more time consuming, which may mean that respondents are fewer in number than they would be for a questionnaire survey. By having fewer respondents, the validity of any findings could be challenged. As Bell (2005: 157) points out, 'it is a highly subjective technique and therefore there is always the danger of bias.' May (1997, cited in Flores, 2005: 260-1) supports this viewpoint, noting that 'the potential disadvantage of semi-structured interviewing is that it might be prejudicial to the aims of standardisation and comparability.' In an attempt to overcome this, an interview guide was constructed (see Appendix A). This guide enabled the interview to stay focused, while at the same time the structure was not so strict as to prevent exploration of responses. This enabled the interviews to be comparable to one another to some extent. However, it must also be acknowledged that the responses obtained from the interviews were based on children and young people in care institutions. Therefore, there is a concern about whether the findings can be generalized beyond the confines of the particular context (Bryman, 2004), which in this instance is the general population of people with autistic spectrum disorders who are not in care.

3.4 Secondary research

As well as conducting primary research, a review of secondary sources was undertaken. The literature came from a variety of sources, such as books, journal articles, newspapers and the Internet. The inclusion of library-based study in any research is vital because 'without it you will not acquire an understanding of your topic, of what has already been done on it, how it has been researched and what the key issues are' (Hart, 1998, cited in Bell, 2005: 99). Existing research was also used to support any information obtained from the primary research.

3.5 Advantages and disadvantages of secondary research

The main advantage of using secondary research is the reduction of time and cost. As Bryman (2004: 202) acknowledges, the researcher is allowed 'access to good-quality data for a tiny fraction of the resources involved in carrying out a data collection exercise'. The data can be accessed in a relatively short space of time, allowing more time for analysis and interpretation of findings. When using secondary data, there is also an opportunity for cross-cultural and longitudinal analysis (Bryman, 2004).

In contrast to the primary research that was carried out, ethical issues relating to secondary data analysis were overcome. As Dale, Arber and Proctor (1988: 56) highlight;

‘the secondary analyst has an anonymized, ready-made dataset that requires none of the moral considerations that are a constant worry of the qualitative researcher carrying out interviews in the field... or the survey researcher concerned about issues of privacy and intrusion.’

One main disadvantage when using secondary research is the absence of key variables (Bryman, 2004). Due to the nature of the topic that was being explored, it was difficult to find substantial research on the links between autistic spectrum disorders and offending behaviour. Therefore, the information analysed was potentially constrained by the limitations of the original research agendas and, as a consequence, ‘potentially important debates may be neglected while attention is concentrated on maximising the findings from those areas for which data does exist’ (Dale, Arber and Proctor, 1988: 48). To overcome this, some of the literature that was used as a knowledge base involved general mental health and violent behaviour.

3.6 Summary

Thus, although secondary analysis allows the researcher access to good-quality data and saves time and money, the information analysed is constrained by the limitations of the original research agenda, and there is an absence of key variables. Primary research brings uniqueness to the study and allows greater insight into the issue of autistic spectrum disorders and offending. Primary research can also be used to support any existing data on the subject. Whilst conducting any research, ethical standards must be applied rigorously.

Discussion of Findings

CHAPTER 4

This chapter will consider the findings obtained from the interviews and will focus on two of the main areas that were presented in the second chapter: characteristics of autistic spectrum disorders that could be linked to offending; and the criminal justice system response to autistic spectrum disorders.

4.1 Characteristics of autistic spectrum disorders that could be linked to offending

In the interviews conducted with the Residential Child Support Manager (RCSM) and Residential Child Support Officer (RCSO), it was found that the main types of behaviour potentially linked to offending were violence towards another person and property damage. This supports a lot of the literature reviewed in chapter two (Baron-Cohen, 1988; Howlin, 2004). The RCSM also highlighted that 'a child's obsessional interests can lead to challenging behaviour.' When asked for an example of this, the RCSM said:

'I worked with a girl who everywhere she went would set off the fire alarms: in the cinema, shops, at school, you name it. This carried on for quite some time; she didn't understand that what she was doing was unacceptable.'

This type of behaviour shows that children with autistic spectrum disorders are unaware of the effect that their actions have on others (National Autistic Society, 2005). The case reported by Kelly (2006), where a young man with Asperger's syndrome stabbed his boss, but maintained that his actions were appropriate, provides another example of this apparent unawareness.

