A multi-perspective qualitative study about working with autistic individuals in prison-based interventions to address sexual offending.

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Abstract

Research suggests that sexual offending is one of the more common forms of offending behaviour committed by autistic individuals. Despite this, very little research has investigated approaches to rehabilitation for autistic individuals who have sexually offended. The small body of literature that does exist suggests that interventions to address sexual offending may not be sufficiently adapted for this group. In this paper we present an exploratory qualitative study that (i) explores how prison-based interventions to address sexual offending are experienced by autistic individuals with sexual offense convictions and the staff who work with them, and (ii) identifies and explores the features of prison-based sexual offending interventions that may be challenging or beneficial for autistic individuals, from the perspective of those involved in treatment. Semi-structured interviews were conducted with 12 autistic men serving prison sentences for sexual convictions, and 13 members of prison staff. A multi-perspective phenomenologically-informed thematic analysis identified three themes of 'Feeling overwhelmed', 'Out of the comfort zone', and '(Dis)connected to others'. These themes highlight some of the key issues relating to the format and delivery of interventions, as well as the impact of the broader prison context on rehabilitation.

Autism is a lifelong neurodevelopmental condition that is prevalent in approximately 1-2% of the general population (Brugha et al., 2011; Centre for Disease Control and Prevention [CDC], 2020). It is characterized by differences and challenges associated with (i) social communication and interaction, and (ii) restrictive and repetitive patterns of behavior, interest and/or thought (American Psychiatric Association [APA], 2022). Although not necessary for a diagnosis, sensory processing differences (e.g., hyper and hypo sensitivities to sensory stimuli) are common amongst autistic individuals (Bogdashina, 2003; Crane et al., 2009; Kojovic et al., 2019). Autism is frequently regarded as highly heterogenous because of the diverse ways it presents between and within autistic individuals and across situational contexts (Fletcher-Watson & Happé, 2019; Milton & Bracher, 2013). We refer to 'autistic individuals' in this paper, as opposed to the person-first 'person with autism' that was typically endorsed by professionals, in keeping with the expressed preferences of the UK autism community (Kenny et al., 2016). Additionally, although 'autism spectrum disorder' is the most current diagnostic label (APA, 2022), we adopt the alternative term 'autism'.

Evidence suggests that autistic individuals are no more likely to offend than non-autistic populations, though they are at greater risk of becoming victims of crime (King & Murphy, 2014; George et al., 2018). However, among the minority of autistic individuals who do offend, sexual offending has been identified as one of the common offence types (de la Cuesta, 2010). This is unsurprising when considering the cognitive precursors of sexual offending (e.g., difficulties or errors in interpreting sexual consent from a partner) that are inherent in many theories of sexual crime (Szumski et al., 2018; Ward & Beech, 2006). Despite this, empirical work into the rehabilitation of autistic individuals with sexual offence convictions is lacking.

The small body of existing work has suggested that responsivity considerations may be especially pertinent when working with autistic individuals in interventions to address sexual

offending, particularly specific responsivity (Higgs & Carter, 2015; Hollomotz et al., 2018; Robertson & McGillivray, 2015). Specific 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). Responsivity is a key tenet of contemporary interventions to address sexual offending (Ramsay et al., 2020), in alignment with the risk-need-responsivity (RNR) and positive psychological models (Andrews et al., 2011; Ward & Mann, 2004). An emphasis on individualized approaches when working with autistic individuals is also present in non-forensic treatment and education contexts and is intended to accommodate the diverse needs of autistic individuals to support enhanced outcomes (Ahlers et al., 2017; Cai & Richdale, 2016; Masi et al., 2017; Milton & Bracher, 2013). Despite the existence of principles like specific responsivity, forensic practice frequently categorizes service user needs based on shared qualities (e.g., by offense type) in an attempt to streamline service provision (Alexander et al., 2016; Curtis et al., 2016; Fox & Delisi, 2018; Martínez-Catena et al., 2017), and risks missing the unique needs of some individuals within these larger groups.

Previous work that has explored the rehabilitation of autistic individuals with sexual convictions has raised several challenges related to working with this group, such as the appropriateness of group-based interventions (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 is incongruous with the learning style of many autistic individuals, and, therefore, may not be sufficiently responsive. Brosnan and Adams (2022) highlight the adaptations and considerations required when tailoring interventions to be inclusive for autistic individuals. One difficulty they highlighted was the use of group work to deliver therapeutic sessions,

pointing out that the lack of suitability of a group-based sessions can often result in disengagement. That said, others have highlighted that autistic individuals can flourish in group-based interventions if surrounded by neurodivergent peers (Furuhashi, 2017; Melvin et al., 2019). Moreover, examples of best practice group formation strategies indicate that building trust and therapeutic alliance, developing group cohesion and establishing norms in a group are also important for engagement and outcomes in group-based interventions (Serran et al., 2013).

