

Title: Appropriate adults, their experiences and understanding of ASD

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Abstract

An appropriate adult (AA) is required by law, to support juveniles and vulnerable adults during custody procedures. This paper explored the opinions and knowledge of AAs and how the characteristics of Autism Spectrum Disorder (ASD) could disadvantage an individual within a police interview. A questionnaire was administered to AAs who had received training to carry out their duties (N=55). AAs were asked a number of questions concerning suspects with ASD. Overall, the questionnaire found that AAs had some awareness of the key features of ASD. However, AAs were less aware of the possible impact these characteristics could have upon the interview process. Nevertheless, when asked about actual practice, fifteen incidents were reported where it was deemed that the characteristics of ASD disrupted interview procedures. For example, it was reported that suspects with ASD displayed repetitive and rigid behaviour patterns that interfered with the flow of the interview. Encouragingly, the self-reported data suggested that AAs were able to respond effectively to these actual incidents. That withstanding it is suggested that AA training should include information about how those with ASD might be at a disadvantage within the forensic interview environment and outline strategies that AAs could use to help a person with ASD fully engage within the criminal justice process.

Key words: Autism spectrum disorder, Appropriate Adult, Criminal Justice System, Vulnerability.

What this paper adds: To date there is little research which examines the strategies AAs adopt (if at all) to accommodate the needs of vulnerable individuals within a suspect interview setting. Recognising that the characteristics of ASD may render an individual vulnerable during their contact with the CJS (see Berney, 2009), this study sought to discover if AAs recognise the potential impact the characteristics of ASD may have on an interview and if they are able to provide strategies to accommodate specific needs. These are important issues which need to be explored to ensure that people with ASD are granted fair and equal access to the criminal justice system.

Appropriate adults, their experiences and understanding of ASD

1 Introduction

A forensic interview is said to be dependent upon both interaction and communication skills (Oxburgh & Dando, 2010). As such, for those with Autism Spectrum Disorder (ASD) whose diagnosis is dependent upon qualitative impairment in communication and social interaction skills in the presence of repetitive and rigid behaviour patterns (American Psychiatric Association, 2013), interview procedures may be particularly challenging (see Berney, 2004). Thus, such interviewees will need especially skilled interviewers and safeguards to ensure fairness within the interview process.

Over the past forty years, UK police interviewing has seen great change, primarily in response to miscarriages of justice where those deemed vulnerable have been at the heart of mistreatment (Poyser, Nurse, & Milne, 2018). As a result, a National investigative interview programme and legislation have been developed to help protect those in most need within the criminal justice environment. The model of interviewing that was established in the UK is called the PEACE model (an acronym for the model's five interview phases of Planning and Preparation; Engage and Explain; Account; Closure; and Evaluation, see Milne and Bull, 1999 for an outline). This model is built on scientific interviewing techniques such as the Cognitive Interview, which has been found in many studies to increase the amount of correct information given by interviewees (Fisher & Geiselman, 1992; see Memon, Meissner, & Fraser, 2010 for a meta-analysis). Since its inception in the UK, to combat unethical interviewing practices, the PEACE ethos (open-minded approach) and framework has been adopted in a large number of countries (e.g. Australia, Norway; Clarke & Milne, 2016).

One of the UK legislative safeguards was the inclusion of the the Appropriate Adult (AA) provision within the *Police and Criminal Evidence Act (PACE, 1984)*. Code C, which accompanies PACE (Home Office, 2019) uses the term vulnerable to identify those who due

to a mental health condition and/or a mental disorder may be at risk of providing unreliable or incriminating evidence during a suspect interview. To help in the identification of mental disorders annex E of Code C provides a link to the *Mental Health Act (1993)*. However, it should be noted that not all individuals who have mental health conditions or disorders are necessarily vulnerable (Dehaghani & Bath, 2019). Also, vulnerability may be situational. For example, trauma can induce stress and in turn create vulnerability within an individual (see Dehaghani & Bath, 2019).

An AA is required to safeguard the rights, entitlement, and welfare of the vulnerable suspect (Home Office, 2019). One role of the AA is to support the vulnerable suspect during the interview process. The AA is not merely a passive observer, rather they are there to offer advice to the suspect and ensure that the interview is conducted fairly. If an AA believes that the interview is improper or unfair the AA should intervene and can stop the interview. The AA is also required to facilitate communication, a key part of the role (Home Office, 2019; Pierpoint, 2011). Indeed, vulnerable adults themselves voiced the need to have someone explain what was happening and to help them communicate with the police (Jessiman & Cameron, 2017).

