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*Autism & violence in workplace and
academic settings:
Threat assessment issues and guidelines*

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Autism Spectrum Disorder and Violence: Threat Assessment Issues

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Autism spectrum disorder (ASD) has a lengthy history in criminal forensic mental health but is rarely discussed in the contemporary threat assessment literature as a cause of or contributor to targeted violence. In the popular media, ASD is sometimes associated with incidents of mass murder, influencing public impressions, but begging the question of what relationship ASD may genuinely have with violence potential. Relevant research on ASD and violence is reviewed along with common methodological issues. Assessment challenges and potential case management missteps are discussed, such as distinguishing ASD from psychosis and psychopathy, and the crucial role of comorbid conditions in mediating or amplifying violence. Five cases are

A Little Context...

My professional focus

- Assess individuals who work/study in organizational settings
- Initially and ongoing
- Multi-disciplinary teams, typically
- Higher likelihood of unknown, relevant factors
- Relatively less control over subject's potential actions

Threat assessment is practiced in real time

Distinctions

(roughly...)

Threat Assessment

- Operational context
- Protection of victims
- A process
- Flexible
- Focus on factors:
 - dynamic
 - motivations
 - situational

Violence Risk Assessment

- Judicial context
- Management of perpetrator
- An event
- Fixed
- Focus on factors:
 - historical
 - Dispositional
 - Plan (for release, etc.)

Targeted Violence

- **Intentional, predatory, planned**
 - (vs. affective/impulsive)
- Most notably characterized by the US Secret Service behavioral scientists in the mid 1990s
- Targets are usually:
 - personally known to the perpetrator; or
 - a symbol; or
 - a product of delusions; or
 - identified by perpetrator as a public figure

Looking for current thinking & behavior suggesting a path to violence

USA Context

- Frequency of mass shootings has increased – in fact, tripled
- Fear of mass shootings is common, quick, and disruptive
- Necessity for evidence-based, organized protocols in dynamic settings
 - to assess & manage potential risk
 - to manage fear and disruption

Common Motives

- Revenge
- “Justice”
- Notoriety
- End pain
- Delusional
- Advance a cause

- Distal and proximal risk factors

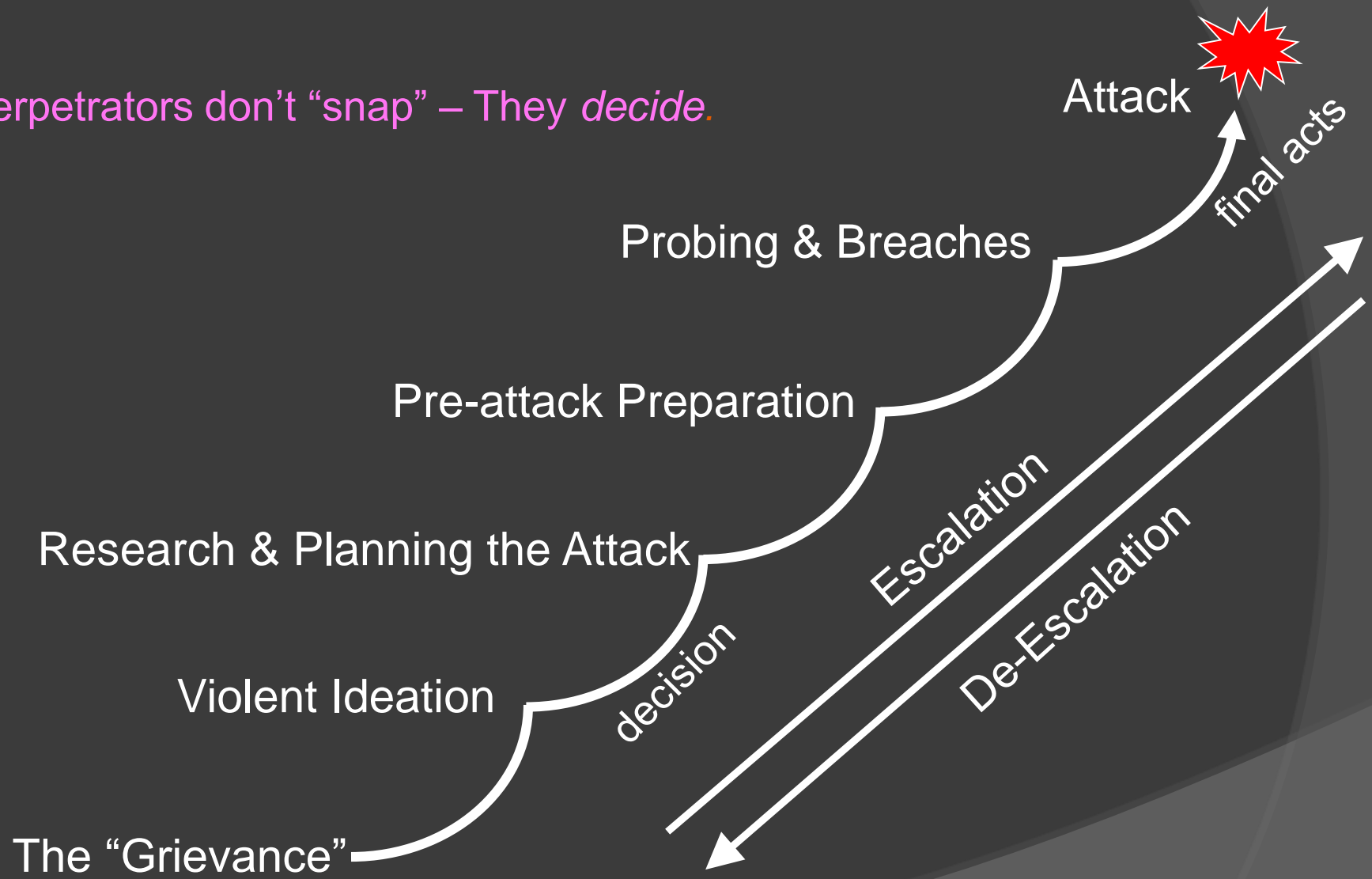
*Often but not always...
An assertion of self: Replacing
unbearable feelings of shame &
humiliation with feelings of pride*