In addition, clinicians may face difficulties in formulating treatment plans for autistic individuals. Melvin et al. (2017) attributed this, in part, to "the uneven or 'spikey' neurocognitive profile" (p.6) of many autistic individuals, who display a diverse range of intellectual and social functioning. This issue may be further compounded by the often low levels of autism awareness within the criminal justice system (McCarthy et al., 2015; Vinter et al., 2020), and the common misconception that autism and intellectual disabilities are synonymous (Autism Speaks, 2018). Additionally, there is a lack of research that considers the perspectives of, and gives voice to, those individuals directly involved in interventions. There is also an absence of practical guidance on how best to work with autistic individuals with sexual offence convictions in therapeutic contexts. This paper addresses these research gaps with a multi-perspective qualitative study to explore how prison-based interventions are experienced by autistic individuals and the staff who work with them. The aim of the research was to identify the features of prison-based sexual offending interventions for autistic individuals which might be both challenging or beneficial for this group. The multi-perspective nature of this approach is of particular importance, as an alignment between service user and treatment facilitators in identifying treatment needs and framing the therapeutic context is vital in designing effective interventions (Barnao et al., 2016).

Methods

Ethics

Ethical approval was obtained from [Omitted for review] Research Committee and [Omitted for review] Research Ethics Committee prior to commencement.

Participants and Procedures

Autistic Individuals

We recruited 12 male autistic individuals with sexual offence convictions, aged 22-40 (M_{age} = 29.58 years, SD = 4.89) from two UK prisons that exclusively house men convicted of sexual offences. All participants had an autism diagnosis (n = 10) or recognized strong subclinical autistic traits (n =2). These details were confirmed by file information held by the prisons and prison-based screening. The two participants without an official diagnosis were included as they presented with the broader autism phenotype (Landry & Chouinard, 2016), as confirmed by a prison Intellectual and Developmental Disabilities (IDD) service screening, and were receiving autism-specific support from that service. All participants had engaged with at least one of the following offending behaviour programmes (OBPs) offered in UK prisons at the time; Core Sex Offender Treatment Programme (SOTP), Horizon, Healthy Sex Programme (HSP), Internet-SOTP (I-SOTP), Becoming New Me, and/or Thinking Skills Programme (TSP).

Potential participants were provided with research information via prison staff. Individuals who expressed an interest in participating were provided with an expression of interest form and a pre-addressed return envelope. A semi-structured interview 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 developed following a review of the existing literature (e.g., Andrews et al., 2011; Higgs & Carter, 2015; Melvin et al., 2017) and consultations with senior staff in relevant prison departments. Interview schedules covered general questions

about the participants' autism, their experiences of assessment and treatment, their understanding of what interventions entail, and their suggestions for helpful changes to interventions.

Interviews lasted 47-98 minutes, with an average of 62 minutes. Eleven of the participant interviews were audio-recorded on a password-protected, encrypted recording device. For the participant who opted to not be audio-recorded, their interview was recorded via handwritten notes. Identifying data such as names and places were omitted from transcripts to maximize anonymity. The average length of transcribed interviews with autistic individuals was 42 pages, single-spaced.

Prison Staff

Staff participants were 13 members of prison-based staff (three male, ten female), aged 25-49 (M_{age} = 35.15 years, SD = 8.57), based at the same prisons as the autistic individuals. These participants were predominantly based in each prison's psychology and programmes departments, meaning that they had regular contact with individuals with sexual offence convictions in treatment contexts. Specific roles included: OBP 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. This was achieved via emails sharing participant information sheets, distributed by department leads to all staff in each prison's psychology and programmes departments, and word of mouth within those departments.

Semi-structured interview schedules were again used to facilitate more natural and participant-led discussions, while retaining some structured direction for discussions. Interview schedules covered general questions about participants' job roles and responsibilities, probes into participants' understanding of autism, their experiences of working with autistic individuals in interventions and assessments, and their views on the

effectiveness of such interventions. Interviews lasted 53-67 minutes, with an average of 60 minutes. All were audio-recorded on a password-protected device before being transcribed verbatim ahead of analysis. During transcription, all identifying information (e.g., names and places) was removed to ensure anonymity, with participant names being replaced with pseudonyms. The average length of transcribed staff interviews was 52 pages, single-spaced.

Analytic Approach

As an adaptation of Braun and Clarke's (2006; 2021) thematic analysis (TA) protocol; a multi-perspective, phenomenologically-informed thematic (MPT) analysis was used to analyze the data. The analysis was phenomenologically oriented to elicit richer insight than a standard thematic analysis and to explore the lived experiences of participants (i.e., themes explore not just *what* issues participants identified, but *how* they subjectively experienced and made sense of these). That said, the analysis also sought to draw out broader themes in staff perspectives that identified issues beyond their personal lived experience (e.g., issues with service provision and intervention materials, and observations of colleagues' interactions with autistic individuals). Therefore, a more flexible TA approach was fitting, as a means of identifying themes relating to both experiences and broader issues beyond experience, rather than a traditional Interpretative Phenomenological Analysis (Smith et al., 2009).

