

Working with autistic individuals in prison-based interventions to
address sexual offending

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Abstract

Research indicates that autistic individuals are no more likely to offend than anyone else in the general population. However, it has been suggested that when autistic individuals do offend, their offending behaviour can be contextualised by their autism. One of the most common forms of offending reported to be committed by autistic individuals are sexual offences, and research has outlined how autism can contribute to those offences. Additionally, recent research has also indicated that autistic prisoners may experience unique challenges and have specific support needs during their prison sentences, which potentially differ from their non-autistic peers. Despite this, little research has specifically explored how to work with, support and manage autistic individuals with sexual offence convictions (ISOCs) in prison-based interventions to address sexual offending.

This thesis details an exploratory sequential mixed method approach used to explore effective work practices with autistic ISOCs in prison-based interventions to address sexual offending. Specifically, this thesis explored the following research questions; 'How appropriate are current prison-based sexual offending interventions for autistic ISOCs?' And 'What is best practice when working with autistic ISOCs in prison-based sexual offending interventions?'. To answer these research questions, the thesis sought to: (i) identify challenges associated with prison-based sexual offending interventions for autistic ISOCs; (ii) identify beneficial features of prison-based sexual interventions for autistic ISOCs; and (iii) to generate evidence-based, practical recommendations on how to work with autistic ISOCs in prison-based sexual offending interventions.

This thesis is constructed of six chapters. Chapter 1 provides a broad introduction to the topic background and rationale of the thesis, concluding with the overarching research questions and aims. Chapter 2 provides a discussion of the methodological issues that were relevant to the empirical studies of the thesis, including a rationale for the mixed method design. Chapter 3 reports Study 1, which was a qualitative narrative exploration of the life stories of autistic ISOCs ($N= 4$). This study incorporated an inclusive, participatory autism research approach, and discusses how diversity and similarities in those life stories may be relevant for interventions. Chapter 4 reports Study 2, a multi-perspective qualitative study that utilised a phenomenologically informed thematic analysis to explore the issues surrounding working with autistic ISOCs in prison-based interventions to address sexual offending, from the perspectives of autistic ISOCs ($N= 12$) and staff ($N= 13$). Chapter 5 details Study 3, a quantitative study that sought to confirm qualitative findings reported in Chapter 4; relating to the relationships between autistic traits, the prison social climate, mental wellbeing and readiness to

engage with interventions in a sample of ISOCs serving prison sentences ($N= 177$). Finally, Chapter 6 provides a synthesis and general discussion of the collective findings from the empirical studies. Chapter 6 also details practical recommendations for working with autistic ISOCs in prison-based sexual offending interventions, directions for future research, highlights the original contributions of the thesis, considers broader limitations of the research, and offers a final conclusion.

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A note on terminology

This note offers rationale for some of the terminological choices that have been made for this thesis, with a specific focus on the labels used to describe the populations of interest.

'Autism', 'autistic' and 'neurodivergent'

This thesis took a predominantly social model approach to understanding and framing autism; as opposed to the medical model approach, which, historically, has dominated autism research (Graby, 2016). In short, the social model suggests that 'disability' is rooted in how society is organised and accommodates people; therefore, it is society and contexts that 'disable' an individual (Krcek, 2013). By contrast, the medical model conceptualises 'disability' as an inherent problem or abnormality within an individual, in need of fixing or curing; and any limitations or challenges that an individual faces are tied to their condition rather than the context in which they are situated (Krcek, 2013). In society, concepts such as 'normal', and the medical model view of autism as a disorder or deficit, serve to perpetuate challenges and ableist prejudice that autistic individuals face. Consequently, many autistic individuals feel that it is necessary to try and present themselves in alignment with the predominant neurotype (Beardon, 2008), i.e. neurotypical. This is evidenced by phenomena such as the masking of autistic traits (Hull et al., 2017). It has been suggested that being compared against, and attempting to meet, neurotypical societal demands and expectations have resulted in unwarranted psychological harm for many autistic individuals (Beardon, 2017). It has been suggested that the medical model foci of much autism research (i.e. focussing on causes, biological effects and treatment) have detracted focus away from important social barriers and support services for autistic individuals (Woods, 2017). Furthermore, the common conceptualisation of autism as a disorder and deficit in autism discourse (Graby, 2016) is problematic. It implies that autistic individuals are "diminished versions of the perfect predominant neurotype person" (Woods, 2017, p.1092), thereby disadvantaging and implicitly oppressing autistic individuals in society. By contrast, autism advocates have argued that autistic traits are not intrinsically impairing, but appear impairing in the context of a world designed by and for non-autistic people (Fletcher-Watson & Happé, 2019).

This has placed a disproportionate burden on autistic individuals to adapt themselves, in order to live and function as part of society (Woods, 2017); rather than society and predominantly neurotypical institutions adapting to accommodate and support autistic individuals. Consequently, this forms an intrinsic power imbalance. Autistic individuals who struggle to adapt to a world that has

been designed by and for neurotypicals may face social barriers and marginalisation. For example, limited opportunities and barriers in employment and education (Graby, 2016; Milton et al., 2016). It has been argued that this contributes towards discrimination and implicit oppression faced by autistic individuals in neurotypical society (Woods, 2017).

These power imbalances have historically extended to the research domain, with many autistic individuals becoming objects of research study; but rarely offered the opportunity to collaboratively direct that research. Contemporary autism discourse suggests that research should take an inclusive, participatory and collaborative approach; focussing on working *with* the autism community, to address the needs of the autistic community (Chown et al., 2017; Pellicano & Stears, 2011; Pellicano et al., 2018). Within this growing body of contemporary research, a subset of research has focussed on labelling preferences in the autism community (e.g. Bury et al., 2020; Kenny et al., 2016). For example, Kenny et al. (2016) found that the term ‘autistic’ was preferred by autistic individuals and friends/family of autistic individuals in the UK, as oppose to the person-first ‘person with autism’ that was typically endorsed by professionals. Similar research by Bury et al. (2020) found that ‘person on the autism spectrum’ was favoured by autistic adults living in Australia. However, the use of the word ‘spectrum’ has been challenged by some for being too linear, suggesting that someone may fall on one end of the spectrum or another; which does not capture the variability of autistic traits between and within individuals (Fletcher-Watson & Happé, 2019). Consequently, other terms such as ‘constellations’ have been proposed, to capture the range of factors on which autistic individuals can differ (Hearst, 2015). What stood as a pervasive theme in the literature surrounding appropriate labelling, in line with the social model, was the avoidance of terms such as disorder and deficit.

In light of these reflections, although ‘autism spectrum disorder’ (ASD) is the most current diagnostic label (American Psychiatric Association [APA], 2013), the alternative term ‘autism’ will be used for the purposes of this thesis. Furthermore, in alignment with the expressed preferences of the UK autistic community with regards to preferred labels (Kenny et al., 2016), this thesis refers to ‘autistic individuals’; rather than the person-first approach to labelling (i.e. ‘individuals with autism’). However, it is recognised that this preference is not unanimous in the global autism community (Bury et al., 2020).

The thesis also uses the term ‘neurodivergent’. The neurodiversity movement underpins many of the arguments and assertions above, and contends that autism is an example of diversity

between people rather than a problem or deficit (Rosa, 2015; Silberman, 2015). Representing an extension of that philosophy, this thesis used 'neurodivergent individuals' as an umbrella term, to refer to both autistic individuals and individuals who exhibit autistic traits (i.e. the broader autism phenotype [BAP]; Landry & Chouinard, 2016); but do not possess a full diagnosis. It is the position of this thesis that individuals who present with the BAP may face similar challenges or require similar, albeit proportionate, support to autistic individuals in the contexts investigated here. Consequently, 'neurodivergent individuals' was used to ensure that such individuals could be distinguished from neurotypical individuals, and were not lost or excluded for lacking a full autism diagnosis.

'Individual with sexual offence convictions'

It has been suggested that the label 'offender', and more specific label 'sexual offender', evoke stigma, disempowerment and distress (Willis, 2018). Mann (2013) highlighted that the 'offender' label can pervade through an individual's life, even after they have been released from prison, in the past tense form 'ex-offender'. It has been suggested that the 'offender' label can compromise rehabilitation, reintegration and desistance (Mann, 2013; Willis, 2018). It has also been suggested that the label could have a negative golem effect for some, whereby individuals act in a manner consistent with the beliefs and expectations of others (Maruna et al., 2009). Moreover, Willis (2018) noted that such labels can be misleading, and lack utility, because "they are based on a past conviction(s) and communicate little about the person or their propensity for future offending" (p.728). Therefore, in contemporary discourse, person-first labels such as 'individual with convictions' are encouraged, as an alternative to the traditional 'offender' labels (Willis, 2018). For these reasons, this thesis adopted the term 'individual with sexual offence convictions' (ISOC), as an alternative to the dated 'sexual offender' label.

CHAPTER 1: Introduction

1.1. Autism

Autism is a lifelong neurodevelopmental condition, affecting approximately 1-2% of the general population (Brugha et al., 2011; Centre for Disease Control and Prevention [CDC], 2020). Autism is often referred to as heterogenous, with regards to aetiology, phenotype and outcomes (Bussu, 2019; Constantino & Charman, 2016; Masi et al., 2017), and can present with varying degrees of difficulties between different individuals and contexts, across a 'spectrum' (APA, 2013) or 'constellation' (Hearst, 2015). According to the latest diagnostic criteria in the 5th edition of the Diagnostic and Statistical Manual of mental disorders (DSM-5), autism is characterised by a dyad of core features; (i) social communication and interaction difficulties, and (ii) restrictive and repetitive patterns of behaviour, thought and interest (RRBI) (APA, 2013). In addition to these core features, sensory reactivity differences are also common, which can manifest as both hyperreactivity and hyporeactivity to particular sensory stimuli. The core traits of autism listed in the DSM-5 (APA, 2013) represent broad autistic traits and potential manifestations. However, in practice, autism presents in a variety of ways between different individuals, and different situational contexts (Fletcher-Watson & Happé, 2019; Milton & Bracher, 2013). Because of the diversity amongst autistic individuals, recognition of individuality is frequently incorporated as a core tenet of best practice when working with autistic individuals (e.g. Ahlers et al., 2017; Cai & Richdale, 2016; Van Hees et al., 2015). What follows is a brief summary of the historical development of autism as a distinct diagnosable condition and the evolution of the DSM diagnostic criteria, concluding with a summary of the current core diagnostic dyad of features.

1.1.1. Historical background

The first citation of autism as a distinct condition came from the seminal case studies of Kanner (1943) and Asperger (1944). Autism (derived from the Greek word 'auto', referring to self; Asperger, 1944), originated initially from what was first understood to be a dimension of schizophrenia in Bleuler's work (Asperger, 1944), whereby an individual turns inward, distancing themselves from interacting with people, environments and the general reality around them. Though previously understood as a feature unique to schizophrenia, both Kanner (1943) and Asperger (1944), independently, through case studies of children with 'childhood schizophrenia', identified and described what they believed to be distinct syndromes, characteristically similar to schizophrenia, but fundamentally different.

From these papers, early conceptions of autism in the form of Kanner's Syndrome (initially termed 'autistic disturbances of affective contact'; Kanner, 1943) and Asperger's Syndrome (initially named 'autistic psychopathy in childhood'; Asperger, 1944) emerged. Whilst understanding of autism has developed exponentially since these seminal papers, with a notable research boom in the 1990's onward (Lai et al., 2013), the core conceptualisation of autism as a condition primarily associated with difficulties in the social arena has remained; and central features that Kanner and Asperger noted are still ingrained in the current diagnostic criteria.

In the absence of firm diagnostic criteria for autism, a seminal review of the research conducted by Rutter (1978) sought to establish a consensus as to the essential features of autism. Rutter (1978) concluded that an adequate broad definition of childhood autism consisted of impaired social development, delayed and atypical language development, and an insistence on sameness. Moreover, these traits would be apparent before a child reached 30 months of age, be out of keeping with a child's intellectual level, and traits could present in a variety of heterogeneous ways. Following Rutter's (1978) review, Wing and Gould (1979) conducted an epidemiological survey of children under the age of 15 years, who had showed one or more autism-related characteristics. Their aim was to empirically establish the prevalence and distribution of children who exhibited this pattern of characteristics, whether essential features of autism could be identified and whether any sub-types could be identified. They noted that although there was evidence to classify sub-groups of autism based on specific features, ultimately there were likely many features that they had in common. Wing and Gould (1979) concluded that the common co-occurrence of three essential features provided further evidence toward autism being understood as a specific condition. As supported by the literature at the time, including Rutter (1978), these three main features would be impairments in social interaction, atypical language development and repetitive or stereotyped patterns of behaviour.

1.1.2. DSM criteria

It was not until the introduction of the DSM-III (APA, 1980) that autism was listed as a distinct condition. In the DSM-III, autism was distinguished from childhood schizophrenia and childhood psychoses, and encapsulated the triad of essential features that were provided by Rutter (1978) and Wing and Gould (1979) (Lai et al., 2013). This was developed further in the DSM-IV (APA, 1994), with the introduction of Pervasive Developmental Disorders (PDD); an umbrella term that encompassed a range of specific autism sub-diagnoses (e.g. Autistic Disorder, Asperger's Syndrome, Rett's Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder- Not Otherwise Specified

[PDD-NOS]). These sub-diagnoses differed in certain specific features but were ultimately underpinned still by the triad of features; social and emotional difficulties, language and communication difficulties, and inflexibility of thought (imagination) (DSM-IV-TR, APA, 2000).

The categorical conceptualisation of autism was used by clinicians until 2013, when the diagnostic criteria for autism were revised and introduced as a singular condition, ASD, in the DSM-5 (APA, 2013). The DSM-5 committee concluded that there was adequate scientific consensus that autism would be better understood as a singular condition. Today, individuals diagnosed with autism are placed somewhere within a broad autism spectrum, according on their support needs. The DSM-5 highlights that autism is heterogenous and can manifest differently between individuals and contexts (APA, 2013). Importantly, for some autistic individuals, their autism may only become noticeable in specific contexts, and may be masked by others. For a reliable, accurate and comprehensive diagnosis, the DSM-5 (APA, 2013) advocates the consideration of multiple sources of information, such as clinician observations, caregiver history and self-report (when possible), to generate a holistic picture of the individual.

Under the current definition, the previous triad of features and diagnostic criteria have been collapsed into a dyad of two core features: “*persistent deficits in social communication and social interaction across multiple contexts*”, and “*restricted, repetitive patterns of behaviour, interests or activities*” (p.50, DSM-5; APA, 2013). Under the DSM-5 individuals must exhibit traits from both of the core domains, to some degree, from an early period of development (beyond difficulties expected at a developmental level); and said traits must cause clinically significant difficulties in functioning, including social, occupational and other important areas of daily functioning (APA, 2013). Though, it has also been acknowledged that traits may not become noticeable in the early developmental period if they are masked by learned compensatory strategies; or until social demands, which increase with age, exceed and reveal limited capacities. Finally, clinicians must ensure that features are not more appropriately explained by intellectual difficulties or global developmental delay; as these conditions may present similarly, and frequently co-occur with autism. For each of the core features of autism, the DSM-5 requires that clinicians assign individuals to one of three levels, depending on the level of support required (level 1: “*requiring support*”, level 2: “*requiring substantial support*”, and level 3: “*requiring very substantial support*”; p.52, APA, 2013). As implied by the labels of the severity levels, their purpose is to aid in the appropriate allocation of adequate support to each individual case, based on their needs.

1.1.2.1. Difficulties in social communication and Interaction

The DSM-5 (APA, 2013) presents several possible manifestations of social communication and interaction difficulties, which form the first core criterion for an autism diagnosis. The first manifestation is challenges associated with social-emotional reciprocity. Within social interactions, this refers to the typical back-and-forth of conversations which, in autistic individuals, can be either atypical or altogether absent. For example, autistic individuals may have difficulty with pragmatic elements of communication, use language one-sidedly, using it to label or request, rather than to socially interact and engage in reciprocal conversations with others. The DSM-5 highlights that this may be more noticeable in children, and more difficult to detect in adults; as many autistic individuals develop compensatory strategies. For example, continuously consciously calculating what neurotypical individuals would find socially intuitive. As such, social-emotional reciprocity difficulties may only be noticeable in novel or unsupported situations. Absence, or reduced usage, of nonverbal communication in social interactions is another common manifestation within this domain (APA, 2013). For example, this may be noticeable through atypical eye-contact, atypical use of, and difficulties understanding, body language, facial expression, and gestures in social communication and interactions. Linked to this manifestation, autistic individuals may exhibit abstruse use of language or atypical speech intonation. However, it must be noted that these traits are relative to normative, often westernised, social standards and expectations (Freeth et al., 2013). For example, in some cultural contexts, a lack of eye contact or lack of socio-communicative gestures would not be interpreted as atypical or problematic. In fact, in some Eastern cultures (such as Chinese), direct eye contact and using an index finger point gesture are regarded as impolite (Freeth et al., 2013). The final manifestation of difficulties in social communication and interaction are challenges associated with developing, maintaining and understanding relationships (APA, 2013). Autistic individuals may find it difficult to make friends and socialise with peers. In childhood, this is often observable through play; for example, inflexible play, difficulties engaging in imaginative play, and insistence on play framed by a rigid set of rules. For autistic adults, they may not be able to intuitively recognise appropriate behaviours across different social situations and may find romantic relationships difficult too (Hancock et al., 2020). Under the previous categorical conceptualisation of autism, autistic individuals who presented as more socially connected, possessed better language skills, and encountered less prominent support needs in this domain, were more likely to be given an Asperger's Syndrome sub-diagnosis.

1.1.2.2. Restrictive and repetitive patterns of behaviour, interest and/or thought (RRBI)

In addition to the difficulties in social communication and interaction, the DSM-5 also lists several possible manifestations of the RRBI feature of autism. To meet diagnostic criteria, an autistic individual must exhibit a minimum of two of the following four RRBI manifestations, to some degree. The first manifestation of RRBI in autism is repetitive motor movements, use of objects and/or speech (APA, 2013). The DSM-5 offers a non-exhaustive list of examples, including stereotyped or repetitive; motor movements (e.g. finger flicking), use of objects (e.g. lining up objects, spinning objects), and speech (e.g. echolalia). The second possible manifestation of RRBI is a preference of routines, and/or ritualised patterns of verbal or nonverbal behaviour (APA, 2013). This may become apparent through a preference for highly regimented activities of daily living, high levels of distress in response to relatively minor changes, and difficulties coping with transitions. It has been suggested that routines and ritualised behaviours are strategically used by autistic individuals to add predictability to an otherwise unpredictable social world (Muskett et al., 2010). The third DSM-5 RRBI manifestation are “highly restricted, fixated interests that are abnormal in intensity or focus” (APA, 2013, p.50). This may be indicated through seemingly excessive circumscribed special interests and strong preoccupations with specific objects, which may potentially lead to a range of positive or negative outcomes depending on the context (Fletcher-Watson & Happé, 2019). The final manifestation of RRBI presented in the DSM-5 are sensory differences. More specifically, hyperreactivity (i.e. increased reactivity; Baranek et al., 2007) or hyporeactivity (i.e. reduced reactivity; Baranek et al., 2013) to sensory inputs and/or “unusual interest in sensory aspects of the environment” (APA, 2013, p.50). Some examples of sensory hyperreactivity included in the DSM-5 are adverse responses to specific sounds, excessive touching of particular objects and/or a visual fascination with lights or movement. Alternatively, examples of hyporeactivity provided include a lack of attention and apparent indifference to sensory stimuli that would be expected to arouse a response (such as indifference toward painful stimuli or extreme temperatures).

1.1.3. Sensory differences

While sensory issues were incorporated into the RRBI domain of the DSM-5 criteria, they are not essential for an autism diagnosis. Nevertheless, evidence suggests that sensory issues are prevalent amongst autistic individuals (Bogdashina, 2003; Crane et al., 2009; Kojovic et al., 2019), and can be an area of significant challenge or strengths for autistic individuals and those who work with them (Fletcher-Watson & Happé, 2019). Sensory differences can be heterogeneous between and within individuals, and across sensory domains. For example, just as one autistic individual may experience hyperreactivity to loud noises, another may experience a hyperreactivity to very specific noises. Equally, the same person may experience a hyperreactivity to the sound of vacuum cleaners,

but also exhibit a hyporeactivity to cold temperatures (Fletcher-Watson & Happé, 2019). Sensory issues can encompass all senses, including both the external senses (e.g. hearing, sight, smell, taste, touch, temperature; National Autistic Society [NAS], 2020a) and internal senses (e.g. proprioception, kinaesthesia, vestibular and interoception; Shah et al., 2016). Given the hyper and hypo aspects of these sensory issues, they are often associated with sensation-seeking and sensation-avoiding behaviours (Fletcher-Watson & Happé, 2019; Crane et al., 2009). If autistic individuals experience aversions to particular sensory inputs that they are hyperreactive to (e.g. sound), then they may do things to avoid those sensations (e.g. avoid noisy environments) and/or may experience 'sensory overload' (NAS, 2020a). Whereas, if an individual experiences hyporeactivity of a particular sense (e.g. vestibular) or has a preference for a particular sensory input (e.g. particular tactile textures), they may seek associated sensory experiences (e.g. rocking, and repetitively rubbing particular materials). However, such behaviours may be regarded as challenging by others, who may not intuitively recognise that those behaviours on the surface are linked to sensory experiences. As a consequence, autistic individuals may face misinterpretation and mismanagement if these needs are not recognised, understood and supported (Critz et al., 2015).

These sensory issues are also linked to other conditions commonly associated with autism (e.g. attention-deficit hyperactivity disorder; Pfeiffer et al., 2015) and evidence is still debated surrounding the precise relationship between autism and sensory issues. Nevertheless, what has remained evident is that sensory issues are often a core feature of the autistic experience, even if not considered a core requisite in the diagnostic criteria (Fletcher-Watson & Happé, 2019; Robertson & Baron-Cohen, 2017). It has also been suggested that sensory issues might be an important contributor to the emergence of social difficulties and repetitive behaviours, through a developmental cascade effect (Baranek et al., 2018; Damiano-Goodwin et al., 2018; Robertson & Baron-Cohen, 2017).

1.1.4. Empathy and alexithymia

It is often suggested that autistic individuals experience difficulties associated with intuiting or recognising emotional states experienced by themselves and others (Uljarevic & Hamilton, 2013). Specifically, literature has pointed to limited empathy skills as a common characteristic amongst autistic individuals (Decety & Jackson, 2004; Harmsen, 2019); with some research suggesting that autism may be regarded as an empathy disorder (Baron-Cohen & Wheelwright, 2004). However, adopting this stance risks oversimplifying empathy as a general one-dimensional skill and does not necessarily recognise how there may be subtypes of empathy. It could be argued that some autistic

individuals struggle with some elements of empathy or emotion recognition, but that this is not ubiquitous (Brewer & Murphy, 2016; Fletcher-Watson & Happé, 2019). Moreover, flaws have been identified in the empathy-related literature base in autism research. These have included inconsistent definitions of empathy, and conflation between empathy and other social cognitive processes (e.g. theory of mind and mentalisation; Fletcher-Watson & Bird, 2020). This also has potentially problematic implications for the stance that limited empathy skills are a common characteristic amongst autistic individuals.

Empathy is not a one-dimensional construct. Empathy has been broadly conceptualised as comprising at least two components; cognitive empathy (i.e. the ability to understand another individual's perspective) and affective empathy (i.e. the emotional response to another individual's affective state; Davis, 1983; Decety & Jackson, 2004). This may be better understood through a similar distinction proposed by Fletcher-Watson and Happé (2019) between mentalising (i.e. comprehending the mental states of others) and emotional empathy (i.e. caring and feeling with another person in a particular emotional state). In other words, whilst autistic individuals may struggle to intuit what others are thinking, this does not mean they do not care about how another person feels. To complicate this further, there is also a suggestion in the literature that the way that autistic individuals experience, express and/or perceive emotional states may be fundamentally different to non-autistic individuals (DuBois et al., 2016; Fletcher-Watson & Happé, 2019; Moore, 2015). Related to this, some authors have referred to the so-called 'double empathy problem' (DEP), which suggests that empathy issues are reciprocal (Mitchell et al., 2021). According to the DEP, both autistic and non-autistic individuals struggle to empathise with and read each other, due to differing social communication styles, which can contribute toward social interaction challenges faced by some autistic individuals. Therefore, Fletcher-Watson and Happé (2019) outlined how, when considering autistic individuals, it is useful to make a distinction between feeling empathy and expressing empathy. Autistic individuals may feel emotional empathy but can perhaps struggle more to express that empathy in a narrowly-defined manner according to societal norms and expectations (Fletcher-Watson & Bird, 2020). Contemporary research has since contended that these distinctions between affective/emotional empathy skills and cognitive empathy/mentalising skills can help to distinguish autistic individuals from individuals with high psychopathic traits; despite what may appear to be surface-level similarities in behavioural presentation (Lockwood et al., 2013). That is, autistic individuals may struggle with cognitive empathy, but often possess affective empathy; whereas individuals with high psychopathic traits tend to have good cognitive empathy skills, but limited affective empathy (Fletcher-Watson & Happé, 2019; Lockwood et al., 2013). Nevertheless, being

interpreted as possessing a lack of empathy can cause challenges for autistic individuals in the social arena; including in the criminal justice context explored throughout this thesis (Archer & Hurley, 2013; Haskins & Silva, 2006).

As an alternative explanation for some of the emotion recognition differences and apparent empathy issues experienced by autistic individuals, some authors have referred to alexithymia (Bird & Cook, 2013; Fletcher-Watson & Bird, 2020). Alexithymia is characterised by difficulties identifying, understanding, distinguishing and describing feelings or emotions; and has been reported as more prevalent in autistic individuals (Kinnaird et al., 2019; Poquérusse et al., 2018). From this alternative standpoint, a common co-occurrence of alexithymia in autistic individuals could provide an explanation for the common emotion recognition and empathy-related issues that others have previously assumed to be a core autistic trait. This was supported by Brewer et al. (2015), who suggested that autism is associated with mentalising (or theory of mind) difficulties and not empathy, whereas alexithymia is associated with empathy issues, but not mentalisation. This supports the notion that commonly co-occurring alexithymia may account for apparent empathy differences between autistic individuals and non-autistic individuals. That is, empathy issues are not an intrinsic autistic trait; but empathy issues are associated with alexithymia, which happens to commonly co-occur with autism.

Whilst this is a growing area of research, more work is required to elucidate the exact links and distinctions between autism, empathy, and alexithymia, which goes beyond the scope of this thesis. Nonetheless, emotion recognition, mentalisation and alexithymia are referred to throughout this thesis, both regarding offending and interventions to address offending; and have been referred to in these contexts in the existing literature corpus (e.g. Leshem et al., 2019; Payne & Hollin, 2014). However, in light of the discussions in this section, and to avoid conflating what seems encompass several skills, the more general term 'empathy' is largely avoided.

1.1.5. Gender differences

Traditionally, autism was conceptualised as a predominantly androcentric condition. Consequently, there has been a longstanding higher ratio of males diagnosed compared to females. In particular, autistic females with average to high intelligence have been underrepresented (Van Wijngaarden-Cremers et al., 2014). However, recent advances in the field have led to an increased recognition and identification of autism in females. Where the male-to-female ratio of autism diagnosis had previously been assumed to be 4:1, recent meta-analytical data estimates it as closer to

3:1 (Loomes et al., 2017; Sun et al., 2014). Despite these developments, it has been found that even when exhibiting the same levels of autistic traits, girls are less likely to receive an autism diagnosis than boys (Dworzynski et al., 2012). It has been suggested that the differences in prevalence rates between males and females may represent biases in the diagnostic criteria (Loomes et al., 2017), which do not capture sex differences in the autism phenotype (Kopp & Gillberg, 2011; Schuck et al., 2019). For example, masking of autistic traits (aka 'camouflaging') is more common in autistic females than autistic males (Hull et al., 2017; Schuck et al., 2019). On the other hand, it has been argued that more evidence is necessary to establish the extent to which this disparity is associated with diagnostic thresholds, and to what degree sex-specific recalibration may be required (Constantino & Charman, 2016). While this disparity is important to acknowledge, particularly with regards to understanding heterogeneity and prevalence of autism, it must be noted that this thesis has focussed on autistic males. In light of the likely differences between autistic males and autistic females, it should be made clear from the outset that this thesis did not seek to generalise findings to autistic females.

1.1.6. Aetiological explanations

There have been numerous psychological, genetic and neuropsychological explanations theorised for what underpins the core characteristics of autism. Well known examples of these have included weak central coherence (WCC; Happé & Frith, 2006; Frith, 1989), executive functioning limitations (EF; Demetriou et al., 2018; Hill, 2004), Theory of Mind (ToM) difficulties (Baron-Cohen, 2001; 2008), genetic heritability (Folstein & Rutter, 1977; Rutter & Thapar, 2014), and specific brain structures (Ecker et al., 2010). However, it has been suggested that autism is inherently heterogeneous, on an interpersonal and intrapersonal level (Hollin, 2017). In short, there is no singular explanation for autism across autistic individuals i.e. interpersonal heterogeneity. Equally, causes for the presence of different autistic traits within an individual may also be diverse i.e. intra-personal heterogeneity (Fletcher-Watson & Happé, 2019; Hollin, 2017). Although the aetiologies of autism are contentiously debated in the literature, this thesis was less focussed on making inferences about causes of autism or autistic traits, and more focussed on how autistic ISOCs may be supported in the prison-based interventions context; which better aligns with its subscription to the social model (see 'A Note on Terminology' section).

1.1.7. Mental health needs

It has been well-established in the literature that autism commonly co-occurs with a variety of other developmental and psychiatric mental health needs (Lai et al., 2019; 2014). Common co-

occurring mental health needs include but are not limited to; intellectual disabilities (ID, ~45%), attention-deficit/hyperactivity disorder (ADHD; 28-44%), obsessive compulsive disorder (OCD, 7-24%), conduct disorders (16-28%), personality disorders (2-32%), eating disorders (4-5%), mood disorders (e.g. anxiety, 42-56%; depression, 12-70%), psychosis (e.g. schizophrenia; 12-17%), epilepsy (8-30%), self-injurious behaviours ($\leq 50\%$), and increased risk of suicidality (11-14%; Lai et al., 2019; 2014). It has been further suggested that these additional mental health needs may contribute towards an increased likelihood of poorer quality of life and long-term outcomes for autistic individuals (Helles et al., 2017; Lai et al., 2019). For example, in a 20-year longitudinal study, Helles et al. (2017) found that co-occurring mental health conditions (e.g. ADHD, OCD, and/or anxiety disorder) were associated with poorer objective quality of life for autistic individuals (objective quality of life related to employment/educational attainment, living situation, and friendships/romantic relationships). It has further been suggested that traits of autism and co-occurring conditions may interact, potentially exacerbating challenges faced by autistic individuals. For example, research suggests that autistic individuals who experience co-occurring anxiety conditions can find that autism-related challenges are amplified, such as those related to social difficulties (Bellini, 2004; Spain et al., 2018). Moreover, autistic individuals experiencing co-occurring anxiety may also face a higher likelihood of developing depression, heightened suicidality, and early mortality (Cassidy et al., 2018; Kim et al., 2000; Mayes et al., 2011).

A number of explanations have been proposed to contribute towards the higher rate of additional mental health needs in autistic individuals. For example, from a bio-medical perspective, it has been suggested that co-occurring mental health needs in autistic individuals may be attributable to genetic or neurocognitive aetiological overlaps between autism and other conditions (Bethlehem et al., 2017; Chisholm et al., 2015; Ghiardi et al., 2019; Tick et al., 2016). On the other hand, from a social model perspective, a lack of autism acceptance and experiences of minority stress have been offered as potential explanations for co-occurring mental health difficulties (Botha & Frost, 2020; Cage et al., 2018). Cage et al. (2018) suggested that some of the co-occurring mental health difficulties faced by autistic individuals, such as anxiety, depression and stress, may stem from an autistic individual's experiences and perceptions of a lack of autism acceptance from others. That is, an autistic individual feeling that they are not appreciated as an autistic person by others, and perhaps experiencing stigma from others in society (Cage et al., 2018). By contrast, it has been suggested that positive experiences of autism acceptance from others may support an autistic individual to foster a sense of belonging, thereby serving as a protective factor against mental health conditions associated with loneliness (e.g. anxiety and depression; Cage et al., 2018; Mazurek, 2014).

It has also been highlighted that an autistic individual's personal acceptance of and positive regard towards their autistic identity can mediate the relationship between self-esteem and mental health challenges, which may similarly protect against depression (Cooper et al., 2017).

In summary, existing literature posits a variety of explanations for why autistic individuals are more likely to experience co-occurring mental health needs. In light of this, it is likely that the common co-occurrence of additional mental health needs can be attributable to a complex variety of influences; particularly given the heterogeneity of autism and other conditions. Crucially, irrespective of the precise aetiologies of such mental health needs, it is nevertheless important to consider these additional needs when supporting autistic individuals in practice. These additional needs can create complications in the screening and diagnostic processes for autism. For example, overlapping behavioural traits may be difficult for clinicians to distinguish, and may therefore contribute toward a risk of missed or misdiagnosis. Additional needs may also have implications for approaches to clinical work with autistic individuals (e.g. case formulation, interventions, and support; Murphy & Mullens, 2017). In this thesis, additional mental health needs were relevant for many autistic individuals to whom this thesis pertained. However, whilst these mental health needs were acknowledged and clearly relevant in some parts of the thesis, they were not a central focus.

1.2. Autism in the criminal justice system

Evidence suggests that autistic individuals are no more likely to commit crime than the general population (de la Cuesta, 2010; Hippler et al., 2010; King & Murphy, 2014; Mouridsen, 2012; Mouridsen et al., 2008; Rutten et al., 2017), and the vast majority of autistic individuals do not commit crimes (Woodbury-Smith et al., 2005). Contrariwise, autistic individuals are more likely to become victims of crime (George et al., 2018; NAS, 2020d). For instance, it has been suggested that autistic traits, such as social communication and interaction difficulties, can render some autistic individuals more susceptible to sexual abuse (Brown-Lavoie et al., 2014; Lindblad & Lainpelto, 2011), hate crime (Chaplin & Mukhopadhyay, 2018), and exploitation (Fisher et al., 2013). Moreover, it has been suggested that individuals who present with more prominent autistic traits (e.g. those diagnosed with Classic Autism in the previous categorical system) are considerably less likely to offend than the general population (de la Cuesta, 2010). It has further been argued that autistic traits, such as a preference for adhering to rules, serve as a protective factor against breaking the law (King & Murphy, 2014). In instances where autistic individuals have engaged in offending, research has indicated that autistic traits can contextualise and contribute toward the lead up to those offences (Allely & Creaby-Attwood, 2016; Browning & Caulfield, 2011); which will be discussed later in this

chapter with regard to sexual offending. Research has also suggested that autistic individuals are more likely to be apprehended for criminal activities than non-autistic individuals, due to inherent vulnerabilities associated with their autism (Vermeiren et al., 2006).

Although autistic individuals are not inherently predisposed toward committing crime, research has reported that some types of offending are more common in autistic offending populations (King & Murphy, 2014). Specifically, offences against the person, such as sexual crime and assault, are more frequently reported in autistic individuals compared to other types of crime, such as property, drug and driving offences (Cheely et al., 2012; Kumagami & Matsuura, 2009; Mouridsen et al., 2008; Woodbury-Smith et al., 2005). However, while Cheely et al. (2012) reported property offences as less common in autistic individuals, other research has suggested that criminal damage and arson are also common in autistic individuals who offend (de la Cuesta, 2010; Enyati et al., 2008; Mouridsen et al., 2008; Woodbury-Smith et al., 2005). Additionally, it has been posited that autistic individuals who offend may have a greater proclivity for cyber-dependent crime (Seigfried-Spellar et al., 2015). On the other hand, recently, Payne et al. (2019) found that while high autistic-like traits were associated with an increased risk of committing cyber-dependent crime, individuals with an autism diagnosis presented with a decreased risk of committing cyber-dependent crime. Irrespective of this contrasting evidence, a clear pattern in the literature are reports of sexual offending as a common type of offending observed in autistic offending populations.

Traditionally, there has been scarcity of research conducted with autistic individuals as a distinct population within the Criminal Justice System (CJS), although this has grown in recent years. For example, there has been an increased interest in supporting autistic individuals through police work (Crane et al., 2016; Gibbs & Haas, 2020; Haas & Gibbs, 2020; Salerno & Schuller, 2019), court and legal processes (George et al., 2018), and prisons (Helveschou et al., 2018; Newman et al., 2015; 2019; Vinter et al., 2020). Collectively, this research has suggested that autistic individuals who come into contact with the CJS may face extra challenges, have diverse management needs, and may require additional support through the criminal justice process. However, in both research and practice, this field is still in its infancy.

Prevalence figures for autism in CJS settings vary, and most prevalence studies have focussed on Asperger's Syndrome (AS) diagnoses in secure hospital settings. The prevailing consensus is that autistic individuals are, *prima facie*, overrepresented in the CJS (Payne et al., 2020). For example, studies in secure hospital settings and psychiatric facilities have estimated autism prevalence figures

ranging between 1.4-18% (Enyati et al., 2008; Hare et al., 1999; Rutten et al., 2017; Scragg & Shah, 1994; Siponmaa et al., 2001; Söderstrom et al., 2005; Söderstrom et al., 2004; Søndena et al., 2014), which is considerably higher than the 1-2% prevalence often reported in the general population (Brugha et al., 2011; CDC, 2020). However, these figures should be interpreted with caution. Methodological inconsistencies between, and small or biased sampling within, prevalence studies limit the generalisability of findings to the CJS as a whole; and may contribute toward this overrepresentation (de la Cuesta, 2010; King & Murphy, 2014). Furthermore, it has been suggested that the overrepresentation of autistic individuals in secure settings may be attributable to co-occurring psychiatric conditions (de la Cuesta, 2010; Joshi et al., 2013; Newman & Ghaziuddin, 2008; Simonoff et al., 2008). Therefore, it has been argued that more rigorous prevalence research is required in future, before conclusions can be made about rates of offending in autistic individuals and autism prevalence in CJS settings (Melvin, 2019).

1.2.1. Autism in prison settings

Comparably less autism prevalence research has been conducted in prison settings, and the prevalence of autism in prisons is yet to be reliably established (Archer & Hurley, 2013; Moloney & Gulati, 2019; Robertson & McGillivray, 2015). A recent review paper by Railey et al. (2020) indicated a lack of contemporary research that has investigated the prevalence of autism in the CJS (including prison settings), with wide ranging prevalence estimates and varied methods used across the extant literature. What little has been conducted often indicates an overrepresentation of autistic individuals serving prison sentences, an estimated prevalence of up to 8.5% (Ashworth, 2016; Fazio et al., 2012; Robinson et al., 2012; Young et al., 2018). In contrast, research by Underwood et al. (2016) suggested that rates of autism amongst male prisoners do not differ significantly from the general male population in the community. Underwood et al. (2016) highlighted that whilst a considerable number of prisoners screened positive for clinically significant traits using the Autism Quotient 20 (AQ20), but had not come to the attention of prison or community services; many did not follow on to meet the full diagnostic criteria. As such it was estimated that autism prevalence in prisons was around 2%, paralleling the community autism prevalence rate (Underwood et al., 2016). However, this study was limited with regard to the generalisability of its findings, with a sample of 240 male prisoners recruited from one London (UK) prison. Additionally, around 18% of those participants who screened positive were not subject to further diagnostic assessment after the initial screening, and the AQ20 used had poor internal consistency. Consequently, further research is still required to reliably establish whether autism is in fact overrepresented in prison populations, or similar to community prevalence rates.

It has been highlighted that a lack of autism screening tools and protocols empirically validated for use in prison settings (Archer & Hurley, 2013; Ashworth, 2016; Moloney & Gulati, 2019; Newman et al., 2019), difficulties acquiring developmental histories for prisoners (Ashworth, 2016; Underwood et al., 2016; 2013), misattribution of autistic traits to other mental health conditions (Allen et al., 2008), autistic individuals actively masking their traits (Higgs & Carter, 2015), autism masked by the structured prison regime (Ashworth, 2016), resource restrictions for more rigorous screening (Ashworth, 2016; Moloney & Gulati, 2019; Underwood et al., 2016) and limited autism awareness in CJS staff (Ashworth, 2016; McCarthy et al., 2015; Newman et al., 2019) may collectively contribute to an under-recognition of autism in prison settings. To compound this issue, it has been found that the average age of autism diagnosis for autistic adults in forensic populations is 25-31 years (Helterschou et al. 2015; Murphy, 2007), considerably older than the mean age of diagnosis reported in non-forensic populations (3-10 years; Daniels & Mandell, 2014). It has also been found that a large proportion of autistic individuals are only diagnosed once they have come into contact with the CJS (75% in Kumagami & Matsuura, 2009). Consequently, it has been theorised that there may be a hidden population of undiagnosed autistic individuals who are serving prison sentences (de la Cuesta, 2010; Myers, 2004), but are perhaps not being managed or supported appropriately (Ashworth, 2016; Mouridsen, 2012; Newman et al., 2019).

Problematically, research has indicated that serving a prison sentence is associated with additional unique challenges for autistic individuals, relevant to their autism (Allely, 2015; 2020; Helterschou et al., 2018; Newman et al., 2015; 2019; Robertson & McGillivray, 2015; Vinter et al., 2020). For example, the prison routine has been consistently highlighted as impactful for autistic prisoners (Allely, 2015; McAdam, 2012; Newman et al., 2015; Vinter et al., 2020). Vinter et al. (2020) characterised the prison routine as a “double-edged sword” (p.9) for autistic individuals. On the one hand, a strict routine and structured prison environment was compatible with the RRBI trait of autistic individuals (APA, 2013), and offered autistic individuals a comforting sense of predictability. However, consistent with other literature (Cashin & Newman, 2009; Newman et al., 2015) it was also recognised that disruptions and inconsistencies in the prison routine were commonplace, and were particularly frustrating or anxiety-inducing for autistic individuals (Vinter et al., 2020).

Interactions with other prisoners and prison staff have also been frequently highlighted as challenging, with regards to prison experiences of autistic individuals (Allely, 2015; Helterschou et al., 2018; Newman et al., 2015; Paterson, 2008; Vinter et al., 2020); which is likely associated with the social communication and interaction difficulties that are characteristic of autism (APA, 2013;

Robertson & McGillivray, 2015). Evidence suggests that autistic prisoners can find it difficult to establish and maintain friendships with other prisoners, lacking confidence to interact with others, particularly with non-autistic prisoners who they feel have a different way of being (Helterschou et al., 2018; Newman et al., 2015). Furthermore, it has been contended that some autistic individuals experience social exclusion and bullying from others in the prison environment, because they seem different (Allely, 2015; NAS, 2011; Talbot, 2009); potentially amplified by limited autism awareness in prisons (Vinter et al., 2020). Paterson (2008) noted that these difficulties can render autistic individuals prone to social isolation in prisons. Some autistic individuals self-isolate and purposefully avoid social interactions, as a means of coping with the social demands in a prison (Newman et al., 2015). However, it must be noted that this is not a ubiquitous challenge for autistic individuals. On the contrary, autistic prisoners in Vinter et al's (2020) study felt they were more social in prison, compared to their lives on the outside. However, this research was conducted in a prison that exclusively housed individuals with sexual convictions (ISOCs). Consequently, this was perhaps not representative the typical prison experience for autistic individuals.

Finally, research has also noted how the sensory environment of a prison may be challenging for autistic individuals (Robertson & McGillivray, 2015; Vinter et al., 2020). Sensory difficulties, as discussed previously in this chapter, can include hyperreactivity and hyporeactivity to particular sensory inputs (e.g. light, sound, touch and smell), and could present difficulties for autistic individuals. For example, Vinter et al. (2020) found that the auditory environment of the prison was particularly challenging for autistic individuals. It was found that autistic individuals sometimes had difficulty coping with the inescapability of general excessive noise in the prison (e.g. noisy wings), as well as more specific noises (e.g. other prisoners whistling). Other sensory features of the prison environment, such as fluorescent artificial lighting (Freckelton, 2011; Higgs & Carter, 2015), may also serve to distress autistic individuals and impact adjustment to living in a prison.

This thesis focussed specifically on the prison-based rehabilitation of autistic ISOCs. Therefore, in light of some of the challenges associated with prison life for autistic individuals purported in the existing literature; it was anticipated that there would be specific nuances associated with the prison context that would be relevant to interventions work with autistic ISOCs.

1.2.2. Autism accreditation in prisons

A recent development, with regards to autism-related provisions in prison settings, has been the introduction of the NAS autism accreditation scheme for prisons (Hughes, 2019; Lewis et al.,

2015; 2016a). More generally, the NAS autism accreditation scheme has been in operation since 1992 and was devised as a quality assurance programme, to ensure that autistic individuals receive adequate support across a variety of organisational settings (Lewis et al., 2015; NAS, 2021). To achieve autism accreditation, organisations must go through a rigorous process of auditing and assessment, and can be assigned one of three statuses ('aspiring', 'accredited', or 'advanced'), which are periodically reassessed thereafter to ensure ongoing provisions continue to meet the required standards. The awarding of autism accreditation status represents the NAS' endorsement of an organisation's commitment to understanding autism, supporting autistic individuals, and engaging in autism-oriented practice. Opportunity to achieve autism accreditation is open to a variety of organisations and settings (e.g. educational settings, healthcare settings, residential services), and more recently prisons have been working towards achieving autism accreditation (Hughes, 2016; Lewis et al., 2015).

Work on the development of prison-specific standards for autism accreditation began in HMYOI Feltham in 2014 (Hughes, 2016; Lewis et al., 2015). Outlined by Lewis et al. (2015; 2016a), these standards pertained to adjustments and autism awareness expectations across four key areas of the prison: education, mental health, primary care, and discipline. In 2015, HMYOI Feltham became the first prison in the world to achieve autism accreditation (Lewis et al., 2015; 2016b). Following this, the newly developed prison-specific standards were successfully piloted in HMP Parc, HMP Wakefield, and HMP Dovegate; to ensure that the accreditation standards were applicable to the adult and youth prison estates (Hughes, 2016). Some examples of adjustments made by these prisons to meet these autism accreditation standards included the implementation of autism awareness training for staff and prisoners, low-stimulus rooms for de-escalation/time out opportunities, and permitting autistic prisoners with sensory sensitivities to noise to wear ear defenders (Hughes, 2019; Lewis et al., 2016a). Since the inception of the prison-specific standards, there has been a growing interest in acquiring autism accreditation from over 25 other prisons in the UK (Lewis et al., 2016a; 2016b), and some have been successful in acquiring accreditation (e.g. HMP Whatton; NAS, 2019). Moreover, similar standards are in development for other aspects of the criminal justice system (e.g. police and probation; Hughes, 2019; Lewis et al., 2016b).

However, whilst the NAS autism accreditation scheme is a promising development and is receiving increasing attention from UK prisons, there is limited evidence of analogous schemes operating in prisons outside of the UK. Despite this, although not necessarily enshrined in an official accreditation or certification programme, there is nevertheless evidence from outside of the UK that recognises the unique support and management needs of autistic prisoners (e.g. Norway; Helverschou et al., 2018). Nonetheless, as this thesis reports research conducted within UK prisons,

the NAS autism accreditation scheme was potentially relevant in some studies. Consequently, where specifically relevant throughout the thesis, discussions of research findings are contextualised with reference to the scheme.

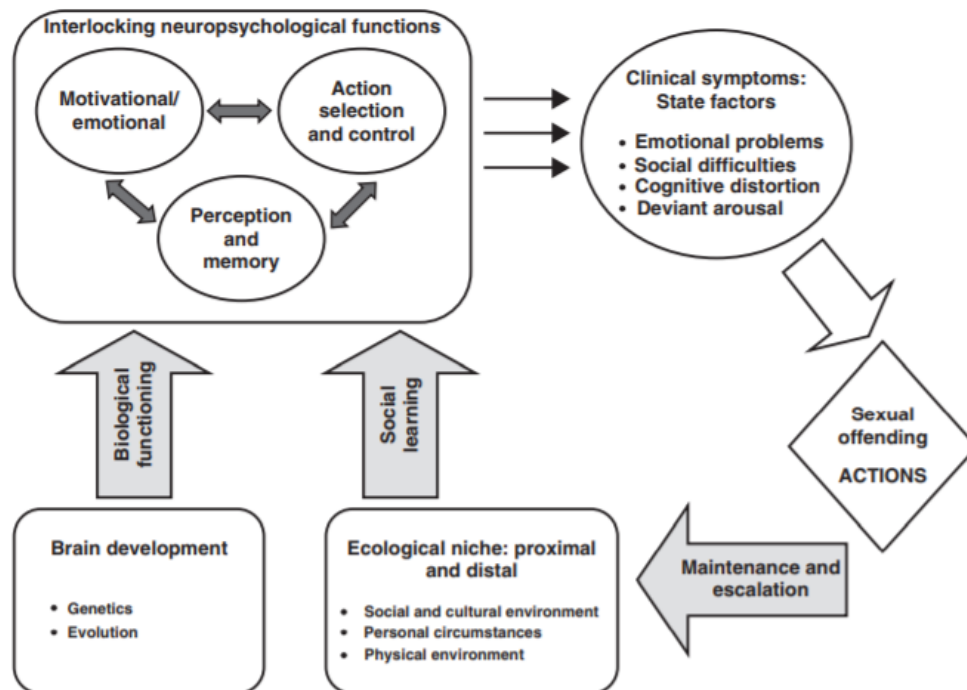
1.3. Autism and sexual offending

To recapitulate an earlier discussion in this chapter, sexual crime has been purported to be one of the most common types of crime committed by autistic individuals (de la Cuesta, 2010). Often, these offending behaviours in autistic individuals can be contextualised in their autism (Allely & Creaby-Attwood, 2016; Browning & Caulfield, 2011). This section will now review the small body of research that has explored potential links between autism and sexual offending. However, it must be noted that much of this research is based on small-scale case study evidence and anecdotal reports, which may have implications for generalisability and transferability. A recent paper by Payne et al. (2020) highlighted that, in the literature, explanations for sexual offences committed by autistic individuals tended to fall under four themes. These were: (i) social difficulties; (ii) lack of awareness, or misunderstanding, of sexual issues; (iii) sexual frustration, compulsive thinking, and inadequate control, and; (iv) exploitation and abuse (Payne et al., 2020). Although research has highlighted tentative links between autistic traits and sexual offending in a minority of cases, autism is rarely posited to be the sole cause of offending. As with non-autistic ISOCs, the explanations of why autistic individuals sexually offend are likely complex and multifaceted; but, nevertheless, remain largely unexplored.

Whilst some research has explored these links between autism and sexual offending, this has not often been synthesised with broader theories of sexual offending in the field with a great deal of depth. Despite this, elements of the themes identified by Payne et al. (2020) align with factors in the Integrated Theory of Sexual Offending (ITSO; Ward & Beech, 2006; 2016). This model is one of the most comprehensive integrated theoretical explanations of sexual offending; capable of incorporating and unifying several level 1 (i.e. multifactorial), level 2 (i.e. single factor) and level 3 (i.e. descriptive) models of sexual offending. The ITSO (see Figure 1) suggests that the surface-level factors (or 'state factors') associated with sexual offending are a consequence of complex interactions between a variety of underlying causal factors and mechanisms.

Figure 1.

Integrated Theory of Sexual Offending (ITSO; Ward & Beech, 2016, p.125).



These are: (1) biological factors (i.e. genetics, evolution, neurobiology), (2) proximal and distal ecological niche factors (i.e. personal, socio-cultural, physical environmental circumstances), and (3) core interlocking neuropsychological systems (i.e. motivational/emotional, perception and memory, action selection and control) that result in desire, belief and action. The ITSO suggests that interactions between these factors give rise to specific vulnerabilities (or ‘state factors’), which increase an individuals’ propensity to commit a sexual offence (i.e. emotional problems, social difficulties, cognitive distortion, deviant arousal). In the revised ITSO (Ward & Beech, 2016), the concept of personal agency was added to demonstrate that state factors are connected components of an individuals’ psychological life, rather than disconnected psychological fragments. In the revised model, state factors are mediated through personal agency (or intentional mental states), which can increase the likelihood somebody will sexually offend. Ward and Beech (2006; 2016) theorise that these mechanisms are responsible not only for a first sexual offence, but the maintenance and escalation of sexual offending too. The ITSO was initially developed as a model to understand sexual offending in typically developing individuals. Since its inception, elements of the ITSO have been found to be relevant to ISOCs with intellectual disabilities (ID) too (see Keeling et al., 2009), however the ITSO has not yet been applied to autistic ISOCs as a specific subgroup of ISOCs. Nevertheless, the apparent overlaps between the ITSO and literature relating to autism and sexual offending warrant discussion here. Therefore, the following sections review the literature relating to autism and sexual

offending, framed in light of the ITSO. Additional general theories of sexual offending are also discussed, where relevant.

1.3.1. Social communication and interaction

Autism-related difficulties in social communication and interaction have been implicated as possible contributory antecedents to sexual offences committed by some autistic individuals. It has been suggested that difficulties associated with; interpreting non-verbal social and emotional cues, social reciprocity, recognising the mental states of others (i.e. ToM or 'mentalisation'), and interpersonal naïveté could be linked to sexual offending in some autistic individuals (Al-Attar, 2019; de la Cuesta, 2010; Griffin-Shelley, 2010; Haskins & Silva, 2006; Murrie et al., 2002; Ray et al., 2004). When combined with misunderstandings of appropriate socio-sexual conventions, these difficulties may explain contact sexual offending (such as sexual assault and rape) in some autistic individuals (de la Cuesta, 2010; Higgs & Carter, 2015). It could be theorised that these difficulties represent a manifestation of the social difficulties state factor, which stem from issues in the perception and memory neuropsychological mechanisms of the ITSO model (Ward & Beech, 2006; 2016). For example, Ward and Beech (2006; 2016) noted how issues with the perception and memory mechanism could manifest as "problematic interpretations of social encounters" (p.131). Autistic individuals may not perceive social interactions in a typical way, missing or misinterpreting important social cues, which contribute toward the lead up to a sexual offence. For example, some autistic individuals may struggle to intuit socially acceptable ways to express their sexual attraction towards other people. An example of this was given by Murrie et al. (2002), where one autistic ISOC's social naïveté was exemplified by his "passive and naïve" approach to courtship, as he would hang around women "until sex happened" (p.62). Consequently, this may increase an autistic individual's propensity to make inappropriate, unwanted sexual advances towards another person. This may be compounded if they also struggle to accurately interpret the thoughts and feelings of others. They may misconstrue, or fail to recognise, behavioural signs of consent, fear or distress; or not recognise the harm caused by particular behaviours (Katz & Zemishlany, 2006). To illustrate, Kohn et al. (1998) described a case of an autistic male who had approached a girl in the street, grabbed her, attempted to undress her, and touched her breasts and genitals. It was suggested by the authors that the individual did not fully recognise his wrongdoing. The individual claimed that his actions were an expression of his fondness for the girl and believed that they were a means to make her his girlfriend. These types of cases exemplify how differences in the interlocking nature of the motivation, perception and memory, and action planning mechanisms of autistic individuals may problematically shape their beliefs about the world, and their subsequent behaviour (Ward & Beech, 2006; 2016).

On the other hand, contrary to evidence implicating social communication and interaction difficulties as a potential risk factor for some autistic individuals, Sevlever et al. (2013) suggested that such difficulties may mean that some autistic individuals struggle to successfully deceive potential victims. Therefore, it was suggested that social communication and interaction difficulties could serve as a protective factor against sexual offending. For example, unable to successfully deceive others, an autistic individual could struggle to establish trust with a victim or manipulate them into particular situations to facilitate offences. When framed in terms of the ITSO (Ward & Beech, 2006; 2016), this may represent an example of how there can be complex interactions between the underlying causal factors and mechanisms that underpin sexual offending. Autism-related difficulties that some autistic individuals face in deceiving potential victims may represent a protective distal factor, as part of their ecological niche. That is, despite other factors perhaps indicating risk (such as distorted beliefs stemming from divergent perception and memory systems, a proximal factor of situational opportunity to offend, or an agentic choice to offend), this distal factor reduces an autistic individual's ability to carry out a sexual offence, and results in unsuccessful attempts at offending.

Difficulties intuiting whether behaviours are socially and legally appropriate have also been suggested as explanations for why some autistic individuals engage in private or sexual behaviours in public spaces e.g. public masturbation and/or indecent exposure (Allely & Creaby-Attwood, 2016; Barry-Walsh & Mullen, 2004; Haskins & Silva, 2006; Mehzabin & Stokes, 2011; Murrie et al., 2002; Payne et al., 2020). For example, some autistic individuals may experience a desire to masturbate when in public, but struggle to intuit the inappropriateness of masturbating in public (Sevlever et al., 2013). Similarly, it has been suggested that some autistic individuals may be more susceptible to exploitation or manipulation by other people, and may be easily manipulated by others into performing inappropriate sexual behaviours in public (Allely & Creaby-Attwood, 2016; Sevlever et al., 2013). Sevlever et al. (2013) contended that these cases constitute the majority of autism-related sexual offences. Interpreted through the lens of the ITSO model (Ward & Beech, 2006; 2016), this could represent an interaction between the ecological niche and neuropsychological mechanisms. To illustrate, an autistic individual who, perhaps, struggles to naturally intuit implicit rules of social appropriateness (distal factor, perception and memory system), in a socio-cultural environment where public sexual behaviours and nudity are inappropriate (proximal factor), may experience the desire to masturbate or undress in public (motivation/emotional system). Uninhibited by the prohibitive rules they are naïve to (action selection and control system), they may opt to engage in those behaviours despite being in public (agency). The addition of manipulative or exploitative others

may contribute as a crucial proximal factor, which forms part of an autistic individual's ecological niche; interacting with intrinsic autism-related vulnerabilities (distal factor), thereby increasing their propensity to offend.

Challenges around establishing appropriate, consenting friendships and relationships have also been purported as linked to some sexual crimes committed by autistic individuals (de la Cuesta, 2010; Higgs & Carter, 2015). It is a common misconception that most autistic individuals do not want to socialise with other people (Ahlers et al., 2017). However, many autistic individuals can struggle to initiate and maintain friendships and relationships, because of autism-related social communication and interaction challenges (APA, 2013; Hancock et al., 2020). Consequently, many autistic individuals become susceptible to social isolation and loneliness; which are factors frequently associated with sexual offending in the literature (Babchishin et al., 2018; Bumby & Hansen, 1997; Henshaw et al., 2017; Knack et al., 2020; Whitaker et al., 2008). It has been suggested that when paired with sexual frustration, sexual preoccupation and/or a strong desire for interpersonal attachment, these social difficulties may become an antecedent of sexual offending for some autistic individuals (Allely & Creaby-Attwood, 2016). For instance, it has been suggested that some sexual offences committed by autistic individuals against children may reflect a desire for interpersonal attachment, coupled with difficulties in accurately judging age (Archer & Hurley, 2013). These examples can be paralleled with Ward and Beech's (2006; 2016) description of how some ISOCs may lack sufficient internal conditions to establish interpersonal relationships, which can contribute toward social isolation, emotional loneliness, intimacy issues and attachment problems (state factors), and ultimately sexual offending. In one example, Ward and Beech attribute these difficulties to "impoverished early learning experiences" (Ward & Beech, 2016, p.130). However, in this context, it may be that an individual's autism underpins their difficulties establishing interpersonal relationships, and subsequently contributes towards disturbances in an individual's emotional/motivational systems (neuropsychological mechanisms) and the emergence of clinical state factors (e.g. a need for intimacy); cumulatively leading to an increased risk of sexual offending. The additional difficulties relating to accurately judging age (Archer & Hurley, 2013) and sexual preoccupation/sexual frustration-related disinhibition may therefore represent further issues in the interlocking neuropsychological functions of the ITSO model. For example, in Griffin-Shelley (2010), it was suggested that one autistic individual's sexual offences against children were a manifestation of their desires for interpersonal connectedness and intimate physical contact (i.e. issues relating to motivational/emotional systems) that he otherwise struggled to achieve (ecological niche), combined with autism-related compulsivity (i.e. issues associated with the action selection and control system).

It has also been posited that, corresponding with lower socio-emotional maturity levels, some autistic adults may feel inclined to befriend, or initiate relationships with children or individuals younger than themselves (Sevlever et al., 2013). For example, interactions with children are often less complex, therefore more manageable and less challenging for some autistic individuals. Again, this may be understood through the ITSO as indicative of a need for intimacy (i.e. a state factor), stemming from underlying issues in the interlocking neuropsychological functions and the individual's ecological niche (Ward and Beech, 2006; 2016). In this example, an autistic individual may experience difficulties in establishing appropriate adult interpersonal and intimate relationships due to their autism (distal factor), and as a consequence may have experienced social exclusion or rejection when attempting these with adults (proximal factor). Consequently, operating on the desire to achieve intimacy (motivational/emotional system) and believing children to be more accessible socially (perception and memory system) an autistic individual may attempt to befriend or initiate relationships with children. Alternatively, these examples are also fitting with Finkelhor's (1984) Precondition Theory of sexual offending against children. Finkelhor's (1984) model suggests that an affinity or emotional congruence with children, and difficulties meeting emotional and/or sexual needs through relationships with adults (or blockage), may contribute toward the committing of a sexual offence; particularly if that individual is also sexually attracted to children (Hermann et al., 2017; McPhail et al., 2013). As such, an autistic individual who otherwise struggles to establish and maintain relationships with adults, due to autism-related social communication and interaction difficulties, may attempt to meet their emotional and sexual needs through children. Additionally, they may experience further disinhibition, another key precondition in Finkelhor's (1984) model, if they are naïve to acceptable socio-sexual conventions (discussed earlier in this section).

A systematic review by Allely and Dubin (2018) discussed potential associations between autism and child sexual abuse (CSA) image-related offending. It was suggested that, because of difficulties they experience socialising with others, autistic individuals may not receive the typical sexual education from interactions with peers and may exhibit a developmental lag (Hannah & Stagg, 2016; Stokes et al., 2007). Additionally, literature has indicated that children with developmental conditions (such as autism) are less likely to receive the same general sexual education opportunities as their neurotypical peers (Hannah & Stagg, 2016; Sugrue, 2017). To compound this, research suggests that some parents are not willing to engage in sexual education conversations with their autistic children (Gougeon, 2010). Gougeon (2010) attributed this to parents' misconceptions that their child will be uninterested in sex, despite evidence that sexual interest levels are typically no

different between autistic and non-autistic populations (Turner et al., 2017). In addition to poorer sexual education, autistic individuals may not have experience of intimate relationships (Allely & Dubin, 2018; Hancock et al., 2020). Therefore, Allely and Dubin (2018) argued that, cumulatively, a lack of sexual education, underdeveloped sexual knowledge, and a lack of intimate relationship experience could contribute to difficulties understanding how to appropriately express their sexuality. Consequently, some autistic individuals, who experience a drive to satisfy their sexual needs, may seek sexual knowledge and outlets from alternative, potentially inappropriate, sources. Autistic individuals may turn to the internet to do this (Dubin et al., 2014), particularly those who utilise the internet as their “preferred conduit to the outside world” (Sugrue, 2017, p.117). For example, autistic individuals may access internet pornography as a readily accessible source of sexual knowledge. It has been noted how this could be a problematic source of sexual education for autistic individuals, as pornography often presents distorted portrayals of socio-sexual conventions; such as unrealistic impressions of courtship, consent, and sexual scripts (Allely & Dubin, 2018; Higgs & Carter, 2015). This may have problematic implications for an autistic individual’s understanding socio-sexual conventions, discussed previously. These postulations may be framed and understood in terms of the ITSO (Ward & Beech, 2006; 2016), as an example of how the ecological niche and subsequent social learning can feed into and interact with an individual’s neuropsychological functioning, and subsequently contribute toward sexual offending. If an autistic individual is less likely to acquire sexual education through social learning compared to neurotypical peers, due to their autism and how they are understood by those around them (e.g. parents), they may then seek to acquire the knowledge through inappropriate means (i.e. their ecological niche). Consequently, if they lack sexual knowledge due to the lack of education from peer, teacher and parent interactions, and/or acquire sexual education through a warped social learning process of viewing pornography, then an autistic individual’s perception and memory systems may also become distorted. This may influence an autistic individual’s judgment of whether a social encounter is leading to sexual contact, the plans they make, and subsequent decisions about when and how to act upon their sexual desires; potentially resulting in a sexual offence.

Allely and Dubin (2018) noted how these issues may also explain why some autistic individuals access CSA images online. They contended that autistic individuals accessing CSA images may, in some cases, represent an extension of their search to understand sex and relationships. It was suggested that some autistic individuals may inadvertently view and/or download CSA material, but may be unaware of the criminality of doing so. For example, Allely and Dubin (2018) speculated that some autistic individuals may struggle to make accurate judgements of ages, have difficulty

recognising indicators of fear or distress in CSA images, and/or may not intuit the wrongdoing of accessing CSA materials (particularly if they seem to be freely accessible online; Mesibov & Sreckovic, 2017). Again, this may represent an extension of issues associated with the interactions between perception and memory systems and action selection and control systems under the ITSO (Ward and Beech, 2006; 2016). If an autistic individual has not been explicitly taught that downloading CSA images is illegal, then their decision to act (i.e. accessing and downloading CSA images) may not be naturally inhibited by other perceived indicators of the wrongness of that act (i.e. recognising fear of children in the images, judging the age of children in the images, intuiting the implicit moral and social wrongdoing associated with the images).

1.3.2. Restrictive and repetitive patterns of behaviour, interest and thought (RRBIs)

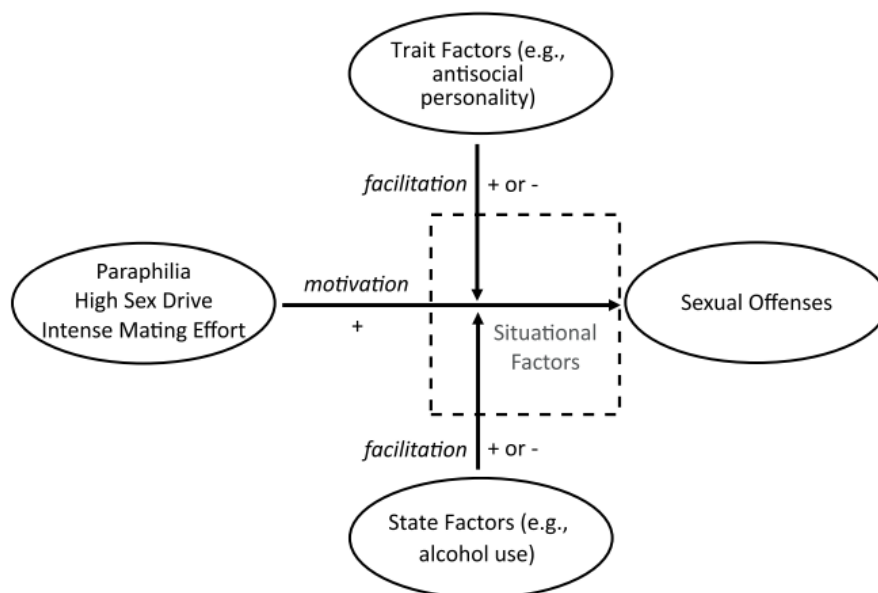
Extant literature has also indicated potential relationships between RRBIs (the second core feature of autism under the DSM-5; APA, 2013) and sexual offending in some autistic individuals. A speculative link between RRBIs and sexually harmful behaviour was cited as early as Kanner (1943) and Asperger (1944). For example, Asperger linked autism-related impulsiveness to sexual behaviours, claiming that sexuality amongst autistic individuals was a dichotomy between individuals with a complete absence of sexual interest, and individuals with early, concerning signs of strong sexual activity in childhood. Similarly, Kanner referred to intense preoccupations with overtly practiced masturbation. Resonating with literature cited earlier in this chapter (Allely & Creaby-Attwood, 2016), Kanner suggested that this was problematic when coupled with a disregard for social rules, and could lead to exhibitionist public masturbation, with outright reluctance to desist.

In contemporary research literature, there have been discussions of possible associations between sexual offending and autistic RRBIs in the form of narrow interests and preoccupations of thought (Al-Attar, 2019; Allely & Creaby-Attwood, 2016; de la Cuesta, 2010; Higgs & Carter, 2015). Particularly interests and preoccupations that are of a sexual or deviant nature or are directed at a particular person or group of people (Murrie et al., 2002; Ray et al., 2004). Relatedly, some stalking behaviours exhibited by autistic individuals have been associated with RBI-related preoccupied interests; particularly when interests are coupled with social naïveté and difficulties recognising social cues of romantic disinterest (Allely & Creaby-Attwood, 2016; Archer & Hurley, 2013; Seveler et al., 2013). Understood in terms of the ITSO (Ward and Beech, 2006; 2016), the RRBIs (e.g. narrow interests) associated with sexual offending may reflect how a distal factor (autism) shapes an individual's interlocking neuropsychological functions (e.g. motivated by the interest, misinterpretation of social cues, impulsivity), thereby influencing decisions to act (e.g. actively

pursuing those interests). For example, Chan and Saluja (2011) reported the case of an autistic boy who displayed inappropriate behaviour towards young girls, such as peeping at them in toilets, which appeared to be driven by a circumscribed interest in young girls’ ‘private parts’. Similarly, Milton et al. (2002) reported the case of an autistic male who exhibited paraphilic behaviours and had a preoccupied interest with women’s’ genitalia and gynaecological examinations. This interest contributed toward the recurrence of sexual offending behaviours, including; peeping on women in public toilets, posing as a gynaecologist on the telephone and interviewing women about their gynaecological experiences whilst masturbating, and sexual touching of young females’ genitalia (Milton et al., 2002). Milton et al. considered that the individual’s offending was influenced by the complicated combination of both his paraphilic behaviour and his autism. These cases are consistent with Seto’s (2019) motivation-facilitation model (MFM) of sexual offending (see Figure 2). That is, the individuals’ paraphilic preoccupied interests in young girls’ genitalia and gynaecological examinations (motivation factor) potentially interacted with other features of their autism, such as difficulties recognising social appropriateness (trait facilitation factor), and opportunities to act on their interests (situational factor), to increase their propensity to offend.

Figure 2.

“Updated motivation-facilitation model of sexual offending” (Seto, 2019, p.5).



Prima facie, both the Chan and Saluja (2011) and Milton et al. (2002) case examples illustrate how, framed through the ITSO and MFM, autism-related fixed interests could appear to manifest as state factors associated with sexual offending (i.e. deviant sexual interests) in some autistic

individuals. In practice, though, it may be more accurate to suggest that autism does not motivate sexual offending but may facilitate its occurrence when such motivating factors are present.

On the other hand, there appears to be some overlap between autism-motivated behaviours and the paraphilia-associated motivations of the MFM (Seto, 2019). Though, this may be complicated in cases where it is unclear whether an interest has a sexual motivation component that is tantamount to sexual deviancy or paraphilia. For example, Chan and Saluja (2011) noted how it was difficult to discern whether there was a sexual element to the individual's peeping behaviours. This has been discussed to some extent in the literature relating to sexual offending and autism-related sensory preferences (Al-Attar, 2019; Hollomotz et al., 2018). For example, Hollomotz et al. (2018) reported a brief case study of an autistic ISOC, whose sexual offending was attributed to "circumscribed interest in, and sensory need for, children's garments, their dimensions and fabrics" (p.6). Their interest was fixated on specific colours, textures and sizes of the clothing. The individual went to inappropriate and extreme lengths to acquire the children's clothing; from approaching children to ask for their clothing, to abducting and assaulting children for their clothing. Undiagnosed at the time of arrest, the individual's actions were interpreted as sexually motivated, however it was suggested that the individual was not interested in the children, only their clothing (i.e. non-sexual fixed interest and sensory-seeking related motives; Hollomotz et al., 2018). Therefore, it may be inferred that some autistic individuals, who commit the actus reus of sexual offences, do not possess a sexually driven mens rea (i.e. they are not seeking to satiate sexual arousal, but to pursue an ulterior interest). However, their actions are regarded as sexually motivated because they are interpreted as inherently sexual by others. This may be indicative of what has been referred to in the literature as 'counterfeit deviance' or, more specifically, 'counterfeit deviant sexual behaviour' (Griffiths et al., 2013; Hingsburger et al., 1991; Kellaher, 2015). In relation to autistic individuals, this may refer to behaviours that appear sexually motivated, deviant and/or paraphilia related on the surface, but are instead indicative of a lack of social skills, sexual experience and knowledge, or sensory issues (Kellaher, 2015). On the other hand, this is one brief case example, and future research would be required to investigate for generalisability. Still, sensory preferences have been implicated in other crimes committed by autistic individuals. For example, Al-Attar (2019) noted how autistic individuals who offend may select their victims based on sensory preferences (e.g. colour of clothing or specific perfume smells). However, regardless of whether offending behaviours are sexually motivated or not, the ITSO (Ward and Beech, 2006; 2016) may still offer some insight into understanding such behaviours; given that the behavioural acts in and of themselves are still problematic. For example, due to autism-related issues associated with perceptual and memory systems (e.g. struggling to intuit

rules of social appropriateness) and the action selection and control systems (e.g. impulsivity), an autistic individual may touch a child's clothing whilst they are still wearing said clothing, which is then interpreted as sexual by others, resulting in arrest for a sexual offence. Similarly, the MFM (Seto, 2019) may be adapted to consider autism-related RRBI motivation components, beyond simply categorising autism as a trait facilitation factor.

RRBI autistic traits have also been implicated as a potential explanation for CSA image (and other Child Sexual Exploitation Material [CSEM]) offences committed by autistic individuals. For instance, Mesibov and Sreckovic (2017) posited that RRBI may manifest as an excessive, compulsive interest in downloading and collecting CSEM. This was supported by Allely and Dubin (2018), who highlighted that many autistic individuals caught in possession of CSA images are found with notably large collections, with many files unopened. This could have interesting implications for how risk is assessed and understood in autistic individuals with CSEM-related sexual convictions. Typically, quantity of CSEMs possessed are interpreted as indicative of risk level; where possession of more images is interpreted as a stronger obsession, and higher risk of acting upon related sexual urges (McCarthy, 2010; Sugrue, 2017). However, in the context of autistic ISOCs, such an approach does not necessarily consider potential associations between the volume of material possessed and the individual's autistic traits (Allely & Dubin, 2018); which may have implications for intervention. Other authors have challenged the use of quantity of images possessed as a measure of deviancy or risk, proposing instead that this may be better measured through investigating and individual's overall involvement with CSEM-related behaviours and processes (Glasgow, 2010). Furthermore, non-forensic theoretical perspectives on collecting behaviours, which distinguish connoisseurs from ordinary acquirers or accumulators, would caution against simply interpreting the size of a CSA image collection as an indicator of deviancy; suggesting instead that the quality of those collections may be more relevant than the quantity. For example, a smaller, more purposively focussed collection of CSA images that has been clearly refined over years of searching, acquiring, trading, discarding or refining may better indicate a more specialised or serious connoisseur collector for CSEM, and, by extension, deviancy (see Baekeland, 1994; Belk, 1985; and Danet & Katriel, 1989 for consumerism and social psychological perspectives on collecting behaviour). Therefore, in the context of autistic individuals caught with large collections of CSA images (Allely & Dubin, 2018); the notably large collections of files, with a number unopened, may indicate something beyond sexual deviancy (i.e. not a specialist or connoisseur under collecting theory). Instead, motivation and maintenance of their offending may be attributed to other non-sexual factors. For example, autistic individuals may be motivated by the non-sexual pleasure gained from accumulating and categorising image collections (Carr, 2003; Taylor

& Quayle 2003; Sheldon & Howitt 2007). Here there are overlaps with what Bartels and Merdian (2016) proposed in the broader sexual offending literature as a “Self as Collector” (p.22) implicit theory (IT), which may be present in some ISOCs who access and download CSEM. After a qualitative review and synthesis of the CSEM and broader collecting behaviour literature, Bartels and Merdian (2016) noted that the act of collecting in of itself could serve as a distinct function for a number of CSEM users; which may be present with or without a co-occurring sexual motivation (Surjadi et al., 2010). It was suggested, in line with McIntosh and Schmeichel’s (2004) psychological model of collecting behaviours, that CSEM users who hold the Self as Collector IT may perceive CSEM “in terms of its ‘social value’ (i.e., a collectible or commodity), rather than (or second to) its ‘ordinary’ value (i.e., sexual arousal)” (Bartels & Merdian, 2016, p.22); which seems to resonate with instances of autistic CSEM users who are driven by RRBI traits. Furthermore, paralleling the reported large collections of CSEM held by autistic CSEM users (Allely & Dubin, 2018), CSEM-only ISOCs have been found to possess larger collections of CSEM compared to ISOCs who have engaged in both CSEM and contact offending (Long et al., 2012). This may support the argument that CSEM-users who are primarily (or only) motivated by the collecting element, such as autistic individuals driven by their RRBI traits, are more inclined to build larger collections. However, in the absence of more research on autism and sexual offending, it is unclear to what degree there may be overlaps between the Self as Collector IT and RRBI autistic traits as explanations for CSEM offences committed by autistic individuals. Despite apparent surface level overlaps, there may be fundamental differences between these factors in how they may contribute toward sexual offending in some autistic individuals, which may be difficult to pick apart in practice. This example, and other examples provided in the previous paragraph, illustrate the importance of being cautious in explaining sexual offences committed by autistic individuals based on surface level phenomena, and the danger of potential counterfeit deviance (Griffiths et al., 2013; Hingsburger et al., 1991; Kellaher, 2015). It should not be assumed that these behaviours can be understood as deviant in the same way as non-autistic ISOCs. It is important to recognise that autistic ISOCs may need to be worked with differently to non-autistic ISOCs, and sexual offending in autistic individuals requires further future research.