When the RCSM and RCSO were asked if they thought that children with autism and Asperger's syndrome were more susceptible to offending behaviour, the response was mixed. Although they believed that some of the individual characteristics could be seen as offending, the RCSO remarked that:

'it is difficult to answer yes or no without the worry of labelling all individuals as criminal. Just because a child may be autistic, that doesn't mean to say they will definitely offend.'

The RCSM also found it difficult to answer as her only experience with children with autistic spectrum disorders was within controlled environments where the individuals were well known. However, she did add that:

'if no one was aware of their condition then yes, their behaviour could be seen as anti-social or offending.'

The RCSO also stated that:

‘I know one child with Asperger’s syndrome who is very strict with rules and regulations and finds it distressing if someone else breaks a rule, so in that respect, he is less likely to commit an offence.’

This supports Howlin’s (2004: 388) assumption that ‘because of the very rigid way in which many [individuals with autistic spectrum disorders] tend to keep to rules and regulations, they may well be more law-abiding than the general population.’ Arguably though, this obsession with rules and regulations could trigger problem behaviour if the rules were to be broken by others. As the National Autistic Society (2005) has pointed out, if unexpected changes occur, these can be so distressing that they may provoke an aggressive outburst. This was evident in the study by Baron-Cohen (1988), in which he described a man with Asperger’s syndrome who had a history of difficulties in adapting to change, and would hit others when he felt frustrated. Again, this highlights an inability to appreciate the mental states of other people.

This leads on to how children interact with their peers. When asked this question, the RCSM pointed out that:

‘Peer pressure is a big thing for ‘normal’ kids, so you can appreciate what it’s like for kids who have autism or Asperger’s... a lot of them are very naïve and don’t understand other people’s motives. They just go along with what they are being told to do to try and fit in.’

This supports Howlin’s (2004) view that individuals with autistic spectrum disorders can be very ‘easy prey’ due to the desire to be accepted by their peers. The RCSO also confirmed this by noting that:

‘there are a lot of other kids on the estate who see John as an easy target... they try and get him to do things like damage stuff and swear at people walking by.’

This supports the previous argument put forward by Debbaudt (2003), who provided the example of unintentional criminal involvement.

When considering the possibility of children with autistic spectrum disorders being taken advantage of by others, the respondents were questioned as to the extent to which children with autistic spectrum disorders could become victims of crime. The RCSM commented that:

‘I worked with an autistic child who got bullied in school; his poor social skills led the other children to think that he was rude... but I am unaware of any individuals who have been victims of crime.’

Research in this field is limited (National Autistic Society, 2006), although naïvety and a lack of social understanding are likely to increase the vulnerability of individuals with autistic spectrum disorders. There is also the worry that individuals with autism or Asperger’s

syndrome could be wrongly accused of committing an offence. When questioned about this, the RCSM replied:

‘I do recall an incident involving a group of young people of which two had Asperger’s syndrome. One of the young people had their mobile phone stolen and when questioned by a member of staff. One of the boys with Asperger’s insisted he did not know anything about it. Another member of staff later found the mobile phone in the boy’s rucksack, but still the individual in question denied all knowledge and swore blind he did not take it. Because this was very out of character, the staff decided to question again all the young people involved, and it later transpired that another member of the group had planted the mobile phone in the boy’s rucksack as a joke.’

This supports the previous argument that individuals with autistic spectrum disorders could be wrongly accused of committing an offence. In the example provided by the RCSM, if the staff were not aware that the individual’s behaviour was out of character, then he would more than likely have been punished for something he did not do.

In chapter two, it was argued that offending behaviour in people with autistic spectrum disorders could often index the occurrence of other forms of psychiatric disorders (Ghaziuddin, 2005; Tantam, 1988; Palermo, 2004). Therefore, the RCSM and RSCO were asked whether any of the individuals they worked with had suffered from any other recognised mental health problems. The RCSM answered that she had worked with a girl who had Asperger’s syndrome and had been diagnosed with depression; although, she did add that:

‘it’s difficult to say whether it was the Asperger’s or the depression that triggered the difficult behaviour... it could even have been a mixture of the two.’

Arguably, it is difficult to make a clear link between autistic spectrum disorders and offending from one example, but this does to some extent support the literature (Ghaziuddin, 2005).

4.2 Criminal justice system response to autistic spectrum disorders

The PCSO that was interviewed was aware of autistic spectrum disorders on a personal level and was aware of one autistic child who lived in the area where he worked. He knew of this individual because the mother of the child had made him aware of her son’s condition. However, he did admit that:

‘I couldn’t be certain if I’ve had contact with any other kids who have the conditions... it’s not really something you can spot straight away... I wouldn’t have known about that lad if his mum hadn’t told me.’