There is some concern however, that the details set out in code C are somewhat ambiguous and do not fully explain the role of the AA. For example, the Code provides no instruction regarding the *nature* of interventions that should be made (White, 2002) and there are no adequate guidelines to explain *what* measures can be used to ascertain if an interview is acceptable or unacceptable (Cummins, 2011). Consequently, it is unclear if such behaviour as an officer raising their voice, using sarcasm, or being persistent in their questioning, are examples of unfairness that should prompt an AA to intervene (Nemitz & Bean, 2001).

In accordance with Code C, to act as an AA a person must be over the age of 18 but cannot be a police officer or a person employed or contractually obligated to the police (Home

Office, 2019). Thus, almost anyone can take on the role (Dehaghani, 2016), including friends or family members of the suspect. However, there has been concern regarding the suitability of some people to act as an AA. Cummins (2011) cites a case where it was deemed that a father should not have taken on the role of an AA due to his own low IQ. There have also been reports of parents disrupting procedures (see Gendle & Woodhams, 2005; Leggett, Goodman & Dinani, 2007). Indeed, in accordance with Code C (Home Office, 2019) if an AA is inappropriately disrupting procedures, the AA can be removed. Furthermore, it has been questioned if lay people have the skill set required to recognise if an interview is being conducted fairly (Pierpoint, 2000). To act as a safeguard, the Bradley Report (2009) and the PACE Review (2010) both recommended the use of *trained* AAs. These AAs are a mixture of volunteers, and their work and training are overseen by organisations based in the public, voluntary, or private sector (National Appropriate Adult Network, 2018). This paper focussed on trained AAs.

The efficacy of AAs in general has been questioned. Gudjonsson, Hayes and Rowlands (2000) carried out a survey which asked police officers, psychiatrists, doctors, and lawyers if they thought AAs gave ‘significant’ protection to vulnerable suspects and less than half of these participants believed AAs were effective. However, it is unclear if these respondents were referring to trained or untrained AAs. This negativity was predominantly expressed by lawyers. In contrast, police officers indicated they were generally satisfied with AAs (Gudjonsson et al, 2000). A later study (Medford, Gudjonsson & Pearse, 2003) used audiotapes of actual police interviews to analyse the contributions made by both ‘lay’ and ‘professional’ AAs. Interestingly it was found that the ‘lay’ AAs made a greater number of both appropriate and inappropriate interventions, while trained AAs were more likely to make appropriate interventions. However, in the judgement of the researchers, overall both groups failed to intervene enough. For example, they did not prompt officers to remind suspects of their rights

or ask the police to check that the suspect understood the caution. It was also considered that they failed to take up opportunities to challenge the fairness of the interview (Medford et al. 2003). Recent research has supported these findings, suggesting that AAs miss opportunities to intervene (Farrugia & Gabbert, 2019). However, on a more encouraging note when an AA is present there is a greater likelihood of the use of legal representatives (Medford et al, 2003).

There is also concern that the use of AAs is inconsistent (Duncan, Saunders, Gadsby & Hazard, 2014). A report commissioned by the then Home Secretary Theresa May, concluded that there was a limited availability of AAs, and that there was a disparity regarding the quality of the service provided (Bath, Bhardwa, Jacobson, May & Webster, 2015). The failure to provide all vulnerable suspects with an AA has been attributed to the lack of a single agency to hold a statutory duty to provide AAs (Jessiman & Cameron, 2017). It should however be noted that many police forces do now have access to the provisions provided by the National Appropriate Adult Network (NAAN).

The lack of availability of AAs is also of concern considering the vital role they play. Nemitz and Bean (2001) described how protection during interview procedures is '*inter alia*', that is the suspect has rights to be protected against unfair questioning so ensuring any admission of guilt is not produced under duress. Thus, the role of the AA is to protect a vulnerable person from providing unreliable or self-incriminating information (Murphy & Clare, 1998) and must ensure that the interview is conducted fairly and alleviate any communication difficulties between the police and suspect (Dehaghani & Bath, 2019). Furthermore, to be effective AAs must safeguard against personality traits and psychological vulnerabilities impacting negatively upon the interview (Gudjonsson et al. 2000). Thus, the AA must not just monitor the behaviour of the interviewing officers but also be aware of and monitor the behaviour of the suspect.

Autism Spectrum Disorder (ASD) is a clinically recognised disorder (Department of Health, 2015) and it is advised that AAs should know about autism (Bath, Bhardwa, Jacobson, May & Webster, 2015). A national report detailing the responses of participants with Asperger Syndrome suggested that professionals within the criminal justice system have little understanding of ASD (Beardon & Edmonds, 2007). Indeed, research has found that the police are not aware that Asperger's Syndrome is a form of autism (Chown, 2010). However, this is not surprising due to the evolving nature of the condition. For example, the DSM V no longer includes Asperger's as a separate diagnosis and the syndrome has been replaced within the term ASD.