1.3.3. Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs), particularly experiences of childhood sexual abuse, have been linked to the onset of sexual offending in later life (Drury et al., 2019; Jespersen et al., 2009; Lee et al., 2002). In the ITSO, such experiences have been implicated as a distal element of an ISOCs ecological niche, which may, for example, lead to a need for intimacy and control, and increase their propensity to commit a sexual offence (Ward & Beech, 2006; 2016). Relatedly, it has been suggested that autistic individuals (particularly those with co-occurring ID) are at an increased risk of being victims of sexual abuse (Baarsma et al., 2016; Brown-Lavoie et al., 2014; Ohlsson Gotby et al., 2018; Roberts et al., 2015; Sevelever et al., 2013). Moreover, research suggests that autistic individuals are considerably more likely to exhibit sexually abusive behaviours if they have experienced a history of sexual abuse (8.6x more likely) and physical abuse (10.8x times more likely) themselves (Mandell et al., 2005). Therefore, it is particularly important to understand why autistic individuals are more at risk of ACEs, particularly childhood sexual abuse, to understand and prevent future sexual offending.

Research has attributed the increased risk of experiencing ACEs, in part, to autism-related difficulties recognising abuse, and discriminating appropriate from inappropriate abusive behaviours. For example, Sevelever et al. (2013) noted that autistic individuals may become familiar with service providers assisting them with adaptive living skills such as toileting and showering. Consequently, they may struggle to distinguish appropriate and inappropriate touching. Relatedly, autistic individuals may be less likely to decline inappropriate requests from others, if they are most frequently encouraged to comply when requested to do certain things (Sevelever et al., 2013). This may represent an example of how an autistic individual's ecological niche shapes their perception and memory system in the ITSO (Ward & Beech, 2006; 2016).

Where an autistic individual is aware that they are a victim of abuse, it has been suggested that they may struggle to effectively report the abuse, because of difficulties associated with social communication and interaction (Archer & Hurley, 2013). Equally, more implicit indications of abuse (e.g. concerning behaviours such as self-injury) may be attributed to an individual's autism, rather than interpreted as signs of abuse (Sevelever et al., 2013). In addition, it has been reported that autistic individuals can have more difficulty processing the trauma associated with sexual abuse, which could potentially amplify the risk of later sexual offending (Bleil Walters et al., 2013). It has also been suggested that autistic individuals who experience sexual abuse may replicate the behaviours that they were a victim of, and consequently exhibit sexually inappropriate behaviours (Ray et al., 2004). This is also fitting with the ITSO (Ward & Beech, 2006; 2016), exemplifying how an individual's

ecological niche may shape their later neuropsychological functioning (e.g. perception and judgments of appropriateness), and subsequent risk of sexual offending. This is also consistent with other established theories, such as Ward and Siegert's (2002) Pathways Model; which is theoretically compatible with the ITSO framework (Ward & Beech, 2006). One such pathway to sexual offending suggests that premature sexualisation (through sexual ACEs) can influence the development of distorted sexual scripts, in part, because a child struggles to emotionally and cognitively process those sexual experiences. Consequently, said individual potentially develops warped sexual scripts with regards to inappropriate sexual partner selection, inappropriate sexual behaviours and/or inappropriate contexts (Ward & Siegert, 2002). Therefore, understood through the Ward and Siegert (2002) model; autistic individuals who experience ongoing childhood sexual abuse but cannot report it, and/or struggle even more than non-autistic victims, may be particularly susceptible to developing distorted sexual scripts that may be antecedents of a sexual offence.

On the other hand, it has been suggested that an autism diagnosis may also act as a protective factor against sexual offending. Just as the increased contact from service providers may influence how autistic individuals with high support needs distinguish appropriate and inappropriate behaviours; being frequently surrounded and monitored by caregivers and service providers could be a protective factor (Sevlever et al., 2013). For example, this regular monitoring could minimise opportunities for sexual offending and/or reduce the likelihood of an autistic individual becoming a victim of abuse (Leclerc et al., 2015; Sevlever et al., 2013). Again, this proposition is supported by the ITSO model (Ward & Beech, 2006; 2016), in that the caregivers and service provider contact acts as an important ecological factor, protective against sexual offending through minimised opportunities for example. Therefore, while an autistic individual may possess other apparent prerequisite psychological factors that predispose them towards sexual offending (e.g. social difficulties and cognitive distortions), proximal ecological factors (such as constant surveillance from caregivers) may be a protective factor against sexual offending acts. This supports the interactional nature of the multifactorial ITSO model. Furthermore, the argument of caregivers and service providers as potential protective factors for autistic individuals is also fitting with other established theories of sexual offending. For example, in the MFM, Seto (2019) characterises the presence of guardians as a potential situational factor that may reduce the likelihood of sexual offending taking place.

1.3.4. Summary: autism and ITSO

The ITSO (Ward & Beech, 2006; 2016) provides a useful, coherent means of framing and understanding the intricacies and mechanisms that underpin why some autistic individuals may commit sexual offences. However, although there are apparent overlaps between the constructs and mechanisms outlined in the ITSO and the literature relating to autism and sexual offending, such overlaps must be interpreted with caution. The mechanisms purported in the ITSO have not been investigated with regards to autistic ISOCs specifically. Consequently, the precise nature of those overlaps cannot be currently ascertained, and it is important that features of autism are not presumed to be entangled with elements in the ITSO. For example, understanding whether there is a genuine sexual component or element of deviancy associated with an autistic individual's fixed preoccupation. Nevertheless, it is plausible that, when interpreted using the ITSO framework, existing research supports a view that autistic traits could represent vulnerabilities similar to those described in the ITSO. That is to say, autistic traits may be contributing factors in the explanations of why some individuals commit sexual offences. They are not an inherent risk factor for all autistic individuals, but may facilitate sexual offending where other motivators are also present (Seto, 2019).

1.4. Rehabilitation of individuals with sexual offence convictions (ISOCS)

Although evidence indicates that sexual offending is one of the most common types of crime committed by autistic individuals (de la Cuesta, 2010), there remains a paucity of research that has explored the rehabilitation of autistic ISOCS. This is surprising, given that sexual offending more generally provokes considerable interest in society, from professionals, media and public alike (Harper & Hogue, 2015; Ramsay et al., 2020), due to the considerable impacts it can have on victims and the public concern it generates (Elliott & Beech, 2012; Mann et al., 2010). According to the Office for National Statistics (2020), 154,113 sexual offences were reported in England and Wales, for the year ending March 2020. Furthermore, as of 30th September 2019, it was reported that 13,101 individuals were serving prison sentences for sexual offences, representing approximately 18% of the prison population in England and Wales (MOJ, 2019). However, as previously discussed, there are yet to be official figures to indicate the prevalence of autism in CJS populations.

Sexual offending is one of the most abhorred, emotionally evocative and contentiously debated crimes in society (Harper, 2019; Harper & Hogue, 2015; Pickett et al., 2013). However, since the emergence of the 'what works' ethos in the 1970s, there has been a strong focus in research and practice on reducing sexual offending through rehabilitation; rather than punishment (Marshall et al., 2013). Over the years, several rehabilitation models have been postulated. These have developed

from the earlier, typically deficit-focused models of 'Relapse Prevention' (RP; Marlatt, 1982; Marlatt & Donovan, 2005; Marlatt & George, 1984; Marlatt & Gordon, 1985;) and 'Risk-Need-Responsivity' (RNR; Bonta & Andrews, 2007; Andrews et al., 2011; 1990), to the more contemporary strength and goal-oriented 'Good Lives Model' framework (GLM; Ward, 2002; Ward & Stewart, 2003).

Correspondingly, the design and foci of interventions for ISOCs in Her Majesty's Prison and Probation Service (HMPPS) have also shifted, from the earlier range of 'sexual offender treatment programmes', to the current suite of programmes (e.g. Horizon and Kaizen). Consistent with the theoretical developments in treatment models; contemporary interventions programmes have shifted from an exclusive deficit and risk-reduction focus, to strength-based approaches to reduce sexual recidivism (HM Inspectorate of Probation & HM Inspectorate of Prisons, 2019; Ramsay et al., 2020).

1.4.1. Treatment models

Relapse Prevention (RP)

The RP model (Marlatt, 1982; Marlatt & Donovan, 2005; Marlatt & George, 1984; Marlatt & Gordon, 1985) was arguably the first influential model on interventions to address sexual offending specifically (Marshall et al., 2013). The RP model (Marlatt, 1982), initially devised to guide interventions for individuals with alcohol and drug addiction issues, was adapted by Marques, Pithers and Laws for application with ISOCs (Marques, 1982; Laws, 1989; Pithers, 1990; Pithers et al., 1983). The core assertion of RP was that for interventions to demonstrate long-term benefits, measures must be put in place to ensure that the initial benefits of interventions are managed and maintained after completion of a programme or sentence (Marshall et al., 2013). In short, RP-based interventions primarily focused on the reduction of factors that were proposed to be precipitants of sexual offending, by attempting to reduce problems and/or providing ISOCs with strategies on how to manage risk and thereby prevent recidivism (Ward & Mann, 2004). Though initially highly influential on the field, the RP model has since been subject to challenges and critique in the literature, particularly from Ward and colleagues (e.g. Ward & Hudson, 1996; 1998; Ward et al., 1995; see Stinson, 2017 for a summary). Crucially, it was demonstrated by Marques et al. (2005) that RP did not generate reductions in recidivism. Consequently, the RP model, in its original form, has been regarded as outdated in the shadow of more contemporary models of RNR and GLM (Marshall et al., 2013).

Risk-Need-Responsivity (RNR)

In the wake of building criticism against the RP model, the RNR model emerged to replace and improve upon it, in the rehabilitation of ISOCs (Andrews et al., 1990; Bonta & Andrews, 2007). The RNR model went beyond a purely theoretical input in the rehabilitation of ISOCs and generated practical frameworks for designing and implementing interventions (Marshall et al., 2013). The RNR model (see Andrews et al., 2011) is based around three core principles; (1) risk, with interventions intensity or dosage being matched to an individual's risk level; (2) need, with interventions targeting specific dynamic risk factors that are criminogenic (i.e. directly associated with offending); and (3) responsivity, with those delivering interventions maximising the individual's ability to learn by tailoring interventions to "the learning style, motivation, abilities, and strengths" of the individual (Andrews et al., 2011, p.738). Although these are the three central tenets of the RNR model, there are 17-19 principles and sub-principles (Andrews et al., 2011).

The RNR model became popularised primarily due to its strong empirical base (Andrews and Bonta, 2010a; 2010b), and has been argued by some to be the most evidence-based interventions model for ISOCs (Higgs & Carter, 2015). Despite this, early iterations of the model were nevertheless subject to later challenges and criticism. The RNR approach (like RP before it) was criticised for its focus on identifying and removing or reducing risks (i.e. deficits) in an individual; rather than utilising an individual's strengths to overcome issues, considering motivation to engage with interventions, or focussing on improving overall quality of life (Marshall et al., 2013; Ward, 2002; Ward & Mann, 2004; Willis & Ward, 2013). Consequently, it has been suggested that individuals who complete purely RNR-oriented programmes do so for external reasons, such as parole eligibility (Jones et al., 2006) rather than internal motivations to change patterns of behaviour (Willis & Ward, 2013). Ward and colleagues (Ward & Gannon, 2006; Ward & Mann, 2004; Ward & Maruna, 2007) argued that interventions based on RNR alone do not offer enough to motivate or inspire ISOCs to engage in interventions, and do not consider contextual factors that could influence interventions outcomes. In addition, the traditional RNR model was critiqued for being a somewhat narrow view of what are very complex, interacting, behaviours and cognitions. For example, reliance on a manualised, one-size-fits-all approach, and downplaying the role of context and relationships in interventions. For this reason, responsivity is commonly seen as the "neglected 'R' in the RNR model" (Duwe & Kim, 2018, p.146; though see Bonta & Wormith, 2013 for a rebuttal to earlier claims of this oversight). Nevertheless, although, by design, the RNR model is traditionally deficit-focused, it's strong empirical grounding should not be overlooked (Hanson et al., 2009; Landenberger & Lipsey, 2005). The RNR model has been referred to as the "backbone of effective offender rehabilitation" (Willis & Ward, 2013, p.305), and is flexible

enough to survive amalgamation with more positive, strength-based interventions models; such as the GLM (Marshall et al., 2013).

Good Lives Model (GLM)

The GLM was developed and advanced over the years by Ward and colleagues (Laws & Ward, 2011; Ward, 2002; Ward & Maruna, 2007; Ward & Stewart, 2003). The subsequent application of the GLM in the rehabilitation of ISOCs has clearly illustrated the move toward positive psychological approaches in forensic psychological practice. The roots of the GLM were derived from Maslow's (1968) postulation that people, by their nature, strive toward self-actualisation (Ward & Mann, 2004). In short, the GLM rests on the premise that people strive towards maximising their abilities, capacities and potential across several domains (referred to as 'primary human goods') to achieve a meaningful, 'good life' (Ward & Mann, 2004). Within the GLM, it is proposed that there are eleven primary human goods that people pursue success and/or mastery in; and the weighting that individuals place on each specific 'good' is theorised to be a reflection of that individual's underlying values and life priorities (Willis & Ward, 2013). The eleven domains are grounded in social and psychological science, and philosophical, anthropological and evolutionary theory (Purvis, 2010; Ward & Gannon, 2006; Willis & Ward, 2013):

1. Life (including healthy living and optimal physical functioning, sexual satisfaction)
2. Knowledge
3. Excellence in play
4. Excellence in work (including mastery experiences)
5. Excellence in agency (i.e. autonomy and self-directedness)
6. Inner peace (i.e. freedom from emotional turmoil and stress)
7. Relatedness (including intimate, romantic, and family relationships)
8. Community
9. Spirituality (in the broad sense of finding meaning and purpose in life)
10. Happiness
11. Creativity

The eleven primary human goods are umbrella domains, which comprise complex collections of multiple clusters (e.g. under 'Relatedness' are sub clusters of intimacy, friendship and support; Ward & Mann, 2004). According to the GLM, although everybody pursues these 'goods', they rarely, if ever, fully actualise domains (Marshall et al., 2013). Instead, it is the pursuit of actualisation within these domains, and the life-long, continuous progression and improvement within the domains (i.e.

setting relevant goals and achieving them), which brings satisfaction (Marshall et al., 2013). Socially acceptable means of, and routes to, securing primary goods are referred to as secondary goods (Willis & Ward, 2013). For example, an individual might achieve relatedness through making new friends and spending time with friends.

According to the GLM, offending is a consequence of individuals struggling to achieve valued primary human goods, or it represents a maladaptive, inappropriate and/or illegal means of doing so (Marshall et al., 2013; Ward & Mann, 2004; Ward et al., 2007; Willis & Ward, 2013). For example, an individual may commit sexual crimes as a maladaptive means of achieving intimate relatedness with others (Willis & Ward, 2013). More specifically, Ward and Mann (2004) theorised that the 'primary human goods' most associated with sexual offending are agency, inner peace and relatedness. Therefore, GLM-based intervention strategies are designed to: support ISOCs in identifying realistically achievable pro-social goals and coherent plans (i.e. secondary goods) for pursuing the relevant primary goods, and to equip them with appropriate and necessary internal resources (e.g. skills and attitudes) and external resources (e.g. opportunities and supports) to meet their needs, succeed in domains they are struggle with, and ultimately live a good or better life that is incompatible with offending (Ward & Mann, 2004; Ward & Stewart, 2003; Ward et al., 2007).

Resonant with the concept of responsivity from the RNR model, the delivery and style of interventions, and mindsets of the therapists involved, are as important as the content in GLM-consistent interventions (Ward & Mann, 2004). This applies to the entire rehabilitation process, from assessment to the completion of formal interventions (Ward & Mann, 2004; Willis & Ward, 2013). The role of therapists in such interventions is to support the welfare of the ISOCs they work with, rather than solely trying to reduce risk and recidivism (Ward & Mann, 2004). To foster an atmosphere that is conducive to rehabilitation, it has been argued that language used must reflect the positive psychological underpinnings of the GLM, mirroring the focus on potential positive future identities rather than on past deficits (Ward & Mann, 2004). For example, instead of risk factors, interventions focus on addressing needs or goals; and exercises designed to tackle 'intimacy deficits', would be re-termed 'intimacy building' exercises.

Whilst there are contrasts between the GLM and RNR, they are not mutually exclusive approaches (Marshall et al., 2013). In fact, the GLM was developed as an alternative framework for intervention that actively engaged individuals in interventions and promoted desistance from crime; whilst preserving the merits of more traditional RNR approaches (Willis & Ward, 2013). Ward et al.

(2009) discussed how the disparity between GLM and RNR could be somewhat reconciled, and how they could be compatibly incorporated into interventions for ISOCs. The key difference is that the needs and risk factors (or criminogenic needs) typically targeted under the RNR model are reconceptualised under the GLM; understood as internal or external obstacles to an ISOCs capacity to live a fulfilling life, or evidence of how an ISOC's pursuit of a primary good has been compromised (Ward & Mann, 2004; Willis & Ward, 2013). Additionally, as highlighted earlier, the GLMs positive, strength-oriented approach to interventions is congruous with the responsivity pillar of the RNR model (Marshall et al., 2013; Ward & Mann, 2004).

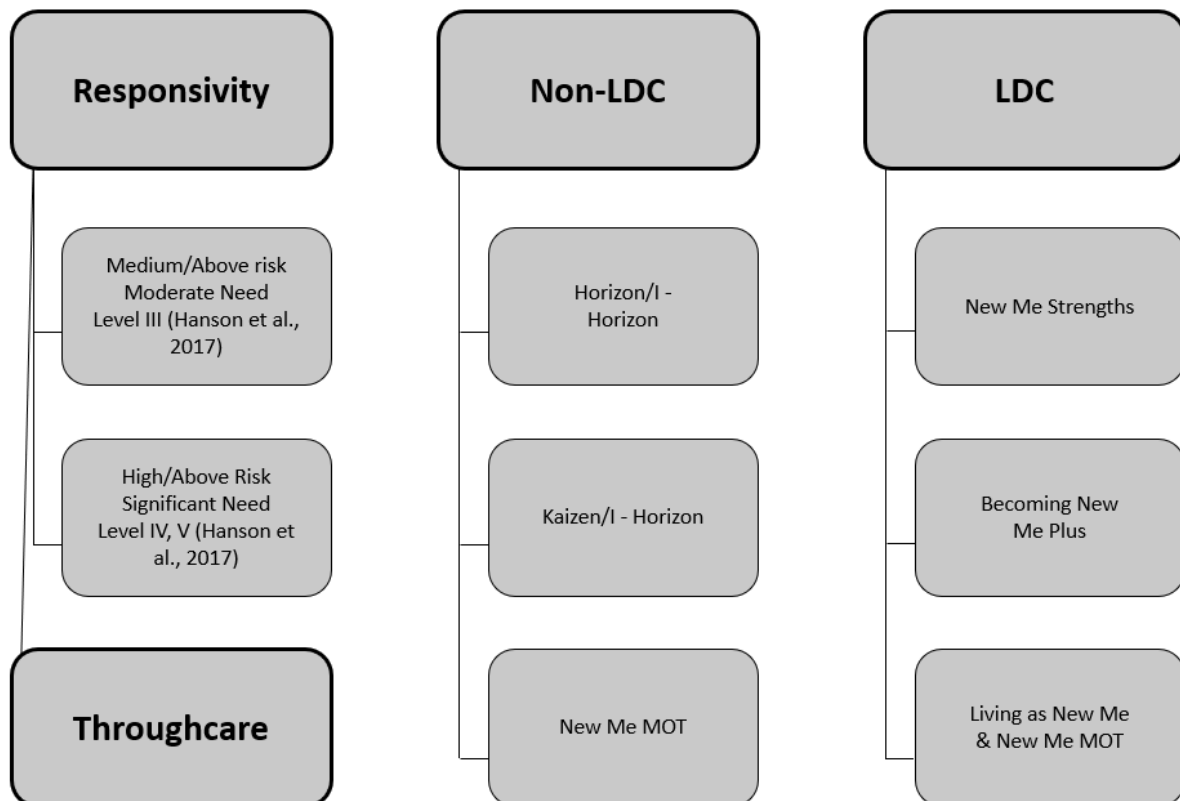
In sum, the GLM has rapidly gained popularity in recent years, as a humanistic approach. Instead of viewing ISOCs as vessels of risk, the GLM advocates viewing ISOCs as autonomous individuals who have the potential, with guidance and opportunity, to live the remainder of their lives in a fulfilling way; offence-free, whilst flourishing and positively contributing to society. There has been mixed evidence regarding support for the theoretical assumptions of the GLM (e.g. Barendregt, 2015; Chu et al., 2015; Harper et al., 2020; Loney & Harkins, 2018; Taylor, 2017; Willis & Ward, 2011), which was attributed to broad inconsistencies in the operationalisation of, and measures used to assess, primary goods (Mallion et al., 2020). Some progress was recently made in this regard by Harper et al. (2020), with the development and validation of a 'Good Lives Questionnaire', however, their research did not support the 11 factor structure of the GLM (see the list of primary human goods outlined earlier in this section); instead finding only 5 factors that were empirically supported. These were: "Inner Peace, (the experience of mental wellbeing), 'Energy and Agency' (the experience of hedonic happiness and general interest in life), 'Social Connectedness' (a sense of connection to other people), 'Varied Leisure Activities' (the ability to engage in a broad range of social activities), and 'Spirituality' (a sense of connection to a higher power, or humankind in a general sense)" (Harper et al., 2020, p.18). Additionally, there is early evidence suggesting that GLM-consistent interventions are as effective as RP-based interventions; with the addition of more components to enhance motivation to change and engage during interventions (Barnett et al., 2014; Harkins et al., 2012; Mann et al., 2004). Nevertheless, a recent systematic review by Mallion et al. (2020) concluded that, ultimately, more evidence evaluating the GLM theoretical assumptions and GLM-consistent interventions outcomes is required, to refine and establish the GLM as a truly empirically supported model.

1.4.2. HMPPS interventions for ISOCs

At the time data was collected for this thesis (2017-2019), the suite of accredited interventions programmes available within HMPPS was in a state of flux and transition. A report by Mews et al. (2017) indicated problems associated with the Core ‘Sex Offender Treatment Programme’ (SOTP), suggesting that the SOTP was not effectively reducing reoffending or safeguarding the public. Despite some reservations expressed about this report in the field (McCartan et al., 2018), the Mews et al. (2017) report catalysed the discontinuation of the Core SOTP, and the introduction of a new suite of programmes for ISOCs; Horizon for medium risk ISOCs and Kaizen for high risk and very-high risk ISOCs (Ramsay et al., 2020). The adapted suite of programmes for ISOCs with ID (now learning disability and learning challenges [LDC]) also underwent a transition in 2017, from the Becoming New Me (BNM) SOTP to the BNM+ programme, New Me Strengths (NMS) and Living as New Me (Hollomotz et al., 2018; Ramsay et al., 2020). Consequently, data were collected for parts of this thesis (most notably Chapter 4) at a time when an older suite of programmes was being phased out, and a new suite phased in (see Figure 3 for an overview of the current HMPPS programme pathways for ISOCs).

Figure 3.

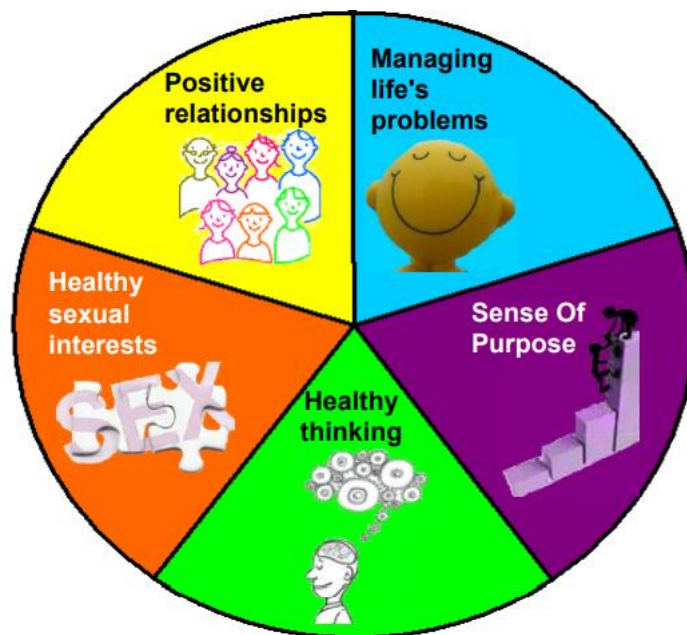
Overview of current HMPPS Programme Pathways (adapted from Ramsay et al., 2020, p.191).



Despite these changes, the design of the suite of programmes for ISOCs currently offered by HMPPS intervention services in custody and community continues to be grounded in the principles of the RNR model (Ramsay et al., 2020). In addition, current programmes operate on the theoretical premise that sexual offending behaviours are a consequence of an interaction between psychological, social and biological factors (i.e. as per the ITSO; Ward & Beech, 2006; 2016); and there is a focus on promoting and developing strengths, skills and resources in these areas (Ramsay et al., 2020; Walton et al., 2017), resonating with the GLM. For example, the incorporation of the ‘Success Wheel’ (see Figure 4) into HMPPS programmes represents a shift in focus from the RP-inspired avoidance-focused goals, which were commonplace in earlier programmes, to more GLM-consistent self-enhancement and skills acquisition goals (Ramsay et al., 2020; Walton et al., 2017).

Figure 4.

The Success Wheel (Walton et al., 2017, p.31).



Reflecting a commitment to the ‘risk’ pillar of the RNR model, and in consideration of the evidence base that suggests there are negligible benefits of programmes on risk reduction for ISOCs who present with low actuarial risk (Barnett et al., 2010; Schmucker & Lösel, 2017); HMPPS do not routinely offer programmes as an option for ISOCs deemed low risk-through actuarial risk assessments (Ramsay et al., 2020). To determine intervention dosage, HMPPS consider the ‘risk’ and ‘need’ pillars of the RNR model. That is, programmes continue to target dynamic risk factors that are empirically associated with sexual recidivism (Mann et al., 2010), but additionally consider what relevant strengths or skills an ISOC possesses; and how these could be utilised for prosperity and a

healthy, offence-free life in future (Ramsay et al., 2020). Programmes now also utilise a five-level risk and needs system (initially proposed by Hanson et al., 2017); whereby dosage is increased for individuals with “acute and chronic criminogenic needs across multiple risk domains, and who have fewer strengths to draw upon” (Ramsay et al., 2020, p.190). Finally, to strengthen the application of the ‘responsivity’ principle in programmes, HMPPS now offer more individualised content, a broader multi-modal range of delivery, and one-to-one sessions alongside group-based programme sessions (Ramsay et al., 2020; Walton et al., 2017). For example, compared to older programmes, Kaizen and BNM+ incorporate a wider variety of visual methods, such as using images to convey concepts or drawing to express thoughts, which are designed to improve accessibility of programmes and ameliorate communication difficulties experienced by some ISOCs (Walton et al., 2017).

Ultimately the changes to the suite of programmes available in HMPPS, particularly those relating to responsivity, could constitute beneficial developments for working with autistic ISOCs in interventions. For example, the incorporation of more visual methods of delivery and individualised sessions could be beneficial to support intervention engagement for autistic ISOCs in HMPPS interventions (Higgs & Carter, 2015). However, whilst there has been this range of theoretically promising developments in the HMPPS provision of programmes for ISOCs, the current suite of programmes are yet to undergo a formal impact evaluation (HM Inspectorate of Probation & HM Inspectorate of Prisons, 2019; Ramsay et al., 2020). As outlined by Ramsay et al. (2020), such evaluations are crucial to establish whether programmes are effective more broadly, and to identify specific programme components that may enhance or reduce effectiveness of programmes with regards to their capacity to prevent further offending. As the data for this thesis was collected during the transition period from the older suite of programmes to the current suite of programmes, it provided a useful opportunity to inform the growing evidence base surrounding the advantages and disadvantages of these recent developments. Therefore, some findings reported in this thesis were discussed in reference to these changes, where they were relevant to working with and supporting autistic ISOCs specifically.

1.4.3. Interventions with autistic ISOCs

To date, there is an absence of accredited interventions specifically adapted to be responsive to autistic individuals who have committed offences generally (Melvin et al., 2017; Robertson & McGillivray, 2015); or for those who have sexual offence convictions specifically (Higgs & Carter, 2015; Hollomotz et al., 2018). In the current suite of interventions available in HMPPS, there are two overarching routes available; standard programmes for autistic ISOCs (e.g. Horizon and Kaizen), and

programmes adapted specifically for individuals with ID (e.g. BNM+, NMS and Living as New Me; see Figure 3). Programmes adapted for ISOCs with ID (or 'LDC'; Ramsay et al., 2020) rely less on traditional academic learning methods and incorporate a broader range of teaching and learning modalities (Williams & Mann, 2010). It has been suggested that these may be supportive for some autistic ISOCs (Higgs & Carter, 2015). However, the heterogenous, often uneven, neurocognitive profiles of autistic individuals can complicate interventions formulation (Melvin et al., 2017; O'Sullivan, 2019). For instance, an autistic ISOC may exhibit average (or above average) intellectual functioning, and a verbal ability that suggests good comprehension; but have difficulties associated with adaptive and social functioning (Melvin et al., 2017). Consequently, ID-adapted pathways may not always represent a viable, or appropriate, interventions option for all autistic ISOCs.

Higgs and Carter (2015) suggested that, despite theoretical emphasis on responsivity in RNR and GLM models, typical approaches to sexual offending interventions were not adequately responsive for autistic ISOCs. Higgs and Carter (2015) highlighted specific common elements of sexual offending interventions that were likely not well aligned with the learning style of many autistic ISOCs or could be challenging. For example, difficulties associated with the use of non-literal language in programmes. Similarly, other authors have highlighted tasks that are typically found in sexual offending interventions, which may be difficult for autistic ISOCs to engage with. For example, tasks that rely upon social perspective-taking, Socratic questioning and/or personal reflection (Murphy, 2010; 2020).

One salient feature of sexual offending interventions that has been consistently highlighted as potentially difficult for autistic ISOCs is the group-based intervention format (Higgs & Carter, 2015; Milton et al., 2002; Murphy, 2010; Radley & Shaherbano, 2011). It is common for sexual offending interventions to incorporate group-based Cognitive Behavioural Therapy (CBT) programme formats and exercises (Jennings & Deming, 2013; McGrath et al., 2009; Schmucker & Lösel, 2017; Ramsay et al., 2020). It has been suggested that group programmes facilitate peer-to-peer learning, challenging and support (Serran et al., 2013; Yates, 2013). Despite these advantages, Higgs and Carter (2015) suggested that group-based interventions would likely not be congruent with the learning style of autistic ISOCs, because it necessitates social interaction and integration with multiple people; as such, the effectiveness of such interventions for autistic ISOCs could be compromised. Similar challenges associated with group-based interventions have also been reported in a high secure psychiatric care (HSPC) context (Murphy, 2020). For example, Murphy (2020) described a case of an autistic individual

with a murder conviction, who's social and cognitive functioning difficulties restricted their capacity to engage in HSPC-based group interventions.

On the other hand, recent research by Melvin et al. (2019; 2020) provided evidence that this may not be true of all autistic ISOCs. For example, autistic ISOCs in Melvin et al.'s (2019) research reported positive experiences of engaging in group-based interventions, with evidence that group-based programmes were, in fact, favoured over individual interventions for many. Similarly, contrary to the single case reported by Murphy (2020), other evidence from HSPC settings has supported the notion that autistic individuals can have positive experiences of group-based interventions (Murphy & Mullens, 2017). Therefore, Murphy (2020) suggested that an autistic individual's experiences of outcomes from group-based interventions may not always be positive or negative, and that experiences and outcomes likely depend upon an interaction between intrinsic factors (such as motivation and awareness of their own difficulties) and extrinsic factors (such as staff autism knowledge, tolerance from other group members, and adjustments made). The recent shift in HMPPS, from the traditional SOTPs to the current suite of programmes, has represented a rethink of how group interventions are used with ISOCs in prisons; and may constitute an important extrinsic factor. Whilst group-based programmes have remained the predominant delivery format, contemporary programmes have introduced more scope for additional individual sessions and individualised content (Ramsay et al., 2020). Consequently, it is plausible that additional individual sessions and individualised content may act as important extrinsic factors, which compensate for some of the potential challenges that some autistic ISOCs may have otherwise encountered on the traditional group-based SOTPs. However, no research prior to this thesis had empirically explored this in prison settings.

Limited research has empirically investigated the effectiveness of sexual offending interventions available for autistic ISOCs (Higgs & Carter, 2015; Melvin et al., 2017). Some research has suggested that autistic ISOCs with co-occurring ID demonstrated poorer progress in interventions, compared to non-autistic individuals with ID (Heaton & Murphy, 2013); suggesting that autism has some implications for intervention receptiveness. However, the evidence that is available indicates that interventions approaches and outcomes for autistic ISOCs are varied (Melvin et al., 2017), and it is difficult ascertain firm conclusions (Melvin, 2019). Nonetheless, there has been a consensus that there is an urgent need to adapt interventions to be more suited to needs of autistic ISOCs (Higgs & Carter, 2015; Hollomotz et al., 2018; Melvin et al., 2017; Robertson & McGillivray, 2015).

1.5. Research questions and aims

A review of the literature indicated that research pertaining to the appropriateness of interventions for autistic ISOCs was limited. The majority of the research available on the topic comprises older, small-scale case studies. To date, Melvin and colleagues (Melvin, 2019; Melvin et al., 2017; 2019; 2020) have conducted the most comprehensive research in this field. However, their research focussed predominantly on autistic individuals with co-occurring IDs, who were living in the community, or detained in secure mental health settings. Consequently, it was unclear to what degree their findings reflected the experiences of, and could be applicable to working with, autistic ISOCs without co-occurring ID, on standard programmes (not adapted for ISOCs with ID), and/or who have engaged in prison-based interventions. However, it may be inferred from recent research exploring the prison experiences of autistic individuals that nuances associated with prison-based interventions would be qualitatively different to interventions delivered in the community and hospital settings ISOCs (Helverschou et al., 2018; Newman et al., 2015; Vinter et al., 2020). For example, differences between prison and secure hospital settings in clinical foci and support provisions available could influence the shape of interventions and how they are experienced by those involved. This has been supported by Murphy and Mullens (2017), who found that autistic HSPC patients expressed more positive views of HSPC provisions of therapeutic interventions, access to activities, and staff autism awareness; compared to their previous experiences of prison. Therefore, there was a need for research that explored the appropriateness of prison-based interventions for autistic ISOCs, to identify and understand what some of those differences may be.

In addition, there was a practical need for research that focussed on how best to work with autistic ISOCs in prison-based interventions. There is a dearth of practical guidance available to practitioners for what constitutes best practice when working with autistic ISOCs in prison-based interventions. There was a general example of autism-related guidance in the Thinking Skills Programme (TSP) facilitation manual, which contained some basic appendix guidance for facilitators working with autistic programme participants. Similarly, in the time since the inception of this research, Al-Attar (2019) developed the '*Framework for the Assessment of Risk & Protection in Offenders on the Autistic Spectrum*' (FARAS). The FARAS is a general guidance document designed as an adjunct to current standardised risk assessments, to aid forensic practitioners with an overview of key considerations when conducting risk assessments with autistic individuals. The FARAS indicates the relevance of seven key autistic traits ('circumscribed interests', 'visual fantasy vs. limited social imagination', 'need for order, rules, routine and predictability', 'obsessionality, repetition and collecting', 'social interaction and communication difficulties', 'cognitive styles [difficulties and

strengths]’, and ‘sensory hyper and hypo-sensitivity’) in terms of risk, protection and responsivity in interview (Al-Attar, 2019). However, the FARAS is currently very new and yet to undergo scrutiny through an empirical evaluation of its usefulness and outcomes in practice.

Crucially, the review of existing literature indicated that there remained a lack of evidence-based, practical guidance for best practice and important responsivity considerations, when working with autistic ISOCs specifically in prison-based interventions to address sexual offending. What was available followed from theoretical propositions (e.g. Higgs & Carter, 2015), which required empirical investigation. Of additional concern was the limited research available that considered the perspectives of those involved in interventions (such as Melvin et al., 2019; 2020). In alignment with the participatory, inclusive ethos of this thesis (see ‘A Note on Terminology’ section), and with a view to break down some of the perceived power imbalances often present in autism research, it was critical that the perspectives of those involved in interventions were integrated into the development of recommendations for best practice (i.e. working *with* those individuals rather than *on* them). It was anticipated that practical guidance generated through this research could support practitioners to better engage, be responsive to, and motivate autistic ISOCs in prison-based interventions. Moreover, it was hoped that this thesis could provide a conduit for those who are part of interventions, to have their voices heard, and to have a direct input on recommendations made.

Therefore, in light of a review of the extant literature and these subsequent reflections, this thesis sought to address the following research questions and aims.

1.5.1. Research questions

1. How appropriate are current prison-based sexual offending interventions for autistic ISOCs?
2. What is best practice when working with autistic ISOCs in prison-based sexual offending interventions?

To answer these research questions, the following primary and secondary aims were posited.

1.5.2. Primary aims

- To identify challenges associated with prison-based sexual offending interventions for autistic ISOCs
- To identify beneficial features of prison-based sexual offending interventions for autistic ISOCs
- To generate evidence-based, practical recommendations on how to work with autistic ISOCs in prison-based sexual offending interventions

1.5.3. Secondary aims

- To explore the diversity in the life experiences of autistic ISOCs from childhood to their present-day imprisonment, and how this may be relevant to working with them in interventions
- To explore and gain an insight into autistic ISOCs perspectives on prison-based sexual offending interventions
- To explore and gain an insight into staff perspectives on prison-based sexual offending interventions for autistic ISOCs

1.6. Thesis outline and structure of chapters

This thesis is constructed of six chapters. Chapter 1 has provided a broad introduction to the background topic and rationale of the thesis, concluding with the overarching research questions and research aims. Chapter 2 provides a discussion of broader methodological considerations that were relevant to the empirical studies of the thesis. Chapter 3 describes Study 1 of the thesis, a qualitative exploration of the life stories of autistic ISOCs, which incorporated an inclusive, participatory research approach. Chapter 4 reports Study 2, a multi-perspective qualitative study that explored the issues surrounding working with autistic ISOCs in prison-based interventions, from the perspectives of autistic ISOCs and staff. Chapter 5 details Study 3, a quantitative study that sought to confirm elements of the qualitative findings reported in Chapter 4. Finally, Chapter 6 provides a synthesis and general discussion of the collective findings from the empirical studies. Chapter 6 subsequently details practical recommendations for working with autistic ISOCs in prison-based sexual offending interventions, directions for future research, highlights the original contributions of the thesis, considers broader limitations of the research, and offers a final conclusion.

CHAPTER 2: Methodology

This chapter outlines the methodological issues that were relevant to the thesis. This begins with a rationale for the mixed-method approach taken, followed by a discussion of the research process, including ethical considerations, data collection, and the theoretical underpinnings of qualitative analyses utilised in Study 1 and Study 2; concluding with a brief summary. Further specific details of methods are contained within the empirical chapters (Chapters 3-5).

2.1. Methodological Approach

To capture a more complete picture of the complex issues surrounding the prison-based rehabilitation of autistic ISOCs, the empirical studies undertaken during this project represented a spectrum of methodological approaches. This spectrum ranged from an initial constructivist, ideographic approach in Chapter 3, to the eventual positivist, nomothetic oriented approach in Chapter 5, with the multi-perspective study in Chapter 4 representing a relative middle-ground position.

Traditionally, ideographic and nomothetic approaches represent opposing research orientations. Nomothetic approaches are often associated with positivist epistemology. Positivism asserts that there exists an unequivocal, objective reality, made up of scientifically measurable variables. In psychology, this stance views people as part of a natural system of variables. Nomothetic approaches restrict their focus to *“general dimensions on which individuals vary”* (Ashworth, 2015, p.14), deductively seeking to identify generalisable laws, applicable to all, which may explain why individuals behave in particular ways (Howitt, 2010). As such, nomothetic research tends to utilise larger scale quantitative research methods.

By contrast, ideographic approaches are typically concerned with the study of individuals as distinctly unique cases (Ashworth, 2015; Howitt, 2010), and are often associated with constructivism, interpretivism and phenomenology. Researchers who favour ideographic approaches often take inductive positions. Rather than presupposing reality and experience, researchers explore the subjective viewpoints of individual participants to capture their interpretations and constructions of their lived experiences. For example, phenomenological approaches explore how individuals subjectively interpret and attribute meaning to their experiences in diverse ways (Ashworth, 2015). Consequently, ideography is typically associated with smaller-scale qualitative research.

The prison-based rehabilitation of autistic ISOCs is a complex issue and has a relatively small empirical literature base to work from. On the one hand, it was recognised that the research needed to capture the heterogenous nature of autistic ISOCs and their experiences, therefore orienting toward a more exploratory, ideographic, qualitative approach. On the other hand, it was also recognised that in prison-based research, there is practical value in nomothetic, quantitative research that can provide generalisable insight, inform policy and instigate real-world change on a larger scale. Ideographic, qualitative approaches are often criticised for being overly subjective, and lacking more traditional scientific theory, validity and reliability characteristic of quantitative research. Equally, more nomothetic quantitative research is criticised for failing to appreciate individuality and subjective experience and does not offer the same richness of detail that qualitative methods offer.

In light of these arguments, rather than becoming restricted to one orientation over another solely for the sake of methodological purity and philosophical commitment, a more comprehensive, pragmatic approach was taken in this thesis, i.e. an approach to research methodology selection that focuses on what would work best to offer breadth and depth of insight into the topic and address the research aims and questions at hand (Glogowska, 2011; Moran-Ellis et al., 2006). More specifically, an exploratory sequential mixed method (ESMM) design was utilised (Creswell & Plano Clark, 2018; Mihas, 2019). An ESMM design involves an initial phase of collecting and analysing qualitative data, the findings of which direct a subsequent quantitative phase (Mihas, 2019). The rationale for an ESMM design is to take an initial exploratory approach to a research topic, to guide later decisions about what variables need to be measured. The exploratory phase permits the discerning of potentially relevant variables, which may not already be clearly relevant in the existing literature. In the context of this research, as outlined in Chapter 1, the topic was largely unexplored. Therefore, an initial exploratory data-driven phase was sensible to illuminate pertinent issues and deepen understanding of the topic; before a more focussed confirmatory quantitative investigation that could confirm qualitative findings- assessing the extent to which the qualitative findings were generalisable to the population of interest, i.e. autistic ISOCs, neurodivergent ISOCs, and non-autistic ISOCs serving prison sentences (Creswell & Plano Clark, 2018).

As such, taking a more Husserlian approach (Ashworth, 2015), rather than initiating a deductive investigation based on presupposed abstract theory, this research began with a grounding in an exploration of what has been experienced, ideographically paying attention to the experiences of autistic ISOCs and the staff who work with them (See Chapter 3 and Chapter 4). This foundation was then used to direct a more nomothetic approach in Chapter 5, where the analysis of subjective

experiences reported in Chapter 4 directly fed into the design of a nomothetic, theoretical model in Chapter 5; which was quantitatively tested. Consequently, the causal model generated was intimately grounded in individual experiences. Therefore, the thesis offers insight into individuality amongst autistic ISOCs in Chapter 3, before then scaling-up through Chapter 4 and Chapter 5 to more generalisable issues in the prison-based rehabilitation of autistic ISOCs through an EMM design (Creswell & Plano Clark, 2018; Mihas, 2019).

2.2. Research Process

2.2.1. Ethics

The empirical studies reported in this thesis predominantly involved working directly with autistic ISOCs who were serving prison sentences; as well as non-autistic ISOCs and prison staff. Some of the populations worked with in this research could be considered vulnerable, and the content of the research could be regarded as sensitive. As such, the research was characterised by a number of ethical complexities that are outlined in this section. All studies presented in this thesis were granted ethical approval from both the NTU College of Business, Law and Social Sciences Research Ethics Committee, and the HMPPS National Research Ethics Committee (NRC) before commencement of data collection. Additionally, written permission to conduct this research was granted by the Governors of HMP Whatton and HMP Stafford for each study. Key ethical considerations are outlined in the following sections.

Confidentiality, Anonymity and Data Security

When conducting research with individuals who are part of a stigmatised group (i.e. ISOCs), data and findings must be treated sensitively, as there is a risk of adding to the negative perceptions of the public (Liamputtong, 2007). In this research, there was an important balance between ensuring participant anonymity and data confidentiality, and the researcher's security-related obligations. Consequently, this research employed a 'limited confidentiality' approach (Cowburn, 2005). Concrete boundaries were established with participants, which made participants aware of what was, and what was not, to remain confidential. During the consent process, participants were informed that any information they shared with the researcher would remain confidential and anonymised, with the exception of a short list of caveats. These included where participants disclosed information about: actual (or threats of) self-harm; actual (or threats of) harm to others; offences that participants had not been convicted for; plans to escape prison or break prison rules; and/or current (or historical) experience of institutional abuse. Participants were informed that in the event they disclosed such

information, during their participation in the research, information may have needed to be passed on to the prison security department, wing staff and/or police. These caveats were ones that participants were familiar with from other domains of the prison setting and set clear boundaries of confidentiality and anonymity. Beyond these caveats, participants were reassured that confidentiality and anonymity would be maximised, and data was stored securely.

Informed Consent

In accordance with British Psychological Society ethical research guidelines (2018), informed consent was obtained from all individuals who participated in the empirical studies that comprise this thesis. Participants were informed about what the research would entail, what would happen to data collected, limits to confidentiality, emphasis on the voluntary nature of the research, right to withdraw, and that participation did not confer any incentives or rewards. Additionally, participants were offered the opportunity to discuss the research project with the researcher before agreeing to consent to participate.

Consent forms (and other research materials) were designed to be accessible to participants, with a particular focus on tailoring materials to be accessible for autistic individuals, and individuals with IDs or other literacy issues. This was particularly important for Study 3 (Chapter 5), where participation in the research was done remotely through questionnaires distributed on the wings. With regards to physical layout, sentences were kept brief and with simple, more accessible language used; balanced with offering sufficient information about the research. It was important that potential participants were clear about what they were consenting to and what was expected of them. Therefore, the use of concrete, explicit language was particularly important for autistic participants; as implicit, non-literal and/or open-ended language can be difficult for autistic individuals to interpret. Paragraphs and key points were double-spaced, to improve readability. Clear boldened headings were offered to ease navigation of documentation (e.g. **“What is the research about?”**, **“What happens if you agree to participate?”**). Explicit written and verbal permission was requested from participants for the digital audio-recording of qualitative interviews. In addition to the use of explicit language and accessible layout, measures were put in place to ensure that participants were not misinformed and did not feel coerced to participate. A key section of research information and consent forms emphasised the voluntary nature of the research. Additionally, in the qualitative studies, where the researcher met all participants, participants were asked to relay what they were agreeing to back to the researcher; to confirm that they had understood what they were consenting to and were comfortable.

Vulnerability and Risk

To participants

As the nature of this research was sensitive, and many participants were potentially vulnerable (i.e. autistic and non-autistic ISOCs serving prison sentences), risk of harm to participants was an imperative ethical consideration. There was a focus on mitigating the potential for psychological harm and putting in place protocols to support participants.

Given the potentially sensitive topics covered in the interview-based studies, it was anticipated that some participants may experience emotional distress. To mitigate this, participants were informed that they could withdraw or take a break from the research at any time, without consequences (Steffen, 2016). Similarly, participants were informed in all studies that they could opt to not answer questions if they were not comfortable doing so, without disclosing a reason. Before and throughout interviews, I remained alert to the behaviour and reactions of the participants. If any concerns arose to suggest that a participant was distressed, uncomfortable or fatigued, the researcher sought verbal consent again to ensure the participant was happy and willing to continue. If it was clear that it was only a specific subject or question causing distress, such topics were omitted from the rest of the interview. As recommended by Steffen (2016), to reduce potential feelings of pressure, participants who took part in interviews were given space to answer questions and time to settle into interviews before delving into more sensitive topics. If participants seemed to be in a noticeable negative emotional state, established protocols were followed to ensure the issue was addressed, the individual was supported, and others were kept safe.

Finally, all participants received a debrief at the end of the data collection (i.e. at the end of interviews for qualitative studies, or at the end of participant research packs in the quantitative study). The debrief included a form that signposted to relevant support services available in the prisons, explanations on how to withdraw data, and details of how to contact the researcher (see Appendix F, K, O and W).

To the researcher

Ethical considerations of vulnerability, safety and risk are most often associated with participants in research (Coles & Mudlay, 2010). However, given the nature of this research, it was imperative that I considered vulnerability and risk in reference to myself as the researcher.

To minimise risks to my physical safety, minimal contact with prisoners was sought outside of data collection. I had attended prison security, health and safety inductions and prison personal protection training prior to the research. In addition, I followed standard security protocols whilst in the prisons, such as wearing a personal alarm and informing other prison staff of my whereabouts. Interviews were conducted in designated interview rooms, and the risk alert statuses of participants were checked on the day of interviews to ensure they were not on 'current concern' boards or a threat to lone researchers.

Interviews can involve reciprocal, sometimes conversational, communication, and the risk inherent in that is that a researcher may be tempted to divulge information about themselves. Self-disclosure may be particularly tempting during rapport-building, or if a participant mentions topics, people or places that are familiar to a researcher. However, as this research was within a forensic setting, and mostly with ISOCs, it was crucial that I maintained a distance from participants, and avoided sharing personal information with them. These boundaries were important for safety, particularly to avoid threats such as manipulation; a risk that is particularly pertinent when working with ISOCs specifically.

Finally, it was possible that the research posed a risk to my emotional wellbeing; particularly in Study 1, where the life stories of autistic ISOCs were explored in-depth through one-to-one interviews. Given the sensitive nature of these interviews, and some of the emotionally-charged topics discussed, there was a risk of distress to myself as the researcher listening. To counteract this potentiality, although the need did not arise, I had access to debrief and supervision with my PhD supervision team if and when I required it; as well as debrief opportunities with prison staff. Furthermore, counselling sessions provided at the university and prisons were also available to me, if I had needed them.

2.2.2. Data Collection

The following subsections will discuss the broader issues relating to sample size and the data collection approaches used. Further specifics details for each study are contained within the empirical chapters (see Chapters 3-5).

Sample size

Considerations of sample size varied across the different studies in this thesis. Given the focus on nomothetic generalisability in the quantitative study (see Chapter 5), a large pool of participants

was sought. Therefore, recruitment took place across all wings of both prisons, with a view to collect as large a sample as possible. In contrast, sample size in qualitative research generally prioritises acquiring a depth of understanding into a topic over generalisability (Howitt, 2016; Terry et al., 2017). Smaller sample sizes are therefore encouraged to facilitate the necessary level of depth and detail in analyses, and to ensure analyses do not lose sight of individual voices. However, this does vary to some degree between differing qualitative methodologies. The multi-perspective thematic analysis study in Chapter 4 aimed for a comparatively larger sample size than the life story narrative analysis study in Chapter 3, because it had a comparatively more nomothetic orientation (focussing more on patterned meaning across cases than idiographic meaning; Clarke & Braun, 2016). An additional consideration was the niche of the sample and phenomena explored. In this research, due to issues relating to autism screening and provisions in prisons (see Chapter 1), the logistics associated with identification and recruitment of autistic ISOCs influenced sample sizes. In light of these considerations, further details of samples and specifics of recruitment are outlined within the methods sections of each empirical chapter (see Chapters 3-5).

Qualitative Studies: Semi-structured Interviews

One-to-one, semi-structured interviews (SSIs) were incorporated into the qualitative studies in this thesis (see Chapters 3 and 4). SSIs are flexible tools, useful for exploratory qualitative research, and are not specifically tied to one epistemological orientation (Breakwell, 2012). The partially structured interview schedules of SSIs facilitated a useful balance between supporting and directing discussions with participants through open-ended questions, topics, and prompts; while also permitting free-flowing conversations and deeper exploration of particular ideas (Coolican, 2014). SSIs were particularly useful for exploring the experiences and views of autistic ISOCs, where each participant's autism had the potential to affect the interview process. For example, some autistic participants were more reserved in their answers, and/or required more focussed, direct questioning to answer questions. Whereas, others were comfortable with open-ended questions, but required some direction to move discussions on from particular points of fixation or tangents. SSIs also allowed the researcher to spend more time exploring salient points with an individual, or topics that were not conceived in the original inception of the interview schedule.

When conducting interviews with autistic participants, it was important that a number of adaptations were put in place to support those participants. Many of these adaptations were inspired by previous research experience with this participant group (Vinter et al., 2020). Interview environments were chosen to be supportive of potential sensory aversions of some autistic

participants. Interview spaces that were naturally lit, not overly cluttered, and quieter were chosen; and the lead researcher avoided the use of fragrances (Nagib & Williams, 2017). Mindful of the heterogenous nature of autism, participants who took part in interviews were asked if they had any other needs that the researcher should consider to help facilitate their participation. Participants were offered the opportunity to review the SSI schedules in advance, so that they were aware of what to expect in the interviews and had the opportunity to prepare before interviews; with a view to mitigate pre-interview anxiety. Participants in previous studies often prepared written notes before interviews and others noted that they would have prepared written notes if they had known precise topics that would have been covered. Giving participants the opportunity to prepare meant that they could have much clearer ideas of what they wanted to share and were less reliant on 'on the spot' verbal processing/thinking during interviews. The researcher was mindful that participants may need additional time to process questions before answering (George et al., 2018), so was cautious to avoid immediately re-asking or rephrasing a question if there was a silence. Interviews were typically advertised as limited to one hour, to ensure autistic participants would not feel overwhelmed; with some flexibility to extend this if they were comfortable and/or felt it necessary. Finally, as part of the recruitment process, several participants were met before interviews to build familiarity and rapport between the researcher and participants; and address any concerns or questions they had. Rapport building and openness to being questioned were particularly important in the prison context, to break down potential perceived power dynamics between researcher and participants. For example, extra time was spent with several participants to talk about specific interests they had, with a view to demonstrate to participants that I was there to listen, and thereby ameliorate barriers to openness in interviews.

Quantitative Study: Self-report Questionnaires

Study 4 was a confirmatory quantitative study (see Chapter 5). This study was designed to quantitatively confirm inferences from some of the findings from the multi-perspective qualitative study reported in Chapter 4. As such, a more nomothetic questionnaire-based approach was used to reach a larger, more representative sample of ISOCs serving prison sentences; conferring higher statistical power to subsequent analyses. Self-report questionnaires, distributed across every wing of both prisons, were used as a logistically pragmatic means of recruiting a representative pool of participants across both prisons; whilst reducing the burden on prison resources. A key limitation of this approach was potential barriers to accessibility for participants who had ID or literacy difficulties. However, a number of measures were put in place to address and mitigate this risk (e.g. simplification of materials, explicit instructions for how to participate, opportunities to contact the lead researcher

and complete the questionnaires in-person), and it was decided that the scalability advantages associated with a larger potential yield of participants from this approach outweighed the disadvantages.

Beyond the logistics associated with this approach, it was acknowledged that self-report questionnaires held some inherent weaknesses. For example, they are traditionally criticised for the limited richness of information that they can provide, the potential for dishonest responses, missed responses, and potential for participant fatigue (Dalati & Gómez, 2018; Demetriou et al., 2015). However, for the purposes of this research, the richer information collected through earlier qualitative data counterbalanced that weakness to some degree. Additionally, it has been suggested that remote questionnaire-style approaches have the advantage of removing interpersonal variables that could influence a participant's answers in face-to-face approaches; thereby potentially reducing the likelihood of socially desirable answers (Coolican, 2014). Missed responses were expected, but the effects of these were mitigated through missing value analyses and data imputation (see Chapter 5). Finally, participant fatigue was a concern in this study, when attempting to balance richness of data collected whilst mitigating the risk of participant fatigue. To tackle this, the Intellectual Developmental Disabilities (IDD) team at one prison were consulted to advise whether the number of questions presented to participants were appropriate.

2.2.3. Qualitative Data Analysis

The majority of the research in this thesis utilised qualitative approaches. In Study 1, a narrative analysis was used, and Study 2 employed a phenomenologically informed thematic analysis. Overviews of these approaches are reviewed in the subsequent sections of this chapter. Additionally, broader considerations of quality control are also discussed.

Narrative Analysis

In Study 1, a narrative analysis, largely influenced by the work of Murray (2015), Crossley (2000) and McAdams (1993; 1995), was used to explore the life stories of four autistic ISOCs (see Chapter 3). Narrative analysis operates on a social constructivist premise that human beings have a natural tendency to think, perceive, describe, and make sense of their lives (and consequently their personal identities) by using story-like narrative configurations (Crossley, 2000). Narrative psychologists theorise that human beings seek coherence and organisational structure in relation to their experiences, and therefore utilise narrative structures (or stories) as a means to organise and

understand their initial experiences of events, or to recount those experiences to others (Crossley, 2000; Murray, 2015). Narratives are often configured in temporal structures and held together by patterns of events, or 'plots' (Crossley, 2000; Popp-Baier, 2013; Sarbin, 1986). When narrating and making sense of life experiences, people tend to attribute a meaningful temporal sequence or structure (e.g. past-present-future, or beginning-middle-end; Carr, 1986; Murray, 2015) in order to extrapolate 'what' happened. Through these temporal configurations, narratives provide individuals with a sense of 'temporal continuity' and offer them a means to define themselves as distinct individuals (Murray, 2015).

When experiencing events in the present, humans derive significance and meaning from memory of things past ('retention') and anticipation of what will be ('protention') i.e. an event in the present is experienced against the backdrop of what came before it, and what is anticipated to succeed it (Carr, 1986; Crossley, 2000). On the life story level, explored in this thesis (see Chapter 3), individuals do this on a grander scale, applying a temporal structure in a more comprehensive manner. Individuals collate the numerous separate stories that they see as "*mine*" and reflexively mesh them together into a coherent story, by establishing connections between them (Carr, 1986) i.e. autobiography (Crossley, 2000). Therefore, narratives offer temporal organisation, shape and coherence to a sequence of experiences whilst the individual is still in the process of having them; allowing individuals to act as both the author and protagonist of their life story (Carr, 1986; Crossley, 2000).

Reflecting its social constructivist underpinnings, while narrative psychology contends that people perceive and make sense of their lives in this temporal narrative configuration; it is acknowledged that it is not necessarily a direct reflection of the reality of their experiences (Crossley, 2000). For instance, the author of a narrative may generate a structure, largely free of disruption, through the selection and omission of elements and events to create a story. However, life does not necessarily have the same carefully manipulated structure in reality (Crossley, 2000). Therefore, narrative analysis is concerned with the interpretation of experiences and self, not just the reality. The critical social constructivist influence on narrative analysis means that there is a focus on how the self is talked about and theorised in discourse, rather than what the true nature of that self is as an entity (Crossley, 2000; Potter & Wetherell, 1987). Narrative analysis accepts that some of what an individual says in an interview may perform social or interactional functions; but does not go as far as other, more radical, social constructivist approaches to disregard lived experiences beyond the interview context. Put simply, the narrative analysis employed in this thesis operated on the premise

that personal narratives were not suddenly invented in the interviews, and that they could provide some insight into the realities of each participant's life. However, equally, narrative analysis avoids an unquestioning acceptance of a subject's rendition of their experiences, and requires cautious consideration of how discourse may relate to social contexts and may perform interactional functions (Crossley, 2000).

Narrative analysis aims to capture the interpretive proclivity of human beings. Narrative psychological approaches attempt to understand human identity and experience, by studying the narrative patterns (or stories) that people use to frame the self, and to make sense of their life experiences (Crossley, 2000; Popp-Baier, 2013). In narrative psychology, there is a firm focus on recognising people as idiosyncratic individuals, as opposed to objects of generalisable, nomothetic scientific inquiry (Crossley, 2000). Therefore, narrative analysis was deemed to be a logical approach to capture the diversity in the life stories of autistic ISOCs. Narrative analysis facilitated richly detailed examinations of each autistic ISOC's life stories in Chapter 3; and offered insight into how those individuals used their personal narratives to make sense of their ongoing life experiences and sense of self, and achieve a feeling of coherence in an everchanging social world (Murray, 2015). It was anticipated that paying close attention to how autistic ISOCs configured and used their life narratives to find coherence, and make sense of their lived experiences, may be relevant to reflective work with them in interventions; where the development of coherent, prosocial identities can be a crucial element of rehabilitation (Maruna, 2001).

Doing Narrative Analysis

There is not a singular, universally-prescribed approach to narrative analysis (Langdridge & Hagger-Johnson, 2013; Stobart, 2014). However, there is consistent focus in the literature on paying close attention to key events, narrative tone, language and imagery, and overarching themes in the analysis of narratives (e.g. Crossley, 2000; McAdams 1993; 1995; Murray, 2015). Furthermore, whilst other forms of qualitative analysis primarily focus on identifying themes in data, in narrative analysis, careful attention is also paid to capturing the storytelling that occurs during interviews and analysing the narrative qualities of that storytelling (Crossley, 2000). Therefore, in Study 1, the following structured process of analysis was undertaken.

Stage 1: Transcription, reading and familiarisation

Analysis began with a process of familiarisation with the data (Crossley, 2000). Participant pre-interview exercises and interviews were transcribed verbatim and re-read.

During this stage, provisional overarching chronological structures, phases and plot(s) for each life story were identified. Initial questioning, reflections and observations of apparent narrative tone, thematic patterns and language or imagery use were highlighted and/or noted on transcripts.

Stage 2: Identifying narrative tone, imagery and key life experiences

In Stage 2, a more rigorous, systematic process of analysis took place. Transcripts and pre-interview exercise materials for each participant were methodically re-read, highlighting specific extracts and noting analytical observations of key life experiences or episodes, evidence of narrative tone, and noteworthy language and imagery use. This was done in the margins of the transcripts, and additional notes were used to draft a chronological structure of events in a separate document. The identification of salient life events was a participant-led process, rather than selected deductively based on underlying theoretical foci or researcher assumptions. For the purpose of this analysis, narrative tone was understood as “*the overall emotional flavour of the narrative*” (Murray, 2015, p.96), which was conveyed by participants in both content of their stories and manner in they were told (Crossley, 2000; Howitt, 2010) e.g. presence of optimistic (or progressive) tone vs pessimistic (or regressive) tone. Attention was paid to the way language and imagery (such as metaphors and similes; Crossley, 2000) were utilised in participants’ descriptions of life episodes and characters. Furthermore, linguistic features (such as pronoun use) and relational aspects (i.e. connections and distinctions that individuals cited) of narratives were highlighted. For example, the differences between how an individual talked about themselves (e.g. ‘I’, ‘me’), other people or things (e.g. ‘they’, ‘you’, ‘it’), and themselves collectively with others in a social unit (e.g. ‘we’, ‘us’) provided crucial insight into how that individual saw themselves and made sense of their experiences (Crossley, 2000).

Stage 3: Identifying life themes

Key life experiences that each participant divulged, and the narrative tone, language and imagery employed to present them, were considered collectively to identify and develop overarching life themes. This was done in a rudimentary fashion in Stage 2, where preliminary themes incidentally began to develop due to the natural overlaps between narrative imagery and themes (Crossley, 2007; 2000). However, in Stage 3, the development of themes was more purposive and focussed. A within-participant approach was used instead of a between-participant, cross-analytic approach. The data collection process was personalised for each

participant (see Chapter 3), with diversity in how participants presented their pre-interview exercises and the individualised interview schedules, so it was deemed less appropriate to cross-analytically focus on between-participant themes. The interpretation of participant narratives, to identify themes, involved a constant dynamic movement between analysing meaning in the narratives of specific life experiences and meaning for, or relevance to, the broader life story (i.e. moving back and forth from the part to the whole); resonating with the 'hermeneutic circle' concept (Smith & Osborn, 2015; Smith et al., 2009).

Stage 4: Weaving coherent individual stories and summarising themes

The final stage of the analysis involved weaving together the key life experiences, themes and distinct narrative qualities (tone, language and imagery) into coherent chronological life story summaries for each participant (Crossley, 2000). Chronological life story summaries were then refined into discussions of the key life themes that ran throughout the summaries. Themes were assigned labels that succinctly conveyed the essence of the theme, and, in some cases, took the form of direct (or paraphrased) quotes from participants. In the discussion of each theme, care was taken to maintain the storytelling qualities of each participant's life stories. Theme discussions homed in on how participants used narrative to make sense of their past experiences, senses of self, and shape their expectations for the future.

Thematic Analysis

Study 2 explored issues surrounding prison-based interventions with autistic ISOCs, from the perspectives of autistic ISOCs themselves and the staff who work with them. A multi-perspective qualitative design was used to capture and combine both perspectives, resulting in a richer, more balanced insight into this topic (see Chapter 4). A phenomenologically informed thematic analysis (TA; Braun & Clarke, 2006) was used to analyse the data and generate themes and recommendations in Study 2. Although not technically invented or developed by one individual (or group of individuals; Clarke & Braun, 2016), use of TA in contemporary literature has largely gravitated toward Braun and Clarke's (2006) systematic approach. As indicated by the name, TA is an approach designed to rigorously and systematically identify themes in qualitative data (Braun & Clarke, 2006; 2012; 2013), and can be used to address a broad variety of qualitative research questions (Clarke & Braun, 2016; Clarke et al., 2015).

Unlike most other approaches to qualitative analysis, TA is not tied to a singular specific epistemological orientation (Clarke et al., 2015). However, whilst TA is not grounded in a specific epistemology, this does not mean that it is entirely non-theoretical; it is capable of orienting toward a variety of epistemological influences, and embracing a range of forms (Clarke et al., 2015). This flexible quality made it a fitting approach to explore perspectives of both autistic ISOCs and staff in this research. The TA used in Study 2 was inductive in how theme development was primarily anchored in the data, rather than deductively informed by pre-existing theories or notions; whilst recognising that pure induction is impossible in TA (Clarke & Braun, 2016). The TA also derived some influence from the phenomenological theoretical underpinnings of interpretative phenomenological analysis (IPA; Smith & Osborn, 2015; Smith et al., 2009); without fully committing to the IPA methodology. IPA is a critical realist approach, dedicated to exploring how individuals make sense of their personal and social world, with a focus on lived experiences (Smith & Osborn, 2015). IPA involves a detailed examination of an individual's subjective interpretation of their lived experiences, and the meaning they hold for those individuals; rather than purely seeking insight into objective realities (Smith & Osborn, 2015). IPA is therefore concerned with what is often referred to as the 'insider's perspective' (Larkin et al., 2006), treating research participants as an expert on their own experiences, in a vein to get closer to their personal world (Smith & Osborn, 2015). It is acknowledged that, because of this, the researcher will never completely know a participant's phenomenological world or reality; but they may get "usefully close to accessing it" through IPA (Howitt, 2010, p.274).

Autism is a heterogeneous condition, and the neurodiversity movement suggests that being autistic means having a different (neurodivergent) outlook on the world, compared to neurotypical individuals. As such, autistic ISOCs may have perceived their interventions experiences in ways that are unique and distinct from neurotypical ISOCs. Consequently, a phenomenological approach to analysis (such as IPA) was fitting to both ideographically capture the subjective experiences of autistic ISOCs in interventions, whilst also working toward identifying broader commonalities (or convergence) and differences (or divergence) in those experiences. In short, it facilitated an answer to the question "what is it like to experience prison-based interventions as an autistic ISOC?". However, from the staff perspective, Study 2 sought to explore more than just the lived experiences of staff who had worked with autistic ISOCs. It also sought to draw out broader themes that centred around applied issues at a service level, including participants' critical discussions of materials (such as interventions manuals), and each participant's general understanding of autism. Therefore, a more flexible TA approach was deemed fitting, rather than IPA, as a means of identifying themes relating to both experiences and broader issues beyond experience.

Doing Thematic Analysis

The following approach to TA, taken in Study 2, was informed and directed by the six-stage recursive process outlined by Braun and Clarke (2006); with some phenomenological influences from Smith et al.'s (2009) IPA.

Stage 1: Familiarisation

Conducting the interviews, listening to audio recordings, transcribing audio recordings, and subsequent re-reading of transcripts acted as an initial familiarisation with participant interviews; facilitating an in-depth engagement and immersion with the interview data. During this stage, general notes were made of the researcher's initial analytical observations of what seemed to be important to participants, and questions that might be answered through more in-depth analysis (Clarke & Braun, 2016; Clarke et al., 2015). Additionally, any recollections of salient observations in the interviews themselves were noted. This initial noting helps to reduce the level of 'noise' experienced when initially engaging with the data, and focus subsequent analysis (Smith et al., 2009).

Stage 2: Coding

In Stage 2, a more rigorous, systematic coding of transcripts took place. Notes were made in the margins of transcripts, identifying and labelling general and recurring features of interviews that were relevant to the research aims. Particularly illustrative or salient quotes were also highlighted (Buetow, 2010). Quotes that contained explicit practical recommendations were also highlighted during this process. There was a dual focus on identifying semantic codes, i.e. surface level codes, and latent codes, i.e. codes that held meaning beyond what was explicitly said (Clarke & Braun, 2016). Codes were labelled succinctly, in a way that would make analytic sense without needing to see the data (Clarke et al., 2015). Inspired by Smith et al.'s (2009) IPA analytical procedure, some linguistic and conceptual comments on the data were also noted to elicit deeper insight into the more experiential elements of participant interviews. Linguistic comments identified specific features of language used by participants, such as metaphors, pronoun use, laughter and repetition (i.e. 'how' it was said). Conceptual comments were more interpretative, abstract and often in the form of questions. In the form of latent codes, they moved beyond what was explicitly said, and critically considered what participants were implicitly trying to convey (i.e. 'why' it was said). This was iteratively repeated for all participants' interview transcripts.

Stage 3: 'Searching' for themes

The coding stage was followed by a search for themes. In this stage, codes were clustered together to plausibly map noticeable patterns in the data (Clarke et al., 2015). When identifying patterns, there was a central focus on both convergence (i.e. commonalities) and divergence (i.e. differences) between experiences. In alignment with Clarke et al. (2015); themes that were developed represented a coherent aspect of the data, told something about the data that was relevant to the study aims, and were underpinned by a key analytical point (or 'central organising concept'; Clarke et al., 2015; Clarke & Braun, 2017). In practice, codes were compiled into a separate Word document and integrated into a working mind-map on a whiteboard, for organisation into themes. This was a flexible, recursive and iterative process of organising and reorganising codes until the map of themes was plausible and coherent. Miscellaneous codes were not discarded at this stage, but retained aside until the analysis was complete.

Stage 4: Reviewing themes

Stage 4 involved the reviewing and quality control of initial themes. This was an iterative process of cross-checking themes with specific participant extracts and coded data; back and forth, to ensure fidelity with the original data and avoid thematic 'drift' away from data (Clarke & Braun, 2016; Clarke et al. 2015). The next element of the review stage was to check that themes addressed the research aims and captured the data set as a whole. Where inconsistencies were identified in either of these elements, the analysis reverted to theme development phases, and in some cases coding. In some instances, this involved re-visiting the miscellaneous codes, to identify whether codes had been missed that could enhance the coherence of developed themes. At the end of this phase, a final robust thematic map of superordinate and subordinate themes was constructed.

Stage 5: Defining and naming themes

After reviewing themes, superordinate and subordinate themes were assigned concise labels, which encapsulated and conveyed the essence of those themes. To aid with this, short abstract-like summaries of themes were written, explaining the essence, scope and boundaries of themes (Clarke et al. 2015). The defining and naming of themes also added a final quality check stage, ensuring that themes were distinct, or were held together by a common superordinate theme where appropriate.

Stage 6: Writing up

In the final phase, superordinate and subordinate themes were reported (see Chapter 4). Interview extracts that illustrated key points in each theme were selected and woven into a discussion of each theme, to evidence the theme and bring themes to life. Each theme contained a broader description of the theme and linked to the wider context through relevant extant literature.

Quality in qualitative research

Reliability and validity are concepts typically associated with positivist quantitative research approaches and are often used as indicators of research quality. In quantitative research, reliability refers to how consistent (or stable) a measure is when testing over time (external) and within itself (internal); and validity is the extent that something measures what it intends to measure (Howitt, 2010). However, in qualitative interpretivist approaches (such as narrative analysis and TA) where the focus is frequently on subjective interpretation of subjective experiences and realities, traditional criteria of reliability and validity are not necessarily straightforward (or relevant) to evaluate. Equally, the traditional concept of validity operates on an assumption that there is an objective truth or fact about reality that can be measured through research. However, most qualitative approaches accept that qualitative methods cannot provide objective truths about reality. Consequently, the traditional conceptualisation of validity is not necessarily appropriate when assessing the quality of this type of research.

Instead, it has been proposed that 'trustworthiness' may be a more fitting criterion to ensure rigour and quality in qualitative research (Lincoln & Guba, 1985). As such, this was considered in the qualitative studies of this thesis. Trustworthiness is constructed of five criteria: (i) credibility; (ii) transferability; (iii) dependability; (iv) confirmability; and (v) authenticity (Guba & Lincoln, 1994; Lincoln & Guba, 1985).

Credibility

Credibility in qualitative research has been regarded as analogous with internal validity in quantitative research (Bryman, 2016; Connelly, 2016). Credibility refers to whether qualitative findings represent plausible interpretations and accurate descriptions of the participants' original data (Elo et al., 2014; Korstjens & Moser, 2018). One way that credibility was evidenced in this thesis was

the use and transparent reporting of established approaches to qualitative analysis (Connelly, 2016). Triangulation can also enhance the credibility of qualitative research i.e. enriching understanding of a topic by considering different data sources, perspectives or methods of data collection (Korstjens & Moser, 2018; Yardley, 2015). This was achieved in this thesis through the consideration of multiple perspectives in Chapter 4, and the addition of a final confirmatory quantitative study (see Chapter 5). Finally, the iterative and recursive analytical techniques used in the qualitative studies of this thesis facilitated questioning of data, and a thorough consideration of alternative interpretations and 'disconfirming instances' (or deviant cases, Yardley, 2015); before finalising the analyses. This helped to maximise the accuracy and plausibility of interpretations.

Transferability

Similar to generalisability in quantitative research, transferability refers to the extent that findings from qualitative research can be extrapolated and transferred to, or applied in, contexts similar to the original context that findings were derived (Henwood & Pidgeon, 1992; Korstjens & Moser, 2018). This is evidenced in qualitative research through 'thick description' (Korstjens & Moser, 2018; Lincoln & Guba, 1985). That is, behaviours and experiences that are described are framed in the contexts they take place. This was particularly pertinent in this research, whereby the population of interest (autistic ISOs) are a heterogeneous group, and some findings seemed to be context-specific (e.g. regarding the prison context). As such, informative details of the context in which the research took place were reported throughout the thesis (e.g. specific prison establishments, and details of interview procedures and settings), to help readers assess and decide whether findings are transferrable to their own setting (Korstjens & Moser, 2018).

Dependability

Dependability is similar to reliability in quantitative research and refers to the stability of qualitative methods and findings over time (Korstjens & Moser, 2018; Polit & Beck, 2014). It has been suggested that this can be achieved through maintaining an audit trail (Korstjens & Moser, 2018), which transparently documents the path that the research has taken, from inception to reporting findings; and ensures that correct procedures are adhered to (Bryman, 2004). This was achieved in this study through systematic, detailed logging of various elements of each study (e.g. retaining all iterations of design plans, transcripts, analysis and write-up documents), and auditing research designs and findings through supervisions and PhD project monitoring phases. This audit trail means

that, in theory, an 'auditor' could retrace all analyses, through all stages of analyses (including coding, notes, and photographs of hand-drawn thematic mind-maps; Yardley, 2015).

Confirmability

Confirmability refers to the degree of neutrality, and whether findings could be confirmed by another researcher(s). Findings must be clearly derived from and grounded in the data, rather than projections of the researcher's personal values or theoretical inclinations. This is analogous with objectivity in quantitative research (Polit & Beck, 2014). Although complete objectivity would be impossible in qualitative research; it is the researcher's duty to be reflexive and to not allow their personal biases to influence the conduct and/or findings of the research. Confirmability can be achieved by actively reflexively acknowledging the influences that one's preconceptions may have on the research (Howitt, 2016), and, like dependability, maintaining a transparent audit trail (Korstjens & Moser, 2018). By being reflexively aware of the potential influence that my prior assumptions, personal preferences and lived experiences could have had on the research (e.g. through active discussions and debriefs with supervisors and peers; Connelly, 2016), they could be managed; thus, limiting the potential impacts of researcher biases.

Authenticity

Authenticity pertains to the extent that researchers fairly, realistically and completely portray participants' realities and lives (Connelly, 2016; Polit & Beck, 2014). Authenticity can be addressed through the selection of appropriate people to participate in the studies, and offering rich, detailed descriptions (Connelly, 2016; Schou et al., 2012). In this thesis, this was achieved through the recruitment of individuals to whom the topic was most pertinent (i.e. autistic ISOCs and staff), and a focus on offering depth of detail in qualitative themes.

2.3. Chapter summary

This chapter outlined the main methodological issues and approaches that underpinned this thesis. The chapter outlined the rationale for an ESMM approach, and an overview of relevant ethical issues, data collection and details of the qualitative data analyses adopted in Chapters 3 and 4. The chapters that follow report the empirical studies that comprise this thesis (Chapters 3-5), followed by a broader overarching discussion chapter (Chapter 6).

CHAPTER 3: Life Stories of Autistic Men with Sexual Convictions

3.1. Introduction

Chapter 2 outlined the underpinning epistemological positions, rationales and considerations associated with the mixed-methodological approaches taken in this thesis. Specifically, it highlighted the benefits of prison-based research that ideographically recognises individual voices of those in the system, offers broader nomothetic insight, and resource-sensitive solutions. Accordingly, this thesis offers a holistic spectrum of insight into approaching interventions with autistic ISOCs, from the ideographic level to a nomothetic level; and the empirical study reported in this chapter represented the ideographic pole of that spectrum.