As cited in chapter two, children with Asperger’s syndrome to come into contact with the criminal justice system than their peers (National Autistic Society, 2006 cited in Ghose,

2006). This evidence highlights the hidden nature of the condition and the difficulties in identification. The RCSM also commented that:

‘if a child was stopped in the street, it wouldn’t be easy for the police to tell that they were autistic unless the individual told them. A lot of the children don’t react well to strangers, so that could cause problems and might make their behaviour worse. That could lead to the police treating them as just naughty or disrespectful.’

The case reported by Langdon-Down (2005), where a young female with Asperger’s syndrome was arrested over 150 times, highlights the extent to which this mistreatment is evident. If criminal justice professionals were aware of her condition, treatment could have been sought sooner, without the added cost and stress of so many arrests. The excessive number of arrests demonstrates that the criminal justice system needs to recognise and deal with such individuals effectively.

When asked if they were aware of any children with autistic spectrum disorders who had been involved in the criminal justice system, the RCSM explained that one boy had had contact with police officers on two separate occasions. The first occasion was in public car park after an ‘extremely violent outburst’ (RCSM). Luckily, no one was hurt, but the police were called in an attempt to calm the situation. When asked if the individual was treated any differently than a ‘normal’ person, she replied:

‘well yes, because we have a good relationship with the local police and they are aware of the children we look after’.

It would be fair to say that this was not a good example of the usual interactions between the police and individuals with autistic spectrum disorders. The second occasion was after the boy punched a member of staff in the face. The police were called, and the decision was made to take the boy to the police station and caution him. Although this individual was now known to the police, no other follow-up treatment or intervention was offered. This was similar to the situation described by The Leicester Mercury (18 January 2007) in the case of the 18-year-old youth with Asperger’s syndrome. Two years before murdering a 10-year-old girl, the offender had come into contact with the criminal justice system, yet no further intervention was evident. If the youth had been directed towards specific services that help his condition, the later murder may well have been prevented.

In considering the legal status of young people with autistic spectrum disorders, the respondents were asked whether they thought such individuals should be treated differently within the criminal justice system. The PCSO and the RCSM answered yes, whereas the RCSO said it should depend on the individual in question. She commented that:

‘it needs to be considered how severe the autism or Asperger’s is.’

Although this contradicts what was said in chapter two regarding individuals with autistic spectrum disorders being treated as rationally calculating human beings, it is a valid point. By no means should the condition be used as an excuse for individuals with a mild form of

autism or Asperger's syndrome. However, in severe cases such as the one where the 18-year-old youth murdered a 10-year-old girl (Nottingham Evening Post, 16-11-04), the offender's condition should have been taken into consideration.

The PCSO also made a valid point.

'There is no point, for example, in criminalising someone with Tourette's for persistent swearing; they can't help their behaviour; it's a medical condition.'

This goes some way to support the argument that the actions of individuals with autistic spectrum disorders should not be given precedence over an apparent neurodevelopmental disorder.

Information obtained from the interviews confirms that more training is needed for criminal justice professionals. This view was supported by the PCSO's remark that:

'it just makes me think if any of the kids I've dealt with in the past may have the condition... knowing that they could possibly have something like Asperger's where they can't necessarily control their behaviour or understand you.'

This goes some way to support the information obtained by the Welsh Assembly Government (2006) that youth justice professionals had not recognised an individual's specific problem, but felt that they may have come into contact with someone on the autistic spectrum. When reviewing the literature, it was found that, in the USA, many steps had been taken to improve law enforcement awareness of the conditions (Debbaudt, 1999; Davis and Schunick, 2002), yet in the UK, awareness is lacking. As the PCSO commented:

'I wouldn't like to think that there are young people being labelled as criminals rather than getting the help and support they need.'

However, it is understood that recognition of the condition would not be completely straightforward; as the RCSM noted:

'no two children with autism or Asperger's show exactly the same traits.'

This is in line with findings from research conducted by Palermo (2004), who argued that the inclusion criteria of the conditions are extremely broad.

Leading on from this, the RCSM commented that:

'a while ago, I read about these Autism Alert Cards that people can carry around with them... just a simple thing like this could stop children with autism and Asperger's being dealt with in the wrong way.'