The Autism Act (2009) required the Secretary of State to publish an autism strategy. The National Autistic Society published a report *The Autism Act, 10 years on*, and devoted a chapter to the criminal justice system. The report concluded that professionals still lack an understanding of ASD, and that not all people with ASD receive the services of an AA. Furthermore, a survey found that the police rely upon AAs to provide them with an understanding of the needs of a person with ASD, yet there is some concern that AAs themselves also lack specific knowledge about ASD (Crane, Maras, Hawken, Mulcahy & Memon, 2016). It is thus necessary to explore the experiences of AAs working with suspects with ASD during a forensic interview and to find out what AAs understand about ASD. This is particularly important because the NAAN have set standards, for AAs. One such standard is the ability to recognise the needs of the person they are supporting demonstrated by an ability to understand how their vulnerability will impact upon the interview (NAAN, 2018).

This study thus sought to explore whether AAs understood ASD, and if they recognised how the characteristics of ASD may house potential risk factors, and how these may impact upon the suspect interview process. Importantly, the study wished to identify any strategies AAs used to counteract potential problems. To this effect qualitative and quantitative data were

collected regarding; i) the expectations of AAs when supporting a person with ASD, and their understanding of why a person with ASD may find an interview difficult (qualitative data); ii) their experiences of supporting a person with ASD (qualitative data), and iii) their knowledge of the characteristics of the condition (quantitative data). To explore these areas a questionnaire was designed and administered to trained AAs working in the voluntary and private sectors.

2. Material and Methods

2.1 Design

The questionnaire comprised of 39 test items across the following three sub-sections; i) about you and your training, ii) experiences of working with people with ASD, and iii) knowledge of ASD. Of the 39 test items, there were 11 closed questions, 7 open questions, and 21 Likert scales interspersed across the three sections.

The closed questions required a simple yes or no response. These included asking participants if they had received any training in ASD, if they thought they would benefit from further training, and if they thought a person with ASD would find a suspect interview difficult. Finally, AAs were asked if they believed they had supported a person with ASD. Where participants responded *yes*, they were asked to estimate how many people with ASD they had supported in the last 12 months and indicate if these were children or adults. AAs were also asked to indicate how they had been made aware that the person had ASD.

Open questions were used to generate qualitative data and allow participants to voice their opinions and develop their thoughts. These were used to explore; i) the expectations of AAs when informed they would be assisting a suspect with ASD, ii) reasons why a person with ASD may find a suspect interview difficult, iii) details of any issues which disrupted the flow of an interview while supporting a person with ASD, and iv), strategies employed as a response to such issues. Content analysis was used to explore the data (see later for data analysis).

Likert scale questions were used to ask participants to judge the quality of any training received and to rate their own confidence working with a person with ASD. To gather information about AAs knowledge of ASD, 19, five-point Likert scale questions were employed using a fixed scale where 1 = strongly agree, 2 = agree, 3 = not sure, 4 disagree and 5 = strongly disagree. Participants were asked to judge if a specific behaviour was associated with ASD. *Nine* of the statements reflected the three key areas of ASD as laid out in DSM V (American Psychiatric Association, 2013), namely i) impaired communication, ii) impaired social interaction skills, and iii) repetitive and rigid behaviours. The ASD associated statements were adapted from descriptive information cited in *Autism: a guide for criminal justice professionals* (National Autistic Society, 2008), and the adult Autism spectrum Quotient (AQ) (Baron-Cohen, Wheelwright, Skinner, Martin & Cudley, 2001). To counter-act social desirability and to demonstrate an understanding of ASD five of the statements required an 'agree' response, whereas, four statements required a 'disagree'. *Five* of the statements were not associated with a diagnosis of ASD, rather these statements were adapted from the Psychopathy Checklist (Hare, 1993). Finally, *five* supplementary statements were not specific to a diagnosis but were stereotypical behaviours. For example, statements were included suggesting that all people with ASD have a learning disability, find it difficult to distinguish between right and wrong, always tell the truth, have a good memory for all events, and that people with ASD are aggressive. (For a copy of the questionnaire please contact the first author).

2.2 Participants

After receiving ethical approval, organisations that provide AAs for vulnerable adults and or young people were invited to take part in this study through an e-mail to managers outlining the research. A copy of the questionnaire was also attached for consideration. In total

58 organisations across England and Wales were contacted. When an organisation agreed to take part, the manager took on the role of disseminating hard copies of the questionnaire with an accompanying letter explaining the nature of the research, a consent form, and a self-addressed envelope for return. Alternatively, respondents were given the option of utilising an online version of the materials. All respondents were ensured their data would be held in confidence, and data was stored in accordance with the Data Protection Act (2018). Participants were informed that no individual or organisation would be identified during reporting. In total 16 organisations agreed to take part in this study.