As outlined in Chapter 1, previous work has suggested that responsivity considerations may be especially pertinent when working with autistic ISOCs, and there have been concerns raised about whether current approaches to sexual offending interventions are adequately responsive for autistic ISOCs (Higgs & Carter, 2015). Responsivity is a key tenet of contemporary interventions to address sexual offending (Ramsay et al., 2020), in alignment with the RNR and GLM oriented interventions models (Andrews et al., 2011; Ward & Mann, 2004). At the heart of the responsivity principle, there is a focus on adapting to the individual and recognising their unique learning needs during interventions (Andrews et al., 2011). An analogous ethos to this is present in contemporary non-forensic autism practice, such as education and non-forensic therapeutic work; where recognition of individuality represents good practice when working with autistic individuals (Ahlers et al., 2017; Cai & Richdale, 2016; Van Hees et al., 2015). The emphasis on individualised approaches to working with autistic individuals is intended to represent and accommodate the diverse needs of different autistic individuals, and within an autistic individual across a variety of social contexts (Masi et al., 2017; Milton & Bracher, 2013). To understand how best to work with an autistic individual, research has endorsed: recognising their voice; taking their personal preferences and priorities into account when setting goals; recognising the diversity in autism to make appropriate accommodations; and the provision of individualised support to enhance outcomes (Ahlers et al., 2017; Cai & Richdale, 2016; Van Hees et al., 2015). Therefore, in this chapter, there was emphasis on recognising autistic ISOCs as individuals, each with unique needs.

In an effort to understand offending behaviours and how best to rehabilitate individuals, forensic psychology often seeks to typify and categorise service user needs based on particular shared qualities e.g. by type of offence(s), particular mental health conditions, and/or psychological traits (e.g. Curtis et al., 2016; Fox & Delisi, 2018; Martínez-Catena et al., 2017); including autistic individuals

(Alexander et al., 2016). While this can be helpful (e.g. the development of programmes and materials adapted for individuals with ID; Hollomotz et al., 2018), there is nevertheless a risk of pigeon-holing service users. If such a broad-brush approach was taken with autistic ISOCs, based solely on an autism diagnosis, the unique needs of those diverse individuals may be lost.

Consequently, there was a need for research that identified ways to work with autistic ISOCs in rehabilitation that recognises the diversity of autistic individuals, whilst acknowledging constraints posed by the practical context (i.e. prisons). Ideographic approaches, like narrative life story inquiry, are useful for exploring this individuality (see Chapter 2). Paying close attention to how autistic ISOCs use their life narratives to make sense of their lived experiences and understand themselves may be relevant to improving responsiveness for them during interventions (e.g. tailoring interventions goals). Therefore, the present study aimed to:

1. Qualitatively explore diversity in the life experiences of four autistic ISOCs, from childhood to their present-day imprisonment.
2. Offer insight into how each individual used narratives to construe their life experiences and sense of self, leading up to prison.
3. Explore how each individual used narratives to make sense of why they were in prison and their expectations for the future.

3.2. Method

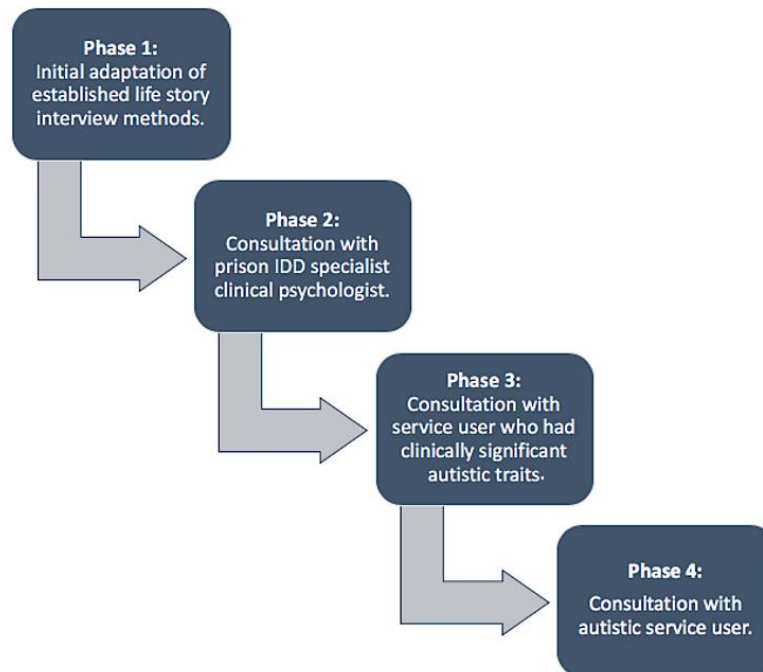
3.2.1. Forensic Participatory Autism Research Design (PAuR)

The methodological design of this study was informed by the implementation of an inclusive Participatory Autism Research (PAuR) approach (Chown et al., 2017; Pellicano & Steers, 2011). In brief, PAuR refers to research that involves collaboration with members of the autism community (i.e. autistic people, professionals working with autistic people and family of autistic people) in the design and delivery of research to ensure it is both appropriate and meets the needs of the autistic community (i.e. autistic individuals, Pellicano & Steers, 2011). It has been recognised that *“the vast majority of research in autism is undertaken on autistic people, rather than with them, and is often focused on theoretical investigation into what causes autism, the search for a ‘cure’, and other matters not concerned with improving the day-to-day lives of autistic people”* (Chown et al., 2017, p.721). By contrast, inclusive PAuR approaches work collaboratively with the autistic community to enrich the research process, increasing epistemological integrity and aligning research with questions that are pertinent to the wellbeing of autistic individuals (Chown et al., 2017; Milton & Bracher, 2013). Consequently, PAuR approaches have the added benefits of improving rapport with research participants, and empowering autistic individuals.

PAuR is currently in high demand from the non-forensic autism community. Although there have been examples of participatory research with other non-autistic populations in forensic research (e.g. Sullivan et al., 2008; Ward & Bailey, 2013), this has not been integrated into forensic research with autistic individuals to date. Therefore, in this study, a novel forensic PAuR approach was used in the design of the methodology and materials used. A life story interviewing method was adapted in collaboration with members of the prison autism community (PAC), to inform an approach that would offer the richest insight into the topic. The Atkinson (1998) and McAdams (1995) life story interview methods were used as starting points in designing the methodological approach. However, it was apparent that in their original form they were not wholly appropriate for use with autistic ISOCs (for example, broadness of questioning and limits in their flexibility). As such, in collaboration with members of the PAC, a PAuR approach was used to filter, refine and adapt the proposed method and materials, until the final design was produced. The proposed study design and materials were filtered through four key PAuR phases (See Figure 5).

Figure 5.

Forensic Participatory Autism Research (PAuR) approach used in Study 1.



Phase 1

Firstly, the Atkinson (1998) and McAdams (1995) life story Interview methods were used, in parallel with the researcher’s experience of forensic autism research, to inform initial life story interview designs. Questions and topics were taken from these separate approaches and consolidated into a singular approach, deemed appropriate for the purposes of this research. From this, a preliminary pre-interview exercise and indicative potential interview questions and topics guide were developed.

Phase 2

After the initial design, an IDD specialist clinical Psychologist, based at HMP Whatton, was consulted regarding the appropriateness of proposed study and methodology and presentation of materials. Feedback suggested the incorporation of additional structure to the pre-interview exercise; adding age boundaries to the suggested chapter structure and minor edits to phrasing- notably, condensing sentences and removing explicitly negative phrasing (e.g. “low point”). All suggestions were acted on, and materials were amended accordingly.

Phase 3

NTU's Sexual Offences Crime and Misconduct Research Unit (SOCAMRU) run monthly consultation meetings with service users at HMP Whatton (WaSREP group), in which upcoming research projects are discussed. Two members of this service user group were part of the PAC; one member had recognised clinically significant autistic traits and was receiving support from the prison IDD services, and the other had a full autism diagnosis. In Phase 3 and 4, each were consulted with regards to the appropriateness, accessibility and readability of the research materials, arrangements and overall study design. Phase 3 involved consulting the service user with recognised clinically significant autistic traits, but no autism diagnosis. This service user recognised the value of the study, particularly in its divergence from the rigidity of typical risk assessments, and the opportunity to tell one's own story. They took the proposed written materials for a week, working to a mutually agreed deadline, and returned the written feedback. Feedback centred mostly around minor proofreading issues, and execution of study (for example emphasis on mutually agreed deadlines for pre-interview work and *"making adjustments for individual comorbidities"*), suggested some amendments to questions etc. Feedback was largely positive, for example, the pre-interview exercise instructions were commended for their *"clarity"* and *"specificity"*. Specifically, it was crucial that instructions did not exceed one side of paper, this meant that the task felt *"manageable"*, and reduced the *"potential to feel overwhelmed by the size of the task"*. This feedback was considered and implemented where appropriate.

Phase 4

Finally, the WaSREP group member who had a full autism diagnosis was consulted. In a meeting with him, the research idea was described, and feedback was requested. Brief verbal feedback was provided, followed by written feedback. In his written feedback, he generally agreed that it was clear and understandable enough to be completed independently, except for one sentence that was a *"little longwinded"*. He expressed positivity about the study, and an eagerness to participate. Their feedback was also considered and implemented. This resulted in the final methodology and materials that were used in this study.

3.2.2. Participants

Participants were four male prisoners, aged 27-33 ($M = 30.50$, $SD = 2.52$) serving sentences for sexual offence convictions at HMP Whatton and HMP Stafford (See Table 1). All participants had an autism diagnosis, confirmed by file information in the prisons.

Table 1.

Study 1 participant information.

Participant Pseudonym	Age	Offence type	Victim Type	Victim Sex	Total interview time (hours:minutes)
1. 'Sam'	31	Contact & Images	Child	Male	3:49
2. 'Jamie'	33	Contact & Images	Child	Female	3:16
3. 'Liam'	27	Contact	Adult	Female	3:19
4. 'Dylan'	31	Images	Child	Mixed	2:31

3.2.3. Data Collection

Autistic residents at each prison, with confirmed autism diagnoses, were offered information about the research and what it would involve from key points of contact in each prison (see Appendix A). In HMP Whatton, staff from the mental healthcare department passed on research information to potential participants known to the prison IDD service. In HMP Stafford, this was done by staff in the Offender Management Unit (OMU), who passed information on to eligible potential participants based on confirmed autism diagnoses reported in prisoner files. Individuals who were interested in participating in the research were provided with an 'expression of interest' form, which included contact details so that they could indicate their availability for an initial meeting to discuss the research (see Appendix B). Those who did not make contact in this way remained anonymous. The data collection process therein involved two key stages; firstly, a pre-interview exercise stage, and, secondly, the one-to-one life story interviews.

Stage 1: Pre-interview exercise

Individuals who had expressed interest in the research took part in initial meetings to discuss and address any queries about what the research would involve in more depth (including previews of the pre-interview exercise and types of topics that may be covered in interviews), and to indicate whether they wished to consent. Those who agreed to participate in the research were asked to sign

and date a consent form (see Appendix C). Participants were provided with an exercise book and instructions on what they need to do for the pre-interview exercise (see Appendix D). A deadline for completion of the task was mutually agreed with participants, which was typically around two weeks from receiving the exercise book.

In the pre-interview exercise, participants were asked to conceptualise their life as a book, split into chapters that were structured by age boundaries e.g. “Chapter 1: Childhood (Age: Birth- 12 years old)”. They were instructed to use their exercise books to summarise what key episodes (i.e. things that happened) occurred during these periods. Participants were reassured that their spelling and grammar accuracy was not important and that they could present their summaries in as much detail as they liked. Additionally, they were told that they could also include drawings, diagrams and/or timelines if they found this helpful. To add further structure and guidance to such a broad task, participants were offered a list of topics or details they could include, which were inspired by Atkinson (1998) and McAdams (1993). However, to maintain flexibility and focus on what was most important to them, this was caveated; they were told that they could choose to focus on any or none of those topics/details. As such, they were not obliged to mention any details that were not salient to them, or that they wished to remain private. This approach struck a balance between structured support for autistic participants, while also permitting freedom and flexibility in what participants chose to talk about. Participants temporarily returned completed pre-interview exercises, and these were photocopied in the prison. Originals were immediately returned to participants to keep and use as they wished. Photocopied pre-interview exercises were then used to shape bespoke, individualised, semi-structured life story interview schedules that were adapted for each participant. The indicative potential interview questions and topics guide (see Appendix E), inspired by Atkinson (1998) and McAdams (1993), was used as a supplementary tool to inform interview question topics, in parallel with what participants had produced.

This open-ended, individualised approach to designing interview schedules ensured interviews focussed on what was most salient to participants in their lives, rather than imposing researcher assumptions. Moreover, narratives of autistic individuals may not adhere to neurotypical preconceptions of how life narratives should be told e.g. typical priorities of meaning making and narrative configuration. The open-ended approach utilised in the design of interview schedules in this study offered participants opportunity to flexibly narrate their life stories, as they wanted them to be told.

Stage 2: Life story interviews

Based on their individual availability, participants were invited to take part in one-to-one semi-structured interviews, which were premised as a discussion of what they had produced in their pre-interview exercises. Participants were offered a copy of the interview schedules prior to interview so that they could feel prepared for what to expect. Interviews took place in quiet, private rooms of each prison that were predominantly used by Psychology and OMU for one-to-one work. Interview spaces were selected for their quiet, naturally lit physical environments, which were judged to be most accommodating of the potential sensory needs of autistic participants and would facilitate a calmer atmosphere for interview.

Upon arrival at interview appointments, the researcher offered light, casual conversation to maintain rapport and gauge participant wellbeing. Participants were given the opportunity to ask questions about the research and were asked to confirm that they consented to audio-recording of interviews. Interview(s) covered questions designed to elaborate on what participants had written in their pre-interview exercises and attempted to fill in apparent gaps in the story. Participants were offered debriefs at the end of each interview, and the research process as a whole. They were provided with a debrief sheet that contained signposting to relevant support services available in the prisons, explanations on how to withdraw data, and details of how to contact the researcher (see Appendix F).

Individual interviews lasted 62-151 minutes ($M = 97$ minutes), and participants engaged in 1-3 interviews overall, according each individual's preferences and comfortability on the day. Interviews were recorded on a password-protected Dictaphone, which was transported in a locked briefcase. Encrypted audio recordings of interviews were transcribed verbatim into password-protected Microsoft Word documents. Identifying data (such as names and places) were omitted from transcripts to maximise anonymity. Extracts from interviews in this report were anonymised, and participant names were replaced with pseudonyms.

3.2.4. Analytical Approach

As outlined in Chapter 2, a narrative analysis, largely influenced by the work of Murray (2015), Crossley (2000) and McAdams (1993, 1995), was used to facilitate rich, detailed explorations of each individual's life story. Whilst some forms of qualitative analysis primarily focus on identifying themes in data, narrative analysis pays careful attention to capturing the storytelling that occurs in interviews, analysing the narrative qualities of that storytelling, and highlighting both through the narrative

themes (Crossley, 2000). Additionally, narrative analysis offers insight into how individuals use personal narratives to make sense of their ongoing life experiences and sense of self, and bring a sense of coherence to an everchanging social world (Murray, 2015). It followed that narrative analysis was an appropriate analytical approach for exploring and identifying themes in the life stories of autistic ISOCs.

3.3. Life Story Analysis

Themes that were identified in each participant’s life story are presented in Table 2. What follows are descriptions and discussions of the themes that were identified in each participant’s life story, supported by illustrative interview extracts.

Table 2.

Within-participant life story themes identified through narrative analysis.

Participant	Life story themes
Sam	<ol style="list-style-type: none"> 1. “Love is a boy” 2. Worthless self 3. A ‘normal’ life
Jamie	<ol style="list-style-type: none"> 1. Piecing the puzzle together 2. Comfort in the familiar 3. Knowing and abiding by the rules
Liam	<ol style="list-style-type: none"> 1. Innocent and indignant 2. Self-image and popularity 3. Content being alone
Dylan	<ol style="list-style-type: none"> 1. Compelled by curiosity 2. Life destroyed by “them” 3. Trouble navigating the social realm

3.3.1. Sam

Sam's life story was characterised by emotional turbulence and a distinctly melancholic, self-deprecative tone throughout. The narrative was interspersed with occasional mentions of positive achievements, which were ultimately overshadowed by a dejected, apathetic tone that permeated through the life story. Sam's narration of his life story was insightful, eloquent and well-articulated; often juxtaposing his life experiences and sense of self with societal views, or contextualising his experiences in the vast body of scholarly reading he had done in pursuit of his interests in philosophy and lexicography.

Unlike other participants, who had presented their completed pre-interview life story exercises as written narrative chapters (of varying lengths and detail), Sam presented his as a visual timeline of key points, preferring to verbally discuss specific timepoints on the timeline. Moreover, he had performed a rudimentary thematic analysis on his life story; through annotations on his timeline, he had independently identified fifteen key themes across his life story. Therefore, in the narrative analysis of Sam's life story, these self-identified themes were inductively considered as additional data that provided insight to Sam's sense-making of his experiences and sense of self.

Theme 1: "Love is a boy"

Sam's battle with his attraction to young boys was a central feature of his life story. Age 9, Sam experienced a "*dawning realisation*" that he was attracted to boys. He titled this event "*Love is a boy*", a reference to a chapter in "*Germaine Greer's book 'The Boy'*" (2003). The title represented his attraction to males and later discovery (age 15) that his attraction was "*age-stunted*". In his early life, Sam assumed that he was gay because the boys he was attracted to were a similar age to him. He characterised these early attractions as "*first stirrings*" and "*crush-like*", emerging in their infancy, and not sexual. However, as he transitioned into adolescence, his attraction evolved and became more sexual.

When Sam was 12 years old, he had his first experience of having sex with another boy who was 13 years old. Sam unpacked his conflicted feelings regarding this early sexual experience. On the one hand, there was a tone of comfort expressed in his narrative of this experience. He did not regret it on an "*emotional level*", and held "*no negative feelings about it*". The memory became a nostalgic fixation, offering him something to "*cling on to*" in the face of more trying times that followed in his life. On the other hand, Sam used this experience to try and make sense of his paedophilia. It offered him an "*ideal of sexual enjoyment*" that resonated with his later descriptions of his present-day sexual and romantic "*ideal*"; the "*eternal boy*".

Sam's realisation of the "age-stuntedness" of his homosexuality (i.e. that he was exclusively attracted to younger boys) did not come until he was 15 years old; which corresponds with existing research on the typical development of minor-attracted persons' (MAPs') sexual interests in children (B4UAct, 2011; Bailey et al., 2016). At this age, Sam committed a sexual offence against a young boy (aged 11 or 12), which he was convicted of as an adult in his twenties. Though this was characterised as an important epiphany-type experience for Sam with regards to his sexuality, he did not elucidate what aspect(s) of this experience triggered his realisation that his attraction was exclusively towards younger boys. Sam had engaged in sexual activity with four other young boys prior to this, and it was unclear as to how Sam distinguished this experience from those. It may simply be that the young boys he had previously had sex with were of a reasonably similar age to him, thus more acceptable in his judgment. Whereas, in this experience, the boy was considerably younger than Sam, although this was not enough to initially inhibit his actions.

Upon realising that his sexual attraction was paedophilic, rather than homosexual, and therefore illegal to act upon, Sam claimed that he vowed to no longer pursue the physical, sexual element of his attraction to boys. This may be interpreted as a form of thought suppression, which has been associated with the shame and guilt experience by MAPs (Lievesley et al., 2020). However, while Sam "quite immediately problematised" what he termed the "sharp edge" of his paedophilia (the sexual element), he did not problematise other aspects of it:

"I regarded the sexual interest as, err, problematic and in need of removal if possible. But, I regarded the- the, kind of, more, err, platonic loving, which is, err, sort of, yearnful and, erm, sort of, crush-like obsessive; I saw those as, erm, either neutral or positive"

Throughout his life narrative, in his presentation of the "yearnful", "loving" facet of his paedophilia, Sam softened the language and imagery he employed; distinguishing the "sharp edge" of paedophilia (i.e. the sexual side) with the "loving", "romantic" side that he gravitated toward as more representative of himself. Sam described how this more positive conceptualisation of his sexuality allowed him to be more self-accepting and permitted him to be open about his sexuality with friends and family throughout his life. Sam frequently contextualised his sexuality in the classical philosophy and literature he was familiar with and fond of; utilising it to put a "positive functional bent" on his attraction. For example, Sam described how, on a linguistic and lexicographical level, his conceptualisation of his sexuality was the truer image of paedophilia; where the "philia" suffix is

synonymous with love. He contrasted this against the “*general perception*” held by others in society, where paedophilia is seen as an “*exclusively sexual thing*”. This is consistent with previous research, which has identified that paedophilia *can* be characterised by non-sexual romantic feelings, which are not synonymous with the related sexual facet (Martijn et al., 2020). When outlining this, Sam expressed exasperation with how society’s narrative clashed with his own, and he was constantly misunderstood by others for his sexuality.

Despite how others typically dismissed his explanations of his attraction to young boys, Sam was open about his paedophilia with others throughout his life. At a number of junctures in his life story, Sam described how he had sought to talk to others about his paedophilia, seeking somebody to “*vent*” to and confide in, feeling that this was something he needed to feel “*less alone*”; which may be interpreted as a form of help-seeking behaviour (Levenson & Grady, 2019; Lievesley et al., 2020). For example, in this extract, Sam described his goals when he attended a private group psychotherapy weekend retreat:

“The other thing I said was, err, I remember, erm, ‘I also wish to extirpate the sexual component of my attraction to young boys’, erm, and they wanted a different word for extirpate, so I said ‘remove completely, as if by surgery’”

Here, Sam conveyed the desperation he felt to eradicate the sexual component of his attraction to young boys, and thereby remedy the associated feelings of shame. The reference to a surgical removal of the sexual component of his paedophilia captured the ego dystonic burden that it had caused him. By contrast, it also represented his selective problematisation of the sexual element of his paedophilia (i.e. the “*sharp edge*”), compared to what he viewed as the harmless non-sexual “*loving*”, “*romantic*” elements of his attractions. Sam vividly recalled his memory of disclosing his paedophilia to the psychotherapy group and their subsequent response. Sam immediately felt that he was “*hated*” by the others, which compounded his shame for his attractions. This is consistent with existing literature, which has suggested that MAPs face a considerable amount of stigmatisation in society (Harper et al., 2018). Experiencing this stigma has been reported as a barrier to help-seeking behaviour for MAPs in previous research (Grady et al., 2019). Therefore, Sam may have internalised his experience of feeling “*hated*” by others, and become less willing to seek support (Jahnke, 2018; Pattyn et al., 2014).

Sam used his sexuality to make sense of, and at times mitigate, elements of the sexual offences he had committed; particularly in relation to downloading indecent images of children. Sam first discovered that he could access the indecent image files inadvertently when he was “downloading music and also the album covers”, for his collections, on a “peer-to-peer downloading programme”. He elaborated that it was “having the attraction” that meant he did not download the files “accidentally”; which could be interpreted as the influence of a motivation factor under Seto’s (2019) MFM model (see Chapter 1). Sam believed the images offered an avenue to ‘harmlessly’ pursue his attraction to young boys. He construed his continued interest in the images as an extension of the romantic facet of his paedophilia (Martijn et al., 2020), the facet that he consistently framed as distinct from the harmful sexual aspect:

“what I fantasised about was not just sex... what I most wanted was, err, the context of a loving relationship, err, there’s sex involved in that, yeah, but, erm, but just as a low-key moderate part of any relationship... I idealised this, kind of, normal relationship, just it had a young boy... I never kidded myself, it was always with a sense of, like, ‘oh this impossible dream””

Despite Sam’s proclaimed suppression of the sexual facet of his paedophilia, in this extract, he noted that what he fantasised about was “not just sex”. This suggested that while the narrative he presented mostly gravitated toward the non-sexual attraction, characterised by romantic narrative imagery of lovingness and innocence; the sexual element was nonetheless present. This corresponded with his attempts to eradicate the sexual component of his attraction through attending therapy, as his own suppression efforts were perhaps not strong enough.

In retrospect, Sam acknowledged that he had not recognised his actions (i.e. downloading CSEM) were “intrinsically harmful to the child in the picture” at the time. Though, he stated that he felt a similar level of “shame” as other people do when accessing any “pornography”; describing it as an inherently “base” activity. This may have represented a genuine misunderstanding, where Sam was truly unaware of the harm stemming from his behaviour at the time of his offence (Allely & Dubin, 2018). It has been suggested that autistic individuals may have difficulty understanding the wrongdoing of downloading and viewing indecent images of children, if it is freely accessible via the internet (Mesibov & Sreckovic, 2017). This may represent an extension of issues associated with the interactions between perception and memory systems and action selection and control systems under the ITSO model (Ward and Beech, 2006; 2016). On the other hand, the way Sam paralleled his

accessing indecent images of children and how others access legal pornography suggested an implicit attempt to normalise his behaviour and mitigate the harm; which may represent an underlying 'nature of harm' (CSEM variant) implicit theory (Bartels & Merdian, 2016; Ward & Keenan, 1999). As such, it may represent Sam's attempts to use his narrative to achieve a social function; to normalise and diminish the amorality of his behaviours in the eyes of others. This example illustrates the difficulties inherent in distinguishing whether sexual offences committed by autistic ISOCs are rooted in deviancy, autistic traits, or a complicated combination of the two; which poses added difficulties for devising appropriate interventions for such individuals.

Theme 2: Worthless self

The concept of being worthless was a recurring feature of Sam's life story. This theme explores how Sam construed the origins of his feelings of worthlessness and low self-esteem, and how he believed that those feelings contributed towards his offending. This theme also explores Sam's tendency to subvert positive experiences into focusing on his poor self-esteem, and his three suicide attempts; which were rooted in this "worthless" sense of self.

As an adolescent, Sam's openness about his attraction to boys made him "a curio for a lot of people", and rendered him vulnerable to "constant bullying" in school. Reflecting on his school experiences, Sam described feelings of sympathy "in the abstract" for the "poor kid" who was subject to this cruelty:

"I can look back and go, kind of, "well this is what happened" and talk about it really normally, but when it's just, when I know it happened to me, I'm not bothered by it. But when I reflect on it in the abstract, as like this happened to a person that I, kind of, sketch out who it happened to, I think like "god, that poor kid" it's like the, it's really cruel. I dunno, I feel sorry for the abstract, but not really for myself"

This was a repeated feature of Sam's narratives, where his reported feelings at the time of a negative life event were indifference or even self-condemnation, if he saw the character as himself in the past tense. However, if he viewed the character as an "autistic kid", rather than a past version of self, he expressed sympathy and pity. Later in his life story, Sam described how he had "internalised" his experiences of constantly being bullied, which is common in adolescents (Gilbert & Irons, 2009). This internalisation may explain his lack of self-sympathy, believing it was deserved, or that he was not worthy of sympathy.

As a prologue to his contact offence against a child, Sam noted how his *“tattered self-esteem”* and *“worthless”* sense of self, a consequence of being bullied at school, had made him susceptible to victimisation and manipulation. He suggested that it offered his co-defendant, portrayed as a central villain in his narrative, an opportunity to manipulate and sexually abuse him throughout his teenage years. Sam felt that he *“had no right to refuse”* the sexual abuse he *“suffered”* at the hands of his co-defendant, and that it was deserved because of his *“low self-esteem”* and *“worthless”* sense of self. This is consistent with literature that has indicated that self-blame is common among sexually abused males (Romano & De Luca, 2001).

This abuse was presented by Sam as an antecedent of his first sexual offence at age 15. The offence was sexual activity with a young boy (aged 11 or 12), who Sam had been introduced to by his co-defendant. Sam felt that his *“culpability”* for this offence was *“markedly mitigated”* by the fact that he *“had been sexually abused by”* his *“co-defendant, who also abused this boy”*. While it is true that ACEs have been implicated as distal ecological niche factors that may contribute toward the onset of sexual offending under the ITSO model (Ward & Beech, 2006; 2016), Sam’s reference to his experiences of abuse here may represent ‘neutralization’ (Maruna & Copes, 2005; Sykes & Matza, 1957) and ‘blaming others’ cognitive distortions (Helmond et al., 2015). Sam’s narrative suggested that he used his co-defendant and the abuse he experienced, which he felt was rooted in his worthless sense of self, as a means of neutralising (i.e. rationalising) his offending behaviour, and externalising his own culpability. On the other hand, Sam also claimed that, *“being autistic”*, he *“thought these things were normal”* and *“didn’t, kind of, pick up on the fact that”* the victim *“wasn’t into it”*. He noted how, in the abstract, *“an autistic child did these things”*, who is potentially being *“demonised”* to some extent because they *“genuinely misunderstand consent”*. This narrative is consistent with the existing literature that has suggested that autistic individuals may sexually offend because of autism-related difficulties interpreting social cues (de la Cuesta, 2010; Katz & Zemishlany, 2006), and also fits with the interaction between perception and action selection neuropsychological mechanisms proposed in the ITSO model (Ward & Beech, 2006; 2016). However, it is possible that Sam may have used this narrative to further distance himself from responsibility for the harm he caused. This illustrates the difficulties outlined in Chapter 1, when trying to understand sexual offending committed by autistic ISOCs through existing models; and supports the need for further research to investigate how and whether current models of sexual offending can be applied to autistic ISOCs.

Contrary to the self-deprecation that dominated much of his self-narrative, Sam referred to his intellectual prowess and academic interests as a source of pride throughout his life story. Events relating to this often formed the basis of an occasional, albeit short-lived, progressive tone. However, many of Sam's narratives, whether positive or negative in content and tone, tended to revisit and communicate his poor sense of self-esteem, or would be used as ammunition for self-criticism (e.g. *"My worthless self"*). For example, Sam described how, to his surprise, he won a mathematics competition as a teenager. However, whilst intellectuality was seemingly a domain of mastery for Sam, in his recount of winning the mathematics competition as a teenager, he ultimately subverted it into an illustration of his poor sense of self-esteem;

"Even at this thing I was really good at, my self-esteem was sub-par, because I so believed that I couldn't be in first place that I was walking away... even in the things I really excelled at, my self-esteem was crap"

This tendency may represent 'minimisation' and 'magnification' cognitive distortions, whereby Sam has reduced the focus on achievements through minimisation, and selectively focussed on the negative aspects of his experiences through maximisation (Beck, 1967).

The final element of this theme pertained the three occasions that Sam attempted suicide during his life. Firstly, at age 13, Sam attempted suicide when intensified feelings of low self-esteem, associated with being constantly bullied, reached a climax. Secondly, at age 19, when falling out with a friend led to emotional turmoil and triggered a second suicide attempt. Thirdly, at his 21st birthday party, after he and his friends had *"took a fair bit of drugs and drank a lot of alcohol"*, Sam had a verbal confrontation with a friend, which led to an explosive flurry of emotions for Sam and triggered a third suicide attempt. In all suicide attempt narratives, there were commonalities that related to the theme of worthless self.

Firstly, each attempt was described in a self-deprecating tone. For example, referring to his second attempt, Sam described himself as *"self-absorbed"* and *"really selfish"* after attempting suicide by walking onto a busy road. Sam contextualised his feelings with society's typically *"callous"* attitude towards individuals who attempt suicide in ways that *"inconvenience others"*. While Sam pointed out the absurdity of society's callousness, he nevertheless presented his own suicide attempts with an apologetic, shameful tone, which suggested that he had internalised the societal narrative to some degree; *"I do see where they're coming from in another way, because, err, I suppose there are less*

disruptive ways to kill yourself". His passive narration of the suicide attempts undermined their seriousness and focussed on self-criticism, which illustrated how pervasive his sense of worthlessness was.

Secondly, each suicide attempt was preceded by some degree of intoxication with alcohol or illicit drugs and were often reactive; preceded by a build-up of emotions related to his overall sense of worthlessness, and difficulty regulating those emotions. This is consistent with previous research, which has associated alcohol use and suicidal behaviour (Lamis & Malone, 2012); and has found that suicidal behaviours are overrepresented in autistic populations (Cassidy et al., 2020; Zahid & Upthegrove, 2017). Although Sam did not believe intoxication was a precursor to his suicide attempts, he did suggest that consuming such substances was an *"amplifier"* that *"exacerbated existing problems"* (i.e. shame and low self-worth). This is insightful, in light of previous literature that has attributed acute alcohol and substance misuse to disinhibition, depressed mood, intense focus on the immediate situation and reduced consideration of consequences (thus increasing the risk for suicidal behaviour; Center for Substance Abuse Treatment, 2009). Additionally, autism may similarly have served to amplify these risks, by increasing Sam's tendency to ruminate on a particular train of thought and contributing toward difficulties imagining alternative ways of addressing negative emotional states, beyond suicide (Cassidy et al., 2020).

Theme 3: A 'normal' life

The concept of 'normality' was a repeated feature of Sam's life narrative, both regarding his neurodivergence as an *"Aspie"* (i.e. an individual diagnosed with Asperger's Syndrome; Kenny et al., 2016), and his sexuality. Much of Sam's discussion of normality was presented with a sceptical tone, recognising its *"arbitrary"* nature. Nonetheless, the importance of conforming to normality pervaded throughout his narratives and understanding of himself.

Sam's life story opened with his experiences of primary school, and his subsequent Asperger's Syndrome diagnosis. Sam recalled an incident, age 6, when a school teacher *"scolded"* him for completing a mathematics workbook too quickly, and instructed him *"to do the work again, but to go at everyone else's pace"*. This life event was an early introduction for Sam to the concept of *"normal"*, being different from *"normal"*, and how he felt that trying to be *"normal"* would hinder him;

"it worked to convince me that 'normal' holds me back- that the restrictions it imposes are arbitrary and irrational"

Sam felt that this experience caused his *“disengagement from school”* and led to him acquiring a reputation as *“a problem child”*, because he was frequently disruptive and disciplined in class. He believed that this reputation was why he was referred to be tested *“for a social-behavioural problem, which turned out to be Asperger’s Syndrome”* at age 7. Discussing his experience of being diagnosed as a *“certified Aspie”*, Sam revisited the concept of diverging from normality. He mentioned his mother’s proclivity for seeking normality and fear of *“social stigma and embarrassment”* multiple times through his narrative, and the role this has played in his life:

“she was always concerned that I have a normal life. But I suppose she clamped down a lot harder after the diagnosis, because she thought that achieving normal life would be so much harder. But I think- I don’t think normal was ever achievable”

Sam contrasted his mother’s continuous focus on achieving normality with his own views on normality, as something that was not achievable and ultimately held him back in life. The pressure to achieve a *“normal life”* was a deep-rooted feature of Sam’s relationship with his mother. For example, as he grew older and developed strategies to cope with the more challenging aspects of his autism, Sam’s mother became convinced that he was no longer autistic. Although Sam defied these external pressures to *“be normal”*; he was nevertheless drawn to the idea of *“imperceptibility”* regarding his autism, to avoid the *“patronising”* assumptions others may make about an autism label. He likened this to how transgender individuals seek to *“acceptably”* pass as a member of the opposite sex, and he felt that he has *“succeeded”* in *“passing”* as a neurotypical person. This could be interpreted as masking (or camouflaging) where some autistic individuals conceal their autism-related presentation from others (Hull et al., 2017).

Sam’s construal of why he was in prison also reflected an extension of his scepticism of the arbitrariness of *“normal”* as a concept, and the rules that he associated with that. When outlining why he was in prison, Sam noted that he had once wrongly believed that age of consent laws were *“arbitrary restrictions”* and *“another example of social, sort of, squeamishness that sought to restrict things it didn’t like, for no reason other than prudishness”*. He drew comparisons between his original interpretation of these rules and his mum’s *“arbitrary”* concerns with *“a normal life”*, *“proper dress and haircut”*, *“bits of manners”*, and *“being polite”*; which, to him, were *“just unnecessarily restrictive and pointless”*. This aspect of Sam’s narrative magnified focus onto the technical illegality of his offending (e.g. *“there’s no mitigating the illegality of what I did”*). Sam seemed to use this narrative to

distance himself from accountability for the abusive, amoral elements of his offence (i.e. it was wrong because it was illegal, rather than because it was harmful and amoral). Sam recognised elsewhere in his narrative that his behaviour was harmful towards children, because others had told him it was, but the predominant theme underpinning his narratives of why he was in prison was that he broke a legal rule that was grounded in social norms.

Finally, while Sam's narratives around "*a normal life*" were often shrouded in scepticism, his projection of life after prison seemed to conform to the features of a "*normal life*" that his mother had wanted for him, and he had otherwise resisted. Sam anchored an offence-free future onto the life he could share with his wife. In his narratives, Sam's wife was portrayed as a paragon of all things good in his life; "*she's the best thing in my life*". His relationship with her was used to frame the impact of his imprisonment, his ongoing narrative, and his future script.

"my wife is very understanding of my, erm, what is essentially paedophilia ... I can't overestimate how good she is to me... honestly I've never been happier than I have been with her... after we got married, we moved to our own house... we rented the house for a year, and that gives us a really strong, sort of, image of what our life will eventually be like when all this crap is over... it's a really strong, like, in, sort of, criminology they'd call it a protective factor I suppose (Yeah) she's a very strong protective factor for me"

In this extract, Sam emphasised how understanding and unwaveringly supportive his wife had been, and the importance of their relationship in his life moving forward. In his narration of the most recent chapter of his life, Sam's pronoun use changed to the more collective "*our*" and "*we*", referring to himself and his wife as one; demonstrating the importance of his wife in his ongoing life narrative. In the extract, Sam framed what he felt he had lost when he was imprisoned, which acts as a template for the life he wants to return to after prison. Interestingly, the image Sam portrayed here resonated with what he presented as "*the erudite image of success*" in an earlier chapter of his life story, which he had previously viewed as unachievable for someone like him. Sam also conceptualised his wife, and the life they share, as a "*very strong protective factor*" for him; which is consistent with desistance literature (Laub & Sampson, 2001), and may represent Sam's internalisation of interventions efforts. In addition, while Sam's description of living in prison is less than ideal, the tone and the imagery used in the final chapter of his life was mostly characterised by an increasing sense of peace and self-acceptance, and cautious optimism. In addition to the image Sam painted of the life he wants to resume after prison, he added other goals, such as pursuing a career "*in a STEM subject*" and his interests in lexicography. This suggests that Sam's mindset has perhaps aligned more with a

desistance consistent mindset and may support the offence-free life he seeks in future (see the Integrative Theory of Desistance from Sexual Offending [ITDSO]; Göbbels et al., 2012).

3.3.2. Jamie

Jamie's life story could be interpreted as a 'journey of self-discovery' or 'metamorphosis' story archetype. In his life prior to prison, Jamie's narrative was underpinned by a pervasive sense of confusion. Beyond the confines of his family unit, Jamie felt that he did not have a coherent understanding of himself, and this remained the case until his arrival at prison. However, in prison, Jamie's autism diagnosis and clarity regarding his sexuality acted as turning points in his life story. These turning points resulted in a positive transformation in tone, from confusion about who he was, to a clear, confident sense of who he was and who he wanted to be moving forward.

In his pre-interview exercise, Jamie had utilised the exercise book that he was provided with to generate a highly detailed 8-page handwritten summary of his life story. As suggested in the pre-interview exercise guidance, Jamie divided his life story into a chronological structure of 4 chapters ("Childhood", "Adolescence", "Young Adult", and "Adulthood"), each containing 2-6 episodes of varying lengths. Jamie's written episodes were mostly presented in a concrete, descriptive style, often focussing on factual elements of his experiences. However, these were expanded upon through deeper discussions in interviews, where Jamie took the opportunity to reflect on how he had felt during those experiences and what they had meant to him. Most notably, Jamie offered a reflective commentary on past experiences during interviews, where he juxtaposed how he had felt at the time against how he had since come to understand those experiences in retrospect, in light of his newfound understanding of self.

Theme 1: Piecing the puzzle together

Jamie was not diagnosed with autism, and did not come to understand his sexual identity, until he arrived at prison. As such, Jamie's life story prior to prison was dominated by a tone of puzzlement relating to his sense of self. In addition, his descriptions of the social environment beyond his family home were often characterised by a similar tone of confusion. For instance, Jamie recalled experiences of feeling different to other people and socially isolated, particularly during his time at school.

"Because I behaved slightly different to other people my age I began to get picked on, called names and was never asked to join in any games that other children played, so I would just sit on my own... I felt different, felt like no-one cared and always wondered why I was different".

Narrative psychologists have suggested that individuals can come to some understanding of their own identity through the differences and connections that can be identified with others (Crossley, 2000). But for Jamie, in his life outside of the family home context, he struggled to establish a sense of connectedness and belonging with his peers and was unsure as to why. Jamie often felt that he did not *“fit in properly in social circles”*, likening himself to *“a fish out of water”*. Because he was not diagnosed with autism until he arrived at prison as an adult, he felt confused and struggled to understand why he was different for most of his life; a common experience for undiagnosed autistic individuals (Lewis, 2016). The lack of an explanation for why he was different meant that he experienced a lack of coherence, as he struggled to make sense of his experiences of social exclusion and bullying at school.

When Jamie arrived at secondary school, he encountered an increasingly challenging social and academic environment; a common experience for autistic individuals (Dillon & Underwood, 2012). In secondary school, Jamie’s understanding that he was different to others developed into feeling that he was *too* different, and that being different was not just puzzling, but problematic. In his narratives of this stage of his life, the word *“normal”* became more frequently used, and references to how he differed from *“normal”* increased. In secondary school Jamie experienced problems with bullying, with others *“saying that”* he *“wasn’t normal”*. This contributed to an increasing sense of pessimism and withdrawal from socialising with others. In addition, Jamie continued to experience confusion, as the feeling of being of different to others continued to lack a coherent explanation (i.e. an incomplete narrative; Crossley, 2000).

Jamie’s feelings of being different were compounded by the difficulties he faced in the academic dimensions of school life. Jamie’s frustration was apparent in his descriptions of the difficulties he had with schoolwork and the way that he felt that teachers did not recognise he was *“really struggling”*, responding with punitive rather than supportive measures (e.g. *“another detention”*). Jamie felt that the way he was treated by teachers and other children was detrimental to his self-esteem and self-confidence; and he became fearful and worried about saying *“something stupid”*.

“I constantly have the feeling that if I do or say anything I will be bullied or teased, and even when people are giving constructive criticism I feel like I’m being told off.”

While there were some striking positive transformations in Jamie's later life, relating to his confidence and self-assurance, these early experiences still retrospectively haunted him in the present. Jamie repeatedly expressed deep-seated feelings of hatred towards his time at school; "*I just tended to hate school*", "*I just generally hated school*", "*I would love to forget everything about school because I hated school, being bullied every day*". Therefore, Jamie's experience of secondary school, intertwined with intensified confusion about why he was different, could be interpreted as a 'nadir' (or low) point in his life story (McAdams, 1993).

In addition to his undiagnosed autism, Jamie's sexuality was another source of confusion that pervaded throughout his life story prior to prison. His realisation that he was "*pansexual*" did not occur until after his imprisonment as an adult. Jamie described how he had first experienced confusion about his sexuality at secondary school, when he was attracted to another boy. Until secondary school, Jamie believed he was indifferent towards romantic relationships and the opposite sex, particularly compared to his peers ("*relationships never really bothered me*", "*they all started to be interested in the opposite sex. Erm, I just didn't have any feeling towards them in a sexual way or anything*"). However, he later found himself having a romantic attraction towards his male friend, which he kept secret. This was an additional source of confusion and discord for Jamie, as he struggled to understand why he was not attracted to a member of the opposite sex like his peers. Also, to complicate this, his feelings contravened the rule he had been told by his father, giving rise to feelings of dissonance (see Theme 3 'Knowing and abiding by the rules'). Resonant with previous literature that has explored sexual orientation and identity amongst autistic adults and adolescents (Dewinter et al., 2017); this confusion regarding his sexuality compounded Jamie's feelings of being different, not being "*normal*", and Jamie did not find coherence in this domain until prison.

Jamie spent most of his life confused as to who he was and why he was different. However, his arrival at prison represented the beginning of his transformation, and the prelude to two major life turning points. The first major turning point for Jamie was his Asperger's Syndrome (AS) diagnosis, which came "*aged 28, about a month and a half after coming into prison*". After feeling different to others for all his life up until this point, Jamie finally found some coherence in the diagnosis (Crossley, 2000), because he had a tangible explanation as to why he was different. Much like a "*puzzle*" coming together, Jamie found that the AS diagnosis helped him to make much clearer sense of both new experiences, and retrospectively make better sense of past experiences. He embraced the diagnosis as a new means to understanding himself and his life story. This is consistent with existing research, which has demonstrated that an autism diagnosis can lead to self-reflection, and a better means of

understanding life experiences before the diagnosis (Hickey et al., 2018; Mogenson & Mason, 2015). The diagnosis inspired a new passion, a hunger to learn more about autism, and by proxy, better understand himself. From this point in his life story, Jamie's narrative tone was much more consistently progressive and optimistic. Rather than internalising negative comments of others, and perceiving himself as "useless" or "stupid" as he once had, Jamie became much more confident, accepting of himself and accepting of what makes him different;

"Before I was diagnosed, I just always used to think when I was growing up 'I'm different to everyone else, I'm useless'. But having the diagnosis and knowing about autism, I tend to think that now, if people want to talk to me, because of who I am, they can talk to me. If they don't wanna talk to me, I'm not bothered anymore"

After this turning point, Jamie's self-discovery narrative picked up momentum as he reached a second turning point; his sexual awakening. His newfound autistic identity had invigorated him with self-confidence and a drive to learn more about himself. Soon after his autism diagnosis, Jamie had his first kiss and relationship with another man in prison. Although the relationship eventually ended, this inspired Jamie to learn more about his sexuality; researching it in a similar fashion to his autism research.

"I used to say to people, I don't care if they're man, woman, transgender, or whatever their sexuality is, I care for what's on the inside. I was going, like, 'but there's not really anything to describe that sexually'... I told me, erm, healthcare worker at the time and she said to me 'why don't you try reading this book?' which is the 'Autism Spectrum Guide to Sexuality and Relationships'... reading that book, it tells you all about different sexualities, and I found the word Pansexual, and I'll read it from the book; 'this is a sexual attraction towards people as individuals, rather than to people because of their gender', so I thought that fitted me perfectly"

This was another important turning point for Jamie, narrated with an enthusiastic, positive tone that was on par with his account of receiving the autism diagnosis. As he termed it, it was the final "piece of the puzzle", which has since helped Jamie to understand himself and make sense of some of the less coherent elements of his life story. In his narrative, Jamie drew parallels between his sexuality and autism, in how they have afforded him increased self-confidence in his presentation to others and acceptance of himself. Jamie captured this with the following analogy:

“it’s like a jigsaw puzzle, and half the pieces are missing, but with learning more about myself, it’s putting an extra piece in the jigsaw, so that I can see the whole picture clearly, instead of seeing half of the picture (Yeah, and that helps you then?) Yeah, that’s helped with confidence quite a lot”

Since learning more about himself and being more confident in the version of self he presents to others, Jamie has found he has thrived and flourished in the social domain. In prison he has *“made many friends who’ve accepted”* him for who he is, and *“help support”* him *“in various different ways”*. Jamie framed his time in prison as a period of positive transformation, and the concluding tone of his narrative was extremely progressive, as he works towards a better understanding of self. Equipped with this newfound clearer sense of self, Jamie described a range of future aspirations, including a goal of publishing the guides to autism that he has written and collated in prison to educate others. This progressive, goal-oriented mindset may play an important role in Jamie’s desistance from offending in future (de Vries Robbé et al., 2015; Göbbels et al., 2012).

Theme 2: Comfort in the familiar

Throughout Jamie’s life story, there was a recurrent association between familiarity and a sense of comfort; which is resonant with the preference for sameness shared by many autistic individuals (APA, 2013). Much of Jamie’s life before prison, particularly his early life, revolved around his close family; who could be understood, in narrative psychological terms, as Jamie’s ‘primary group’ (Cooley, 1902; Crossley, 2000). Jamie lived with his mother, father and older brother for most of his pre-prison life; until his arrest when he moved in with his grandparents. Jamie’s family were a close-knit group, and he reflected frequently and fondly on his family relationships throughout the narrative, as an unwavering source of support and comfort. This was in stark contrast to his more difficult social experiences outside of this group. Jamie found comfort in familiar routines of frequenting *“car-boot sales”*, *“classic car shows”* and *“concerts”* with his parents and brother, and visiting his grandparents regularly; which was likely linked to an autistic proclivity for routine activity (APA, 2013). Throughout his life story, Jamie revisited specific memories of time spent with his family he would *“cherish forever”*. He conveyed an enthusiasm and joy around these memories through the explicit level of detail he recounted them with; for example, noting precise locations and exact dates of family-oriented experiences.

When describing individual family members, Jamie’s narrative tone, language and imagery conveyed the sense of warmth, unity and communion (McAdams et al., 1996) that he associated with

his family. In particular, Jamie frequently referred to his older brother, who is also autistic, as a central character in his life story. He frequently recalled his childhood experiences with the pronouns “we” and “us”, rather than “I” or “me”, suggesting a collective sense of self at that time. He often noted the numerous similarities that he shared with his brother, and how other people liken them to “twins” in their appearance, interests, and mannerisms. Jamie’s reinforcement of his closeness with his brother exemplified the sense of unity he felt with his family; and the positive effect this has had on his life.

Jamie also highlighted his interests in model vehicles and music as a central feature of his home life, and another source of familiar comfort; *“I would split my time at home between music and my model vehicles”*. These interests were firmly rooted in, and interconnected to, his relationship with his family. For example, Jamie was introduced to music through his grandad’s keyboard and piano tutelage, and his father introducing him to the music of his, now favourite, band. Similarly, the genesis of his interest in model vehicles, shared with his brother, came from the moment that he vividly recalled they both first received a model vehicle as a Christmas gift. In his narratives surrounding both interests, Jamie’s enthusiasm, passion and pride was emphatically conveyed through in the precise depth of detail he went into (e.g. noting precise details of model vehicles in his collection). Similar to his narratives of the cherished memories with his family, Jamie associated his hobbies and interests with a feeling of comfortable familiarity, a source of joy, and a *“sense of order”*. When talking about his family and interests in his early life, Jamie’s narratives suggested a sense of coherence, stability and belonging. His identity was intrinsically linked to being a member of that family ingroup (Scabini & Manzi, 2011) and pursuing those interests. While the narrative tone in relation to his family life remained stable and positive throughout his life story, the tone in relation life outside of the family home was more regressive.

“So I could have a sense of order, like line my vehicles up in different orders, or put my music into chronological order... I can go into my bedroom and say ‘yep, that’s in proper order’. So my socialising, I haven’t got a clue about that properly, but going home I’ve got a sense of order... I used to tell people if I go home, sort my vehicles out and my music collection, give me a sense of order, sort of, keeping me a bit more sane, so I don’t go mad, because I don’t understand socialising... if I stayed on the socialising side I’d be more confused than ever”

Pursuing his interests offered Jamie a comfortable retreat from the more challenging social environments outside of the family home. Throughout his life story, Jamie found solace away from

these difficulties by engaging with his interests; which is a common experience for autistic individuals (Wood, 2019). In the extract above, this was captured in his repetition of the word “*order*”.

While this represented a helpful coping strategy for Jamie to deal with some of the challenges he faced, his later narrative suggested that it also contributed to Jamie’s offence as an adult. For a short period, as a young adult (age 22), Jamie experienced a sense of positive personal growth and independence in several areas of his life. He had acquired a job as a care assistant at a nursing home, a girlfriend, and a car. However, Jamie experienced a sudden loss of this growth that led him to retreat to the comfort of his interests; which became an important narrative precursor to his eventual offence and conviction. In the immediate period prior to his offence, Jamie was “*sacked*” from his job and his relationship broke down. Consequently, Jamie’s life beyond the family home quickly returned to a more regressive state. In his descriptions of this period of his life, Jamie’s tone became one of hopelessness and pessimism as he became more socially isolated:

“I had a short period of time where I thought ‘I’m useless’, sort of attitude (Yeah) and I just, sort of, kept myself to myself in my room, apart from the time where I needed to go to the job centre and look for work”

Jamie described how the loss of his job and breakdown of his relationship led to him being on his own a lot to occupy his time “*either listening to music, or going ‘round the internet, like, looking at model vehicle websites or music websites and that, and not doing a lot else*”. Jamie’s narrative around this time portrayed an isolated individual who had retreated to a solitary life of pursuing comfort in his interests on the internet, away from the negative experiences posed by the outside world. It was during this period that Jamie was arrested and convicted for taking indecent photographs of a young girl (aged 9 or 10) and sharing them online. It could be suggested that the dramatic shift in Jamie’s life story at this time, with his loss of progression across several life domains could be conceptualised as the loss of the good life (Ward & Gannon, 2006; Ward & Mann, 2004), or a major disturbance in his ecological niche (Ward & Beech, 2006; 2016), and thereby served as a critical vulnerability factor for his offending.

In making sense of his offence, Jamie had attempted to reconcile it as an inadvertent consequence of his social naiveté, when he believed he was merely seeking comfort through his model vehicle interests. When Jamie was pursuing his interests in model vehicles online, he was an active user of a website where individuals could show off and discuss their collections of model

vehicles. It was on this website Jamie gave the following account of his interaction with another user of the website:

“I was on model vehicle websites, I commented on a vehicle, said something along the lines of ‘I’d love to own this in my collection’... the bloke emailed back and said ‘what about my other pictures?’, hadn’t had a clue what they were, just thought to get him off my back, erm, I’d say ‘yeah, they’re nice’, and that’s it. That was a bit of a mistake to have done that without actually seeing what the other pictures were (Ok) ‘Cause they were pictures of people underage... then he was, sort of, pestering me for me to share pictures with him (Yeah) and it, sort of, spiralled out of control there, ‘cause [victim], she willingly showed me herself naked, I thought ‘just to shut him up I’ll send him a few pictures of her’ (Yeah) But then things just got out of control from there, and I didn’t know how to walk away”

In this extract, Jamie suggested that, at the time, he was largely unaware of the illegality of his actions; unwittingly establishing an inappropriate friendship with the “bloke” online when simply trying to pursue his interests in model vehicles, presuming that the child had consented to being photographed. For Jamie, he was simply complying to stop the man from “pestering” him, and this “got out of control”. Jamie’s compliance may be associated with his autism (Chandler et al., 2019), and this all may be an example of how ecological niche factors (e.g. autism, major changes in life circumstances) can shape an individual’s interlocking neuropsychological functioning (e.g. interactions between motivation and action selection systems), and predispose sexual offending (Ward & Beech, 2006; 2016). Alternatively, Jamie may have used this narrative to misrepresent reality and shift the blame for his offending, externalising his culpability. Nonetheless, it appeared that Jamie’s retreat to the familiar comfort of his interests online, in response to the upheaval he had experienced in his life, acted as an important antecedent of his offence.

Theme 3: Knowing and abiding by the rules

Rules were an important sense-making tool for Jamie when constructing his narratives. More specifically, Jamie often referred to knowing what rules were, abiding by rules, and recognising the consequences of rule-breaking as a means of framing more negative experiences and understanding himself. Throughout most of his life story, Jamie seemed to instantly internalise and rigidly adhere to rules he was told, utilising them as a concrete means of navigating and understanding the complex social world around him.

In his early life, Jamie believed that the rules that he was told were fixed, particularly if they came from his family. Consequently, he often accepted them unquestioningly. This contributed to the confusion he had experienced regarding his sexuality prior to prison. When Jamie experienced a romantic attraction toward another boy at secondary school, he felt conflicted and confused. His attraction contrasted a rule that he had been taught by his father when he was age 11 or 12, who told him that *“a man shouldn’t love a man, and a woman shouldn’t love a woman. But it’s alright for a man to love a woman and vice versa”*. Rules like this, set out by an individual’s primary group (Jamie’s family in this case), and adhering to those rules are an important for a child’s development of moral principles (Crossley, 2000). It follows that the rule became entrenched in Jamie’s core beliefs and values at that time;

“I had it in my head that I like him, more than I like anyone else, and I wasn’t 100% sure why, because what my dad said about ‘man loving a man is wrong’ stuck, for some reason that stuck in my head and I thought ‘well, if it’s wrong to think like that, why am I thinking like that?’. So, I sort of pushed it to the back of my mind, and never thought about it again for years”

In this extract, Jamie described the internal dissonance and incoherence he had experienced, stemming from the disparity between his father’s rule and his inner feelings of attraction towards the other boy. Because of his literal interpretation (APA, 2013) and rigid acceptance of his father’s rule, Jamie did not think that his attraction to the other boy could or should occur. As such, he repressed and *“bottled-up”* these feelings. Jamie spent much of his life conflicted regarding his sexuality, unable to reconcile his occasional attraction to males with what he had accepted as a definitive rule from his father. It was not until he arrived at prison that Jamie became more flexible and exploratory in his thinking. In prison, away from his family’s governance, Jamie had the opportunity to experiment with, shape and understand his identity more freely, which led to his sexual awakening. This helped Jamie to feel confident enough to present his true self to his parents, regardless of whether or not they approved:

“Now I know I’m pansexual. This is the sexual attraction towards people as individuals rather than to people because of their gender. I had a visit with my family in 2017 and told them that I’m pansexual and told them that I’d kissed more than one man. My parents are old fashioned, I’m not sure they accept me the way I am, but I just think it is their problem not mine. If I want a relationship with a man, I’ll have one”

This extract demonstrates the sense of confident autonomy that Jamie has felt since recognising that his parents' rules were not always correct; narrated in a somewhat defiant tone. Despite emphasising the importance of closeness and communion with his family throughout his life story, Jamie did not see this difference of views as a negative. Instead, he took his newfound agency in his stride, conveying a sense of content self-acceptance; which corresponds with theoretical conceptualisations of positive psychological wellbeing (Ryff & Singer, 2008) and domains of the GLM (Ward & Mann, 2004).

Jamie's early unquestioning acceptance of rules was also relevant to his understanding of his autism. Jamie had frequently reflected on how he was similar to his brother in their difference to others. Jamie spent his childhood and adolescence understanding himself as being similar to his brother, which was reinforced by other people's comments and a shared home life narrative. However, when his brother received an autism diagnosis, Jamie asked his mother whether he was the same as his brother, his mother "*said only one child in the family can have it*"; a rule that Jamie immediately accepted as definitive. On reflection, Jamie felt that his mother "*wanted to be seen as having somebody who was typically normal*", but he was unable to intuit this at the time. Therefore, while his brother's diagnosis offered some explanation for why his brother was different, it led to deeper feelings of confusion, discord and incoherence for Jamie regarding his own sense of self; as there was no explanation as to why he was different to other people (a commonly reported experience for undiagnosed autistic individuals; Lewis, 2016). Additionally, this meant that Jamie also felt different and disconnected from the one person he had felt closest to throughout his childhood. This confusion pervaded until he arrived at prison, and received an autism diagnosis, proving his mother's rule false; much like his father's rule regarding sexuality.

Finally, Jamie frequently referred to "*the rules*" in his narrative construal of why he offended and why he will not offend again in future. Jamie framed his offending as an example of an event where he was simply unaware of "*the rules*", and therefore lacked foresight of the potential consequences of his behaviour:

"I just did what I did, I never thought about the consequences of what will happen tomorrow? Or even a year down the line? Will I go to prison for this? That never even entered my head one little bit, so I thought what I was doing, at the time I thought there was no harm in it... I only found out in my first police interview that it was really inappropriate to do something

with an under 16... If all I was told at school is it's illegal to do anything with anyone under the age of 16, or else you go to prison for it (Yeah) that would have stuck in my mind, and I wouldn't of done nothing"

On reflection, Jamie noted that although he did not realise the harm in his actions at the time, he now does. He attributed this, in part, to not knowing the age of consent rules, because of “*pretty useless*” sex education at school. Jamie was convicted for taking illicit photographs of a young girl (a family friend who frequently visited the family home) and sharing them online. In his narrative, Jamie suggested that, from his perspective, the girl “*willingly showed [him] herself naked*”, and that, unaware of the age of consent rules, he took and shared the photos online to deter the man online from “*pestering*” him. This may represent some degree of poor problem-solving, stemming from autism-related executive functioning difficulties (Hill, 2004), partnered with autism-related misinterpretation of the girl’s behaviours and difficulty intuiting the inappropriateness and illegality of his actions. This may also be understood through the ITSO model (Ward & Beech, 2006; 2016). For example, Jamie’s autism (i.e. a distal factor) shaped how he interpreted the girl’s behaviours and evaluated the potential consequences (i.e. interlocking neuropsychological functions), and thereby influenced his choice (i.e. personal agency) to take the photographs and share them online. On the surface, Jamie acknowledged some wrongdoing in his actions, portrayed in his regret and conviction in this extract; “*I can’t say I didn’t enjoy what I did because that would be a lie but I 1 billion % will never do it again*”. He believes that now he knows the rule, he would never knowingly break it, which is feasible given his rigid adherence to rules in other areas of his life. However, this did not seem to extend to a recognition of harm or remorse for the offence, beyond regret for breaking of legal rules. Therefore, this narrative may be interpreted as serving a social function of post-hoc neutralising, justifying and mitigating his offending behaviour (Maruna & Mann, 2006; Sykes & Matza, 1957). Alternatively, it could equally be interpreted as Jamie simply trying to make sense of his experiences and construct a coherent narrative for himself and others to understand.

3.3.3. Liam

Liam's life story was dominated by a theme of vociferous indignation. The content he chose to share in both his pre-interview exercise and face-to-face interviews was heavily weighted toward the latter end of his life story, after he had received two rape convictions. Interestingly, Liam's autism diagnosis, received when he was an adult, took a relative backseat in his life story. Neither his autism or ADHD diagnoses seemed to be intrinsic to his self-identity, and were referred to with tones of indifference, with little salience placed on them. Instead, much of Liam's narrative centred around trying to make logical sense of how he was, from his perspective, wrongly convicted and robbed of an otherwise promising future.

When compared to other participants, Liam's written pre-interview exercise was a relatively brief summary, written on 2 sides of A4 paper (rather than the exercise book provided), and was divided chronologically into 4 chapters. Whilst Liam had found the written exercise useful to initially organise and provide structure to his thoughts, he expressed a strong preference to verbally discuss his experiences through face-to-face interviews. However, despite the overall brevity of his completed pre-interview exercise, there was nevertheless a noticeably richer amount of written detail in the chapter of his life where he described the two rape convictions, compared to the other chapters. This focus resonated in his later interviews, where he often strayed on detailed tangents that brought the conversation back to the lack of fairness that he attributed to his conviction. Overall, this fed into a largely regressive, pessimistic tone relating to his conviction, which overshadowed his life narrative.

Theme 1: Innocent and indignant

Liam's life story gravitated around his feelings of indignation toward his two rape convictions. Throughout his narratives, Liam frequently revisited the unfairness that he associated with his convictions and was vociferous in maintaining his innocence. He felt that the rape convictions ruined what he termed the "*prime time*" chapter of his life, and "*robbed*" him of his prospects for the future.

The "*prime time*" chapter of Liam's life story, when he was aged 19-24, represented an upward trajectory for his life; with the sense of personal growth and opportunity in its content, and the progressive narrative tone in which it was presented. However, this trajectory changed following rape allegations from two girls. Liam's narratives around the allegations were characterised by an initial sense of disbelief, which quickly transformed into indignation, discord and upheaval. The tone in which he presented them was one of vehement anger and betrayal. When telling his version of events, Liam was meticulous in the explicit detail that he used to describe them. He was keen to

demonstrate to the interviewer, and seemingly reaffirm to himself, that the sexual activities he engaged in were consensual, and that his narrative as innocent and falsely accused was a coherent one.

“I had two allegations, how the fuck do I- I had evidence proved she fucking lied, on both cases... [victim 1], fucking hell, I don't even know how I got charged with that fucker. I've got enough, like I say, I've got enough evidence to do her for perjury... I don't even know how the fucker got charged, but- and then [victim 2]'s her fucking cousin! You couldn't make it up could ya!”

The way Liam construed his narratives framed himself as the target of a coordinated effort to have him wrongly convicted of rape. For example, in relation to the first allegation, Liam believed that the girl had made the allegation as an “immature” response to her upset that he did not want to pursue a relationship. However, after the second allegation, perhaps trying to find a sense of coherence, he became convinced that the first and second victims had conspired against him.

In his narratives of the interactions that surrounded his offences, Liam was explicit in maintaining his innocence and reinforcing the consensual nature of sexual activities that occurred. Describing the events surrounding one offence, Liam vocally reflected on and deliberated over the intricacies of consent in the situation; concluding, with a frustrated tone, that she had consented (e.g. “she gave me no reason to believe that it wasn't consensual”). Numerous times in his interviews, Liam revisited a multitude of ways that he believed both alleged victims had “definitely” demonstrated consent through their behaviour, and he frequently repeated the words “consensual” and “consent” in those narratives.

“She shouted ‘aren't you gonna come and make me then? Come and get me, and put me in the bath’, and I thought for someone to say that nine times, if she really didn't want to get in that bath she'd have gone home, got dressed and gone. For her to keep saying ‘ooo, come get me, come get me’, that's goading is probably the right word actually”

In this extract, Liam's emphasis on the consensual nature of what occurred is highlighted in the number of times he distinctly recalled her telling him to make her get in the bath (“nine times”). His frustrated narrative tone, combined with the depth of detail in his descriptions, suggested that he had ruminated on these points for some time (a trait often associated with autism; Crane et al., 2013;

Gotham et al., 2014); replaying conversations with the alleged victim, attempting to make sense of the allegation and subsequent conviction. While it is possible that Liam was correct in his construal of these interactions, and that he had been wrongly convicted; Liam's reference to the alleged victim "goaded" him could be interpreted as an example of a cognitive distortion (e.g. the 'women are dangerous' implicit theory), which is more common amongst individuals who deny their rape offences (Polaschek & Gannon, 2004). In addition, Liam's focus on what was said explicitly may detract focus from other aspects of the interaction that he could not recognise, due to autism-related difficulties (e.g. not recognising important nonverbal cues that indicated a lack of consent; Katz & Zemishlany, 2006). This could represent a problematic concoction of rape-supportive cognitive distortions and autism-related difficulties, perhaps influencing how he perceived those situations, made judgements and selected his actions accordingly (Ward & Beech, 2006; 2016). Corresponding with this, later in his narrative reflections, Liam recognised that his differing perspective on social situations and "crossed wires" could explain why this allegation occurred.

"if we both have the same version, and the only difference was she said she was being raped, and I said she wasn't, that's a perception, that's a perception thing... if we've both got completely different versions, either I'm lying or she's lying, right; now I know everything I say to be true"

He accepted that she may "genuinely believe" she that was raped, and he may have struggled to have fully appreciated her perspective because of his autism. However, Liam remained very careful to maintain his innocence in his consideration of this possibility, remaining adamant that he did not commit a rape in fact. He was clear to highlight this by pointing out various specific elements of her statements that, to him, were factually incorrect and could not possibly be explained by a differing perspective. The persistence of Liam's denial suggested a protective function, protecting his sense of self as he struggled to come to terms with his convictions, and, perhaps, an accepting himself as someone who has committed rape (Blagden et al., 2014).

Liam spoke at great length, with an exasperated tone, about the incoherence of how and why he was convicted, and how he had struggled to come to terms with and make sense of it. Throughout his narrative, Liam repeatedly referred to "logical sense" as his means of understanding his experiences, and had struggled to reconcile his conviction within the bounds of this "logical sense". For Liam, logic and fairness were intertwined concepts: because he could not understand the logic in his conviction, based on what he believed to be a dearth of factual evidence available, he felt that he

was unfairly treated. From his perspective, “logically”, his “innocence would have been proven”. Liam’s rage was largely directed toward what he believed to be a lack of tangible evidence in his case; most notably the inconsistencies in the victims’ statements and feelings that his two victims had conspired against him. This fuelled his intense fears of receiving allegations from other women in future, and extended to Liam villainising his victims, providing further evidence for a ‘women are dangerous’ implicit theory (Polaschek & Gannon, 2004). Liam’s recount of the court process only further emphasised his feelings of indignation, as he felt the prosecution had actively sought a destruction of his character, painting him as “a monster and a predator that preys on innocent people”. In the chapters of his life story that followed his convictions, Liam’s narrative took on a largely regressive tone, encapsulated in the following phrase; “My life is over. My future stolen.”. He felt that the lack of fairness, persecution and lack of “logical sense” has extended to his treatment in prison; “Because I’m a prisoner, any officer is believed over me”. He feels that he is often misinterpreted and stigmatised in prison, even by interventions staff, and that his behaviours are wrongly misconstrued to support the false narrative that he is a rapist. These experiences have compounded his frustration regarding his conviction and mistrust of those who he perceives to represent “the system”; which may represent a ‘dangerous world’ implicit theory (Polaschek & Ward, 2002), and could be problematic for any engagement in interventions.

Theme 2: Self-image and popularity

The importance of self-image and being popular were pervasive features of Liam’s life story. Throughout his life story, Liam frequently placed an emphasis on the benefits of being popular. Furthermore, his conceptualisation of what it meant to be “popular” was closely intertwined with his physical appearance and self-image.

As a teenager, Liam became aware of the importance of “popularity” in the school social environment. At this time, popularity had been a source of trouble for him, and appearing different to the mainstream rendered him “very unpopular”. Liam focussed intently on how he looked physically different to others (“being short, obviously I’m fucking short, skinny, pale, long hair, braces, nerdy”), and had different interests (e.g. listening to alternative music and playing “Runescape”), which were in opposition to what was “popular” and “mainstream”. Liam reasoned that this was why he became a target of bullying “by boys and girls in school”. Liam’s reference to “boys and girls” suggested that he felt that all his peers at school bullied him, rather than just a select group. Making sense of why he was bullied, Liam placed a firm emphasis on his physical appearance as the root cause. A large proportion of his subsequent narratives revolved around the enhancement of his physical appearance

in the “*prime time*” chapter of his life. Reflecting the importance that Liam placed on popularity and self-image, he was acceptingly self-critical of the teenage version of himself; particularly when contrasted with the much more positive, confident, popular version of himself presented during “*prime time*”. Consequently, the tone in which he presented his experiences of being bullied was relatively subdued and indifferent; seemingly because, to him, there was a clear logical reason as to why he was bullied.

The transition from late teenager to adult represented a crucial change for Liam, from the nadir experiences of being bullied in adolescence (McAdams, 1993) to “*prime time*”. In the “*prime time*” chapter of his life story, Liam portrayed an idyllic picture of his life and version of self, characterised by the positivity and promise that he associated with his physical image and popularity. Liam’s narrative of this stage of his life was presented with an enthusiastic, progressive tone of pride and self-confidence. Training at the gym and improving his self-image, with an ultimate career goal of becoming a professional bodybuilder, were central motivating factors in his life during this time. His initial impetus for training at the gym daily were his earlier experiences of being “*very unpopular*” as a teenager, bullied for “*being short*” and “*skinny*”. By contrast, he believed that developing a muscular physique would grant him the popularity he lacked at school (“*you always see muscular people are popular people*”). Reflexively comparing the “*prime time*” version of himself with teenage Liam at secondary school, Liam drew a parallel between himself and the classic “*ugly duckling*” fairy-tale (Andersen, 1843); suggesting that “*prime time*” was a pivotal period of positive transformation in his life story.

Working on his self-image and making progress during this chapter of his life, Liam experienced a sense of personal growth and purpose in his life, which improved his self-esteem as he “*started to feel a lot better*” about himself. As he became more muscular and knowledgeable about gym training, he developed a corresponding sense of mastery, and experienced improved confidence and wellbeing. Liam felt there was a shift in his popularity; as his physical size and gym performance increased and improved, so did his social popularity with others.

“I started to pile weight on, and I started to get more attention from males and females actually... because I started to get attention, I started to feel better about myself, my confidence was up, I just started to feel more comfortable”

The popular, confident, socially flourishing version of self ('swan'), presented in this chapter of his life story, represented a stark contrast to the "nerdy", "unpopular" version of self ("ugly duckling") who was "short", "skinny", and had "long hair, braces, glasses, oily complexion". Noticing the social and personal benefits of training at the gym, self-image became rooted as key feature of his lifestyle and priorities:

"not just the bodybuilding side, but I used to go on the sunbeds, face masks, I'd do it all me, face masks, sunbeds, get my hair cut every Friday (Yeah) eyebrows threaded, get it all done"

Linked to this, Liam cited being scouted as a male model and participating in paid photoshoots as one of his accomplishments. This fed into his increased sense of confidence, as photos of him went "all over the internet", he remarked "I always get good views, err, comments on there, so that always makes me feel better, I'm proud of that really". In modelling, he had discovered an additional source of self-confidence and a plausible career route. This "prime time" period of Liam's life indicated a sense of progress in some of the core domains of the good lives model (Ward & Mann, 2004) and Ryff's model of psychological wellbeing (Ryff & Singer, 2008). For example, Liam's focus on healthy living and progress in the gym corresponded with the life and excellence in work and play domains of the GLM; and the personal growth and self-acceptance domains in the Ryff model.

Self-image and popularity were also pertinent feature of Liam's narratives surrounding his convictions. He believed that his "normal" behaviours were subverted and demonised as a direct consequence of his allegations. He felt that those things that were once a source of popularity and esteem during "prime time", were weaponised against him to complete his portrayal as a "narcissistic", "self-obsessed rapist";

"the prosecution calling me a 'self-obsessed rapist', because I go to the gym, and also narcissistic, because I go to the gym. Not just because, you know, I'm someone who likes to go to the gym, or maybe even the fact that I got bullied in school for being too small, so then I went to gym to improve myself (Yeah) it can't be because of that, it's got to be because I'm a massive rapist... then the paper put me down as a 'self-obsessed rapist'"

Seemingly to discredit this portrayal, in Liam's narratives of his interactions with both victims, he made a considerable effort to emphasise the normality of his behaviours and disassociate himself from the predatory "self-obsessed rapist" image. To normalise his actions, and thereby the image of

self that he portrayed to the interviewer, Liam frequently used collective pronouns (such as “we”) to stress that he acted just like anyone else. For example, he repeats phrases such as “like you do”, “everybody’s done it”, “we’ve all done stuff”, and “I’m sure you’ve done it, you know, we’ve all done it haven’t we”. This seemed to fulfil two possible functions; firstly, as a social function in the interview, to convince the interviewer of his innocence, neutralising his offending behaviour (Maruna & Mann, 2006; Sykes & Matza, 1957). Secondly, using this narrative as a means of protecting his identity (Blagden et al., 2014), to reaffirm to himself that he was innocent, that he was normal, and that he was not the “self-obsessed rapist” that others painted him to be.

Despite the demonised image portrayed of Liam in the media and by the prosecution, he described how his friends and family outside of prison did not endorse this view. This has motivated Liam to continue to fight his conviction through the appeals process, seeking a form of redemption in the eyes of his family;

“I want my family to know that I’m not a rapist, not because of who I am as a person, because anybody can be somebody else behind closed doors, but, I want them to know that I haven’t done it because of the evidence... it might be a different outcome... maybe in a year or two, you might see me on the news. I think that’s gonna happen you know, I genuinely do”

This extract reflected a flicker of optimism in Liam’s narrative, that while his future was “stolen”, he holds some hope that his truth will come to light, and the evidence will demonstrate his innocence and redeem his reputation. He also expressed some optimism with regards to his future post-prison, to “start afresh” with careers in “personal training” or modelling (i.e. future goals that were orientated around self-image and popularity). This future planning may represent ‘new me’ thinking (Ward & Gannon, 2006), and thus represents a plausible protective factor and route to desistance in future (de Vries Robbé et al., 2015; Göbbels et al., 2012).

Theme 3: Content being alone

Consistently throughout his life story, Liam had described how he was content being alone, pursuing his interests and following his own routine. In his early life story, Liam described how he had grown up content in his “own world” and was largely unphased by not having many friends. Later in his life story, this theme was relevant to his experience of romantic relationships, describing the complexities he had faced in relationships, and how, consequently, he was happy being alone.

In his childhood, Liam spent a lot of his time playing alone in his “*own world*” and “*didn’t really used to have friends*”; but he did not interpret this as negative. Liam reflected nostalgically on how he spent a considerable proportion of his childhood deeply engrossed in a pretend world. For instance, he particularly enjoyed pretending to be his favourite film character. Equally, if needed, Liam described how he could be relatively talkative and sociable;

“if it was random people, I’d talk to them, but at the same time I wouldn’t go out and spend time playing with other kids, I’d be on my own all the time, lost in my own world”

There were repeated references to being on his own in his early life chapters and a little different to others his age. However, in contrast to models of psychological wellbeing that indicate positive relations with others as a key aspect of positive wellbeing (Ryff & Singer, 2008), Liam conveyed a sense of satisfaction in being on his own. This was a theme that largely remained through the rest of his life story. For example, later, as an adolescent, Liam characterised himself as “*bit of a loner*”, with “*no friends*”. But, as with the childhood chapter, Liam did not present this in a negative tone. He noted how, despite being bullied at school, he did not feel that people socially excluded him as such; but that he was not actively “*included*” by others either. Equally though, he did not actively seek friendships “*out of choice*”. While there was a slight lowering of Liam’s narrative tone when he described not being actively included by others, his emphasis on choosing to be alone and satisfaction with his aloneness prevailed in his life story; on the condition that he was still able to pursue his interests and follow his own routines. This became particularly relevant in his narratives surrounding relationships and dating.