In practice, as per the multi-perspective element of the analysis, drawing inspiration from previously reported multi-perspective qualitative analyses (Harrison et al., 2017; Larkin et al., 2019), the initial process of coding transcripts and theming was engaged with for one subsample perspective first (autistic individuals), and then subsequently separately repeated for the second subsample perspective (staff). This process began with familiarization and immersion with transcripts, followed by a more rigorous systematic coding, whereby succinct phrases were noted in the margins of transcripts to label general and recurring features relevant to the research aims. At this stage, 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 (Braun & Clarke, 2021). Thematic patterns were initially identified within each participants' transcript, primarily through abstraction, subsumption and numeration (Smith et al., 2009), followed by the identification of superordinate and subordinate themes for each perspective subsample. Once themes for each subsample had been separately identified, the next phase of the multi-perspective analysis involved identifying areas of convergence and divergence between subsample perspectives, to generate higher-order multi-perspective superordinate and subordinate themes across both subsamples. Themes were developed with a view to capture a dyadic insight into what the important issues were in prison-based interventions for autistic individuals. To enhance the trustworthiness of the analysis (Lincoln & Guba, 1985), at key theme development stages of the analysis (i.e., within and between subsamples), authors collaboratively reviewed and came to consensus on interpretations of the data and theming. Furthermore, we engaged an iterative process of cross-checking themes with the coded data to ensure fidelity with the original data and avoid thematic drift away from data (Clarke & Braun, 2016). In alignment with Braun and Clarke (2021), the final themes were defined and named, and represent coherent patterns in the data that relate to the study aims, and are all underpinned by key unifying analytical points.

Results

Table 1 summarizes the themes identified within the analytic process.

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Superordinate Theme 1. Feeling Overwhelmed

This theme centered around the intense feelings that autistic individuals experienced during OBP sessions, and how they behaved in response to them.

1.1. A lot to process

Participants felt that group-based OBPs could be particularly challenging for autistic

individuals because of the number of things to process, impacting engagement. For example, P1 described it thus:

"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… 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" *(P1, Autistic individual)*

Although P1 found that interacting with a single person was manageable, he felt that accomplishing this with a group of people could be too much. Combining a group encounter with opening up about himself and his past threatened a system overload and increased his chances of "getting it wrong". Discussing sensitive, personal issues can be a challenging experience for anyone. However, doing this in an environment that is inherently overwhelming for autistic individuals magnifies that challenge. Similar experiences were outlined by other autistic participants, who found the competing demands of the social environment challenging.

Participants described other elements of OBPs that added to the processing burden. These included concentrating on, and understanding, content delivered verbally, keeping up with the pace of delivery, and coping with physical discomfort of the group environment. Other sensory inputs (particularly those of an auditory nature, such as the squeak of a whiteboard pen or the overlapping voices of group members) were also challenging. These experiences were consistent with existing non-forensic literature that has highlighted how autistic individuals can feel overwhelmed, distressed or otherwise distracted by social and sensory aspects of group-based interventions (Cooper et al., 2018; Maddox et al., 2020).

Noise specifically is a common environmental stressor for autistic individuals, and has been consistently highlighted as a challenging feature of prison environments for autistic individuals (Allely & Wood, 2022; Vinter et al., 2020). In relation to pacing of information, autistic individuals can take longer to process information (Grandin, 2014), or may process information selectively (Happé & Frith, 2006; Remington et al., 2009). Moreover, differences in information processing have been associated with poorer social communication and reciprocal social interaction skills (Haigh et al., 2018).

Beyond the OBP context, participants reported ways in which the broader prison experience added further strain to processing capacity, and contributed towards them feeling overwhelmed:

"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… then if that person's ever on, you know they vigorously look to try and predict when they're coming on duty… so that affects their participation as well" *(P18, Staff)*

Participants referred to how autistic individuals had a propensity to ruminate on negative experiences they had faced in their prison lives (e.g., difficult social interactions, disruptions to the prison routine, and troubling sensory experiences), and how this impacted their engagement with OBPs. P18's example of how a confrontation with a member of wing staff could leave an autistic individual feeling anxious and distressed, illustrated how autistic individuals have a greater tendency to dwell and ruminate on negative feelings compared to neurotypical individuals (Crane et al., 2013; Gotham et al., 2014). Participants referenced the commute from a wing to an OBP session, and how this often featured crowds and noise, the "Achilles' heel" (P18, Staff) of autistic individuals. Both groups of participants reported these experiences raised autistic individuals' anxiety levels and impacted OBP engagement (e.g., deterring attendance or impacting concentration during sessions).

1.2. Boiling point

'Boiling point' refers to how participants reported autistic individuals felt at the peak of their discomfort during group OBPs, when an accumulated mass of stress, anxiety and frustration became too much to handle. Autistic individuals responded to this by either switching off or exploding.

"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… 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." *(P6, Autistic individual)*

Overwhelmed by feelings of anxiety and distress, some autistic individuals tended to "switch off" or go into "a daze" to cope. For P6, the increasingly overpowering weight of building anxiety challenged his capacity to cope and triggered a mental withdrawal. This resonated with other autistic individuals who felt that they switched off as a response to experiencing an overpowering need to escape challenging situations. Social withdrawal, similar to what was described by participants in this study, is a common way that many autistic individuals express and cope with feeling overwhelmed (NAS, 2020).

In contrast, for other autistic individuals in this study, the build-up to 'boiling point' was characterized by frustration and irritation (in addition to anxiety), which 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… it was getting too much for me." *(P7, Autistic individual)*

These outbursts could be interpreted as meltdowns, which have been associated with autism in previous literature (Ryan, 2010). Meltdowns have been described as "intense responses to overwhelming situations", rather than "wilful bad behaviour" (Ryan, 2010, p.871). In this study, staff participants described how it could be difficult for them to discern the underlying cause of an autistic individual's outburst. Staff acknowledged that if they could not recognize why an autistic individual behaved inappropriately, they may misattribute an explanation, which could have implications for that individual's progress on an OBP:

> "If you're reading it on paper… "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?" *(P22, Staff)*

Here, P22 gave the example of an autistic individual storming out of a session and explained how it may be difficult to assess whether that was an indication of poor problem-solving skills (a criminogenic treatment need) or a "deeper" autism-related sensory issue, which may need to be supported differently.

