

The Criminal Justice System and people on the Autism Spectrum: Perspectives on Awareness and Identification

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Abstract

Individuals with a diagnosis of autism are seven times more likely to be represented in criminal justice statistics compared to people without this diagnosis (Debbaunt, 2004). This signals the need for further investigation into the practices of professionals working in these areas; in particular, the extent of their awareness and understanding of autism. This paper reports on a qualitative study undertaken with 30 people working in probation, a community rehabilitation company, police, and liaison and diversion services in a county in the North of England. Interviews were conducted between July and September 2017. While a number of criminal justice professionals possessed some experience of autism in their personal or professional practice, several professionals struggled to accurately identify what autism is, and how it could impact on an individual's communication style; which could represent a barrier to effective communication between providers and service users. These results add to the body of literature on the subject of criminal justice services and alleged offenders who are on the autism spectrum and aims to raise awareness and promote discussion on this important subject.

Key words: Autism; criminal justice system; autism-specific training; context blindness; perceptual awareness, empathic communication.

Project Context: Criminal Justice System and Autism

Autism can be identified across all social groups, all gender identifiers and all socio-cultural and socioeconomic categories within prevalence statistics (Formbonne, 2003). The National Autistic Society (NAS, 2017) reports that the incidence of autism within the general population in the UK equates to 1/100 individuals or 700,000 individuals. However, individuals with a diagnosis of autism are seven times more likely to be represented in criminal justice statistics compared to people without a diagnosis (Debbaunt, 2004). This signals a need for further investigation into the practices of professionals working in these areas; in particular, the extent of their awareness and understanding of autism.

How a person's diagnosis of autism could affect their experience of the criminal justice system (CJS) is a key area of interest to the CJS, and health and autism specific service providers both nationally and internationally. A UK regional autism specific service provider *All About Autism* (Triple A) has highlighted through feedback from service users and some CJS professionals, that some important gaps in knowledge and understanding of autism exist amongst key CJS providers. This is an important area for investigation and has been studied by authors such as Cooper and Alley (2017), and Maras et al. (2016) who discuss how awareness and understanding of autism amongst judicial and legal professionals could affect the services delivered to those identified as being on the autism spectrum.

This paper reports on a qualitative study undertaken with 30 people working in probation, a community rehabilitation company, police, and liaison and diversion services in a county in the North of England. The results of the study add to the body of literature on the subject of the CJS and alleged offenders who are on the autism spectrum. This paper aims to raise awareness and promote discussion on this important subject. It is important to note, the use of the term 'service user' here means a person on the autism spectrum encountering the CJS as victim, witness or perpetrator of a crime.

Literature review

Understanding the lived experiences of individual service users and providers is vital in the identification of potential barriers to both communication and understanding that influence the effective delivery of services to individuals on the autism spectrum. A review of criminological and autism-specific literature reveals that a challenge facing CJS professionals is that the needs of individual service users on the autism spectrum are not always immediately apparent. Attwood (2007) highlights that variances in the presentation of

specific traits between individuals across the autism spectrum, including differences in the presentation between men and women, and cultural differences, complicate the ability of any CJS service professional to easily identify whether a person might be on the autism spectrum.

Another challenge for researchers and practitioners is to identify how a diagnosis of autism could influence patterns of criminal behaviour. Helvershchou et al. (2015) adopt a statistical or clinical measurement of autism which is included alongside a wider category of diagnostic conditions. This creates a specific challenge for researchers and practitioners, both to identify whether autism has been the contributory factor leading to contact with criminal justice services, or whether the possession of a co-morbid diagnosis like Attention Deficit Hyperactive Disorder (ADHD) needs to be factored in when accounting for any criminal behaviours.