Fifty-five participants took part in the questionnaire where 7.2% (n=4) worked only with vulnerable adults, 36.4% (n=20) worked only with young people, and 56.4% (n=31) worked with both adults and young people. Sixty percent of the respondents were female (n = 33) and 40% male (n = 22). The age of participants ranged from 21–76 years ($M=51.6$, $SD=15.32$). Regarding their status 84% of AAs classified themselves as volunteers while 16% received a wage, and length of service ranged from 3–120 months ($M=37.3$ months, $SD=32.67$). Respondents were asked to give detail of any work or activities they undertook other than their AA duties; 11.5% (n=6) of AAs reported no other work, 11.5% (n=6) stated they were in higher education either as an under-graduate or post-graduate, 29.5% (n=16) were in paid employment, and 47.5% (n=26) indicated they took part in other voluntary work. This included activities such as witness support, rape crisis volunteers, voluntary work with prisoners, working on referral panels, and independent custody visitors. Regarding those who gave details of their employment history over half (52.2%, n=8) worked in education, and this included lecturers, head-teachers, and teachers in mainstream and special education. Other professions included social workers, mental health workers, drug rehabilitation officers, and support workers in care homes and learning disabilities units.

3. Data analysis

The first author analysed and coded all data. The second author blindly examined 10% of the questionnaires and the findings were compared and reviewed to establish key categories. To analyse the qualitative data garnered from open ended questions content analysis was used to code, categorise, and identify themes (see Vaismoradi, Turunen & Bondas, 2013). The manifest (observable) content was identified and conceptual analysis was used to observe the frequency of concepts. For the purpose of this study *inductive* or *conventional* content analysis was used. That is, categories were not pre-defined but rather evolved while analysing the raw data (see Hsieh & Shannon, 2005). Upon analysis of the data it was found that information could be organised in accordance with the behavioural characteristics of ASD as specified in DSM V (American Psychiatric Association, 2013). For example, where a response suggested that a person with ASD would find it difficult to understand questions, in accordance with the diagnostic criteria for ASD this was recognised as a communication issue. For responses that were not related to diagnostic criteria these were categorised as non-diagnostic. Information was entered into a coding book and calculations were made to determine how often a behavioural characteristic was referred to across the sample. Answers to closed questions were coded and descriptive statistics used to identify frequencies, ranges, and mean scores. The scores from Likert scale questions were collated and mean scores and standard deviations were calculated (the four 'disagree statements' were reversed to allow for easy interpretation). For the nine ASD statements, a mean close to a score of 1 would indicate association to ASD and would thus show understanding. For the other 10 statements, a mean close to 5 would indicate a lack of ASD association and thus would show understanding.

4. Results

The results section will firstly focus upon issues related to training followed by an examination of the awareness of the characteristics of ASD. The section will then look at expectations and understanding of ASD within the interview context and finally explore personal experiences in that realm.

4.1 Training in ASD

Of those AAs who responded ($n = 49$ of 55), 14 (28.6%) reported that they had taken part in training about ASD. This training was provided by the organisation responsible for AAs, social services, or mental health teams. The duration of the training ranged from 15 minutes to one and a half days. Training included an awareness of the characteristics of ASD, developing an understanding of the spectrum, discussion of behavioural issues, communication issues, and methods of diagnosis. Of those who had undergone training, 83.3% ($n = 12$) rated the training as good or very good. When all participants were asked if further training/training would be useful to them of those who responded ($n = 48$), 89.6% ($n = 43$) indicated that this would be beneficial.

4.2 Recognising the characteristics of ASD

AAs were asked to respond to 19 statements with regard to their applicability to ASD.

Table 1 details these findings.

Insert Table 1 here

As can be seen from Table 1, AAs were generally able to recognise characteristics associated with ASD. The characteristics considered most strongly to be associated with ASD were difficulties understanding the minds of others ($M=1.07$, $SD=0.96$) and difficulties

understanding gestures and tone of voice ($M=1.30$, $SD=1.16$). However, less association was given to understanding social rules ($M = 2.34$, $SD=1.06$) and the ability to give eye contact ($M=2.44$, $SD=0.94$). Overall, AAs correctly dismissed the characteristics of psychopathy as being indicative of ASD and strongly rejected the suggestion that people with ASD can be cunning and manipulative ($M=4.07$, $SD=1.07$). There was a tendency to agree to some of the stereotypical statements. For example, there was some agreement to the suggestion that people with ASD can be very aggressive ($M=2.79$, $SD=0.86$) and a degree of agreement to the suggestion that people with ASD have a good memory for all events ($M = 3.05$, $SD=0.98$).

