AUTISM SPECTRUM CONDITIONS IN PRISON-BASED SEXUAL OFFENDING REHABILITATION: SERVICE USER & STAFF VIEWS


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AUTISM AND SEXUAL OFFENDING

• Those with autism are no more likely to offend than the rest of the general population
  • HOWEVER; when they do offend, it tends to be in the context of their autism (Browning & Caulfield, 2011)
  • Common offences include: sexual offending and arson

• Autistic traits and sexual offending
  • Difficulties in social communication and interaction
    • E.g. misinterpretation of social cues (Higgs & Carter, 2015; Gómez de la Cuesta, 2010)
  • Restrictive and repetitive patterns of behaviour interest and thought
    • E.g. deviant and/or sexual preoccupation (Allely & Creaby-Attwood, 2016; Murrie et al, 2002)
AUTISM AND SEXUAL OFFENDING REHABILITATION

• A lack of research into the management and treatment of individuals who have autism and have sexually offended
  • Particularly in prisons

• Responsivity issues re: applying sexual offending treatment approaches to autistic individuals (Higgs and Carter, 2015)

• Currently undertaking PhD research provisionally titled:
  • “Approaching Rehabilitation with Autistic Men Convicted of Sexual Offences”
RESEARCH AIMS

1. To **identify** and **explore** the issues in applying current sexual offending rehabilitation approaches with autistic service users, **from the perspective of those involved in that rehabilitation** (service users and staff)

2. To generate **recommendations** on how to improve rehabilitation experiences for autistic service users and rehabilitation staff
METHOD

• Ethical approval granted by HMPPS National Research Committee & Nottingham Trent University College Research Ethics Committee

• Sample:
  • Recruited from HMP Whatton and HMP Stafford; two UK prisons that exclusively house men with sexual offence convictions
  • 12 male prisoners, serving sentences for sexual offence convictions, with an autism diagnosis \((n=10)\), or clinically-recognised strong autistic traits \((n=2)\)
    • Aged 22-40 \((M=29.58)\)
  • 13 forensic professionals involved in delivering prison-based rehabilitation for men who have committed sexual offences
    • 3 Male, 10 Female
    • Aged 25-49 \((M=35.15)\)
METHOD (CONT.)

• Data Collection:
  • Semi-structured interviews
    • Audio recorded and transcribed verbatim
    • Interviews lasted approximately 1 hour

• Analysis:
  • Autistic service user interviews
    • Interpretative Phenomenological Analysis (Smith, Larkin & Flowers, 2009)
      • Capturing individual experience
  
  • Rehabilitation staff interviews
    • Applied Thematic Analysis (Braun & Clarke, 2006)
      • Flexible, allows capturing of experiential and broader applied themes
## OVERVIEW OF THEMES: AUTISTIC SERVICE USERS

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1. GROUP PROGRAMME
EXPERIENCE

• Too much to process = stress, anxiety and frustration

“It’s going to be an awful lot of stress in trying to process all that stuff, in addition to stressful talking about offending, and history, and talking about myself, and opening myself, laying myself bare doing that to lots of people, I just don’t wanna do that, because it’s, just, too stressful, trying to monitor how everybody’s reacting, and trying to react to their reactions, and it’s just too many equations”

(Participant 1)

• Confidence to engage in group discussions and exercises
  • Familiarity and trust

“It was a bit awkward, because at first, it was, like, I was just the, kind of, quiet kid who just sat in the corner of the room, and just, sort of, listened to everyone else, but as my confidence grew, because I was getting to know the people around me more, I was able to just get up there, and just, like, do my best, like on my skills practices and everything else, and that, in a way, helped with my confidence, and, sort of, being able to manage my issues”

(Participant 2)
1. GROUP PROGRAMME
EXPERIENCE

• Challenging tasks and topics
  • Emotions
    • E.g. Identifying and distinguishing emotions, recalling emotions from past experiences, understanding the emotions of others

  “I find any question relating to emotion difficult, because I don’t tend to understand it… Just the general emotional side of it, understanding where varying degrees of emotion led me, picking them out was a bit confusing”  
  (Participant 5)

• Role-play exercises
  • Helpful for participants to observe, challenging to take part