Difficulties with contextual understanding and awareness of others' behaviours, and the lack of understanding and interpretation of social situations, may mean that individuals on the autism spectrum are more vulnerable to becoming involved with the CJS as perpetrators, victims and/or witnesses (Browning & Caulfield, 2011). Despite this, Howlin (2004) suggests that although a number of people on the autism spectrum are naïve of unwritten social rules drawing them into contact with the CJS, the vast majority of people across the autism spectrum are law abiding and attempt to literally follow the letter of the law. Whether individuals on the autism spectrum are being identified by criminal justice agencies and, if so, whether they are being identified as perpetrators, victims or witnesses of crime has been questioned (Mayes, 2003; List & Freckleton, 2009; Maras et al., 2017). However, the strict delineation between perpetrator and victim, is not straightforward in that issues of contextual understanding and awareness can make some people on the autism spectrum vulnerable to committing offences as they are unaware of the potential illegality of their actions (Mesibov & Sreckovic, 2017; Dubin, 2017). Some individuals on the autism spectrum are susceptible to becoming accessories to crimes through targeted 'befriending and mate crimes' and some of these individuals are used by others to perpetrate a specific offence, meaning they are as much victims as perpetrators (Mesibov & Sreckovic 2017; Dubin, 2017). Once inside the CJS, individuals on the autism spectrum are reported to be victims of bullying; for example, Patterson (2008) worked with two prisoners, one having a diagnosis of Asperger's Syndrome and the other a diagnosis of autism with an accompanying learning disability. Patterson's (2008) research revealed that both individuals were vulnerable to exploitation by other

inmates and were subject to bullying and harassment relating to their social awareness and communication problems.

CJS professionals' understanding of these important factors is essential if people on the autism spectrum are to be given fair treatment and effective interventions, but it is unclear the extent to which such understanding is common. For example, Maras et al. (2017) undertook an online survey of solicitors, barristers, and judges across England and Wales, exploring their awareness of people on the autism spectrum in courtroom settings. These authors found that while half the participants felt satisfied in their abilities to competently support a defendant or claimant with autism, this confidence did not equate to the views of individuals on the autism spectrum and their family members. In contrast, Maras et al. (2017) identified that individuals on the autism spectrum reported a much lower level of satisfaction in the adjustments made by both courts and legal professionals to accommodate specific needs arising from their autism. This work builds upon prior work undertaken by Berryessa (2016) who asserted that judges could influence sentencing guidelines in cases involving suspects identified as having a diagnosis of autism.

Freckleton and List (2009) contend that issues arising from not accurately interpreting non-verbal communication and social rules have influenced behaviours that have led to contact with criminal justice services. In contrast, theorists like Milton (2012) who adopt a social model of autism, assert that barriers to communication between individuals on the autism spectrum and people without a diagnosis of autism, so-called 'neurotypicals', arise from issues of empathic communication that make it challenging for people who are not on the autism spectrum to recognise this lived experience. The term empathic communication denotes the ability to recognise and understand the perspective of another person (Rogers, 1961).

Proponents of the social model of autism including Milton and Bracher (2013), assert that differences in communication style can lead to miscommunication between individuals on the autism spectrum and neurotypical peers. These barriers occur when individual differences in communication are not recognised or accepted by CJS professionals (Mayes, 2003). The implication of proponents of the social model is that effective service interventions require an awareness and understanding of commonalities in sensory and perceptual differences experienced by people on the autism spectrum along with recognising individual differences.

A challenge in devising interventions to support service users with autism involves the fact that while individuals across the autism spectrum might share some differences in the way in which they process information, it is essential to acknowledge the individuality of each person across the autism spectrum. Powell (2016), making reference to the words of academic Lorna Wing notes that 'When you've met one person with autism, you've met one person with autism'. This means that potentially identifying if a person is on the autism spectrum is further complicated by individual differences that affect presentation between individuals.

Vermeulan (2012) in his concept of 'context blindness', argues that individuals on the autism spectrum can find it highly challenging to contextualise prior knowledge and learning, and apply this awareness to another social context. Crane et al. (2016) sought the perspectives of police personnel and individuals with a diagnosis of autism. In considering the self-declaration of autism in police custody 37% of the sample included in this research indicated that they did not make their diagnosis known to police at the time of their arrest. While Crane et al.'s (2016) research suggests that a number of individuals did not declare this information as they did not wish to be labelled different because of their diagnosis of autism, we cannot discount the possibility that some individuals did not reveal this information as they did not see it as important to declare it.

Dubin (2017), an adult with Asperger's Syndrome writing about his registration on the sex offenders register for viewing pornographic material of children, identifies his own 'Context Blindness' (Vermeulan, 2012) in his inability at the time to equate the production of child pornography with the physical abuse of a child in creating the pornography. Similarly, Dourad and Schultz (2017) suggest that courts must account for issues with lateral thought and communication and its impact on defendants with autism who are charged with an offence relating to the downloading or possession of child pornography. Dourad and Schultz (2017) argue that it is only when courts account for possible blind spots in social awareness and understanding that sentences can begin to account for differences in moral culpability between defendants with, and those without, autism.