James Gilligan, M.D. (2003)

A perfect storm of ingredients

Pathway to Targeted or Intended Violence

Perpetrators don't "snap" – They *decide*.



Adapted with permission from F.S. Calhoun and S.W. Weston (2003). *Contemporary threat management: A practical guide for identifying, assessing and managing individuals of violent intent*.

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Autism Spectrum Disorder (ASD)

A neurodevelopmental disorder

- Social communication deficits
- Restricted, repetitive patterns of interests
- Abnormalities in body language, eye contact
- Wide-ranging degrees of severity
- Wide-ranging expression

What deficits related to ASD could contribute to violence risk?

- Theory of mind
 - ability to understand the mental state of others
- Emotional regulation
 - ability to appropriately inhibit strong emotions
- Moral reasoning
 - judging actions to be worthy of praise or blame

Related naïveté may astonish and challenge credibility

Lerner et al., 2012

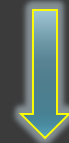
Cognitive deficits

- Primary effects
 - significant problems with social interactions
- Secondary effects
 - anxiety
 - depression
 - isolation
 - "Life is difficult"

Marginalization



Violent ideation



Identification

Relevance of ASD to threat assessment

- Misconceptions about ASD & violence
- Prevalence of ASD is increasing
- Diagnostic complexity/confusion
- Autism vs psychopathy
- Autism, comorbidity & violence

- Goal:
 - Improve assessment guidelines & case management decisions

Understanding ASD phenomena is very helpful – even essential – to threat assessment practitioners

Myth:

Autism is a direct cause of violence

- Most individuals who fall on the spectrum of ASD are neither violent nor criminal
- Neither descriptive case studies or prevalence studies are persuasive in demonstrating a clear link between autism and violence

Im (2016)

- More likely to be victims of crime and violence

Mass murder: Was "autism the reason"?



Case Example

- A mathematically gifted university student
- Awkward suitor or “deranged stalker”?

Can autism contribute to serious violence?

- Yes
 - (rarely, but yes...)
- Case examples
 - A man who shot his neighbor to death

Comorbidity increases violence risk

- Individuals with ASD have an **elevated risk for other psychopathologies (~30%)**
 - mood disorders, psychosis, personality disorders, obsessive disorders
- **Co-morbid psychiatric conditions are usually present when ASD individuals commit serious crimes:**
 - homicide, assault, sexual assault, stalking, arson

Newman & Ghaziuddin (2008); Im (2016)

Autism vs psychopathy:

Bjørkly (2009)

Autism

- naïve
- reactive violence
- confession

Psychopathy

- manipulative
- proactive violence
- denial



Both “lack empathy”

ASD boys are different than boys with psychopathic tendencies

Some findings...