  “We did do role-plays, but that’s one of the things that I was most uncomfortable with doing. I really don’t like standing up in front of somebody and trying to act something, because the way told us was like “put yourself in this situation and act it out”, I couldn’t really do it because it’s not something I’ve experienced, so I didn’t know what to say, I just stood there and didn’t say anything. I was supposed to be acting as an angry person towards this other person, but that’s not me, I couldn’t do it, so I found that one really difficult”  
  (Participant 8)
2. WORKING WITH ME

- Tailored to me as an individual
  - Listening to what I need and value of one-to-one sessions

  “It’s frustrating because there’s so much that I wanna work on, and there’s so much that I wanna get better at... only then after I started not turning in and being late all the time after these incidents, they then tried to say “well, how can we help you?” and by that point I didn’t know how they could help me because I’d tried so much to try and communicate with them and it was like they paid total disregard, and now, all of a sudden, they wanna help”
  (Participant 3)

  “Yeah... it was more like a focus on me, which then led it to be a bit more individualised and they could explain the situations properly. Also, I don’t know, it just felt a bit more relaxed as well... so, I think during the individual based ones, it was a lot more better and relaxed, I didn’t need to take the tablets, ‘cause there was not as much anxiety”
  (Participant 6)

- Staff and other service users helping me to understand
  - Visual explanations, re-wording things for me

  “But when I did my one-to-one session with my facilitator, she did have some pictures, which was helpful as well, because it give, like, the visual aspect of the question, so it was a lot easier to understand”
  Participant 4
2. WORKING WITH ME

- **Relationships with my facilitators**
  - **Approachability and understanding, pressure, misinterpretations**

  “‘Cause, I know more often than not I’d, kind of, stop behind for a bit after sessions and just have a little one-to-one with them, and they were really understanding, and it just, it made me feel more at ease as well knowing that I could come back in the next morning and think “right, ok, now I know what I’m gonna do, ‘cause I, sort of, ran through it the day before,” so it, kind of, helped me prepare”... the facilitators always had time for ya, which is what I though was really good about the course”
  (Participant 2)

- **Prisoners and staff accepting what makes me different and not treating me differently**
  - **Negative labels, accepting my coping methods, seeing my strengths**

  “People say I’m crazy, because they don’t see it, but what can I call it, I see the lights flickering they say they can’t see it. Even in my pad I can see it flickering, I don’t like having my light on in my pad, ‘cause I know it flickers, and I can see it flickering. Other people say they can’t see it, I don’t know why, but I know it’s flickering, it’s flickering to me, and it hurts my eyes. I don’t like bright lights either, so I’ve got these [tinted glasses] are for my dyslexia, but I have got other, like, sunglasses which I can wear but, walking down the corridor with them is a bit, people ask me “oh, why are you wearing them inside?”
  (Participant 7)
3. LIVING IN A PRISON

- **Value of having supportive others when living in prison**
  - E.g. friends, support volunteers, wing staff, mental healthcare specialists

  “Apparently, I’ve got some good friends now, they’ve told me this, and people do like me, and it’s, kind of, a confidence booster. Because my confidence, when I’m given some time, I can be quite outgoing, but when there’s a knock, I’m quite a low person, and it’s... now that I know I’ve got lots of people that like me, I tend to leave the cell more”
  (Participant 10)

- **Things that increase my anxiety in prison**
  - Sensory environment, changes in routine

  “I don’t like loud noises... we get that on the wing, people making sudden noises. That’s the other reason why I wear my headphones as well. I suffer panic attacks. So, that doesn’t help, sudden noise, my heart starts racing, start sweating, and sometimes I have to get on the bell to speak to somebody”
  (Participant 11)

  “Say like if I get an appointment which is a last-minute notification, not had time to prepare and stuff like that, it’s quite upsetting, it just throws everything out of balance and get quite distracted by it, so then you can’t really go back to what you wanted to do before that, what you had planned to do, because your mind’s distracted”
  (Participant 4)
3. LIVING IN A PRISON

• Mixed autism awareness in the prison across staff and other prisoners
  • Autism awareness events, support networks, stigma/ignorance, misunderstandings

  “Some do [have a good understanding of my autism], because some of their, some of
the officers’ kids have autism. There’s a few that have autism, so, they understand, and
sometimes, just, people see me as being a pest”
(Participant 11)

  “It’s invisible, and because it’s invisible there’s a lot of stigma and I wanna try and get
rid of the stigma... I want people to understand and accept that I’m different and
other people might be different and that. But I think a lot of the time when I say these
things, you know, it’s all “autism is an excuse, you can’t use that as an excuse”
(Participant 3)
4. FEELING INFORMED