Interestingly, staff described reaching a similar 'boiling point' limit themselves due to an accumulation of frustration when working with autistic individuals, which sometimes impacted how they worked with those individuals:

> "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… 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" (*P20, Staff*)

Several staff expressed feelings of guilt regarding the frustration and compassion fatigue they had felt working with autistic individuals, and how they had subsequently behaved because of their frustration. Staff referred to difficulties maintaining a therapeutic bond with autistic individuals because of the barriers that frustration raised. Staff reported how frustration impacted their morale at individual and team levels. In addition, several felt that they had internalized the challenges of working with autistic individuals, attributing self-blame, and questioned their own abilities as clinicians. This resonated with findings from MacDonald et al. (2017), where it was reported that NHS specialist secure autism service staff had "expressed negative emotionality as a direct consequence of working with" autistic individuals with sexual offence convictions (p.47). MacDonald et al.'s emphasised how this negative emotionality could lead to compassion fatigue in staff; rendering it more difficult for staff to work with autistic individuals, potentially compromising therapeutic relationships and leading to burnout. Moreover, echoing the experiences of staff in this study, MacDonald et al. noted that compassion fatigue could spread through staff teams if it was left unsupported.

Superordinate Theme 2. Out of the Comfort Zone

This theme identified specific features of OBP content, exercises and delivery that participants identified as especially challenging for autistic individuals to engage with.

2.1. Thinking about feelings

Engaging with OBP content relating to feelings, emotions, and perspective-taking was frequently regarded as a challenging for autistic individuals. Specifically, challenges related to reflecting on and understanding the relevance of their emotions leading up offending, imagining how they (or others) would feel in hypothetical future scenarios, making distinctions between emotions they were feeling in the present, verbalizing feelings and emotions, and recognizing how others feel. Staff participants described how some autistic

individuals struggled to differentiate emotions more broadly (e.g., anger and sadness), while others struggled with more subtle distinctions within and between emotions (e.g., distinguishing minor frustration from furious anger):

> "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" *(P20, Staff)*

Autistic participants often described how their memory for concrete factual information was better than their abilities to reflect on feelings and emotions. This is consistent with non-forensic emotion-focused therapy literature, which has suggested that autistic individuals can be "out of touch with inner experiencing" and may have "limited capacity to register emotionally tinged experiences", potentially underpinned by co-occurring alexithymia (Robinson & Elliot, 2017, p.226). Issues relating to emotional insight led to difficulties for participants in this study, when exploring their emotions during interventions:

> "When he was asking… "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 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" *(P1, Autistic individual)*

Relatedly, staff often praised autistic individuals 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. To appease facilitators, P1 sometimes resorted to guessing answers because he simply could not grasp what he genuinely felt. Similar experiences were echoed by other autistic individuals, who found it difficult to genuinely recall emotions they had experienced in the past, but feared negative consequences if they provided no responses. These issues may represent examples of episodic memory issues that are often associated

with autism (Boucher & Mayes, 2012; Lind & Bowler, 2010). Autism has been associated with a good semantic memory, but relatively diminished episodic memory (Lind & Bowler, 2010). Difficulties around memory for emotion-related and person-related information has been attributed to difficulties autistic individuals experience in processing personal and emotional information (Boucher & Mayes, 2012).

OBP content requiring perspective-taking and/or hypothetical thinking skills was another related area that was identified as difficult for autistic individuals. In particular, they found it difficult to envisage how they, or others, would feel in hypothetical scenarios:

"We did do role-plays, but that's one of the things that I was most uncomfortable with doing… 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" *(P8, Autistic individual)*

Participants often referred to these role-play exercises as too abstract for some autistic individuals to engage with. Many indicated that the social imagination-dependent aspects of these exercises were what autistic individuals struggled with. Staff noted that such exercises conflicted with the more rigid, concrete thought processes of autistic individuals they had worked with. Consequently, staff felt that such exercises were not well-suited to the learning style of autistic individuals. This is consistent with previous work, showing how these tasks may be difficult for autistic individuals due to a range of cognitive difficulties (e.g., social perspective taking, theory of mind, and cognitive inflexibility; Boucher & Mayes, 2012; Lind, 2010; Lind & Bowler, 2010; Melvin et al., 2017; Robertson & McGillivray, 2015).