To further explore the awareness AAs had of ASD, participants were asked to list three characteristics of ASD they believed could disrupt a forensic interview. In total 37 participants responded and the findings are displayed in Table 2.

Insert Table 2 here

As can be seen in Table 2, the majority of concerns related to key characteristics of ASD as specified in DSM V (American Psychiatric Association, 2013) and communication issues, social interaction issues, and problems with repetitive and rigid behaviours were all noted. Sensory problems were also mentioned. However, few specific examples were provided. With regard communication there was concern that people with ASD would not elicit understanding from nonverbal communication and would have a tendency to interpret information literally. Regarding social interaction, comments suggested people with ASD would be wary of strangers and would not be able to maintain eye contact. Referring to repetitive rigid behaviours it was noted that people with ASD would not feel comfortable in a strange environment and may find it difficult switching between topics.

Some of the comments had little to do with the diagnostic criteria of ASD. For example there was concern that people with ASD do not distinguish between right or wrong, would not conform or follow rules, would be reluctant to admit their guilt, and would have no concern for their own welfare.

4.3. AAs expectations of ASD and forensic interviewing

AAs were asked to outline their expectations when they were asked to support a person with ASD. In total 44 participants responded and findings are recorded in Table 3.

Insert Table 3 here

As can be seen from Table 3 a number of areas emerged which are related to the diagnostic criteria of ASD as set out in DSM V (American Psychiatric Association, 2013). The primary being communication difficulties. Some comments were somewhat vague, and 13 respondents simply wrote ‘would anticipate communication difficulties’. However, more detailed comments discussed the expectation that they would need to explain custody procedures, and it was anticipated that people with ASD would find it difficult to understand and respond to questions. One respondent noted that because some people with ASD do not readily read the minds of others, they may not implicitly understand the reason for the interview. Interestingly, comments were made which referred to the need for the AA to check their own communication. These included avoiding irony, innuendo non-literal communication, and nonverbal communication.

Social interaction skills was the second most discussed concern, and participants noted problems with eye contact and failing to understand the emotions and needs of others. Several participants referred to the need to find out the level of ASD. This demonstrated a view that *where* the person is on the autism spectrum would determine their individual needs.

Five people also mentioned having to monitor the environment in order to reduce sensory overload. The remaining comments were not directly associated with a clinical diagnosis of ASD per se, however are very important to ensure a fair interview. These concerns included checking that medical attention had been received to ensure the person was fit for interview, ensuring the suspect had access to a legal representative, and that the AA themselves had enough time to consult with the suspect and in turn brief the police interview team.

Finally, four respondents replied, ‘don’t know’ and one believed that a person with ASD would have no different needs from any other suspect:

“There (sic) needs would be the same as everybody else (sic) in this situation. Depending on how they react in a police station you just expect nothing different and police will be dealing with them.” (AA 47).

4.4 Would a person with ASD find a suspect interview difficult?

Out of 49 participants who responded to a closed question; ‘would a person with ASD find a suspect interview difficult?’ 41 said yes. A follow-up open-ended question provided the reasons for this, 32 participants made 75 comments, and these are detailed in Table 4.

Insert Table 4 here

Issues related to the diagnostic criteria of ASD were noted and respondents suggested that a person with ASD would find an interview difficult because of communication difficulties, poor social skills, and repetitive and rigid behaviour patterns. Some concern was also given to sensory difficulties.

Communication was again the primary concern and was given to both the understanding and the expressive use of language. Comments indicated that difficulties would occur if too many questions were asked and if complex language was used. Expressive language was also seen as a potential issue and that a person with ASD could provide confused answers to questions. One participant noted that this problem is compounded by an inability to explain something they themselves did not understand.

Problems emerging due to repetitive and rigid behaviours were discussed and primarily it was thought that people with ASD would find it difficult being in a strange environment. One participant summarised these concerns:

“Every new situation is threatening. Being in a cell can be scary and claustrophobic (sic). Seeing unknown people is disturbing.” (AA 44).

Social interaction difficulties were also considered. It was expressed that a person with ASD may appear detached and uninterested in the procedures. Conversely, it was also suggested that a person with ASD may seek to please their interviewer and so answer questions accordingly. Additionally, one AA described how a person with ASD may not understand the consequences of their actions:

“A detainee can sometimes present as not accepting what they have done is wrong. They feel no harm was meant so how can harm be done.” (AA 13).