The literature review has highlighted many problematic issues in the interaction between individuals on the autism spectrum and CJS personnel. A major issue is that of communication difficulties arising from differing perspectives, understandings and experiences individuals bring to the situation. The discussion of the interviews undertaken for

this study will illustrate these communication factors from the perspectives of CJS professionals, and will identify barriers to effective interaction with service-users in terms of the perceived shortcomings in organisational education and awareness-raising.

Method

Permission was obtained from the ethical review board at the University of Cumbria in February 2017 to undertake interviews with participants. In addition, permission from the National Offender Management Service (NOMS) research application committee for permission to interview participants from the North West National Probation Service, HMPS Haverigg (Prison Service) and Cumbria Community Rehabilitation Company (Sodexo).

Participants were identified via service managers from these organisations and service personnel were then invited to interview. These participants were contacted by email in which the aims and purpose of the interviews was explained. Written consent was secured from all participants; participants included in the study were representative of a mixture of genders and levels off seniority across all services included within the research project.

The interview schedule was developed in response to an initial questionnaire scoping exercise that had previously been distributed to a range of criminal justice, health and social care services across the Cumbria. Responses to this questionnaire revealed that some of organisations were not routinely recording whether a service user had a diagnosis of autism and several people were not clear about how an individual's diagnosis of autism could affect how they present and engage with the CJS. Braun and Clarke (2006) state that the construction of a semi structured interview schedule and its analysis using a thematic framework reflects a desire amongst the authors to identify the experience of participants; specifically, here that reflects practitioners identifying individuals on the autism spectrum, and how they work with them. An open question format facilitates a richer account of the experiential perspectives of front - facing CJS professionals. This research adopted an interview method in line with researchers in the field of autism including Cooper and Alley (2017) and Maras et al. (2016) in their investigations into court and legal professionals' attitudes toward autism.

Analysis of the interviews followed that of Granheim and Lundham (2004) in their research into the experiences of nurses working in a clinical setting in Sweden. These

researchers developed a table to demonstrate how they identified codes and refined the initial codes to interpret the values or underlying meaning being expressed in the unit of data attributed to a specific code. The 30 participant interviews in the current study were coded independently by each researcher, and it was agreed how codes were assigned to each unit of data. This method of inter-rater analysis enhances the trustworthiness of the data (Granheim & Lundham 2004).

Results and Discussion

This section discusses each of the major themes identified from the interviews with quotes used as illustration and reference to the published literature.

Communication

Whilst autism-specific theorists like Baron-Cohen (1985, 2002) and Wing and Gould (1979), have asserted that specific issues with social awareness and communication arise from individuals on the autism spectrum struggling to recognise and accurately respond to information communicated by other people; it should be noted that a number of participants included within this research project presented a more nuanced reflective position of possible communication barriers between themselves in their professional capacity and individuals identified as being on the autism spectrum. Communication was a major theme across all interviews; however, specific differences were highlighted among participants in their reflections on how their own communication styles and preferences could affect their interactions with a service user on the autism spectrum.

An important sub-category in the theme of communication is ‘adaptive communication’. This refers to a participant changing the way in which they communicate with a person on the autism spectrum to better accommodate that person’s needs. An intervention can only be successful if an individual’s needs are recognised and responded to at the first meeting. The term ‘intervention’ can sometimes denote the image of a complex set of assessments and a prescriptive formula that must be applied to all individuals identified as belonging to a specific social demographic. While the authors acknowledge that professionals working within the CJS (e.g. police or probation services) are legally obliged to abide by a set of rules in their interactions with service users such as Code C of the Policing PACE codes that relate to the questioning and detainment of suspects in custody (Department of Justice, 2015), the evidence shows that some professionals are adapting their communication style to accommodate a service user’s perceptual frameworks:

‘Essentially just trying to adapt your approach to fit them so it might be that you are writing things down, say if it was a victim or witness, allowing them to draw pictures or make diagrams, something like that just so that they didn’t have to verbalise perhaps what it was that they were saying’ (Participant 1)