- Kept in the dark and ambiguity
  - Seeking input, choice and autonomy in treatment journey

  “I don’t get to see all the forms and what goes on behind the scenes… there’s definitely a place for psychological treatment, I just, all this, kind of, erm, it’s surrounded in secrecy and obscuration” (Participant 12)

  “You know, “is there things that you still want to work on?”, and stuff like that, and I think that gives that individual a lot of power, in a way. To say “ok then, yeah, these are the things, you know, and I do wanna make a difference”, because you can’t force change upon somebody, someone has to be willing has to be willing to change” (Participant 3)

- Knowing what to expect, building expectations and feeling prepared
  - Information, rumours, predictability (programme schedule & seating arrangements)

  “When I had the session before the course started, like, when all the facilitators told me what would be happening, I asked the question “where is the room that I’m going to?”, she said “well, it’s one of the little assessment rooms”, and I was like “where are they?”, she said “don’t worry about that, you go inside the dining hall, and the facilitator takes you to the classroom”. So soon as she said that I thought “I can relax, I know exactly where I’m going, and where I’m going to be meeting them”, so that made me relaxed” (Participant 8)
### OVERVIEW OF THEMES:
#### REHABILITATION STAFF

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1. SPECIFIC PROGRAMME AND ASSESSMENT FEATURES

- Emotion & perspective-taking exercises and content within assessments and programmes were challenging
  - Difficulty reflecting on past emotions, distinguishing/differentiating degrees of emotions, identifying how others may feel, role-play exercises and hypothetical thinking

  “Because it was just a fake scenario, so he was like “well, this wouldn’t happen” or “I’ve not been in this situation” and it’s like, “well no, we’re looking at your risk factors and we’re trying to think of what might happen in the future” and he’s like “well, I’ve not been in this situation, so it’s not a risk”, so that was really, really difficult”
  (Participant 5)

- Unsupervised homework tasks could be difficult for autistic service users
  - Importance of clear verbal and written instructions, misinterpreting questions/exercises, transferring to different contexts, importance of extra support

  “Thinking about my intervention guy, so he would try and do stuff, and he... he did make progress on it, so there were times where he was like, yeah, he could do things really well. As soon as he got back on to the wing... [he] found it difficult to transfer that outside... ‘cause especially with his rigid thinking as well, “oh, well, I can do it in this situation” but we found it difficult to apply that learning then to another situation that was different to that”
  (Participant 8)
2. PROGRAMME FORMAT

• Group programmes vs One-to-one programmes
  • Interacting with the group, stressful/anxiety inducing, alienated in the group, one-to-one allowed for more individualised treatment

“He was still quite isolated... he would take things literally when the lads were talking... because they were younger offenders as well, they were all quite jokey and messing about... he found it really difficult to understand sarcasm and a lot of the lads would use sarcasm, so they would alienate him then, and like, “ohh", you know, “he's not having a laugh, he's not one of us”"
(Participant 8)

“I think a lot of it isn’t really fit-for-purpose, for somebody who’s got autism, erm... there’s some programmes where it is, but they are generally run on a one-to-one... and then, therefore, you can really tailor the delivery to that one individual, whereas in a group environment, you’re tailoring it to eight individuals, and it’s quite easy then for the water to become a little bit murky... what happens then is you’re trying to blanket it to eight individuals, you lose those individual needs within there somewhere”
(Participant 9)
2. PROGRAMME FORMAT

• Mainstream programmes vs adapted programmes
  • Pace and mode of delivery (VAKS) of mainstream vs. adapted, risk of feeling patronised in adapted programmes

“I used to deliver the, sort of, adapted version of the sex offender treatment programme many years ago, and we would often have people with, sort of, Asperger’s type diagnoses who’d come to that, not because of their IQ, but because of the way the material was delivered tended to meet their needs a bit better than perhaps maybe on the mainstream group”
(Participant 1)

“So, there was massive difficulties in the fact that he was like “oh I get this” and “this is quite patronising”, so he wouldn’t really buy into the stuff we were trying to do with him, he would be quite disruptive in group, and it was like, ”well, actually, is that because of his autism? Or is it literally just because he’s bored?” … we’re trying to, yeah, bringing it down to this level for everybody else in the group, but actually, for him, “is he feeling quite alienated because of it?”, so it was a really difficult dynamic to manage really”
(Participant 8)