AAs referred to the need to know the level of the person’s ASD. That is where the person is on the autism spectrum would determine their needs. One participant explained:

“Each specific ASD has quite broad symptoms and some people are better at developing coping strategies than others. With Asperger’s Syndrome particularly, the range of issues experienced can be truly vast.” (AA. 7).

Other comments made were not specific to the diagnostic criteria of ASD. Regarding operational practice there was concern that poor police practice would impede procedures. One comment suggested that police officers may take the opportunity to purposefully ‘trip the person up’.

Having high levels of stress and having strong emotions such as fear were also considered. One AA recounted an experience:

“They can be very frightened. One asked every officer he came into contact with “Are you going to kill me?” (A 13).

Where participants had said that a person with ASD would not find the interview difficult, respondents provided the following reasons:

“Most police officers with my help can manage” (AA 8),

“In all the interviews involving a person with ASD they have not had any impact (negatively) on the person” (AA 18).

“From my experience the police are very aware of how an interview should be conducted and take extra time and consideration when dealing with a person who has ASD.” (AA 36).

4.5. Actual personal experiences of interviews

In total, 26 respondents believed that they had worked with a suspect with ASD. It was estimated that 115 people with ASD had been collectively helped by the respondents (71 adults and 44 children). For the most part AAs were told that the suspect had ASD by the police officer and or the suspect themselves. Furthermore, 15 respondents felt that a situation had arisen in the police interview that could be specifically attributed to characteristics of ASD and of these, 13 respondents reported they had intervened to alleviate the situation.

The open-ended responses regarding these actual cases outlined that the main problems that occurred in the interview related to (i) fixated behaviour patterns, (ii) anxiety due to being subjected to an unfamiliar routine, (iii) a lack of understanding of the offence, and (iv) social interaction difficulties. Each of these will be discussed in more detail.

4.5.1. Fixated behaviour patterns

Of the 15 participants who reported issues during the interview six related to problems with fixated behaviour patterns. These behaviours emerged and caused disruption to the interview procedures because suspects with ASD became overly focused upon either environmental conditions or topics of conversation. AAs reported that these behaviours disrupted the progress of the interview because individuals were unable to disengage and reconnect with the interview. For example, one participant reported an incident where the interviewee became fixated upon the reflecting light on a computer screen, another participant told of how a person became fixated upon loose wires while another reported that an interviewee became overly fixated upon the noise of the tape recorder. One respondent provided a detailed account explaining how an interview broke down because an individual became focused upon a specific topic.

Two AAs reported incidents where they believed the person with ASD was unable to follow advice given by a solicitor to reply 'no comment' during questioning. In both instances it had been established that the suspect wanted to take the legal advice given but found it difficult to resist the urge to answer the questions the officer posed. Reportedly this resulted in the suspects becoming increasingly agitated and upset.

4.5.2 Anxiety due to unfamiliar routine / environment

Two reports of disruptive behaviour were due to anxiety caused by the person being in an unfamiliar environment. One participant explained how the flow of the interview was

continually disrupted because the questions posed by the interviewing officer were continually interrupted by a request to know the exact time the interview would end. Additionally, a second participant explained how the interview was hampered because the suspect needed continual reassurance that the door of the interview room would remain open.

4.5.3. Lack of understanding regarding the offence

In total four reports suggested that the person with ASD did not appreciate the seriousness of the alleged offences. Three reports suggested that the suspects failed to appreciate that their actions had been inappropriate and did not consider the impact their behaviour had on the victims. These AAs suggested that this hampered the interview because the suspects would not admit to their offences. Indeed, one of these participants accused the suspect of having ‘selective forgetting’. A fourth participant explained how a lack of understanding about the seriousness of an offence led one suspect to give too much information to the police without any awareness of the implications. This resulted in the detained person being charged with additional offences.

4.5.4 Social interaction

One participant reported how issues arose when a police officer accused an interviewee of being rude because they would not give eye contact. Consequently, the interviewee became upset.

4.6 How AAs responded to reported incidents

Thirteen of the 15 participants who discussed occurrences explained how they had intervened and attempted to aid the situation. Two AAs discussed how they had made changes to the environment thus reducing the possibility of objects or conditions inflicting sensory overload upon the suspect. For example, one AA reported how they had asked the police to

remove a computer from the room because the interviewee had become fixated with the reflected lights, while another changed the seating arrangements, so the individual could not see the loose wires which had become an object of concern. One AA described that to help a suspect remember the advice given to reply 'no comment' they had written this instruction down on a piece of paper. The suspect was then able to refer to this written cue throughout the interview. Three respondents explained how they had spoken to the police officers or legal representatives informing them that the behaviour being presented was due to the suspect's ASD. This included one participant who told a police officer that lack of eye contact was not indicative of rudeness. One participant reported they 'helped focus on the questions' while another AA said they spoke to the suspect to explain to them 'what they had done wrong' thus helping them to understand the nature of the offence. Another participant provided a detailed response explaining how they outlined to the suspect the procedures of the interview and gave the assurance that they would remain with the person to help them through the process. Two AAs stated they had stopped the interview, and two others said they had 'talked' with the suspect.