Hypersensitivity to noise is a feature associated with autism; the work of Bogdashina (2003) recognised that sensitivity to sound, alongside other sensations, has an influence on the processing style of some people on the autism spectrum. One respondent understood this and referred to the use of sirens:

‘I wouldn’t necessarily put my sirens on when I’m going to somebody. If I’m going to get there one or two minutes earlier, is that really going to be a great deal of help if I’m going to turn up with the sirens on and make things ten times worse, I just don’t think that’s helpful’ (Participant 2)

Several respondents suggested that differences in perceptual awareness between professionals and service users could complicate the process of engaging with those individuals on the autism spectrum. Comments suggest that ways of relating to people on the autism spectrum could represent a barrier to working effectively with this population- the authors termed this ‘challenges to communication’. This supports the work of Milton (2012) in his ‘Double Empathy Hypothesis’ that differences in perceptual frames of reference between people on the autism spectrum and ‘neurotypical’ peers, arise from differences in communication styles and it is these differences that lead to barriers in communication.

These barriers to communication arising from CJS providers’ lack of autism-specific awareness might inhibit someone on the autism spectrum from effectively engaging with the them due to differences in interpretation. This is illustrated by the following extract:

‘I would imagine a person with autism maybe won’t necessarily know as much as what is going on around them. They may not be communicating correctly; they might not understand the process, so I would have to ask at an early stage, are they fit to be in custody’ (Participant 3)

This respondent demonstrates awareness and sensitivity, and indicates the process of reflection on practice. As Douard and Schultz (2017), and Carpenter (2017) have suggested, effectively working with offenders on the autism spectrum requires CJS personnel to reflect on their own communication styles and preferences, and how these might help or hinder

attempts to work effectively with these individuals. Cooper and Alley (2017) reflecting upon the levels of understanding of autism amongst legal professionals in Northern Ireland suggest that were a barrister or solicitor to possess only limited or stereotyped awareness of communication preferences and needs of defendants that appropriate adjustments are potentially missed.

Another aspect of the theme of was ‘treating everyone the same’. Responses within this category related to a participant who suggested that they endeavour to treat every service user equally without bias or discrimination.

‘We just go under the general rule of, well I do anyway, if from any source or someone is raising any concerns, maybe about autistic or anything along those lines, unless you’ve got actual evidence to the contrary we’ll treat it as it is, yeah, cos we don’t know.’ (Participant 4)

There is a problem with treating everyone the same however, recognition of differences in the perceptual frames of reference and processing of information that can be experienced by individuals across the autism spectrum means that treating everyone the same, is not the same as equality. Grey’s (1994) work on social stories, and the work of Temple Grandin (2004) on how the visual representation of information can help people on the autism spectrum to process information and communicate their experiences to others, warns us that if we ignore, or fail to identify, differences in learning and communication style, CJS professionals could run the risk of disadvantaging service users from accurately communicating their experiences and fully engaging with CJS interventions.

Finally, in exploring potential barriers to communication between CJS professionals and those with a diagnosis of autism it is important to bear in mind Attwood’s (2007) concept of ‘social echolalia’, which details how a person with autism might respond in a way that could appear as if they have accurately understood a question when in fact this might not be the case. For example, if an individual on the autism spectrum is responding to a police officer in a way that they have seen in a crime drama so they are playing a part without necessarily being able to differentiate between the response of a character in a fictitious situation, and how such a response might be inappropriate or misleading in an actual criminal context.

Issues in identifying autism

A potential complexity for CJS personnel in identifying if an individual service user might be on the autism spectrum, involves recognising differences in individual presentation of traits (Powell, 2016). Williams (1996), and Cridland, Jones, Caputi and Magee (2014), suggest that some differences in presentation between the genders can have implications for identifying autism in an individual who encounters a CJS service for the first time. Crindland et al. (2014), in their research into the experiences of teenage girls on the autism spectrum suggested that these girls might appear more socially engaged compared to male counterparts with the same diagnosis. However, it is important to understand that the appearance of social engagement and understanding is not the same as an individual actually understanding the specific circumstances of the situation they are in. This appearance of understanding makes it difficult to identify people on the autism spectrum; thus ‘autism is not obvious’ was mentioned by some respondents:

‘...autistic people they won’t automatically present whether it be copied behaviours or whether they’ve learnt to blend in society, whether they understand social awareness or space, they might not realise that they’re actually talking to someone on the autism spectrum, so an awareness would be worthwhile because then if something does come to their attention or the penny does drop then they can maybe deal with someone a little bit better but I don’t think there’s anything specific that I could put down to it.’ (Participant 5)

Identification of whether a service user maybe on the autism spectrum is complicated by issues of ‘context blindness’ (Vermuelan, 2012); a concept referring to the fact that some individuals on the autism spectrum find it challenging to apply learned social rules from one specific social context into another. This has implications for the nature of involvement between an individual on the autism spectrum and CJS organisations as the professional may not understand the extent an individual cannot transfer rules and understanding from one context to another.

Specific challenges in identifying appropriate social and emotional outlets to express feelings have led some on the autism spectrum to commit sexual offences (Freckleton & List, 2009; Mesibov & Sreckovic, 2017). This is because it can be hard for them to identify legal and culturally appropriate practices for identifying a sexual partner, thus some individuals on the autism spectrum might be at risk of unwittingly engaging in criminal behaviour in order

to meet their social, sexual or emotional needs (Dubin, 2017). An extract from the interviews illustrates this:

'...what he'd done was he'd actually gone into a shop, { name removed} and he'd seen her a few times and things, got an imitation gun from home and because he'd got no sexual experience decided to get some by going in a shop, using a knife, shutting the door whatever and in his view was it was an older lady with sexual experience - well I say an older lady but she was probably about 40 - and he was about 18, that he wouldn't cause her any harm and so that was quite - he had quite severe problems in a way' (Participant 6)

The identification of autism in service users amongst CJS providers is further problematised by the categorisation of autism alongside physical and mental health conditions, as well as an association with other conditions including a range of specific learning disabilities. This is illustrated thus:

'If somebody comes into custody and when they go through the booking in procedure and the sergeant will do the risk assessment, generally a detention officer will be listening in to get the gist of what's going on and who we've got presented in front of us, and generally they would be asked if there are any issues, any illnesses, any mental health issues and we would generally get something from there. If we're not told and said person needs to see the HCP, it could come to us via that route.'
(Participant 3)

Some people on the autism spectrum have difficulty with non-literal questions requiring lateral thinking meaning that the standard risk assessment question around presence of medical conditions is potentially problematic when viewed through an autism lens (Bogdashina, 2005). Moreover, individuals with a diagnosis of autism might not attribute their autism to a medical condition and fail to make their diagnosis known to a CJS provider. An effective question for inclusion in a screening assessment is 'Do you have a diagnosis of autism?'; the piloting of explicit questions like this is currently being implemented in risk assessment screening for new service users.

Partial and stereotyped views of autism can lead to a failure to identify an individual service user's autism or incorrectly attribute traits to another condition with similar characteristics such as ADHD:

'The one that stood out for me other symptoms that can be attached to that is the ADHD because we deal with youngsters on a daily basis, we deal with teenagers and people between the age of 20 and 30 and the first thing they say is, 'I've got ADHD' and they use that as an excuse for their behaviour. Instead of saying, 'I've got this and it's a symptom that I can't control and unfortunately makes me do this', they don't, they use that as an excuse all the time, and that's generally across the board unfortunately, especially youngsters who think it's great, 'cos I've got this, it's the in thing to have', yeah.' (Participant 7)

Furthermore, guidance documents like 'Guidance on responding to people with mental ill health or learning disabilities' (NPIA, 2010), could lead to confusion as it places learning disabilities, which includes autism, alongside mental health conditions. This is important as the specific needs and requirements of service users with autism will not be the same as service users with other conditions and needs. Identification of the prevalence of autism amongst CJS providers is complicated by the potential confusion for some service personnel that autism, mental health and learning disabilities are all the same thing.

Not all respondents in this study are autism-specific experts or practitioners but they all work with people from a range of social groups. It is not the intention to suggest that all professional service providers should be equipped with in-depth knowledge and understanding of autism but it is argued here that some degree of understanding and awareness of autism will enhance the quality of the service to these vulnerable people. This leads to a consideration of the kind and type of in-service training is being offered to CJS professionals.