This multi-perspective analysis uncovered some contrasts between autistic and staff participants' experience in relation to these challenges. Both participant groups reported challenges for autistic individuals, relating to emotion-focused content during interventions, but seemed to experience them quite differently:

"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"… you're thinking "oh,
y'know, I'm wasting my time here"" *(P24, Staff)*

"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… 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" *(P11, Autistic individual)*

On one hand, staff felt frustrated when working with autistic individuals who claimed
to be unable to recall emotions felt during past experiences, or otherwise struggled with
emotion-related content. This led some to apply trial and error approaches of paraphrasing
questions if a response from an individual was required to progress on the programme. Here,
staff felt that autistic individuals could be rigid and argumentative, and they frequently
conveyed a sense of futility in the repetitive trial and error process. Despite being aware those
individuals were autistic, as their frustration grew, staff sometimes struggled to maintain a
position of understanding. This highlights the dangers of frustration and associated feelings
of compassion fatigue clouding staff judgments, which resulted in misinterpretation of
autistic individuals as being deliberately difficult. By contrast, autistic participants interpreted
similar interactions differently, feeling that staff applied excessive pressure and pushed them
to do things that they were incapable of doing. Participants described experiences where they
were questioned by staff about how they had felt in past situations, and felt pressured to
provide answers, despite not being able to respond. For example, P11's recollection of staff's
persistent questioning and his likening the experience to an interrogation illustrated a of sense
unrelenting pressure to perform. If these participants had co-occurring alexithymia, as is
common in autistic individuals (Kinnaird et al., 2019; Poquérusse et al., 2018), it is plausible
that their capacity to reflect on their feelings could genuinely be impaired. That said, the

exact nature of the association between autism and alexithymia remains unclear in existing literature (Brewer & Murphy, 2016; Poquérusse et al., 2018).

2.2 Knowing what to expect

Participants highlighted that a sense of predictability was an important for autistic individuals before and during interventions. Both participant groups described how their feelings of readiness to engage with an OBP pivoted on the information they had received beforehand. It was suggested that autistic individuals would have benefitted from more concrete, detailed information, both written and verbal, about what to expect in interventions, and what was expected of them. However, there were mixed experiences of this amongst autistic participants, with a disparity between a minority who felt well-equipped for their interventions journey, and the majority who experienced ambiguity-related apprehension about stepping into the unknown.

"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's best to have something. If it's explained and it's logical, I have no objections with it whatsoever" *(P9, Autistic individual)*

P9 experienced this sense of ambiguity on his interventions journey, which he felt stemmed from a lack of information. There is an implicit indication here that, in the absence of sufficient "logical" explanations of what to expect, P9 could become more resistant, objectional and unwilling to comply. Autistic participants felt that the information they were provided with lacked sufficient concrete detail. In the absence of sufficient information about what OBPs would involve, several of the autistic participants had felt stressed and anxious, resorting to alternative means of seeking answers (e.g., rumours from others in the prison). It was clear from the majority of interviews with autistic individuals that they valued exact detail, planning and structure in their lives, and this information could be a crucial supportive

factor for them.

This need for information was also experienced by staff, who emphasised the value of feeling adequately informed prior to working with an autistic individual, to allow them to work effectively and make adjustments where necessary. This is consistent with the concept of specific responsivity (Andrews et al., 2011; Jung & Dowker, 2016). Staff outlined that being responsive to an autistic individual's needs pivoted on access to good quality, autism-related information about that individual. It was important for staff to not only know whether an individual was autistic, but what that diagnosis meant for each individual in the specific context that they would be working with them in:

> "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… he's got autism, but his needs are gonna differ, potentially, to this individual over here… we just need something as simple as a summary sheet" *(P21, Staff)*

Staff felt that access to more detailed, personalised information could help them to understand an autistic individual's learning style, encourage engagement, and anticipate more challenging aspects of interventions for that individual. However, staff felt that access to such information was not always straightforward. They expressed frustration with the difficulties they faced in searching for information about an individual's diagnosis and the scarcity of that information. In the absence of centralised information sources or formal protocols, participants referred to an arduous, time-consuming search for information, often to no avail:

> "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… 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" *(P15, Staff)*

This echoes findings from Newman et al. (2019), who reported that prisoners' autism

diagnoses are not consistently recorded in prison-based records systems, which they attributed, in part, to a lack of multidisciplinary collaboration and coordination. Relatedly, staff in this study endorsed the value of utilising collective insight from others, on how best to work with a particular autistic individual. Staff found it most helpful to consult others about an autistic individual they would be working with, rather than rely solely on file information. This included enquiring with staff in other prison departments, colleagues within their own departments who have autism expertise, and consulting the autistic individual themselves. However, while staff advocated the utility of a collaborative approach when working with autistic individuals in interventions, they ultimately felt that communication between departments was typically lacking, and needed improvement.

Within this theme, autistic individuals also identified predictability (e.g., timetabling regularity, and consistently with session structures and physical set-up) as an important to support their engagement with OBPs. Inconsistency and change during their interventions journey were experienced as challenging.