From research undertaken, it was found that these cards are available from the National Autistic Society and are being piloted in a few areas. However, at present, not much is

known about their effectiveness, and they are only of benefit to those individuals who are aware that they have the condition. It has previously been acknowledged that the exact prevalence of autistic spectrum disorders is still unknown. There is also the worry that they could be used to excuse criminal behaviour. Furthermore, the RCSO highlighted that:

‘some of the children don’t believe that there is anything wrong with them; to them their behaviour is “normal”.’

This could cause problems when trying to get the individual to carry the cards around with them.

When asked if they thought that more research needs to be done to examine the possible links between autistic spectrum disorders and offending, all the respondents answered yes. The RCSM also highlighted that:

‘the most important thing is early recognition that a child has an autistic spectrum disorder... it’s better to prevent any problem behaviour occurring as the child grows up, rather than having to change their behaviour in later years.’

This supports the argument put forward by Cooper (1997), which points out that the detection of autism is too often delayed. Therefore, routine developmental checks should also screen for autistic spectrum disorders.

4.3 Summary

Responses from the interviews go some way to support the literature reviewed in chapter 2. Both the RCSO and the RCSM provided examples of instances where the behaviour of children with autistic spectrum disorders could be linked to offending. The next chapter will discuss in more detail the overall findings from both the primary and secondary research.

Conclusion

CHAPTER 5

Figures on the proportion of young offenders with mental health disorders certainly suggest that there are some important links between mental health and offending behaviour. Further inspection has revealed that the possible links between autistic spectrum disorders and offending have not been extensively explored. The findings from this dissertation have revealed that there are predisposing characteristics of the condition that can be linked to criminal behaviour. Arguably, the majority of individuals with autistic spectrum disorders are law-abiding, yet there is a small minority that commit crimes. Moreover, with the lack of research on the subject, it is unknown how many young offenders may have the condition but are undiagnosed. The issue of risk factors was also explored, and many researchers have proposed that the risk of becoming an offender is more probable if a child experiences negative family, school, community and personal factors. Bearing in mind that these risk factors are based on 'normal' children, it could be argued that, for children with autistic spectrum disorders, the risk of offending is even higher. Not only do they experience the same situations as 'normal' children, they have the added factor of their condition to deal with.

Problems with the diagnosis of the disorders have highlighted the difficulties in recognising whether a child has autism or Asperger's syndrome. Due to the diagnosis being based on behavioural characteristics and located on a 'spectrum', there is the belief that traits of the condition can be widely distributed in the 'normal' population, and many neurotypical people can show isolated autistic traits. Linked to this is the issue that the exact prevalence of the condition is still unknown. It has been noted that the prevalence is increasing, but many reasons for this increase have been put forward. Is it due to an increase in awareness? Is it due to the widening of the diagnostic criteria? Or, is it that there are actually more people with the condition? If the latter is the case, then this means that the minority of individuals with the condition who do offend is increasing.

Whilst there is a reluctance to link any disorder with criminality, the fact still remains that individual characteristics and behaviour of people with autistic spectrum disorders can be linked to offending. The literature reviewed and the research undertaken has highlighted an increase in violence in individuals with autistic spectrum disorders. This can be linked to their lack of social understanding and their inability to appreciate the mental states of other people. Research has also showed that an individual's obsessional interests can lead to offending behaviour. The reality is that obsessions in childhood that may be seen as 'cute' may not have the same reactions when the child is older. Coupled with problems in interpreting social rules and boundaries, this obsessional interest could cause problems when individuals attempt to develop relationships. By not reading social cues properly, friendships could be misinterpreted as love, leading to intrusive behaviour. Arguably, individuals could also be involved in offending by becoming unwitting accomplices to criminals. This

again is linked to their lack of social understanding and their inability to understand the motives of other people.

On the other hand, through reviewing the literature and research, it has been shown that individuals with autistic spectrum disorders could be more prone to becoming victims of crime due to their naïvety and lack of social understanding. It can be said that criminals select their victims due to their vulnerability. An individual with autism or Asperger's syndrome may appear timid or be unfamiliar with their surroundings, therefore putting them at more risk of being victimised. The individual may not report the crime to the police, or they may lack credibility as a victim when they do. There is also the worry that individuals with autism or Asperger's syndrome could be wrongly accused of committing a crime. A common perception of the disorder is that individuals are extremely honest and trustworthy; therefore, the consensus is that they would tell the truth; arguably, this may not always be the case. In addition, due to their vulnerability, individuals with autistic spectrum disorders could be seen as an easy target to accuse.