• New suite of programmes: best of both worlds?
  • More flexible delivery

“If a particular exercise doesn’t work, and that exercise is delivered in a certain way, then maybe you wanna think about delivering it in a different way, so that the learning points are the same, so they could understand the same thing, but a totally different way”
(Participant 3)
3. PRISON CONTEXT

- Baseline stress and anxiety mediated by:
  - Interactions with others in the prison, and the physical environment

  “If there’s a problem on the wing with staff, then this can have that ripple effect, all their dwelling will affect that participation, because they can’t let go of it. And then if that person’s ever on, you know they vigorously look to try and predict when they’re coming on duty, and things like that and that builds up, so that affects their participation as well”
  (Participant 6)

  “The prison environment is not set up for people with autism, so I think good treatment would take account of the sensory struggles that people with autism have, because you can have great facilitators, a great content, a really supportive group, if they’re in a group, really supportive staff, but if, again, if, like, the environment isn’t right for them, they’ll never learn”
  (Participant 13)

- Impact of stress/anxiety on engagement and participation with rehabilitation
  - Distracted, disruptive, non-attendance, dropping out
3. PRISON CONTEXT

• Finding information about a service-user could be challenging when delivering prison-based rehabilitation
  • Importance of collaboration and communication between departments, within departments, and with the service user themselves

  “Just gotta be like a Cocker Spaniel haven’t ya, when it comes to that kind of stuff, you’ve just gotta, like, really try and dig it out, and bare in mind you might try and contact like three or four people, who are the wrong people, before you find the right one, but you’ve just gotta do it if the information that you need is necessary”
  (Participant 3)

  “I think it’s just about being more collaborative as a service really, speaking to education, speaking to offender supervisors, you know, are there things that they are struggling with on the wing?... speaking to workshop and stuff, are there things that he’s struggling with in the workshop? Is he struggling with his numbers? His reading? His writing? If there’s no structure, and you’re not telling him what to do, how does he react? What’s he like interacting with other people? Does he keep himself to himself?... it’s just about being more collaborative, and just being a bit more fluid with that kind of stuff really”
  (Participant 3)
4. CHALLENGING ROLE

- **Availability of resources in a changing service**
  - Scope to provide extra support, one-to-one work, time and staffing

  "I think it’s time, I think the main thing I remember from this one chap particularly was just time, was just spending time talking to him in the break times, before and after sessions... I think it was just time spent with him to answer his questions to make sure his points were fully covered and he was happy with what was going on, and, you know, just not being really rigid on when you could see them and when you couldn’t, and, you know, anything like that, just being very flexible and just listening to him"
  Participant 1

- **Frustration stemming from difficulty engaging service user in treatment**
  - Trial and error, rigidity and arguments, internalisation= demotivating/demoralising

  "I know for me, as a facilitator, I got really frustrated at that, and it actually made me have quite negative feelings towards him, even though I tried to understand that he’s not doing this to wind us up, it was just difficult try’na have that professional connection with him I suppose, and “cause he would just push my buttons, even if I knew he wasn’t doing it on purpose”
  Participant 8

- **Challenges in accurately assessing risk and treatment progress**
  - Potential for false-positives and false-negatives

  There was a particular guy that I can remember, where he’d be quite good at saying what he was gonna do, but then it didn’t really match up with how he actually behaved... people would overestimate his abilities based on what he was able to remember and repeat back... I think in terms of risk management, there would be a tendency to overestimate his ability based on what he’s saying, rather than on what he’s actually capable of doing
  Participant 2
**IMPLICATIONS**

- Experiences of **traditional group-based mainstream** programmes not always a positive experience for autistic service users
  - **No one-size-fits all approach**

- Need to consider the **broader prison context** and how that may impact engagement and participation in rehabilitation for autistic service users
  - **Care Act 2014, Equality Act 2010 & Social Care Services** for autistic prisoners

- The prison as a whole should try to work **collaboratively** as a therapeutic vehicle to encourage a rehabilitative atmosphere beyond the treatment room and ensure individuals flourish and get the most out of treatment journey
  - This includes working towards the constant improvement of **autism awareness** in prisons (for both **staff** and **residents**)

- We need to **listen**
THANK YOU FOR LISTENING

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