> "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 thing… if you say you're gonna do it on a Friday, keep it the Friday, don't change it… I don't really like change" *(P7, Autistic individual)*

P7's experiences of inconsistency and irregular timetabling in his interventions experiences led to feelings of distress and frustration. This preference for sameness and routine is a widely-documented autistic trait (APA, 2022), and is consistent across therapeutic contexts (Maddox et al., 2020; Murphy & Mullens, 2017). Relatedly, staff also recognised that the lack of consistency inherent in the rolling group programme format of some group OBPs were problematic for autistic individuals:

> "Facilitators roll on and roll off, so people that they're 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… not a massively good format, I don't think, for autistic people" *(24, Staff)*

In the rolling programmes, service users and facilitators can change between sessions, which can be beneficial for reducing intervention attrition, giving flexibility of dosage, and allowing service users to progress with programme content at their own pace (Howard et al., 2019; Howard, 2016). However, this format conflicts with autistic individuals' preference for consistency. Staff suggested that autistic individuals may feel reluctant to open up to new people who 'roll' onto a programme group, while noting difficulties for staff who are rolling onto a group to establish rapport with those autistic individuals (for a discussion of rapport-building between new therapists and autistic individuals, see Cooper et al., 2018). A rolling programme may threaten therapeutic bonds and rapport between autistic individuals, their peers and staff, whereas consistency in the therapeutic environment can support autistic individuals to feel safe (Shaft, 2011; Woods et al., 2013). The fluctuating social environment of a rolling programme may be too distressing for autistic individuals, impacting their wellbeing and willingness to engage, and may be inappropriate for autistic individuals.

Superordinate Theme 3: (Dis)connected to others

This theme related to autistic individuals' social connections with staff and peers during their interventions journey. This theme explored how experiences of connection could have a positive influence on interventions, and disconnection could be problematic.

3.1. Between integrated and alienated

Participants highlighted that autistic individuals often found it challenging to develop relationships and integrate with others in group-based OBPs, often experiencing social exclusion. Resonating with the double-empathy problem (Mitchell et al., 2021), participants attributed these challenges to an interaction between autistic individuals' autism-related

difficulties and how others in OBPs responded to those difficulties.

> "He was still quite isolated… 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"" *(P20, Staff)*

Participants noted that autistic individuals could struggle with intuiting subtleties of social communication and interaction, which impacted their ability to socially integrate during group interactions. Several staff participants described how humor and sarcastic language are common in OBP group interactions. These were areas of social communication that autistic individuals found inherently difficult, partly due to their nonliteral or subtle nature, a common trait among autistic individuals (Agius & Levey, 2019). Staff recognised the implications of this in group OBPs, feeling that there was a risk that autistic individuals may become "an out-group personality" (P15, Staff). Frequent examples were offered by staff of autistic individuals saying or doing things that were deemed socially inappropriate by the group, leading to autistic individuals experiencing peer rejection:

> "You'll say "ok, hasn't John done really well with that piece of work? Can we give him some feedback?"… 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"… the group might, sort of, turn against them, because they're, sort of, seen as, like, rude or selfish… they get a lot of social rejection then" *(P25, Staff)*

This fits with existing literature that has outlined how 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 highlights that autistic individuals can present as unreservedly blunt or unfiltered in the expression of their opinions, inadvertently causing offence to others (Hedley et al., 2018).

Resonating with this, several autistic participants described how they had inadvertently caused tensions in groups or had felt apprehensive about interacting with a programme group, worried that they may inadvertently say something that would be ill-received by the others. For instance, P3 found integrating with an OBP group challenging, which he associated with difficulties he has understanding others' perspectives:

"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… 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." *(P3, Autistic individual)*

P3'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). Autistic individuals often demonstrate unsynchronised relational attunement with others in group therapy due to these difficulties (Robinson & Elliot, 2017). P3's experiences may exemplify this lack of synchronisation with others. As a result, he experiences persistent apprehension around saying the wrong thing and has frequent concerns that he will be misunderstood or ostracized by others. These worries affect his confidence in interacting with OBP groups, a feeling shared by several of the autistic individuals in this study. These social interaction challenges are congruous with the previous literature that has challenged the suitability of group-based OBPs for autistic individuals (Higgs & Carter, 2015; Murphy 2010). In light of these issues, staff reported that they had to adopt a protective role and de-escalate confrontations between autistic individuals and their peers (or even other staff). Staff also described how autistic individuals had a tendency to siphon facilitator attention and session time, meaning that the needs of others were not always met. As a consequence of these experiences, staff referred to feeling

stretched, exhausted, and drained in their roles.

Although participants frequently referred to challenges associated with integration and inclusion, by contrast, several participants reported examples of autistic individuals successfully integrating within a programme group.

"At first, it was, like, I was just the, kind of, quiet kid who just sat in the corner… 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… and that, in a way, helped with my confidence… the facilitators always had time for ya… even if it was just a quick five or ten minutes after one of the sessions… it was really helpful" *(P2, Autistic individual)*

As P2 spent grew more familiar with the group and felt listened to, his confidence grew. Over time, he gradually felt integrated, became more actively involved in group interactions, and experienced a sense of personal growth. He also felt well-supported by facilitators and expressed a sense of gratitude because they were willing to spend extra time to support him. Although previous literature has indicated reservations about the appropriateness of group-based OBPs for autistic individuals (Higgs & Carter, 2015; Murphy, 2010), positive experiences of group-based therapy for autistic individuals has also been reported (Furuhashi, 2017; Melvin et al., 2019; Spain et al., 2017), particularly where they feel individually recognised as established members in an understanding group; which is consistent with P2's experience. Similar experiences were shared by several other autistic individuals in this study, who had found group interventions to be positive overall. However, universally, this required a degree of perseverance from those individuals, to tolerate and overcome initial challenges or trepidation that they had experienced.