Another main aim of this dissertation was to examine the criminal justice system response to individuals with autistic spectrum disorders. A review of the literature showed that children with the condition were seven times more likely to come into contact with the criminal justice system than their peers (National Autistic Society, 2006). Despite this, both the literature and primary research indicated that there is a lack of training for criminal justice professionals on how to recognise and deal with individuals on the autistic spectrum. In not being able to recognise the condition, it can be concluded that mistreatment will be evident. One way in which recognition could be easier is through the use of Autism Alert Cards. Carried by individuals with autistic spectrum disorders, the card can be produced on encounters with the police. Literature and primary research supported the use of the cards, although there is a worry that they could be used to excuse criminal behaviour. They would also only be of use to individuals who have been diagnosed with autism or Asperger's syndrome, so the issue of mistreatment by the criminal justice system still remains for those individuals in whom the condition has not been recognised.

Early intervention techniques were also assessed as part of the dissertation. It was found that, on coming into contact with the criminal justice system, there was no specific assessment or screening tool for autistic spectrum disorders. Mental health in general was assessed, although it was reported that the Child and Adolescent Mental Health Services (CAMHS) were patchy and variable. Furthermore, even where there was an identified mental health need associated with offending behaviour, a quarter of the individuals were still not referred for specialist treatment or intervention. Findings from the literature and primary research highlighted a number of individuals with autistic spectrum disorders who had come into contact with the criminal justice system, and worryingly, one of them went on to commit murder. Although this is an extreme example, it does highlight the need for better intervention services.

As in the general population, the exact prevalence of autistic spectrum disorders in prisons and other secure establishments is unknown. Statistics on prevalence are outdated, contrasting, and concentrate mainly on general mental health problems in adult offenders. When

considering that the prevalence of autistic spectrum disorders is increasing in the general population, it is more than likely that this is the case for convicted offenders in custodial institutions. Another worrying assumption regarding individuals with autistic spectrum disorders is their feelings towards imprisonment. Due to the very rigid way in which many tend to keep to rules and routines, a spell in custody may have the opposite effect to punishment, and may even be seen as a relief. This could therefore cause problems on release if appropriate support is not present, and may even lead to further offending in order to return to the security of custody.

Overall, the aims and objectives of this dissertation have been met. Without labelling all children on the autistic spectrum as criminal, it can be seen that there are predisposing characteristics of the condition that could be linked to offending behaviour. There is an obvious need for more research into this link. Those who live with the condition understand that the behaviours and characteristics observed are part of the condition, but this is not yet the case within the general population. When research shows that persons with Asperger's syndrome are seven times more likely than others to come into contact with the criminal justice system, it is clear that greater awareness and better intervention are required. The prevalence of the condition, both in the general population and within secure establishments, also needs to be determined in order to provide individuals with the appropriate support and treatment that they require. In turn, this may limit the number of individuals with the condition who are being wrongly treated within the criminal justice system.

5.1 Recommendations

- More research needs to be done to examine the links between autistic spectrum disorders and offending behaviour.
- Better intervention techniques need to be established for those individuals with autistic spectrum disorders who come into contact with the criminal justice system.
- The exact prevalence of autistic spectrum disorders both in the general population and within secure establishments needs to be determined.

Appendix A – Interview Guide

General/Background

What is your role/ job title?

How long have you worked with children with Autistic Spectrum Disorders (ASDs)?

What training have you had in respect to working with young people with ASDs?

Are you aware of any children/young people with ASDs who have displayed challenging behaviour?

Characteristics

What types of challenging behaviour have you witnessed? – Characteristics

Do you believe that children with ASDs are more susceptible to anti-social/ offending behaviour?

Do you think they are more at risk of becoming involved in offending i.e. being a victim?

In your opinion, do you believe that the individuals are aware that their behaviour is wrong?

Are you aware of any awareness/education programmes regarding offending/ the role of the police that the actual children with ASDs undertake?

Have you ever witnessed an interaction between a child/young person with ASD and a police officer? If so, how did that individual react?

As far as you are aware, have any of the children/ young people you have worked with suffered from any other recognised mental health problems? I.e. depression, personality disorder

Criminal Justice System

Are you aware of any children/ young people with ASDs that have come into contact with the criminal justice system?

If so, were they treated any differently?

Are you aware of any specific guides/ procedures that the police used in dealing with individuals with ASDs?

Do you think children/ young people with ASDs should be treated differently to 'normal' children/ young people who offend?

Do you believe more research needs to be done to examine the possible links between ASDs and offending behaviour?

Do you think there needs to be more awareness of criminal justice system professions regarding the nature of individuals with ASDs?

Do you have anything to add?

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