Liam had his first experience of a relationship and sex when he was 18. Liam categorised this first relationship as a “*childish relationship*”; by comparison to his “*first proper relationship*”, which followed when he was 19. The “*childish relationship*” developed when Liam met a girl and, after becoming closer, they had sex for the first time. At the time, this experience represented what he believed to be his first romantic relationship. However, it later became apparent to him that sex alone did not constitute a “*proper relationship*”;

“She never knew about any relationship to me, I mean I thought it was a relationship, but clearly it wasn’t, because she did say ‘I’m not gonna class it as a relationship’ (Yeah) although it did seem like one”

At the time, Liam had not been able to intuit the subtle difference between “*just sex*” and a “*proper relationship*”. Until the girl in question explicitly told him that she did not reciprocate his perspective on their relationship, Liam was operating on the assumption that they were. This may be linked to autism-related social naïveté, or, simply, inexperience with romantic relationships (Hancock et al., 2020). When discussing relationships, Liam had modelled his approach to relationships, and understanding of the conventions around those, on the romanticised portrayals of “*what a perfect relationship would be*” in the films he frequently watched. Interpreted using the ITSO model (Ward & Beech, 2006; 2016) could arguably represent how ecological niche factors (i.e. an interest in and frequent exposure to romantic films) shaped Liam’s interlocking neuropsychological functions through social learning; thereby influencing how he interpreted and behaved in romantic relationships. He felt that this partially explained why he had believed they were in a relationship. Additionally, at the time, he was unaware of his autism, but, upon reflection, he believed this may have contributed toward the “*crossed wires*” he experienced here, and later with other girls. Ultimately, this experience was framed as a learning curve in romance and relationships and fed into his later conceptualisation of what would constitute a “*proper relationship*”.

In his comparative discussions of his experiences of the “*proper relationship*” he had at age 19 and the “*childish relationship*” he had previously experienced, Liam outlined the complexities and problematic features of relationships that he had discovered through his experiences of romantic interactions generally; which were ultimately used to frame why he was content being alone. For instance, he noted his tendency to accidentally end up in relationships with girls. For example, when trying to simply share his interests with them, such as going to the cinema, he would inadvertently lead them to believe he wanted a relationship:

“I weren’t really into her if I’m honest, but then because we’d been going to the cinema and stuff, back and forth, three or four month, in her head we was, like, we was in a relationship”.

Additionally, he felt that girls were typically overly affectionate in relationships, which caused tension when he did not want to reciprocate:

“Most of my relationships that I’ve had... females want to see me all the time, but yet, I’m quite happy me just watching a Disney film I am, honestly, I would rather just sit at home (Yeah) nice peace, watching a Disney film, with a nice face mask on, and a glass of rosé, or

some Baileys, or something like that. But they come and ruin it, because they'll wanna get all lovey-dovey, and I'm not a very emotional person, I can be, but not constant, like"

Collectively, these could be interpreted as autism-related social naivete on Liam's part, as he struggles to understand and interpret subtle social rules around the antecedents of relationships and expectations of reciprocity in a relationship. This was confirmed, to some extent, when he confessed; *"I don't understand, really, the concept of a relationship"*. These complexities fed into his later behaviour of avoiding relationships where possible, and promiscuously *"always constantly going on dates"* with *"different women"*, while avoiding longstanding contact and connections. In doing so, he could have some company when he went to the cinema or out for a meal and have sexual encounters, but avoided the confusing extra complications that accompanied longer term dating and relationships.

Liam's narratives of his dating and relationship experiences illustrated the theme of feeling content alone. It was suggested that as long as he could pursue his interests and follow his own routine, Liam was content; which could be representative of Liam's autism-related absorption in his own interests and entrenched routines. To further support this, Liam outlined his dating approach, which was a systematic routine of taking girls to the same restaurant, ordering the same food, followed by a trip to the cinema. Liam's enthusiasm for this routine was captured in an excitable tone as he described his trips to his favourite restaurant for example, speeding up his speech and emphatically clapping after each element of his usual order:

"I like [Restaurant], I love [Restaurant]! (Yeah) New York calzone, [claps] [Restaurant]'s milkshake [claps], chicken strips and honey mustard sauce for a starter!"

Regular trips to this restaurant and cinema were treasured ritualistic experiences for him, encapsulated in the excitable, positive tone he frequently presented them in. As such, Liam expressed how he could just as happily follow his dating routine alone too, illustrating the value he appeared to place on his routines and interests over social and romantic relations with others.

Ultimately, in Liam's future narrative, having considered the numerous complexities associated with romantic relationships, Liam was content with the idea of being alone in future, without a relationship. This was compounded by his two rape convictions, which added another layer of complexity to relationships; mistrust. For example, the first rape allegation led to Liam feeling

“paranoid about women”, intensely fearful of another accusation and it *“took 4 month to let”* his *“guard down”*. Then, receiving a second allegation confirmed his fears, and led him to, once again, be extremely apprehensive about being alone with women. Consequently, this has impacted Liam’s desire to seek a relationship in future, in addition to his experiences of the other complexities. While Liam did not entirely out-rule the prospect of seeking a relationship after his release from prison, he did not feel it was a necessity either. Instead, content being alone, Liam’s priorities and aspirations for life after prison were focussed more on getting back to his old regimented routines of training at the gym, cooking and eating, and regularly watching films at the cinema. This goal-directed future self may represent promising signs for Liam’s desistance for offending in future (de Vries Robbé et al., 2015; Göbbels et al., 2012), however, his continued distrust of women may also represent underpinning implicit theories that place him at risk of recidivism (Polaschek & Gannon, 2004); which may need to be addressed through interventions.

3.3.4. Dylan

Dylan’s presentation of his life story was, *prima facie*, a largely unemotive, somewhat factual recall of periods of his life; narrated with a flattened or apathetic affect. However, there was nevertheless an underlying apoplectic and resentful narrative tone in some segments, which, similar to Liam, intensified and became increasingly regressive toward the latter half of his life story. This was apparent in both Dylan’s pre-interview exercise and his face-to-face interview.

In his pre-interview exercise, Dylan’s narrative began as a somewhat rigid, literalist, nevertheless comprehensive, adherence to the suggestions offered on the exercise sheet. Across 19 pages of the exercise book, Dylan seemed to have systematically worked through the bullet-pointed suggestions on the pre-interview exercise. In some chapters, this was evidenced by the inclusion of bullet points stating *“None.”*, implying that some of the suggestions on the pre-interview exercise were not relevant to him in a particular life chapter. However, as he reached what he termed the *“centre of gravity”* in his life story (his convictions in early adulthood), Dylan’s narrative became increasingly emotive, straying from a more concrete application of the exercise instructions to a strong focus on his resentment towards his conviction and treatment by *“the law”*. This was also apparent in his interview, where Dylan became more noticeably expressive in any discussions that related to his experiences with the criminal justice system.

Theme 1: Compelled by curiosity

In this theme, Dylan described how he had frequently experienced a profound compulsion to satiate his curiosity, in various domains of his life. This compulsion was sometimes beneficial. For

example, it fuelled a motivation to educate himself on specific topics (e.g. his favourite animals; sharks and octopuses). However, Dylan also believed that this compulsion had caused difficulties with his teachers at school and contributed toward his sexual offences in later life.

In his early life, Dylan described friction and “*ructions*” between himself and his school teachers, resulting from the conflict associated with how they “*taught to the tests with a rigidity that was largely at odds with*” his “*own approach*”. He described how he had his own unique way of learning, which was not congruous with, what he believed to be, the teachers’ more prescriptive, “*utilitarian*”, one-size-fits-all approach to education that only catered to “*the majority*”.

“I wasn’t ‘stupid’, but my desire for more information, beyond the set syllabus, was misinterpreted as being difficult and consequently affected my engagement”

It was here that Dylan first described being misinterpreted and misunderstood for seeking to satiate his curiosity. Wanting to learn information “*beyond the set syllabus*”, Dylan often asked further questions that were beyond the “*set*” topics, or to acquire deeper information about those topics. However, rather than teachers interpreting this as a keen student with a thirst for knowledge (i.e. how Dylan perceived himself), Dylan felt that he was “*misinterpreted as being difficult*”. It was likely that some of Dylan’s fixation on specific points reflected a manifestation of his autism (Kenworthy & Strang, 2017). However, this was perhaps not recognised or accommodated by his teachers.

Later in his life story, Dylan’s compulsion to satiate his curiosity was presented as a key feature of his narrative surrounding his indecent image offences. This corresponds with previous literature that has indicated that curiosity may play a role in some CSEM offences (Merdian et al., 2013), including those committed by autistic individuals (Allely & Dubin, 2018). Dylan offered a detailed account of how, during a search for music to add to his collection through illegal peer-to-peer software, “*curiosity and devilment*” compelled him to download and view indecent images of children. This compulsion to act on his curiosity, followed by the downloading of the images, may represent a manifestation of the interactions between interlocking motivational and action selection systems under the ITSO model (Ward & Beech, 2006; 2016).

“This is the ‘centre of gravity’ in all of this I suppose, so I’ll be detailed. At school, it had come to my attention that peer-to-peer software could be used to download music for free. I’ve always had an eclectic taste in music, preferring obscure instrumental pieces to popular songs.

So, I didn't feel particularly bad using this method to get music that would have been difficult to purchase... the 'point of no return' was Guns n Roses, search results were based on individual words, not necessarily strings, and what came of 'Sweet Child of Mine' is pretty self-evident. Curiosity and devilment compelled me to look, and what I recall seeing did not strike me as being in any way offensive, I didn't know how broadly the issue was defined in law"

In his reference to the "point of no return" (above), Dylan surmised how he felt that one mistake on his part, when seeking to satiate his curiosity, had an irreparable, destructive ripple effect on the remainder of his life story; *"It felt as pathetic as breaking my back, slipping on a banana peel"*. In his narrative, Dylan suggested that he was naïve to the illegality and moral reprehensibility of his actions, unaware of the distinction between the illegal images he had downloaded and "normal pornography" he had seen elsewhere; other than figures pictured possessing "no chest" or being "shorter and smaller". In court, he was told that tears could be seen in the eyes of the children in the images he downloaded. However, he reported not noticing this in the images that he had viewed.

"if I'd seen that, I don't know what my reaction would've been, and whether- if my reaction to that, then, that thing that they're pointing out as being very offensive, and, you know, being "this is obviously upsetting!", well, how would I have reacted if I'd seen that then?... if I'd seen and thought 'oh gosh, actually, look, ooo where are you?', you know, this is time to go back out the rabbit hole now, immediately"

In this extract, Dylan's use of the venturing down the "rabbit hole" metaphor and needing to escape upon realising he was in trouble was likely a reference to Lewis Carroll's 'Alice's Adventures in Wonderland' (1865). This suggested that Dylan acknowledged that following his curiosity could sometimes be dangerous, consistent with his earlier use of the phrase "curiosity and devilment". However, with regards to his offending, Dylan suggested that he had not recognised the harm associated with downloading the indecent images, or else he would have exercised self-inhibition. If accepted as true, this may support how interactions between the various factors outlined in ITSO model can serve to prevent, as well as predict, sexual offences (Ward & Beech, 2006; 2016). That is, while Dylan may not be able to naturally intuit harm and illegality in the offending behaviours because of his autism (a distal factor influencing his interlocking neuropsychological functions), the offending actions may be inhibited instead by social learning stemming, from being made aware of the harm and illegality of those actions (i.e. a proximal ecological niche factor; Ward & Beech, 2006; 2016).

This was paralleled elsewhere in Dylan's life story, when he referenced other contexts where his compulsion to satiate his curiosity could be interpreted as dangerous:

"if somebody said to me 'try that powder', I probably would, if somebody said, you know, 'oh look, this book is about terrorism', I'd probably read it... if someone offers me something, I will take it... for example, cocaine... I don't take cocaine, but I've no personal objection to cocaine, but the fact that I would want, well, I would have wanted to avoid implication of it is all I needed to know to avoid it. Personally, I would probably go 'hmm, but I wonder what it's chemical composition is? And I wonder what it's stereochemistry is? I wonder where it's grown? (Yeah) I wonder what it smells like? I wonder what it tastes like? I wonder what it is? Does it really look like that?... it's fairly clear to me that, actually, well, no, avoid that for that specific reason. Whereas with things like, probably, to a certain extent, terrorism now, but child pornography then, certainly, it was more, sort of, common sense... 99% of people are just gonna, kind of, go 'yep, I understand that' and then there's gonna be 1% of people, similar to me, who are gonna go 'what? What have I missed?'"

In his life story, Dylan had referred to his recreational drug use, including cannabis and amphetamines; particularly in the more nadir points in his life story (e.g. post-conviction). In the above extract, Liam described how being offered illicit, potentially dangerous, substances could trigger his curiosity. However, recognising that he could be criminally implicated for it was enough to override his curiosity and subdue his compulsion. Dylan used this illustration to support his narrative that he was unaware of the harm and illegality of his offending; he was naïve to the implicit "common sense" possessed by the majority of the population, and believed that an awareness of the harm and illegality of his actions would have overridden his curiosity to venture down the "rabbit hole". In this extract, Dylan compared downloading "child pornography" to "terrorism" and identified himself as part of a small subset of the general population who are unable to intuit "common sense" rules of right and wrong.

Theme 2: Life destroyed by "them"

Dylan referred to his first offence as the "centre of gravity" in his life story, because of the irreparable damage that he believed that it had led to in his life. In construing this through his life story narratives, Dylan portrayed a personification of "the law" (a reference to all those who represent the various facets of the criminal justice system e.g. the police, the courts and prison staff) as an archvillain in his life story, who he felt was responsible for the destruction of his life and future.

"I was 19 when I was first convicted of an offence, and I was guilty too, on that occasion. Any meaningful career prospects evaporated entirely, and the dregs that were left open were and are entirely impossible for me to participate in"

In this extract, Dylan described the aftermath of his first clash with *"the law"*, in relation to his first sexual offence. The evaporation imagery used here, and emphasis on the totality of said evaporation (*"entirely"*), conveyed Dylan's regressive narrative tone around his future; believing that feasible or desirable opportunities for his future had utterly disappeared. On reflection, Dylan saw his first offence and subsequent arrest as an opportunity to learn from an *"immature"* mistake, an opportunity that he believed was not taken by *"the law"*. He felt that his wrongdoing of downloading the images was subsequently *"eclipsed"* by mistreatment he had experienced at the hands of *"the law"*:

"I pleaded guilty and avoided the inhuman indefinite sentences that the CPS wanted, but also wasn't given a palliative community sentence, which others sometimes were. The court was told that it would be an act of pointless destruction, but the court didn't care. I got 12 months youth detention. People, trying to be kind but missing the point, said that it was 'nothing'- but it was everything. I was permanently destroyed and still a teenager, not for hurting anyone, but for being thoughtless and immature"

Dylan's use of language here juxtaposed imagery of compassionate mercy (e.g. *"palliative"*) with imagery of unforgiving punishment (e.g. *"pointless destruction"*), to emphasise the villainy that he attributed to the actions of *"the law"*. Dylan's suggested that his treatment was for *"being thoughtless and immature"*, and *"not for hurting anyone"*. This suggested that Dylan either did not recognise or disregarded the harm associated with downloading the images, which may be attributed to his autism (Allely & Dubin, 2018), a CSEM variant nature of harm implicit theory (Bartels & Merdian, 2016), or an interactional combination of these; which may complicate future attempts at interventions with Dylan. Instead, he focussed his narrative on punitive treatment and injustice at the hands of *"the law"*. From this stage in his life story onward, Dylan's predominantly unemotive tone changed to a frustration, bitterness and resent toward this disembodied villain. He felt that a disproportionately punitive approach of the court *"ruined any chance of lessons being learned"*, and *"permanently destroyed"* him:

“I am still and always so angry that evil people in law prevented me from properly atoning, letting me become bitter instead. They weren’t fools, they knew precisely the damage they’d caused, directly and wilfully”

In this extract, Dylan attributed a malicious intent from “*the law*” in, what he believed to be, their wilful destruction of his life. In this way, Dylan often seemed to use his narrative to present himself as a victim at the hands of evil people. By opting to disembodify the “*evil people*”, grouping them as “*the law*” personified; Dylan simultaneously attributed external forces to why his life story had turned negative, whilst also conveying an image of a sizeable foe he has been pitted against. This potentially represented selective abstraction and overgeneralisation cognitive distortions (Beck, 1967), as Dylan selectively pinned the source of negativity in his life story on “*the law*”, whilst seemingly ignoring other potential influences (e.g. his own actions). Dylan’s narration of his interactions with “*the law*” and the consequences of those interactions were characterised by vivid language that referred to destruction and demolition. This was succinctly captured in the following extract:

“All important events in this period were negative. I became a ‘fully-cooked’ adult in the midst of the turmoil and rubble that was left of my life. I now failed not because of a lack of aptitude, but because of artificial barriers put up by the law”

In addition to impacting his optimism for the future, Dylan felt that the court experience and being placed on the sex offender register (i.e. actions of “*the law*”) were emotionally destructive and exacerbated his depression and self-harming. Dylan referred to his experience of registration as “*like poking at an open wound*”, a form of drawn out “*pointless*” suffering he felt that he had experienced at the hands of “*the law*”. Dylan’s experiences of registration echoed previous literature that has critiqued the utility of registration for ISOCs, associating it with difficulties reintegrating with a community (Levenson & Hern, 2007; Tolson & Klein, 2015).

“there was more surface area against the abrasive walls of the same path, causing more damage overall... it was probably made a hell of a lot more complicated by it [autism]... it’s one of those things where I think people, sort of, people say that the law is very fair, because everyone’s treated in the same way, but actually because of the underlying differences between people, the way that they react to those things means that by treating everyone in

exactly the same way, you implicitly treat them very differently. It's one of those paradoxes that I don't think the law's done anything to address, and I don't think it will either"

Dylan felt that during the court process, his autism was selectively disregarded or misinterpreted by *"the law"*; rather than recognised as a potential contributing explanation for his *"mistake"* (i.e. his offence), which he believed it was. Dylan likened this to choosing to see a lactose intolerant person as simply not liking cheese or being *"weird"*, rather than recognising and appreciating the real reason behind their behaviour being their condition. Dylan described how the court experience could have been *"pretty damaging"* for anyone, including *"neurotypical people"*. However, he felt his experience was intrinsically different because he was autistic, and that *"the law"* did not accommodate his autism. Dylan's experiences resonate with previous research, which has not only reported autistic individuals having challenging experiences of criminal court proceedings (Allely, 2015; 2020; Maras et al., 2017), but has also provided evidence to suggest that legal professionals and jurors can hold differing perceptions of autistic defendants, which can negatively or positively influence their legal decisions in relation to them (e.g. sentencing decisions; Allely & Cooper, 2017; Berryessa, 2014). Therefore, it is plausible that this could have been the case in Dylan's experience, and contributed towards why he felt that he was misinterpreted or misunderstood by *"the law"*. As such, Dylan's experiences perhaps provide further evidence to support recommendations for increasing autism awareness in courts and the provision of more adjustments to support autistic defendants' engagement with court processes (Allely & Cooper, 2017; George et al., 2018; Maras et al., 2017).

Later in his life story, Dylan used his narrative recount of his second offence to exemplify the deviousness he attributed to *"the law"*. For the second time Dylan downloaded illegal images, but of a different kind to what he had at age 19, after being *"misinformed"* by *"the law"* (a police detective) regarding the legality of *"cartoon"* images:

"Having been told that 'bondage' pornography was illegal, I dabbled with cartoons instead and found it highly ironic that they mostly featured child-like figures. I had been 'accidentally' misinformed I'm sure, because it turned out that it was cartoons that were illegal"

In this extract, Dylan attributed a devious intent to those who represent *"the law"*, conveyed through his use of air-quotes in the phrase *"'accidentally' misinformed"*. Dylan used this to imply that he felt he had been purposely led into a trap by *"the law"*, only to be arrested and convicted again.

This arrest represented a second upheaval of his life and led to a period of severe crisis; what he termed a “*void-space in life*”. Dylan had described how he had often turned to using alcohol to cope with his low mood and to filter “*heavily loaded*” information people present in social interactions. However, in this period of crisis, after moving into a hostel, he took more serious drugs (cannabis and amphetamines). Dylan’s narrative tone reverted to the deeply regressive, pessimistic, hopeless tone that had followed his first conviction. His narration of memories from what he termed “*void-space*” in life suggested an overwhelming sense of dilapidation and numbness, he had given up on any prospects of a good life (Ward & Gannon, 2006; Ward & Mann, 2004); because he felt that “*the law*” would never permit him to pursue one.

In the remainder of his life story, Dylan’s descriptions of his experiences of prison suggested that he considered prison rules and staff as extensions of “*the law*” (as the recurring villain in his life), intent on destroying his life and keeping him subdued both now and in future; “*There are incalculable challenges at [current prison], which only serve as metaphorical ‘canapes’ to the challenges one will face upon leaving*”. Because of the sense of injustice, he felt at the hands of “*the law*”, Dylan described an unwillingness to engage with interventions:

“I suggest it’s a little too late for courses when your life has just been permanently destroyed- why cut your toenails after your legs been amputated?... the courses do nothing but confirm guilt, and I feel that I’ve already been clear on that particular point. It’s difficult to find a cathartic outlet, when the well of anger and sense of betrayal is ‘eternal’”

Dylan conveyed a sense of scepticism and futility around interventions. In the extract, seeing intervention programmes as an extension of “*the law*”, Dylan framed programmes as futile because he believes that he is innocent, and that the damage done to him is irreparable. By scoffing at others who do engage in programmes as “*brainwashed*” by “*institutional hyperbole*”, and resisting engagement with programmes, Dylan seemed to find a sense of autonomy and agency defying “*the law*”.

Dylan’s future script was largely absent, as his regressive, pessimistic tone only increased throughout the latter stages of his life story. In the concluding paragraph of his pre-interview life story exercise, Dylan presented a powerful final sign-off that captured his unbridled anger about the irreparable damage done to his life story. This is most noticeably expressed in his repeated use and underlining of the word “*hate*” in reference to “*them*” (i.e. “*the law*”):

“Reading this back, all of it, there is a lot of frustration... They went after a problem when I was younger in completely the wrong way... I hate them for lying. I hate them for calling me a ‘bad character’. I hate them for calling me ‘dangerous’. They are bullies- and I’m supposed to pretend that’s ok? It’s just baffling and infuriating and unfair”

Theme 3: Trouble navigating the social realm

This theme explores Dylan’s experiences of feeling different to his peers as a child, and the increasing difficulties he faced interacting with “*neurotypical*” people as he grew older. Dylan was not diagnosed with autism until age 20, nonetheless he recalled feeling different to others throughout his early life. However, by contrast to other children who had more noticeable behavioural difficulties (e.g. were “*more violent more frequently*”), Dylan felt that his “*behaviour and idiosyncrasies were possibly merely seen as eccentric and precocious*”, and that despite having “*more than the average number of ‘meltdowns’*”, he was “*tolerated*” by others. Dylan felt that not having an autism diagnosis at this stage was a “*mixed blessing*”. Although he was not offered extra support for some of the challenges he faced, he was able to independently work his own way through those challenges.

“I think in my case it’s where you had to work things out organically rather than just being told things, and I think when I said mixed blessing in that respect, if I got angry about things I didn’t understand and I was just left to be quiet on my own, I had to figure it out myself... there are plenty of cases where, actually, you can make that effort yourself, and it’s not a problem for you to make certain amendments to the environment that you find uncomfortable”

As a result of this, he was able to adapt to the social environment as a child and had found social interactions were “*manageable*”. Despite his “*idiosyncrasies*” and “*eccentricities*”, he found that social interactions were less complex and “*nuanced*” at this stage of life. For example, Dylan shared insight into how he had bridged the differences between himself and other children by identifying a “*crossover*” of interest, to successfully interact with them:

“I have always liked animals and expressions of this may have helped mitigate some of the more ‘distant’ aspects of my interactions. You can’t be a total robot when you’ve got a duck-shaped oven glove toy”

In this extract, Dylan described how he often carried around a duck-shaped oven glove that he was fond of as a child (due to its *“functionality”*), which bridged the interactions with other children, as they were also interested in it simply because it looked like a *“cute duck”*. He noted how it helped *“to humanise some of the, as I say, colder and more distant aspects”* of himself, and could perhaps be interpreted as a rudimentary form of adaptive social camouflage (Hull et al., 2017). As such, while he felt somewhat different to others, the differences he experienced were not problematic. However, in his later life, the social domain became increasingly challenging for Dylan to navigate. The move from childhood to adolescence, and associated move from primary school to secondary school, was a *“big shift”* for Dylan. At this point in his life story, Dylan’s narrative tone became increasingly more regressive, as described a gradual loss of a mastery and coherence in the social arena:

“Moving to high school was initially, and for some time thereafter, a disaster... where I had been able to ‘pace myself’ at primary school, and catch-up socially with peers, the rapidly changing complexity and dynamism of these older children was incoherent”

Dylan frequently referenced the *“convoluted array”* of social *“nuances”* and *“obstacles”* that *“quite arbitrarily”* *“sprang up”*, which rendered his earlier developed social skills from childhood *“meaningless”*. This is consistent with previous research that has highlighted the more complicated social milieu of secondary school for autistic individuals (Makin et al., 2017). The language used in his narrative account of this stage was characterised by frequent references to the rapid suddenness of complex changes emerging, the quantity of new rules to negotiate, and the altogether different social environment to navigate. Dylan referenced his frustration regarding the *“fundamental fakeness”* that was involved in these more complex interactions; especially in more performative flirtatious, romantic interactions. For example, Dylan expressed confusion with regards to the non-literal and exaggerated social communication often used in flirtatious interactions, which was likely associated with his autistic traits (Agius & Levey, 2019). Dylan contrasted these incoherent interactions, characterised by convoluted unspoken nuances, against the simpler interactions that he felt more capable of navigating as a child.

Since entering this more complex social world, Dylan faced uncertainty in intuiting whether *“people are genuinely expressing genuine feeling or not”*. As he grew older, this created increasing social friction with others; as Dylan felt less able to navigate social interactions, others began to *“lose patience”* with his *“poorer social skills”* because *“they couldn’t understand how someone could be*

both 'clever' and 'stupid'". Because Dylan was undiagnosed with autism at this stage, but emanated noticeable intelligence, it was difficult for him, his peers, and his teachers at school to understand why he behaved differently in social interactions. Dylan's frustration surrounding "fundamental fakeness" in the social arena extended to how and when others expressed emotions. Dylan felt that "neurotypical" people frequently expressed "fake" "reactive" emotions according to subtle unwritten social rules or "script[s]", or added meanings to language that he was oblivious to or found difficult to discern; which perhaps reflected Dylan's autism-related difficulties with subtle aspects of social communication and interaction e.g. socio-emotional reciprocity (APA, 2013). Dylan recalled how "neurotypical" people have often regarded him as "cold or distant" and have been "very critical" of him for not being especially emotive in response to saddening events (e.g. somebody's death). He expressed frustration and disappointment with the lack of understanding from others, and the vague social rules about how people are "supposed to" react; "it would be nice sometimes if people were a little bit more understanding of me being less effusive with my emotions". Therefore, the addition of these emotional elements in the more complex social world that he found himself in have since added another layer of difficulty for him, hampering his confidence in navigating social environments.

While the nuances of social interaction and "fakeness" in social interactions had been a source of tremendous difficulty and frustration for Dylan throughout his life; he had also explained some adaptation to these challenges. Dylan described how following politics and engaging in political discourse online offered him some means of making sense of those complexities associated with the social domain.

"At an individual level, people are too complicated to understand, but in the ebb and flow of the group dynamic, patterns begin to emerge... the great thing about the internet, in a way, is that you can actually watch certain social interactions without necessarily being in the thick of it... so I actually did, again, when I was younger, take the whole thing overly literally and I know that there's always going to be a risk when somebody tells me something that that will happen... politics helped with that, because there is so much, frankly, bullshit in politics that means anything that anyone says in it has to be taken not at face value- well, you can take it at face value, but you won't understand any of it if you do that"

The opportunity to observe these social dynamics from afar helped Dylan to find coherence in the social domain and regain some of the mastery that he had lost during his adolescence. It perhaps provided Dylan with a more accessible means of learning about the social world, with some of the

additional complexities usually posed by intimate social interactions removed (e.g. interpreting facial expressions). Supporting this interpretation, Dylan described how following politics online had helped him to sift through the “*fakeness*” he had frequently wrestled with. In retrospect, after spending some time observing social dynamics from afar, Dylan reflected on his tendency to interpret communication in an overly literal way, and he recognised how this had caused some of the challenges in his life. Nevertheless, despite understanding that not all communication should be interpreted literally, and that people do interact according to implicit social rules, his frustration around fakeness in social interactions remained strong; unable to recognise “*the point*” in it. This may have implications for future interventions work with him. For example, he may demonstrate a resistance to learning about how to understand social interactions, if interventions staff do not listen to, recognise and account for his views on social “*fakeness*”.

3.4. Discussion

This chapter explored the life stories of four autistic ISOCs, to offer insight into how each individual used narrative to construe their life experiences, portray and understand their sense of self, and anticipate what their future would hold. The narrative psychological approach used in this study provided a rich insight into each individuals’ perspectives on why they were in prison, their present day understanding of themselves and their circumstance, and their expectations for the future. In doing so, it illuminated both diversity and commonalities between participants that may be relevant to intervention work with those individuals, which are outlined and discussed further in the remainder of this chapter.

On paper, all participants in this study shared commonalities; they were all autistic males, of a similar age, were serving prison sentences for sexual offence convictions, and resided in UK prisons that exclusively house ISOCs. As such, there would be a temptation to approach working with these individuals in the same way during interventions. However, analysing each participant’s life story individually demonstrated uniqueness and diversity in the routes that autistic ISOCs tread on their pathways towards offending and prison, motivations that were associated with their offending behaviours, and heterogeneity in how their autism manifested. For example, in relation to RRBI autistic traits; Sam’s lifestyle was not particularly routine-focussed, compared to Jamie, Dylan and Liam. Similarly, Liam did not have a drive to build collections of specific paraphernalia associated with his interests, whereas Jamie, Dylan and Sam did, to varying degrees.

Diversity in the life stories and themes of each autistic ISOC in this study illustrated that a diagnostic label alone may not provide sufficient information on how best to work with that individual. Working with such individuals in interventions would likely benefit from some awareness of their diverse backgrounds and personal idiosyncrasies. For example, offering autistic ISOCs the opportunity to freely recount what has been important for them in their lives, rather than imposing a more rigid framework of set questions, may help tailor interventions in a way that encourages more engagement. Offering such freedom to present what has been important to them may offer a holistic insight into: the unique ways they have construed their life experiences; how they understand themselves; how coherently they understand why they are in prison; and what is important to them for their future selves. This could be very useful in reflective work and goal-setting in rehabilitation programmes. As Kozar and Day (2012) note that *“it is generally accepted that not only do clinicians need to have an extensive knowledge of both offending (criminology) and offenders (psychology) if they are to deliver effective rehabilitation programs, but they must also have the ability to relate well with”* (p.483) those engaging with those programmes. As such, a clear acknowledgment and appreciation of what is important to that individual could contribute to a more positive therapeutic alliance between an autistic ISOC and interventions staff. This may be particularly important in relation to establishing goals for therapeutic change and capacity to negotiate within the therapeutic relationship (two key aspects of the therapeutic alliance, originally posited by Bordin, 1979). This depth of understanding of an individual may not be captured in more rigidly designed forensic interviews, where the ‘typical’ important aspects of life may be assumed, and other aspects dismissed as less important. An example of this, from the present study, is the perceived importance of family. Family life was extremely salient to Jamie’s life story, by contrast, Dylan placed very little focus or importance on his family life. This is not to say that Dylan’s family played no role in his life pathway to prison; however, crucially, when working with Dylan in rehabilitation, family would likely not be an effective avenue of motivation for engagement or source of decisive momentum for desistance (Göbbels et al., 2012).

While there was diversity in the life stories of autistic ISOCs in this study, there were also important commonalities. Firstly, there was a noticeable pattern in narrative tone, depending on how much focus was placed on their offences as a feature of their life stories. Dylan’s and Liam’s narratives gravitated around their indignant anger regarding their convictions. They maintained their innocence, and provided substantial detail about their offences compared to other aspects of their life story. Consequently, their narrative tones were much more regressive moving forward, as they dwelled on their convictions. By contrast, Jamie placed little focus on his offending as a feature of his life story,

mentioning it only briefly, and his tone was much more progressive moving forward. Sam represented a middle-ground, concluding his life story with a neutral, tentative acceptance of his present circumstances, and glimmer of positivity moving forward. It has been theorised that individuals shape future behaviour in accordance with the version of self that they have construed in their narratives (McAdams, 1985). Therefore, these mindsets may have implications for initial receptiveness to interventions and amenability to therapeutic change for these individuals. For example, understood through the ITDSO model of desistance (Göbbels et al., 2012), it may be more difficult to initialise decisive momentum (i.e. initial desistance) for Dylan compared to Jamie. Dylan's focus on the feelings he associated with his convictions and his current lack of hope regarding his future may render him less open to change and less receptive to desistance opportunities. Whereas, Jamie's autism diagnosis and realisation of his sexuality may collectively act as a positive life event catalyst for the self-reflection and evaluation that are precursors of readiness to change, and later desistance, within the decisive momentum phase of the ITDSO model (Göbbels et al., 2012).

Secondly, regardless of when participants were diagnosed as autistic, there was a prevailing sense of feeling different to others. This became particularly noticeable in the transition from primary school to secondary school, where social environments became more complex and challenging. This resonates with wider autism-related literature on the primary-secondary school transition; where issues are often raised regarding challenges relating to peer relationships, social exclusion and susceptibility to bullying (e.g. Makin et al., 2017; Peters & Brooks, 2016). Similarly, this has been found in other forensic qualitative research, where autistic ISOCs have reported feeling different to other people during their lives, particularly before receiving an autism diagnosis (Vinter et al., 2020). Related to this, all participants described social isolation in their life stories, which is a well-established risk factor for sexual offending (Whitaker et al., 2008); and may represent a crucial ecological niche factor for autistic ISOCs (Ward & Beech, 2006; 2016). However, some participants did not attribute much negativity to the social isolation they experienced. For example, Liam felt mostly content being on his own. Similarly, despite some nadir experiences associated with social isolation, there were periods of Jamie's life where he preferred isolation. This may constitute an important avenue of future research, to understand how the autistic phenotype and typical sexual offending risk and protective factors interact (particularly factors related to social skills), whether sexual crime committed by autistic individuals can be understood through existing theories of sexual offending, and how this may be relevant for interventions.

Another feature of life stories that seemed to play a role in participants' life stories related to the awareness, interpretation and application of rules. For some participants, this linked directly to offending behaviours, whereby rules relating to the legality and harm caused by their offending behaviours were not fully understood. This is consistent with some existing literature, which has indicated that some autistic individuals may have difficulties understanding the criminality of downloading material that is seemingly freely available on the internet (Mesibov & Sreckovic, 2017), or the implicit harm caused by CSEM (Allely & Dubin, 2018). It may also provide evidence for how autism can influence the interlocking neuropsychological functions outlined the ITSO model (Ward & Beech, 2006; 2016), or how autism may be an important facilitating trait factor under Seto's (2019) MFM model. There was also a common theme of participants framing the harm in their actions in terms of legality, rather than recognising the actual harmfulness of their behaviours and moral wrongdoing. This may represent a lack of insight into the harm caused by their offending, beyond a breach of legal rules. Alternatively, this may have represented participants' attempts to disassociate their offending with harm and moral wrongdoing i.e. it was only the law that made their behaviours wrong, as oppose to the immorality of, and harm caused by, their offences.

For the participants who committed CSEM offences, an interesting pattern that was apparent in the antecedents of their offences was the pursuit of other non-criminal interests. For example, Sam and Dylan were searching for music to add to their collection through peer-to-peer software, and Jamie was exploring a website about model vehicles. Their offences came, in part, as somewhat of an incidental by-product of pursuing these interests. While they recognised that their offending was explained by more than just accident, nonetheless, this was a key element of their offending behaviour; and may therefore be relevant to primary prevention work with autistic individuals.

Finally, the life stories explored in this study seemed to support the evidence that autism does not cause sexual offending, but is often a relevant factor when autistic individuals do commit sexual offences (Allely & Creaby-Attwood, 2016; Browning & Caulfield, 2011). For example, Liam's offending may have been attributed, in part, to struggling to recognise subtle social interaction cues with his victims. For Jamie, it was suggested that his autism indirectly contributed to the lead up to his offence as his struggles in the social arena caused him to isolate himself, and retreat to the internet for comfort. Furthermore, analyses of these life stories highlighted how some features of the offending behaviours of autistic ISOCs may be understood through existing models of sexual offending; although this would require further, more focussed investigation to confirm.

Collectively, the commonalities observed across these life stories could constitute important potential avenues of future research into antecedents of sexual offending in autistic individuals and understanding what to target in interventions. For example, exploring the experiences of isolation and bullying experienced in adolescence, and appropriate education regarding rules and online safety, could be useful to inform primary prevention work with autistic individuals.

Limitations

One limitation of this study relates to how data was used, interpreted, and implications this held for contributions of this study to the broader field. Whilst the analysis in this study did provide some brief potential theoretical insights into sexual crimes committed by autistic ISOCs, citing general theories of sexual offending where relevant; the theoretical contribution of this study was limited. This study took a participant-led, inductive approach to exploring and analysing the life stories of autistic ISOCs, with a practical view to highlight commonalities and diversity amongst autistic ISOCs that may be relevant to working with autistic ISOCs in interventions. However, a deductive approach to analysing the life stories may have yielded more theoretical insights. For example, utilising an existing theoretical framework of sexual offending as an analytical lens (such as the ITSO; Ward & Beech, 2006; 2016), and systematically exploring how the offending behaviours of autistic ISOCs in this research corroborated or diverged from the model. It was decided that taking an approach that focussed on a practical contribution better aligned with the overarching aims of this thesis. However, future work could be done with this data (or similar data), which takes a deductive approach to analysis, with a view to providing a stronger contribution to existing theory.

A second potential limitation in this study related to the amount of structure offered in the pre-interview exercises. A balance was struck between offering participants freedom to recount what was important to them in their life stories and offering enough structure to accommodate potential autism-related difficulties. While it was hoped that this balance was struck well in this study, supported by the PAuR process, participants may have benefitted from more structure. Equally, participants may have been overly influenced by the structure offered, which may have shaped the narratives they told. For example, in his pre-interview exercise, Dylan's early life story chapters began as a rigid, literalist checklist-like adherence to the suggestions on the exercise sheet. For example, in his childhood chapter, he noted "*I was too young to have a career*", referring to the 'Work and Career' suggestion on the exercise sheet he was provided with, implying that he systematically worked through the bulleted points on the sheet. These issues were mitigated to some degree by having verbal discussions with participants to gauge their understanding of the task instructions and

allowance for flexibility in how they engaged with the tasks. Nevertheless, the exact balance between structure and free recall opportunity could have influenced participant life stories, and researchers should consider this balance with autistic participants in similar future studies.

Conclusion

To conclude, this exploration of the individual life stories of autistic ISOCs highlighted both heterogeneity amongst autistic ISOCs and some important commonalities. The presence of commonalities suggested that an autism diagnosis may offer a useful general starting indication of how to responsively work with an autistic ISOC in interventions. However, interventions must then be further tailored to the individual, to accommodate the diversity of autistic ISOCs; consistent with the specific responsivity principle (Andrews et al., 2011).

An important message of this chapter is to encourage forensic practitioners to recognise that interventions involve working with individuals, and that this is arguably even more pertinent for autistic ISOCs. In adherence with the responsivity principle, most interventions staff would likely try to work with autistic ISOCs as individuals. However, they may not be aware of the full extent of the autistic spectrum, and the myriad of ways that autism can impact autistic ISOCs and how they construe their lives. Therefore, it was anticipated that this chapter would encourage forensic practitioners to consider the individuals beyond their autism label, rather than relying solely on approaches that are grounded in a more general understanding of what autism is.

CHAPTER 4: A Multi-perspective Exploration of Autism in Prison-based Interventions to Address Sexual Offending

4.1. Introduction

In Chapter 3, an analysis of the life stories of four autistic ISOCs demonstrated diversity and commonalities in how each individual had construed their sense of self, their sense-making of their journey to committing a sexual offence(s) and arriving at prison, and their beliefs about the future. Despite the unique features of their life stories, all four individuals nevertheless shared a common present-day situation. They were all autistic adult males, serving sentences for sexual convictions, and living in prisons that exclusively house ISOCs. As part of their sentences, these individuals were likely to be expected to engage in interventions to address their past offending. It was concluded in Chapter 3 that forensic practitioners should recognise the heterogeneity of autistic ISOCs when working with them in interventions, and avoid assumptions of an individual's needs predicated solely on the presence autism label.

Nevertheless, as highlighted in the discussion of mixed methods approaches, outlined in Chapter 2, there is a practical need for more generalisable guidance on how to work with autistic ISOCs too. While it is not the position of this thesis to advocate a one-size-fits-all approach to working with autistic ISOCs, there remains a recognition of the value of exploring more general issues in prison-based interventions with autistic ISOCs. This includes more nomothetic research that investigates, on a more general level, what is good practice in interventions with autistic ISOCs, what are helpful features of interventions, what is challenging, and what is, perhaps, inappropriate.

In the absence of interventions specifically adapted for autistic ISOCs (Hollomotz et al., 2018; Robertson & McGillivray, 2015), existing research literature has expressed concerns about the appropriateness of current approaches to sexual offending interventions when working with autistic ISOCs; particularly with regards to responsivity (Higgs & Carter, 2015). As outlined in Chapter 1 of this thesis, responsivity is an integral evidence-based feature of contemporary models of rehabilitation; and pertains to the extent to which the style, mode and delivery of an intervention has been adapted to respond to a service user's unique learning style and capacity (Andrews et al., 2011; Jung & Dowker, 2016; Marshall et al., 2013). As discussed in Chapter 1, the limited literature that has investigated the rehabilitation of autistic ISOCs has suggested that there may be several challenges related to the main characteristics of autism. For example, the appropriateness of group-based elements of interventions has been contended in previous literature (Higgs & Carter, 2015; Milton et

al., 2002; Murphy, 2010; Radley & Shaherbano, 2011). Higgs and Carter (2015) suggested that the required level of social interaction and integration expected in group programmes may be incongruous with the learning style of many autistic ISOCs, and therefore not sufficiently responsive (see also Cooper et al., 2018; Maddox et al., 2020; Robinson & Elliot, 2017, for how this has been highlighted in non-forensic contexts). Whereas other research has recognised that autistic individuals do have the potential to flourish in group-based interventions, if surrounded by other neurodiverse peers for example (Furuhashi, 2017; Melvin et al., 2019).

In addition, research has outlined some difficulties that clinicians may face in formulating appropriate interventions plans. Melvin et al. (2017) attributed this, in part, to “*the uneven or ‘spikey’ neurocognitive profile*” (p.6) of many autistic individuals, with some autistic individuals displaying average (or above average) intellectual functioning alongside difficulties in social or adaptive functioning that are typically associated with ID. Such individuals may be directed towards standard mainstream interventions based on their intellectual functioning, or programmes adapted for individuals with ID based on their social and adaptive functioning (Hollomotz et al., 2018). This issue may be further compounded by the varied, sometimes poor, levels of autism awareness among CJS staff (McCarthy et al., 2015; Vinter et al., 2020), and the common misconception that autism and ID are synonymous (Autism Speaks, 2018). Consequently, in the absence of interventions options specifically adapted for autistic ISOCs, it may be difficult for a clinician to decide on the most appropriate intervention options for autistic ISOCs they work with.

To recapitulate Chapter 1, whilst current literature has offered some insight into the issues surrounding working with autistic ISOCs in sexual offending interventions, the topic has still been largely unexplored empirically (Allely & Creaby-Attwood, 2016; Higgs & Carter, 2015; Melvin et al., 2019); and is altogether absent in the prison context. Additionally, there is a lack of research that considers the perspectives of, and gives voice to, those individuals directly involved in interventions. Finally, there remains an absence of practical guidance on how best to work with autistic ISOCs in sexual offending interventions.

In light of these gaps, an exploratory, multi-perspective qualitative approach was taken in this research, to address the following research aims:

1. Identify and explore the issues in relation to applying current prison-based sexual offending interventions with autistic ISOCs, from the perspective of those involved in those interventions (autistic ISOCs and staff).
2. To explore the lived experiences of autistic ISOCs who have embarked on prison-based sexual offending interventions pathways.

4.2. Method

4.2.1. Design

Multi-perspective qualitative design

To capture and synthesise the perspectives of both autistic ISOCs and staff, a ‘directly related groups’ type multi-perspective qualitative design was employed (Larkin et al., 2019). A multi-perspective qualitative design is useful for exploring the experiences of, and views on, a particular phenomenon, such as the rehabilitation of a particular client group, which is experienced by two or more distinct groups, such as service users and clinicians (Griffiths et al., 2013). For the purposes of this research, a multi-perspective qualitative design enabled the exploration of similarities and distinct differences in the perspectives of both parties involved in prison-based interventions for autistic ISOCs i.e. autistic ISOCs themselves and staff (Harrison et al., 2017). Initially, two exploratory qualitative studies, exploring each perspective, were conducted concurrently. Perspectives were then considered collectively through a multi-perspective analysis of the data.

4.2.2. Participants

Autistic ISOCs

Participants were 12 male prisoners, aged 22-40 ($M = 29.58$, $SD = 4.89$) serving sentences for sexual offence convictions at HMP Whatton ($n = 8$) and HMP Stafford ($n = 4$). All participants had an autism diagnosis ($n = 10$) or recognised strong subclinical autistic traits ($n = 2$), confirmed by file information in the prisons. The latter group were individuals that had screened positive in an autism screening, but had not subsequently received a full autism diagnosis. Despite not possessing an official autism diagnosis, those individuals still presented with the broader autism phenotype (Landry & Chouinard, 2016). On these grounds, they were still in contact with, and receiving autism-specific support from, the prison IDD service; and were therefore deemed eligible to participate in this research.

To recruit participants, individuals with confirmed autism diagnoses (or recognised strong subclinical autistic traits) were provided with information about the research via key points of contact in each prison (see Appendix G). In HMP Whatton, the clinical lead of the Mental Healthcare Department passed on research information to eligible potential participants, who were known to the prison IDD service. In HMP Stafford, staff within the OMU passed information on to eligible potential participants, based on confirmed autism diagnoses reported in individual prison file information.

Those who were interested in participating in the research were provided with an 'expression of interest' form and a pre-addressed return envelope (see Appendix H). The expression of interest form gave potential participants the opportunity to contact the lead researcher, indicate their availability for interview, and any special considerations or accommodations that they wanted the research team to be aware of. During this process, one participant requested that the interview would not be audio-recorded. Another participant requested an interview slot that was longer than one hour, to ensure that he could discuss everything he wanted to and reduce his anxiety about condensing his thoughts into one hour; which he linked to his co-occurring attention-deficit/hyperactivity disorder (ADHD). Prior to interview, those two participants were informed that their requests would be granted. Individuals who were approached by either the IDD team or OMU but did not contact the lead researcher through an expression of interest form remained anonymous and were not contacted further.

Staff

Participants were 13 members of prison-based staff (3 male, 10 female), aged 25-49 ($M = 35.15$, $SD = 8.57$), who were all professionals involved in the prison-based rehabilitation of ISOCs. Participants worked at HMP Whatton ($n = 8$) or HMP Stafford ($n = 5$). Participants were predominantly based in each prison's respective Psychology and Programmes departments, except for one participant who was based in the prison's Mental Healthcare team. Staff roles included: intervention programme facilitators, cluster lead and senior forensic psychologists, trainee forensic psychologists, a counselling psychologist, and a clinical matron for mental health.

Staff were recruited through a snowball opportunity sampling approach. Department leads circulated research information to members of staff in each prison's Psychology and Programmes departments, via email and word of mouth (see Appendix L). Members of staff who were interested were invited to contact the lead researcher via email, or in-person, if they had any questions or were interested in taking part.

4.2.3. Data collection

Autistic ISOCs

Interview arrangements

Based on individual availability (indicated in completed expression of interest forms), participants were invited to take part in one-to-one semi-structured interviews. Participants were

informed that interviews would last for up to an hour. This was to accommodate the potential information-processing related fatigue that some autistic individuals may experience, and to alleviate potential anxieties relating to a prolonged social interaction. Moreover, as private interview spaces were in high demand in the prisons, the time limit was also to ensure that research did not negatively impact the daily operations of the prison.

In HMP Whatton, interviews took place in the prison Psychology Department's counselling office. In HMP Stafford, interviews took place in a private room on a wing of the prison, which was predominantly used by OMU for one-to-one work. In both prisons, the interview spaces were chosen specifically for their quiet, naturally lit physical environments. These spaces were judged to be most accommodating and supportive of the potential sensory needs of autistic participants and would therefore be more conducive to a positive interview experience for participants.

Upon arrival at interview appointments, the researcher engaged in rapport-building with participants, and gauged participant wellbeing and interview readiness through light conversation; whilst remaining sensitive to the potential needs of autistic populations (e.g. avoiding broad or vague questions). Before commencement of interviews, participants were offered the opportunity to re-read the research information, ask any questions about the research, and were asked to complete a consent form (see Appendix I). During the consent process, participants were asked to confirm not only that they understood what they were consenting to, but also *what* they understood. This was to ensure that, as far as possible, participants were providing full informed consent, and not simply complying. Participants (except the participant who had requested no audio-recording) were also asked to verbally confirm their consent to being audio-recorded by Dictaphone.

Interviews lasted 47-98 minutes ($M = 62$ minutes), and 11 of the 12 interviews were audio-recorded on a password-protected, encrypted Dictaphone. For the participant who opted to not be audio-recorded, their interview was recorded via handwritten notes. This participant was informed that handwritten notes would need to be taken to ensure his views could be documented, and he was reassured that the notes taken would remain confidential. Interview audio recordings were transcribed verbatim, into password-protected Microsoft Word documents. Identifying data such as names and places were omitted from transcripts to maximise anonymity. Extracts from interviews in this report are anonymised, and participant names are replaced with pseudonyms.

Semi-structured interview schedule

A semi-structured interview schedule guided the interviews (see Appendix J). A semi-structured approach was chosen as it offered the flexibility to facilitate more natural discussions, delve deeper into experiences that were particularly salient to participants, whilst retaining some scaffolding for discussions. Interview questions were inspired by, and developed according to issues raised in the existing relevant literature (e.g. Andrews et al., 2011; Higgs & Carter, 2015; Melvin et al., 2017), consultation with senior staff in the Psychology and Mental Healthcare departments of the prisons, and previous researcher experiences of prison-based qualitative research with autistic ISOCs.

Interview schedules covered: general questions about the participants' autism (e.g. *"Is there anything you think you find more challenging because of your autism?"*, *"Is there anything you think your autism helps you with?"*); general questions about their participation in interventions programmes (e.g. *"Are you currently on any treatment programmes?"*); questions about their understanding of what interventions would entail prior to their commencement (e.g. *"How did you feel when you were told that you were going into treatment? [This can be positive or negative expectations]"*); questions about their experiences of interventions programmes and assessments (e.g. *"Were there any aspects of treatment that you liked/enjoyed?"*, *"Were there any aspects of treatment that you didn't like/found challenging?"*); participants' suggestions for helpful changes to interventions (e.g. *"Thinking generally about your experiences of treatment and assessments, was there anything that could be done differently, or better?"*); and, finally, an open opportunity for participants to mention anything not covered in the interview schedule.

Due to the heterogenous expression of autistic traits, it was anticipated that participants could have presented with a varied range of abilities, with regards to answering questions. To accommodate for this diversity, interview schedules provided initial broader questions for those who could answer them, followed by more focussed, concrete sub-questions and prompts, to support individuals who struggled to answer broader questions. To illustrate, the broader question *"Were there any aspects of treatment that you didn't like/found challenging?"* could be filtered down to more specific questions. For example, questions about interactions with other people on group programmes, how the programme content was delivered, and timetabling of programme sessions. This design allowed for more inductive, participant-led discussions in interviews, whilst also offering supportive accommodations for those who needed it.

Staff

Interview arrangements

Interview times and locations were arranged to be convenient according to each member of staff's personal schedule. Semi-structured interviews were conducted with participants in quiet, private rooms that were located in staff-only areas of the prison; to maximise confidentiality.

On the scheduled day of interview, participants were offered the opportunity to ask questions and were asked to sign a consent form before the interview questioning and audio-recording commenced (see Appendix M). Participants were also reassured that what they discussed in the interview would remain confidential and anonymised and would not be disclosed to other members of staff or service users. Interviews lasted 53-67 minutes ($M = 60$ minutes), and were audio recorded on a password-protected Dictaphone, before being transcribed verbatim into a password-protected Microsoft Word document. During transcription, all identifying data, such as names and places, were omitted from the transcript, and selected extracts quoted in this chapter use pseudonyms.

Semi-structured interview schedule

Semi-structured interview schedules (see Appendix N) guided interviews to facilitate more natural, participant-led discussions, delve deeper into issues that were particularly important to participants, whilst retaining some structured direction for discussions. Interview questions were developed according to issues raised in the existing relevant literature (e.g. Andrews et al., 2011; Higgs & Carter, 2015; Melvin et al., 2017), and consultation with senior staff in the Psychology.

Interview schedules covered: general questions about participants' job roles and responsibilities (e.g. *"What is your role here at [prison]?"*, *"What does your role entail in terms of treatment and/or assessment of prisoners who have offended sexually?"*); questions about participants' understanding of autism (e.g. *"Could you please give me a brief description of what you think the key features of autism are?"*); questions about participants' experiences of working with autistic ISOCs in interventions and assessments (e.g. *"Were there any challenges that you faced in your professional role, working with [autistic ISOC]?"*, *"Were there any things you felt their autism, or autistic traits, helped them with in the treatment/assessment context?"*); questions about participant's views on the effectiveness of interventions for autistic ISOCs (e.g. *"Based on your experiences with, and understanding of, autism, and what we've already discussed: do you think it could impact the*

effectiveness of treatment of individuals who have offended sexually?"); participant's suggestions for changes to interventions for autistic ISOCs (e.g. *"Is there anything you think that could improve treatment or assessment for individuals with autism?"*); and, finally, an open opportunity for participants to mention anything not covered in the interview schedule.

In addition to semi-structured interview questions, additional prompts were included to scaffold discussions. For example, when participants were asked where they had acquired their understanding of the key features of autism, prompts included: *"education"*; *"role-related training"*; *"autism-specific training"*; and *"direct experience with autistic individuals (work and/or personal)"*. This design permitted participant-led discussions in interviews, whilst also offering supportive structuring for those who needed it.

4.2.4. Analytical Approach

A multi-perspective, phenomenologically informed thematic analysis (PITA) was used to analyse the interview transcripts of autistic ISOCs and staff (outlined in Chapter 2). Firstly, as per the multi-perspective facet of the analysis, PITA was used to identify superordinate and subordinate themes for autistic ISOCs and staff as separate perspectives. Following this, sets of themes from both groups were considered collectively to identify areas of convergence between both perspectives, and to generate broad superordinate and subordinate themes. These themes were developed with a view to capture a dyadic insight into what the important issues were in prison-based interventions with autistic ISOCs.

The phenomenologically informed approach was utilised with the intention to elicit richer insight than a standard thematic analysis, on two levels. At one level, the analysis aimed to explore *what* participants had experienced, and *what* the broader views of autistic ISOCs and staff were, which were not always necessarily grounded in participants' personal lived experiences (e.g. they could be views formed based on experiences of peers or colleagues). At the second level, the analysis explored *how* interventions were experienced, and *how* those experiences were interpreted/what meaning was attributed to those experiences by autistic ISOCs and staff.

4.3. Results and discussion

The multi-perspective PITA identified four superordinate themes, which explored key issues relevant to prison-based interventions with autistic ISOCs from the perspectives of autistic ISOCs and staff. Themes outline the issues, provide insight on the implications that those issues may have for interventions, and offer some ways in which issues have or might be addressed during interventions. An overview of superordinate and subordinate themes are displayed in Table 3, followed by an in-depth discussion of each theme, supported by interview extracts.

Table 3.

Multi-perspective superordinate and subordinate themes identified in Study 2.

Superordinate Themes	Subordinate Themes
1. Feeling overwhelmed	1.1. A lot to process 1.2. Reaching boiling point 1.3. Beset by noise
2. Out of comfort zone	2.1. Getting involved with the group 2.2. Thinking about feelings 2.3. Interpreting and applying content independently
3. Knowing what to expect	3.1. Feeling prepared 3.2. Comfort and consistency
4. (Dis)connection	4.1. Feeling listened to 4.2. Crossed wires 4.3. Networks of support

1. Feeling overwhelmed

This theme explores how autistic ISOCs had a propensity to feel overwhelmed during intervention programme sessions (particularly in group-based programmes), which could be problematic for their engagement with interventions. Additionally, it outlines experiences and insight from staff on how to support autistic ISOCs through those difficult experiences.

1.1. A lot to process

‘A lot to process’ refers to how, during group-based interventions, autistic ISOCs found that there was an unmanageable multitude of things that they had to process. Sources of these feelings included features of the programme environment itself and their prison life around it. Some examples

provided by participants included: social interactions with others on the programme, concentrating on understanding the content delivered, the pace of programme delivery, coping with physical proximity to others in a group environment, challenging sensory inputs (such as noise, temperature and light), worry about difficult social encounters they had recently experienced in the prison beyond the programme room, and overthinking about what they were expected to do after the programme session (e.g. work).

Understanding how people want to be interacted with is different for each person, and if there's lots of people that I'm interacting with simultaneously then, I can end up, just, getting it wrong for everybody... if I describe things in one way to a person that's asked me a question, the person over there might be not responding very well to that, and I feel like I'm trying to hold, let's say there's a dozen people in the room, I feel like I'm trying to hold the way that each person responds to me, which is different, in my mind, all at the same time, because I have to keep all those simulations running... 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... 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 (Autistic ISOC)

For example, in this extract, Participant 1 conveyed feelings of apprehension and worry about participating in programmes, which he attributed to the complex array of competing social interaction variables in a group programme environment. Throughout his interview, Participant 1 had likened himself to a computer-like processor when he described himself in social interactions; in that he had a capacity to process and monitor a of variety inputs from the social environment, however his processing capacity was somewhat limited. Whilst he found that interacting with a single person could be a manageable, albeit challenging, experience, Participant 1 felt that accomplishing this with a group of people may be too much. Combining a group encounter with additional complicating variables (such as opening up about himself and his past offences) threatened a system overload, and increased his chance of “getting it wrong”. The use of the phrase “laying myself bare” suggested that participation in a programme necessitates rendering himself vulnerable, and open to threat. Discussing sensitive, personal issues and opening up can be a challenging experience for any service user. However, doing this in an environment that is inherently overwhelming for that individual could magnify that challenge. Participant 1's experience was echoed by other autistic ISOCs in this study,

who had also experienced this system overload and vulnerability in group programmes. This resonates with existing literature, has highlighted that significantly impaired processing speed is a key characteristic of autistic individuals; and is associated with poorer social communication and reciprocal social interaction skills (Haigh et al., 2018).

Not too big, where there's too many voices going about, but small enough to be able to hear other people. My hearing's quite good and I get confused when everyone starts. I have to, kind of, concentrate on those voices always makes me feel a bit sick, it makes me feel a bit, if it's too loud, I feel quite nauseous

Participant 10 (Autistic ISOC)

The group element was a challenging feature of interventions for most autistic ISOCs in this study and was observed to be challenging by the majority of staff who had worked with autistic ISOCs too. Autistic ISOCs frequently referred to feeling anxious, distressed and disorientated in programme groups. For instance, in the above extract, Participant 10 expressed his feelings of distress, confusion and nausea stemming from hearing several overlapping voices in the programme room. Similar to Participant 1, Participant 10 found it difficult to process and manage the multiple demands of the group environment. Participant 10's description of his group programme experiences conveyed feelings of dizzying distress in keeping track of the multiple voices that could be heard, amplified by his "quite good" hearing; which may be interpreted as an autism-related sensory hypersensitivity to noise (Bogdashina, 2003). What started as a psychologically confusing experience, struggling to divide his attention to each person, developed into an unpleasant physical sensation of feeling "sick" and "nauseous". Distracted by this unsettling experience, Participant 10 did not feel able to pay attention to, and subsequently benefit from, the content of group programme sessions. These experiences, which were reported by several autistic ISOCs in this research, were consistent with existing non-forensic literature that has highlighted how overwhelming group-based interventions can be for autistic individuals (Cooper et al., 2018). More specifically, it has been similarly reported that some autistic individuals are overwhelmed by the social aspects of a group therapy environment and find some sensory experiences in those environments (e.g. the smell of perfume and bright lighting) distressing and distracting (Cooper et al., 2018; Maddox et al., 2020).

The fact that core is so fast, it was so fast paced as well (Yeah) So it was, like, literally bmm-bmm-bmm, whereas, actually, BNM was a bit more, you could take time to explore things a

little bit properly, whereas, yeah, core was very... like, "do this, move on, do this exercise, move on, do this exercise, move on"

Participant 8 (Staff)

This was also captured in interviews with staff, who had recognised that many autistic ISOCs who they had worked with had found the pace, verbal delivery, social elements, and sensory environments of programmes difficult to manage; and consequently impacted their ability to engage. Staff suggested that the quicker pace of some programmes could be a particularly challenging feature for autistic ISOCs. Having recognised some of these challenges faced by autistic ISOCs, staff highlighted that the slower pace of delivery and smaller groups offered in ID adapted programmes could help autistic ISOCs to find programmes more manageable. Staff recognised that mainstream programmes (such as the former Core SOTP) were typically delivered at a relatively fast pace, where a lot of material would be covered in a much shorter time; which was not well suited to the learning style of many autistic ISOCs. By contrast, ID adapted programmes markedly slowed down the delivery of material, dedicated more time to going through each concept and module, had less complicated social environments, and offered timeout opportunities. Staff recognised that these features could be beneficial for autistic ISOCs, offering them time to process and absorb their learning in their own way, and avoid feeling overwhelmed. This is consistent with previous research, which has noted that autistic individuals can take longer to process information (Grandin, 2014), or may process information selectively (Happé & Frith, 2006; Remington et al., 2009). It has been suggested that the benefits of a slower pace of information delivery are associated with executive functioning difficulties observed in some autistic individuals (Cooper et al., 2018; Hill, 2004). Cooper et al. (2018) corroborated the views of staff in this study, as they suggested that adjustments to pacing and additional structure helps autistic individuals to benefit more from therapeutic work generally; thereby compensating for executive functioning related difficulties experienced by autistic individuals.

If they also don't have an intellectual disability, it can feel quite stigmatising to them, because they've got a standard, average IQ. Also patronising, 'cause of me or you went on one of those groups we'd feel the same, so, I think it can be a disadvantage for that... and also, yeah, it moves at a slower pace, and it doesn't cover stuff in the same depth, so actually, you might not be working at the ability level this person needs to really grow

Participant 13 (Autistic ISOC)

However, staff also recognised that while a slower pace of delivery was beneficial for some autistic ISOCs, this did not automatically mean that ID adapted group programmes were ideal for all autistic ISOCs. Staff recognised that defaulting autistic ISOCs to ID adapted programmes could have problematic repercussions for engagement. For example, Participant 13 outlined how autistic ISOCs without a co-occurring ID could feel patronised and stigmatised, if directed toward an ID adapted programme that is incongruous to their intellectual level; a view that was echoed by other staff. For example, several participants had noticed this when some autistic ISOCs they had worked with appeared to be “bored” (Participant 8, Staff) in ID adapted programmes, and consequently disengaged and/or became disruptive in sessions. Parallels may be drawn here between forensic settings and school settings. More specifically, in reference to educating autistic individuals, the literature has outlined comparable benefits of mainstream schooling versus schooling adapted for those with Special Educational Needs (SEN). It has been suggested that pupils with SEN often benefit academically from being educated together with their mainstream peers (Dybvik, 2004; Farrell, 2001). However, it has also been noted that there can also be poorer social outcomes for autistic children in those contexts (Warnock, 2010). Ultimately, a balance is frequently advocated (i.e. inclusion in mainstream education, with additional SEN adapted support systems; Landor & Perepa, 2017). As such, the challenges of integrating autistic ISOCs in ID adapted programmes could be overcome by the incorporation of SEN adapted delivery features in mainstream programmes. In the absence of accredited programmes specifically adapted for autistic individuals (Hollomotz et al., 2018; Robertson & McGillivray, 2015), staff in this study emphasised that the decision as to whether to direct an autistic ISOC toward an ID adapted or mainstream programme needed to be judged case-by-case; based on what is known about that individual and their strengths.

Aspects of prison life, beyond programme sessions, added to the excess of things that autistic ISOCs felt they had to process during their intervention experiences. Both autistic ISOCs and staff described how engagement in interventions could be indirectly impacted by these aspects.

You do the three mornings, but then you're still doing about six sessions of work a week as well, on top of that, and then you've obviously got the handouts, which you've got to complete, and stuff like that... it was quite hard in that sense, trying to juggle it around, and almost having the anxiety from the group, like, partaking in the group activity, having to stand up in front of everybody, basically go out of the comfort zone, and then having to go to work, and then the sound pollution from machines and, trying to focus on people's conversations

and, erm, so just, basically, gave me too much of a physical effect, I'd go back to the cell, get locked up, I'd just be asleep, so I'd have no time to do that work for the programme
Participant 6 (Autistic ISOC)

For example, Participant 6's use of the word "juggle" here suggested an unmanageable number of things he was expected to process and do, which required an unsustainable conscious effort to do successfully. He conveyed anxiety-inducing feelings of exasperation and exhaustion from shifting and balancing his attention between what he was expected to do during programmes, working in a noisy environment, and socially interacting with others. Previous research has highlighted the importance of autistic individuals finding a job suited to them in prison, with the sensory and social environments indicated as key factors in this (Vinter et al., 2020); which was additionally corroborated by two staff in this study. It is plausible that a more tailored work allocation (i.e. less noisy, requiring less social interaction) for Participant 6 may have been indirectly beneficial for his interventions experience, reducing his underlying anxiety and consequent exasperation. Alternatively, previous research has found that autistic adults demonstrate impairments in executive functioning (EF), which can contribute towards difficulties in coping with the multiple demands of daily living (Davids et al., 2016). As such, the requirement to work alongside participation in the programmes may have pushed Participant 6 to the limits of his EF capacities, intensifying the fatigue he experienced. Davids et al. (2016) speculated that EF-related difficulties are linked to the time pressures of completing multiple tasks, and that reducing time pressures can help autistic individuals overcome the associated difficulties.

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 (Staff)

Finally, staff referred to how autistic ISOCs had a propensity to ruminate on negative experiences they had faced in their prison lives beyond the programmes room, which would add to their processing difficulties and impact their engagement during interventions. For example, Participant 6 (above) described how a confrontation with a member of wing staff could render an autistic ISOC feeling anxious and distressed, as they dwell on the confrontation and overthink about whether they might face off with that individual again. Relatedly, staff from one prison referenced the

commute from a wing to a programme session, and how this commute often featured crowded, noisy environments, which are the “Achilles’ heel” (i.e. intrinsic weakness or vulnerability) of autistic ISOCs. Staff reported that this raised an autistic ISOCs anxiety, stress and/or frustration level immediately prior to a session and impacted on engagement (e.g. deterring session attendance or impacting concentration during a session). It has been suggested that autistic individuals are more likely to dwell and ruminate on negative feelings such as distress and anxiety, compared to neurotypical individuals; potentially due to the shared perseverative nature of rumination and autistic RRBI traits (Crane et al., 2013; Gotham et al., 2014). Ruminating can involve responding to negative experiences by mentally dwelling on the cause, consequences or feelings related to those experiences, without initiating active problem solving to lessen those feelings (Nolen-Hoeksema & Morrow, 1991). Staff described how this dwelling (or ruminating) on challenging experiences outside of programme sessions distracted autistic ISOCs during sessions and made it more difficult for them to engage. To address this type of challenge, research in non-forensic settings has recommended improving the comfortability of autistic individuals by limiting the amount of time said individual spends in crowded environments immediately prior to sessions (e.g. waiting areas; Maddox et al., 2020).

1.2. Reaching boiling point

‘Boiling point’ refers to how autistic ISOCs felt at the peak of their discomfort during group programmes, when an accumulated mass of stress, anxiety and frustration became too much to handle. Broadly, autistic ISOCs responded to the boiling point feeling in one of two ways: switching off or exploding. This theme explores how autistic ISOCs experienced and coped with ‘boiling point’, and staff experiences of managing autistic ISOCs who had reached ‘boiling point’ during interventions.

After we used role plays and that, and just other people giving feedback, it was almost as if, like, everyone was, kind of, jumping in at once, just to, kind of, get all they wanted off their chest and stuff like that... sometimes, it just got a bit too much, and I just, I felt if I didn’t, sort of, focus on just one person, I’d just, like, and this is gonna sound bad, I’d just, kind of, switch off

Participant 2 (Autistic ISOC)

‘Cause you’re already anxious, you’re more aware of that anxiety, and on top of that you’re thinking “ok, well I’m gonna have to do a skills practice, which is standing up in front of all these people”, which induces more anxiety, and then it’s, kind of, like, it just keeps building

and building. You just, kind of, as if you withdraw... go into just, kind of, like a daze, like you're not really there

Participant 6 (Autistic ISOC)

Overwhelmed by accumulated feelings of anxiousness and distress, some autistic ISOCs had a natural tendency to “switch off” or go into “a daze” to cope. For example, Participant 6 (above) repeatedly referred to the various sources of anxiety, and how his anxiety had kept “building and building”, suggesting a swelling emotional weight that increasingly challenged his capacity to cope during a group programme. In both extracts above, participants conveyed an overpowering need to escape the situation, and if that could not be done physically, then they resorted to transcending the situation mentally; consequently, disengaging from the session. This form of social withdrawal is a common way that many autistic individuals express and cope with feeling overwhelmed (NAS, 2020a).

By contrast to those who switched off, for other autistic ISOCs in this study, the build-up to ‘boiling point’ was characterised by feelings of frustration and irritation, as well as anxiety. For these participants, reaching ‘boiling point’ led to a more explosive outburst response.

I didn't like it, there was too many people. I don't like big groups... they're trying to tell me stuff, I don't understand it, they're going too fast for me, I got frustrated... I walked out a couple of times... I went back to them [facilitators], I got a negative comment, and I said “fuck this shit!” and I walked out. Then, like, I think it was, like, the third time that I did it I told them that “I don't wanna do the course no more, take me off”... it was getting too much for me

Participant 7 (Autistic ISOC)

In this extract, Participant 7 described how a build-up of frustration during a group programme led to him vociferously expressing his feelings and storming out of sessions, eventually leaving the programme entirely. Participant 7's repetition of the word “too” emphasised the excess of things he felt that he had struggled with in the programme (e.g. “going too fast for me”, “getting too much for me”), which compounded his frustration. The behavioural outburst that he described could be understood as a ‘meltdown’, sometimes experienced by autistic individuals (particularly younger autistic individuals; Ryan, 2010). Meltdowns have been described as “intense responses to overwhelming situations”, rather than “wilful bad behaviour” (Ryan, 2010, p.871). While these behaviours may not always be understood by staff, the more extreme behaviours described by several autistic ISOCs in this study (e.g. shouting, swearing and storming out) could be understood as

a form of communication, conveying their underlying frustration or distress; rather than deliberately defiant and disruptive.

If you're reading it on paper, that's gonna score him, like, for example, for "oh he can't deal with his problems, because he burst out of the room", but actually, is it that? Or if we go deeper, is it because of the noise, and how that's impacting him, and that's meant that he's got up and done that? And would you see that differently if he was, say for example, in some sort of home where this noise is happening?

Participant 10 (Staff)

This resonated with the experiences of staff, who described how it could be challenging for them to discern the underlying cause of an autistic ISOC's behaviours that challenge. Staff acknowledged that they may not be able to recognise why an autistic ISOC behaves inappropriately or may misattribute an explanation for why they behave that way, depending on how much they understand that individual and their autism. In the above extract, Participant 10 gave the example of an autistic ISOC storming out of a session. They explained how it may be difficult to assess whether that was an indication of poor problem-solving skills, which need to be worked on, or a "deeper" autism-related sensory issue, which may need to be supported differently. This can be a common challenge when working with autistic individuals, particularly for adverse sensory-related behaviours that may not have an immediately obvious link to the problematic sensory input (NAS, 2020a). As described by some participants in this research, autistic individuals who encounter adverse sensory stimuli may become withdrawn or demonstrate more challenging behaviours, which communicate their underlying feelings of stress and anxiety (NAS, 2020a).

A subset of autistic ISOCs in this study had insight into the autism-related challenges they sometimes faced and had anticipated the potential for reaching 'boiling point' during interventions. These individuals often employed self-devised coping strategies to try and mitigate the likelihood of experiencing those difficult feelings that would lead to 'boiling point'.

When I'm in an unfamiliar environment, or into a group, like for instance in TSP and in SOTP, I stressed this point at the start of the course... I have my condition, you know, "these are some of the things that affect me, and I quite find it uncomfortable, and I like to sit near the door" you know, so for me that's a way of saying to myself "I can always escape" and I can be the first one to escape, and that's, to me, makes me feel a lot safer

Participant 3 (Autistic ISOC)

One frequent example of these coping strategies was strategically positioning themselves in the programmes room, to feel safer and in better control of their surroundings. For instance, Participant 3 (above) emphasised the value of a perceived ability to “*escape*” the situation if it became too much for him, and how this relaxed him, making him “*feel a lot safer*”. Underpinning this extract was an inherent sense of threat stemming from the group environment, and an effort to regain some level of environmental mastery through strategic seating. Environmental mastery has been posited as one of six key areas of psychological wellbeing (Ryff & Singer, 2008), and has been recognised as particularly relevant for wellbeing in autistic adults (Beler, 2017). Environmental mastery refers to an individual’s sense of competence and mastery over their external world (Ryff & Singer, 2008). In this context, Participant 3 felt that he had regained a sense of control over his environment, as he was able to shape his surroundings to be more suited to his personal needs, thereby improving his subjective sense of wellbeing in the intervention environment.

Interestingly, staff similarly described reaching a limit as staff working with autistic ISOCs, which paralleled the ‘boiling point’ experienced by autistic ISOCs. Staff often experienced an accumulation of frustration when working with autistic ISOCs, due to autism-related challenges, which sometimes impacted how they worked with those individuals:

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... talking to other facilitators, they felt the same, and then that poor guy, if all the facilitating team’s feeling the same, that, actually, he was getting on our nerves, he was annoying us, even though he didn’t mean to, that must have alienated him even further than he’d felt in the group, he was aware that he was quite different in the group

Participant 8 (Staff)

Several staff expressed feelings of guilt regarding the frustration they had felt working with autistic ISOCs, and how they had subsequently behaved because of their frustration. For example, Participant 8 (above) conveyed feelings of regret for how they and their interventions team became reluctant to work with one autistic ISOC, because of how frustrating it could be. Participant 8

described how it was difficult to maintain a position of patience and understanding, in light of their feelings of frustration. Staff referred to difficulties maintaining a therapeutic bond with autistic ISOCs, because of the barrier that frustration raised. Staff reported how frustration could impact staff morale on a team level and individual level. In addition, several felt that they had internalised the challenges of working with autistic ISOCs, attributing self-blame, and questioned their own abilities as clinicians. This resonated with findings from MacDonald et al. (2017), where it was reported that the majority of participants in their sample of NHS specialist secure autism service staff had “expressed negative emotionality as a direct consequence of working with” autistic ISOCs (p.47). MacDonald et al.’s findings emphasised the need for staff to receive support when working with autistic ISOCs, as the negative emotionality staff experienced could lead to “compassion fatigue” (p.47); rendering it more difficult for staff to work with autistic ISOCs, and potentially compromising therapeutic relationships. Moreover, echoing the experiences of staff in this study, MacDonald et al. also noted that compassion fatigue could spread through staff teams if it was left unsupported, leading to burnout. This reaffirms the importance of reflective practice when working with autistic ISOCs, not only in managing ones’ own frustrations, but also in tenaciously reflecting on and developing effective means of working with that individual. For example, utilising established frameworks that facilitate reflective practice, such as Gibbs’ (1988), Atkins and Murphy’s (1995), and Rolfe et al.’s (2001) reflective frameworks.

1.3. Beset by noise

Participants referred to ways in which physical or sensory features present in the programme room could also be challenging for autistic ISOCs, and impacted engagement. Of these features, the excess of noise in the prison environment was most frequently reported by participants as a source of stress, anxiety and frustration that impacted interventions for autistic ISOCs. Noise is a common environmental stressor for autistic individuals generally, linked to sensory processing differences (Nagib & Williams, 2017), and noise in prisons specifically has been recognised as a challenging feature of prison life for autistic individuals (Allely, 2020; Murphy & Mullens, 2017; Vinter et al., 2020).

The squeakiness of the pens he hated, he got really quite distressed if there was a squeaky pen... You’d have to, like, in the morning be, like, testing the pens out. It wasn’t even something, like, “oh, he’s being dramatic”, you felt genuinely sorry for him, because he would become so distressed by different noises

Participant 8 (Staff)

In this study, participants described how some noises interrupted autistic ISOCs' concentration or irritated them during programme sessions. For example, staff identified particular noises (such as voices outside the room, overlapping voices in group discussions, a ticking clock, or squeaky whiteboard pens) that were particularly distressing or irritating for some autistic ISOCs, and distracted from engagement with the session content.

I don't like loud noises. Erm, I sometimes wear earplugs... with the TV, I have to wear headphones, because if it's not, and it echoes round the cell, it freaks me out... 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 (Autistic ISOC)

Excess noise in day-to-day life on the wings was also a frequent ongoing challenge for autistic ISOCs. In this extract, Participant 11 described the intense feelings of panic that noises on the wing evoke, and his efforts to block them out to protect himself. He expressed how “sudden noise(s)” had a physically distressing effect on him, causing him to sweat and his heart to race. Participant 11 constructs an image of the inescapability of the noise in the prison environment and his consequent distress. He also implied an inconsiderateness of others that reside on the wing, who are responsible for causing the sudden noises. Consequently, he felt that he had to adapt to the environment because the environment would be otherwise unwilling to adapt to him. For instance, employing improvised coping strategies such as earplugs and headphones, which are common sensory coping strategies for autistic individuals hypersensitive to sound (Landon et al., 2016; Murphy & Mullens, 2017; NAS, 2020a).

You can sit there, but if you're sat there, you have to be quiet, nobody else around you has to be quiet, just you. It's, like, that area's been taped off, as if to say “this is where you're going to sit and be quiet, everyone else can make as much fucking noise as possible!”