3.2. Networks of support

Autistic individuals feeling supported by a network of peers and prison staff beyond

OBP sessions was also highlighted by participants as beneficial for their engagement with OBPs. Autistic individuals referred to the value of being surrounded by people who understood and accepted them (e.g., friends, programme support volunteers, and listeners on the wing):

> "I've got some good friends now… people do like me, and it's, kind of, a confidence booster... now that I know I've got lots of people that like me, I tend to leave the cell more" *(P10, Autistic individual)*

Outside of OBP sessions, several autistic participants experienced a sense of community in their day-to-day lives in the prison. For instance, P10 felt that the network of friends he forged in prison led to him to feel more confident and less isolated. Consistent with literature on the benefits of positive experiences of prison social climates for treatment readiness (Blagden et al., 2016), these friendships may be conducive to Participant 10's future engagement in OBPs.

Staff also observed the positive effects of these kinds of support networks on the emotional health of autistic individuals they worked with, as well as the positive ripple effect that such experiences have on interactions with prison staff. Staff felt that routine supplementary support, alongside OBPs, with a knowledgeable, or otherwise understanding, member of staff could be extremely helpful for autistic individuals' broader rehabilitation. References to autism-specific support from mental healthcare teams were amongst the most frequently cited sources of support, and regarded as one of the most beneficial.

> "If he had extra sessions on top of the group work… like they used to have with the sessions with [IDD Nurse]… they'd see her every couple of weeks that would be really useful… they seem to benefit from the help and the extra support" *(P24, Staff)*

By contrast to these positive networks of support, other autistic individuals found it difficult to integrate within the prison community. For example, P12 found it tricky to

navigate the nuanced social landscape of the prison:

"It's mostly… understanding people's intentions. It's quite a lot of dissimilation in a prison environment, people deceiving, not really saying what they mean and it's hard for me to pick up on that… from sarcasm to, just, sort of, bullshitting" *(P12, Autistic individual)*

P12 suggested that, like many autistic individuals (Williams et al., 2018), he struggles with implicit types of social communication (e.g., sarcasm, humour and deception), and favours more literal and concrete communication. However, because these types of communication are so common in prisons, P12 has struggled to integrate and been reluctant to associate with others in the prison, to avert the risk of falling victim to deception. Echoing the reported experiences of autistic prisoners in previous research (Vinter et al., 2020), other most autistic participants in this study described how these social interaction difficulties had contributed to them getting into confrontations and being misinterpreted by others in the prison:

"Officers on the wing don't always understand [my autism], nor does other prisoners, [I'm] always getting in confrontations… I can't tell when people are being serious, or if they're just joking … 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… I just find it very hard to know when staff are being serious or not… then I get 'underachieved' or placed on report, because I've said something or done something, which I didn't mean to do" *(P11, Autistic individual)*

Several staff participants reported how some autistic individuals acquire a notoriety for frequently getting into altercations with prison staff (e.g., unintentionally causing offence and/or appearing disrespectful through how they interact with staff by being blunt, too honest, or overly rigid). Quality of staff-to-prisoner relationships have been regarded as

crucial facets of prison social climates (Blagden et al., 2017; Perrin et al., 2018). If autistic individuals often encounter difficult interactions with staff, as noted by several participants in this study, this may have problematic implications for engagement in treatment.

Discussion

In this work, we explored how prison-based interventions are experienced by autistic individuals and the staff who work with them. In doing so, we sought to identify challenging and beneficial features of interventions from the perspectives of those involved. The multi-perspective analysis afforded insight into which issues were pertinent when working with autistic individuals in interventions, how they were pertinent, and to whom. There were overlaps between participants' perspectives in relation to specific features of interventions content and delivery, and the impact of the prison social and sensory environment. These broad areas of convergence could be understood as the 'key issues' that the study aimed to identify. From the themes identified, we have formulated some preliminary recommendations for practice, which are presented below. That said, we acknowledge that further research would be required to refine and confirm the utility of such recommendations in practice, particularly in relation to effects on treatment engagement and outcomes.

Recommendation 1: Preparing the individual for interventions

Clearly communicated information about what to expect in interventions was important for autistic individuals in this study. Therefore, information made available to autistic individuals prior to interventions should contain explicit details about what is to be expected, in an accessible format. For example, typical structure of sessions, topics covered in sessions, and expectations for that individual. This could be scaffolded thorough discussions with staff before an intervention, to address uncertainty and apprehension. A short pre-intervention course to develop foundational therapy skills may offer a low-stakes opportunity for an autistic individual to become familiarised with an interventions

environment (e.g. room layout, types of exercises, interacting with others), allow staff to gauge specific responsivity factors and how well an individual copes with aspects of interventions (such as group social and sensory environment), and ultimately identify effective means of working with that individual. This may be particularly beneficial opportunity for staff to generate information about an autistic individual, that was otherwise felt by staff in this study to be lacking in prisons (see also, Recommendation 4).

