A Framework to Aid Risk Assessment with Offenders on the Autistic Spectrum

Introducing the FARAS

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Aims

1) To examine the current state of play with regards to risk assessment of offenders with ASD

2) To summarise the development of the FARAS guidelines

3) To introduce the content of the FARAS

4) To reflect on learning from the FARAS research
1) Current State of Play: Risk Assessment of Offenders with ASD
What do we already know?

- No empirical evidence to show that people with autism are at increased risk of committing offences.
- No empirical evidence to show that autism is over-represented across forensic contexts/offender groups.
- However, where an offender has a diagnosis of autism, it is imperative that risk assessments are autism-informed.
- Formulation of Risk and Protection and the assessment Interview need to be autism-informed.
Current State of Play

- Standard risk assessment tools are not validated specifically on ASD populations → *being applied without guidelines on adaptations*

- Accepted good practice is to identify the ‘functions’ offending behaviour serves for the individual, so as to understand and address risk → *no guidelines on assessing ASD specific functions*

- Risk assessment with ASD offenders needs to:
  - Assess the **Functional links between different aspects of autistic functioning** and **Risk factors** (offence trajectory & modus operandi)
  - Assess **Protective factors** in an autism-informed way
  - Be conducted (i.e. *interview*) in an autism-informed way

- Guidance on how to make risk assessments autism-informed, needed
2) Development of the FARAS Guidelines
FARAS - Development

- Framework for the **Assessment of Risk & Protection in Offenders on the Autistic Spectrum**

- Developed as part of research 2017-2018 – Sheffield Hallam

- Based on:
  - 1) focus groups with forensic professionals across settings
  - 2) broad literature and theories on ASD and different types of offending and focus group information, used to inform FARAS guidelines
  - 3) FARAS piloted across prisons, probation, NHS & private ASD services. Adults/adolescents, M/F, range of offence types. Utility evaluated

- Results – very good utility for risk assessors across settings

- Conclusion – useful adjunct to standard risk assessments. Makes risk/protective factor assessment and interview more ASD-informed
3) Content of the FARAS Guidelines
FARAS - Content

- 7 Facets of autism
  - 1) Circumscribed Interests
  - 2) Visual Fantasy v Limited Social Imagination
  - 3) Need for Order, Rules, Routine & Predictability
  - 4) Obsessionality, Repetition and Collecting
  - 5) Social Interaction & Communication Difficulties
  - 6) Cognitive Styles (Difficulties & Strengths)
  - 7) Sensory Hyper & Hypo-Sensitivity

For each facet of autism, its possible relevance for risk, protection, and the interview, is summarised & Tips given
Caveat

- Risk assessment needs to examine interplay between facets of autism, co-existing LD, mental health problems, personality, social & environmental factors.

- Developmental, gender and cultural considerations.

- ‘Causal’ v ‘Contextual’: Autism does not cause risk.

- Autism is seen as much a context for strengths and protection as a context for risk behaviours.

- FARAS is NOT risk assessment tool: supplementary aid
4) Learning from the FARAS Research
Focus Groups

- Psychologists, probation officers, psychiatrists
- Prisons, Probation, NHS, Private ASD service

Key themes:
- Standard risk assessments not designed and suited for autistic offenders
- No training or knowledge in ASD (esp HFA)
- Need guidance on the different aspects of autism & how each aspect could contextualise risk, protection and the interview
Literature Review

- Several facets of autism – different forensic implications

- Limitations
  - Most consider autism as unified variable & report prevalence not links
  - Most – single case study – generalisability?
  - Most based on high risk offenders – generalise to whole population?
  - Very few consider offender’s perspective. Some never met offender/s and infer/hypothesise autism-offence links
  - Most samples – co-morbidity and range of other possible contributors to risk (environment/social)
  - Systematic reviews propagate these limitations

- Need to maintain open mind and assess individual holistically
Pilot & Evaluation

Very positive ratings of utility of FARAS

- Enhanced risk assessment
- Helped to identify the ‘functions’ of risk behaviours
- Increased confidence in formulation of risk and protection
- Increased confidence in interview technique
- Increase confidence in recommendations
- Added depth, context or detail to risk assessment
- Enhanced understanding of autism and how it may contextualise risk
- Gave confidence in tackling future risk assessments
- An accessible document, with appropriate format, length and detail
- Considered using the FARAS in future assessments
- Would recommend the FARAS to colleagues
Outstanding Gaps

1) Guidance on rehabilitative interventions with autistic offenders

2) Guidance on the interacting role of mental illness, LD and personality disorder

3) Managers & decision-makers need autism awareness in order for FARAS-informed recommendations to be effective

4) Very small scale evaluation & Would be useful to include offenders in further evaluations
Conclusions

- Where an offender has a diagnosis of autism – the assessment of risk and protection and the interviews conducted need to be autism-informed.

- Currently, there are no guidelines for risk assessors on how to make standard risk assessments autism informed. This could result in incomplete or inaccurate formulations of the functions of offending and misdirect risk reduction approaches.

- The FARAS was developed to address this gap. It is based on the literature on autism-offending links and practitioners’ perspectives on what they need from guidelines.

- The pilot and evaluation of the FARAS has generated promising results. It’s a step towards making forensic practice more autism-informed but there are many outstanding gaps that should form the focus of future research and development.