Participant 5 (Autistic ISOC)

Experiences of anxiousness and frustration, associated with the noisy prison environment, resonated across most autistic ISOCs' interviews in this study. Autistic ISOCs frequently referred to experiences of desperately wanting to escape the noise, frustration toward the lack of awareness

shown by others, and how their headspace was then impacted before engaging with programme sessions. For example, Participant 5 (above) described his experience of a dining hall area that service users are asked to gather in prior to a programme session. In that area, there is a dedicated quiet area, designed to support those who prefer quietness in the otherwise crowded environment. However, Participant 5 expressed his frustration at the futility of the quiet area and unfairness of the situation, compounded by the lack of respect demonstrated by others around him. His scepticism of the helpfulness of this quiet area is expressed through the near-sarcastic section of his extract; *“as if to say ‘this is where you’re going to sit and be quiet, everyone else can make as much fucking noise as possible’”*. These feelings of frustration remained with Participant 5 as he entered a programme session. The experiences explored in this subtheme echo the prison experiences of autistic individuals reported in previous research (Allely, 2020; Murphy & Mullens, 2017; Vinter et al., 2020). For example, in Vinter et al. (2020), where *“Too much noise”* (p.10) was identified as a difficult, albeit inescapable, feature of prison life. As with participants in this study, autistic individuals in Vinter et al. (2020) reported that an adverse noise-related experience could effectively ruin the rest of their day, especially with regards to their mood. In this study and Vinter et al. (2020) most autistic ISOCs expressed a desire for a quiet retreat space in the prison, to avoid or recuperate from adverse experiences of noise. Participant 5’s experience regarding the futility of designated quiet areas has been reported by autistic individuals in acute mental health facilities (Maloret & Scott, 2018). Maloret and Scott (2018) reported that autistic individuals often desired isolation from others, utilising quiet and solitude to cope with rising anxiety caused by the sensory environment. However, frustratingly for those individuals, and similar to the prison context described here, the designated quiet areas in those facilities were often busy; and finding genuine solitude was difficult.

It’s quite difficult as well, noise-wise in the prison... it’s quite a difficult environment... banging doors, y’know, no matter how quiet you try and be, it’s quite an echoey environment, y’know, not very much of it is carpeted, some people do find that difficult. I’ve had a discussion with somebody this week about an individual that kinda expects everybody else to, to be told to be quiet, y’know, it’s just quite a difficult thing to achieve, when you’re surrounded by like, y’know, 80-odd people on a wing
Participant 2 (Staff)

It [the physical environment] should be taken into account... for instance we’ve had things about always having a blank wall for people who find it difficult... if they are over-stimulated

visually with things all over the place... they did talk about having that kind of thing, like a low-stimulus part of the room

Participant 3 (Staff)

Staff similarly highlighted how autistic ISOCs they had worked with could become increasingly anxious, distressed and/or agitated as a result of the noisy prison environment. Staff recognised that that the sensory environment of a prison is not particularly well-suited to autistic individuals, and the excessive noise (as well as other aversive sensory inputs) could indirectly impact engagement with interventions. Participant 2's extract (above) resonated with the earlier extract from Participant 5 (Autistic ISOC), observing how some autistic ISOCs expect everybody to be quiet for their benefit. Having identified potential challenges for some autistic ISOCs, posed by the physical environment, staff explained how small, simple adjustments to reduce the impact of those stimuli were beneficial. For example, Participant 3 (above) identified low-stimulus areas of a programme room as a useful accommodation when working with autistic ISOCs. However, while most participants advocated the benefits of adjustments to the challenging physical environment for autistic ISOCs, some adjustments were not feasible or realistic in a prison context. Participants described how such adjustments would likely be simple in a non-forensic setting. However, additional elements of the prison context (such as security, risk and staff safety considerations) served as a barrier to staff making such adjustments. This was expressed by Participant 2 (above) who noted that reducing noise on a wing was "*just quite a difficult thing to achieve*". Staff made it clear that this was particularly relevant in higher security prison settings. This has been an issue raised in previous research relating to autistic prisoners, and other vulnerable prisoner groups (Dillon et al., 2019; Vinter et al., 2020). For example, in Dillon et al. (2019), it was highlighted that adjustments to the prison physical environment could be helpful to support prisoners with dementia. However, there was a recognition of the contrast between adjustments that were ideal and adjustments that were feasible, based on prison resources and security restrictions, echoing staff views in this study.

2. Out of comfort zone

This theme explores intervention formats and content that participants identified as inherently challenging for autistic ISOCs to engage with, and were not particularly well-suited to the skills and strengths of many autistic ISOCs. More specifically, subthemes outline how autistic ISOCs found it difficult to integrate with peers in group-based interventions, how topics and exercises relating to feelings and emotions were challenging for autistic ISOCs to engage with, and difficulties

associated with interpreting task instructions and transferring in-session learning to less-structured contexts. Subthemes also highlight ways staff had facilitated engagement, despite such difficulties.

2.1. Getting involved with the group

All participants highlighted that social interaction elements of group-based programmes (such as group discussions) were often a challenge for autistic ISOCs, and they outlined the implications that this had for integration with a programme group. Several autistic ISOCs referred to their place in the group, and how confident they felt interacting with a group; which, for some, was mediated by familiarity with others and trust. This was echoed by staff, who reported the difficulties autistic ISOCs had faced, or could face, in becoming integrated as a cohesive member of a programme group. Staff had observed that autistic ISOCs often faced challenges engaging in the group discussions that formed part of programme sessions, as well as more casual interactions with other group members (e.g. during session break times).

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 (Autistic ISOC)

For instance, Participant 2 described here how he was shy and felt somewhat separate to the group when he first arrived at a group programme, using the metaphor of the “*quiet kid who just sat in the corner*”. However, as he spent more time with the group, listened to people, and became more familiar with the group, his confidence grew, and he gradually became more actively involved. Participant 2 repeatedly referred to his “*confidence*” as a pivotal reason for whether he did or did not engage with the group. The extract suggested an initial lack of confidence, due to the unfamiliar, uncomfortable environment. However, over time, through regular exposure to the group, he gradually became settled and felt at ease. Participant 2 expressed a sense of personal growth through his interventions experience, which revolved around his self-confidence in getting involved with the group. Some previous literature has expressed reservations about the appropriateness of group-based interventions for autistic ISOCs, linked to social interaction difficulties (Higgs & Carter, 2015; Murphy, 2010). On the other hand, other research has reported positive experiences of group-based therapy for autistic individuals in both forensic and non-forensic contexts (Furuhashi, 2017; Melvin et

al., 2019; Spain et al., 2017); particularly if those individuals felt they were established members of an understanding group; which is consistent with Participant 2's experience. This was the case for several autistic ISOCs in this research. That is, such individuals had found group interventions to be positive overall, despite some initial challenges or reservations that they had experienced.

The guys what was in the group, I knew all of them on the wings, so I talked to them, like, on the yard... so it's not that I didn't like the people on the group, I got on with people in the group. It's just the group, being in the group, I don't like groups

Participant 7 (Autistic ISOC)

However, for some autistic ISOCs, familiarity with the group was not enough to ameliorate the difficulties they had getting involved with the group. For example, Participant 7 explained how, despite knowing the others in the group prior to the programme commencement, it was the group context itself that was difficult for him. He emphasised how he was content to interact with individuals from the group on an individual basis, on the wing or in the yard for example. However, gathering those individuals in one room, and expecting him to interact with them as a group, pushed Participant 7 too far. This was a view shared by other autistic ISOCs in this research, who found a group social environment fundamentally challenging; even if they felt comfortable interacting with their peers on an individual basis.

Because with inmates, I often think they'll say "oh, I've heard this", and "so-and-so is in for this" and they go off telling all their mates, and their mates are telling their mates, and then it's gonna get 'round the whole prison what you're in for

Participant 8 (Autistic ISOC)

One of the guys in the SOTP went and told some of his mates in the gym about my offence, saying how he was disgusted about it... he was booted from the group. But, yeah, I wouldn't disclose any other information for a few weeks after that it took me a while to build my confidence back up again

Participant 11 (Autistic ISOC)

In addition to familiarity, to feel confident actively interacting with the group, trust was another important precursor for participants; and has similarly been recognised as a "key ingredient" of group work for other ISOCs in existing qualitative research (Colquhoun et al., 2018, p.363). Autistic

ISOCs in this study described how trust in other group members was a necessary requisite for them to open-up about sensitive topics and episodes of their lives, but could be difficult to establish. In Participant 8's extract, he outlined his apprehensions about taking part in group discussions with other service users, because they may not be discreet or respect the confidentiality of the programme group room. His extract conveyed how quickly confidentiality breaches can happen and escalate, as prisoners speak to each other and the information spreads *"round the whole prison"*. As such, Participant 8 avoided opening up in front of the group and preferred to talk about his offending history with staff only. Similarly, in the second extract above, Participant 11 described an incident where trust was broken, conveying feelings of betrayal. This was a nadir experience for Participant 11 on his interventions journey and was detrimental for his confidence in interacting with the group. While he had previously built confidence when interacting with the group, he suggested that this led him to close off from the group, as he had to gradually rebuild the confidence and trust. This reinforces the relevance of confidence for autistic ISOCs, described earlier in this subtheme, and potentially indicates rumination (Nolen-Hoeksema & Morrow, 1991) when trust is broken.

The experiences of autistic ISOCs reported here echoed the findings in Colquhoun et al. (2018). Colquhoun et al. (2018) described how ISOCs with mental health conditions associated trust with feelings of wariness and vulnerability (similar to Participant 8's and Participant 11's experiences here); whereby a lack of trust exacerbated feelings of vulnerability, and made them more cautious of working with their peers in group dramatherapy. Therapeutic bonds and alliances are an important, sensitive element of interventions for all ISOCs (Kozar & Day, 2012). Other research has emphasised that developing initial therapeutic rapport with autistic individuals can be difficult (Cooper et al., 2018); however, as illustrated by Participant 11's experience, forming trust and securing a therapeutic bond with others during interventions may be even more difficult for those who find group environments inherently challenging.

I often said to them "look, I'm not in here for everybody else, I'm in here for me", you know, without sounding selfish, but my needs come first, I don't care about them... I say these things without thinking "how will that affect someone else?" and, kind of, bad on my part, but sometimes I don't understand it, so I can do these things without knowledge, and so it gets me into trouble sometimes ... when someone makes me consciously aware of it, I apologise and hopefully that's enough, but sometimes it's not

Participant 3 (Autistic ISOC)

A few autistic ISOCs had felt wary about interacting with a programme group due to a trepidation that they may say something that would be ill-received by the others in the group. This worry about social difficulties they may encounter, and had previously encountered, impacted on how confident they felt interacting with the group in programmes. For instance, Participant 3 had experienced difficulties in his attempts to interact with and become an accepted member of the group, stemming from the difficulty he faced in intuitively recognising and understanding the perspectives of others. In this extract, he described how he believed he had caused some tension in a programme group. Participant 3 reflected on how he often says things that are ill-received by others but does so inadvertently. His use of “*without knowledge*” and reference to not initially being “*consciously aware of it*” conveyed some awareness of his own social naiveté during interactions but suggests that he does not actually intend the offence he sometimes causes as a result. He elaborated on this by explaining how he apologises when this happens, but that “*sometimes it’s not*” enough. This implied that, in some contexts, the ructions caused by his social naiveté are sometimes irreparable. As a result, his apprehension of saying the wrong thing impacts on his confidence interacting with a programme group; a feeling that was shared by several autistic ISOCs in this study. These interpersonal interaction challenges are supportive of the previous literature that has challenged the suitability of group-based interventions for autistic individuals (Higgs & Carter, 2015; Murphy 2010). Participant 3’s difficulties intuiting the thoughts and feelings of others (i.e. ‘mentalising’ ability or ‘Theory of Mind’) are a well-documented characteristic of many autistic individuals (Baron-Cohen et al., 1985; Fletcher-Watson & Happé, 2019). It has been suggested that, due to these difficulties, autistic individuals often demonstrate unsynchronised relational attunement with others in group therapy (Robinson & Elliot, 2017). Participant 3’s experiences may exemplify this lack of synchronisation with others. To support individuals like Participant 3, structured mentalisation opportunities may facilitate relational attunement in group-based interventions (Robinson & Elliot, 2017).

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... you know, “he’s not having a laugh, he’s not one of us”

Participant 8 (Staff)

I think he did about a month, and then he dropped off the group, because he said group interactions were really difficult for him, and usually when it was break time, most guys would be talking to other people, he, kind of, wouldn't be... the group didn't really know about it, so they were like "oh, why's he not sitting with us?"

Participant 10 (Staff)

Staff had witnessed similar interpersonal interaction difficulties when working with autistic ISOCs in group-based programmes, which impacted group integration. Staff emphasised the benefits of group cohesion during a programme, each member integrating as a contributing member of the group. However, most staff, such as Participant 8 (above), pointed to the risks of autistic ISOCs facing social isolation and exclusion in programme groups. In making sense of this, some noted that autistic ISOCs perhaps struggled with intuiting subtleties of social communication and interaction, which impacted their ability to socially integrate; which corroborates Participant 3's (Autistic ISOC) experience. Several staff described how humour and sarcastic language are common features of group member interactions and bonding. However, these were also areas of social communication and interaction that autistic ISOCs found difficult to engage in, partly due to their nonliteral nature, which is common among autistic individuals (Agius & Levey, 2019; Mathersul et al., 2013; NHS England, 2019). Therefore, impacting how well they would bond with peers in a programme group.

Staff identified the implications these issues can have for an autistic ISOCs' position as a cohesive member of a programme group. Some participants suggested that autistic ISOCs may feel isolated in the group environment. Additionally, it was often suggested that other members of a programme group may not understand why an autistic ISOC is behaving differently, and may react negatively, opting to alienate or socially exclude that individual; which has been similarly reported in school settings (Landor & Perepa, 2017; Majoko, 2016). One staff participant noted that an autistic ISOC who faces difficulty integrating with a programme group may become "*an out-group personality*" (Participant 3). Similarly, non-forensic literature has highlighted that autistic individuals can "feel like outsiders within groups of typically developing peers", and consequently experience isolation, anxiety and a depressive mood (Furuhashi, 2017, p.777). This may be relevant in group programmes, where autistic ISOCs may be in a room surrounded by neurotypical (or non-autistic) peers. These issues not only made group integration difficult for those autistic ISOCs, but also seemingly created an additional responsibility for staff to manage the complexified group relationship dynamics and mood changes too.

That's just openly, y'know, discussed in the group, that, y'know, "this person is going to do this in this way", y'know, "but another exercise, someone else might find difficult and they're gonna do that in this way" and I find, actually, that group members respond very well to that. They support each other, a lot. So, there's no, like, mickey taking or animosity about doing things slightly differently from one person to the next

Participant 1 (Staff)

Some staff described the ways they had tried to pre-emptively ameliorate or prevent some of these potential challenges. For example, some staff endorsed explicitly educating other group members to understand and encouraging them to accept each other's difficulties (including autism), to prevent member rejection and promote group cohesion. But this was to be done with caution, being mindful of whether an autistic ISOC is comfortable disclosing what they find difficult. Participant 1 (above) found that this approach was helpful in garnering a positive, supportive atmosphere during programmes. This has been similarly suggested in school-based autism literature; which has highlighted how improving the autism awareness and understanding of other pupils in a mainstream classroom can facilitate inclusion of autistic pupils (Locke et al., 2010; Majoko, 2016).

We were obviously very aware that he didn't maintain the eye-contact, and prisoners seem to pick up on odd individuals, so we had to really think about who was on group with him, and how we were going to manage, kind of, that in group. So, there were a couple of people that were taken off the original group list... because we thought actually that might, kind of, might be too much of a challenge for him, and then he won't get the best treatment

Participant 5 (Staff)

Finally, other staff advocated a mindful approach to group allocation to mitigate some of the integration and cohesion challenges an autistic ISOC may face during interventions. They outlined that it was important for staff to consider potential group dynamics that could emerge (e.g. avoiding overly boisterous groups, evaluating bullying risk). For example, Participant 5 (above) described how some service users were removed from an initial draft group list, to avoid problematic group dynamics between them and an autistic ISOCs and ensure that he could get "the best treatment". Other participants extended this consideration of appropriate group allocation to ensuring facilitators are well matched to an autistic ISOC too. They advocated choosing facilitators that are more knowledgeable or experienced with autism, or who have the confidence to be flexible in accommodating an autistic service ISOC in a group.

2.2. Thinking about feelings

Engaging with content relating to feelings, emotions and perspective-taking was frequently regarded, by both participant groups, as an inherently challenging feature of interventions for autistic ISOCs. The challenges that were most frequently highlighted related to: reflecting on and understanding the relevance of their own past emotions on the lead up to an offence, imagining how they would feel in hypothetical future scenarios, making distinctions between emotions they were feeling in the present (during sessions), verbalising feelings and emotions, and recognising how others feel. This was supported by Higgs and Carter (2015), who suggested that autistic ISOCs may find it difficult to engage in intervention exercises designed to ISOCs improve awareness and self-regulation of unhelpful emotions. It is plausible that some of the difficulties outlined in this subtheme may represent heightened underlying alexithymic traits in autistic ISOCs (i.e. difficulties identifying, understanding, distinguishing and describing feelings or emotions), which have been reported to be more prevalent in autistic individuals generally (Kinnaird et al., 2019; Poquérusse et al., 2018).

When he was asking about “how did you feel?”, “how were you feeling during this situation, in the past, that was however many years ago?”, generally the answer was “well, I don’t know”... I found it much more easy to say what I was doing, what my logical thought processes were. But when it’s how I was feeling, my god, I’d have to guess, because I don’t really know... when he asked how I was feeling when this happened, I found it much easier to say “well, I just, I can tell you what I was doing and I might be able to tell you what I was thinking, but feeling is much more of a difficult thing”

Participant 1 (Autistic ISOC)

Autistic ISOCs often described how their memory for concrete factual information was superior to their abilities to remember and reflect on feelings and emotions. For example, this had created some difficulties for Participant 1 in exploring his emotions during interventions. He believed that his ability to recall and reflect on his feelings was not one of his natural strengths. In the extract above, he portrayed his memory structure in a hierarchal fashion, and contrasted the different aspects of experiences he can or cannot remember. For Participant 1, the factual aspects of experiences (i.e. what happened) and “*logical thought processes*” are much easier to remember than his feelings during those experiences. During interventions, he sometimes resorted to intuiting an answer through guesswork, because he simply could not grasp what he genuinely felt. This is consistent with existing emotion-focused therapy literature, which has suggested that it is common

for autistic individuals to be “out of touch with inner experiencing” and have “limited capacity to register emotionally tinged experiences” (Robinson & Elliot, 2017, p.226). Robinson and Elliot (2017) associated this with alexithymia, often present in autistic individuals, and, subsequently, suggested that emotion-focused therapies should focus on “experiential deepening” (p.226) to improve self-insight.

In making sense of why they could not remember emotional aspects of experiences, several autistic ISOCs referred to concepts of practicality and pragmatism. For example, for Participant 9 (Autistic ISOC), until his arrival in prison, he believed that remembering emotions from past experiences bore no relevance and offered no utility in his life. He used a metaphor of unnecessary decorations (“*bells and whistles*”) to describe the emotional elements of memories. He felt that these decorations make memories too bulky, rendering them impractical to store in the limited space of his mind and recall; compared to “*bare bones information*” that can be “*neatly stacked away*”. He emphasised how this does not mean that those experiences were absent of emotion, simply that remembering what he felt at the time has not been useful or relevant for him - until he came to prison.

I think a lot of it was, kind of, the feelings and what his thinking was. Say, if I put him back into a situation of “right, ok, so on the lead up to the offending, what was going... what were you feeling? What were you thinking?”... those are the areas he’d really struggle with

Participant 9 (Staff)

Staff reported similar challenges when working with autistic ISOCs in interventions. Staff often praised autistic ISOCs for their capacity to recall intricate factual details of the lead up to their offences (such as what people were wearing), but noted that reflecting on and discussing the more emotional and psychological aspects of those experiences could be challenging. This may be reflective of the episodic memory issues often associated with autism. It has been suggested that autistic individuals demonstrate good semantic memory, i.e. memory for factual information, but relatively diminished episodic memory, i.e. memory for personally experienced events (Lind & Bowler, 2010). Furthermore, memory for emotion-related and person-related information has been linked to difficulties in processing personal and emotional information in autistic individuals (Boucher & Mayes, 2012).

*It was difficult for him to understand that actually there's different levels, different emotions...
Trying to develop that emotional awareness was quite difficult, because then he didn't know
how to deal with frustration or upset, because he didn't really understand that it was different
to feeling angry or depressed*

Participant 8 (Staff)

With regards to identifying and distinguishing emotions in the present or recent past, staff participants also described how some autistic ISOCs struggled to differentiate emotions more broadly (e.g. understanding the difference between how anger and sadness feel). Whereas, other autistic ISOCs could recognise these broad differences, but struggled with more subtle distinctions between particular emotions (e.g. understanding the difference between minor frustration and furious anger). These differences may represent a further area heterogeneity of autistic ISOCs, manifesting as varying degrees of apparent alexithymic traits. As emotion-related work is a core element of the interventions used with ISOCs, such emotion-related difficulties faced by autistic ISOCs may impede the usefulness of these interventions. If these difficulties are associated with alexithymic traits in autistic ISOCs, there has been some progress in the development of alexithymia-specific interventions for ISOCs (Byrne et al., 2016), which may hold some utility for working with autistic ISOCs. These interventions aim to increase emotional awareness and psychological mindedness, through mindfulness and mentalisation, and a pilot study by Byrne et al. (2016) demonstrated effectiveness increasing emotional awareness in ISOCs. This approach is similar to the experiential deepening strategies, advocated by Robinson and Elliot (2017), to improve self-insight when working with alexithymic autistic individuals in emotion-focussed therapy; and may be usefully adapted to interventions for autistic ISOCs.

Interventions content that necessitated perspective-taking and/or hypothetical thinking skills was another related area that was identified as difficult for autistic ISOCs to engage with. Beyond understanding their own feelings, challenges extended autistic ISOCs finding it difficult to envisage how they, or others, would feel in hypothetical future scenarios; or to appreciate how peers felt in programmes.

We did do role-plays, but that's one of the things that I was most uncomfortable with doing... 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

Participant 8 (Autistic ISOC)

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"... that was really, really difficult

Participant 5 (Staff)

Participants often referred to the skills practice exercises in programmes (formerly victim empathy role-plays; Ramsay et al., 2020), and how such tasks could be too abstract to engage with for autistic ISOCs. For example, in the above extract, Participant 8 (Autistic ISOC) described how he had struggled to put himself in a situation he had never experienced the situation before. Staff similarly highlighted that the imagination-dependent elements of hypothetical scenario exercises were what autistic ISOCs struggled with. For example, imagining how they would think, feel and act in scenarios where they have no frame of reference from their own experience, or pretending to be somebody else and envisaging about how that person would think or feel. Staff noted that such exercises conflicted with the more rigid, "concrete" thought processes of autistic ISOCs they had worked with. This resonates with experiences of therapists in previous literature, who identified "rigidity of thinking or Black and White thinking" as the most frequent barrier to therapeutic work (Cooper et al., 2018, p.48). Consequently, staff participants often suggested that such exercises are not well-suited to the learning style of autistic ISOCs. This is consistent with previous literature, which has noted that such tasks may be difficult for autistic ISOCs due to autism-related difficulties they face relating to; social-perspective taking, theory of mind, weak central coherence, cognitive inflexibility, and empathy (de la Cuesta, 2010; Melvin et al., 2017; Robertson & McGillivray, 2015). In addition, autism has been associated with difficulties with episodic future-thinking (Boucher & Mayes, 2012; Lind, 2010; Lind & Bowler, 2010). It has been suggested that autistic individuals have "a diminished capacity for simulating possible future experiences" and "pre-experiencing future states of self" (Lind, 2010, p.451). Lind and Bowler (2010) theorised that this may be because autistic individuals envisage future events differently to non-autistic individuals, drawing on elements from semantic memory rather

than episodic memory, which is comparably impaired. This may offer some explanation as to why autistic ISOCs find hypothetical thinking tasks, such as role-plays, difficult to engage with.

The multi-perspective analysis illuminated some dyadic experiential contrasts between autistic ISOCs and staff in relation to these challenges. Both participant groups had reported challenges relating to emotion-focussed questions or tasks for autistic ISOCs during interventions.

There's a lot of frustration, in terms of, "c'mon", y'know, "what are the feelings?", y'know, "everybody else can do it, so why can't you?"... then I have to challenge in myself and manage
Participant 9 (Staff)

You'll be like "oh, they don't care, they don't wanna know, they don't wanna be here, they don't wanna do the programme, they have no understanding of what their offending's done", and it can be quite frustrating if you're thinking "oh, look, he's just said he has no idea what the victim went through, I mean everybody's got an idea"... it certainly can get quite frustrating that, because you're thinking "oh, y'know, I'm wasting my time here I'm just sat here, assessing somebody who doesn't want to be assessed, they've got no understanding whatsoever about their offending"

Participant 12 (Staff)

Staff experienced frustration when working with autistic ISOCs who claimed to be unable to recall emotions felt during past experiences, or otherwise struggled with emotion-related elements of interventions. This led some staff to apply trial and error approaches of paraphrasing questions; if, for example, an assessment necessitated answers to those questions, or engagement in an exercise was a mandated feature of a programme (e.g. skills practice). Staff felt that, in those situations, autistic ISOCs could be overly rigid and argumentative, and they frequently conveyed a feeling of futility in the repetitive trial and error associated with working with autistic ISOCs through such exercises. Despite being aware those individuals were autistic, staff sometimes struggled to maintain a position of understanding, as frustration wore them down; which may be evidence of the compassion fatigue discussed earlier in this chapter (MacDonald et al., 2017). Staff highlighted the dangers of frustration clouding their judgments, resulting in misinterpretation of autistic ISOCs as being deliberately difficult.

I knew they was gonna ask me, like, questions about my offence and that, that I'm not bothered about... But when they're trying to push me for the stuff I can't remember like, "how was you feeling that day?", like, how am I supposed to remember how I was feeling that day?... If I said "I can't remember", then that's like me refusing to answer it, and then they'll write at the bottom "refusing to answer the question" when actually I'm not, I just can't remember

Participant 7 (Autistic ISOC)

I was struggling, but they kept on persisting, I became all distressed... asking questions, if I didn't understand it, they would ask in a different way, and if I don't remember, or anything like that, they just kept on persisting, and then I would lose my rag, and get angry, not meaning to, I don't mean to... it was like being interrogated again

Participant 11 (Autistic ISOC)

By contrast, autistic ISOC participants interpreted similar interactions differently. Autistic ISOCs felt that staff applied excessive pressure, pushing them to do things that they were incapable of doing, and wished for recognition of that personal difficulty from staff. In these extracts, Participant 7 and Participant 11 provided examples of experiences where they were questioned by staff about how they had felt in past situations, and feeling pressured to provide answers, despite not knowing the actual answers. Participant 7 expressed his frustration and irritation in response to how staff seemed to “push” him to provide answers, and repeatedly referred to how he could not remember. This frustration was compounded in how his difficulties were misinterpreted by staff as deliberately uncooperative. Similarly, Participant 11 recalled how staff “kept on persisting” in their questions, likening the experience to “being interrogated again” (presumably a reference to his experience of police interviewing). For Participant 11, this was a distressing experience, which transformed into a build-up of frustration and anger as the pressure intensified. Both extracts illustrated a sense of situational discomfort and unrelenting pressure to perform and tension between themselves and staff, which was echoed by many of the autistic ISOCs in this study. If these individuals possessed co-occurring alexithymia, as is common in autistic individuals (Kinnaird et al., 2019; Poquérusse et al., 2018), then it is plausible that their capacity to reflect on their feelings was impaired to the extent that they were genuinely unable to provide answers to the questions posed by staff. On the other hand, the association between autism and alexithymia is still vague and debated, and while a co-occurrence had been identified, the nature of the overlaps remains unclear (Brewer & Murphy, 2016; Poquérusse et al., 2018).

In these situations, both staff and autistic ISOCs alike experienced frustration, which often resulted in tension and strain on the therapeutic relationship. On balance, the reflective practices alluded to by Participant 9 (Staff), a fundamental skill for practitioners in the field of forensic psychology (Anderson, 2016; Knapp et al., 2017), appear to be particularly crucial when working with autistic ISOCs. Self-reflection has been defined as “a deliberate metacognitive process involving self-observation of thoughts, feelings, attitudes, and behaviours, with as much objectivity as possible” (Knapp et al., 2017, p.167). Self-reflection can be useful to reduce the likelihood that practitioners will “harbour prejudices, or display behaviours or attitudes that compromise effectiveness” (Knapp et al., 2017, p.167). In this context, staff suggested that it is plausible that staff may be at risk of harbouring frustration towards autistic ISOCs and consequently act in a manner that projects that frustration back onto an autistic ISOC during interventions. Therefore, it is arguable that self-reflective practice, challenging and regulating ones’ own thoughts and feelings, may be even more pertinent for staff who work with autistic ISOCs.

I think there was the emotions chart, which is like a wheel, which involves different emotions... for example, if it's red, then it's anger, and things like that, so it helps them associate colour with a feeling. That was very helpful and that was one of the key things which really helped the individual
Participant 9 (Staff)

In their descriptions of the challenges explored in this subtheme, staff used words such as “struggle” and “challenging” rather than referring to a total lack of capacity. This is consistent with previous literature that has posited that it is a misconception to suggest that autistic individuals are wholly incapable of expressing emotions and understanding the emotions (Ahlers et al., 2017). As such, to ameliorate or overcome some of the difficulties associated with emotion-focused content (and other challenging content), staff advocated being flexible in intervention delivery style when working with autistic ISOCs. Staff found that autistic ISOCs responded well to a style of programme delivery that incorporated a more varied mode of delivery. For example, interventions that incorporated more visual learning tools, ‘getting up and doing it’ (kinaesthetic), a slower delivery pace, concrete written task instructions, and simplified language. It was suggested that incorporating a broader range of delivery modes helped autistic ISOCs grapple with the more challenging content on a programme (e.g. abstract role-play tasks and discussions about emotions). This is supported by previous literature, which indicated a preference for visual and kinaesthetic modalities among autistic

individuals (Colorosa & Makela, 2015; Cooper et al., 2018). Traditionally, ID adapted programmes incorporated a wider range of teaching and learning methods, such as Visual, Auditory and Kinaesthetic (VAK; Lisle, 2007) learning, compared to mainstream programmes; which are typically faster paced, and more verbally didactic, dependent on auditory processing ability. Staff noted how a lot of autistic ISOCs struggled with programmes that were predominantly verbally delivered, which has been highlighted in previous research (MacDonald et al., 2017), and is a delivery mode known to be difficult for autistic individuals generally (Haigh et al., 2018). As such, staff reported that autistic ISOCs were frequently directed toward the ID adapted programmes rather than the mainstream.

I think there is an improvement with the new programmes, because they're all much more 'VAKs', so visual, auditory, kinaesthetic, and they use much more accessible language now, with the recognition that they want to be accessible to everybody, even if you've got, like, an average IQ, there's that recognition that you might need things delivered differently
Participant 13 (Staff)

However, staff explained that developments in the accredited programmes available within HMPPS have meant that contemporary mainstream programmes now offer a broader and more flexible variety of delivery modes, which are akin to adapted programmes (Ramsay et al., 2020). Staff felt that this was a promising step forward for scope to be more accessible and responsive to the needs of autistic ISOCs in mainstream programmes, and to combat some of the difficulties outlined in this subtheme. This development has been similarly highlighted and praised in existing literature for enhancing responsivity and making programmes more accessible for ISOCs who experience learning difficulties and challenges (Ramsay et al., 2020; Walton et al., 2017).

2.3. Interpreting and applying content independently

This subtheme explored how and why some autistic ISOCs struggled to grasp and/or complete the independent exercises that they were instructed to undertake between programme sessions (e.g. homework tasks). Difficulties experienced by autistic individuals in completing scheduled homework tasks have been linked to executive functioning difficulties in non-forensic literature, due to the planning elements (Cooper et al., 2018). However, many staff in this study suggested that autistic ISOCs found it difficult to complete homework tasks because they could not generalise learning from programmes to their lives beyond.

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 (Staff)

Depending on the group, and which examples are given and things like that, not being able to transfer that outside, it only being applicable with those people, at that time, in that space... He wouldn't be able to transfer it, because it's something that happened in that room at that time, and so to be able to transfer that to everyday life, that's quite difficult for somebody with autism

Participant 4 (Staff)

Some homework exercises instruct ISOCs to apply learning and practice skills from a programme to day-to-day situations and settings. In the examples provided by staff, some autistic ISOCs were able to demonstrate understanding of taught concepts and taught skills within the confines of programmes, but had difficulty transferring and generalising those beyond sessions. While this had immediate problematic implications for how well an autistic ISOC could engage with interventions, it also raised concerns for whether such individuals could apply interventions learning to life beyond. This difficulty has been highlighted in non-forensic therapy literature, which has outlined that autistic individuals can find it challenging to generalise learning from therapy to broader contexts due to linked to limited behavioural and cognitive flexibility (Cooper et al., 2018; Nagib & Williams, 2017; Spain et al., 2017). This has been attributed to weak central coherence in previous literature, which suggests that autistic individuals may struggle to transfer knowledge from a specific exemplar level to the global level (Loth et al., 2008; Newman et al., 2015).

I was getting him to keep a diary of sexual thoughts, which keeps coming back with no sexual thoughts on. So, then I found out that he'd engaged in a sexual assault on the wing, against another prisoner. So, he comes to session, this isn't in his diary, so I say "oh", y'know, "what about this thing that happened on the wing?", "oh?", he said, "I thought you just wanted me to put in sexual thoughts? Not sexual behaviours"

Participant 13 (Staff)

On the other hand, autistic ISOCs and other staff suggested that these difficulties were attributed to how clear and structured task instructions were. Several staff suggested that autistic ISOCs were more likely to struggle with unsupervised tasks where instructions were verbally delivered rather than written, or if instructions were not explicitly clear or open to interpretation. If instructions were a little vague or broad, some staff noticed that autistic ISOCs would often not complete the tasks by the required deadline, or they would misinterpret instructions and do the task but miss the objective. This has been captured in previous research that has highlighted the importance of clinicians using clear, direct and concise communication when working with autistic individuals e.g. avoiding or explaining metaphors, and using concrete terms (Maddox et al., 2020). For example, in Participant 13's extract, they described how one autistic ISOC they had worked with had a very rigid, literal interpretation of task instructions, and required more explicit instructions. An alternative interpretation of this could be that the individual in question purposely subverted the task instructions to avoid completing the task or felt embarrassed about documenting his sexual thoughts. However, literal interpretation and difficulties recognising implicit meaning is a common trait amongst autistic individuals (APA, 2013), which adds credence to Participant 13's judgement. This example, and others like it, emphasised the difficulties staff can face when balancing trying to accommodate autistic ISOCs during interventions, while distinguishing autism-related behaviour from behaviours that are unrelated to autism.

It would be something that would tend to, sort of, get me really worried that I would screw up... I got into, kind of, a defeatist mindset that I had to guess that the worst thing I could do was not answer and then take them in with something and then ask for clarification. What I would have to do is, just, try my best to get the right answer, and if I got it wrong, they could have a go at me, and then it would be over

Participant 12 (Autistic ISOC)

Staff also reported that some autistic ISOCs would become aggravated or concerned about broad task instructions, unsure of how to process and act upon them. This was supported by some of the experiences reported by autistic ISOCs, who described how they had found unsupervised tasks difficult. For example, Participant 12's extract (above) illustrates how autistic ISOCs could worry, overthink and toil over completing homework tasks; which corroborated some observations of staff. Like Participant 12, several autistic ISOCs described how they had struggled to know what was expected of them in homework tasks but were apprehensive about seeking support, fearful that they might be punished or judged as "stupid" (Participant 8, Autistic ISOC). This resonates with previous

research, where autistic ISOCs emphasised the importance of facilitators who were contactable and could be approached for additional support outside of designated therapy sessions (Melvin et al., 2019).

The provision of extra support between designated interventions sessions was identified by many participants as a responsive way to work with autistic ISOCs, who had found it difficult to complete unsupervised tasks and/or found it difficult to generalise learning. Supplementary one-to-one support sessions with staff between designated sessions, for additional clarification on what they were being asked to do and how to do it, were highlighted as particularly useful. Additionally, the benefits of additional out-of-session support described here can be paralleled with additional one-to-one support in higher education settings; which have been positively regarded by autistic individuals to, and consequently recommended to support their learning (Accardo et al., 2019). However, staff in this study noted that the scope to provide extra support could be affected by constraints on interventions team resources (e.g. limits on one-to-one sessions), and how (or whether) an autistic ISOC makes it clear that they require support.

3. Knowing what to expect

In this theme, participants highlighted that feeling informed and predictability were important elements of interventions when working with autistic ISOCs. More specifically, participants outlined features of interventions that seemed to positively or negatively influence autistic ISOC readiness to engage with interventions, and staff readiness to deliver them.

3.1. Feeling prepared

This subtheme explores how both staff and autistic ISOCs' feelings of readiness and preparedness, prior to starting a programme, pivoted on the information they had received beforehand. For all autistic ISOCs, feeling informed about what to expect was very important to them in every aspect of their life, but was particularly pertinent in relation to embarking on an interventions pathway. There were mixed experiences of this amongst autistic ISOCs, with a disparity between those few who felt well-equipped for their interventions journey, and the majority of autistic ISOC participants who had experienced ambiguity-related apprehension and anxiety about the about stepping into the unknown.

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 (Autistic ISOC)

It’s when people refuse to explain things, that’s when it becomes problematic, because then I’m having to fill in the gaps, and I’m not very good at filling in the gaps, it starts filling up with sharks and octopus stuff and that doesn’t make sense, so, it’s best to have something. If it’s explained and it’s logical, I have no objections with it whatsoever

Participant 9 (Autistic ISOC)

For example, Participant 8 experienced anxiousness and apprehension prior to commencing programmes, which was quickly alleviated upon receiving concrete answers to his questions. Without the relaxing effect of the reassurance and clarity provided by facilitators, it was implied that unanswered questions could have led to a build-up of worry and concern about the unknown and may have impacted his willingness to engage in interventions. By contrast, Participant 9 described experiences of ambiguity on his intervention journey, feeling that there was a lack of information. In the extract, Participant 9 noted *“If it’s explained and it’s logical, I have no objections with it whatsoever”*. There is an implicit indication that, in the absence of sufficient information, Participant 9 would become more resistant, objectional and unwilling to comply (e.g. unwilling to engage with an interventions plan). It was clear from interviews with autistic ISOCs that most of them valued exact detail, planning and structure in their lives, knowing what to expect rather than facing ambiguity.

I’ve heard different rumours about it [Healthy Sex Programme], so I’m a little bit worried about it... I’ve been told by different people who don’t know, like, each other that part of the course is you have to masturbate on some of the stuff they give you, or something like that and that’s, kind of, freaking me out already

Participant 11 (Autistic ISOC)

In the absence of sufficient information or detail about the unknown elements of what programmes would involve, and what is expected of those who participate on them, several of the

autistic ISOCs described alternative means of seeking answers. Of these, a few described how they listened to rumours from others in the prison. In the above extract, Participant 11 described how his pre-existing apprehension about engaging in one programme was amplified by worrying rumours he had heard on the wing. To give these rumours credibility, Participant 11 emphasised that the rumours were from “*different people who don’t know, like, each other*”. The phrase “*freaking me out already*” suggested that he had expected that he would ‘freak out’ during the programme. However, the fact that he was also experiencing this prior to the programme was even more disconcerting. As a result, the beginning of this individual’s interventions journey was characterised by worry and fear, due to a lack of information; an experience that was shared by several autistic ISOCs in this study. These experiences resonate with the widely documented preferences of structure, order and predictability of many autistic individuals (NAS, 2020c; 2020e). It has been suggested that providing autistic individuals with structure can improve learning activities for autistic individuals (Mesibov & Shea, 2010). Therefore, offering autistic ISOCs concrete information and extra details of what to expect on a programme, in terms of exercises or tasks and the sequence of events, and what would be expected of them may make participation in interventions an easier experience for those individuals.

For staff, they had frequently experienced issues with regards to the amount of information available about a specific autistic ISOC, prior to interventions, which impacted how effectively they felt that they could work with that individual. Unanimously, all staff that were interviewed shared the view that an ISOC being autistic could impact effectiveness, if specific autism-related needs were not tailored to during their interventions journey. These views are consistent with the concept of specific responsivity; that is, the extent that interventions are modified in light of specific characteristics of an individual that make them more or less amenable to interventions (Andrews et al., 2011; Jung & Dowker, 2016). Staff outlined that being responsive to an autistic ISOC’s needs during interventions pivoted on how much autism-related information about that individual was available to staff, and the quality of that information. It was important for staff to not only know whether an individual was autistic, but what that diagnosis meant for that particular individual, in the practical context that they would be working with them in.

Especially with guys with autism, like, “who is this guy?”, “what- how does he present?”, “What difficulties does he have?”, “What ways does he respond best?”, like, just having just that information would make things a million times easier

Participant 8 (Staff)

That's just a label, but the traits are what you're work with in the end... just because somebody's got autism doesn't mean that their traits are gonna be exactly the same, so, we need to be really sensitive to that, I think, and pick up, actually, as an individual, "yeah, he's got autism, but his needs are gonna differ, potentially, to this individual over here", so we just need something as simple as a summary sheet

Participant 9 (Staff)

Staff recognised that an autism label alone did not necessarily indicate what that specific individual finds helpful or challenging. This indicated that staff in this study were aware of the heterogeneity of autism (Masi et al., 2017), and that an autism label alone does not confer understanding of how best to work with an autistic individual. Consistent with the specific responsivity principle (Andrews et al., 2011; Jung & Dowker, 2016); staff felt that access to more detailed information could help them to understand an autistic ISOC's learning style, encourage engagement, and anticipate more challenging aspects of interventions for that individual. However, staff felt that access to information, such as whether an ISOC had an autism diagnosis and what that meant, was not always straightforward in a prison context.

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 bear 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 (Staff)

Staff highlighted the scarcity of autism-related information in the prison context and expressed frustration with the difficulty they had faced searching for information; as it was not always readily available through more centralised information databases in the prison. Participants felt that there was no 'go-to place' to find out whether an individual was autistic and what that meant for them. This echoes findings from Newman et al. (2019), who found that stakeholders from the prison system believed that many autistic prisoners' diagnoses may not be recognised in prison-based records systems, which they attributed, in part, to a lack of multidisciplinary collaboration and coordination. In the absence of centralised information sources that reliably contained autism-related information about an ISOC, or established autism-related information seeking protocols, participants in the present study often referred to a lengthy, time-consuming, process of having to ask and dig around for information. Participants expressed feelings of exasperation with this process, noting that

it was not uncommon that they would search thoroughly for information about an autism diagnosis, to no avail. One participant referred to the likelihood of finding such information as “*pot-luck*” (Participant 13).

I was given an assessment, and told “you need to do this assessment, and by the way, he’s got autism”, but I don’t know where that’s come from, whether that’s self-reported or anything... you can say “oh, someone’s got autism”, but that might be different for X, Y and Z, do you know what I mean? So, you really need it personalised to that person, it’s not a “oh he’s got autism, and therefore he can’t do this, that and the other”, it needs to be specific to that person

Participant 5 (Staff)

To compound this, several staff were quick to highlight that even when information was found, the quality of that information varied. For example, Participant 5 (above) described how unhelpful it was when they were informed an individual had an autism diagnosis, with no further elaboration on the primary source of that information, and what that meant for that individual and their intervention. In the absence of information available in the prison, staff described resorting to doing independent research about autism generally to compensate for lack of information or understanding. For example, some staff conducted a general Google search to improve their understanding of how to work with autistic people. With regards to the information quality, participants stressed the importance of information being practical, and contextually relevant to supporting and managing an autistic ISOC during interventions and the prison more generally.

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

Participant 3 (Staff)

If an individual has autism, and we know that it's diagnosed, it's formally diagnosed, then to actually hold multidisciplinary meetings between programmes staff and healthcare staff about; "ok, how do we manage this?". Because it's one thing going away and researching it yourself, but we've got practitioners on-site who work with this regularly, and we need to be really tapping into that, which I don't think we do enough of

Participant 9 (Staff)

To compensate for the limited autism-related file information available in the prisons, staff endorsed the value of utilising collective insight from others on how best to work with a particular autistic ISOC. Staff found it most helpful to consult others and build up a more holistic image of an autistic ISOC they would be working with, rather than rely solely on file information. This included enquiring with other prison staff in other departments (e.g. wing officers, personal officers, offender supervisors, education staff, workshop managers, and healthcare staff), colleagues within their own departments who have autism expertise, and consulting the autistic ISOC themselves. Participants emphasised that it was important to gather multiple perspectives on the individual, and subsequently acquire a more holistic view of an autistic ISOC, rather relying on a single source. Previous research, which has suggested that understanding of autism and autistic individuals across a prison can be mixed (Allely, 2015; McCarthy et al., 2015; Vinter et al., 2020), supports the importance of acquiring a range of insight, to avoid a skewed view of an individual. This more systemic, collaborative information-sharing approach to working with autistic individuals is also often advocated in the community; for example, collaboration between teachers and caregivers to facilitate education of autistic students (LaBarbera, 2017). However, while staff in this study advocated the utility of a collaborative approach when working with autistic ISOCs in interventions, they also highlighted how communication between departments was lacking, and needed improvement. This resonates with previous work, which endorsed the need for more multidisciplinary collaboration and coordination between services (e.g. different services in the prison and community services) to work effectively with incarcerated autistic individuals (Newman et al., 2015; 2019).

3.2. Comfort in consistency

In this subtheme, participants highlighted consistency and predictability as important features of interventions for autistic ISOCs, to support their engagement. For example, autistic ISOCs highlighted the value of regularity and predictability in the timetabling of programme sessions, and consistency in elements of the programme itself (e.g. seating layout, which person they would be sat next to, session plans).

What bothered me was when it was, like, one week it would be a Friday, next week it'd be a Wednesday, it wasn't a set day. I like stuff to be on a set, like, a set thing... if you say you're gonna do it on a Friday, keep it the Friday, don't change it, 'cause I don't like- I don't really like change

Participant 7 (Autistic ISOC)

The programme times, it was always the same three days each week, and the same appointment times each week, and thankfully there was no cancellations on it or anything like that

Participant 6 (Autistic ISOC)

For example, Participant 7 and Participant 6 (above) presented contrasting experiences of programmes, in relation to consistency. Participant 7 felt that there was a lack of consistency in his interventions experience, which gave rise to considerable feelings of discomfort and frustration. He expressed his contempt for change, as he pointed out his frustrations with irregular timetabling of interventions sessions and appointments. By contrast, Participant 6 expressed gratitude for the regularity in the structured timetabling of sessions and appointments during his interventions experience. Similar to Participant 7, Participant 6's explicit thankfulness for no cancellations suggested that he too dislikes change and prefers to stick to a plan or routine once set; which was common amongst the autistic ISOCs in this study. "*Insistence on sameness*" and routine is a widely-documented autistic trait (APA, 2013, p.50), and autistic individuals in other therapeutic contexts have expressed a similar preference for structure and predictability in therapeutic work (Maddox et al., 2020; Murphy & Mullens, 2017).

I walk into the room, the one day, and my name's been put on a chair that's now on the other side of the room and then I kick up a little bit of a fuss, "look, that's not good", you know, but then I'm still forced to sit over there anyway. You know, and I think that was so traumatic in a way

Participant 3 (Autistic ISOC)

Remaining in the same seating plans throughout a programme was a comforting feature of interventions for autistic ISOCs and was highlighted by both participant groups. A consistent seating plan could offer sameness and predictability to the session environment, for autistic ISOCs who were

unsure what to expect from each session. However, some participants, such as Participant 3 (above), had experienced change and inconsistency in seating layouts. His use of the word “traumatic” conveyed the extreme distress he felt when seeing that things had changed. This was made more challenging for him as he believed his feelings of anxiousness and discomfort were not appreciated by the facilitators, and he was “forced” to comply with the new arrangement. A sense of agency and autonomy was important for Participant 3, consistent with Ryff and Singer’s (2008) dimensions of positive psychological wellbeing. Elsewhere in his interview he had described the power that choice could offer during interventions. However, in this incident, he felt that he was robbed of this, which tarnished his experience of the programme session and made him reluctant to engage.

One thing we do in the group, as well... we usually do it after every, I don't know, five sessions, ten sessions, is we'll move, we'll swap seats... they all have a name card, and then we swap their name cards around, so they're sat next to somebody different to work with... of course, that has caused major problems with the autistic guys, because they're like “no, I've sat here, and I want to sit here! I don't see why I should move, I'm comfortable here!”.

Participant 12 (Staff)

From the staff perspective, Participant 12’s extract (above) highlighted that this was also challenging for staff working with autistic ISOCs. Changes in seating plans were a common feature of interventions, intended to convey a broader learning point relating to how therapeutic change may feel uncomfortable. However, whilst this approach was devised because it was judged to be a minor change for most ISOCs in interventions, interviews in this study suggested that it is perhaps not suitable for many autistic ISOCs. In previous research, the importance of seating arrangements and areas have been highlighted as important considerations when working with autistic individuals. For example, Nagib and Williams (2017) associated problematic seating layouts with restlessness and a reduced ability to sit and focus during therapeutic work for autistic individuals. Therefore, seating changes could have problematic implications when working with autistic ISOCs in interventions, who may feel distressed and/or distracted, and therefore disengage.

Predictability and stability in their day-to-day lives outside of the interventions room was also important for the autistic ISOCs in this study. For example, the prison routine, or lack thereof, was an impactful feature of the prison experience for participants; and a seemingly important mediator of their emotional state going into interventions sessions. Preference of, and adherence to, routine is common in many autistic individuals (Allely, 2020; APA, 2013). Routines offer predictability in an

otherwise unpredictable world and has been reported as a means of managing anxiety for autistic individuals (Maloret & Scott, 2018). Consequently, disruptions to routines can be anxiety-inducing and difficult to cope with (Allely, 2020; Bathgate, 2017). Before they came to prison, many participants had their own unique routines; and when they arrived at prison, they had expected that the prison routine would be rigidly enforced and adhered to. However, for most participants, this was not what they had experienced. They highlighted that disruptions and sudden changes to the prison routine were commonplace, this could increase feelings of stress and anxiety outside of the interventions room; which echoes previous research relating to prison experiences of autistic individuals (Allely, 2015; Newman et al., 2015; 2019; Robertson & McGillivray, 2015; Vinter et al., 2020).

Sometimes the routine, kind of, changes without warning, sometimes, and it's kind of a shock to the system. So, we're supposed to be open at eight o'clock, when they unlock you, so, eight-fifteen is, kind of, stresses me out... I like things to be on time, I like things to be set... As long as it's continuous, and nothing changes during that, I'll be fine, because, apparently, we've got a lockdown on, is it, next Tuesday?... I'm expecting that now, and if they change it, it's gonna have a shock to the system

Participant 10 (Autistic ISOC)

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 (Autistic ISOC)

For example, Participant 10 described how he feels when there is an unexpected disruption in the prison routine. In the extract, Participant 10's repetition of specific times emphasises his preference of a precisely regimented life ("*I like things to be on time*", "*I like things to be set*"). His repeated reference to a "*shock to the system*" accentuates the acute sensation of stress that he experiences when sudden changes occur in his daily routine. It is likely that such a shock to the system could impact the remainder of Participant 10's day, and rumination on those negative feelings could become a problematic emotional backdrop for engagement with interventions. This knock-on effect was captured in Participant 4's use of the metaphor "*throws everything out of balance*" (above), which encapsulated the emotional upheaval he experiences when the unexpected occurs. In

the extract, he repeatedly referred to feeling “*distracted*” by this upheaval, which suggests he dwells on his feelings of stress and anxiety for much longer than the initial disruption. These experiences are consistent with previous research that has suggested autistic individuals are more prone to rumination (Crane et al., 2013; Gotham et al., 2014). As such, changes or disruptions to the daily routine could have problematic ramifications for autistic ISOCs in interventions and serve as a detriment to their engagement.

Finally, staff recognised that the lack of consistency inherent in the rolling group programme format, incorporated into some of the new suite of HMPPS group programmes (McCartan & Prescott, 2017; McCartan et al., 2018; Ramsay et al., 2020), could be problematic for autistic ISOCs. In the rolling programmes, service users and facilitators roll on and off the programme. At any one time, service users in the group may be working at various stages of intervention. It has been suggested that such formats can be beneficial for: reducing intervention attrition; flexibility of dosage; allowing service users to progress with programme content at their own pace; and reducing large simultaneous intakes of inexperienced and potentially resistant service users (Howard et al., 2019; Howard, 2016; Ware & Bright, 2008). However, staff participants noted that the rolling format contrasted with autistic ISOCs’ preference for concrete structures and consistency. They suggested that the inconsistency and constant changes of people in the group may exacerbate an already stressful experience for autistic ISOCs.

Facilitators roll on and roll off, so people that they’re, kind of, getting used to, and they’re getting comfortable with in the group, suddenly, one of the group members has gone, and then one of the facilitators has gone, and they’ve been replaced by two new people... it’s not a massively good format, I don’t think, for autistic people

Participant 12 (Staff)

I think one of the key things is consistency, when you’re working with autism, I think consistency is very important... that’s gonna be likely another issue when we’re working on a rolling programme. There’s new members of staff, whether they feel open enough to actually share how they’re thinking, or how they’re feeling. Not only just new members of staff, but you have prisoners who could potentially respond aggressively towards what they’re saying... it lacks a routine, it lacks a structure I think, by it being rolling

Participant 9 (Staff)

Staff suggested that autistic ISOCs may feel reluctant to open up to new members of staff who roll onto a programme group. Equally, it may be difficult for staff and autistic ISOCs to predict how the social dynamics between group members may change throughout the course of a rolling programme. Staff anticipated how challenging it could be for staff who are rolling onto a group to establish rapport with autistic ISOCs. Rapport built and therapeutic bonds established between staff and an autistic ISOC in a programme may regress back to “*starting all over again*” (Participant 8, Staff), when new staff roll onto the programme and original staff roll off. This is consistent with previous literature, which has emphasised that rapport-building with new therapists can be a particularly lengthy process for autistic individuals, due to autism-related communication and relational difficulties (Cooper et al., 2018). These issues, and others like them, may threaten therapeutic bonds and rapport between autistic ISOCs, their peers and staff; an important aspect of interventions for ISOCs (Kozar & Day, 2012). Research has suggested that predictability and consistency in a therapeutic environment helps autistic individuals to feel safe in that environment (Shaft, 2011; Woods et al., 2013). Consequently, the inconsistent fluctuating nature of the social environment of a rolling programme may be distressing for many autistic ISOCs during interventions; impacting their wellbeing and willingness to engage. As such, several staff in this study suggested rolling interventions formats were not appropriate for autistic ISOCs.

4. (Dis)connection

This theme outlines subthemes that relate to autistic ISOCs’ social connections with staff and peers during their interventions journey. This theme explored how examples of connection could have a positive influence on interventions, and experiences of disconnection could be problematic for interventions.

4.1. *Feeling listened to*

This subtheme explored how autistic ISOCs placed importance on having a voice during interventions, feeling that staff listened to what their specific needs were, and the implications this had on quality of therapeutic relationships. Some autistic ISOCs reported positive experiences in this regard, because they had worked with staff who were willing to listen to what they needed during their interventions and how best to work with them. Conversely, other participants did not feel that they had been heard and felt that their expressed needs had been ignored or disregarded as unimportant.

Just listening to people and be willing to adapt, and not assuming you know what someone's- not assuming you know why someone's reacting in a certain way. Because, if I get pissed off and grumpy, and start being sarcastic, it's not because I'm just a bit of a dick, although I can be, it's frequently because something's upset me, or because I don't feel comfortable, or something's made me feel uncomfortable... This is the great thing about one-to-one, in that he could actually pay attention to me, what I'm like, and get the hang of that... he can actually be aware of my own particular foibles

Participant 1 (Autistic ISOC)

For example, Participant 1 emphasised how important that it was for him that staff did not make assumptions about what he needed, listened to him, and were “willing to adapt”. Describing himself, Participant 1 contrasted what others may see on the surface (e.g. “being sarcastic” and “pissed off and grumpy”), with what happening for him inside (e.g. feeling “uncomfortable” about something). There was an implicit indication that he has been misunderstood by others in the past for this kind of behaviour, and that this could happen during interventions if staff do not take the time to listen and connect with him as an individual. In the extract, Participant 1 conveyed a sense of gratitude for the effort put in by one member of staff, who had shaped their approach around his “particular foibles”; and had consistently offered small, but nonetheless valued, gestures of support. In his interview, this participant had spoken several times of his good working relationship (i.e. therapeutic alliance, Kozar & Day, 2012) with this member of staff and cited it as a positive aspect of his intervention experiences.

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... 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... even if it was just a quick five or ten minutes after one of the sessions, or whether it was just if you were wanting a quick catch-up, or something like that, or one-to-one with them, you could just let them know... if you had anything that was, sort of, giving you a bit of trouble or anything you wasn't quite sure of, you could, sort of, get them to explain it a little bit better... it was really helpful

Participant 2 (Autistic ISOC)

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... just being very flexible and just listening to him
Participant 1 (Staff)

Investing extra time to listen to and support an autistic ISOC was consistently highlighted as beneficial from both participant group perspectives and strengthened therapeutic relationships. For example, in Participant 2's extract, he expressed how he had felt well-supported during his intervention, and a sense of gratitude and reassurance because staff were willing to spend extra time to listen to and support him. His repeated use of the word "anything" emphasised that no issue was too big or too small, staff would listen to him and help. Both Participant 2 (Autistic ISOC) and Participant 1 (Staff) emphasised the value of staff being approachable, offering supplementary one-to-one support, and demonstrating a willingness to be flexible according to the needs of the individual. The majority of staff recognised the importance of spending extra time listening to autistic ISOCs, as a means of meeting their needs more effectively during interventions. Staff felt that directly asking autistic ISOCs what worked best for them was an especially helpful, but sometimes overlooked, approach to learning about that individual and their autism. They highlighted the benefits of having sufficient time to learn about an autistic ISOC, prepare and adapt interventions materials to specific responsivity needs (Jung & Dowker, 2016), and being able to offer extra support to autistic ISOCs during their interventions journey. This type of additional support has been endorsed in higher education settings, where autistic individuals indicated the benefits of supplementary academic coaching and drop-in tutoring to support their studies (Accardo et al., 2019).

However, staff also felt that it could be difficult to find the necessary amount of time to dedicate to always doing this in practice. Staff explained that it could be disproportionately time-consuming to work effectively with autistic ISOCs compared to other service users, and it was not always feasible in the context of their broader workloads. Longer serving staff participants reflected on how the service was when they joined, and how in the past they had felt there was more time available and workloads were more manageable, allowing staff to be more flexible in their approach. Staff felt that increasingly tight resources, such as less time for between-session work with individuals, higher workloads, and time-sensitive performance targets restricted their time and flexibility to provide extra support. Despite this, staff generally found that dedicating any extra time

that was available to listen to the individual, adjust interventions materials, and provide extra support for autistic ISOCs was worth the benefits reaped. Namely; improved engagement with interventions material, better therapeutic rapport, and seemingly better wellbeing for an autistic ISOC during their interventions experience.

I had no written work down because I couldn't do it... there was no help there, and what the facilitators then did was make me stand up, and tell everybody why it is that I'd not done the work that everybody else had done, and that was really stressful and traumatic at the same time, because I'd been telling them that I struggled... it was like I was in the wrong for not doing it, and then all the other group members saying "well, we've done it", "we've managed to do it", and that made me feel really isolated, and really trapped, and I wanted to just escape the situation... it was at that point there, really, that I didn't want to attend the programme anymore... 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... it was like they paid total disregard, and now, all of a sudden, they wanna help

Participant 3 (Autistic ISOC)

By contrast to the positive experiences reported in this subtheme, a number of autistic ISOCs felt that they had been ignored or unheard during interventions. For example, in this extract, Participant 3 did not feel that staff on his programme had been willing to hear his cries for support, expressing feelings of indignance with how he felt he had been treated unfairly. Participant 3 felt that this led to verbal condemnation from other group members, making him feel "*really isolated*" and "*really trapped*". He expressed a sense of helplessness as he wanted to escape the programme experience, but felt trapped. Unable to move past the distress caused by this experience, and unable to reconcile the rift between himself and the group, Participant 3 felt unable to continue with the programme and dropped out. By the time staff offered to listen to his needs, for Participant 3, it was 'too little, too late'. The phrase "*by that point I didn't know how they could help me*", implied that he could have received enough support if he was listened to when he had initially tried to "*communicate with them*". As a whole, the extract conveyed intense feelings of unfairness, believing that he was held back because staff were unwilling to listen to him. Establishing good group cohesion, therapeutic alliance and "*attending empathically to each client's experience, including their autistic process*"

(p.221) has been advocated by previous non-forensic research, as good practice in group-based therapy for autistic individuals (Robinson & Elliot, 2017). In the recount of his intervention experiences, Participant 3 did not experience this, and he consequently experienced isolation, exclusion and felt a lack of acceptance from staff and his peers; ultimately resulting in a negative experience for him. This resonated with other autistic ISOCs in this research, who felt that staff had ignored their needs, and had been unwilling to listen to them; which impacted their willingness to participate with interventions.

He understood the material, it was just the management of him... after you'd had the same sort of discussion with him twenty times over, you think, "d'ya know what, just let him go outside the room"... that's terrible saying that out loud, but you just think "d'ya know what, I'm spending fifteen, twenty minutes in the conversation with you, when there's, like, seven other people"... you start panicking then... especially when you're delivering a programme, it's like, "this is impacting on my timings now, we've got to get this done in"... I found it very difficult managing him... I think that was just purely because I didn't understand... we do a contract with him, because of his behaviour and it just felt like the poor guy was being penalised really, for something that we lacked understanding about

Participant 8 (Staff)

From the staff participant perspective, some indicated how more vocal autistic ISOCs could be difficult to manage in group programmes; particularly in light of the time pressures they face. Several staff participants referred to how such individuals siphoned facilitator attention and session time, meaning that the needs of other service users were not always met. For example, Participant 8 described how one autistic ISOC they had worked with in a group programme could be quite difficult to manage, because he would take up a considerable amount of session time fixated on particular discussion points. Becoming stuck, or fixed, on particular details in this type of way is a common experience for many autistic people, and is linked often linked to the inflexible cognitive style of many autistic individuals (Kenworthy & Strang, 2017) e.g. weak central coherence (or "*detail-focussed processing style*" Happé & Frith, 2006, p.5). Considered collectively, the staff and autistic ISOC perspectives suggest that there is a possibility for disconnect between autistic ISOCs and staff during interventions. This was most relevant in accounts of group programme experiences, where staff may be more pressured to meet the needs of multiple ISOCs in a fixed time, and autistic ISOCs may feel that they are not recognised on an individual level. As such, this subtheme suggests that many autistic

ISOCs benefit from additional one-to-one time with staff, to have their voice heard, to effectively convey their needs to staff, and to receive the support they require.

4.2. Crossed wires

This subtheme refers to how autistic ISOCs have been misinterpreted or misunderstood during interpersonal social interactions with others in and around interventions. Participants described experiences of ‘crossed wires’ interactions and communication during interventions sessions specifically and the prison environment generally, between autistic ISOCs and staff or other prisoners. Both participant groups recognised that these were partly linked to intrinsic autism-related difficulties in social communication and interaction, and partly attributed to limited autism awareness in prisons.

Officers on the wing don't always understand [my autism], nor does other prisoners, always getting in confrontations and stuff... I can't tell when people are being serious, or if they're just joking around... if an officer is in a bad mood, I can't tell if he's in a bad mood and if I've done something wrong... sometimes they usually joke around, then I just find it very hard to know when staff are being serious or not, that's the hard part... then I get 'underachieved' or placed on report, because I've said something or done something, which I didn't mean to do
Participant 11 (Autistic ISOC)

Most autistic ISOCs in this study described unwittingly getting into confrontations and/or being misinterpreted by others in the prison. For example, Participant 11 (above) frequently encounters confrontations with prison staff and other prisoners in the prison. He suggested that misunderstandings and subsequent confrontations on the wing are a frequent, albeit unintentional or accidental, consequence of his autism. In making sense of why these occur so frequently, he attributed it to his own difficulty reading others in social interactions, unable to distinguish whether others are being “serious” or “joking around”, and not knowing how to appropriately respond. However, although he acknowledged this was linked to his autism and emphasised his inadvertence, he also highlighted what he felt to be a lack of autism understanding demonstrated by prison staff and other prisoners. This resonated with the experiences of many autistic ISOCs in this study, who felt there was limited autism awareness across the prisons. This was supported by previous research, which has highlighted mixed autism awareness and understanding in prisons (McCarthy et al., 2015; Vinter et al., 2020). Several staff participants reported that some autistic ISOCs seemed to acquire a notoriety for frequently, albeit inadvertently, getting into altercations with prison staff. For example,

staff referred to how autistic ISOCs could unintentionally insult, cause offence, and/or appear disrespectful through how they interact with staff (e.g. being blunt, too honest, or overly rigid; Hedley et al., 2018); particularly if staff are not aware of their autism and what that means. This echoes the reported experiences of autistic prisoners in previous research, where autistic prisoners have reported altercations with others in a prison (staff and other prisoners), stemming from autism-related misunderstandings (Vinter et al., 2020).

Staff participants frequently noted that limited autism awareness was a salient issue in prisons, both in and beyond interventions sessions. Like the autistic ISOC participants, staff felt that this could contribute toward misinterpretation of autistic ISOCs, and cause problems in interventions; particularly if an autistic ISOC's autism had not been diagnosed. Staff described how this was complicated by a lack of clear protocols for autism screening and diagnoses in prisons, and that many autistic ISOCs fall “*under the radar*” (Participant 2, Staff). This resonates with the suggestion in extant literature that there is a hidden population of undiagnosed autistic prisoners (de la Cuesta, 2010; Myers, 2004).

From beginning to end, I'm sure that there are some people with ASD who are going unidentified. It's just a shame that they have to go through all of those programmes, before then they come to the attention of the [mental health] service, by which time they're probably several years post-tariff, years and years in Psych and oh look they've found [autism]... I got a man transferred to hospital, about three years ago. He was 16 when he committed his offence, had him transferred to hospital when he was 61, 61 years of age! And, of course, when he was 16, that behaviour that he had, that inability to learn and just general not really attached with the horrificness of his offence, you know, he was just labelled all sorts of things, and very old terminology, you know, really unpleasant stuff. Only to find, you know, as years gone by, it's like “summat's not right”, “well, he's got ASD”, you know, and then he got that treatment

Participant 6 (Staff)

Participant 6's striking anecdotal example (above) illustrated of the problematic consequences that can result from an individual's autism remaining unrecognised and misunderstood. An autistic ISOC had received the wrong type of interventions for years and spent most of his life in prison because his autism was misinterpreted and misunderstood. This example highlighted the importance of identifying autism in prisons generally, recognising that an individual is

autistic to suitably adapt interventions, and the misunderstandings that can occur if an individual is not diagnosed.

'Cause there are similarities [between traits of autism and depression], I agree. It is more to do with the fact that loud noises, plus random conversations, equals not interested at all. Erm, which is a different thing... what I would suggest is that if it was a product of depression, for example, that would be an issue. Since it's a product of that's not, kind of, what I do anyway, it's not really an issue, it's the same thing, but it's not a big deal, basically, that I don't engage with people, because I wouldn't anyway

Participant 9 (Autistic ISOC)

Autistic ISOCs were often vociferous in highlighting the issues in autism awareness across the prison, and how they felt they had been misinterpreted or misunderstood by others because of limited awareness. For example, Participant 9 described how some staff in the prison have misattributed some of his autism-related behaviours to his depression. In the above extract, he offered a clear, concrete mathematical explanation, which explained why he preferred not to engage with others i.e. *"loud noises" + "random conversations" = "not interested at all"*. However, the *"depression"* label has meant that prison staff have not always recognised or appreciated that some of his behaviours are just part of his autism, and who he is. As such, some behaviours are misinterpreted and misunderstood. This resonates with work by Chandrasekhar and Sikich (2015). With reference to the common co-occurrence of depression and autism, Chandrasekhar and Sikich (2015) noted similarities in the presentation of autism and depression (particularly regarding dysphoric mood), and the consequent difficulties that clinicians can face in distinguishing features of each condition; if they are unaccustomed to working with autistic individuals. During interventions, this type of miscommunication or misunderstanding may result in staff and autistic ISOCs operating on differing wavelengths. Autistic ISOCs may struggle to communicate their needs to staff, and staff may believe they are addressing an autistic ISOCs needs, despite having misinterpreted those needs (i.e. 'crossed wires').

You'll say "ok, hasn't John done really well with that piece of work? Can we give him some feedback?", so most, like, the group will, sort of, get the unwritten social thing there about, you know, "we need to tell John he's done well". Someone with Asperger's won't get that, and they'll be like "John, when you said such and such there, that was terrible"... so poor John is, like, really deflated... when they don't get, like, the subtleties of what you're trying to ask the group for that can be a problem and then the group might, sort of, turn against them, because they're, sort of, seen as, like, rude or selfish or not wanting to do stuff for the good of the group, so they get a lot of social rejection then

Participant 13 (Staff)

Staff gave examples of where autistic ISOCs had difficulty communicating with others in group sessions. Several staff described instances where autistic ISOCs had inadvertently said things, or acted in particular ways, that were ill-received and deemed socially inappropriate by the group. For instance, Participant 13 (above) gave the example of peer-to-peer feedback, and how autistic ISOCs can be brutally honest, not recognising the implicit social rule that they should soften their feedback with positivity for example. This could lead to autistic ISOCs experiencing rejection from their peers. Similar incidents were reported by other staff in this study, with bluntness and poor recognition of implicit social rules as a common pattern. Existing literature has outlined that autistic individuals can struggle to discern and abide by subtle social conventions, which can be a constituent factor in experiences of social exclusion (Belek, 2018). Previous work has also highlighted that autistic individuals can sometimes present as unreservedly blunt and unfiltered in the expression of their opinions, inadvertently causing offence to others (Hedley et al., 2018). These issues seem to contribute toward additional difficulties for autistic ISOCs in group-based programmes, and day-to-day life in the prison social environment generally.

If you have group members who aren't empathic, who don't understand, who aren't supportive, you're then managing two things; 'cause you're managing the guy with autism, making sure he's ok and got everything he needs, but you're almost, also, protecting him from another guy that might be sat across the other side of the room, and you're constantly thinking where they are with each other... it can be quite draining, I guess, sometimes, but that's not the chap with autism's fault

Participant 7 (Staff)

This sometimes meant that staff felt they had to adopt a protective role in programmes, to prevent or de-escalate confrontations between autistic ISOCs and their peers (or even other prison staff). For example, Participant 7 described how autistic ISOCs could be vulnerable in a programme group, which added another level of difficulty to their role as staff. Staff referred to feeling stretched, exhausted and drained in their roles, trying to prevent or address ‘crossed wires’ interactions between autistic ISOCs and peers during interventions. In support of the autistic ISOC viewpoint, staff often referred to a lack of autism understanding and awareness from others as a key factor in why ‘crossed wires’ interactions occurred; in tangent with the intrinsic difficulties autistic ISOCs experienced in social communication and interaction.

Staff noted how the potential for ‘crossed wires’ miscommunication and misinterpretation between staff and autistic ISOCs could have broader implications for assessing interventions progress and risk. More specifically, there was a danger of over or under estimating progress and risk levels of autistic ISOCs. As with the other challenges outlined in this subtheme, staff often attributed this to a combination of autism-related social communication and interaction difficulties, and staff autism awareness.

People would overestimate his abilities based on what he was able to remember and repeat back... 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 (Staff)

Because they've adapted to this, kind of, environment they know what they need to say to, kind of, get on and to, kind of, mask the problem... there's a lot of, kind of, regurgitation of stuff, but then it's down to the assessor, or whoever's doing the treatment report, or whatever to actually explore that, and make sure that it's not just, kind of, that regurgitation... It's just, kind of, that blank look I think when you go "well, explain that a bit more" and they're like "well, I've just explained it" and it's like "no, that's a sentence that I told you last week"... you have to, kind of, explain to them why you want them to explain it if that makes sense?

Participant 5 (Staff)

On the one hand, staff described how, during assessments, some autistic ISOCs had demonstrated what appeared, prima facie, to be good progress. Staff commonly referred to how some autistic ISOC's would provide superficial answers to assessment questions, by regurgitating

specific programme terminology and phrases, without an understanding of the deeper meaning of what they were reciting. Staff often believed that this represented a combination of a good memory for terminology and phrases, and an attempt to mask their lack of understanding. This resonates with the notion of ‘camouflaging’ in autistic individuals i.e. where autistic individuals may develop explicit techniques to hide social difficulties from others and appear socially competent (Hull et al., 2017). Hull et al. (2017) categorised “masking” (p.2525) as one form of camouflaging, where an autistic individual adapts their presentation to the world, while simultaneously concealing their natural presentation (e.g. by imitating others). In the interventions context, autistic ISOCs may rely on a good semantic memory for phrases and words from programmes, to adapt and mask their underlying difficulties understanding content. In response to this issue, staff in this study advocated exploring various avenues to get an accurate assessment. Staff offered ways of phrasing questions to avoid these overestimations; for example, asking an individual what they have understood about something rather than whether they have understood.

Someone might be the kind of person who sits back and takes it all in, and they might not contribute in that session, but that might mean that they’ve taken it all in. So then if you’re thinking they’re not taking it in, and then you’re not writing that in their logbook, that might seem as if there isn’t much progress

Participant 10 (Staff)

Struggling to put across what they’ve learnt... if we’re going back to the social interaction stuff, this is somebody that they’ve never met before, this is somebody unrelated to their facilitators and the programme. So, a likelihood of locking up and not actually being open or honest. Well, being open, not necessarily honest, about what they’ve taken from the programme... there’s a lot of cognitive load stuff, so if somebody’s coming in with let’s say a glass, and they come in already with a three-quarter full glass of anxiety, they’re hardly gonna be able to perform or put across actually what they took away from programmes... that could have a massive effect on their risk assessment

Participant 9 (Staff)

By contrast, staff described how some autistic ISOCs presented in a way that could lead staff to underestimate interventions progress, and/or overestimate risk. For example, some autistic ISOCs could be relatively quiet during a programme, but nevertheless engaged and understood the content; and there was a danger that staff may misinterpret those individuals as not engaging or progressing.

Staff had worked with autistic ISOCs who had actually made genuine progress through interventions, lowering their risk, but struggled to sufficiently demonstrate this through interpersonal interactions with staff; particularly in a risk assessment context. Staff explained that some autistic ISOCs possessed a deeper understanding of programme content, but struggle to communicate that understanding verbally to staff assessing progress. Some participants linked this to an inherent difficulty that some autistic individuals encounter in verbalising what they are thinking and feeling, and difficulties maintaining interpersonal interaction. Other participants highlighted how the situational context could also be particularly anxiety inducing for autistic ISOCs, faced with questioning from an assessor they may not be familiar with for example. As noted by Participant 9, such individuals may be prone to “locking up” or becoming agitated, because of the excessive cognitive load and anxiety caused the situation. As autism is associated with social anxiety (Maddox & White, 2015; Spain et al., 2018), it follows that autistic individuals may experience excessive anxiety in assessment situations such as those described by participants here. Furthermore, the behavioural responses described by Participant 9 are common ways autistic individuals express and cope with feelings of being overwhelmed (NAS, 2020a).

He had some difficulty staying focussed, he wouldn't hold eye-contact for long, he'd always be looking around the room... he found it difficult to stay on topic but that was difficult to see whether he was just trying to avoid things that he didn't want to talk about, or generally because he couldn't stick to one thing

Participant 3 (Staff)

Working with some of the lads before, they've had trouble understanding, so maybe like making a joke, real trouble understanding that, so they, yeah, just got this blank expression on their face, not very good at expressing how they're feeling, which then, from a risk assessor point of view, you're always like “oh, well what does that mean, for risk?”, whereas actually, it means nothing it's just what they've got to deal with, and relating to people as well!

Participant 8 (Staff)

Staff expressed concerns for the negative ramifications this could have for these individuals if they were being considered for parole, pivoting on how an assessor interprets the individual and their behaviours. Participant 8 and Participant 3 (above) provided examples of how a risk assessor may struggle to discern whether an autistic ISOC's behaviour would have implications for risk or not. Staff were concerned that autistic ISOCs could be evaluated as having not made sufficient progress during

interventions to be eligible for parole; particularly if the staff member conducting the assessment was unaware that the individual was autistic. These findings map onto and emphasise the importance of the FARAS guidance, developed by Al-Attar (2019) (see Chapter 1), as well as supporting the value of adapting standardised forensic risk assessments for use with autistic populations (Girardi et al., 2019; Gunasekaran, 2012; Westphal & Allely, 2019). Comparable to the views of staff here, Al-Attar (2019) suggested that, without specific details for clear direction, some autistic individuals may struggle to infer or intuit what staff are implicitly asking in forensic risk assessments; as such, the responses they provide may be short or limited. Similarly, other previous literature has highlighted that autistic individuals may provide limited answers that map onto specific details of a question (George et al., 2018), and will not elaborate beyond those, due to their literalism. As a way of addressing some of the concerns outlined by staff in this study, Al-Attar (2019) advise that practitioners should avoid automatically interpreting limited or short answers as indicators of evasion or deception. Instead, practitioners should reflect on the specificity of questions they have asked and consider rephrasing those questions (e.g. asking a series of closed questions, rather than one broad question). Crucially, in light of the heterogeneity in autistic populations, forensic risk assessments conducted with autistic individuals must give due consideration to an individual's unique idiosyncrasies and avoid misinterpreting said idiosyncrasies as indicators of risk (Gunasekaran, 2012). Equally, due regard should be given to the likelihood that some additional risk factors may be unique to autistic individuals, and conventional risk factors may have different implications for autistic individuals (Westphal & Allely, 2019).