Recommendation 2: Supporting engagement through adjustments to communication and delivery in interventions

In light of autistic individuals' heterogenous experiences of group OBPs in this study, practitioners should avoid automatic assumptions about the suitability of group-based interventions. Instead, content and delivery in interventions could be adapted to be responsive to the communication and learning preferences of autistic individuals. For example, participants in this study suggested that autistic individuals sometimes struggled with implicit communication and open-ended questions during interventions. Therefore, written and verbal communication should be adapted to be more clear, concrete and unambiguous. Staff should try to ask direct, precise, closed, directional questions with prompts if needed. Where content cannot be simplified into a more concrete form, providing scaffolding, such as examples that map onto an individual's interests and strengths could be useful. As another example, participants in this study referred to difficulties autistic individuals experienced in relation to processing auditory information on programmes, and how this could contribute to them feeling overwhelmed. As such, staff should aim to incorporate a broader variety of delivery modes in OBPs, beyond approaches that predominantly rely on auditory processing. Participants regarded visual teaching tools as particularly useful in this study. As a final example of adaptation, providing extra time and space to process information can be useful to prevent autistic individuals feeling overwhelmed, particularly when being asked for answers

to questions. Delays in answering questions should not be automatically interpreted as avoidance. Being too quick to rephrase a question may simply add to the feelings of information overload experienced by the individual, potentially halting processing altogether.

Recommendation 3: Adjustments and accommodations in the sensory environment

To reduce the likelihood that autistic individuals will feel overwhelmed or distressed during OBPs, where possible, sensory environments should be designed (or adjusted) to accommodate the sensory needs of autistic individuals. Sensory differences in autistic individuals are heterogeneous. Nevertheless, there are general adjustments that can be beneficial, such as the provision of quieter programme and waiting areas, naturally-lit spaces, reduce clutter in environment, and avoiding use of strong fragrances. In this study, participants suggested that timeout opportunities in low-stimulus areas can be a supportive general accommodation for autistic individuals experiencing sensory issues (e.g., quiet, low-lit areas with blank walls), allowing them time to process information and/or calm down after experiencing averse sensory of information overload experiences.

Recommendation 4: Learning about the individual

Staff in this research emphasised that effectively tailoring interventions to a particular autistic individual pivots on access to individualised information (i.e., a diagnosis, and what that means for them specifically). However, this study identified inconsistencies in how autism-related information about prisoners is typically stored and shared in prisons. Sharing of autism-related information across the prison could be streamlined, and it is recommended that prisons work collaboratively, particularly between departments, as a means of building a holistic profile of individual need. One method for communicating individual needs to staff could be the introduction of a prison autism passport. These documents represent an affordable means of summarising and communicating autism-related needs, and could easily be adapted for use in prisons; with a focus on information relevant to responsivity and

management.

Limitations and Future Directions

Although these proposed recommendations may be useful in practice, it is nevertheless important to recognize that further research would be required to empirically validate and develop recommendations in relation to responsivity. For example, future research could test whether the implementation of recommendations have significant effects on treatment readiness, engagement, and outcomes measures for autistic individuals in practice. Moreover, complementary qualitative research could explore how and whether these adjustments to practice are experienced as beneficial for autistic participants and staff working with them.

It should also be acknowledged that this study primarily addressed issues relating to the responsivity facet of the RNR model and did not provide as an in-depth of an exploration of the risk and need facets. With regards to risk, data on autistic participants' recidivism risk levels were not captured in this research. Therefore, further research could explore whether any of the issues highlighted in this study vary as a function of risk. For example, it could be that the barriers experienced within this sample differ between low, medium and high risk individuals. Furthermore, to acquire a more comprehensive understanding of best practice when working with autistic individuals in interventions, future research should investigate whether there may be criminogenic needs specific to, or at least more pertinent to, autistic populations.

Finally, this study was conducted during a period of transition for rehabilitation in the UK. Data were collected during a shift in the HMPPS suite of OBPs offered. Although this permitted an interesting comparative insight into what these developments may mean for autistic individuals, it also meant that many participants' main frame of reference for interventions was the older suite of OBPs (e.g., Core SOTP). Several autistic individuals had not experienced OBPs from the new suite, and some staff were inexperienced in facilitating

new OBPs. Nonetheless, the new programmes share some of the more common features of their predecessors (e.g., group-based delivery), and the core issues highlighted in our analysis are therefore likely to apply to the new suite of OBPs. That said, future work should consider replicating this study with a sample of individuals whose main reference point is the current suite of OBPs, to investigate whether the same issues remain salient.

Conclusion

To conclude, the themes identified in this study provided a basis for preliminary evidence-driven practical recommendations to improve the intervention experiences of autistic individuals, and staff who work with them. While a core message in this paper is to recognise the heterogeneity of autistic individuals with sexual offence convictions, the analysis highlighted some homogeneity in what autistic individuals and staff find helpful or challenging in interventions. Nevertheless, heterogeneity was an important feature of findings too, and supported the notion that there is no *one-size-fits-all* approach to working with autistic individuals in interventions. As a collective, the views of autistic individuals and staff suggested that a willingness to be flexibly responsive and tailor to the needs of each specific individual is paramount. As such, recommendations presented in this paper should be applied after an idiographic and collaborative autism-sensitive case-by-case evaluation of such needs for each individual.

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Table 1.

Superordinate and subordinate themes identified through MPT analysis.

Superordinate Themes	Subordinate Themes
1. Feeling overwhelmed	1.1. A lot to process
	1.2. Reaching boiling point
2. Out of the comfort zone	2.1. Thinking about feelings
	2.2. Knowing what to expect
3. (Dis)connected to others	3.1. Between integrated and alienated
	3.2. Networks of support