5. Discussion

This study was designed to explore the experiences AAs have of working with people with ASD and to begin to develop an appreciation of what AAs understand about ASD. The self-reported data indicated that people with ASD are entering the criminal justice system as suspects. In total, it was reported that 115 people with ASD had been supported by AAs. It must be borne in mind that AAs and police officers are not qualified/trained to diagnose ASD. Indeed, AAs were informed about the suspect having ASD by the police or the person with ASD themselves. Some individuals with ASD may not even want to disclose their diagnosis. Nevertheless, the concerns raised by Woodbury-Smith and Dein (2014) remain paramount,

people with ASD are entering the criminal justice system and further research is required to establish treatment and specialist services to support suspects with ASD.

In response to a series of Likert scale questions, it was found that AAs have an awareness of the characteristics of ASD. This was encouraging considering only 14 respondents reported having received training regarding ASD, and only 16 had prior experience of people with ASD. However, when participants were asked to list three characteristics they believed would impact upon the interview, the results lacked a convergence of responses. Whereas, the majority of participants identified characteristics indicative of ASD, other comments were more obscure. For example, there was reference to people with ASD resisting authority, not understanding right from wrong, refusing to admit guilt, and being unwilling to conform. As such it is necessary to carry out further research to see if stereotypical information is detrimental to the quality of support an AA provides. Bespoke training could then hone in specifically on these areas.

The report *The Autism Act, 10 years on*, acknowledges, awareness and understanding are not the same thing (National Autistic Society, 2019). Thus, the questionnaire was designed to explore in more detail the understanding AAs have about ASD and participants were asked to respond to open questions concerning expectations and reasons why a person with ASD would find a suspect interview difficult. Some responses were more generic. For example, although general communication issues were raised, comments were nonspecific, and failed to address some of the key concerns specific to communication difficulties experienced by people with ASD. No mention was given to the understanding that people with ASD have problems making inferences to fill in the gaps of conventional conversation (Loukusa et al, 2007). No respondent made reference to the understanding that the way people with ASD process information may not be typical. That is people with ASD have a bias towards local rather than global detail (Booth & Happé, 2010). Additionally, little attention was given to the concern

that people with ASD provide less complete memory recall compared to the typical population (see Bruck, London, Landa & Goodman, 2007; McCrory, Henry & Happé, 2007). A failure to recognise these issues is important because strategies are required to overcome such problems to safeguard against mitigating risks during a forensic interview. However, this lack of understanding of specific ASD difficulties is not surprising given the low number of AAs in the sample who had received training in ASD.

There is little research available exploring the actual behaviour of people with ASD during an investigative interview, however case studies suggest that the characteristics of ASD can have an impact upon procedures (see Clare & Woodbury-Smith, 2009). There was some evidence from this study to suggest that the behavioural characteristics of ASD can impact upon the forensic interview, and 15 specific incidents were reported. Encouragingly, however, the self-reported data suggests that when disruptions arose, AAs were able to intervene and, in most cases, alleviate the situation.

Across the questionnaire when reporting on expectations, reasons why a person with ASD would find the interview problematic, and identifying key characteristics that would impede the interview, general communication issues (not specific) was the primary concern. However, reflecting upon actual experiences of supporting a person with ASD (albeit a small sample) reports suggested that interviews were interrupted largely due to repetitive rigid behaviour patterns. The most frequent occurrences related to problems people with ASD had disengaging from topics or objects within the environment. Problems with preservative behaviours have been linked to executive dysfunction (see Hill, 2004). An inability to adapt to new or complex situations explains why people can become 'stuck' in a task or activity (Hill & Frith, 2003). Repetitive and restricted behaviours is a core feature of ASD and manifests as a narrowness of focus, an inflexibility and an insistence on sameness (Leekam & Prior, 2011). Indeed, it is suggested that repetitive and restrictive behaviours hinder the opportunities for

social interaction (Honey, Rodgers & McConachie, 2012). As such it may not be surprising that AAs reported incidences where the detained person with ASD sought refuge via a preoccupation with an object or topic of interest. AAs also reported incidents where people with ASD were not able to follow the advice given to them by their legal representative and give a 'no comment' interview. Response inhibition is defined as an inability to suppress an action, thought, or words (Christ et al. 2011). Furthermore, poor inhibitory controls are associated with repetitive behaviours (Mosconi et al, 2009).