4.3. Networks of support

This theme explored the importance of autistic ISOCs feeling supported by a cohesive support network of peers and prison staff, within and beyond the confines of the interventions themselves. Autistic ISOCs referred to the benefits of being surrounded by people who understood and accepted them during their interventions journeys. For example, friends on the wing, programme support volunteers, listeners on the wing, and supportive peers on a programme. Equally, there were references from some autistic ISOCs to difficulties establishing these support networks with peers. Staff described how autistic ISOCs, who had a more supportive network of staff and peers beyond the intervention environment, seemed to arrive at intervention sessions with a more positive mood, were less anxious, and were more willing to engage.

They [the group] were all really, really good support... even at times if I didn't get something, like, one of the lads would just explain it in laymen's terms, so it was easier for me to, kind of, follow... it was a really, really supportful group, from, you know, facilitators and everyone else 'cause it was almost like, it became, kind of, like, as weird as it sounds, it became like a small, sort of, community within the system itself. We were all able to give each other advice, or, you know, if one of us was having a bad day it'd be like "right, ok, he's having a bad day, right, what can we do to, kind of, make him feel a bit better and make him feel a bit at ease", so yeah, it was great on the whole really

Participant 2 (Autistic ISOC)

For example, Participant 2's interview portrayed a largely positive interventions experience. A salient feature of his experience was the supportive atmosphere and interactions in the programme group. In this extract, Participant 2 conveyed a sense of membership, communion and belonging in his programme group, and how membership of the group was characterised by contribution and reciprocation of support (i.e. receiving support from others, recognising when others need support, and offering support to others). This was emphasised by his repeated use of collective personal pronouns (e.g. "we were all", "one of us", "what can we do"). Being part of this supportive group helped Participant 2 to feel at ease during the more challenging aspects of the programme and get the most out of it. This is consistent with non-forensic research, where autistic individuals have reportedly valued a therapy group as a forum for peer advice, strategies and insight; because their peers in the group had made them feel accepted and understood (Furuhashi, 2017).

I've got some good friends now... 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... now that I know I've got lots of people that like me, I tend to leave the cell more... So, like my favourite friend, today, that I'm quite close to, is gone today, now on my own, and it's really hard, 'cause I'm quite close to him... for the past few days it's, I've said this before, it's like an execution, kind of, don't want it to happen but it's gonna happen

Participant 10 (Autistic ISOC)

Outside of the programme environment, several autistic ISOCs portrayed a similar sense of community in their day-to-day lives in the prison. For example, in the extract above, Participant 10 described his network of "good friends" that has grown during his time in prison. In the past,

Participant 10 rarely made the effort to socialise with others in their life outside of prison, but found socialising to be a necessary part of their life in prison. Participant 10 has become more confident during his time in prison, and subsequently felt less isolated. Overall, this has contributed to a more positive prison experience, which resonates with reported experiences of other autistic ISOCs in this study, and prison experiences of autistic individuals in previous research; who similarly suggested they had been more socially confident in prison compared to life outside (Vinter et al., 2020). The importance of friends in Participant 10's prison experience was conveyed in his description of his feelings about one friend leaving the prison. In the extract, he described experiencing feelings of impending dread, relating to the inevitable pain he knew that he would feel when his friend left the prison, likening it to "an execution". It is implicitly suggested that his friend leaving the prison may be a "a knock" to his confidence, and may lead to him retreating to his cell, isolating himself to convalesce. This social withdrawal and seeking isolation is a common coping style for autistic individuals, particularly if they experience anxiety, low mood or lack confidence like Participant 10 (Maloret & Scott, 2018; NAS, 2020a); and could have problematic implications for engagement with interventions.

It's mostly, err, socialising stuff, understanding people's intentions. It's quite a lot of dissimulation in a prison environment, people deceiving, not really saying what they mean and it's hard for me to pick up on that I suppose, from sarcasm to, just, sort of, bullshitting
Participant 12 (Autistic ISOC)

By contrast to participants like Participant 10, several other autistic ISOCs had found it difficult to integrate and become part of the prison community. For example, Participant 12 found it tricky to navigate the nuanced social landscape of the prison. In the above extract, he characterised the prison social environment as rife with deception. Consequently, he had found it difficult to socialise with others. Participant 12 suggested that he struggles with implicit types of social communication (e.g. sarcasm, humour and lies), and favours a more literal and concrete approach to communication. Because this type of communication is so common in the prison environment, and to avert the risk of falling victim to deception, Participant 12 has been cautiously reluctant to integrate with the prison community. There is a common misconception that autistic individuals who do not socially integrate with others do not want friends (Ahlers et al., 2017). By contrast, as demonstrated by Participant 10, many autistic individuals desire and are capable of developing reciprocal friendships (Kasari et al., 2011), and can distinguish poor quality friendships from good quality (Locke et al., 2010). However, as experienced by some autistic ISOCs in this study, this can be difficult in the

complex social arena of a prison, which may be rife with social nuance. Autistic individuals have been found to experience challenges relating to trust, difficulties recognising deception, and consequent vulnerability to manipulation in previous research (Williams et al., 2018; Yang et al., 2017). This adds credence to Participant 12's apprehension about associating with others in the prison, should he fall victim to manipulation from other prisoners for example.

Because of my initial diagnosis, when I first started secondary school, I was isolated I was put in special educational needs, and anybody who entered that building was labelled "spaz" Or "retard". Instantaneous! And it's like wildfire, you shit on a campfire, it's gonna burn. Do you know what I mean? It spreads, and from then on, I was bullied constantly.

Participant 5 (Autistic ISOC)

There's certain prisoners in here which don't understand what it [autism] is, they just think, they just think I'm retarded, and that's what I've heard people say... People say I'm crazy, because they don't see it... I see the lights flickering, they 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 (Autistic ISOC)

Some autistic ISOCs also had experienced challenges integrating with the prison community that were linked to negative labelling and judgement. For Participant 5 (above), he had nadir experiences of bullying, and stigmatic labelling at secondary school age, and was reluctant to tell people in the prison about his autism. He explained how quickly stigmatising labels can quickly spread through social environments (such as prisons and schools), likening it to "wildfire". Participant 5's use of fire and burning imagery illustrated the unbridled, destructive impact of this type of stigma and labelling. These past experiences have fed into a guarded reluctance to associate with others in the prison, fearful they may find out about his diagnosis and bully him. Similarly, Participant 7 (above) felt that others have treated him differently during his prison experience, when they have found out that he is autistic. For Participant 7, much of the artificial lighting has an irritating strobe effect, captured in the above extract in his repetition of the word "flickering"; a common sensory experience for autistic individuals (Nagib & Williams, 2017). However, he described how others seem to doubt and challenge him for an explanation for why he behaves differently (e.g. wearing sunglasses inside),

rather than demonstrating acceptance and understanding. He expressed feelings of frustration that people do not seem to accept his experience of the world, choosing instead to doubt him or label him as “crazy”. Ultimately, Participant 7 felt reluctant to associate with others in the prison and become part of the community, if that community seems to lack understanding; a view that was shared by several autistic ISOCs in this study.

Previous research has highlighted that autism acceptance from others impacts personal acceptance, and significantly predicts mental health autistic individuals (Cage et al., 2018). Moreover, experiences of autism-related stigma and misunderstanding has been associated with social exclusion (Marsack & Perry, 2018). Therefore, it is understandable that the stigmatisation and lack of autism acceptance Participant 5 and Participant 7 have experienced has impacted their willingness to associate with others and could have problematic implications for their mental health and wellbeing. Newman et al (2015) similarly reported how some autistic individuals opt to socially withdraw and avoid social contact in the prison environment, for fear of interacting with other prisoners. They also described how self-isolation offered autistic prisoners a means of coping with social rejection and stigmatising labelling from other prisoners.

Even if he had extra sessions on top of the group work that he's doing, like they used to have with the sessions with [IDD Nurse], where they'd see her every couple of weeks that would be really useful, because it seems to get them into that, kind of like, routine, and they seem to benefit from the help, and the extra support from what I've seen anyway

Participant 12 (Staff)

In addition to peer support, participants from both groups highlighted the positive ripple effect of supportive interactions with prison staff, which were conducive to an autistic ISOC's broader rehabilitation. Examples of support included autism-specific support from mental health workers and supportive or understanding wing officers. References to autism-specific support from mental healthcare teams were amongst the most frequently cited sources of support, and one of the most beneficial. There was a particular emphasis on the positive effect of support provided by an IDD nurse in one of the prisons, who met with autistic ISOCs regularly and helped support them in their daily prison life. Participant 12 (above) explained how routine supplementary support alongside programmes with a specialised knowledgeable member of staff could be extremely helpful and conducive to interventions. This echoes recent research, which has emphasised the benefits of fixed points of supportive contact and specialised provisions in prison environments for autistic individuals

(Vinter et al., 2020). Vinter et al. (2020) suggested that the provision of autism-specific support services, such as an IDD team, can be particularly beneficial in supporting autistic individuals through the more difficult aspects of prison life.

In sum, findings in this subtheme echoed previous literature on the positive and negative influences that prison social climates can have on readiness for and engagement with interventions (Blagden et al., 2019; Mann et al., 2019; Ware & Galouzis, 2019). Some of the examples of social support that were identified in this study have been highlighted as beneficial in other existing research literature, which has suggested that positive social elements of a prison (such as supportive peer-to-peer and staff-to-prisoner relationships) are conducive to rehabilitation (Blagden et al., 2017; Perrin et al., 2018; Stasch et al., 2018).

4.4. Conclusions

This study aimed to utilise the perspectives of those involved in interventions (autistic ISOCs and staff) to identify and explore issues in relation to working with autistic ISOCs in prison-based interventions to address sexual offending. Additionally, this study aimed to explore the lived experiences of autistic ISOCs who had embarked on prison-based sexual offending interventions pathways. The multi-perspective approach utilised in this chapter afforded a richer insight into which issues were pertinent in interventions for autistic ISOCs, how they were pertinent, and to whom. When both perspectives were considered collectively, there were several areas of convergence between perspectives. More specifically, there were overlaps between autistic ISOC and staff perspectives on specific features of interventions content and delivery, and the impact of the prison social and sensory environment. These broad areas of convergence could be loosely understood as the 'key issues' that the study (and overarching thesis) aimed to identify.

Some themes identified features of interventions content and delivery which were not necessarily congruous with the strengths and learning styles of many autistic ISOCs. Amongst these, consistent with some previous literature (Higgs & Carter, 2015; Milton et al., 2002; Murphy, 2010; Radley & Shaherbano, 2011), the group-based elements of interventions were highlighted as a salient challenge for many autistic ISOCs. More specifically, both participant groups noted challenges stemming from managing multiple social interactions, relating to and integrating with others in the group, processing information, and coping with the sensory environment (see Themes 1.1. 'A lot to process', 1.2. 'Reaching boiling point', 2.1. 'Getting involved with the group', and 4.2. 'Crossed wires'). It transpired that most participants from both groups endorsed the utility of one-to-one interventions

for autistic ISOCs. However, while group-based interventions were indicated as challenging for many autistic ISOCs, this was not a ubiquitously reported challenge. Consistent with Melvin et al.'s (2019; 2020) findings, a subset of participants from both studies also reported positive experiences of group interventions, when, for example, adjustments were made or if a group was particularly understanding and accommodating of an autistic ISOC.

These mixed views re-emphasise the importance of recognising individuality and heterogeneity in autistic ISOCs. As emphasised in Chapter 3, there is no broad-brush approach to working with autistic populations, and needs must not be assumed predicated on the autism diagnosis alone. As suggested by Murphy (2020), autistic ISOCs' experiences of and engagement with group-based interventions are likely to be determined by a unique interaction between intrinsic and extrinsic factors, depending on the individual. That is, for some autistic ISOCs, group interventions may be tolerable and beneficial when staff are responsive to their particular needs. However, for others, the experience may be too inherently overwhelming to be counterbalanced by available responsiveness adjustments, and one-to-one interventions may be most appropriate. Therefore, in the absence of an accredited programme designed specifically for autistic ISOCs; an autism sensitive, case-by-case approach to evaluate an autistic ISOC's personal strengths and the challenges they face may be most appropriate.

The multi-perspective study design illuminated some dyadic experiential contrasts between autistic ISOCs and staff, in relation to these challenges. For example, both participant groups reported challenges in interventions for autistic ISOCs relating to emotion-focussed questions or tasks (see Theme 2.2. 'Thinking about feelings'). In such scenarios, both staff and autistic ISOCs alike experienced frustration, which then often resulted in tension and strain on the therapeutic relationship. This highlights the value of multi-perspective qualitative research. While a core issue remained consistent between participant groups (i.e. emotions and perspective taking), differing views and sense-making of that issue between those who deliver interventions and those who receive it was illuminating; and provided insight into potential sources of tension in therapeutic relationships for example.

In addition to specific features of interventions, participants also consistently highlighted the relevance of the prison context for interventions. Both groups of participants reported ways that the prison setting was impactful on an autistic ISOC's interventions journey. For example, certain features of living in a prison (such as the social climate, the sensory environment, routine) could be challenging

or beneficial for autistic ISOCs. In addition, staff reported broader logistical challenges they had faced delivering interventions and meeting needs of autistic ISOCs in a prison context (such as finding autism-related information and limits to what could feasibly be adapted). Participants also suggested that the social and sensory environment of a prison could impactfully mediate baseline mood and psychological wellbeing for autistic ISOCs (particularly regarding anxiety levels), which contributed an autistic ISOC's willingness to engage with interventions (see Theme 1. 'Feeling overwhelmed').

It is important to note that these studies were conducted during a period of transition in the rehabilitation of ISOCs (see Chapter 1, section 1.5.2.). Data were collected in 2017/2018, a period that represented a shift in the HMPPS suite of programmes offered; including the phasing out of old programmes (e.g. SOTP and BNM), and phasing in of a new suite of programmes (e.g. Horizon, Kaizen and BNM+). While this permitted an interesting comparative insight into what these developments meant for the interventions with autistic ISOCs, it also may constitute a limitation. For many participants, their main frame of reference for interventions with autistic ISOCs was the context of the older programmes (e.g. Core SOTP). For example, several autistic ISOCs had not experienced interventions from the new suite, and, equally, staff were either new to facilitating those programmes or had not yet had the opportunity to facilitate them. As such, some of the core issues identified in these studies may not be representative of the current state of interventions for autistic ISOCs; new issues may have become more pertinent, or views of autistic ISOCs and staff may have shifted in light of changes. On the other hand, several participants had experienced the newer approaches to interventions, and provided valuable insight into the benefits of these changes for working with autistic ISOCs in interventions. Nevertheless, future work may consider replicating this study with a sample of individuals whose main reference of experience has been on the new suite of programmes, to investigate whether the same issues remain salient, and whether new challenges have emerged.

Finally, these studies were conducted in two prisons that exclusively house ISOCs, one of which has recently acquired NAS autism accreditation (HMP Whatton; NAS, 2019). One of the core findings related to the impact of the prison setting on intervention readiness and engagement for autistic ISOCs. However, the social and sensory environments can differ between different types of prisons, particularly when comparing specialist prisons that exclusively house autistic ISOCs with mainstream prisons (Blagden et al., 2019). Therefore, future work should explore whether issues remain consistent across different types of prison settings, or whether the prioritisation of issues differs. It would be expected that participants recruited from a different type of prison establishment could be characterised by alternative issues not raised here and overshadow or displace some of the

issues identified in this study. For example, for autistic ISOCs, integrating and forming part of a prison community may be more difficult on a standard wing in a mainstream prison setting that has an offence-based hierarchy, or may be easier in prisons with a longer standing NAS accreditation in place. From the staff perspective, some prisons may naturally operate in a more collaborative manner, and therefore the struggle to find autism-related information may not be as challenging as described here.

To conclude, the themes identified in this chapter provided a strong basis for evidence-driven practical recommendations of how to improve the intervention experiences of autistic ISOCs, and those staff who work with them (see Chapter 6 for recommendations). The findings discussed in this chapter offer an insight into some of the key issues that those who deliver interventions may need to be aware of when working with autistic ISOCs. While a core contention of this thesis is to recognise the heterogeneity of autistic ISOCs when working with them, the findings presented in this chapter highlighted some homogeneity in what autistic ISOCs and staff may find helpful or challenging in interventions. Nevertheless, heterogeneity remained an important feature of findings too, with mixed experiences reported under the same thematic umbrellas. Therefore, findings supported the position that there is no *one-size-fits-all* approach to working with autistic ISOCs in interventions.

When considered collectively, the views of both autistic ISOCs and staff suggested that a willingness to be flexibly responsive and tailor to the needs of each specific individual is paramount when working with autistic ISOCs. As such, the recommendations that presented in Chapter 6 must only be applied after an autism-sensitive case-by-case evaluation of such needs and must not be interpreted as universally applicable to all autistic ISOCs. As advocated in Chapter 3, staff should be willing to listen to autistic ISOCs, working *with* autistic ISOCs, rather than *on* them. This may help staff to better understand an autistic ISOCs needs, and improve the interventions experience for that individual.

CHAPTER 5: Investigating the Effects of Autistic Traits, Prison Social Climate, and Mental Wellbeing on Readiness to Engage with Interventions

5.1. Introduction

The qualitative findings presented in Chapters 3 and 4 highlighted the importance of recognising individuality when working with autistic ISOCs. That is, broad-brush, blanket-type approaches may not necessarily benefit all autistic ISOCs in prison-based interventions. However, while such approaches are to be avoided where possible when working with autistic populations; as outlined in the methodology chapter (Chapter 2), pragmatically, it must be recognised that meeting the specific needs of individuals in prison settings can prove difficult due to resource limitations. Therefore, the final empirical study of this PhD project was designed to provide nomothetic research evidence, which could potentially inform practical changes that have prison-wide benefits. The study presented in this chapter employed a quantitative approach to confirm the relationships between autistic traits, prison experiences, mental wellbeing and readiness to engage in forensic interventions, which were tentatively identified in the exploratory qualitative work in Chapter 4.

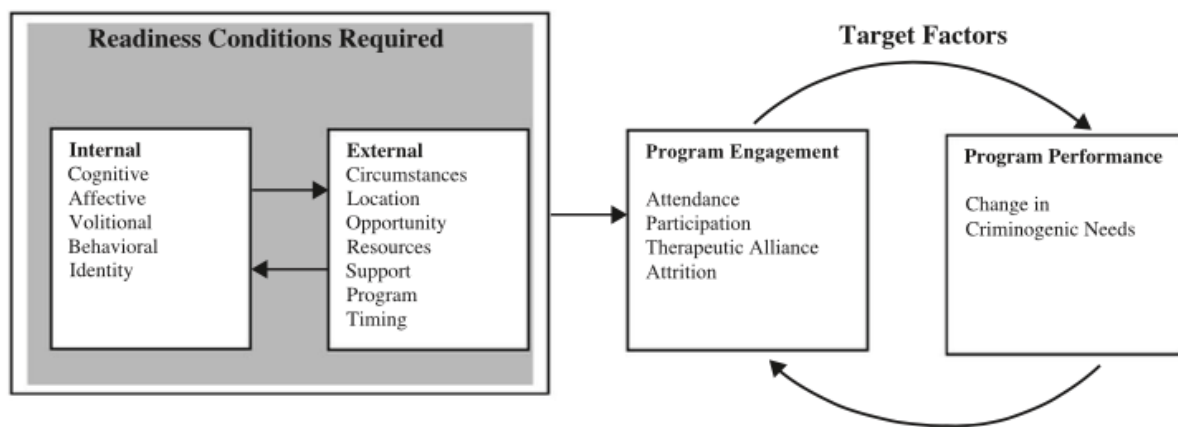
An overarching theme across in the multi-perspective qualitative study presented in Chapter 4 was the impact of the broader prison experience on rehabilitation, for autistic prisoners (see Themes: 1.1. 'A lot to process'; 1.3. 'Beset by noise'; 3.2. 'Comfort in consistency'; 4.2. 'Crossed wires'; and 4.3. 'Networks of support' in Chapter 4). The findings presented in Chapter 4 suggested that prison-based rehabilitation does not occur in a vacuum. That is, the quality of interventions experiences and outcomes are not solely determined by what happens in the confines of the intervention itself. The impact of the broader prison experience of autistic ISOCs should be considered, and elements of the prison context can be impactful upon an autistic ISOC's readiness for and engagement with interventions. Specifically, findings suggested that social interactions with prison staff and other prisoners, the prison physical and sensory environment, autism awareness, and support provisions available played an important role in mediating mental wellbeing for autistic prisoners (particularly anxiety and mood). It was suggested that poorer mental wellbeing could impact how and whether autistic ISOCs engaged with interventions. More specifically, autistic ISOCs who experienced more anxiety, stemming from the broader prison experience, seemed to be less willing to participate in programmes, and/or may disengage during programmes. It could be inferred from these findings that the broader prison experience can have a counter-therapeutic effect for autistic ISOCs, reducing benefits they may have been otherwise able to reap from interventions.

5.1.1. Treatment Readiness

Findings in Chapter 4 mapped onto Ward et al.'s (2004) Multifactor Offender Readiness Model (MORM, see Figure 6). The MORM is an evidence-based model (Alemohammad et al., 2017), and conceptualises treatment readiness as an interaction between characteristics within an individual (i.e. internal conditions) and characteristics of the therapeutic context they are situated (i.e. external conditions); which ultimately influences an individual's willingness, motivation and preparedness to engage with forensic interventions (Ward et al., 2004).

Figure 6.

Multifactor offender readiness model (MORM; Ward et al., 2004).



In prison-based interventions for autistic ISOCs, autistic traits and mental wellbeing may function as influential internal conditions for their readiness to engage with interventions. The findings in Chapter 4 indicated a reciprocal interaction between these internal conditions and the external conditions associated with the prison context. In particular, the prison social climate may be a particularly influential external condition for autistic ISOCs; as a condition largely characterised by difficulties in the social arena (APA, 2013).

5.1.2. Prison Social Climates

This resonates with a growing body of contemporary research literature that has broadly explored how experiences of a prison's social climate, or milieu, can impact the rehabilitation experiences and interventions effectiveness for prisoners (Blagden et al., 2019; Mann et al., 2019; Ware & Galouzis, 2019). Prison social climates are often referred to as complex and multifaceted, constructed of a number of characteristics that encapsulate how a prison is subjectively experienced by prisoners who live there, and prison staff who work there (Lewis, 2017; Liebling et al., 2012;

Tonkin, 2016). Prison social climates are “inherently relational” (Ware & Galouzis, 2019, p.37). Commonly cited dimensions of a prison social climate include: perceived safety from aggression and violence; the quality of staff-prisoner interactions and relationships; support available to accommodate the psychological and physical needs of prisoners; and the extent to which an environment enables therapeutic change (including opportunities to learn and practice new skills or prosocial behaviours, and for personal growth) (Mann et al., 2019; Schalast et al., 2008; Tonkin, 2016). There has been an increased recognition of the value of improving social climates in prisons as important additional therapeutic tools in forensic rehabilitation (Day et al., 2012; Reading & Ross, 2020). This has been evidenced in HMPPS’s (formerly the National Offender Management Service [NOMS]) commissioning move towards prioritising the development of ‘rehabilitative cultures’ in prisons (HMPPS, 2018). The term ‘rehabilitative culture’ refers to an ideal prison social climate, which is conducive to rehabilitative work and therapeutic change (NOMS, 2014).

There is a range of evidence that has indicated the impact of positively and negatively perceived social climates on rehabilitation experience and effectiveness. Research has noted that a prison social climate can be therapeutically beneficial when positively perceived, or counter-therapeutic when negative (Day et al., 2012). Evidence suggests that significant relationships exist between how supported prisoners feel by prison staff and the extent to which prisoners feel able to participate in formal interventions programmes to address offending (Blagden et al., 2016; Stasch et al., 2018). Ware and Galouzis (2019) argued that negative social climates can impact intervention outcomes, irrespective of the content or provider of that intervention; and there are consequently growing concerns that negative social climates in some prison settings are compromising prison-based rehabilitation (Harding, 2014). By contrast, it has been contended that more positively perceived social climates are characterised as safer (i.e. lower levels of violence), more positive staff-prisoner (and peer) relationships, supportive and offer more opportunities for personal growth (Ware & Galouzis, 2019). Furthermore, Mann et al. (2019) posited that positive social climates are most strongly determined by the quality of staff-prisoner relationships. Positively perceived social climates have been associated with an increase in internal readiness and motivation to engage with interventions and are therefore more therapeutically compatible (Beazley & Gudjonsson, 2011; Blagden et al., 2016; van der Helm et al., 2014). It has been argued that the conditions associated with a positive social climate: improve subjective experiences of prisoners; provide opportunities for relational learning and pro-social modelling; empower a greater sense of agency in individuals; and enable transformation narratives (Lewis, 2017). Consequently, they are conducive to rehabilitation by supporting the development of prosocial identities (Lewis, 2017; Ware & Galouzis, 2019; Weaver,

2012). In this way, positively experienced prison social climates may promote desistance for incarcerated ISOCs, as an important environmental or contextual factor under Göbbels et al.'s (2012) ITDSO model of desistance.

5.1.3. Prison Social Climates and Prisoners with Sexual Offence Convictions

The impact of prison social climate on rehabilitation has been highlighted as particularly pertinent in relation to ISOCs (Blagden et al., 2019). There is increasing evidence to support the view that ISOCs have qualitatively distinct experiences of a prison social climate compared to other prisoner groups, which may impact their willingness to engage in rehabilitation. A common theme in the literature is that many prisoners with sexual convictions feel unsafe and marginalised in mainstream prison environments (Blagden et al., 2019; Mann et al., 2013). ISOCs are often reported to be placed at the bottom of the typical prison social hierarchy (Michalski, 2017; Ricciardelli & Moir, 2013; Schwaebe, 2005), particularly if their offences were against children (Blagden et al., 2017; Ricciardelli, 2014). Consequently, it has been reported that prisoners with sexual convictions are vulnerable to experiencing stigmatisation, humiliation, dehumanisation, social isolation, verbal abuse and physical violence at the hands of others in the prison (Mann et al., 2013; Ricciardelli & Moir, 2013). Mann et al. (2013) also reported evidence that some prison staff undermined rehabilitative efforts for prisoners with sexual offence convictions; either directly, by telling them that programmes did not work, or indirectly, by failing to provide a prison social climate where those individuals felt safe. Consequently, as a result of this constant sense of hostile threat, increased feelings of anxiety and feeling unsafe are common for prisoners with sexual offence convictions (Mann et al., 2013; Ricciardelli, 2014); which may represent a problematic interaction between internal and external treatment readiness conditions under the MORM model (see Figure 6, Ward et al., 2004). Qualitative findings from Blagden et al. (2019; 2016) suggest that this safety-related anxiety can cloud the headspace of prisoners with sexual convictions and impacts their capacity to address their offending behaviours in rehabilitation. In addition to experienced safety, Ware and Galouzis (2019) posited that, for prisoners with sexual convictions, another important feature of a prison social climate is the availability of opportunities to practice and rehearse new learning from programmes, in an environment where multiple sources of support and constructive feedback are available.

Partially in recognition of the challenges faced by prisoners with sexual convictions in mainstream prisons, their unique psychological characteristics, and the importance of prison social climates that are conducive to rehabilitative change; specialist prisons that exclusively house ISOCs have emerged in the UK. A body of research by Blagden et al. (2019; Blagden & Wilson, 2019; Blagden

et al., 2016; 2017) has investigated and explored the unique qualities of social climates in these specialist prisons. In contrast to findings in mainstream prisons, ISOCs housed in these therapeutically oriented specialist prisons report more positive experiences of the prison social climate. Specialist prisons are referred to as “a different world” (Blagden et al., 2019, p.155), compared to mainstream prison settings, where ISOCs no longer feel that they must live in fear or mask their identities, and the presence of the typical prison hierarchy was largely not reported. This resonates with other research that has found significant differences in prisoners’ and staffs’ perceptions of social climates between mainstream and therapeutic wings in a Category B English prison; where therapeutic wings were experienced as safer, with better quality staff-prisoner and prisoner-prisoner relationships (Reading & Ross, 2020). Free of the anxiety that would otherwise cloud their headspace, prisoners residing in specialist prisons appear to feel more able to engage with rehabilitation programmes, seize opportunities for personal growth, and focus on the future (Blagden et al., 2019). Moreover, adding support to Mann et al.’s (2019) argument that prison social climates are often most strongly shaped by the quality of staff-prisoner relationships; participants in Blagden et al.’s research that reported positive perceptions of the prison social climate consistently highlighted positive experiences of good rapport and meaningful, trusting relationships with prison staff (Blagden & Wilson, 2020; Blagden et al., 2016; Blagden et al., 2017). This supports the interaction proposed in the MORM model (Ward et al., 2004), outlined earlier (see Figure 6), whereby the specialist prison environment and positive staff-prisoner relationships (external conditions) have a positive influence on an individuals’ internal conditions, and is therefore conducive to treatment readiness. Therefore, this small body of research supports the argument that the development of specialist prisons for ISOCs has been beneficial, in providing social climates that are more conducive of rehabilitation.

However, while there have been promising steps taken in research and practice regarding the shaping of prison social climates for ISOCs; to date, there is no research that has focussed specifically on the impact of a prison social climate on autistic individuals. However, as a prisoner subgroup, previous research has indicated that autistic prisoners may have a different experience of living in a prison environment generally, even in the specialist prisons discussed above. For example, Vinter et al. (2020) reported that autistic prisoners residing in a specialist prison for ISOCs had encountered challenges specifically related to the social environment of the prison; including altercations with prison staff and ignorance relating to their autism. As such, neurodivergent prisoners who present with autism diagnoses or high autistic traits may have different experiences of a prison social climate, even when housed in specialist prisons.

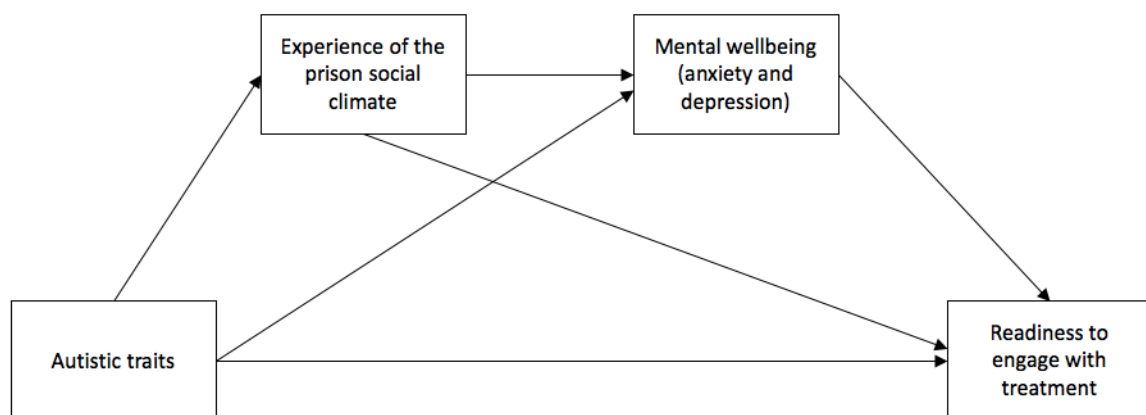
5.1.4. Aims and hypothesis

Therefore, this study sought to quantitatively confirm whether autistic traits impact an ISOC's experience of the prison social climate. Building on the qualitative findings presented in Chapter 4 (see Themes: 4.2. 'Crossed wires'; and 4.3. 'Networks of support' in Chapter 4), this study sought to confirm whether such experiences could mediate mental wellbeing levels (specifically, anxiety and depression), and ultimately impact readiness to engage with interventions. It was hypothesised that ISOCs with higher autistic traits would have poorer experiences of the prison social climate, and that, in turn, these poorer experiences could result in poorer mental wellbeing, and reduce willingness to engage with interventions.

A further objective of this study was to generate a visual model that could graphically illustrate the relationships between autistic traits, experience of the prison social climate, levels of anxiety/depression, and readiness to engage with interventions (see Figure 7 for hypothesised model). Such a model could act as a justification for practical changes in the prison rehabilitative environment to better support and manage neurodivergent prisoners. Moreover, when considered alongside the exploratory qualitative findings presented in Chapter 3, Chapter 4 and previous qualitative research (Vinter et al., 2020), findings from this study could provide some key insight into the prison-based support, management and rehabilitation of autistic prisoners.

Figure 7.

Hypothesised double-mediation model testing for direct and indirect effects leading from autistic traits to readiness to engage with forensic treatment via experience of the prison social climate and mental wellbeing (anxiety and depression).



5.2. Method

5.2.1. Design

A cross-sectional survey was conducted to test a mediation model of how and whether autistic traits could predict readiness to engage in forensic interventions to address offending, and whether these were mediated by experience of a prison social climate and mental wellbeing.

5.2.2. Participants

The sample in this study comprised 177 adults (174 male, 3 transgender female), aged 22-90 ($M = 46.53$, $SD = 15.58$), residing in two UK prisons that exclusively house ISOCS- HMP Whatton ($n = 105$) and HMP Stafford ($n = 72$). A pre-existing autism diagnosis was self-reported by 12% of the sample ($n = 21$), however this was not corroborated by any official file information due to confidentiality restrictions and inconsistencies in location of this information.

5.2.3. Materials

As the prisons involved in this research hold a large proportion of individuals with IDD and other reading or literacy difficulties; materials were adapted to be sensitive to the needs these individuals (see Chapter 2). For example, text on information sheets utilised simplified language and was made easier to visually digest by keeping paragraphs short and widely spaced. Relatedly, after due consideration of the needs of individuals with IDDs, and consultation with a member of the IDD team in one prison, it was decided that a total of 101 items across all four scales was an appropriate number. It was decided that this would strike the balance between ensuring a sufficiently rich data set, whilst avoiding overloading participants with too many items. Participants were asked to report their age and to tick a box if, to their knowledge, they had ever been diagnosed with one, or more, of the following conditions; Autism Spectrum Disorder (ASD), Asperger's Syndrome, High Functioning Autism, Autistic Disorder, Pervasive Developmental Disorder (PDD).

Autism Quotient 50 (AQ50)

The AQ50 (Baron-Cohen et al., 2001) is a widely used 50-item self-report measure of autistic traits, designed for research use. The AQ has been used in a variety of previous research studies in its 50, 20 and 10 item forms, including prison-based research such as this (e.g. Fazio et al., 2012; Loureiro et al., 2018; Robinson et al., 2012) The AQ50 measures autistic traits across five subscale areas; 'Social Skill', 'Attention Switching', 'Attention to Detail', 'Communication', and 'Imagination'.

Participants are presented with 50 statements (e.g. 'New situations make me anxious'), and are asked to rate whether they Definitely Agree, Slightly Agree, Slightly Disagree or Definitely Disagree. Responses are scored dichotomously either 1 or 0 for each item ('Definitely Agree' and 'Slightly Agree' are collapsed into 'Agree' and similarly for 'Disagree'). Higher scores out of 50 indicate higher levels of autistic traits. Cronbach's alpha coefficients (α) have demonstrated moderate to high internal consistency across the five AQ50 subscales, $\alpha = .63 - .77$ (Baron-Cohen et al., 2001). In the current sample, the Cronbach's alpha coefficient demonstrated good internal consistency for the whole scale, $\alpha = .89$. The AQ50 was not designed as a diagnostic measure and was not used to diagnose participants with autism in this research. However, it has been suggested that a score of ≥ 32 out of 50 is considered a useful threshold for distinguishing individuals who have clinically significant autistic traits (Baron-Cohen et al., 2001).

As this measure was distributed as a self-report questionnaire to prison populations, in which many residents may have intellectual, literacy, or language comprehension difficulties, one item on the scale was adjusted slightly to accommodate the needs of such residents. A brief clarifying definition was added to Item 48 "*I am a good diplomat.*", so that it read "*I am a good diplomat. (A diplomat is a person who is good at dealing with people and settling arguments between people)*". This adjustment builds on previous research with forensic psychiatric patients, where it was suggested that the "*good diplomat*" phrasing in this item could be particularly problematic for some individuals to understand or relate to in its original form (Murphy, 2011).

Essen Climate Evaluation Schema (EssenCES)

The EssenCES (Schalast et al., 2008; rev. 2010) is a 17-item self-report measure of social climates in forensic settings, which has been validated for use in prison settings (Day et al., 2012). The scale measures prison social climate across three subscale dimensions; 'Inmate Cohesion', 'Experienced Safety', and 'Hold and Support'. The 'Inmate Cohesion' subscale refers to how much a participant believes prisoners care for each other (e.g. '*Inmates care about their fellow inmates' problems*'); 'Experienced Safety' refers to levels of perceived tension and threat of aggression or violence (e.g. '*Really threatening situations can occur here*' [r]); and 'Hold and Support' refers to the degree to which prison staff take a personal interest in the progress of prisoners (e.g. '*Staff take a lot of time to deal with inmates*'). Participants are presented with 17 statements, 2 of which are not scored (item 1 is an 'ice-breaker', item 17 is a positively worded concluding item; Quinn et al., 2012), and are asked to what degree they agree with each statement on a Likert-type scale ranging from 0 ('*Not at all*') to 4 ('*Very much*'). Higher scores on this scale, following reverse scoring of negative

items, indicate a more positive experience of the prison social climate (Day et al., 2012; Schalast et al., 2008).

This scale has been utilised in previous research at the prison establishments involved in this study (Blagden et al., 2016), and other comparable UK Category B prison establishments (Blagden et al., 2017; Reading & Ross, 2020). Previous research has used this measure with both staff and prisoner participants; however, for the purposes of this study the measure was only completed by prisoners. The measure has demonstrated a Cronbach's alpha of internal consistency as $\alpha = .79-.87$ for patients/prisoners in previous research (Day et al., 2012; Tonkin et al., 2012). In the current sample, the overall Cronbach's alpha coefficient demonstrated excellent internal consistency for the whole scale, $\alpha = .91$; and good internal consistency across the individual subscales: $\alpha = .91$ (Inmate Cohesion), $\alpha = .86$ (Experienced Safety), and $\alpha = .86$ (Hold and Support).

Hospital Anxiety and Depression Scale (HADS)

The HADS is a 14-item self-report measure of Anxiety and Depression levels (Zigmond & Snaith, 1983), comprised of two 7-item subscales. One scale measures levels of anxiety (HADS-A), and the other measures levels of depression (HADS-D). Participants are presented with 14 statements, and asked to indicate which reply is closest to how they have felt over the past week (e.g. *'I still enjoy the things I used to enjoy'*: *'Definitely as much'*; *'Not quite so much'*; *'Only a little'*; *'Hardly at all'*). Items are scored 0-3, with several items reverse coded. Higher scores on the scale indicate the presence of higher levels of anxiety and or depression.

Similar to the AQ50, the HADS was not designed as, nor used as, a diagnostic measure of anxiety or depression related mental health conditions. However, the HADS does provide an indication of possible and probable anxiety and/or depression symptomatology. The mean Cronbach's alpha coefficients for internal consistency reported across 15 studies, reviewed by Bjelland et al. (2002), were $\alpha = .83$ for the HADS-A, and $\alpha = .82$ for the HADS-D. In the current sample, the overall Cronbach's alpha coefficient demonstrated excellent internal consistency for the whole scale, $\alpha = .93$.

This scale was used as a measure of 'mental wellbeing' in this study. The HADS was chosen because participants in Chapter 4 referred to how negative experiences of the prison environment seemed to contribute toward anxiety and a dysphoric mood in autistic ISOCs, which impacted treatment readiness and/or engagement. Experiences of anxiety and depression were also reported by three of the four participants in Chapter 3. Furthermore, anxiety and depression have been

considered to be the most prominent co-occurring mental health issues for autistic individuals (Hollocks et al., 2018). The HADS has been used in a similar way in other prison-based research, as a measure of overall wellbeing (e.g. Mehay et al., 2008).

Corrections Victoria Treatment Readiness Scale (CVTRS)

The CVTRS (Casey et al., 2007) is a 20-item self-report measure designed to assess readiness for interventions in offending populations, and is constructed of four subscales ('Attitudes and Motivation', 'Emotional Reactions', 'Offending Beliefs', and 'Efficacy'). The 'Attitudes and Motivation' subscale consists of items related to attitudes and beliefs about programmes and desire to change (e.g. *'Stopping offending is really important to me'*). The 'Emotional Reactions' subscale relates to emotional responses to the individuals offending behaviour (e.g. *'I feel guilty about my offending'*). The 'Offending Beliefs' subscale relates to a participant's beliefs regarding personal responsibility and accountability for their offending (e.g. *'I am to blame for my offenses'*). The 'Efficacy' subscale relates to a participant's perceived ability to successfully participate in programmes (e.g. *'I hate being told what to do'*). Participants are presented with 20 statements and asked to what extent they agree with each statement on a 5-point Likert-type scale from 1 (*'Strongly Disagree'*) to 5 (*'Strongly Agree'*). Higher scores on this scale, following recoding of negative items, indicate a higher degree of readiness to participate in interventions (Casey et al., 2007), have been found to be positively correlated with therapeutic engagement in violent and sexual offending populations (Day et al., 2012), and were significantly predictive of interventions participation in Bosma et al.'s (2017) prison-based research. Like the EssenCES, this measure also has a precedent of being been utilised in previous research at the prison establishments that were involved in this study (Blagden et al., 2016).

The CVTRS subscales have been reported to have internal reliability alphas of $\alpha = .60-.84$ for the four subscales (Casey et al., 2007). In the current sample, the overall Cronbach's alpha coefficient demonstrated good internal consistency for the whole scale, $\alpha = .83$. The CVTRS was used to measure readiness to engage with interventions in this study, and it could be inferred that participant responses on this measure would predict their levels of engagement with forensic rehabilitation (Casey et al., 2007).

5.2.4. Procedure

Participant envelope packs (containing an information and consent form, participant instructions, AQ50, EssenCES, HADS, CVTRS, debrief sheet, and pre-addressed envelope; see

Appendix P-W) were distributed under cell doors across all wings of both establishments, with the assistance of wing security officers. In HMP Whatton, this equated to approximately 850 participant packs, and, in HMP Stafford, this equated to approximately 750. Materials emphasised the voluntary nature of the research, and provided potential participants with instructions of how to participate, what information to return and a means of returning their responses (pre-addressed envelopes).

Individuals willing to participate were instructed to complete and return consent forms and questionnaires (AQ50, EssenCES, HADS, CVTRS), and to retain debrief sheets should they need to contact the research team or seek support. Pre-addressed envelopes allowed for responses to be returned through the internal mail system to a dedicated in-tray in the respective Psychology departments at each prison. Wing staff and listeners who worked/lived on each wing offered to support participants who struggled to understand or engage with any written materials. Participants could also contact the researcher to request support.

Completed research packs were opened, and containing data were subsequently inputted onto password-protected Microsoft Excel sheets, on prison grounds. Completed consent forms were separated from questionnaire response data, assigned a unique participant identifier (in case participants sought to withdraw their data), and were stored separately in secure filing cabinets accessible only to the research team. Raw data were anonymised and inputted onto password-protected Microsoft Excel sheets. The data were securely transported out of the prison and stored on private password-protected computers for data cleaning and statistical analyses in IBM SPSS software. This procedure continued until no more participants were returning responses. Blank participant responses were discarded, and participants who returned questionnaire responses without valid consent forms were omitted for ethical reasons. The overall participant response rate was 11.06%. This was lower than other social climate research that has taken place in these prisons (e.g. 28% reported in Blagden et al., 2016). This may be because participants in this study were asked to answer 101 items in total, across all questionnaires, which is more than the 80 items used in Blagden et al. (2016). Additionally, more research packs were distributed in this research across the prisons, offering every prisoner the opportunity to participate, compared to Blagden et al.'s (2016) study, which had more selectively distributed 400 questionnaires.

5.2.5. Data Analysis

Using IBM SPSS software, descriptive statistics were calculated for all scales and demographic data. Independent samples *t*-tests were used to identify any significant differences in mean scores on

scales between each prison establishment. A bivariate correlational analysis was used to investigate relationships between age and scores on all scales. The primary analysis used in this study was a double-mediational analysis, using the PROCESS macro (Hayes, 2017; 2018) in IBM SPSS. PROCESS is an addition modelling tool that can be used in SPSS, which facilitates variable path analysis-based mediation and moderation analyses (Hayes, 2018). It allows for the computation of logistical regression analyses with various of combinations of mediators, moderators and/or covariates. In this research, PROCESS was used to identify whether autistic traits (measured by the AQ50) have an indirect effect on readiness to engage with treatment (measured by the CVTRS), when mediated by experience of the prison social climate (measured by the EssenCES), and mental wellbeing (measured by the HADS). Based on the results of these analyses, post-hoc double mediational analyses were conducted to isolate specific effects within the omnibus model.

5.3. Results

5.3.1. Data Cleaning

Of 177 participant responses, 112 participants had fully completed all scales. To maximise statistical power, methods of imputation to resolve missing data were considered. Little's (1988) MCAR (*Missing Completely at Random*) test was first conducted on each measure to analyse whether missing values were MCAR. This was done to ensure that there were no systematic differences between missing values and observed values, which may cause biases in subsequent imputation and analyses (Sterne et al., 2009). As demonstrated in Table 4, Little's MCAR tests were not significant, which suggested that data was MCAR. This meant that the probability of missing data was by chance alone, and unrelated to observed and unobserved data (Almquist et al., 2014). Therefore, using the SPSS Missing Value Analysis (MVA) function, an Expectation-Maximisation (EM) approach was employed to resolve missing data, as recommended by Tabachnick and Fidell (2014). EM is a probabilistic imputation method (Ghomwari et al., 2011), which utilises an iterative, algorithmic procedure of using other observed variables to impute a missing value (i.e. expectation), and then checking whether that value is the most likely (i.e. maximisation). EM repeats this process until it reaches convergence (i.e. the most likely value).

Table 4.

Little's MCAR test outputs for AQ50, EssenCES, HADS and CVTRS measures.

Measure	χ^2	df	p
AQ50	679.24	649	.199
EssenCES	166.33	155	.253
HADS	25.58	42	.978
CVTRS	273.31	239	.063

*AQ50, Autism Quotient 50; EssenCES, Essen Climate Evaluation Schema; HADS, Hospital Anxiety and Depression Scale; CVTRS, Corrections Victoria Treatment Readiness Scale. *p= < .05.*

All subsequent analyses were conducted twice, with EM imputed data ($n= 177$) and without ($n=112$), to ensure that findings remained representative of the original data. Results in subsequent analyses were consistent across both the imputed and raw data. Therefore, only the results associated with the imputed data analyses are presented here, to increase statistical power.

5.3.2. Descriptive Statistics

Table 5 shows descriptive statistics (mean, standard deviations, minimums and maximums) for participant scores on each measure used.

Table 5.

Descriptive statistics for total scores on AQ50, EssenCES, HADS and CVTRS measures.

Measure	n	M	SD	Minimum	Maximum
AQ50	177	23.88	9.89	5	50
EssenCES	177	28.74	11.19	3	57
HADS	177	17.64	9.88	0	39
CVTRS	177	78.34	11.70	30	97

AQ50, Autism Quotient 50; EssenCES, Essen Climate Evaluation Schema; HADS, Hospital Anxiety and Depression Scale; CVTRS, Corrections Victoria Treatment Readiness Scale.

Table 6 shows descriptive statistics divided by prison establishment. An independent samples *t*-test was conducted to identify any significant differences between mean scores from each prison. It was found that mean scores on the EssenCES measure were significantly higher at HMP Stafford compared to HMP Whatton; $t(175)= 2.28, p = .024, d = 0.35$. Mean treatment readiness scores

(CVTRS) were higher at HMP Whatton, though this was not statistically significant, $t(175) = -1.42$, $p = .159$, $d = 0.22$.

Table 6.

Descriptive statistics and t-test values for total scores on AQ50, EssenCES (including Inmate Cohesion; Experienced Safety; Hold and Support subscales), HADS and CVTRS measures across specific establishments.

	HMP Whatton	HMP Stafford	<i>t</i>	<i>p</i>	<i>d</i>
AQ50	23.63 (9.72)	24.25 (10.20)	.40	.686	.06
EssenCES	27.17 (11.40)	31.03 (10.53)	2.28	.024*	.35
Inmate Cohesion	8.16 (4.61)	10.13 (4.20)	2.90	.004**	.45
Experienced Safety	10.69 (4.78)	12.05 (4.68)	1.87	.063	.29
Hold and Support	8.32 (4.58)	8.85 (4.80)	.75	.456	.11
HADS	17.29 (9.40)	18.15 (10.58)	.57	.570	.09
CVTRS	79.37 (11.67)	76.84 (11.66)	-1.42	.159	.22

*AQ50, Autism Quotient 50; EssenCES, Essen Climate Evaluation Schema; HADS, Hospital Anxiety and Depression Scale; CVTRS, Corrections Victoria Treatment Readiness Scale. * $p < .05$. ** $p < .01$.*

As there was a significant difference in mean total scores between each prison establishment on the EssenCES, a follow-up independent samples *t*-test was conducted to isolate the identified differences between mean EssenCES scores by prison establishment; focussing on the EssenCES subscales ('Inmate Cohesion'; 'Experienced Safety'; 'Hold and Support'). A follow-up *t*-test was not conducted on the AQ50, HADs, or CVTRS scores, as there were no significant differences in total scores. Table 6 indicates that 'Inmate Cohesion' was rated significantly higher in HMP Stafford compared to HMP Whatton; $t(175) = 2.90$, $p = .004$, $d = 0.45$. By contrast, while mean scores for 'Experienced Safety' and 'Hold and Support' were also higher in HMP Stafford compared to HMP Whatton, the differences were not statistically significant.

In addition, unpaired *t*-tests were used to determine whether there were any significant differences between the mean EssenCES subscale scores from the HMP Whatton and HMP Stafford samples in this study, and the normative descriptive statistics for prisoners in UK prison settings, reported in Tonkin et al. (2012); cited in Schalast and Tonkin's (2016) published EssenCES manual. The mean total EssenCES scores were not included in these analyses, as they were not provided in Tonkin et al. (2012) or Schalast and Tonkin's (2016) manual. It was found that participants in the HMP Whatton and HMP Stafford samples differed significantly from what we would usually see in UK prisons, consistently rating lower scores for all three subscales of the EssenCES (see Tables 7 and 8). Overall, these differences were more statistically significant for HMP Whatton, with a notably large effect size for the 'Hold and Support' subscale; $t(175) = 6.20, p < .001, d = 0.80$. Relatedly, at HMP Stafford, the 'Hold and Support' subscale similarly held the highest level of significant difference from UK normative scores; $t(209) = 4.65, p < .001, d = 0.67$. This suggests that participants in this research consistently rated the prison social climate as poorer than what we would usually expect to see in UK prison settings, with 'Hold and Support' being most strikingly different rated dimension of the social climate to the norm.

Table 7.

Descriptive statistics and t-test values for total scores on EssenCES subscale measures (Inmate Cohesion; Experienced Safety; Hold and Support) comparing the HMP Whatton sample with UK prison norms.

	HMP Whatton	Tonkin et al. (2012)	<i>t</i>	<i>p</i>	<i>d</i>
Inmate Cohesion	8.16 (4.61)	11.5 (5.0)	5.34	< .001***	0.69
Experienced Safety	10.69 (4.78)	13.3 (3.8)	4.75	< .001***	0.60
Hold and Support	8.32 (4.58)	12.0 (4.6)	6.20	< .001***	0.80

*** $p < .001$.

Table 8.

Descriptive statistics and t-test values for total scores on EssenCES subscale measures (Inmate Cohesion; Experienced Safety; Hold and Support) comparing the HMP Stafford sample with UK prison norms.

	HMP Stafford	Tonkin et al. (2012)	<i>t</i>	<i>p</i>	<i>d</i>
Inmate Cohesion	10.13 (4.20)	11.5 (5.0)	1.99	.048*	0.30
Experienced Safety	12.05 (4.68)	13.3 (3.8)	2.09	.038*	0.29
Hold and Support	8.85 (4.80)	12.0 (4.6)	4.65	< .001***	0.67

* $p < .05$. *** $p < .001$.

Further descriptive statistics and independent samples *t*-tests were used to investigate whether any significant differences were present between those above and those below the clinically significant threshold for the AQ50 (Baron-Cohen et al., 2001). Of the total number of participants, 22.6% ($n = 40$) scored 32 (or above) out of 50 on the AQ50. Of those, only 10 self-reported a pre-existing diagnosis of Autism Spectrum Disorder (ASD), Asperger's Syndrome, High Functioning Autism, Autistic Disorder, or Pervasive Developmental Disorder (PDD). As presented in Table 9, participants above the AQ50 threshold scored lower on the EssenCES and lower on the CVTRS compared to those below the threshold, though not significantly so. An independent samples *t*-test demonstrated a significant difference between groups with regards to scores on the HADS ($t(175) = 5.93$, $p < .001$, $d = 1.10$), with an effect size that exceeded Cohen's (1988) convention for a large effect size (i.e. $d = .80$). This suggested significantly higher anxiety and depression levels in those scoring above threshold on the AQ50.

Table 9.

Descriptive statistics and t-test values for total scores on EssenCES (including subscale measures: Inmate Cohesion; Experienced Safety; Hold and Support), HADS and CVTRS, comparing those above and below the AQ threshold score.

	AQ ≥ 32	AQ < 32	<i>t</i>	<i>p</i>	<i>d</i>
EssenCES	26.19 (10.20)	29.48 (11.38)	-1.64	.102	0.30
i. Inmate Cohesion	8.12 (4.31)	9.21 (4.59)	-1.34	.184	0.25
ii. Experienced Safety	10.19 (5.05)	11.55 (4.66)	-1.60	.111	0.28
iii. Hold and Support	7.89 (4.59)	8.72 (4.69)	-.993	.322	0.18
HADS	25.10 (8.15)	15.46 (9.28)	5.93	< .001***	1.10
CVTRS	77.77 (11.45)	78.51 (11.81)	-.35	.729	0.06

*AQ50, Autism Quotient 50; EssenCES, Essen Climate Evaluation Schema; HADS, Hospital Anxiety and Depression Scale; CVTRS, Corrections Victoria Treatment Readiness Scale. *** $p < .001$.*

5.3.3. Correlations

A bivariate correlation analysis was conducted, and significant correlations were identified between scores on all measures (See Table 10 for Pearson's correlation coefficients). The strongest relationship amongst these was a moderate positive correlation between scores on the AQ50 and HADS; $r(175) = .60, p < .001$. A near-moderate negative correlation was also found between scores on the EssenCES and the HADS; $r(175) = .49, p < .001$. Age also had very weak significant correlations with all measures except the CVTRS; $r(175) = -.02, p = .847$.

Table 10.

Pearson's correlation coefficients between participant age and total scores on AQ50, EssenCES, HADS and CVTRS measures.

	Age	AQ50	EssenCES	HADS	CVTRS
Age	-				
AQ50	-.26***	-			
EssenCES	.21**	-.21**	-		
HADS	-.27***	.60***	-.49***	-	
CVTRS	-.02	-.20**	.23**	-.35***	-

*AQ50, Autism Quotient 50; EssenCES, Essen Climate Evaluation Schema; HADS, Hospital Anxiety and Depression Scale; CVTRS, Corrections Victoria Treatment Readiness Scale. ** $p < .01$. *** $p < .001$.*

5.3.4. Double-Mediation Analysis

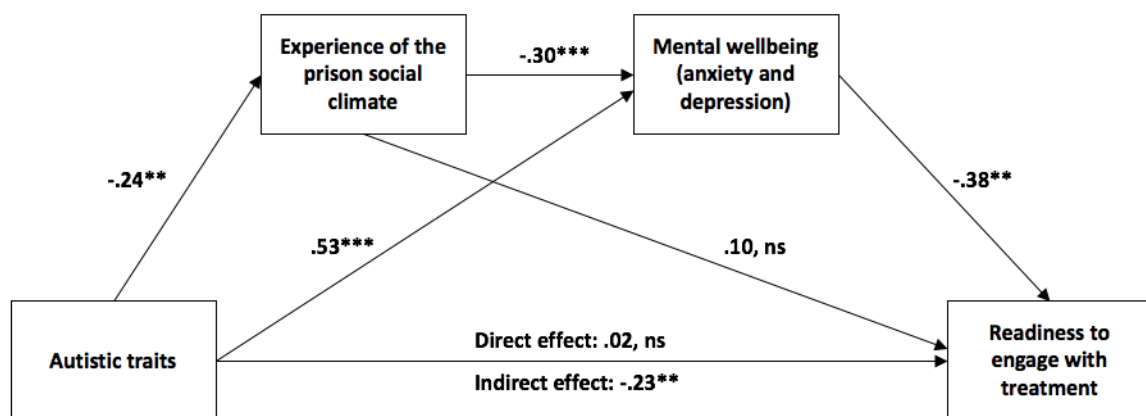
A double-mediation analysis was conducted on the data, using the PROCESS macro (Model 6) in SPSS (Hayes, 2017; 2018). Model 6 is capable of testing for direct and indirect effects of a focal predictor variable (X) on an outcome variable (Y), with the integration of two mediator variables (M^1 and M^2). As demonstrated in Figure 8, the double mediation analysis found a statistically significant indirect negative effect of autistic traits on readiness to engage with treatment, when mediated by experiences of the prison social climate and mental wellbeing ($b = -.23, p = .009$). By contrast, the direct effect of autistic traits on readiness to engage with treatment was not statistically significant ($b = .02, p = .859$). This meant that levels of autistic traits alone did not significantly predict higher or lower treatment readiness. However, higher autistic traits indirectly predicted lower treatment readiness, when mediated by perceptions of the prison social climate and mental wellbeing.

There was a statistically significant direct negative effect of autistic traits on rated experiences of the prison social climate ($b = -.24, p = .004$). There was also a statistically significant direct positive effect of autistic traits on mental wellbeing ($b = .53, p < .001$). This meant that higher autistic traits predicted poorer ratings of the prison social climate, and higher anxiety and depression levels (i.e. poorer mental wellbeing). There were also statistically significant direct negative effects of rated experiences of the prison social climate on mental wellbeing ($b = -.30, p < .001$), and mental wellbeing on readiness to engage with treatment ($b = -.38, p = .001$). This meant that poorer ratings of the prison social climate predicted poorer mental wellbeing, and poorer mental wellbeing predicted

lower readiness to engage with treatment. However, experiences of the prison social climate alone did not significantly predict readiness to engage with treatment ($b = .10, p = .253$).

Figure 8.

A double-mediation model testing for direct and indirect effects leading from autistic traits to readiness to engage with forensic treatment via experience of the prison social climate and mental wellbeing (anxiety and depression).



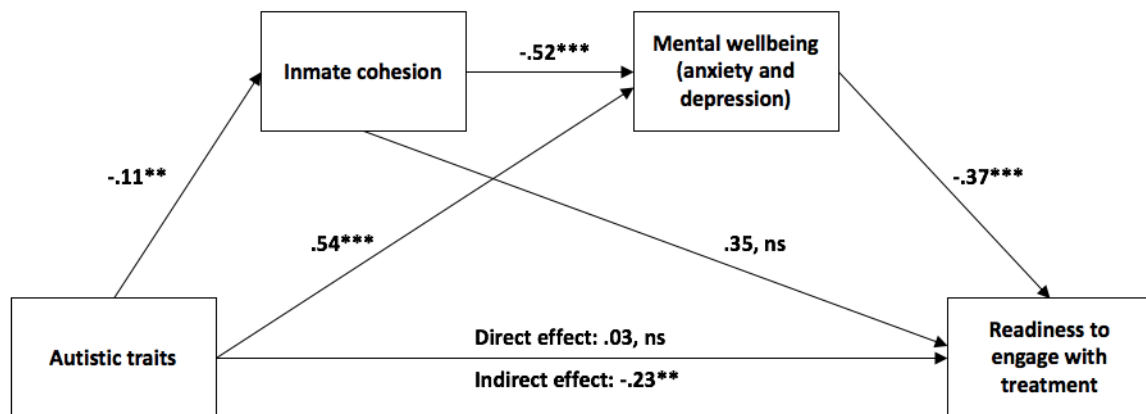
$*p < .05$. $**p < .01$. $***p < .001$.

5.3.5. Post Hoc Analyses

Finally, three post hoc double-mediation analyses were conducted, replacing the EssenCES total score variable, in turn, with EssenCES subscales ('Inmate Cohesion'; 'Experienced Safety'; 'Hold and Support'), to isolate effects. Figures 9a, 9b, and 9c demonstrate the results of these analyses.

Figure 9a.

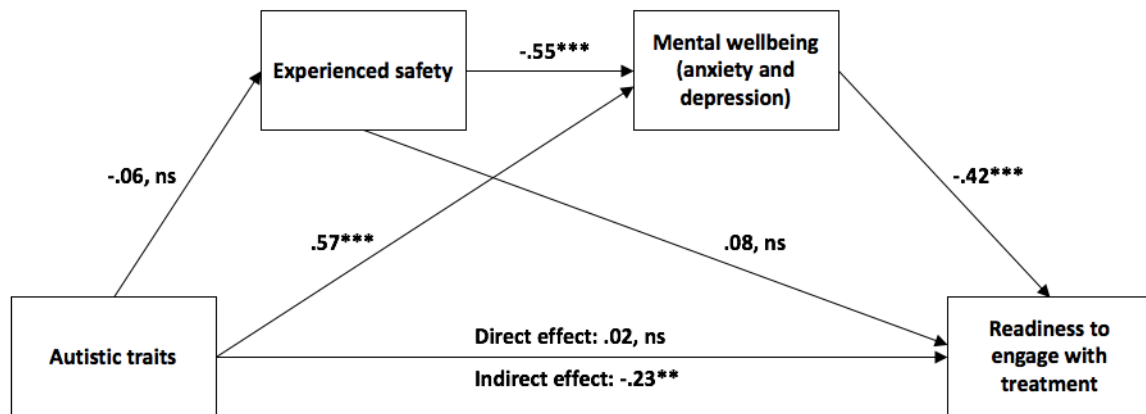
A double-mediation model testing for direct and indirect effects leading from autistic traits to readiness to engage with forensic treatment via 'Inmate Cohesion' and mental wellbeing (anxiety and depression).



** $p < .05$. ** $p < .01$. *** $p < .001$.*

Figure 9b.

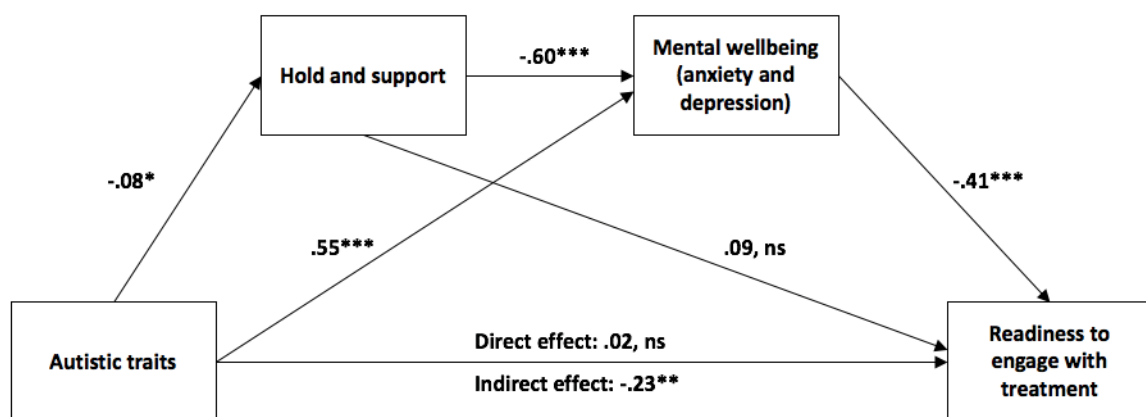
A double-mediation model testing for direct and indirect effects leading from autistic traits to readiness to engage with forensic treatment via 'Experienced Safety' and mental wellbeing (anxiety and depression).



* $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 9c.

A double-mediation model testing for direct and indirect effects leading from autistic traits to readiness to engage with forensic treatment via 'Hold and Support' and mental wellbeing (anxiety and depression).



* $p < .05$. ** $p < .01$. *** $p < .001$.

Relationships between variables remained similar to the initial double-mediation model presented in Figure 1, with some variation in the effects of autistic traits on each EssenCES domain. That is, higher autistic traits predicted poorer ratings of 'Inmate Cohesion' ($b = .11, p = .002$) and

'Hold and Support' ($b = .08, p = .032$), but were not associated with 'Experienced Safety' ($b = .06, p = .096$).

5.4. Discussion

This study investigated whether autistic traits impact a prisoner with sexual convictions' experience of the prison social climate, and whether such experiences affected mental wellbeing (by increasing anxiety and depression), and ultimately readiness to engage with interventions. It was hypothesised that individuals with higher autistic traits would have poorer experiences of the prison social climate, and that, in turn, these poorer experiences would result in poorer mental wellbeing (manifesting as higher anxiety and depression levels), and ultimately reduce willingness to engage with interventions. It was found that while autistic traits alone could not significantly predict readiness to engage with interventions; when mediated by experiences of the prison social climate and mental wellbeing, they could. Supporting the proposed hypothesis, results suggested that participants with higher autistic traits tended to have a poorer experiences of the prison social climate, which, in turn, predicted higher levels of anxiety and depression, which then made them less willing to engage with forensic interventions. It may be inferred from this that autism alone does not render an ISOC inherently less ready for interventions. However, it does imply that an autistic ISOC is more likely to have a poorer experience of the prison social climate, which, in turn, can be damaging to their mental wellbeing, and, by that mechanism, also be a detriment to their readiness to engage in interventions.

Prison social climates have been largely understood as inherently relational social phenomena (constructed of dimensions such as inmate cohesion, staff-prisoner relationships and safety from others in the prison social context; Mann et al., 2019; Schalast et al., 2008). It is therefore understandable that autistic traits in this study were negatively associated with perceptions of the prison social climate; as a condition largely characterised by difficulties in the social arena (APA, 2013). It is to be expected that neurodivergent prisoners would have different interpretations of the prison social climate around them compared to neurotypical prisoners, particularly regarding social interactions and relations with others. This was also evidenced in Chapter 4, where it was suggested that autistic ISOCs frequently encounter social confrontations, altercations and misunderstandings with both prison staff and other prisoners in the prison environment (see Theme 4.2. 'Crossed wires' in Chapter 4). Therefore, it is of no surprise that scores on inmate cohesion and hold and support subscales were indicated as significantly associated with autistic traits in post hoc analyses.

With regards to inmate cohesion specifically, it is plausible that neurodivergent prisoners may be more likely to be socially marginalised and isolated compared to neurotypical prisoners. In the limited presence, albeit not an altogether absence, of the typical offence-based hierarchy reported in mainstream prison settings (Blagden et al., 2017; 2019); other traits, such as neurodivergence, may form one determinant of a prisoner's place in the social hierarchy of a specialist prison. Some research has also suggested that neurodivergent prisoners may avoid or struggle to develop and maintain relationships with other prisoners, due to difficulties in social communication and interaction (Allely, 2015; Helverschou et al., 2018; Newman et al., 2015; Vinter et al., 2020). Alternatively, findings from Chapter 4 and other qualitative research (Vinter et al., 2020) suggest that while some autistic prisoners have found themselves to be more social in the prison compared to life outside, friendships are normally isolated to individuals or tight-knit groups, and trust can be difficult to establish. Therefore, feelings of cohesion with the broader prisoner population of their wing or the whole establishment may not be present. Additionally, it may be that neurodivergent prisoners, while feeling more social cohesion with others compared to life outside of prison, may still experience proportionately less inmate cohesion than their more neurotypical peers. A further alternative explanation of this finding may be that neurodivergent prisoners are more likely to experience confrontation with other prisoners in the prison, as supported by previous research (NAS, 2011; Talbot, 2009; Vinter et al., 2020). However, this is not captured in the association between autistic traits and experienced safety, which was not significant in this study.

The association between autistic traits and hold and support may relate to a lack of understanding between neurodivergent prisoners and prison staff. Qualitative findings from previous research suggest that neurodivergent prisoners often encounter misunderstandings with prison staff, particularly operational staff, with regards to their autistic traits; which previous literature has linked to poor autism awareness in the prison system (Ashworth, 2016; McCarthy et al., 2015; Newman et al., 2019; Vinter et al., 2020). Even if undiagnosed with autism, neurodivergent prisoners will likely present to staff differently compared to neurotypical prisoners, and they may have differing support needs. Moreover, it is arguable that neurodivergent individuals may feel marginalised by staff for being different, which can be paralleled with how ISOCs can feel marginalised and stigmatised by prison staff in mainstream prisons (Mann et al., 2013; Ricciardelli & Moir, 2013). If neurodivergent prisoners are feeling misunderstood, marginalised, and are not receiving the right support for them, they may feel that staff are not as interested in their development and wellbeing- captured by the negatively associated scores on the hold and support subscale. This emphasises the need for more autism-specific support provisions in prisons, for autistic prisoners and neurodivergent individuals

who possess strong autistic traits (Vinter et al., 2020). For example, prison-wide autism awareness events and the NAS accreditation status (see Lewis et al., 2016a; 2015) could help autistic prisoners to feel that their needs are accepted and recognised, reducing stigma they could otherwise encounter. Alternatively, this finding may be explainable as individuals with higher autistic traits may find it difficult to read how staff feel towards them and may not be able to gauge staff's intentions towards them (supported by some of the experiences reported in Theme 4.2. 'Crossed wires' in Chapter 4); therefore, impacting their responses to the hold and support items of the questionnaire. If this is the case, autism-specific support provisions may remain a useful recommendation to tackle this issue. For example, psycho-educational programmes such as 'Socialeyes' (NAS, 2010), which are designed to build upon autistic individuals' social skills and social understanding, could help to support autistic and neurodivergent prisoners in their interactions with others in the prison.

The positive association in this study between autistic traits and mental wellbeing was unsurprising, given the common co-occurrence of autism, anxiety and depression generally (Bleil Walters et al., 2013; Hollocks et al., 2018). However, of particular relevance to this research was the mediating effect, and direct effect, of anxiety and depression levels on readiness to engage with interventions. Given the non-significant association between experiences of the prison social climate and treatment readiness, this emphasised the cruciality of mental wellbeing. This finding suggested that prison social climate perceptions alone do not dictate whether a prisoner is ready to engage with interventions; rather, this experience holds the potential to increase anxiety and depression levels, and this change in wellbeing is what impacts their readiness to engage with interventions. This contrasted findings from Blagden et al. (2016), who reported a significant, positive relationship between ratings of the prison social climate and treatment readiness, in a similar prison environment to this study, using the same EssenCES and CVTRS measures; and it was unclear as to why a similarly significant relationship was not found in this research.

However, findings in this study do support the interaction between internal conditions and external conditions as determinants of treatment readiness, theorised in the MORM model of treatment readiness (Ward et al., 2004). Findings in this study also resonate with previous qualitative prison climate research, which suggests that poorer prison social climate experiences seem to lead to feelings of anxiety that cloud their headspace, inhibiting capacity to engage with therapeutic change (Blagden et al., 2019). Similar findings have also been reported by Beazley and Gudjonsson (2011), who found that depression predicted motivation to engage with interventions for patients in a medium-secure psychiatric unit, and that depression also mediated the relationship between

patients' perceptions of a ward atmosphere and motivation to engage in interventions. Furthermore, this aligns with the qualitative findings from Chapter 4 that suggested that it was the negatively impacted mental wellbeing of autistic prisoners stemming from the prison experience (particularly anxiety), that led to poorer engagement with programmes: rather than the differing prison experience alone. Therefore, it may be just as important for interventions to be directed toward supporting and improving mental wellbeing generally, thereby indirectly supporting intervention engagement, rather than only encouraging engagement directly. This was similarly argued by Beazley and Gudjonsson (2011), who advocated jointly tackling patients' depression and ward atmosphere, rather than addressing them as separate issues, in order to improve patients' motivation to engage with interventions.

In a similar pattern to experiences of the prison social climate, autistic traits alone were not directly significantly associated with treatment readiness. Instead there was a significant indirect effect of autistic traits on treatment readiness, mediated by a knock-on effect of experiences of the prison social climate on wellbeing. This is understandable, when contextualised in the heterogeneous interventions experiences described by participants in Chapter 4. For example, staff and autistic prisoners in those studies reported both positive and negative experiences of similar phenomena in interventions (e.g. group programmes). However, the underpinning theme that seemed to drive whether interventions experiences were positive or negative was whether an individual's anxiety was increased to a level that impacted willingness to engage. Such anxiety was reported to stem from either the broader prison experience (often with reference to features of the social climate), programme features, or a combination of these. However, these feelings of anxiety may also be attributed to the heightened state of anxiety that many autistic individuals are reported to typically experience in their daily lives, stemming from general autism-related stressors (Wood & Gadow, 2010). Wood and Gadow (2010) theorised that anxiety experienced by autistic individuals may result in increased social avoidance, more noticeable RRBI traits (e.g. repetitive behaviours), behaviours that challenge (e.g. noncompliance and tantrums), and personal distress. These effects may have problematic repercussions in the prison-based interventions context. For example, an autistic ISOC's non-attendance of programme sessions may be a result of anxiety-related social avoidance. However, anxiety may not be recognised by staff as the underlying reason for non-attendance, particularly if an autistic ISOC struggles to verbalise their anxiety or has not had a formal diagnosis. In such cases, an autistic ISOC may face penalisation for their failure to attend sessions. Instances of this type of anxiety-related misinterpretation between autistic ISOCs and prison staff were reported in several themes in Chapter 4. To address these issues, understanding an autistic ISOC on an individual level (as

advocated in Chapter 3 and Chapter 4) may be key for prison staff to understand what may trigger their anxiety, how they express that anxiety (i.e. what are the behavioural signs unique to that individual), and, crucially, how to help reduce their anxiety to support their engagement with interventions.

An additional observation in this study was that although there were differences between individuals above and below the clinically significant threshold on the AQ50, where participants above threshold indicated poorer perceptions of the prison social climate and lower treatment readiness, differences were not statistically significant. However, there were significant differences between groups with regards to mental wellbeing, with those above the AQ50 threshold reporting significantly higher levels of anxiety and depression. If the AQ50 threshold is indeed a useful indicator of clinically significant traits, it may be inferred from this study that autistic prisoners are experiencing poorer mental wellbeing compared to neurotypical prisoners, and that the development of specialist prisons for ISOCs alone may not be sufficiently supportive. As such, more support may be required for autistic prisoners. These findings support a recommendation for increasing mental health support for autistic ISOCs, and that, beyond an autism label, the AQ50 threshold may represent a useful means of screening for and identifying individuals who are likely to require said support in prisons.

5.4.1. Hidden Population

An additional observation in this study was the disproportionately high prevalence of individuals who scored above the clinically significant threshold for autistic traits on the AQ50 (23%). Only 25% of the participants who scored above the threshold also self-reported a pre-existing autism diagnosis. These figures are considerably higher than those reported in previous prison-based studies that have utilised the AQ50 (Fazio et al., 2012; Loureiro et al., 2018; Robinson et al., 2012). For example, Fazio et al. (2012) found that 4.4% of a sample of 431 adult male prisoners scored above the threshold, Robinson et al. (2012) found that 5.65% of their sample of 126 predominantly adult male prisoners scored above the threshold, and Loureiro et al. (2018) found that 29.97% of their sample of 101 adult male prisoners scored above the threshold. However, this difference may be attributed to the fact that the sample in the present study was solely comprised of prisoners with sexual offence convictions, one of the more common crimes committed by autistic individuals (de la Cuesta, 2010); whereas earlier research included more diverse samples of prisoners.

While the AQ50 is not a diagnostic tool, Baron-Cohen et al. (2001) suggested that scores of 32 or above did represent clinically significant autistic traits. Therefore, findings in the present study may

be further evidence of what previous research has theorised to be a hidden population of undiagnosed autistic prisoners in custody (Ashworth, 2016; de la Cuesta, 2010; Mouridsen, 2012; Myers, 2004; Newman et al., 2019). This may complicate the implementation of extra support measures for autistic individuals (e.g. mental health and autism-specific provisions), as it is unclear which individuals require support. There is a risk that unidentified autistic individuals may fall under the radar, and subsequently not receive the appropriate management and support they require (Mouridsen, 2012). As highlighted in Chapter 1 of this thesis, this issue has been attributed to a lack of reliable autism screening tools and approaches, empirically validated for use in prison settings (Archer & Hurley, 2013; Ashworth, 2016; Moloney & Gulati, 2019; Newman et al., 2019). Previous research already suggests that autistic individuals have different experiences of prison life (Allely, 2015; Helverschou et al., 2018; Newman et al., 2015; Vinter et al., 2020); however, if this has potential to extend to impacting on engagement with interventions, as suggested in the present study, then identification of autistic individuals in prison setting is a crucial priority. Therefore, these findings warrant further investigation, and reemphasise the need for prison-based autism prevalence research, improved screening approaches, and more responsive regimes and interventions.

On the other hand, these findings need to be interpreted with caution. In the present study, 12% of the sample had self-reported a pre-existing autism diagnosis. However, only 48% of those individuals actually scored above the clinically significant threshold on the AQ50. One interpretation of this is that it may be indicative of the validity issues that have been associated with the AQ50 in existing literature (Ashwood et al., 2016; Murphy, 2011). For example, in a study to assess the utility of the AQ measures (AQ10 and AQ50) as screening tools for streamlining clinical referrals, Ashwood et al. (2016) found that self-report AQ scores could not predict clinical diagnoses of autism made by clinicians in a diagnostic clinic. Furthermore, it was suggested that the AQ10 resulted in false-negative indications of caseness in 64% of individuals who scored below the clinically significant threshold, and that the AQ50 performed only marginally better in this regard. Therefore, like participants in Ashwood et al.'s research, it is possible that some participants in the present study may have genuinely possessed a pre-existing autism diagnosis, but may have been captured as false-negatives by the AQ50. It has also been suggested that the AQ50 may inadvertently capture traits that are common features of other conditions, such as generalised anxiety disorder (Ashwood et al., 2016), or are otherwise common in forensic or institutionalised populations; such as a preference for routines and difficulties with perspective-taking (Murphy, 2011). As the present study was a prison-based study, it is possible that the AQ50 perhaps lacked sufficient discriminative validity to distinguish individuals with higher genuine autistic traits from others who possessed similar, but nonetheless not

genuinely autistic, traits. Therefore, some individuals who scored highly on the AQ50 in this study, but did not self-report a pre-existing autism diagnosis, may simply have possessed autism-like traits, but those traits were perhaps attributed to other conditions or characteristics, and not undiagnosed autism (i.e. false-positives).

