Support for autistic people in the criminal justice system

The bigger picture

Autism spectrum condition (ASC) is a condition which presents a difference in the way a person thinks, perceives and understands the world and others within it. This results in difficulties or differences in communication, social interaction, and thinking.

According to the National Autistic Society (NAS) the prevalence of adults with ASC in England is estimated at 1%. There is little research into the numbers of people with ASC who have offended, as many in the Criminal Justice System (CJS) are undiagnosed. The term CJS is wide ranging, covering all services and institutions that people who have offended – or are at great risk of offending - may come into contact with. This includes:

- the police service
- courts
- prisons
- probation
- and low, medium and high secure services

The latter would usually warrant detention under the Mental Health Act 1983.

The CJS, and the prison service in particular, have an assessment screening tool which is universally completed on admission to the prison. Attempts have been made, with limited success, to develop a similar tool for learning disabilities (LD). However, the diagnosis of ASC requires observation of the individual over some time (usually weeks) by someone who knows what to look out for. The CJS has neither the tools nor the resources available to implement this. The reason for identifying the individual may not be to effect transfer to the NHS or other lesser secure services, but to make ‘reasonable adjustments’ for them in their current location.

Whilst people with ASC might present as ‘odd’ or ‘different’, in some ways the CJS is dealing with large numbers of people who can often have unusual behaviours which do not meet any diagnostic criteria. The prisons themselves are almost overwhelmed with people with severe forms of more obvious mental disorders, hence people with an ASC often pass under the radar.
Some of the difficulties that an individual with ASC faces on a day to day basis are also the ones that can lead them into contact with the CJS. Difficulties building relationships can lead them to commit offences unwittingly: they can have difficulty in judging the age of others which can lead to crimes against minors; and their over-riding obsessions and compulsions can lead to charges of stalking, harassment or repeated theft.

**Challenges for people within the CJS**

People with ASC who find themselves within the CJS are particularly vulnerable, especially in prisons. They may not recognise the inappropriateness of their behaviours. Vulnerabilities such as a lack of empathy, impulsiveness, misinterpretation of social cues and repetitious behaviours, which can present as fixated or obsessive, can lead to the individual being bullied or exploited.

Additionally, sensory differences that the individual experiences may be heightened in the prison environment with its restrictive regimes and over stimulating situations. This can adversely affect how the person with ASC presents, giving others the impression that they are being difficult and non-compliant.

**Intervention landscape**

Existing intervention programmes aimed at the general prison population are often difficult for people with ASC to access, as they may not have the required level of cognitive functioning to engage.

Recent guidance from the Department of Health for staff stresses the need for least restrictive practice and positive behaviour support. In 2012, the National Institute for Health and Care Excellence (NICE) recommended interventions including problem-solving skills development and psychosocial interventions, based on the core symptoms of autism and enhancing life skills.

Cognitive behavioural therapies are offered in some services, though these are more likely to be effective with individuals who are functioning at a higher cognitive level, with behavioural programmes for those with lesser cognitive abilities. Similarly, self-awareness, social skills training, relationship development and exploration of the index offence are available in some services.

The NAS has developed an approach to supporting people with ASC. The SPELL framework (Structure, Positive approaches and expectations, Empathy, Low arousal and Links) aims to build on strengths and reduce disability.

The fact remains that there is no evidence of a standardised approach to interventions, especially within the CJS, and staff awareness of the condition is generally poor. The following case study will explore one therapeutic intervention, based on cognitive rehabilitation and positive behavioural support principles, in more detail.
Case Study

Some individuals with ASC present with behaviour that is so unpredictable and impulsive that they require treatment and care within a secure environment. This anonymised story demonstrates how a specific therapeutic intervention model, based on positive behaviour and cognitive rehabilitation principles, enabled an individual to access educational, leisure and community based activities and resulted in a significant decrease in incidents of aggression.

Joe (not his real name) was referred to a medium secure service by his social worker in 2011 due to serious concerns about the risks he presented towards himself and others. Aged 25, and with a diagnosis of autism, he had been in contact with services for most of his life. His challenging behaviour escalated as he grew older.

Challenging behaviour

Joe’s life was preoccupied with obsessional ruminations, verbalisations and impulsive actions in response to these. He frequently caused damage to his home environment and to property within the community where he lived. There were reports of regular physical assaults on family and supporting staff, and also violence in public places. The disruptive and aggressive behaviours which Joe presented were reported to occur every other day, and some of the incidents had necessitated police interventions.

In the nine month period following admission to the NHS secure service there were 55 reports of aggression, the majority of which needed a physical intervention response from the staff team for their and Joe’s safety. There was also evidence of other challenging behaviours including swearing and spitting almost on a daily basis.

The potential for aggression also restricted Joe’s exposure to social and leisure activities, and access to community facilities, because of the high risks associated with such activities. For these reasons, Joe spent a great deal of his time living isolated from other individuals and with limited opportunities.

Adopting an intervention

The multi-disciplinary team felt that he would benefit from a structured routine with a consistent approach from a dedicated staff team. The Therapeutic Intervention Model for Optimism and Recovery model (TIMOR) was introduced into Joe’s care plan, and his family was introduced to the concept.

The TIMOR model aims to:

- enhance the individual’s social functioning
- provide person centred support for their cognitive difficulties
- reduce the frequency and impact of behaviours that are severely challenging
By managing the environment and providing compensatory tools, structure and a consistent approach from trained staff, the cognitive demands and resulting anxieties for the individual are drastically reduced, fostering an increase in socially acceptable behaviours.

For Joe, access to functional activities, such as art, commenced in a structured way and a daily planner was developed which focussed solely on his strengths and interests. A number of short term objectives were identified, initially for Joe to engage in a planned activity for 15 minutes each day. With careful time management strategies and forward planning, the length of the sessions were incrementally increased and, gradually, further sessions introduced. All activities had positive outcomes at the end of the sessions, which aimed to raise Joe’s self-esteem.

The planner sought to ensure that all his needs were met from an educational, occupational, recreational, leisure and social perspective. It evolved over time to include community based activities, and was negotiated with Joe at every stage.

**Outcomes**

Within 18 months Joe had made significant progress and there had been a substantial reduction in incidents of aggression. In fact there were no reported incidents of challenging behaviour at all in the following 12 months. Joe was reported as being ready for discharge from the secure service.

It is important to note that the symptoms of autism remain and the TIMOR model of intervention and low levels of expressed emotion will continue to be a necessary cognitive support for Joe. If the principles are not adhered to, the anxiety and cognitive demands on Joe will be such that previous challenging behaviours would undoubtedly return and increase, leading to others responding in a reactive manner. The cycle would perpetuate as Joe’s anxiety levels would be raised and his behavioural responses became more aggressive.

**References**

Department of Health (DoH) (2014) *Positive and Proactive Care: reducing the need for restrictive interventions*


National Autistic Society (NAS) *SPELL Framework*


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1 An index offence refers to the crime that the offender committed which resulted in contact with the CJS, or admittance to a prison or secure service. If there is more than one offence then it would generally refer to the most serious. Many interventions aim to identify the reasons why the offence was committed and which treatment response would prevent a repeat.

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