Autism-specific training and guidance

The question of autism-specific training in this study centres around determining what relationship, if any, exists between the implementation of an adaptive approach to service delivery, and whether participants had identified or expressed the need to access autism-specific training. Some participants identified the value of developing a deeper understanding of autism and that this should influence future training practices and opportunities:

'I haven't had any training in autism or people on the spectrum. I'm talking from a police point of view now, I think the police officers need an awareness of people on the autistic spectrum or how they might present'. 'but I do think that being aware is

the main thing really. At least having half an idea of what autism is and just being understanding of it really. I think that's kind of our job really, to be understanding of things. I think it's a characteristic that the police should have anyway'.

(Participant 5)

Although several participants identified how access to autism-specific training and awareness could enhance their professional practices, practical barriers exist to accessing relevant training, including the opportunity for staff working in busy environments to be able to attend sessions.

'But training-wise, we don't control the training, that's the only thing. So that's a sort of barrier, either it's set by headquarters, criminal justice day is what's coming on the next training day. 'name' does the area training and he'll pick on certain current themes like say stop search was a big thing 12 months ago where people had problems filling in the forms and he brings that into it. There's one coming up on custody that I'm doing on searching in custody cos my mate's been really poor so I'm putting on a bit of training for the bobby's out there when they come in to custody, so we kicked that it but as custody officers we don't control that training, that's the only thing that's stopped me I think. MIND, they have jumped on the last training, so that could be done. It's all do-able.' (Participant 8)

Alongside practical barriers to autism-specific training, a perceived reluctance to access tailored training programmes arose from participants feeling that they did not work with enough service users on the autism spectrum to make this training worth their time.

'There's basic training that we all would have: safeguarding, that kind of stuff but I haven't often come across individuals with significant autism that will mean that I would want to go out or I would need to get that training in order to work with them' (Participant 8)

Guidelines and policies

Literature searches relating to CJS providers throughout England Wales and Scotland who work with people with additional needs and vulnerabilities reveal a mix of guidelines and policies. Professional guidelines were identified from a range of academic and non-academic internet searches for autism-specific guides for criminal justice professionals.

However, while this search did result in some guidelines from the National Autistic Society (NAS), more detailed documentation of specific practice guidance for the CJS were only revealed after the search criteria was widened to include offenders with specific learning difficulties and disabilities.

The problem with including information on autism alongside other conditions such as dyslexia and dyspraxia in professional guidance (e.g. Positive Practice: Positive Outcomes, 2011, 2015) is that it could lead professionals to confuse several different conditions that share some of the same symptomology with autism, for example, issues with concentration.

'I didn't really know but some of the symptoms I actually realised I did sort of: lack of eye contact, not being able to sit still and focussing on one thing all the time. So I have to be honest, I knew there was something but I wasn't quite sure what it was. Once I've had a look I actually think yeah I do know some of the symptoms for example the ones I've just said. The one that stood out for me other symptoms that can be attached to that is the ADHD because we deal with youngsters on a daily basis.' (Participant 7)

Although participants were asked about their awareness of autism-specific guidelines, few were able to identify any autism-specific literature, which was further complicated by a related question that asked participants their experience of accessing autism-specific training. A number of participants indicated that any training that they had relating to autism was delivered within a wider context of mental health or more generalised training on learning disabilities and difficulties more generally:

'Nothing that's specific. We do every so often we'll get courses on e-learning packages and you'll have an afternoon with a mental health worker or we'll be talking to her, autism will be within what they're talking about. You're talking: here is a mental health professional from the NHS who comes down, they're sitting with you for 3 hours and they're talking about autism, they're talking about depression, they're talking about psychosis. You're not gonna get anything in-depth in 3 hours covering such a major subject, so no.' (Participant 4)

Signposting and referral

The theme of signposting and referral was evident throughout the interviews and across the four service organisations. This theme is relevant in that it has direct implications for service professionals making referrals that match the needs of service users. This raises a wider question about whether some CJS professionals see working with service users on the autism spectrum as part of their role, or whether this is seen as the responsibility of other services. Further, it is important to consider how closely do referrals meet the specific need of an individual service user and is there a recognition that the emotional wellbeing of a service user requires a special service such as an appropriate adult. The potential exists that a referral is made without fully appreciating the services another provider might offer.