Alternatively, the discrepancies between AQ50 scores and self-reported pre-existing autism diagnoses in this study may reflect participants' confusion when completing the AQ50 or otherwise inaccurate self-reporting from those participants, both of which are known inherent weaknesses associated with self-report measures (Ashwood et al., 2016; Murphy, 2011). For instance, Ashwood et al. (2016) suggested that it was possible that some autistic individuals may lack sufficient self-insight to accurately complete self-report AQ measures, possibly contributing false-negative outcomes. Therefore, in the present study, it is possible that some participants who genuinely possessed a pre-existing autism diagnosis simply lacked sufficient self-insight to accurately self-report their traits on the AQ50. Additionally, Murphy (2011) noted that the self-report AQ not only requires sufficient self-insight, but also honest and appropriate motivation when completing the measure. Murphy suggested that in a secure forensic setting, some individuals may deliberately attempt to deceive and convey a false impression, if there is an expectation that this could confer something positive to gain (e.g. transfer to a less restrictive environment or additional privileges). As such, although there was a clear written statement in the research information sheet that participation in the present study would not confer any distinct additional advantages or benefits, some non-autistic participants may have disregarded this. Some non-autistic participants may have purposefully attempted to deceive the researcher, and self-reported a pre-existing autism diagnosis, in the belief it may confer some positive gain; but did not perhaps have sufficient autism awareness to carry their deception into their completion of the AQ50 itself, hence their lower AQ50 scores. Collectively, these alternative explanations may account for the discrepancies between self-reported autism diagnoses and AQ50 scores. Ultimately however, as access to file information and medical records to confirm diagnoses was unavailable in this study, it is difficult to confidently state why the discrepancy occurred. Therefore, these potential issues should be considered in future research and in the development of prison-based autism screening tools. For example, as starting points, consideration should be given to Murphy's (2011) recommendations for: adapting the AQ into a semi-structured interview format, to remedy some of the potential limitations associated with the self-report nature of the AQ50, and developing a forensic version of the AQ to make it more relevant to forensic populations and to have more utility in forensic settings.

5.4.2. Limitations

An important limitation in this study was the number of incomplete responses, which led to a need to impute missing data. While data was demonstrated to be MCAR, and therefore an imputation technique such as EM was appropriate, missing responses and additional handwritten comments from participants indicated that there were limitations associated with the CVTRS. For example, some of the more commonly missed items referred to views about a participant's offending behaviour (e.g. Item 18. "I feel ashamed about my offending"). A number of participants refused to answer these items, and left handwritten comments whereby they denied having committed an offence and claiming they had been wrongly convicted. As another example, item 9 presents the statement "I am upset about being a corrections client", and this was one of the most commonly missed items. Comments from participants indicated that this was due to the use of the term "corrections client", which is not commonly used in the UK. As such, some participants were unsure of its meaning, and did not feel able to answer. In future research of this type, an alternative measure of treatment readiness may be more appropriate (see Mossière & Serin, 2014, for an overview and critique of existing treatment readiness measures and models). Alternatively, adjustment to items in the CVTRS may be necessary to make it more culturally sensitive for use in UK prisons (e.g. changing "corrections client" to "prisoner" or "prison inmate"), which would then need to be validated to ensure fidelity with the original CVTRS in what is measured.

A second limitation of this study was that it did not consider the participants' experiences of the prison physical-sensory environment as a facet of the main model, focussing instead on the prison social climate. However, qualitative findings from the studies in Chapter 4 and previous literature (Higgs & Carter, 2015; Vinter et al., 2020) indicated the potential impact of the sensory environment on anxiety and stress levels, and consequently engagement with interventions. Therefore, it may be that experiences of the sensory environment of a prison are more, or equally, as impactful as experiences of the prison social climate on an autistic ISOC's mental wellbeing and/or readiness to engage with interventions. In the present study, as a self-report questionnaire study, it may have proved difficult to integrate this as a variable without potentially overloading participants (i.e. >101 items). Additionally, there is an absence of psychometric tools available that could provide a quantitative measurement of prisoner experiences of a prison sensory environment. As such, future research should consider developing a tool that can provide such a measure, validated for use in prison and/or other forensic settings. For example, a considerably modified version of the Glasgow Sensory Questionnaire (GSQ; Robertson & Simmons, 2013) could be adapted for application in prison settings (see Chapter 6 for further discussion).

Thirdly, the focussed measurement of anxiety and depression traits to represent mental wellbeing may constitute a limitation, as a somewhat narrow conceptualisation of mental wellbeing. These traits were chosen because the qualitative findings in Chapter 3 and Chapter 4 suggested that these were particularly relevant dimensions of mental wellbeing for autistic ISOCs, and the brevity of the HADS measure was beneficial to avoid overloading participants with too many questionnaire items. However, it may be argued that a more general or holistic measure of mental wellbeing may have been a more valid measure for this study, given the broader range of impacts that the prison experience seemed to have on autistic ISOCs (e.g. stress and frustration). For example, an adapted version of the Lancashire Quality of Life Profile (Oliver et al., 1996), as used by Murphy and Mullens (2017) with autistic individuals detained in HSPC.

Finally, in this study, ratings of prison social climates were found to be significantly lower than what would be expected in UK prisons. This finding contrasted previous research in similar prison settings, which have reported positive prisoner experiences of the social climate in prisons that exclusively house ISOCs (e.g. Blagden et al., 2016; Blagden et al., 2017). However, it was not immediately clear why this was the case in the current study. The significant differences between participants' ratings of the prison social climates in this research and UK prison statistical norms for the EssenCES (Schalast & Tonkin, 2016; Tonkin et al., 2012) may represent an underlying limitation(s) with this study. For example, the sample taken from each prison may not be entirely representative of the prevailing experiences in those prisons. The study asked participants to independently read and complete consent forms, followed by questionnaires totalling 101 items. It may be that prisoners who were having negative experiences of the prison climate or otherwise disgruntled were more inclined to participate, to have their views heard, compared to individuals who had more positive experiences and little to no complaints. Additionally, with the inclusion of scales relating to autistic traits, anxiety and depression, it is also possible that this attracted participants who felt that these issues would be more relevant to them; but was perhaps perceived as overly burdensome to other prisoners. On the other hand, the differences from statistical norms found in the present study may be explained by underlying limitations associated with the original research from which those statistical norms were derived (Tonkin et al., 2012). For example, by their own admission, Tonkin et al.'s (2012) study did not include participants from lower security conditions, including Category C prisons like those that were involved in the present study. Therefore, statistical norms derived from Tonkin et al.'s (2012) research may not be sufficiently representative of participants who took part in the present study. Alternatively, differences from statistical norms found in previous research may simply represent the

dynamic nature of prison social climates, and how they may have a propensity to change and flux over time. The statistical norms for the EssenCES scale, outlined in Schalast & Tonkin's (2016) published manual, are taken from a 2012 study (Tonkin et al., 2012), and may therefore have become a little outdated and not representative of the currently typical UK prison social climate. Therefore, more focussed contemporary research investigating prison social climates (e.g. Reading and Ross, 2020), which alleviates the participant burden posed by additional measures (e.g. AQ50), may elucidate this.

5.4.3. Conclusions

To conclude, existing prison climate literature has posited that one element of a prison social climate relates to how well the psychological and physical needs of prisoners are understood, accommodated and supported (Tonkin, 2016). Findings from the present study suggested that neurodivergence may be one such psychological need, which needs to be considered and accommodated in the development of a prisons rehabilitative culture. The implications of this study are that neurodivergent prisoners have different perceptions of the prison social climate compared to neurotypical prisoners, which ultimately impacts their mental wellbeing and readiness to engage with interventions. Therefore, this study provided an evidence base to justify implementation of further social and mental health support provisions for neurodivergent prisoners, to encourage and support their participation in interventions. These issues were considered further in the discussions and formulation of recommendations in Chapter 6.

CHAPTER 6: General Discussion

6.1. Overview

Outlined in Chapter 1, this thesis aimed to address the following research questions:

1. How appropriate are current prison-based sexual offending interventions for autistic ISOCs?
2. What is best practice when working with autistic ISOCs in prison-based sexual offending interventions?

The following primary and secondary aims were formulated to address these research questions.

Primary aims

- To identify challenges associated with prison-based sexual offending interventions for autistic ISOCs
- To identify beneficial features of prison-based sexual offending interventions for autistic ISOCs
- To generate evidence-based, practical recommendations on how to work with autistic ISOCs in prison-based sexual offending interventions

Secondary aims:

- To explore the diversity in the life experiences of autistic ISOCs from childhood to their present-day imprisonment, and how this may be relevant to working with them in interventions
- To explore and gain an insight into autistic ISOCs perspectives on prison-based sexual offending interventions
- To explore and gain an insight into staff perspectives on prison-based sexual offending interventions for autistic ISOCs

Three empirical studies were conducted to address these research questions and aims. As outlined in Chapter 2, an exploratory sequential mixed method design was utilised for this thesis; gathering a holistic insight that ranged from an ideographic level to a nomothetic level. Study 1 (Chapter 3) was an idiographic exploration of the life stories of autistic ISOCs, and discussed how differences and commonalities in those life stories were potentially relevant to approaching

interventions with those individuals. Representing a relative middle-position on the idiographic-nomothetic research spectrum; Study 2 (Chapter 4) employed a multi-perspective qualitative design and explored autistic ISOCs' and staffs' perspectives on the appropriateness of prison-based sexual offending interventions for autistic ISOCs. Study 2 identified potentially generalisable challenges and beneficial features associated with prison-based sexual offending interventions for autistic ISOCs; which may be useful starting points for understanding best practice when working with autistic ISOCs in interventions. Finally, Study 3 (Chapter 5) was a nomothetic study, which quantitatively confirmed hypothesised relationships between autism, experiences of the prison social climate, mental wellbeing and readiness to engage in interventions; based on findings from Study 2.

As the final chapter of this thesis, this chapter synthesises the findings from the empirical studies. Subsequent recommendations (Recs) for practice when working with autistic ISOCs in prison-based sexual offending interventions are proposed. Furthermore, this chapter highlights the original contributions of this thesis, considers broader limitations of the research, proposes directions for future research, and concludes with a reflective summary of the key take-home messages of the thesis.

6.2. Understanding autism and the individual

An important implication drawn from findings in the qualitative studies of this thesis (see Chapters 3 and 4) was that working with an autistic ISOC during forensic interventions benefits from staff possessing a broader base awareness of autism, accompanied by a focussed understanding of what being autistic means for that specific individual (addressed in Rec1, Rec2 and Rec 3). This included recognition of an individual's strengths, as well as challenges they are likely to encounter. Autistic ISOCs in this research described experiences of feeling marginalised and misunderstood because of their autism in prison, and during their lives prior to prison. However, these negative experiences were sometimes contrasted with positive experiences of being heard and having their individuality recognised (see Chapter 3, and Themes 4. '(Dis)connection' in Chapter 4). For example, in Chapter 3, Jamie described early nadir experiences of school, where he was bullied by peers and felt misunderstood by teachers. However, later in his life story, Jamie regaled in his descriptions of friendships he had developed with other prisoners and prison staff, who understood what being autistic meant for him and accepted him for who he is. In addition, staff in this research expressed a willingness to understand autism broadly and autistic ISOCs individually. However, this was hampered by challenges associated with acquiring relevant information in the prison context, limits on time available to staff to work individually with autistic ISOCs, and a lack of autism-specific training

opportunities (see Themes 3.1. 'Feeling prepared' and 4.1. 'Feeling listened to' in Chapter 4). In short, findings have suggested that autistic ISOCs wanted to feel understood, and staff wanted to understand; but both groups had experienced barriers to achieving these goals.

Of specific relevance to interventions in the prison environment, findings in Chapter 4 suggested that awareness and understanding of autism in prisons, both within and beyond the interventions, was not consistent. This was captured through the reported observations and experiences of autistic ISOCs and staff (see Theme 4.2. 'Crossed wires' in Chapter 4), and implicitly in the varied autism understanding exhibited by staff during interviews in Study 2. During interviews, understanding of autism among staff participants varied; from those who could recite the core DSM-5 diagnostic criteria (APA, 2013), to those who conceptualised autism as a broad difference in how an individual perceives and interacts with the social world, but struggled to elaborate beyond this. Autism-related knowledge among staff participants varied according to whether they had received education or training on autism, had personal experiences or relationships with autistic individuals (such as friends or family), and/or experiences working with autistic individuals in a professional capacity. This is consistent with previous literature, which highlights that personal and professional experiences of interacting with autistic individuals can be valuable for autism awareness amongst prison staff (Lewis et al., 2016a). Future research should consider exploring this further through a more focussed study on staff knowledge and experiences of autism across the prison, to get a clearer impression of autism awareness, and inform autism education strategies. This may be particularly important for evaluating the lasting impact of NAS autism accreditation schemes in prisons, such as those at HMYOI Feltham (Lewis et al., 2016a) and HMP Whatton (NAS, 2019).

With regards to the actual delivery of interventions, findings suggested that varied autism awareness amongst staff may impact the quality of therapeutic relationships with autistic ISOCs. Autistic ISOCs and staff in Chapter 4 reported experiences of friction, tension and frustration in therapeutic relationships, often linked to misunderstanding and misinterpretation of the autistic phenotype (see Themes 1.2. 'Reaching boiling point', 2.2. 'Thinking about feelings', 4.1. 'Feeling listened to', and 4.2. 'Crossed wires' in Chapter 4). Furthermore, experiences reported by staff suggested that compassion fatigue may be likely when working with autistic ISOCs, which was consistent with previous research (MacDonald et al., 2017), and could lead to problems (such as hostility and harsh confrontations) that are not conducive to interventions (Serran et al., 2013). For example, both groups of participants reported difficulties in questions or tasks relating to emotions (see Theme 2.2. 'Thinking about feelings'). From the staff perspective; they found it difficult to work

with autistic ISOCs who claimed to be unable to recall emotions felt during past experiences. This would sometimes lead to a futile trial and error approach of paraphrasing questions, if, for example, an assessment necessitated answers to those questions. By contrast, in these situations, autistic ISOCs felt that staff would apply excessive pressure, pushing them to do things that they were incapable of doing, and wished for acceptance of their personal difficulty from staff. In such scenarios, both staff and autistic ISOCs alike experienced frustration, which often resulted in tension and strain on the therapeutic relationship. Previous research has consistently highlighted the value of therapeutic relationships (or therapeutic alliance) between clinicians and service users in supporting engagement with interventions to address offending (Kozar & Day, 2012; Marshall et al., 2003; Ross et al., 2008; Serran et al., 2013; Ward et al., 2004). For example, the Revised Theory of Therapeutic Alliance (Ross et al., 2008) emphasises the complex dynamic interactions between variables such as therapist characteristics, client characteristics, and the setting and contextual factors. In this context, a facilitator who possesses good understanding of autism generally, and an individual's autism specifically, may be mindful of what underpins seeming resistance to engage on the part of an autistic ISOC. They may then modify their approach, adjust expectations, and adapt their delivery style (consistent with the responsivity pillar of the RNR model; Andrews et al., 2011), and find that an autistic service user reciprocates by being more responsive to intervention; having felt understood and accepted. To clarify the applicability of current models of therapeutic alliance and treatment engagement and to supplement the findings in this thesis, future work should investigate whether there are additional (or alternative) nuances associated with therapeutic alliance when working with autistic ISOCs. However, it could be inferred from the described experiences of both participant groups that some of this tension and frustration was a result of misunderstanding and miscommunication, mediated by staff awareness and understanding of autism. This may be addressed to some extent by the implementation of autism awareness training for staff and the availability more autism-related information about an individual (see Rec1 and Rec2).

Beyond the confines of interventions, there was a perception shared by autistic ISOCs that broader autism awareness among prison staff and prisoners needed improvement (see Chapter 3 and Themes 4.2. 'Crossed wires' and 4.3. 'Networks of support' in Chapter 4). This corroborated a theme in existing research, which has highlighted problems with autism awareness in prison settings, and the CJS more generally (Allely, 2020; Ashworth, 2016; McCarthy et al., 2015; Newman et al., 2019). Findings in this thesis suggested that autism awareness constitutes an impactful dimension of a prison social climate for autistic ISOCs (see Theme 4.3. 'Networks of support' in Chapter 4); which is supported by evidence from other secure settings (e.g. HSPC; Murphy & Mullens, 2017). In Chapter 5

it was postulated that a significant negative relationship found in Study 3, between autistic traits and experience of the prison social climate (particularly 'inmate cohesion' and 'hold and support'), could reflect the issues relating to autism awareness amongst prison staff and other prisoners that were reported by participants in Study 2 (see Theme 4.2. 'Crossed wires' in Chapter 4). Though autism awareness was not quantitatively measured in this thesis, there was nevertheless a subjective perception from autistic ISOCs and some staff in the qualitative studies that there was limited autism awareness in parts of the prison. This is important, as social climates relate to how the prison social milieu is subjectively experienced (Lewis, 2017; Liebling et al., 2012; Tonkin, 2016). Therefore, perceived poor autism awareness in a prison social environment may serve to marginalise autistic ISOCs and create a tension between autistic ISOCs and others in the prison, which is not conducive to rehabilitation. Outside of interventions, autistic ISOCs may not feel that they are part of the prison community that has been previously characterised as positive in specialist prisons (Blagden et al., 2019); experiencing an out-group status (Tajfel et al., 1979). Within interventions sessions, there may be problematic implications for an autistic ISOC's integration and cohesion with a programme group and staff; threatening therapeutic alliance. This may also contribute toward a double-barrel marginalisation effect in mainstream prison environments; where autistic ISOCs could experience stigmatisation due with their sexual convictions (Mann et al., 2013), and additional marginalisation associated with their autism. However, future quantitative work would be required to confirm whether there is an association between prison autism awareness and perceptions of the prison social climate, the implications this may hold for rehabilitation, and whether, for example, this differs between prisons that do and do not hold NAS autism accreditation.

Despite examples of poor autism awareness and understanding reported by participants in Study 1 and Study 2, it was also found that small pockets of excellence existed in prisons, which had a positive impact on autistic ISOCs' intervention experiences (see Themes 4.1. 'Feeling listened to' and 4.3. 'Networks of support' in Chapter 4). In the qualitative studies, Autistic ISOCs frequently expressed gratitude for having people in their life who understood their autism; or at least made a noticeable effort to understand them as individuals, even if their autism-related knowledge fell short. This included a diverse range of people: from prison staff and fellow prisoners, to people in education settings, to family and friends. Autistic ISOCs who felt that they were understood by others often referred to improved confidence and reduced anxiety in their social environments. In their day-to-day lives, this improved their general sense of wellbeing; evidenced by the significant relationships between experiences of the prison social climate and mental wellbeing in Chapter 5. During their participation in programmes, these autistic ISOCs felt more willing to be open with programme

groups and staff and felt more included in programme groups. Consistent with Ward et al.'s (2004) MORM model (see Chapter 5), these findings illustrated how the interaction between internal conditions, present within an individual, and the positive external conditions around them can be beneficial for treatment readiness and engagement.

6.3. Prison-based interventions: content, delivery and environment

Findings in Chapter 4 provided insight into the challenging and beneficial features of interventions to address sexual offending for autistic ISOCs. Considered alongside findings in Chapter 3, there was support for the proposition that an autism diagnosis alone does not contain enough information for practitioners automatically know how to work with all autistic ISOCs; but may provide a useful starting point for adapting interventions to an individual autistic ISOC. The multi-perspective qualitative design in Chapter 4 identified consistent views held by both autistic ISOCs and staff, and these consistencies formed the bases of recommendations in this chapter (see Rec4 and Rec5).

6.3.1. Emotion-focussed content

Emotion-focussed interventions content was consistently highlighted as challenging for autistic ISOCs in this research (see Theme 2.2. 'Thinking about feelings' in Chapter 4). This was foreseeable, considering the socio-emotional difficulties that are characteristic of autism (APA, 2013). Moreover, previous non-forensic therapeutic literature has highlighted that learning to manage complex social-emotional issues can be especially challenging for autistic people, and that autistic traits have the potential to "*pose significant obstacles to social emotional learning*" (Ahlers et al., 2017, p.587).

Given the typical CBT basis of many interventions to address sexual offending (Schmucker & Lösel, 2017; Yates, 2013), the implications of difficulties in this realm are potentially significant. The CBT intervention model addresses sexual offending by honing in on the relationships between thoughts, feelings, emotions and behaviours that are associated with sexual offending. Interventions that address sexual offending often involve facilitators guiding ISOCs to develop skills; which help them to manage negative feelings and emotions, solve problems in appropriate ways, and work towards achieving goals (Ramsay et al., 2020; Schmucker & Lösel, 2017). However, the findings in Study 2 of this thesis indicated that tapping into the emotional aspect of the cognitive-behavioural cycle may prove difficult for autistic ISOCs in these interventions; and has been regarded as a barrier in previous non-forensic CBT work with autistic individuals (Cooper et al., 2018). For example, autistic

ISOCs may have difficulty discussing and reflecting on the thoughts and feelings that immediately preceded their offence; which was also observed to some extent in the fact-focused narrative styles of autistic ISOCs in Chapter 3. In Chapter 4, it was suggested that alexithymic traits and episodic memory issues may underpin some of these difficulties (see Theme 2.2. 'Thinking about feelings' in Chapter 4). This inference was supported by Higgs and Carter (2015), who speculated that potential alexithymic traits could impede autistic ISOCs' capacity to engage with exercises designed to improve emotion regulation, and may therefore have serious implications for the effectiveness of applying typical interventions strategies with autistic ISOCs. Autistic ISOCs may languish in interventions, if they struggle to negotiate the emotion-focused elements of those interventions. Therefore, alexithymic traits and episodic memory capacities may constitute salient considerations in responsive interventions formulation. If a pre-programme assessment indicated an autistic ISOC possessed high alexithymic traits, corresponding responsiveness adaptations to interventions may be necessary. For instance, interventions may need to primarily target behavioural adaptation rather than cognitive change (Higgs and Carter, 2015). Additional emotional recognition training components may also be beneficial, as recommended in non-forensic CBT interventions for autistic individuals (Cooper et al., 2018; Walters et al., 2016). Therefore, this constitutes a viable, and important, avenue of future research.

Unlike other features of interventions that could be removed to be more responsive to some autistic ISOCs (e.g. opting for one-to-one interventions instead of group-based interventions), tackling socio-emotional issues are at the heart of most interventions to address sexual offending. Therefore, rather than a removal of emotion-focused content, adaptations to the mode of delivery in interventions may be useful to support autistic ISOCs' engagement with such content. In the absence of alternative autism-specific interventions (Hollomotz et al., 2018; Robertson & McGillivray, 2015), this highlights the need for guidance for best practice when working with autistic ISOCs. Findings in Chapter 4 suggested that autistic ISOCs are capable of engaging with the emotion-focused aspects of interventions, with sufficient additional supportive learning tools. Moreover, supplementary support offered beyond the forensic intervention context (e.g. IDD team support) was helpful for autistic ISOCs in this research, to bolster some of their core skills (see Theme 4.3. 'Networks of support' in Chapter 4). Therefore, these were key considerations in the development of the recommendations outlined in this chapter (see Rec4 and Rec5).

6.3.2. Communication and interpersonal interaction

Communication and interpersonal interaction difficulties were recurring sources of challenges for autistic ISOCs. In Chapter 3, at various points in their lives, participants felt they had struggled to relate to other people. Similar difficulties associated with communication and interpersonal interaction were common themes in Chapter 4, where they were highlighted as presenting challenges for autistic ISOCs and staff alike during interventions (see Themes 1.1. 'A lot to process', 2.1. 'Getting involved with the group', and 4. '(Dis)connection' in Chapter 4). Given that social communication and interaction difficulties are core traits of autism (APA, 2013), it was anticipated that this would emerge as a potential challenge for autistic ISOCs and staff during interventions. In Chapter 4, communication and interaction related issues seemed to have a myriad of ramifications during interventions with autistic ISOCs. Key examples included: difficulties negotiating verbally delivered programmes or task instructions (particularly when delivered at a faster pace); difficulties managing social interactions with a group; confusion and anxiety around what to expect on programmes due to vague information; difficulties associated with comprehension of non-literal language in programmes; tension and frustration in therapeutic relationships with staff and peers; and implications for assessments of risk and treatment progress (see Themes 1.1. 'A lot to process', 1.2. 'Reaching boiling point', 2.1. 'Getting involved with the group', 2.3. 'Interpreting and applying content independently', 3.2. 'Feeling prepared', and 4. '(Dis)connection' in Chapter 4).

A prominent finding, relevant to interpersonal interaction, related to the utility of group-based programmes when working with autistic ISOCs. Findings suggested that while there were individual differences between individual autistic ISOCs, group programmes were frequently experienced as inherently challenging for autistic ISOCs (see Chapter 4). This corroborated a putative assumption in the previous literature, that group-based programmes may not be a suitable intervention format for many autistic ISOCs (e.g. Higgs & Carter, 2015; Murphy, 2010; Milton et al., 2002; Radley & Shaherbano, 2011). However, group-based programmes are the preferred modality for interventions to address sexual offending (Jennings & Deming, 2013; McGrath et al., 2009; Schmucker & Lösel, 2017; Ramsay et al., 2020). It allows for interventions with more individuals, is cost-effective compared to one-to-one interventions, and facilitates peer-to-peer learning, challenging and support (Serran et al., 2013; Yates, 2013). That said, there is a lack of systematic research that has compared the utility of individualised and group-based intervention formats for ISOCs (Schmucker & Lösel, 2017). However, findings in this thesis suggested that there may be a need to rethink of the use of group-based interventions with autistic ISOCs; with an expressed preference for one-to-one interventions voiced by many participants in Chapter 4. Autistic ISOCs often found the

group social environment inherently overwhelming, and difficult to navigate; and staff expressed difficulties in sufficiently meeting the needs of autistic ISOCs in group settings. This supports Schmucker's and Lösel's (2017) arguments that reliance on group-based interventions for ISOCs somewhat contradict the concept of adapting to individual needs (i.e. specific responsivity; Andrews et al., 2011), and that more individualised elements should be considered.

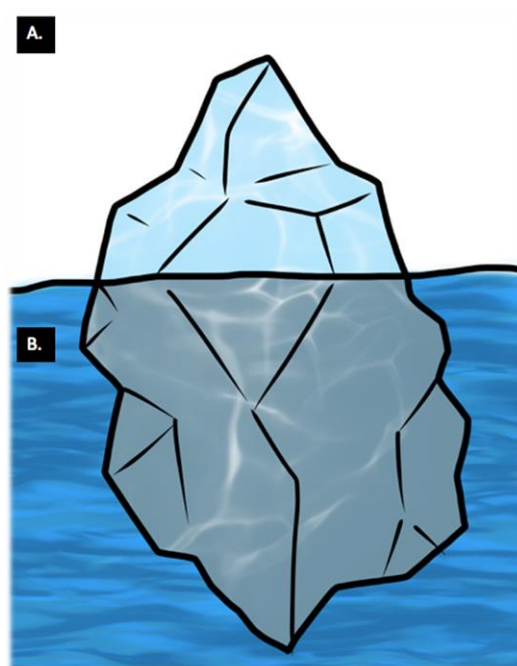
Equally, experiences of group-based interventions for autistic ISOCs were not ubiquitously negative. Findings in Chapter 4 highlighted some beneficial aspects and positive experiences of group-based interventions for autistic ISOCs. For example, some autistic ISOCs described experiences of cohesion with, and support from, programme groups; and consequent increases in social confidence. For example, this was evidenced by Participant 2 (Autistic ISOC) in Theme 4.3. Networks of support' (see Chapter 4), who had felt he was part of a small community in a group treatment programme. This was more consistent with recent research by Melvin et al. (2019), who found that, despite atypicalities in social communication and interaction, autistic ISOCs who participated in adapted programmes reported positive experiences of group interventions. It also corroborates non-forensic therapeutic literature, which has reported autistic individuals' positive experiences of group-based therapy, where all patients were autistic (Furuhashi, 2017; Spain et al., 2017). It may be inferred from this literature that positive experiences of group interventions, for autistic individuals, may be more common in group-based interventions where peers share diagnoses (e.g. autism and/or other IDD conditions), or where delivery is autism-sensitive. For example, Spain et al. (2017) reported positive outcomes (reduced anxiety and reduced avoidance of social situations), low dropout rates, and positive patient feedback on a group-based CBT intervention designed to address social anxiety in autistic individuals. This proposition was also supported by Furuhashi (2017), who reported that autistic patients felt like outsiders in groups consisting of neurotypical peers, but felt safer and more supported in groups with peers who shared similar diagnoses. On the other hand, findings in Chapter 4 indicated that autistic ISOCs had faced some challenges intrinsically associated with group programmes, irrespective of whether they were in a mainstream group with neurotypical peers or adapted groups with peers who had IDD diagnoses. For example, staff highlighted that some autistic may become bored, feel patronised or stigmatised, and disengage if they are directed toward adapted programmes (see Theme 1.1. 'A lot to process' in Chapter 4). Additionally, some autistic ISOCs believed that it was the group element of interventions that was inherently challenging, regardless of who their peers were on the programme (see Theme 2.1. 'Getting involved with the group' in Chapter 4).

The diversity in the lived experiences of autistic ISOCs, captured through the exploration of life stories in Chapter 3 and intervention experiences in Chapter 4, as well as those reported across the literature more broadly, further illustrates the heterogeneity of autistic individuals. This supports an argument for recognising the diversity of autistic ISOCs in interventions. That is, group-based interventions are neither wholly appropriate or wholly inappropriate, and that there is no one-size-fits-all approach to working with autistic ISOCs. When considering ISOCs more broadly, this point was further supported by Schmucker & Lösel (2017), who emphasised that the heterogeneity of ISOCs more generally does not support a one-size-fits-all approach to interventions, and advocated implementation of more individualised components in interventions. Recent advances in the HMPPS suite of interventions may represent progress in this regard, through the provision of more individualised content, individual sessions, and flexible delivery options compared to earlier interventions (Ramsay et al., 2020). However, the new suite of interventions has yet to be formally evaluated for their effectiveness.

Beyond contention regarding the utility of group-based interventions for autistic ISOCs, findings in this thesis identified additional challenges related to communication. Communication is reciprocal, and the challenges identified in this area seemed to relate not only to how well autistic ISOCs could understand and reciprocate communication, but also how well staff and other ISOCs could understand what an autistic ISOC was communicating, and facilitate or enable an autistic ISOCs' communication (see Themes 2.2. 'Thinking about feelings', 4.1. 'Feeling listened to', and 4.2. 'Crossed wires' in Chapter 4). For example, some of the challenges outlined in Chapter 4 for example seemed to arise when others misinterpreted or did not understand fully what an autistic ISOC was attempting to convey, rather than that individual lacking the ability to express what they were feeling (Helbert, 2013). This issue may be understood using the iceberg analogy (see Figure 10), often used in TEACCH based approaches (*Treatment and Education of Autistic and related Communication-handicapped Children*, Mesibov et al., 2005). In the analogy, the section of the iceberg above the waterline (A) represents the observable behaviours of an autistic individual. The larger section, below the waterline (B), represents the underlying reasons for that behaviour.

Figure 10.

Visualisation of TEACCH iceberg analogy.



During interventions with autistic ISOCs, findings in this thesis suggested that there is a chance that staff may misinterpret challenging, autism-related behaviours observable on the surface (such as uncompromising rigidity, argumentativeness), and attribute inaccurate motivations for those behaviours (e.g. purposively noncompliant and disruptive). For example, if an autistic ISOC is verbally rude or hostile on the surface (A), staff may not recognise that this is communicating an underlying agitation associated with the sensory or group environment in interventions (B). These issues may become compounded if an autistic ISOC struggles to verbalise, or introspectively recognise, what is causing them to behave this way. This could have problematic implications for therapeutic rapport and communication between autistic ISOCs and staff, but may be addressed to some extent through autism awareness training, adjusting interventions environments to be more autism-friendly, and tailoring interventions to the individual (see Rec1, Rec2, Rec4, Rec5 and Rec6).

6.3.3. Predictability, structure, order and routine (PSOR)

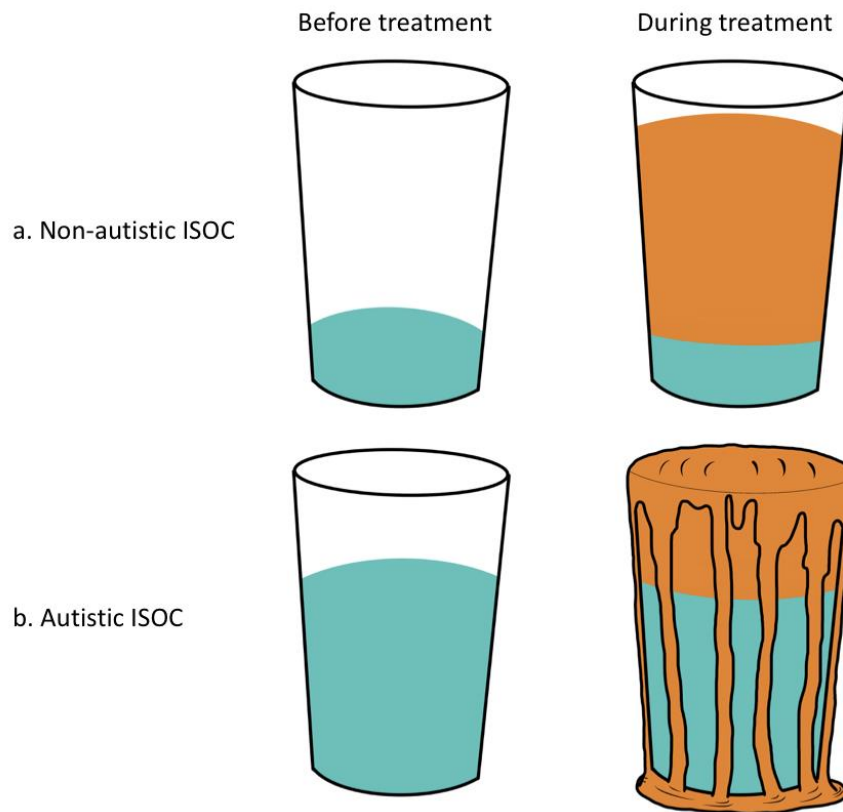
Findings in Chapter 3 and Chapter 4 demonstrated the importance of predictability, structure, order and routine (PSOR) for autistic ISOCs, in prison life generally and during interventions. For example, in Chapter 3, Jamie and Liam reflected fondly on the routines they followed during their lives prior to prison. In Chapter 4, findings suggested that PSOR could be supportive features of intervention delivery, content and prison life more generally for autistic ISOCs (see Theme 1.1. 'A lot

to process', 2.2. 'Thinking about feelings', 2.3. 'Interpreting and applying content independently', and 3. 'Knowing what to expect' in Chapter 4). However, when these features were lacking, inconsistent, or altogether absent, they had an impact on willingness to engage for autistic ISOCs, anxiety levels and confusion. With regards to prison-based interventions, this largely related to; consistency of the prison routine, regularity in the timetabling of interventions sessions, clear information about what participation in programmes would entail, integration of structure into exercises during interventions, and avoidance (or at least clear notification of) changes.

In existing research, the importance for PSOR has been consistently highlighted as important when working with autistic individuals across a variety of CJS contexts (Al-Attar, 2019; George et al., 2018; Murphy & Mullens, 2017; Robertson & McGillivray, 2015; Vinter et al., 2020); and the findings in this thesis have contributed to this by specifically highlighting how PSOR is relevant to working with autistic ISOCs in prison-based interventions. PSOR is closely related to the RRBI core trait of autism (APA, 2013). PSOR helps autistic individuals to find order and consistency in a social world that, for them, may be largely unpredictable and inconsistent. Findings in this thesis suggested that a lack of PSOR in and around interventions could be anxiety-inducing for autistic ISOCs. For example, the prison regime and routine had the potential to be a supportive feature of prison-based interventions for autistic ISOCs, providing them with broader PSOR in their lives around interventions. However, disruptions to this routine and lack of perceived control over their personal daily routines was problematic for some autistic ISOCs and gave rise to considerable anxiety; thereby potentially impacting their engagement with interventions (see Theme 3.2. 'Comfort in consistency' in Chapter 4). Findings in Chapter 4 suggested that the feelings of anxiety associated with a lack of PSOR during interventions could impede autistic ISOCs' engagement and progress. For example, in Chapter 4, Participant 4 (Autistic ISOC) described lasting experiences of upset and distraction after facing unexpected changes to his routine. It may be that these negative PSOR-associated emotional experiences cloud the headspace of some autistic ISOCs, and consequently impacts their readiness to engage with interventions. Framing this in terms of the MORM model (Ward et al., 2004), PSOR could be understood as an external condition of treatment readiness for autistic ISOCs, and PSOR-associated anxiety may constitute a crucial internal condition. To illustrate this, a staff participant in Study 2 (Participant 9) offered the analogy of water glasses (see Figure 11).

Figure 11.

*Visualisation of water glass anxiety analogy.**



**This visualisation is intended as a simple analogy. The scale of glasses and liquid are therefore not precise representations of headspace and anxiety levels in autistic and non-autistic ISOCs.*

In this simple analogy, the glass represented the headspace (or cognitive load) of ISOCs going into interventions, and the liquid represented things that could occupy that headspace e.g. anxiety, concentration, processing instructions, sensory experiences etc. In Figure 11, the blue liquid represents baseline anxiety that occupies an ISOCs' headspace, associated with aspects of prison life and general apprehension about interventions. The orange liquid represents additional things that occupy headspace during an intervention programme session. The analogy illustrates how an autistic ISOC may arrive at interventions with higher baseline anxiety (perhaps associated with a lack of PSOR), compared to non-autistic ISOCs. It must be acknowledged that autistic ISOCs will likely not be the only individuals to experience anxiety in the prison, and equally it must not be assumed that non-autistic ISOCs arrive at interventions with lower anxiety. However, the proposition that autistic ISOCs will experience higher levels of anxiety in the prison, compared to non-autistic ISOCs, was supported to some extent by the significant positive relationships between autistic traits and anxiety levels; and significant differences between those above and below the clinically significant AQ threshold, found in Study 3 (see Chapter 5). Therefore, experiencing interventions on top of that higher baseline anxiety

may potentially overwhelm an autistic ISOC, as their glass overflows with too much to process. This was supported by findings in Study 2, where participants highlighted that, without added structures or accommodations, there could be too much to process (stemming from within and beyond the interventions sessions); which ultimately impacted concentration, focus and willingness to engage with interventions (see Theme 1. 'Feeling overwhelmed' in Chapter 4).

By contrast, the presence of PSOR in interventions was suggested to be a supportive feature for autistic ISOCs and was more responsive to the learning style of autistic ISOCs. Findings indicated that PSOR in prison life and how interventions are structured and delivered alleviates some of anxiety associated with the more daunting aspects of the interventions experience (e.g. necessity to interact with a group). For instance, autistic ISOCs in Chapter 4 outlined how having clear and structured information prior to an intervention helped them to know what to expect, provided a sense of predictability, and consequently allayed their anxieties and apprehension (see Theme 3.1. 'Feeling prepared' in Chapter 4). Findings suggested that additional PSOR offers autistic ISOCs a sense of certainty, environmental mastery and comfort in interventions programme environments, and thereby frees up headspace to engage (see Theme 3.2. 'Comfort in consistency' in Chapter 4). Framing this in terms of the water glass analogy (see Figure 11), additional PSOR features in and around interventions could support autistic ISOCs to move away from the (b) state, and toward the (a) state.

However, as outlined by staff in Chapter 4, achieving PSOR is not always feasible in prison-based interventions, due to the nuances associated with the prison context (e.g. operational issues impacting routine). Moreover, an excess of PSOR in interventions may have implications for the effectiveness of interventions. For example, life beyond the intervention is not always going to be rich in PSOR for autistic ISOCs. This may have implications for the transferability of skills to life after prison, and risk; particularly in light of the cognitive inflexibility associated with autism (Cooper et al., 2018). For instance, it is plausible that outside of a structured intervention environment, an autistic ISOC may not be able to generalise skills to other less-structured contexts in life outside of prison. This was demonstrated in Chapter 4, where staff highlighted the difficulties autistic ISOCs had in transferring and applying programme content to other contexts (see Theme 2.3. 'Interpreting and applying content independently' in Chapter 4). It is possible that encountering a lack of PSOR in life outside of prison may be destabilising and induce feelings of anxiety, as was evidenced by autistic ISOCs' experiences of a lack of PSOR reported in this thesis (see Chapter 3 and Chapter 4); and in previous research (Vinter et al., 2020). Negative affect and emotional regulation issues have been implicated in

theories of sexual offending and relapse (e.g. the ITSO model; Ward & Beech, 2016; 2006). Under the ITSO model of sexual offending (Ward & Beech, 2006; 2016), the potential feelings of destabilisation and anxiety that autistic ISOCs may experience, as a result of an absence of PSOR outside of prison, could be conceptualised as an ecological niche factor. Therefore, experiences and feelings, combined with the emotional dysregulation issues often associated with autism (Samson et al., 2014), could become a dangerous antecedent of sexual recidivism for some autistic ISOCs. As such, the need for added PSOR in interventions (to alleviate anxiety and to allow for headspace) was considered on balance with the need to prepare autistic ISOCs for the realities of release in the formulation of PSOR-related recommendations outlined in this chapter (see Rec4).

6.3.4. Sensory environment

The sensory environment was indicated as an impactful feature of prison-based interventions for autistic ISOCs in Chapter 4 (see Theme 1. 'Feeling overwhelmed' in Chapter 4). Study 2 illuminated how impactful hyperreactive sensory experiences could be, and the consequent direct, and indirect, challenges these could pose for engagement in interventions. It was suggested that the prison environment was not well-suited to the sensory needs of autistic ISOCs, particularly with regards to the inescapable noise that is characteristic of prison settings (see Theme 1.3. 'Beset by noise' in Chapter 4); which is consistent with previous research (Murphy & Mullens, 2017; Vinter et al., 2020).

Within programme sessions, troubling sensory experiences directly impacted engagement with interventions, and quality of interventions experience. For instance, specific noises or artificial lighting, amplified by sensory hyperreactivity, could serve to distress and distract an autistic ISOC in a programme session. For example, in Chapter 4, one staff participant (Participant 8) described the distress exhibited by an autistic ISOC in response to the sound of a whiteboard pen during interventions. Outside of interventions sessions, qualitative findings suggested that the sensory environment of the prison more generally seemed to mediate general wellbeing. For example, prolonged exposure to loud environments, with no quiet spaces, meant that some autistic ISOCs experienced anxiety and frustration as a feature of their day-to-day lives; with some autistic ISOCs isolating themselves in their cells and avoiding association on the wings (see Theme 1.3. 'Beset by noise' in Chapter 4). Additionally, staff highlighted how autistic ISOCs may ruminate on challenging sensory experiences they face immediately prior to programmes sessions and during the sessions themselves (see Theme 1.1. 'A lot to process' in Chapter 4). Therefore, if unsupported, adverse sensory experiences such as these may negatively impact an autistic ISOCs' participation and

engagement prison-based interventions, as well as their broader subjective sense of psychological wellbeing.

Beyond an autistic ISOCs' subjective experiences of troubling sensory issues and the implications that these may have for engagement, another implication of these challenges relates to how autistic ISOCs may react if they encounter their sensory aversions. For many, the distress, anxiety and frustration they experience may be communicated outwardly (e.g. aggression; Nagib & Williams, 2017). During an intervention, or in the prison environment generally, this could be particularly problematic. Such behavioural outbursts could be easily misinterpreted by others, or difficult to distinguish from general acts of defiance and misbehaviour; particularly if an autistic ISOC remains undiagnosed, and thus unrecognised as such (see Figure 10 earlier in this chapter, for the iceberg analogy). For example, this was captured by Participant 10 (Staff) in Study 2, who described how staff may find it difficult to discern whether a behavioural outburst was related to sensory issues or poor problem-solving skills (see Theme 1.2. 'Reaching boiling point' in Chapter 4).

In Chapter 4, adjustments to the physical/sensory environments of interventions and the prison environment more generally were suggested, to prevent or ameliorate some of these potential issues. However, staff also made it clear that the prison environment was difficult to adjust to accommodate autistic ISOCs, both within and outside of interventions. For example, staff noted that security and resource restrictions can make it difficult or unrealistic to make some adjustments to the sensory environment (see Theme 1.3. 'Beset by noise' in Chapter 4). Therefore, this was considered in the development of recommendations outlined in this chapter (see Rec5).

6.4. Recommendations for practice and research

In alignment with the overarching aims of this thesis, the following sections outline recommendations for practice and research, which were developed in light of the empirical findings reported in Chapters 3-5 of this thesis (see Table 11 for an overview). Recommendations 1-3 are broader recommendations for supporting autistic ISOCs at a prison level. These relate to improving understanding of autism in prisons at a general level (Rec1), improving understanding of autistic ISOCs at the individual level (Rec2), and identification of autism through improved screening in prisons (Rec3). Recommendations 4-6 pertain to how interventions can be adapted to the needs of autistic ISOCs, including; ways to support engagement within sessions (Rec4), accommodating sensory needs during interventions and the prison generally (Rec5), and, finally, recommendations to improve and maintain readiness to engage with interventions for autistic ISOCs in the prison context (Rec6).

Table 11.

Overview of recommendations for research and practice.

RECOMMENDATION	DETAILS
Recommendation 1: Enhance general prison autism awareness through training and education	<ul style="list-style-type: none"> • Autism awareness training and education for prison staff and prisoners • Inclusive design and delivery of training
Recommendation 2: Learning about the individual	<ul style="list-style-type: none"> • Prison-wide collaborative working • Streamlined information-sharing and centralised information sources • Autism passport
Recommendation 3: Improved autism screening tools and procedures in prisons	<ul style="list-style-type: none"> • Validated autism screening tools for use in prison settings • Introduction of standardised autism screening processes in prison
Recommendation 4: Supporting engagement through adjustments to communication and delivery in interventions.	<ul style="list-style-type: none"> • Variety in delivery modes • Clear, concrete, and unambiguous communication • Structure as a supportive feature of interventions • Alternative forms of communication • Providing time to think and process information
Recommendation 5: Adjustments and accommodations in the sensory environment	<ul style="list-style-type: none"> • Adjustments to prison and intervention sensory environments (according to individual preferences and aversions) • Session timeout breaks and provision of low-stimulus areas
Recommendation 6: Preparing the individual for interventions and supporting readiness	<ul style="list-style-type: none"> • Detailed pre-treatment information • Pre-treatment foundational skills course • Mental health and autism-specific support provisions

Recommendation 1: Enhance general prison autism awareness through training and education

The introduction of prison autism awareness training and education was one of the most pertinent recommendations to emerge from this thesis. Increased general autism awareness in the prisons, particularly through staff training, was an explicit recommendation made by all participants in Study 2 (Chapter 4) as a means of improving interventions for autistic ISOCs. This was also echoed through the life stories of autistic ISOCs and final discussion in Chapter 3. Autistic ISOCs in Chapter 3 referred to feeling that they were different to and misunderstood by other people for much of their lives; including during their time in prison. As such, participants longed for people to be more understanding, particularly in relation to their autism. Increased prison autism awareness training and education has similarly been consistently indicated as a priority in previous research (McCarthy et al., 2015; Underwood et al., 2016; Vinter et al., 2020); a sentiment that has been echoed in relation to supporting autistic individuals in HSPC settings too (Allely, 2018; Murphy, 2020; Murphy & Allely, 2020; Murphy & McMorrow, 2015; Murphy & Mullens, 2017).

Raising autism awareness through training and education has the potential to enhance general autism knowledge and understanding amongst prison staff, other prisoners, and autistic ISOCs themselves. The benefits of good autism awareness exhibited by others was evidenced throughout this thesis. For example, in Chapter 4 it was reported that autistic ISOCs had positive experiences of access to fixed points of supportive contact with others who understood them, were accommodating of their needs, and advocated for them where necessary (e.g. the prison IDD team; see Theme 4.3. 'Networks of support' in Chapter 4). Considering the positive influence of these small pockets of excellence in autism awareness on interventions experiences for those individuals, it is likely that broader improvements in autism awareness and individual understanding would be conducive to interventions for autistic ISOCs, perhaps conceptualizable as an external condition for treatment readiness under the MORM model (Ward et al., 2004). This supported by research from Murphy and Mullens (2017), who suggested that greater autism awareness amongst staff in a HSPC setting made a positive difference to autistic patients' lives and they endorsed the importance of continued autism awareness training for staff.

Autism-specific training for prison staff (including staff) could broaden knowledge of autism generally and equip staff with management strategies for working with autistic ISOCs. Prison-wide autism awareness education for prisoners could encourage an atmosphere of acceptance and understanding. As a consequence, increased autism awareness in prisons could: reduce the potential for misunderstandings and frustration between autistic ISOCs and others in the prison; contribute

toward a more supportive prison social climate for autistic ISOCs and those living/working alongside them; improve therapeutic relationships between autistic ISOCs and staff; help staff feel better equipped to work with autistic ISOCs; and improve responsiveness to the needs of autistic ISOCs during interventions- thereby ameliorating some of the issues raised in Chapter 4 (see Themes 3.1. 'Feeling prepared' and 4. '(Dis)connection' in Chapter 4) and Chapter 5. Additionally, if autism awareness was heightened across the staff base, it could mean that neurodivergent ISOCs who self-report autism or exhibit noticeable traits, without a corresponding diagnosis, may still be supported and interacted with more usefully. Therefore, this may somewhat negate a reliance on ISOCs needing a diagnosis in the prison environment, which is notoriously difficult to acquire, to receive the appropriate management and support they need.

Model examples of this type of training have been reported in previous literature. For example, Lewis et al. (2016) reported that in-house autism awareness training, delivered directly, by mental healthcare staff, and indirectly, through distribution and display of autism information leaflets across the prison, was a crucial element of implementing autism standards and acquiring NAS autism accreditation at HMYOI Feltham. Training was offered at two levels; regular whole prison training sessions, and more in-depth training for 25 appointed 'autism champions'; who could act as a supportive accessible resource for other staff. Lewis et al. (2016) suggested that the benefits of these autism awareness measures, in tangent with the implementation of other autism accreditation standards, included reduced distress for autistic prisoners and better engagement with interventions and day-to-day prison processes. NAS autism accreditation-related measures were also recently successfully implemented in HMP Whatton (NAS, 2019), including autism awareness events (Independent Monitoring Board, 2018), though this is yet to undergo a formal impact evaluation. However, most autistic ISOCs from HMP Whatton who participated in Study 1 and Study 2 of this research were expressly sceptical about the benefits of these events from their perspective; suggesting that there was scope for improvement.

Staff in Study 2 were expressly keen on the prospect of opportunities to receive training on how to work with autistic individuals during interventions, but felt that availability of this type of training was limited. They emphasised that a contextualised, practical, interactive workshop approach would be most useful, compared to a more passively didactic general autism awareness talk; which is consistent with broader literature related to active and passive teaching approaches (Gal, 2020). An example of active learning integration into autism awareness training was noted by Maddox et al. (2020); where, for example, simulations of sensory overload experiences were suggested to be useful

active learning tool. This is supported by evidence from HSPC settings, which has suggested that improving autism awareness among staff can be a cost and clinically effective measure for managing autistic individuals (Allely, 2018; Murphy & Allely, 2020). Greater autism awareness amongst staff in those settings has been associated with more positive experiences of autistic patients, and noticeably less misunderstandings or management difficulties arising (Murphy & Mullens, 2017). With regards to specific tools and strategies that could be useful to staff, inspiration may be drawn from traditionally non-forensic, evidence-based approaches to working with autistic individuals. For example, TEACCH (Mesibov & Shea, 2010) and the SPELL framework (*Structure, Positive approaches, Empathy, Low Arousal, Links*; NAS, 2020c; Siddles et al., 1997) could help equip prison staff with useful approaches and techniques for working with autistic ISOCs in the prison generally, and within interventions.

TEACCH is an evidence-based approach (Siu et al., 2019), which advocates the recognition of and utilisation of the unique pattern of strengths and difficulties faced by autistic individuals (also referred to as the 'Culture of Autism'; Mesibov et al., 2005), and implementation of structure when working with autistic individuals (Mesibov & Shea, 2010). Elements of the 'Culture of Autism' that could be relevant to working with autistic ISOCs in prison-based interventions, and align with other recommendations in this chapter, include; preference for, and strengths in, processing visual compared to auditory information; sharp attention to detail; variability in attention between intensely focussed and distractible; attachment to routines that are established and sometimes intense upset or discomfort from disruption of those routines; difficulty transferring and generalising from an original learning situation, and; distinct sensory preferences and aversions (Mesibov & Shea, 2010). These considerations were supported by some of the themes identified in Chapter 4 (see Themes 1.1. 'A lot to process', 2.2. 'Thinking about feelings', 2.3. 'Interpreting and applying content independently', and 3.2. 'Comfort in consistency' in Chapter 4).

The SPELL framework, which is compatible with TEACCH, provides five pillars of good practice (*Structure, Positive approaches, Empathy, Low Arousal, Links*; NAS, 2020c; Siddles et al., 1997) that may be usefully integrated into training for prison staff. SPELL has been endorsed for its potential utility when working with autistic individuals in other forensic therapeutic interventions (Barkham et al., 2013; Murphy et al., 2017). Barkham et al. (2013) suggested that as SPELL encourages consistency, it can reduce anxiety in autistic individuals, and enhance motivation to engage with interventions in medium secure forensic settings; which aligns with Theme 3.2. 'Comfort in consistency' in Chapter 4. Both TEACCH and SPELL are congruous with the concept of responsivity and the strength-based ethos

contemporary interventions for ISOCs, and therefore represent viable training tools for prison staff (including staff).

In alignment with the ethos of this thesis, and resonating with the PAuR approach outlined in Chapter 3, training packages should be collaboratively designed with, and directly informed by, members of the forensic autistic community (FAC). This may be achieved through consultation with prison autism steering groups and/or integration of autistic individuals in the delivery of training content (e.g. sharing personal experiences). When raising staff awareness training as a recommendation, some autistic ISOCs in Study 1 (Chapter 3) Study 2 (Chapter 4) had noted that they would like to see this integration of autistic voices in the training, and expressed a desire to be involved in the training themselves. This would ensure that training is kept relevant to the needs and priorities of the autistic individuals who would benefit most from the training; and may ameliorate some of the scepticism expressed by autistic ISOCs in regards to the autism awareness events that took place in HMP Whatton. Moreover, as discussed through the life stories presented in Chapter 3, such training should encourage recognition of the diversity of individuals on the autism spectrum; which could be illustrated through the sharing of personal experiences.

Recommendation 2: Learning about the individual

Where Recommendation 1 pertained to enhancing general autism awareness and understanding in the prison, in alignment with recognising individuality (endorsed most strongly in Chapter 3), Recommendation 2 relates to learning about how best to work with specific autistic ISOCs on an individual level. Staff in Chapter 4 indicated that locating information about specific autistic ISOCs (e.g. diagnosis information, difficulties, strengths) was difficult and time-consuming in the prison setting (see Theme 3.1. 'Feeling prepared' in Chapter 4). This difficulty was frequently attributed to divisions in the prison departmental infrastructure and information systems. However, findings in Chapters 3 and 4 suggested that effectively tailoring interventions to a particular autistic ISOC pivoted on access to individualised information (i.e. whether an ISOC is autistic, and what that means for them specifically). From the perspective of staff, collaboration between prison departments (e.g. Programmes and Mental Healthcare) and with the autistic ISOC themselves were effective means of building a holistic profile of an individual's needs. As such, it is recommended that prisons work collaboratively, particularly between departments, as a vehicle of therapeutic change. This is consistent with a recommendation made by Lewis et al. (2016), who noted that management of autistic individuals in prisons needs to be reconceived from being primarily a mental healthcare responsibility, to involving the whole prison. Collaborative working of this sort not only has potential

to benefit interventions, but reciprocal information sharing benefits the work of other departments across the prison too. This is also congruous with best practice in non-forensic contexts. For example, the collaboration, cooperation, and holistic approaches are enshrined in the core values of the TEACCH approach (NAS, 2020c).

Furthermore, it is suggested that sharing of autism-related information across the prison could be streamlined. Findings in Chapter 4, and my own experiences of conducting research in this field, have illuminated the inconsistencies in how autism-related information about prisoners is stored and shared. Staff in Study 2 referred to multiple possible locations and databases where such information could be stored; but no fixed location or protocols for recording this information. This has also been raised in previous research by Newman et al. (2019), which suggested that there is likely a considerable proportion of autistic prisoners whose autism diagnosis is not recorded on centralised prison records. Therefore, as a starting point to guide staff, it is recommended that autism-related information be consistently recorded on centralised prison databases; accessible to any prison staff who work directly with prisoners (e.g. NOMIS).

One means of communicating individual needs of an autistic ISOC to staff would be the introduction of a prison autism passport. An autism passport is a brief document that can be carried by an autistic individual, and shown to others to communicate information about their autism, how it affects them, and the implications of their autism for their needs generally (or in a given context). Some staff in Study 2 had mentioned that the integration of passports had been helpful to guide their interventions work with autistic individuals in other prison establishments or non-forensic contexts they had worked in and endorsed the wider spread use of these. Similarly, one of the autistic ISOCs who participated in the qualitative studies of this thesis, on his own initiative, had devised a document akin to the autism passport. He had compiled information about autism generally, and what it meant for them specifically, and offered it as a short guide for staff who worked with him. He felt that it had helped them to work with him, which had a positive effect on him, feeling that he was better understood. Existing literature has also endorsed the utility of passport-type approaches when working with autistic individuals and other IDD populations in non-prison settings (e.g. Social Care, Local Government and Care Partnership Directorate, 2016; Brodrick et al., 2011).

Passport systems represent an affordable means of communicating autism-related information and could easily be adapted for use in prison settings; with a focus on information relevant to responsiveness and management. For example, the NAS (2020b) provide a comprehensive,

freely downloadable “health passport for autistic people” template online (see Figure 12 for an example section), which could be easily adapted for use in prisons and prison-based interventions for autistic ISOCs.

Figure 12.

Example section of health passport for autistic people (NAS, 2020b).

The image shows a template for a health passport for autistic people, divided into two columns. The left column is titled "Things I struggle with that cause me distress:" and features a sad face icon. Below the title, it asks, "For example, are you scared of needles?" and provides a link to guidance notes at www.autism.org.uk/health-passport. The right column is titled "Ways to help me avoid distress:" and features a happy face icon. Below the title, it asks, "For example, does being told you're getting an injection and you can look away help?" and provides the same link to guidance notes. Both columns have large, empty light purple boxes for writing.

Completed in collaboration with the autistic individual, the NAS passport summarises useful information personalised such as communication preferences, potential distress triggers, sensory needs, special interests. As such, the passport approach would complement other recommendations in this chapter (e.g. Rec4 and Rec5). Alternative, but similar, passport designs have been described in the literature too; for example, the simple design endorsed by Brodrick et al. (2011, see Figure 13).

Figure 13.

One-page patient passport design (Brodrick et al., 2011, p.37).

Name..... Patient Passport		Insert Picture here...
<u>Medical Information</u>	<u>Communication</u>	
<u>Support</u>	<u>Environment</u>	

Such passports could empower autistic ISOCs in prisons and interventions, giving them the choice to share information with those who they feel need to know, while compensating for difficulties they may otherwise have communicating those needs. This may therefore help to address some of the challenges described by participants in Chapter 4 (see Themes 4.1. 'Feeling listened to', and 4.2. 'Crossed wires' in Chapter 4). However, it must be highlighted that while offering individuals this power, a potential drawback is that individuals must feel comfortable sharing the information with others. In the event there is tension or trust issues in therapeutic relationships with staff (such as those described in Chapter 3 and Chapter 4), autistic ISOCs may feel reluctant to disclose this personal information. For example, during his interviews for Study 1 (Chapter 3), Sam believed that his relationship with some prison staff was characterised by a "frostiness", and therefore felt reluctant to disclose his diagnosis because he expected this would be ill-received or misunderstood.

Recommendation 3: Improved autism screening tools and procedures in prisons

An additional finding in Study 3 (Chapter 5) was a disproportionately high prevalence of individuals who scored above the clinically significant threshold for autistic traits on the AQ50 (23%); of these, only 25% self-reported a pre-existing autism diagnosis. While the AQ50 is not a diagnostic

tool, Baron-Cohen et al. (2001) suggested that scores of 32 or above did represent clinically significant autistic traits. Therefore, the findings in Study 3 may be further evidence of what has been theorised to be a hidden population of undiagnosed autistic prisoners in custody (de la Cuesta, 2010; Myers, 2004). As highlighted in Chapter 1, this has been attributed, in part, to a lack of reliable autism screening tools and approaches that are empirically validated for use in prison settings (Archer & Hurley, 2013; Ashworth, 2016; Moloney & Gulati, 2019; Newman et al., 2019). Previous research already suggests that autistic individuals have different experiences of prison life (Allely, 2015; Helverschou et al., 2018; Newman et al., 2015; Robertson & McGillivray, 2015; Vinter et al., 2020); however, if this has potential to extend to impacting on engagement with interventions, as suggested in this thesis (see Chapter 4), then identification of autistic individuals in prison setting is crucial; in tangent with the centralised information sharing recommendation outlined in Recommendation 2. Therefore, there is a need for prison-based autism prevalence research, and the development of an autism screening approach that can be used in prison settings. Additionally, establishing the prevalence of autism in prison settings could feed into the rationale for, and design of, more responsive regimes and interventions i.e. indicating the scale of autism as an issue in prisons.

As an aside, informal reports from healthcare staff suggested that the implementation of a short battery of economical autistic-trait screening questionnaires was a helpful screening approach for the IDD team in HMP Whatton. The battery included; Autism Quotient (AQ10 or AQ50; Baron-Cohen et al., 2001), Empathy Quotient (EQ40 or EQ60; Baron-Cohen & Wheelwright, 2004; Lawrence et al., 2004), Cambridge Friendship and Relationship Quotient (FQ; Baron-Cohen & Wheelwright, 2003). The AQ50 has also been employed by the specialist autism team, in autism assessments, at HMYOI Feltham (Lewis et al., 2016a). These tools are freely available via the Cambridge Autism Research Centre (ARC) website, do not require additional staff training, and could be used to identify prisoners with clinically significant autistic traits, as a filtering system for diagnostic assessment referrals; particularly if used in a semi-structured interview format rather than self-report as suggested by Murphy (2011). While this requires an empirical evaluation for evidence of validity and effectiveness in prison settings, it may represent a viable direction for the development of prison autism screening strategies. This could be particularly useful if employed in tandem with increased autism awareness education, to improve staff abilities to recognise potential traits. Additionally, a screening approach of this type facilitates identification of neurodivergent prisoners who present with the broader autistic phenotype. While some individuals who present with the BAP may not reach threshold for full diagnosis, they may require similar support provisions. For example, two participants in Study 2 had clinically significant traits, but had not reached the diagnostic threshold

upon further assessments. However, this did not preclude them from experiencing similar challenges to the fully diagnosed autistic ISOCs. As such, it is argued that said individuals should be eligible for relevant autism-related support provisions too, where appropriate. Therefore, as the autism diagnosis process can be lengthy, having a short interim screening like this may help direct targeted support within the prison to those individuals, while waiting for a more thorough assessment. This could be beneficial for helping individuals to settle into the prison, potentially mitigating the chance of more challenging behaviours for those who struggle adjusting to prison life, and provide supportive external conditions (Ward et al., 2004) that are conducive to treatment readiness. Alternatively, several members of the prison Psychology Department teams in Study 2 (Chapter 4) endorsed the reinstatement of ADOS (Autism Diagnostic Observation Schedule) assessments as part of their remit, to facilitate identification of autistic ISOCs who engage with interventions.

Recommendation 4: Supporting engagement through adjustments to communication and delivery in interventions

Practitioners should avoid the automatic assumption that group-based interventions either are or are not suitable for autistic ISOCs. Findings in Chapter 4 indicated that group interventions could be suitable for some autistic ISOCs, whereas, for other autistic ISOCs, one-to-one interventions were more fitting (see Themes 1.1. 'A lot to process', and 2.1. 'Getting involved with the group' in Chapter 4). There was also a third group of autistic ISOCs, who may be able to engage in group interventions, if receiving additional one-to-one support; which is now more available in the current suite of HMPPS programmes with the addition of more individualised content and sessions (Ramsay et al., 2020). Therefore, practitioners should judge this case-by-case, weighing up the costs and benefits of group interventions for that individual, and acknowledge there is no one-size-fits all approach. As illustrated in Chapter 3 and Chapter 4, while there may be some commonalities among autistic ISOCs, there are also important individual differences; and these unique differences should be accounted for in decisions regarding interventions formulation and adaptation of interventions.

Whether interventions are group-based or one-to-one, it is suggested here that content and delivery in interventions can be adapted to be more responsive to the communication and learning preferences of autistic ISOCs. Suggestions outlined in this section were based on supportive features and considerations that were integrated into the design of materials in this research (e.g. task instructions, information sheets, interview schedules), and what participants had explicitly suggested were helpful in supporting communication and learning for autistic ISOCs during interventions (see Themes 2.2. 'Thinking about feelings', and 2.3. 'Interpreting and applying content independently' in

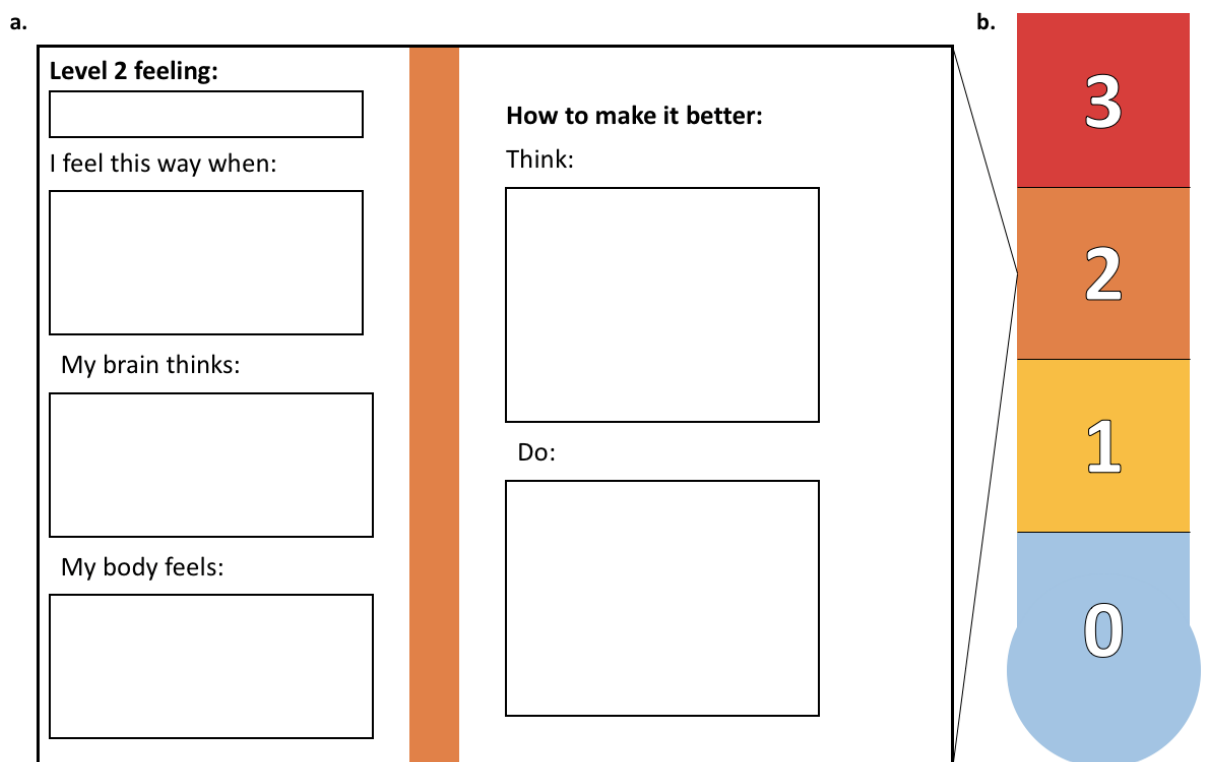
Chapter 4). Broadly, written and verbal communication with autistic ISOCs in interventions should be kept clear, concrete and unambiguous (e.g. avoiding non-literal language). Open-ended questions that could be open to interpretation should be avoided where possible; instead asking more direct, precise, closed, directional questions (or incorporating helpful focussing prompts). Where interventions content is necessarily inherently broad and cannot be simplified into a more concrete form; staff should try to provide scaffolding structures, such as concrete examples that map onto an autistic ISOCs interests and strength areas (Wood, 2019). For example, for Jamie (see Chapter 3), mapping examples onto his interest in music may help to make interventions content more relatable and engaging. This recommendation aligns with both the specific responsivity tenet of the RNR model (Andrews et al., 2011), and the strength-based orientation of the GLM and current HMPPS interventions (Ramsay et al., 2020). Findings in this thesis suggested that these additional structures can support autistic ISOCs to transfer learning content beyond the intervention. For example, in Chapter 4, it was highlighted that some autistic ISOCs struggled to complete unsupervised homework tasks, without the additional supportive structures that were available in the intervention (see Theme 2.3. 'Interpreting and applying content independently' in Chapter 4). Equally, too much structure could make it difficult for autistic ISOCs to transfer learning to life situations after interventions, where structure may not be available (Higgs & Carter, 2015); holding potentially problematic implications for post-release and risk of recidivism. Therefore, taking inspiration from the SPELL framework for working with autistic individuals (NAS, 2020c; Siddles et al., 1997), it is recommended that a phased structuring approach, adapted to the specific needs level of an autistic ISOC, may be a helpful compromise. Beginning with lots of supportive structure; change and flexibility can be carefully integrated (e.g. into routines). This measured approach can help autistic individual to learn to cope with change and experience new things, in a manner that avoids too much anxiety (Beadle-Brown et al., 2009). In forensic interventions, this type of approach may have utility in the transferring of learning to life outside of interventions. Staff may introduce structures in sessions initially, before carefully phasing autistic ISOCs away from the structures in interventions, and simultaneously encouraging flexible application of structures in their day-to-day lives. Therefore, it is suggested that a phased structuring approach is taken, individually adapted to the specific needs level of an autistic ISOC.

It is further recommended that staff utilise a broader range of multi-modal delivery methods to make programme content more accessible, engage autistic ISOCs, and to help them to understand and express themselves. Findings in Chapter 4 suggested that more traditional, verbally delivered, didactic interventions modalities are not responsive to the typical learning style of many autistic ISOCs

(see Theme 2.2. 'Thinking about feelings' in Chapter 4). A broader range of delivery modalities, incorporating a mixture of visual, auditory and kinaesthetic approaches, was preferred by autistic ISOCs, and staff found them to be more conducive to their engagement with interventions. Therefore, it is recommended that interventions with autistic ISOCs integrates a broader variety of delivery modes, beyond approaches that predominantly rely on auditory processing. Visual teaching tools were frequently indicated as especially responsive to the learning style of autistic ISOCs. Staff in Chapter 4 indicated that these approaches could compensate challenging aspects of interventions for autistic ISOCs. For instance, challenges relating to emotion-focussed elements of interventions could be mitigated with the use of visual tools; such as those that are employed in ID-adapted interventions. For example, a personalised emotions thermometer could be a useful tool for autistic ISOCs to develop an understanding of the cycle of how their emotions escalate and developing emotion regulation skills (see Figure 14 for an example). Tools can be personalised according to the learning style and needs of an individual autistic ISOC (e.g. they may integrate printed pictures, drawings or additional levels to the thermometer).

Figure 14.

*Example of a visual emotion thermometer learning tool. **



** a. example of page representing one of the emotion thermometer levels (level 2); b. whole emotion thermometer that each level (0-3) maps onto. Level 0 represents ideal state (e.g. calm, content, happy, positive). Level 3 represents least ideal state (e.g. distressed, anxious, angry, negative).*

Providing non-traditional alternative ways for an autistic ISOC to answer questions (e.g. drawing), according to what works best for that individual, can also be useful to facilitate engagement. This was successfully integrated into the methodology of Study 1 in this thesis (see Chapter 3), where participants were given the freedom to complete their pre-interview exercise in the way that suited them. Consequently, one participant wrote their life story chapters in a traditional, written fashion in an exercise book. Whereas another participant presented their life story as a visual timeline, mapping key events and themes onto specific dates and ages. This supported participants in communicating what they wanted to share, reflecting on their life experiences, and helped to facilitate in-depth interviewing with those individuals.

Finally, Autistic ISOCs in this research described experiences of feeling overwhelmed or requiring extra time to process information (see Chapter 3, and Theme 1. 'Feeling overwhelmed' in Chapter 4). This was particularly relevant in situations where there was a lot of information, such as group programme environments (see Theme 1.1. 'A lot to process' in Chapter 4). As such, it is recommended that, in interventions, autistic ISOCs are offered extra time and space to process information. For example, during conversations, staff should be mindful that an autistic ISOC may need extra time to answer a question. Based on my own experiences of conducting qualitative research with autistic ISOCs, there can sometimes be a considerable time gap between asking an autistic individual a question and them reciprocating with an answer. These gaps should not be automatically interpreted as difficulty answering a question, or avoidance. Being too quick to rephrase a question may simply add to the feelings of information overload experienced by the individual, halting processing altogether (George et al., 2018); or may cause the tension described by staff and autistic ISOCs in Chapter 4 (see Theme 2.2. 'Thinking about feelings' in Chapter 4). Findings in Chapter 4 indicated that this is particularly important when assessing interventions progress and risk, which corroborated guidance outlined in Al-Attar's (2019) FARAS guidance (see Theme 4.2. 'Crossed wires' in Chapter 4).

Recommendation 5: Adjustments and accommodations in the sensory environment

It is recommended that, where possible, sensory environments in interventions, and the prison more generally, are adjusted to accommodate the diverse sensory needs of autistic ISOCs. Much like autism as a condition, sensory differences in autistic individuals are heterogeneous. As such, accommodations to support autistic ISOCs who experience sensory issues would benefit from a personalised approach to the individual. For example, it was highlighted by a staff participant in Study

2 that an autistic ISOC had a very specific sensory aversion to the sound of squeaky whiteboard pens. This required the programmes team adapt to their preparation approach, and test pens prior to sessions with that individual, to ensure they were not squeaky. Individualised information of this sort could be concisely and usefully captured through the passport approach, outlined in Recommendation 2. In addition, there are a number of general recommendations for simple adjustments to the sensory environment of prisons and interventions that may be beneficial, where feasible. See Table 12 for a non-exhaustive list of examples that were suggested by participants in Study 2, some of which were supported by extant literature.

Low-stimulus areas are often cited as a supportive general accommodation for autistic individuals who experience sensory issues. One member of staff in Study 2 had ensured that there was one blank wall in the room during an intervention, for an autistic ISOC who sometimes felt visually overloaded. Timeout opportunities in sensory-free (or low-stimulus) spaces, away from others, may also represent another viable option (Nagib & Williams, 2017). These areas can offer the additional benefit of an opportunity for escape from the overwhelming social interactions in interventions, identified in Chapter 4 (see Theme 1. 'Feeling overwhelmed' in Chapter 4). In the prison more broadly, this could include designated quiet, low-stimulus areas on wings or in other frequented areas of the prison (Vinter et al., 2020). When autistic ISOCs described experiences of feeling overwhelmed in interventions, they often wanted to physically escape the programme environment (see Theme 1.2. 'Reaching boiling point' in Chapter 4). However, most of those individuals noted that if they had a break, or knew it was possible to leave the situation, it would have provided reassurance and lowered their stress and anxiety; thereby supporting their engagement. Timeout breaks allow for autistic individuals to process information, avoid information overload, and/or calm down after experiencing aversive sensory or information overload experiences (George et al., 2018). Therefore, session timeout breaks could be a supportive provision for many autistic ISOCs during interventions.

In addition to sensory avoidance, sensory seeking may also be relevant to working with autistic ISOCs in forensic interventions. For example, sensory stimuli that an autistic ISOC perceive as rewarding act as a distraction, just as aversive sensory stimuli would (Al-Attar, 2019). Equally, where appropriate, incorporation of rewarding sensory stimuli may help to maintain or promote engagement in interventions and ameliorate anxiety. For example, one participant in Study 2 found that 'pink noise' soundscapes helped them to focus and could perhaps be introduced through earphones to facilitate completion of individual tasks in interventions. Therefore, staff should

consider sensory preferences as well as sensory aversions. Findings in Chapter 4 suggested that autism-related information in prisons is currently limited (see Theme 3.1. ‘Feeling prepared’ in Chapter 4). Therefore, in the absence of a documented sensory profile, it is advised that staff invest time during initial rapport building with autistic ISOCs, to ask them about their sensory needs (Al-Attar, 2019). The implementation of Recommendation 2 would complement and support the implementation of this recommendation, and additionally addresses issues raised in Chapter 4 (see Theme 4.1. ‘Feeling listened to’ in Chapter 4).

Table 12.

Examples of sensory environment adjustments and accommodations for autistic ISOCs in prison-based interventions.