- Although both groups can appear uncaring
- Findings suggest that the affective/information processing correlates of psychopathic tendencies and ASD are quite different.
- Psychopathic tendencies are associated with difficulties in resonating with other people's distress, whereas ASD is characterized by difficulties in knowing what other people think.

Jones et al. (2010)

Mass murder: Was "autism the reason"?



ASD & mass murder

- Results: ~ 10% of serial/mass killers have ASD

The authors...

“...suspect that...to a certain degree”:

- complex interplay
- neurodevelopmental factors
- environmental factors
- particularly psychosocial adversity

“can potentially result in an individual being predisposed to develop into a serial/mass killer”

Allely et al. (2014)

ASD & mass murder

- Examined presence of ASD in the 73 lone shooter cases from *Mother Jones* database
- “Strong” evidence for ASD in 8% of the cases (6 individuals)
- “Some indication of ASD traits” in 21% of the total sample (16 cases)
- Compared to the less than 1% prevalence of ASD in the general population

Allely et al. (2016)

ASD & mass murder

“Crucially, the findings

- do not advance notion that ASD individuals are more likely to be mass shooters or commit serious crime...

However,

- **may be small subgroup** more likely to become serious offenders,...

Allely et al. (2014)

Autism & Narcissism?

Isla Vista, California

- May 23, 2012
- Killed 6, wounded 14
- Suicide by gunshot



“My orchestration of the Day of Retribution is my attempt to do everything, in my power, to destroy everything I cannot have.”

- Case study available at wtsglobal.com
White, S. (2017) JTAM

Developmental history: ASD characteristics

- Very shy and quiet as a child
- Not want to participate
- Very possessive of his property
- Could get overwhelmed with sensory stimuli
- Perfectionistic
- Age 16: dx pervasive developmental disorder
- Mixed school record
- Decided to act “weird” instead of shy and boring
 - “Infamy is better than total obscurity.”

Never mentioned in
his manifesto

Repeated failures to socialize

- Claimed was bullied & teased in middle and high school bec afraid of girls and shy
- Conscious jealousy and envy from age 9
- With puberty “my nightmare began”
- Strong feelings of “worthlessness”
- Others tried to draw him out
- “life coaches”
- Blaming girls for his lack of sex
- Eventual development of an ideology that women should be eliminated as “perverse beasts”

“Why do girls hate me so much?”



Complex Personality

- ASD – high functioning
- Depression
- Narcissism
- Psychopathic traits with sadism, eventually

Complex personality

- Narcissism

- shy or hyper-vigilant (vs “oblivious”)
- entitlement & deep hostility, hypersensitive to criticism, shy and humble
- striving is inhibited due to fear of exposure as inadequate (shame regulation)

- **severe envy**

“I developed extreme feelings of envy, hatred, and anger towards anyone who has a sex life.

I saw them as the enemy.”

Autism and psychopathy?



Sandy Hook, Connecticut

- December 12, 2012
- Killed 20 children & 7 adults
- Long standing ASD in med & ed records
- Hx anxiety & severe OCD (change sox 20/day)
- ASD: uncomfortable with change, noises, confusion, physical contact
- Yale Child Study Center eval age 14
- Great concern about increasing withdrawal; urged extensive Rx, special ed, meds for ocd and depression; (no mention of psychopathy);
- Mother initially tried but did not follow recommendations; withdrew him from school after 8th grade
- Only a few acquaintances
- Not psychotic

- Varied observations: was bullied, was not; was social, was unemotional & withdrawn
- Recreational shooting with parents growing up
- Obsessed with violence since elementary school; gory essays about war
- Increasingly demanded to be left alone
- Eventually finished high school through independent study, tutoring
- Mother purchased all his firearms & continued to allow him access as his condition worsened
- Eventually created a meticulous spreadsheet, 7 ft. long, detailing past murders and attempted murders he wished to surpass in number of victims
- Only communicated with mother by email in final months
- Spent time on internet community and video games

Psychopathic motive?