'The inside of a cell is not a particularly nice place even for us, so it's to try and minimise that and make them more relaxed. It takes a bit off us cos they've got an appropriate adult, so they are there to look after them, so it reduces our role of looking after them a bit, so they've got a pair of eyes on them all the time'.

(Participant 2)

This quote relates to a referral being made to identify an appropriate adult who is an advocate who can facilitate communication between a service user and CJS provider. An appropriate adult is offered to any individual who is brought into police custody who is considered to be vulnerable. Individuals on the autism spectrum were identified by a number of police officers as falling into this category. The important point is whether the services of an appropriate adult alone is sufficient to meet the needs of an individual identified as being on the autism spectrum.

Several participants identified a number of health and social care providers as best placed to work with a service user such as a GP, social worker, for example:

'Well if I was a front-line officer I would be looking at using our liaison and diversion again. Maybe contacting the GP, try to find out some information, they may have social worker, so the local authority social services, children's services, they are people that we turn to engage with and share information really, so that's who I'd approach'. (Participant 9)

This quote identifies a number of different service providers as being most appropriate to look to for advice or support. A specific challenge is that this assumes that an individual on

the autism spectrum is known to, or actively engages with, other health or social care providers. However, some individuals with a diagnosis of autism are precluded from accessing health and social care support without an accompanying diagnosis of a physical or learning disability. This means that a number of individuals across the autism spectrum are vulnerable to engagement with CJS service providers without being able to access additional support services.

Several respondents identified an appropriate adult as the most relevant person to refer a service user on the autism spectrum to, as were the liaison and diversion service, GP or other health or social service provider. There is an implicit assumption here of specific expertise in autism in these agencies which might not be the case as illustrated below:

“We have a Liaison and Diversion Team here: I don't know if you've spoken to them as part of your project .., and I think that's a massive aid to what we do because not only are they better trained, cos a lot of them have interest in the mental health perspective, but they will also check with a number of other agencies if people that we have in custody are engaged in their services in any way shape or form and that massively helps us to get the best results for the people that are in custody’

(Participant 10)

Limitations and recommendations

A limitation of this research is the absence of the service-user voice which represents a vital component in answering the question of how individuals on the autism spectrum perceive their experiences of interactions with the CJS. This shortcoming will be addressed in stage two and will be reported in a further paper. A further limitation is that the researchers were unable to enlist participants from the victim support service and prison service which would have added a further dimension to the study. Finally, another consideration is that of generalisability as this study focuses on CJS professionals in one county of England at one point in time. As such, as with all this kind of research, this may limit its application to other settings. However, the use of an interview schedule does mean that the research can be replicated in other contexts.

A recommendation from the research is that autism-specific training is implemented within CJS services, and is co-produced in conjunction with CJS front-facing staff to ensure that it is meaningful and specific to their roles; generic autism training misses the point that support needs to be tailored to a variety of situations that may occur between individuals on

the autism spectrum and criminal justice professionals. A second recommendation is that awareness-raising and identification of people on the autism spectrum be promoted on a multi-agency basis to ensure understanding of roles and clarity of purpose of the diverse services involved in vulnerable persons who come into contact with the CJS. Furthermore, any development of, and/or improvement, to the CJS must involve the voice of the service-user to ensure relevance and utility.

Conclusion

This paper has discussed the findings of the first stage of a two-year research project exploring the nature of contact between individuals on the autism spectrum and county CJS services. Drawing on data derived from interviews with professional personnel, several themes were identified that were discussed in light of the literature: communication, identification, signposting and referral, autism-specific training and guidance. These themes are not discrete, rather, they inter-relate, each having an effect on the others in such a way as to have an impact, consciously or unconsciously, on awareness and understanding of autism amongst CJS professionals.

This research adds to the limited body of knowledge on awareness and understanding among front-facing CJS professionals in the UK. The authors contend that CJS professionals' awareness and understanding of autism has a significant impact on the inter-relationship between professionals and service users, and on the person's subsequent journey through the CJS. It is intended that this paper will stimulate debate on the subject of how people on the autism spectrum experience their journey through the CJS, and how the quality of provision for these vulnerable members of society can be enhanced. It is the ambition of the research team to build upon the initial findings presented in this current paper in subsequent papers.

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