Sensory domain	Suggested approaches
Noise/hearing	<ul style="list-style-type: none"> - Maintain quiet and calm intervention session environments (Higgs & Carter, 2015) - Provide opportunity for timeouts, in quiet areas away from others - Avoid interventions environments that are prone to echo - Provision of headphones, ear-defenders or other auditory insulation in cells (Murphy & Mullens, 2017) - Allocated quiet periods during prison movement for neurodivergent individuals to avoid crowds - Allocation to quieter work environments for autistic prisoners (Vinter et al., 2020)
Light/vision	<ul style="list-style-type: none"> - Avoid artificially lit environments (e.g. fluorescent lighting; Higgs & Carter, 2015), opting for naturally lit, soft-colour environments (Nagib & Williams, 2017) - Provision of tinted eye-glasses - Avoid cluttered environments (Nagib & Williams, 2017)
Smell	<ul style="list-style-type: none"> - Avoid use of perfumes, air fresheners and other fragrances - Keep environments well-ventilated (where possible)
Touch and proximity to others	<ul style="list-style-type: none"> - Open spaces (where possible) in intervention rooms - Remain mindful of distances between service users on programmes to avoid close proximity and accidental physical contact - Intervention spaces that offer different gradations of social contact (e.g. furniture arrangements that offer graduated opportunities for social interaction, which allow autistic ISOCs to share a room with others, without being in the midst of the group or being the focus; Nagib & Williams, 2017) - Provision of single cells (where possible)

Recommendation 6: Preparing the individual for interventions and supporting readiness

Beyond the content of interventions, there were factors identified in this thesis that seemed to support (or impede) readiness (or preparedness) to engage with interventions for autistic ISOCs (see Themes 3. 'Knowing what to expect', and 4.3. 'Networks of support' in Chapter 4). In light of those findings, this recommendation outlines ways to support readiness for autistic ISOCs. Firstly, the quality and depth of information made available to autistic ISOCs prior to interventions can be an important supportive, or impeding, provision for their readiness to engage with interventions. Findings in Chapter 4 (see Theme 3.1. 'Feeling prepared' in Chapter 4) suggested that autistic ISOCs would have benefitted from more concrete, detailed information, both written and verbal, about what to expect in interventions, and what was expected of them (i.e. adding predictability). Information autistic ISOCs were provided with (e.g. pamphlets) often were perceived to lack sufficient detail or was a little vague and too open to interpretation, which led to them feeling anxious, stressed and struggling to fill in the gaps. It is therefore recommended that written information contains more explicit details about what is to be expected. For example, typical structure of sessions, what topics would be covered in each session, what would be expected of the individual. This recommendation should be implemented alongside Recommendation 4, to ensure information is communicated in an accessible format.

Moreover, apprehension about what to expect in interventions could be addressed through clarifying discussions with staff before an intervention. This may involve answering an autistic ISOC's questions about interventions after they have had time to digest initial information, and/or familiarising them with examples of what to expect (e.g. showing them the programme room, advanced viewing of tasks, agendas or materials in programmes). This was modelled through the methodological approaches in the research in this thesis, where materials were adapted to the communication styles of autistic individuals, and interested participants were offered additional meetings to discuss the research prior to participation.

It may be helpful for autistic ISOCs to undergo a short pre-intervention course to develop foundational therapy skills and familiarise them with what to expect in interventions (see Theme 3.1. 'Feeling prepared' in Chapter 4). This was explicitly suggested by several staff who participated in Study 2 and suggested a design similar to the Thinking Skills Programme (TSP). This course would be devised as a low-stakes opportunity to familiarise an autistic ISOC with an interventions environment (e.g. room layout, types of exercises, interacting with others), allow staff to gauge how well that

individual copes with aspects of interventions (such as group social and sensory environment), and identify effective means of working with that individual. This could inform staff whether an autistic ISOC would be ready for interventions, and if so, how best to work with that individual (e.g. group or one-to-one, additional support needs, effective teaching and learning approaches). Moreover, the familiarisation element could help ease an autistic ISOC's apprehension about participating in interventions, build confidence, and develop some foundational skills that would be useful in the main programmes (e.g. reflective thinking, goal-setting, coping with change, completing unsupervised homework tasks and group work). Such a programme may have utility for other ISOCs too, for example ISOCs diagnosed with other IDD, who may face comparable challenges in interventions.

Finally, findings suggested that the provision of mental health and autism-specific support in the prisons was conducive to interventions readiness and engagement for autistic ISOCs. In Chapters 3 and 4, it was clear that autistic ISOCs had benefitted from additional support offered by prison mental healthcare departments. In particular, there was emphasis on the value of autism-specific support provisions provided by a specialised IDD team in HMP Whatton. Furthermore, the findings in Chapter 5 confirmed that there was a significant positive relationship between autistic traits, and anxiety and depression, which ultimately mediated readiness to engage in interventions. These findings support the value of mental healthcare services, and specialised support provisions for autistic ISOCs in prisons. It is therefore recommended that, where feasible, specialised autism support services (e.g. IDD teams, occupational therapy opportunities) are implemented in prison establishments. Autism-related psychoeducation may be a useful example provision for autistic ISOCs, to be conducive to their interventions. For example, Barkham et al. (2013) endorsed psycho-educational programmes such as 'Being Me' (NAS, 2008) and 'Socialeyes' (NAS, 2010), to encourage self-reflection amongst autistic individuals, enhance their understanding of their autism and their own abilities. It has been suggested that these programmes can have a positive effect upon an autistic individual's self-esteem and social skills (Barkham et al., 2013); which may be conducive to an autistic ISOC's broader rehabilitation. Such services would support autistic individuals, and other neurodivergent individuals, in coping with the challenges associated with prison life, and would therefore be indirectly conducive to interventions readiness and engagement. This corroborates recent research by Vinter et al. (2020), which highlighted specialised support services and provisions for autistic prisoners as a priority. The provision of such services is also congruent with HMPPS duties and guidelines (Care Act 2014; MOJ, 2016) and the principle of equivalency (Till et al., 2014). Guidelines stipulate that HMPPS, in collaboration with Local Authorities, have a responsibility to ensure that social care support services, available for adults in the community, are available in prison.

For a model of how a prison-based autism service could be designed, inspiration could be taken from HMYOI Feltham, where a specialised prison autism service has existed in the healthcare department since 2012 (Lewis et al, 2016). With input from psychology, speech and language therapy, nursing, occupational therapy, and medical staff; this service provides autism assessments, collaboratively develop individualised care and support plans for autistic prisoners, and link with community-based services to ensure continuation of care after release. This recommendation is therefore compatible with the collaborative approaches endorsed in Recommendation 2.

6.5. Contributions of this thesis

This thesis has offered several original contributions to research. This thesis offered a considerable practical and theoretical contribution to the literature on understanding and approaching prison-based sexual offending interventions with autistic ISOCs. As discussed in Chapter 1, the research available on autistic individuals in the CJS is growing, but nonetheless limited. A small section of that research has focussed on autistic ISOCs (Allely & Creaby-Attwood, 2016) and interventions with autistic ISOCs (e.g. Melvin et al., 2020; 2019; 2017), and an even smaller section focuses on managing and supporting autistic ISOCs in prisons (e.g. Vinter et al., 2020). In a series of qualitative and quantitative studies, this project has identified a range of variables that may impact readiness and engagement for autistic ISOCs in prison-based sexual offending interventions. Developed from this evidence base, this thesis has subsequently offered rich insight into how practitioners can be responsive to autistic ISOCs in prison-based sexual offending interventions, through a comprehensive selection of recommendations for best practice. Additionally, the research has highlighted beneficial features of existing practice in prison-based interventions. For example, adding to an evidence base supporting the value of recent changes to the suite of interventions available through HMPPS (e.g. more varied modes of delivery and wider availability of individualised components; Ramsay et al., 2020). As a result, this project has illuminated clear avenues for future research and practice.

The qualitative studies (Chapter 3 and Chapter 4) explored issues relevant to sexual offending interventions with autistic ISOCs, from the perspective of those to whom it is most relevant. In doing so, it has offered a platform for the voices of autistic ISOCs to be heard, who otherwise may be at risk of going unheard or facing marginalisation. As with the autistic ISOCs, frontline staff are another group who would be most affected by practical changes in interventions, but risk being unheard in the evidence base for, and design of, those changes. Autistic ISOCs and staff in this research felt that in pursuit of evidence bases for practical changes and policy developments, nomothetic research and

statistical indicators of effectiveness are often favoured over their views. Consequently, research often loses sight of the voices and needs of those people most affected. To tackle this, this thesis provided a holistic insight into the complexities that surround prison-based interventions for autistic ISOCs, from the idiographic level to the nomothetic; with a primary focus on informing recommendations grounded in the voiced needs of those to whom changes would be most relevant.

Finally, this thesis offered a novel methodological contribution. Study 1 (Chapter 3) incorporated an innovative "*inclusive autism research*" inspired design (Chown et al., 2017, p.720), referred to as Forensic PAuR. This type of approach is currently lacking in both forensic and non-forensic autism research, but is in high demand from the autism community. This represents the infant stages of a new frontier for forensic autism research, wedding forensic psychology research practice with non-forensic autism research practice, and tailoring research to the needs of the forensic autistic community. Additionally, in alignment with the underpinning ethos and message of this thesis of recognising individuality in autism, and adapting to individuals, Study 1 took a personalised approach to research. Existing, generalised approaches to life story interviewing (Atkinson, 1998; McAdams, 1995) were adapted to the typical needs of autistic ISOCs through the forensic PAuR process; and then being tailored to each individual participant. This tailored approach facilitated in-depth explorations of life stories and gave autistic ISOCs the opportunity to tell their stories in their way; focusing on what was important to them, rather than researcher-imposed ideas of importance. This offered a model example of how similar approaches could be taken in future forensic autism research and practical work with autistic ISOCs. Beginning with general tools, methods and approaches, adapting them to the broader common needs of autistic ISOCs, and finally tailoring them to individual autistic ISOCs; to help them make the most of participation in research and/or interventions. Therefore, this research stands at the forefront of the discipline, and represents original methodological contributions in its use of approaches that are previously unheard of, but desperately needed in contemporary research.

6.6. Limitations

Several limitations specifically associated with the individual empirical studies were highlighted throughout Chapters 3-5 in this thesis. However, a broad limitation of the thesis relates to the following primary research question of the thesis: 'how appropriate are current prison-based sexual offending interventions for autistic ISOCs?'. While this thesis offered a rich insight into the subjective experiences and perspectives of those involved in interventions, this thesis did not consider all aspects of this question (e.g. evaluating intervention outcomes and recidivism among autistic

ISOCs). Therefore, although some inferences may be made about the appropriateness of some aspects of prison-based interventions for autistic ISOCs from this research (e.g. regarding specific responsivity and the impact of the social climate), no inferences about the overall effectiveness of these interventions should be drawn. It was decided at an early stage in the project that effectiveness of interventions is complex and multifaceted. Therefore, a decision was made to focus on exploring appropriateness and responsivity of interventions as a facet of effectiveness, to explore the challenging and beneficial features of prison-based interventions for autistic ISOCs, and how best to work with those individuals in an ethical and supportive way. It was beyond the scope of the thesis to investigate whether the challenging and beneficial features of interventions identified had a tangible impact on quantifiable interventions outcomes (e.g. post-intervention risk level, parole, recidivism). As such, some of the features highlighted as not appropriate in this thesis might be contradicted by future impact studies that investigate reoffending rates for example. Therefore, this research represents early steps toward understanding the effectiveness of prison-based interventions for autistic ISOCs, but future research is required to investigate whether interventions *are* effective for autistic ISOCs, and what constitutes an 'effective intervention' for autistic ISOCs beyond responsivity considerations (e.g. autism-related criminogenic needs).

A second limitation of this thesis was associated the collection of qualitative data from autistic participants in a prison environment. Whilst this thesis incorporated a mixed-method design, the empirical elements were predominantly qualitative. However, this came with distinct methodological challenges, primarily stemming from time and location constraints on data collection, which were posed by the prison context. With a view to accommodate autistic participants, and potential issues related to verbal processing limits and fatigue (Haigh et al., 2018), participants were often asked what length of interview they would prefer. However, in one prison, rooms could only be reserved for up to 1 hour. While 1 hour may, *prima facie*, seem adequate time for interviewing, this caused some issues in the qualitative studies of this thesis, particularly in the exploration of autistic ISOCs' life stories in Chapter 3. For instance, some participants were eager to interview for over an hour as they gained some momentum, however, they were somewhat cut-off when the 1-hour slot ended. While efforts were made to ensure participants were aware of the time constraints and knew what to expect, this nonetheless interrupted the flow of discussion. There were additional issues with operational staff accidentally walking into otherwise private, quiet interview rooms, which also interrupted interview discussion flow for participants, and risked compromising a sense of security and confidentiality for participants to be open in interviews. Therefore, these issues may have had implications for the depth of data reaped from the qualitative interviews, and more flexibility with

regards to time and location of interviews may have been conducive to richer data. Furthermore, having experienced these realities of the prison context through the data collection for this thesis, it is acknowledged that staff may face similar difficulties when attempting to implement recommendations from this thesis in prisons; particularly those recommendations that encourage staff to be flexible and to make adjustments or accommodations. Whilst recommendations were devised to be mindful of restrictions posed by the realities and resources in prisons, these restrictions may nevertheless limit the feasibility of implementing some of the recommendations outlined here.

A final broad limitation of this thesis was the narrowness of its scope for transferability and generalisability of findings. The research reported in this thesis was based at two specialist prisons, which exclusively house adult ISOCs; which have been characterised in previous research as prison environments with distinctly different rehabilitative climates compared to mainstream prisons for example (Blagden et al., 2019). This was advantageous for exploring issues around prison-based interventions for autistic ISOCs, as it facilitated recruitment of autistic ISOCs who had experiences of sexual offending interventions. However, this also limited the scope for transferability and generalisability of findings. For example, while the suite of intervention programmes (such as Horizon, Kaizen and BNM+) are delivered at a national level (Ramsay et al., 2020), there may be nuances in how these interventions are delivered, which are associated with the unique values and rehabilitative cultures inherent in individual establishments. This research represented a snapshot of prison-based interventions for autistic ISOCs at two prisons located in the UK, Midlands area. This may not be representative of prison-based interventions across the board. For example, geographical and cultural differences may impact perceptions and understanding of autism among prison and staff, and indirectly influence approaches to, and experiences of, interventions. Prisons that have an explicit agenda toward improving rehabilitative cultures or acquiring NAS autism accreditation may be more supportive of autistic ISOCs than other prisons. Equally, prisons that exclusively house adults may foster different approaches toward the management and support of autistic prisoners compared to those in the youth estate. Similarly, the interventions experiences of female autistic ISOCs and transgender autistic ISOCs may differ considerably to male autistic ISOCs; particularly in light of the gender differences associated with the autism phenotype (Van Wijngaarden-Cremers et al., 2014; also, see Chapter 1). Finally, this thesis focussed on prison-based interventions, but did not explore community-based or hospital-based interventions. Therefore, this research, and the associated recommendations outlined in this chapter, should be interpreted as one initial facet of a broader body of research into improving sexual offending interventions for autistic ISOCs. A balance must be struck between building a general understanding the appropriateness of, and best practice in, sexual

offending interventions with autistic ISOCs; whilst also acknowledging the nuances associated with heterogeneity in those autistic ISOCs engaging in interventions, and the immediate contexts surrounding interventions.

6.7. Future research

Future directions for research have been mentioned at various points throughout this thesis. Some were devised as a natural next step, in light of specific empirical findings, whereas others represent ways in which limitations associated with the scope of this thesis may be overcome. In this section, some additional avenues of future research are summarised.

As outlined in the limitations section of this chapter, this research took place in two specialist prisons that exclusively house ISOCs, which potentially limited the transferability and generalisability of findings. Therefore, logical next step for future work in this field would be to replicate and expand this research beyond the specialist prison estate, to unearth consistencies or divergence in findings (e.g. in mainstream prison settings and community-based interventions). It may also be beneficial to explore whether the issues raised in this thesis are exclusive to interventions that address sexual offending or are also present in interventions to address other types of offending behaviour (e.g. violent offending). This would have the added benefit of clarifying whether service-wide policy changes could be advantageous, or whether it would be more appropriate for changes to be localised according to unique features of specific settings and intervention types for example.

The challenges posed by sensory aspects of the prison environment were a recurring theme throughout this thesis and previous research (Vinter et al., 2020); and therefore, informed Recommendation 5 (outlined earlier in this chapter). However, one limitation raised in Chapter 5 was that experiences of the prison sensory environment were not integrated into Study 3 as a potential predictor of mental wellbeing, and thereby treatment readiness; despite indications in Chapter 4 that the sensory environment was an impactful element of the prison-based rehabilitation experience for autistic ISOCs. A key reason for this was the absence of a quantitative measure for prisoner experiences of the sensory environment. Therefore, future work should consider the development of such a measure for the purposes of research and/or as a tool for practitioners. Such a measure could be designed to assess an individual's experience of the sensory environment within interventions, their wing/landing, and the prison more generally. Alternatively, as suggested in Chapter 5, an existing measure such as the GSQ (Robertson & Simmons, 2013) could be adapted for application in prison settings. Such measures may be useful to inform and direct where the adjustments and

accommodations outlined in Recommendation 5 would need to be directed; and, more broadly, to quantitatively confirm the impact of the prison sensory environment on neurodivergent prisoners' mental wellbeing and interventions engagement.

Finally, considering the challenges in the tertiary interventions of autistic ISOCs that was evidenced throughout this thesis, future work to inform primary and secondary prevention strategies for autistic individuals may be a useful avenue to explore. Primary and secondary prevention of sexual offending has become a growing area of interest, and there are early indications of the benefits of such initiatives that have been indicated in the field generally (e.g. Knack et al., 2019; Piché et al., 2018). Based on some limited relevant data available in this thesis (see Chapter 3), it may be useful for primary interventions to target autistic individuals who are at secondary school age, with a specific focus on improving sexual education and online safety education for autistic children and adolescents. Findings in Chapter 3 suggested that sexual education material should be better adapted to the learning style of autistic individuals. Moreover, content could focus not only on biological aspects of sex, but socio-legal aspects of sex such as consent, forming reciprocal relationships, and legal age of consent. Online safety education could prove a valuable approach to mitigate vulnerability and manipulation of autistic individuals online. Examples of relevant topics could include; speaking to others online, warning against the dangers of software often associated with offending (e.g. peer-to-peer sharing software), and issues surrounding online pornography. At the secondary intervention level, more focussed prevention work could be directed toward autistic individuals who exhibit sexually inappropriate or harmful behaviours, cognitive distortions and/or deviant sexual interests; before they come into contact with the CJS. However, as has been called for with regards to violent offending (Girardi et al., 2019; Westphal & Allely, 2019), more research work is necessary to identify risk and protective factors for sexually abusive behaviours in autistic individuals, and adapted standardised assessment tools to measure them.

6.8. Personal reflections

At the inception of this PhD, I had conceptualised the project as 'an investigation into the treatment of sexual offenders with ASD'. My initial ambitions for the research were focussed upon improving effectiveness of forensic interventions for a subgroup of 'offenders' ('sexual offenders'), that share additional 'deficits' ('ASD'). It was going to be an investigation into problems, to preventing future problems; encapsulated by the language I used, and initial draft empirical study designs.

However, working directly with autistic ISOCs throughout the PhD, and an earlier qualitative project I worked on as a research assistant (Vinter et al., 2020), I found that my focus, preconceptions and priorities shifted. I recognised the individuals behind the labels, the importance of offering those individuals a platform to have their voices heard, and the need to raise awareness for others to understand. What has since transpired has been a more humanistic reconceptualization of the project and my priorities as a researcher. Rather than ‘sexual offenders with ASD’, this thesis has focussed on the needs of autistic ISOCs in prison-based interventions that address sexual offending. Where my priorities initially lay in tackling sexual offending committed by a specific subgroup of ‘offenders’ who possessed ‘deficits’ or ‘disorders’; my focus has shifted onto how best to supportively and ethically work with autistic individuals who embark on prison-based interventions pathways.

Over the last 4 years, I have worked reflectively as a researcher, and more recently as a lecturer, challenging and developing my views on autism, sexual offending, prisons, and best practice in interventions. Consequently, this thesis has correspondingly evolved with my views, and now focuses on improving the interventions experiences of autistic ISOCs, ensuring that they can reap the benefits of interventions, and offering guidance to support the staff who work with them. It is anticipated that this focus will be more beneficial for improving prison-based interventions for all people involved, and ultimately, indirectly contribute toward the reduction of sexual offending in future.

6.9. Concluding remarks

This thesis has explored the appropriateness of prison-based sexual offending interventions for autistic ISOCs and has subsequently offered practical recommendations for how to work with autistic ISOCs. Findings in this thesis highlighted that issues surrounding the prison-based interventions of autistic ISOCs are complex and diverse. Some of the issues highlighted pertained to challenging and beneficial features of sexual offending interventions for autistic ISOCs generally, some reflected nuances of prison-based interventions specifically, and others seemed to be unique to particular autistic ISOCs.

Therefore, when considering the transferability of practical recommendations proposed, it is paramount to re-emphasise that every autistic person is different. What is considered best practice will vary to some degree between different autistic ISOCs. Therefore, while general recommendations for practice have been made, ‘best practice’ in interventions for autistic ISOCs is to work *with* them, rather than work *on* them. Much like the presence of an autism diagnosis, the recommendations

proposed in this chapter constitute a helpful starting point, a range of potentially helpful tools for practitioners working with autistic ISOCs generally. But there is no one-size-fits all approach to working with autistic ISOCs, and not all tools will be useful for or applicable to every individual. Specific tools should be chosen from this range, according to the identified needs of the specific individual. As noted by George et al. (2018), when working with autistic individuals “*the best advice for knowing what will help in a particular case is to ask the person concerned*” (p.91). Rather than imposing wholly neurotypical ideas of best practice, listening to and acknowledging the voices of autistic ISOCs in research and practice can invaluable neurodivergent insight into what is truly best practice.

The overarching message from this thesis is that autistic ISOCs may behave or think differently to non-autistic ISOCs, but that this should not be interpreted as abnormality or deficit. Practitioners should work with the individual, and not the label. Autistic individuals may experience difficulties across multiple areas of their daily lives, but they also have strengths in other areas. Some of those challenges and strengths comparable to those experienced by neurotypical individuals, some may be shared with neurodivergent individuals with high autistic traits but no diagnosis, some may be altogether unique to them as individuals. Regardless of a diagnostic label, no matter where they fall on the neurodiversity constellation, ISOCs require support according to their unique profile of strengths, difficulties, goals and interests during interventions. To conclude, the parting message of this thesis was succinctly encapsulated in an extract from one of the staff participants in Study 2; “*They’re capable of it, but they just need that extra support*”.

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APPENDICES

Appendix A. Study 1 Participant Information Sheet

Information Sheet: Research Project Exploring the Life Experiences of Individuals who have an Autism Spectrum Condition

What is the research about?

We are contacting individuals in the prison who have autism, or who have strong traits of autism (also known as autism spectrum disorder, or ASD), to ask them if they would like to talk to us about their life experiences and what *they* think led them to where they are today (prison).

The reason we want to talk to people about this is because we think that people with autism have different life experiences than people without autism, and that these experiences could have contributed to what led them to prison. We can use this information to help us better support people with autism in the prison, and help prevent others with autism coming to prison.

What you are agreeing to

You will be provided with an exercise book, and be asked to provide information in that book about your life experiences (with written guidance and guidance from a member of the research team).

You will then take part in 1-3 interviews with a member of the research team, depending on how much you have written and what you are most comfortable with. Each interview will last approximately 1 hour.

In the interview(s) we will talk about your life experiences based on what you have written in the exercise book.

Interviews will be recorded using a Dictaphone so that what you say can be transcribed and used in the write up of the research.

You can stop the interviews at any time to have a break or end the interview.

The research team will request your permission to access your OASYS file (your file in Psychology), for further information to be collected. All information collected from your file will be anonymised and remain confidential.

We may need to contact you in the future if we need any more information.

You will be allowed to keep your completed exercise book after the research.

What will happen to the information?

Your completed exercise book will be photocopied and returned to you on the same day. Only the members of the research team will see your photocopied exercise book. The things you talk about in your exercise book and interview(s) may be used in the write up of the research at the end of the project.

After the interview(s), I will write up everything that you talked about but will use a false name for you and other people or places that you mention so that you cannot be identified. Your real name will not be mentioned in any reports about the research.

The things we talk about will only be used for the purposes of the research unless you mention any of the following:

- a) You harming yourself (or threaten to)
- b) Someone else being harmed (or being threatened)
- c) An offence which you have not been convicted for
- d) Plans to escape prison or break prison rules, or
- e) Current, or historical, experience of institutional abuse.

If you mention any of these things, the information may be passed to the prison security department, wing staff or the police.

The information that you give us will be stored for up to 5 years, after which point it will be deleted and destroyed. All the information you give us will be anonymised or allocated a false name in any reports, so that no one except the research team will be able to identify you. All your information will be kept securely.

It is your choice whether you want to take part or not

It is your choice to take part in the research. You do not have to.

If you change your mind, and no longer wish to take part in the research, you have 1 month (4 weeks) after the interview to let me know. You will be able to do this by contacting Luke Vinter (NTU) in the prison Psychology department.

All the written notes I have made will be destroyed (shredded). All tape recordings and electronic files will be deleted.

You will not get into trouble if you decide you no longer want to take part in the research.

You will not receive anything for taking part

You will not receive anything if you take part and you will not lose anything if you do not take part in the research.

Your decision to take part will not affect your chances of parole or getting treatment or medication.

Please ask if you have any questions or would like to know more about this research.

If you would like to take part in the research, please fill in the expression of interest form included and return it to Luke Vinter in Psychology, using the pre-addressed envelope.

Appendix B. Study 1 Expression of Interest Form

**Expression of Interest:
Research Project Exploring the Life Experiences of Men who have an Autism Spectrum Condition**

Please return this page to Luke Vinter in Psychology using the envelope provided.

I would like to take part in this research project. My details are (please complete the following section):

Name:.....

Prison Number:.....

Wing:.....

Signature:.....

Days when I am available to meet with the researcher and take part (please put a tick in the box of the days and times when you are available):

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please write anything else you would like us to consider regarding this research here:

.....

.....

.....

Appendix C. Study 1 Consent Form

Consent form

What is the research about?

It has been explained to you in the information sheet that we are looking at people with autisms' life experiences and what they think led them to where they are today (prison)

What you are agreeing to

You will be provided with an exercise book, and be asked to provide information in that book about your life experiences (with written guidance and guidance from a member of the research team).

You will then take part in 1-3 interviews with a member of the research team, depending on how much you have written and what you are most comfortable with. Each interview will last approximately 1 hour.

In the interview(s) we will talk about your life experiences based on what you have written in the exercise book.

Interviews will be recorded using a Dictaphone so that what you say can be transcribed and used in the write up of the research.

You can stop the interviews at any time to have a break or end the interview.

The research team will request your permission to access your OASYS file (your file in Psychology), for further information to be collected. All information collected from your file will be anonymised and remain confidential.

We may need to contact you in the future if we need any more information.

You will be allowed to keep your completed exercise book after the research.

What will happen to the information?

Your completed exercise book will be photocopied and returned to you on the same day. Only the members of the research team will see your photocopied exercise book. The things you talk about in your exercise book and interview(s) may be used in the write up of the research at the end of the project.

After the interview(s), I will write up everything that you talked about but will use a false name for you and other people or places that you mention so that you cannot be identified. Your real name will not be mentioned in any reports about the research.

The things we talk about will only be used for the purposes of the research unless you mention any of the following:

- a) You harming yourself (or threaten to)
- b) Someone else being harmed (or being threatened)
- c) An offence which you have not been convicted for
- d) Plans to escape prison or break prison rules, or
- e) Current, or historical, experience of institutional abuse.

If you mention any of these things, the information may be passed to the prison security department, wing staff or the police.

Please tick (✓) this box to confirm that you understand and consent to this:

The information that you give us will be stored for up to 5 years. All the information you give us will be anonymised or allocated a false name in any reports, so that no one except the research team will be able to identify you. All your information will be kept securely.

It is your choice whether you want to take part or not

It is your choice to take part in the research. You do not have to.

If you change your mind, and no longer wish to take part in the research, you have 1 month (4 weeks) after the interview to let me know. You will be able to do this by contacting Luke Vinter (NTU) in the prison Psychology department.

All the written notes I have made will be destroyed (shredded). All tape recordings and electronic files will be deleted.

You will not get into trouble if you decide you no longer want to take part in the research.

You will not receive anything for taking part

You will not receive anything if you take part and you will not lose anything if you do not take part in the research.

Your decision to take part will not affect your chances of parole or getting treatment or medication.

Please ask if you have any questions.

Please tick below if you agree to consent (please tick ✓):

- I understand that by taking part in this interview I agree to what I say in the interview and in my exercise book being used for research.
- I understand I will not be identifiable in any such research (my name will not be on there).
- I have had the opportunity to read and discuss this information.
- I understand that I have four weeks from today to change my mind about consenting to the research.
- I agree to information from my OASYS file (my file in psychology) being given to the research team, for further information to be collected.
- I agree to my contact information being given to the research team for further information to be collected.
- I agree to this interview being audio-recorded
- I understand I have four weeks from today to change my mind about participating in this research and can withdraw by contacting Luke Vinter in Psychology

I have read the above information and ticked the boxes where I agree:

Name:

Date of Birth:

Signed: Date:

Witnessed by researcher:

Signed: Date:

Appendix D. Study 1 Pre-interview Exercise

Pre-interview exercise 1: "My Life Chapters"

In this task I would like you to please think about your life as if it was a book or novel, that has been categorised into four main chapters, each composed of 1-3 sub-chapters (or episodes).

These four main chapters are listed below:

- **CHAPTER 1** Childhood (Age: Birth - 12 years old)
- **CHAPTER 2** Adolescence (Age: 13 years old - 18 years old)
- **CHAPTER 3** Young Adult (Age: 19 years old - 25 years old)
- **CHAPTER 4** Adulthood (Age: 26 years old - present)

What do I need to do?

I'd like you to please tell me what the sub-chapters/episodes in each chapter of your life would be, by writing them in your exercise book.

For each sub-chapter/episode, please provide a title and a description summarising what each sub-chapter/episode is about.

For example:

CHAPTER 1- Childhood (Age: Birth - 12 years old)

- Episode 1: ["Title"] [Description...]

- Episode 2: ["Title"] [Description...]

Your sub-chapter/episode descriptions may be as detailed as you like, but please try to write *at least* two sentences for each sub-chapter/episode. If you are under the age of 26, do not write anything for Chapter 4 'Adulthood', instead you are permitted to add 1-3 extra sub-chapters/episodes to the Chapter 3 'Young Adult' chapter.

For each chapter, try to think about and include some of the following details;

- The people who were in your life at the time (such as family, caregivers/guardians, friends, romantic partners, role-models [role-models can be real people or fictional])
- Education organisations (such as school, college, sixth form, university, leisure and sports clubs)
- Work and career
- Your Autism/Asperger's Syndrome diagnosis
- Other conditions you may have been diagnosed with (e.g. ADHD, Tourette's syndrome, epilepsy, personality disorders)
- Your offence, arrest, court trials, sentencing and prison
- Other people and organisations (such as doctors, nurses, support workers, carers, psychologists, police, lawyers)
- Important events (positive and/or negative)
- Challenges you have faced
- Positive and/or negative influences on your life (e.g. a single person, pet, group of persons, organisation/institutions)
- Your interests, hobbies and achievements/accomplishments

Your spelling and grammar is not important. In addition to written descriptions, you may also include drawings, diagrams and/or timelines if you find this helpful.

Appendix E. Study 1 Life Story Interview(s) Potential Questions and Topics

Before the first interview, participants will be given the opportunity to have a meeting with the lead researcher. This will give them the opportunity to ask questions about the research and receive more in-depth guidance on what's going to happen. In this meeting, P will be provided with an exercise book and instructions on what they need to do before the first interview, and a deadline given.

Arrangements will be made for a day/time that the lead researcher can collect these exercise books before the first interview, so that the research team can shape interview questions more precisely according to what they've produced. Exercise books will be taken temporarily while the researcher photocopies the contents, before being returned back to the participant. An appropriate date and time will then be agreed for the first interview.

The interview schedule(s) will be generated and shaped based on the content of what is written in the participant's exercise book. The interview will ask questions to expand on what they have written for each chapter, and attempt to fill in notable gaps in the story.

This may require more than one interview (minimum 1, maximum 3), depending on what the individual has written in their exercise book and what is most comfortable and appropriate for them.

The Atkinson (1998) and McAdams (1995) Life Story Interview methods were used as starting points in designing the potential interview questions/topics below. Key topics that will likely be explored and examples of questions for this interview(s) may include;

Upbringing and Family (*adapted depending on initial answers, e.g. if a person was not raised by their parents*)

- Who raised you? (e.g. parents, grandparents, non-familial guardians/caregivers)
- How would you describe your parents?
 - o Personality, emotional qualities, temperament, strictness etc.
 - o Best thing and worst thing about them
 - o Things that you felt you inherited from them
- Who else was around you during your upbringing?
 - o E.g. other family members/care staff, siblings, pets
 - Personality, emotional qualities, temperament, strictness etc.
 - Best thing and worst thing about them
 - o What did you like most about growing up with, or without, brothers and sisters?
 - What did you dislike most growing up with, or without, brothers and sisters?
 - o Did you get along with your family?
 - o Did you feel that your parents spend enough time with you?
 - o How was discipline handled in your family?

Teenage years

- o Most trouble you got into as a teenager? (*not necessarily offence related*)
 - What happened?
 - What did you do?
 - People involved?
- o Most significant event of teenage years?
- o Best part/worst part of being a teenager?

Religion and Culture

- Ethnic/cultural background of parents?
- Was religion (or specific cultural things) important in your family?
 - Did you attend religious/cultural services or ceremonies/events as a child?
 - Was it important to you at the time?
 - Is it important to you now? (if no, what's changed and how?)
- How much of an impact do you feel your religious/cultural background has had on your life?

School, education, leisure clubs/organisations and/or hobbies

- Were you a part of any clubs, groups or organisations?
 - What were these?
- What else did you do for fun or entertainment?
 - How do you use your leisure time? (e.g. hobbies/interests)
- How far did you go with formal education?
 - E.g. primary school, secondary school, sixth form/college, university
- Did you enjoy school?
 - What did you like most about school? (e.g. favourite lessons, other kids, teachers, rules)
 - What did you dislike most about school? (e.g. least favourite lessons, other kids, teachers, rules)
- Accomplishments in school/leisure most proud of?
- Do you think education was important for you in your life?

Work and Career

- What did you want to be in school? And why?
 - Did you achieve what you wanted to or did your ambitions change?
 - What were your hopes and dreams as you entered adulthood?
- What job did you do on the outside? (*if any*)
 - How did you end up in the type of work you did?
 - Why do you do this work?
 - What was easiest about your work?
 - What was hardest about your work?
 - Was your work been satisfying to you?

Friends

- Did you make friends easily? (child, teenager, adult)
- Did you enjoy being alone or was that too boring?
- What childhood or teenage friendships were most important to you and why?
- What pressures did you feel as a teenager, and where did they come from? (e.g. fads, styles)

Romantic relationships

- Do you remember your first date/romantic relationship?
 - Describe
- What was the most difficult part of dating for you?
- Married? Or have been married?
 - Courtship?

- Why them?
 - Best and worst parts about marriage?
- Children?
 - What are they like?
 - What roles do they play in your life?
 - What lessons/values have you tried to impart on them?
- What relationships in your life have been the most significant?
 - How would you describe those relationships?
- Has there been a special person that has changed your life?

Autism diagnosis

- When did you receive your diagnosis?
- How did this happen?
- How important was the diagnosis for you?
- Label?

Arrest/imprisonment

- What was being arrested/imprisoned like for you?
 - Prompts; impact on you personally, your career, relationships, social life
- What do you miss most about life on the outside?
- What is the best/worst part about being in prison?

High Points (Peak Experiences) and Low Points (Nadir Experiences)

- What happened at the time?
- Where and when it happened?
- Who was involved?
- What you did?
- Can you remember what you were thinking and feeling? (if yes, please describe)
- What impact has this experience had upon your life?
- What does this experience say about who you were then or who you are now?
- What have been your greatest accomplishments?
- What time of your life would you like to repeat?
- How do you handle/cope with feelings associated with [low point]? (e.g. disappointment, stress)
-

Life Challenges

- What was the challenge?
- What has been the greatest challenge in your life so far?
- How did you face, handle and/or deal with this challenge?
- Did other people assist you in this challenge? If so, who and how?
- How has this challenge had an impact on your life?
- What has been the most important learning experience in your life?
 - What did it teach you?
- How have you overcome or learned from your difficulties?

Other Major Life Themes

- What were the crucial decisions in your life?
- Are you satisfied with the life choices you've made?
 - Is there anything you would change?
- What is the most important thing you've had to learn by yourself?

- Is the way you see yourself now significantly different than it was in the past?

Closure questions

- Is there anything we've left out of your life story?

It must be emphasised that the above is not an exhaustive list of the questions that will be asked in interviews, as the specific topics and questions covered in final interview schedules will be shaped by what participants write in their life story exercise books, and how many interviews they require to explore this (minimum 1, maximum 3). For example, an individual may write a lot regarding their upbringing and family, and no mention of topics relating to religion and culture.

However, it is likely that the list above encapsulates most of the topics that may emerge in participant exercise books, based on previous life story interviewing research and methodologies (e.g. McAdams, 1995; Atkinson, 1998), and this has been agreed with some members of the Forensic Autistic Community.

Participants will be debriefed after each interview and provided with a debrief sheet. Participants will be given their life story exercise books to keep for their own records.

Appendix F. Study 1 Debrief

Information sheet – after the research

Thank you

Thank you for taking part in this study. This will help us to understand the life experiences of people with autism.

Taking part in this does not have any effect on your access to treatment or other services at the prison.

If you change your mind

- If you change your mind and do not want us to use the information you have given to me, and no longer want to take part in the research, you have four weeks from today to tell us.
- If you do this, you will not get into trouble and all the information we have collected about you will be deleted.
- Please let me know by contacting Luke Vinter (NTU) in Psychology and telling them your name and that you want to remove your data. You can do this via the prison internal post system, by going to the Psychology department in person, or by asking your personal officer for assistance. You do not need to give a reason.

Extra support

If you felt that some of the questions were quite personal and / or if you feel upset in any way you can get support from the following places;

- **Listeners** – there are posters in the prison that tell you how you can get support from a listener who is based in the prison
- **Samaritans Helpline** – You can call the Samaritans helpline (available free in the prison), or can write to them:

Freepost RRYU-CBCR-TRSX

Samaritans

PO Box 90 90

Stirling

FK8 2SA

Thank you for your help. We will write up the findings from this research as a report that you may be interested in reading. If you would like to be sent a copy of this please let us know at the end of the interview.

Appendix G. Study 2 Participant Information Sheet (Autistic ISOC)

Information Sheet:

Research Project Exploring Experiences of treatment and assessment of Men who have Autism (or traits of autism)

What is the research about?

We are contacting men in the prison who have autism, or who have strong traits of autism (also known as autism spectrum disorder, or ASD), to ask them if they would like to talk to us about their experiences and expectations of treatment programmes and assessments.

The reason we want to talk to people about this is because we think that people with autism have different experiences of treatment programmes and assessments than people without autism, and we want to be able to understand what these differences are. We can use this information to help us support people with autism whilst they are in treatments and assessments.

What you are agreeing to

You are agreeing to take part in an interview with a member of the research team. This interview will last approximately 1 hour.

In the interview we will talk about the experiences of treatment programmes and assessments when you have ASD, your expectations of treatment and what could be done to help you during treatment programmes and assessment.

The interview will be recorded using a Dictaphone so that what you say can be transcribed and used in the write up of the research.

You can stop the interview at any time to have a break or end the interview.

The research team will request your permission to access your OASYS file, for further information to be collected. All information collected from your file will be anonymised and remain confidential.

We may need to contact you in the future if we need any more information.

What will happen to the information?

The things you talk about in the interview may be used in the write up of the research at the end of the project. After the interview, I will write up everything that you talked about but will use a false name for you and other people or places that you mention so that you cannot be identified. Your real name will not be mentioned in any reports about the research.

The things we talk about will only be used for the purposes of the research unless you mention any of the following:

- a) You harming yourself (or threaten to)
- b) Someone else being harmed (or being threatened)
- c) An offence which you have not been convicted for
- d) Plans to escape prison or break prison rules, or
- e) Current, or historical, experience of institutional abuse.

If you mention any of these things, the information may be passed to the prison security department, wing staff or the police.

The information that you give us will be stored for up to 5 years, after which point it will be deleted and destroyed. All the information you give us will be anonymised or allocated a false name in any reports, so that no one except the research team will be able to identify you. All your information will be kept securely.

It is your choice whether you want to take part or not

It is your choice to take part in the research. You do not have to.

If you change your mind, you have 1 month (4 weeks) after the interview to let me know.

All the written notes I have made will be destroyed (shredded). All tape recordings and electronic files will be deleted.

You will not get into trouble if you decide you no longer want to take part in the research.

You will not receive anything for taking part

You will not receive anything if you take part and you will not lose anything if you do not take part in the research.

Your decision to take part will not affect your chances of parole or getting treatment or medication.

Please ask if you have any questions or would like to know more about this research.

If you would like to take part in the research, please fill in the expression of interest form included and return it to Luke Vinter in Psychology, using the pre-addressed envelope.

Appendix H. Study 2 Expression of Interest Form (Autistic ISOC)

Expression of Interest - Research Project Exploring Experiences of treatment and assessment of Men who have Autism (or traits of autism)

Please return this page to Luke Vinter in Psychology using the envelope provided.

I would like to take part in this research project. My details are (please complete the following section):

Name:.....

Prison Number:.....

Wing:.....

Signature:.....

Days when I am available to take part (please put a tick in the box of the days and times when you are available):

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please write anything else you would like us to consider regarding this research here:

.....

.....

.....

Appendix I. Study 2 Consent Form (Autistic ISOC) Consent Form

What is the research about?

It has been explained to you in the information sheet that we are looking at people's experiences of treatment programmes and assessments when they have autism (also known as autism spectrum disorder, or ASD), or traits of autism.

What you are agreeing to

You are agreeing to take part in an interview with a member of the research team. This interview will last approximately 1 hour.

In the interview we will talk about the experiences of treatment programmes and assessments when you have ASD, your expectations of treatment and what could be done to help you during treatment programmes and assessment.

The interview will be recorded using a Dictaphone so that what you say can be transcribed and used in the write up of the research.

You can stop the interview at any time to have a break or end the interview.

The research team will request your permission to access your OASYS file, for further information to be collected. All information collected from your file will be anonymised and remain confidential.

We may need to contact you in the future if we need any more information.

What will happen to the information?

The things you talk about in the interview may be used in the write up of the research at the end of the project. After the interview, I will write up everything that you talked about but will use a false name for you and other people or places that you mention so that you cannot be identified. Your real name will not be mentioned in any reports about the research.

The things we talk about will only be used for the purposes of the research unless you mention any of the following:

- a) You harming yourself (or threaten to)
- b) Someone else being harmed (or being threatened)
- c) An offence which you have not been convicted for
- d) Plans to escape prison or break prison rules, or
- e) Current, or historical, experience of institutional abuse.

If you mention any of these things, the information may be passed to the prison security department, wing staff or the police.

The information that you give us will be stored for up to 5 years. All the information you give us will be anonymised or allocated a false name in any reports, so that no one except the research team will be able to identify you. All your information will be kept securely.

It is your choice whether you want to take part or not

It is your choice to take part in the research. You do not have to.

If you change your mind, you have 1 month (4 weeks) after the interview to let me know.

All the written notes I have made will be destroyed (shredded). All tape recordings and electronic files will be deleted.

You will not get into trouble if you decide you no longer want to take part in the research.

You will not receive anything for taking part

You will not receive anything if you take part and you will not lose anything if you do not take part in the research.

Your decision to take part will not affect your chances of parole or getting treatment or medication.

Please ask if you have any questions.

Please tick below if you agree to consent (please tick ✓):

- I understand that by taking part in this interview I agree to what I say being used for research.
- I understand I will not be identifiable in any such research (my name will not be on there).
- I have had the opportunity to read and discuss this information.
- I understand that I have four weeks from today to change my mind about consenting to the research.
- I agree to information from my OASYS file being given to the research team, for further information to be collected.
- I agree to my contact information being given to the research team for further information to be collected.

I have read the above information and ticked the boxes where I agree:

Name..... Date of Birth.....

Signed..... Date.....

Witnessed by.....

Signed..... Date.....

Appendix J. Study 2 Semi-structured Interview Schedule (Autistic ISOC)

Research Objective: To explore the treatment and assessment experiences of individuals with ASD, or ASD traits.

For each interview there will be an explanation of the informed consent form and the participant's right to withdraw (and the process by which to do so) and an explanation of the purpose of the interview. We will also outline the type of information that, if it were revealed, would not remain confidential and we would have to pass on to other parties so they are fully aware of the implications of doing this before commencing each interview. (Please see information sheet and consent form for more information).

Below are sample questions and topics that we would put to the participants covering the main areas of interest. However, ideally the participants will drive the conversation in terms of their experiences of treatment and assessment.

Introductory information

There will be a pre-amble from the researcher about why we are here. Participants will be reminded that they will be asked about their experiences of treatment and assessment as someone who has autism or traits of autism.

Question topics – to be used to establish rapport and introduce the general topic area

- 1. General background information about participant's autism**
 - How does having autism (or traits of autism) affect you? (*Can be inside or outside of prison*)
 - Is there anything you think you find more challenging because of your autism?
 - Is there anything you think your autism helps you with?
 - Did you find out that you had autism (or traits of autism) before you came to prison?

- 2. Treatment status**
 - Are you currently on any treatment programmes?
 - Have you been on any treatment programmes in the past?
 - *IF YES*; do you know what those programmes are/were called?
 - Where did you do them?
 - *IF NO*; do you think/know whether you will be asked to take part in treatment programmes during your sentence?
 - Do you know whether you've had any assessments for treatment programmes?
 - Have you asked to do any treatment programmes, or would you like to do any? (*IF YES*; why?)

- 3. Expectations about treatment** (*Some questions would be omitted depending on responses to questions in section 2*)
 - How did you feel when you were told that you were going into treatment? (*This can be positive or negative expectations*)
 - *Prompts; excitement, fears, intrigued, happy, sad, anxious*
 - Do you think any of these feelings are linked to your autism?
 - Did you know much about treatment at that point?
 - Was you informed by somebody? (*IF YES*; who by? Was the information clear?)

- Do you know much about any treatment that could be available to you?
 - Where did you get this information?
 - How do you think you might feel if you was told you was going into treatment?
 - *Prompts; excitement, fears, intrigued, happy, sad, anxious*
 - Do you think any of these feelings link to your autism?
- 4. Experiences of programmes** (*Omit this section if participant has no experience of treatment programmes*)
- *Thinking about those expectations you had about treatment before you went on the treatment programme(s):*
 - Did/have the treatment programme(s) meet those expectations?
 - In what ways did they meet those expectations? In what ways did they not meet those expectations?
 - Were there any aspects of treatment that you liked/enjoyed?
 - Were there any aspects of treatment that you didn't like/found challenging?
 - *Prompt topics for above: fitting into group, group atmosphere, disclosure, the way information was delivered to you, punctuality & cancellations, topics discussed (Prompts may also emerge depending on responses to section 1 e.g. if they have difficulty expressing emotion, did this impact their experiences of treatment)*
- 5. Assessments** (*Omit this section if participant has no experience of assessments*)
- Have you had any assessments from Psychology relating to eligibility for treatment or progress during treatment?
 - Did the person doing the assessment know you had autism?
 - If yes
 - If no, would you have felt comfortable telling them about your autism?
 - Was there anything you liked or found positive during assessments?
 - *Prompt: the way the assessor spoke to you, the way questions were phrased*
 - Were there any aspects of the assessments you found challenging?
 - *Prompt: the way the assessor spoke to you, the way questions were phrased*
- 6. Suggestions for change** (*Some questions would be omitted depending on responses to questions in section 2*)
- Thinking generally about your experiences of treatment and assessments:
 - Was there anything that was helpful to you during treatment programmes or assessment, in relation to the autism?
 - Was there anything that could be done differently, or better?
 - Is there anything that you would have liked to have known about treatment programmes before you went on them that you was not told?
 - Thinking generally about your expectations of treatment, is there anything that you think would be important to consider for you before treatment, because of your autism (or traits of autism)?

Would you like a copy of the research report that we write up once the research is complete? This will not be a report on you individually, but will be a summary of what we have found after talking to all those involved in the research. If so, please let us have your details and we will send a copy to you.

Appendix K. Study 2 Debrief (Autistic ISOC)

Information sheet – after the research

Thank you

Thank you for taking part in this study. This will help us to understand the experiences of people during treatment and assessment when they have autism.

Taking part in this does not have any effect on your access to treatment or services at the prison.

If you change your mind

If you change your mind and do not want me to use the information you have given to me, you have four weeks from today to tell us. If you do this, you will not get into trouble and all the information we have collected about you will be deleted. Please let me know by contacting Luke Vinter in Psychology and telling them your name and that you want to remove your data. You do not need to give a reason.

Extra support

If you felt that some of the questions were quite personal and / or if you feel upset in any way you can get support from the following places;

- **Listeners** – there are posters in the prison that tell you how you can get support from a listener who is based in the prison
- **Samaritans Helpline** – You can call the Samaritans helpline (available free in the prison), or can write to them:

Freepost RRYU-CBCR-TRSX

Samaritans

PO Box 90 90

Stirling

FK8 2SA

Thank you for your help. We will write up the findings from this research as a report that you may be interested in reading. If you would like to be sent a copy of this please let us know at the end of the interview.

Appendix L. Study 2 Participant Information Sheet (Staff)

Information sheet – Research Project Exploring Staff Experiences And Understanding Of Autism Spectrum Disorder In Treatment And Assessment Of Individuals Who Have Offended Sexually

What is the research about?

You have been asked if you would like to take part in some research. The research is looking at staff experiences and understanding of Autism Spectrum Disorder (ASD) in the treatment and assessment of men who have offended sexually. Part of this is to find out how effective treatment and assessment approaches are for men who have ASD and have offended sexually, so that recommendations can be made to improve treatment and assessment for this population.

Please ask the researcher if you have any questions about this.

What would you be asked to do?

If you take part in the study you will be asked to come to an interview with a researcher from Nottingham Trent University. The interview will last for around 1 hour, in a staff-only area of the prison you are based, or another setting of your convenience.

These interviews will be recorded on a Dictaphone so that the researcher can transcribe and analyse everything discussed in the interview.

In these interviews, we will talk about your understanding of ASD, how you think (or know) it could impact forensic treatment and/or assessment, and what you think could be done to improve treatment and/or assessment for individuals with ASD, who have offended sexually.

You do not have to take part

You can stop the interview at any time.

If you change your mind and do not want to take part anymore, you have 1 month (4 weeks) after the interview to let the researcher know, via the contact details provided.

If you decide not to take part there are no consequences and any information collected from you will simply be destroyed (notes and recordings).

To do this you will need to contact the research team (details are at the end of this information sheet).

What happens to the information you give to me?

What you talk about in the interviews will be kept private unless:

- You divulge any information that clearly breaks prison rules

If you mention any of these things to the researcher, they will have to pass the information on to prison security, other wing staff or the police.

After the interview, the researcher will listen to the recorded tape and write down everything that was said in the interview.

The researcher will use a false name for you and any people or places that you talk about.

The tape recording and any notes I make will be locked away. Only the research team will see these.

When the research has finished, the tape recordings will be deleted.

The researcher will write a report and possibly presentations at the end of this study. Some of the things that you say will be included in the report, but your name will never be mentioned. Every effort will be made to ensure you cannot be identified within any reports and/or presentations.

Are there any risks to me if I take part in this research?

We don't think that there are any risks to you from taking part in this research.

Are there any benefits to me if I take part in this research?

While there may not be any direct benefits, you might find the interviews interesting to complete and your contribution would be valuable to help our understanding of the issues surrounding the treatment and assessment of individuals with ASD in the prison. We will give the prison a copy of our findings so that they can understand some of the issues in the assessment and treatment of this population. This may help to inform steps towards more appropriate treatment and assessment approaches for this population.

Who are the researchers and how can I contact them?

The research team is Luke Vinter (lead researcher), Gayle Dillon, Belinda Winder and Craig Harper from the Sex Offences, Crime and Misconduct Research Unit (SOCAMRU) at Nottingham Trent University. If you would like to speak to the research team, perhaps because you have a question about this or if you have a complaint, they can be contacted through the psychology department or the emails listed below.

Research Team Contact Details:

Luke.Vinter@ntu.ac.uk (Lead Researcher)

Gayle.Dillon@ntu.ac.uk

Belinda.Winder@ntu.ac.uk

Craig.Harper@ntu.ac.uk

Appendix M. Study 2 Consent Form (Staff)

Consent form

What is the research about?

You have been asked if you would like to take part in some research. The research is looking at staff experiences and understanding of Autism Spectrum Disorder (ASD) in the treatment and assessment of men who have offended sexually. Part of this is to find out how effective treatment and assessment approaches are for men who have ASD and have offended sexually, so that recommendations can be made to improve treatment and assessment for this population.

What you are agreeing to

You are agreeing to take part in an interview with a member of the research team. This interview will last approximately 1 hour.

In these interviews, we will talk about your understanding of ASD, how you think (or know) it could impact forensic treatment and/or assessment, and what you think could be done to improve treatment and/or assessment for individuals with ASD, who have offended sexually.

The interview will be recorded using a Dictaphone so that what you say can be transcribed and used in the write up of the research.

You can stop the interview at any time to have a break or end the interview. We may need to contact you in the future if we need any more information.

What will happen to the information?

The things you talk about in the interview may be used in the write up of the research at the end of the project. After the interview, I will write up everything that you talked about but will use a false name for you and other people or places that you mention so that you cannot be identified. Your real name will not be mentioned in any reports about the research.

The things we talk about will only be used for the purposes of the research unless you divulge any information that clearly breaks prison rules.

If you do divulge this information, the information may be passed to the prison security department, wing staff or the police.

The information that you give us will be stored for up to 5 years. All the information you give us will be anonymised or allocated a false name in any reports, so that no one except the research team will be able to identify you. All your information will be kept securely.

It is your choice whether you want to take part or not

It is your choice to take part in the research. You do not have to.

If you change your mind, you have 1 month (4 weeks) after the interview to let me know.

All the written notes I have made will be destroyed (shredded). All tape recordings and electronic files will be deleted.

There will be no negative consequences if you decide you no longer want to take part in the research.

You will not receive anything for taking part

You will not receive anything if you take part and you will not lose anything if you do not take part in the research.

Please ask if you have any questions.

Please tick below if you agree to consent (please tick):

- I understand that by taking part in this interview I agree to what I say being used for research.
- I understand I will not be identifiable in any such research (my name will not be on there).
- I have had the opportunity to read and discuss this information.
- I understand that I have four weeks from today to change my mind about consenting to the research.
- I agree to my contact information being given to the research team for further information to be collected.

I have read the above information and ticked the boxes where I agree:

Name.....

Date of birth:.....

Gender (please tick as appropriate):

Male Female

Signed.....

Date.....

Witnessed by.....

Signed.....

Date.....

Appendix N. Study 2 Semi-structured Interview Schedule (Staff)

Research Objective: To explore understanding and experiences of ASD among staff involved in assessment and treatment of prisoners who have sexually offended.

For each interview there will be an explanation of the informed consent form and the participant's right to withdraw (and the process by which to do so) and an explanation of the purpose of the interview. We will also outline the type of information that, if it were revealed, would not remain confidential and we would have to pass on to other parties so they are fully aware of the implications of doing this before commencing each interview. (Please see information sheet and consent form for more information).

Below are sample questions and topics that we would put to the participants covering the main areas of interest. However, ideally the participants will drive the conversation in terms of their understanding and experiences of ASD, as a professional involved in the assessment and treatment of individuals who have sexually offended.

Introductory information

There will be a pre-amble from the researcher about why we are here. Participants will be reminded that they will be asked about their understanding and experiences of ASD as a professional involved in the assessment and treatment of individuals who have sexually offended.

Question topics – to be used to establish rapport and introduce the general topic area

- 1. General information about participant role/responsibilities**
 - What is your role here at HMP Whatton/Stafford/Nottingham?
 - What does your role entail in terms of treatment and/or assessment of prisoners who have offended sexually?
- 2. General understanding of ASD**
 - Do you have a good understanding about what autism is?
 - Could you please give me a brief description of what you think the key features of autism are?
 - *Prompts: difficulties/challenges faced by individuals with autism, strengths people with autism often have*
 - Where did you learn this?
 - *Prompts: education, role-related training, autism specific training, experience*
 - Do you have any experience with autism?
 - This can be in a professional role or outside of that role
- 3. Experiences of ASD in treatment/assessment** *(Some aspects of this section would be omitted or rephrased depending on whether participant responses to sections 1 and 2)*
 - In your role *(refer to answers in section 1)* delivering treatment and/or assessments, have you encountered service users that had autism, or that you suspected may have autism?
 - How was you made aware of this?
 - *Prompt: told by service user, informed by other staff in prison, training/education, past experience*
 - Were there any challenges that you faced in your professional role in working with them?

- *Prompt: communication, assigning to groups, group dynamics/cohesion, disclosure issues, engagement, problematic/disruptive behaviour, environment*
 - Were there any challenges you think that *they* faced in the treatment/assessment context?
 - *Prompt: communication, interaction, engagement, stress, comprehension, discussions of emotions, environment*
 - Were there any things you felt their autism, or autism traits, helped them with in the treatment/assessment context.
 - *Prompt: understanding of tasks/materials, problem-solving*
 - Based on your experiences of autism (in or out of professional role) and your more general understanding of how autism can affect an individual:
 - Are there any challenges you can foresee that could arise in delivering treatment or assessment work with them?
 - *Prompt: communication, assigning to groups, group dynamics/cohesion, disclosure issues, engagement, problematic/disruptive behaviour, environment*
 - Are there any challenges or difficulties you can foresee that *they* would encounter in treatment or assessment?
 - *Prompt: communication, interaction, engagement, stress, comprehension, discussions of emotions, environment*
 - Are there any aspects of treatment that you feel that autism could help with in treatment/assessment?
 - *Prompt: understanding of tasks/materials, problem-solving*

4. Impact of ASD on treatment/assessment effectiveness (*much of this may be covered in discussions during section 3*)

- Based on what your experiences with, and understanding of, autism, and what we've already discussed:
 - Do you think it could impact the effectiveness of treatment/assessment of individuals who have offended sexually?
 - *Prompt: positive impact, negative impact, understanding of materials delivered, understanding questions, accuracy of assessments*

5. Suggestions for change

- Based on what you know, and what we've already talked about, is there anything you think that could improve treatment or assessment for individuals with autism?
 - *Prompt: certain features of treatment/assessment that should be changed or removed, issues with particular programmes or assessment tools, environmental issues*
- Based on what you know, and what we've already talked about, is there anything you think that should stay the same in treatment or assessment for individuals with autism?
 - *Prompt: certain features of treatment/assessment that should remain or have a greater emphasis, certain programmes or assessment tools beneficial, extra materials (e.g. visual aids), environmental issues*
- Is there anything else that you'd like to add on the topic that we've not covered?
 - *Prompt: anything outside of treatment or assessment itself that could be challenging or good for someone with autism e.g. admin issues, training, healthcare involvement etc.*

Would you like a copy of the research report that we write up once the research is complete? This will not be a report on you individually, but will be a summary of what we have found after talking to all those involved in the research. If so, please let us have your details and we will send a copy to you.

Appendix O. Study 2 Debrief (Staff)

Information sheet – after the research

Thank you

Thank you for taking part in this study. This will help us to identify what is effective in the treatment and assessment of individuals with Autism Spectrum Disorder, who have offended sexually.

If you change your mind

If you change your mind and would like to withdraw the information you have given to me today, you have four weeks from today to tell us. We will not ask you to explain why you would like to be removed and all information we have collected about you will be deleted.

To withdraw from this study, please contact Luke Vinter by email at luke.vinter@ntu.ac.uk

Extra support

If you feel distressed about any of the issues that have been brought up during the course of the research, or would like more information about Autism, you can contact ;

- ***Samaritans Helpline*** – 116 123 You can call the Samaritans helpline 24 hours a day for emotional support, free of charge.
- ***National Autistic Society (NAS)***- You can find more information about Autism and how to support individuals with Autism through the NAS website (<http://www.autism.org.uk/>)

Thank you for your help. We will write up the findings from this research as a report that you may be interested in reading. If you would like to be sent a copy of this please let us know at the end of the interview.

Appendix P. Study 3 Participant Information Sheet

Research Information: Investigating Experiences of the Prison Therapeutic Climate

What is the research about?

You are being asked if you would like to take part in some research by a team of researchers from Nottingham Trent University.

This research study is using questionnaires to find out whether people with particular traits have a different experience of living in the prison compared to others, and whether this affects how they feel emotionally and how they feel about taking part in treatment and rehabilitation.

This research will help us to identify what helpful changes could be made in the prison to improve the wellbeing of residents, and improve approaches to rehabilitation.

It is your choice whether or not you participate in the research. If you take part in the research you will not receive anything extra and if you do not want to take part, you will not lose anything.

The main person who is carrying out the research is Luke Vinter, a PhD researcher from Nottingham Trent University. Luke, and his academic supervisors (Gayle Dillon, Belinda Winder and Craig Harper) who are also involved in the research, do not work for the Prison Service.

What happens if you agree to participate

In this study we will ask you to fill in 4 questionnaires in your own time.

These will ask you questions about how you feel now, and your experiences of living in the prison.

It may take up to 1 hour to complete the questionnaires. Some people will likely complete the questionnaires quicker than this, and others might take more time. If you choose to participate, you may take as much or as little time as you need.

You can stop answering the questions at any time to have a break or stop completely if you change your mind.

If you do not want to answer certain questions in the questionnaires, you have the right to not answer them.

Your responses will be used for research purposes only, and are not assessments for autism, depression or anxiety. If you are concerned that you may have autism, depression and/or anxiety, please contact the Mental Healthcare department in the prison.

What will happen to the information?

The answers you give in the questionnaires will only be kept private and only used for the purposes of the research unless you mention any of the following:

- a) You harming yourself (or threaten to)
- b) Someone else being harmed (or being threatened)
- c) An offence which you have not been convicted for
- d) Plans to escape prison or break prison rules, or
- e) Current, or historical, experience of institutional abuse.

If you mention any of these things, the information may be passed to the prison security department, wing staff or the police.

Nothing will leave the prison with your name on, or with anything else on that could show who you are. Only I and other members of the research team will see these or know that you are taking part. They will not be kept with your prison files.

When the research has finished, the questionnaires will be kept until all of the reports have been written. After this, or when 5 years has been reached, all of the questionnaires will be destroyed

If you change your mind about participating

If you choose to take part in the research, but later you decide that you no longer wish to take part in the research, you have 1 month (4 weeks) after submitting the questionnaires to let me know. You will be able to do this by contacting Luke Vinter (NTU PhD Researcher) in the prison Psychology department about no longer wanting to participate.

If you choose to no longer take part, your completed questionnaires will be destroyed (shredded) by the research team.

You will not get into trouble if you decide you no longer want to take part in the research.

You will not receive anything for taking part and you will not lose anything if you do not take part in the research.

Your decision to take part will not affect your chances of parole or getting treatment or medication.

Appendix Q. Study 3 Consent Form

Consent Form:

Research Investigating Experiences of the Prison Therapeutic Climate

If you would like to take part in this research, please tick (✓) below if you agree to consent:

- I understand that my answers to these questionnaires will be used for research only.

- I understand I will not be identifiable in any research reports or publications (my name will not be on there).

- I understand I have four weeks from the day I return the questionnaires to change my mind about participating in this research, and I can withdraw by contacting Luke Vinter in Psychology

I have read the above information and ticked the boxes where I agree:

Name:

Date of Birth:

Signed:

Date:

Appendix R. Study 3 Participant Instructions

Instructions for how to participate:

If you have decided to take part in this research project, these are the things you need to do.

In the envelope you received you will find the following four questionnaires;

1. The Adult Autism Quotient
2. Essen Climate Evaluation Questionnaire
3. Anxiety and Depression Questionnaire
4. Corrections Readiness for Treatment Questionnaire

In your own time, please complete these questionnaires as guided by the “how to complete?” section at the beginning of each questionnaire.

Once you have completed the questionnaires, please place all four completed questionnaires and the Consent form in the pre-addressed envelope enclosed, and return the envelope to Luke Vinter in the Psychology Department.

The “Debrief” Sheet and “Participant Information” Sheet is yours to keep.

That is everything you are required to do, if you choose to participate.

Appendix S. Study 3 Adult Autism Spectrum Quotient (AQ50) Questionnaire

Adult Autism Quotient

How to complete this questionnaire?

Below are a list of statements. Please read each statement very carefully and rate how strongly you agree or disagree with it by **circling** your answer.

For example:

E1. I am willing to take risks.	definitely agree	slightly agree	slightly disagree	definitely disagree
E2. I like playing board games.	definitely agree	slightly agree	slightly disagree	definitely disagree
E3. I find learning to play musical instruments easy.	definitely agree	slightly agree	slightly disagree	definitely disagree
E4. I am fascinated by other cultures.	definitely agree	slightly agree	slightly disagree	definitely disagree

REMEMBER: This is not an assessment for whether or not you have autism. It is for research purposes only.

Please tick (✓) the box below if, to your knowledge, you have ever been diagnosed with one, or more, of the following conditions; Autism Spectrum Disorder (ASD), Asperger's Syndrome, High Functioning Autism, Autistic Disorder, Pervasive Developmental Disorder (PDD):

1. I prefer to do things with others rather than on my own.	definitely agree	slightly agree	slightly disagree	definitely disagree
2. I prefer to do things the same way over and over again.	definitely agree	slightly agree	slightly disagree	definitely disagree
3. If I try to imagine something, I find it very easy to create a picture in my mind.	definitely agree	slightly agree	slightly disagree	definitely disagree
4. I frequently get so strongly absorbed in one thing that I lose sight of other things.	definitely agree	slightly agree	slightly disagree	definitely disagree
5. I often notice small sounds when others do not.	definitely agree	slightly agree	slightly disagree	definitely disagree
6. I usually notice car number plates or similar strings of information.	definitely agree	slightly agree	slightly disagree	definitely disagree
7. Other people frequently tell me that what I've said is impolite, even though I think it is polite.	definitely agree	slightly agree	slightly disagree	definitely disagree
8. When I'm reading a story, I can easily imagine what the characters might look like.	definitely agree	slightly agree	slightly disagree	definitely disagree
9. I am fascinated by dates.	definitely agree	slightly agree	slightly disagree	definitely disagree
10. In a social group, I can easily keep track of several different people's conversations.	definitely agree	slightly agree	slightly disagree	definitely disagree
11. I find social situations easy.	definitely agree	slightly agree	slightly disagree	definitely disagree
12. I tend to notice details that others do not.	definitely agree	slightly agree	slightly disagree	definitely disagree
13. I would rather go to a library than a party.	definitely agree	slightly agree	slightly disagree	definitely disagree
14. I find making up stories easy.	definitely agree	slightly agree	slightly disagree	definitely disagree
15. I find myself drawn more strongly to people than to things.	definitely agree	slightly agree	slightly disagree	definitely disagree
16. I tend to have very strong interests which I get upset about if I can't pursue.	definitely agree	slightly agree	slightly disagree	definitely disagree
17. I enjoy social chit-chat.	definitely agree	slightly agree	slightly disagree	definitely disagree

18. When I talk, it isn't always easy for others to get a word in edgeways.	definitely agree	slightly agree	slightly disagree	definitely disagree
19. I am fascinated by numbers.	definitely agree	slightly agree	slightly disagree	definitely disagree
20. When I'm reading a story, I find it difficult to work out the characters' intentions.	definitely agree	slightly agree	slightly disagree	definitely disagree
21. I don't particularly enjoy reading fiction.	definitely agree	slightly agree	slightly disagree	definitely disagree
22. I find it hard to make new friends.	definitely agree	slightly agree	slightly disagree	definitely disagree
23. I notice patterns in things all the time.	definitely agree	slightly agree	slightly disagree	definitely disagree
24. I would rather go to the theatre than a museum.	definitely agree	slightly agree	slightly disagree	definitely disagree
25. It does not upset me if my daily routine is disturbed.	definitely agree	slightly agree	slightly disagree	definitely disagree
26. I frequently find that I don't know how to keep a conversation going.	definitely agree	slightly agree	slightly disagree	definitely disagree
27. I find it easy to "read between the lines" when someone is talking to me.	definitely agree	slightly agree	slightly disagree	definitely disagree
28. I usually concentrate more on the whole picture, rather than the small details.	definitely agree	slightly agree	slightly disagree	definitely disagree
29. I am not very good at remembering phone numbers.	definitely agree	slightly agree	slightly disagree	definitely disagree
30. I don't usually notice small changes in a situation, or a person's appearance.	definitely agree	slightly agree	slightly disagree	definitely disagree
31. I know how to tell if someone listening to me is getting bored.	definitely agree	slightly agree	slightly disagree	definitely disagree
32. I find it easy to do more than one thing at once.	definitely agree	slightly agree	slightly disagree	definitely disagree
33. When I talk on the phone, I'm not sure when it's my turn to speak.	definitely agree	slightly agree	slightly disagree	definitely disagree
34. I enjoy doing things spontaneously.	definitely agree	slightly agree	slightly disagree	definitely disagree

35. I am often the last to understand the point of a joke.	definitely agree	slightly agree	slightly disagree	definitely disagree
36. I find it easy to work out what someone is thinking or feeling just by looking at their face.	definitely agree	slightly agree	slightly disagree	definitely disagree
37. If there is an interruption, I can switch back to what I was doing very quickly.	definitely agree	slightly agree	slightly disagree	definitely disagree
38. I am good at social chit-chat.	definitely agree	slightly agree	slightly disagree	definitely disagree
39. People often tell me that I keep going on and on about the same thing.	definitely agree	slightly agree	slightly disagree	definitely disagree
40. When I was young, I used to enjoy playing games involving pretending with other children.	definitely agree	slightly agree	slightly disagree	definitely disagree
41. I like to collect information about categories of things. (<i>For example; types of car, types of bird, types of train, types of plant, etc.</i>)	definitely agree	slightly agree	slightly disagree	definitely disagree
42. I find it difficult to imagine what it would be like to be someone else.	definitely agree	slightly agree	slightly disagree	definitely disagree
43. I like to plan any activities I participate in carefully.	definitely agree	slightly agree	slightly disagree	definitely disagree
44. I enjoy social occasions.	definitely agree	slightly agree	slightly disagree	definitely disagree
45. I find it difficult to work out people's intentions.	definitely agree	slightly agree	slightly disagree	definitely disagree
46. New situations make me anxious.	definitely agree	slightly agree	slightly disagree	definitely disagree
47. I enjoy meeting new people.	definitely agree	slightly agree	slightly disagree	definitely disagree
48. I am a good diplomat. (<i>A diplomat is a person who is good at dealing with people and settling arguments between people</i>)	definitely agree	slightly agree	slightly disagree	definitely disagree
49. I am not very good at remembering people's date of birth.	definitely agree	slightly agree	slightly disagree	definitely disagree
50. I find it very easy to play games with children that involve pretending.	definitely agree	slightly agree	slightly disagree	definitely disagree

Appendix T. Study 3 Essen Climate Evaluation Schema (EssenCES) Questionnaire

ESSEN CLIMATE EVALUATION QUESTIONNAIRE

How to complete this questionnaire?

Below are a list of statements about living in the prison.

Please read each statement and rate how strongly you agree with it by **circling** your answer

1. This unit has a liveable atmosphere

Not at all

Little

Somewhat

Quite a lot

Very much

2. The inmates care for each other

Not at all

Little

Somewhat

Quite a lot

Very much

3. Really threatening situations can occur here

Not at all

Little

Somewhat

Quite a lot

Very much

4. In this unit, inmates can openly talk to staff about all their problems

Not at all

Little

Somewhat

Quite a lot

Very much

5. Even the weakest inmate finds support from his/her fellow inmates

Not at all

Little

Somewhat

Quite a lot

Very much

6. There are some really aggressive inmates in this unit

Not at all

Little

Somewhat

Quite a lot

Very much

7. Staff take a personal interest in the progress of inmates

Not at all

Little

Somewhat

Quite a lot

Very much

8. Inmates care about their fellow inmates' problems

Not at all

Little

Somewhat

Quite a lot

Very much

9. Some inmates are afraid of other inmates

Not at all

Little

Somewhat

Quite a lot

Very much

10. Staff members take a lot of time to deal with inmates

- Not at all
- Little
- Somewhat
- Quite a lot
- Very much

11. When inmates have a genuine concern, they find support from their fellow inmates Not at all

- Little
- Somewhat
- Quite a lot
- Very much

12. At times, members of staff feel threatened by some of the inmates

- Not at all
- Little
- Somewhat
- Quite a lot
- Very much

13. Often, staff seem not to care if inmates succeed or fail in the daily routine / program

- Not at all
- Little
- Somewhat
- Quite a lot
- Very much

14. There is good peer support among inmates

- Not at all
- Little
- Somewhat
- Quite a lot
- Very much

15. Some inmates are so excitable that one deals very cautiously with them

Not at all

Little

Somewhat

Quite a lot

Very much

16. Staff know inmates and their personal histories very well

Not at all

Little

Somewhat

Quite a lot

Very much

17. Both inmates and staff are comfortable in this unit

Not at all

Little

Somewhat

Quite a lot

Very much

Appendix U. Study 3 Hospital Anxiety and Depression Scale (HADS) Questionnaire

ANXIETY AND DEPRESSION QUESTIONNAIRE

How to complete this questionnaire?

The following statements are to help us understand how you feel.

Please read each and **circle** the reply which comes closest to how you have been feeling **over the past week**.

Do not take too long over your answers, your first reaction will probably be more accurate than if you spend a long time thinking about it.

1. I feel tense or 'wound up':

Most of the time

A lot of the time

From time to time, occasionally

Not at all

2. I still enjoy the things I used to enjoy:

Definitely as much

Not quite so much

Only a little

Hardly at all

3. I get a sort of frightened feeling as if something awful is about to happen:

Very definitely and quite badly

Yes, but not too badly

A little, but it doesn't worry me

Not at all

4. I can laugh and see the funny side of things:

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

5. Worrying thoughts go through my mind:

- A great deal of the time
- A lot of the time
- From time to time but not too often
- Only occasionally

6. I feel cheerful:

- Not at all
- Not often
- Sometimes
- Most of the time

7. I can sit at ease and feel relaxed:

- Definitely
- Usually
- Not often
- Not at all

8. I feel as if I am slowed down:

- Nearly all the time
- Very often
- Sometimes
- Not at all

9. I get a sort of frightened feeling like 'butterflies' in the stomach:

- Not at all
- Occasionally
- Quite often
- Very often

10. I have lost interest in my appearance:

- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

11. I feel restless as if I have to be on the move:

- Very much indeed
- Quite a lot
- Not very much
- Not at all

12. I look forward with enjoyment to things:

- As much as ever I did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

13. I get sudden feelings of panic:

- Very often indeed
- Quite often
- Not very often
- Not at all

14. I can enjoy a good book or radio or TV programme:

- Often
- Sometimes
- Not often
- Very seldom

Appendix V. Study 3 Corrections Victoria Readiness for Treatment Scale (CVTRS) Questionnaire

Corrections Victoria Readiness for Treatment Scale

How to complete this questionnaire?

Below are a list of statements. Please read each statement very carefully and rate how strongly you agree or disagree with it by **circling** your answer.

Treatment programmes are rubbish	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I want to change	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Generally I can trust other people	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I am not able to do treatment programs	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I am to blame for my offending	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Treatment programs don't work	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
When I think about my last offense I feel angry with myself	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Others are to blame for my offending	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I am upset about being a corrections client	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Stopping offending is really important to me	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I am well organised	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I feel guilty about my offending	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

REMEMBER: WHEN YOU HAVE COMPLETED THIS QUESTIONNAIRE, PUT IT IN THE PRE-ADDRESSED RETURN ENVELOPE

I have not offended for some time now	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I don't deserve to be doing a sentence	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Being seen as an offender upsets me	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
When I think about my sentence I feel angry with other people	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I regret the offense that led to my last sentence	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I feel ashamed about my offending	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I hate being told what to do	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Treatment programs are for wimps	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Appendix W. Study 3 Debrief

Debrief sheet – after the research: Investigating Experiences of the Prison Therapeutic Climate

Thank you

Thank you for taking part in this study. This will help us to understand whether some people have a different experience of living in the prison compared to others, and whether this affects how they feel generally and how they feel about treatment.

Taking part in this research does not have any effect on your access to treatment or other services at the prison.

Your responses will be used for research purposes only, and are not assessments for autism, depression or anxiety. If you are concerned that you may have autism, depression and/or anxiety, please contact the Mental Healthcare department in the prison.

If you change your mind

- If you change your mind and do not want us to use the information you have given to us, and no longer want to take part in the research, you have four weeks from today to tell us.
- If you do this, you will not get into trouble and all the information we have collected about you will be deleted.
- Please let me know by contacting Luke Vinter (NTU PhD Researcher) in Psychology and telling me your name and that you want to remove your data. You can do this via the prison internal post system, by going to the Psychology department in person, or by asking your personal officer for assistance. You do not need to give a reason.

Extra support

If you felt that some of the questions were quite personal and/or if you feel upset in any way you can get support from the following places;

- **Listeners** – there are posters in the prison that tell you how you can get support from a listener who is based in the prison
- **Samaritans Helpline** – You can call the Samaritans helpline (available free in the prison), or can write to them:

Freepost RRYU-CBCR-TRSX

Samaritans

PO Box 90 90

Stirling

FK8 2SA

Thank you for your help