- He chose innocent & defenseless victims precisely because they were innocent & defenseless, magnifying the horror to the world
- Had no vendetta or anger toward the child victims
- Had no grievance toward his over-accommodating mother
- No traumatic humiliation or loss
- Emotionally detached
- Callous and sadistic
- He just would rank at the top of the list of mass murders

Threat assessment guidelines

- Developmental history
- Social communication deficits
- Naïveté contributing to risk
- Problematic Intense interests
- Poor Tolerance for Frustration
- Stressors and Provocative Contexts
- Comorbid Axis I Psychiatric Disorders
- Psychopathy
- Pathway to Violence Planning

Threat assessment guidelines

- Developmental history
 - early peer problems?; ritualized interests?
- Social communication deficits
 - how easily overwhelmed or inappropriate?
- Naïveté contributing to risk
 - clueless vs malicious intent
- Problematic Intense interests
 - are they hazardous?, could it be delusional?
- Poor tolerance for frustration
 - how much?; hypersensitive to stimuli?

Threat assessment guidelines (2)

- Stressors and provocative contexts
 - **can they be altered or removed?**
- Comorbid Axis I psychiatric disorders
 - **assess & treat or at least identify**
- Psychopathy
 - **Differential diagnosis vs comorbid; ICU (Frick)**
- Pathway to violence planning
 - **if present must switch to tactical response – interdict**

Case management: ASD with violence issues

Must be individualized & comprehensive

- Due to the variety of possible presentations
- Wide-ranging degrees of impairment
- Range of violent and criminal behaviors & their seriousness
- Potential significance of comorbidity
- Monitoring
- Forensic hospitals
- Jail/prison

Thank You

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Threat assessment guidelines

Developmental history

- early problems relating to peers
- early diagnosis of schizophrenia in the absence of hallucinations or delusions
- early ritualized intense interests, not psychotic
- (and) hx childhood abuse

Threat assessment guidelines

Social communication deficits

- How difficult understanding the mental state of others?
 - social nuances and others' intentions?
- Does he/she show
 - inappropriate social approaches
 - failure to engage in reciprocal conversation
- How susceptible to being overwhelmed with social info?
- How do these influence behaviors and consequences for the individual with ASD?

Threat assessment guidelines

Naïveté contributing to risk

- **their literal-mindedness**
- **vs malicious intent**

- acknowledges (or confesses) his behaviors of concern with a genuine sense of naïveté, and perhaps confusion about alarm shown by others

Threat assessment guidelines

Problematic Intense interests

- Intense non-bizarre interests

vs

- Intrusive, involuntary psychotic delusion/fixation
- Whether or not suggests intent and/or hazards associated with the activity
- Example
 - Fascination with radios – ok
 - Fascination with bombs – oops

Threat assessment guidelines

Poor Tolerance for Frustration

- How does the individual respond when he experiences frustration?
- Poor impulse control mediated as well by deficits in moral reasoning, i.e., understanding right from wrong.

Threat assessment guidelines

Stressors and Provocative Contexts

- Special vulnerability to outside pressures, provocations
- How could these be managed?
- Challenges: relationships, sexuality, school pressure, bullying
- May trigger aggression – either
 - impulsive violence, or
 - contribute to motives for predatory violence
- Being subject to impulsive aggression does not mean ASD individuals cannot have feelings of revenge

Threat assessment guidelines

Comorbid Axis I Psychiatric Disorders

- Careful assessment for psychosis and mood disorders
 - treatment
- Psychotic violent ideation plus ASD:
 - may be quicker to act on psychotic thoughts and impulses
- (Distinguish psychotic fixations from ASD intense fixations)

Threat assessment guidelines

Comorbid Psychopathy

- First, is it one or the other?
- “Lack of empathy” characteristic of both disorders
- Potential misstep leading to inappropriate strategies
- **Red Flag:** ASD intense fixations may add fuel to a psychopathic subject’s preparation for violence
- Psychopathic and anti-social traits can further motivate someone with ASD characteristics—whose obsessional interest is violence, assassins, or weapons—to mobilize for violence
- Rare but possible: “triple hit”—ASD+psychosis+psychopathy

Threat assessment guidelines

Pathway to Violence Planning

- In very rare cases the behaviors stem from
 - naïve understanding of implications of one's actions
 - driven by intense interests, inherently dangerous
 - (but it's still the pathway to violence)
- Pathway to targeted violence may have a long trajectory
 - reflecting developmental failures
 - early experience of pain, frustration, and isolation
 - emergence of violent ideation as compensatory negative coping.