There is some evidence to suggest that some AAs may be reliant upon stereotypical information to garnish their understanding of ASD. For example, the suggestion that people with ASD can be aggressive appeared regularly. While this study does not dispute the idea that challenging behaviour can be problematic in people with ASD, it would be unsafe to assume that all people with ASD are aggressive. It follows, if AAs approach people with ASD with a mind-set that the suspect with ASD is likely to be disruptive or aggressive this in turn may jeopardise constructive interactions.

Questionnaires always raise concerns regarding brevity of responses, and further work in the future could conduct more in-depth interviews to understand the context more fully of the responses given. It must also be borne in mind that the sample though similar to other published articles is relatively small compared to the number of AAs in existence. Nevertheless, it gave a window into the world of AA knowledge and intervention with regard to those with ASD in the investigative interview environment. It was surprising how so few, in the random sample, had had training specifically concerning ASD. Thus, further research should look at what training in ASD actually exists for AAs and how such training impacts upon AAs knowledge of ASD and their subsequent interventions when working with people with ASD in actual interviews.

6. Conclusion

To ensure that suspects with ASD have equal access to the criminal justice system it is important that AAs provide safeguards against reducing or mitigating risk during a forensic interview. To achieve this, it is necessary for an AA to understand how characteristics can potentially impact upon procedures. AA training should thus include information about how those with ASD might be at a disadvantage within the forensic interview environment and the training should also outline strategies that AAs could use to help a person with ASD fully engage within the criminal justice process.

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Table 1: to show AAs awareness of characteristics of ASD using mean ratings from Likert scale questions (1=strongly agree and 5=strongly disagree) where * statement indicative of ASD (reversed)

	Mean	SD
Statements associated with ASD		
Have difficulty understanding the minds of others*	1.07	0.96
Have difficulty interpreting gesture and tone of voice *	1.30	1.16
Prefer rigid routines *	1.33	1.32
Have difficulty showing empathy *	1.34	0.99
Are wary of new situations	1.77	0.96
Become preoccupied with a special interest	1.95	0.96
Interpret information literally	2.24	0.98
Do not understand social rules	2.34	1.06
Unable to give eye contact	2.44	0.94
Statements associated with Psychopathy		
Tend to be cunning and manipulative	4.07	1.07
Have a callous disregard for others	3.70	1.15
Are quick to blame others for their own mistakes	3.55	1.04
Overestimate their own abilities	3.37	0.92
Does not show remorse	3.37	1.00
Stereotypical statements		
All have learning disabilities	3.80	0.99

Can't distinguish between right and wrong	3.65	1.02
Always tell the truth	3.39	0.99
Have a good memory for all events	3.05	0.98
Can be very aggressive	2.79	0.86

Table 2: *to show behaviours AAs believe could impact upon a forensic interview (n =37)
(multiple responses)*

Behaviours	Frequency
Communication difficulties	27
Repetitive and rigid behaviours	23
Poor social skills	11
Poor concentration	8
Become anxious	3
Become aggressive	4
Need to please	2
Refuse to tell the truth	2
Blame others	2
Can't tell right from wrong	2
Suggestible	2
Poor memory	2
Refuse to show remorse	1
Refuse to conform	1
Refuse to follow rules	1
Will not accept discipline	1
Reluctance to admit guilt	1
No concern for own welfare	1
Become bored	1
Impatient	1
Sensory problems	1

Table 3: *to show expectations of AAs when working with a person who has ASD (n =44)*

Expectation	Number of times cited
Address communication difficulties *	43
Address problems arising from poor social interaction skills *	11
Find out level of ASD	9
Expect disruptions due to repetitive and rigid behaviours *	7
Ensure person has been seen by a medical professional	6
Monitor the physical environment (sensory overload)*	5
Exercise Patience	5
Consult with the detained person	4
Don't know	4
Expect aggressive behaviour	3
Insist legal representative is present	2
Brief police about ASD	2
Expect individual to show high levels of anxiety	2
Would have a learning disability	1
Would be no different than anyone else	1

* behaviours associated with the diagnostic criteria of ASD

Table 4: *to outline reasons why people with ASD would find a suspect interview problematic (N = 42 - multiple responses).*

Reason	Number of times cited
Communication issues *	19
Repetitive, rigid behaviours *	12
Social interaction problems *	10
Depends on level of ASD	7
High levels of stress	5
Inappropriate police behaviour	5
Emotional issues	5
Easily confused	3
Poor concentration	3
Aggressive behaviour	3
Sensory problems *	3

* behaviours associated with the diagnostic criteria of ASD