

# Role traps and control conflicts: Autistic Pathological Demand Avoidance (AuPDA) in the Criminal Justice System

## Abstract

**Purpose:** Pathological Demand Avoidance (PDA) is a profile of features that can be experienced by some autistic individuals which can sometimes lead to contact with the Criminal Justice System (CJS). The purpose of the current study was to explore and deepen understanding of the lived experiences of AuPDA individuals and professionals within the Criminal Justice System.

**Design:** Study 1 comprised of qualitative interviews with N=18 individuals who had a diagnosis of autism and PDA (AuPDA) and had past contact with the CJS or if they were a family/members/carers/ of AuPDA individuals who have had contact with the CJS. Study 2 comprised of N=32 participants who were currently or had previously been employed in the CJS. Data was analysed using a reflective thematic analysis approach.

**Findings:** Three themes were developed: Misinterpreting Resistance; Knowledge is Power; and Systems of Care, not control. These captured how a lack of knowledge and understanding of the diverse ways in which autism can present led to misunderstandings of the functions of behaviour in AuPDA individuals, increasing contact with the CJS resulting in negative reactions from CJS professionals.

**Originality:** This paper provides a novel insight into the unique reciprocal roles which may exist between some AuPDA individuals and CJS professionals due to their dual need for control.

**Implications:** The findings of this study suggest two primary areas which may improve the needs of AuPDA people at risk of involvement in the CJS. Firstly, there is a need for training for people who encounter AuPDA individuals and specifically for professionals in educational, therapy and CJS settings. Secondly there is a need for a more multi-disciplinary inclusive approach across services that surround the AuPDA person which should include their family members/carers. Specific ways in which these recommendations could be achieved are made.

**Keywords:** autism, pathological demand avoidance, criminal justice system, offending, professionals

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**Abbreviations:** CJS, criminal justice system; AuPDA, autistic pathological demand avoidance; CBT, cognitive behavioural therapy

## Introduction

### What is autistic pathological demand avoidance (PDA)?

According to the Diagnostic and Statistical Manual, Fifth Edition – Text Revision<sup>1</sup> autism is characterised by persistent deficits in social communication and social interaction and restricted, repetitive patterns of behaviour, interests, or activities. Symptoms must be present in the early developmental period but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life. To receive a diagnosis of autism symptoms must cause clinically significant impairments in social, occupational, or other important areas of current functioning.

Autism may present in different ways hence the term ‘spectrum’. The Royal College of Psychiatrists<sup>2</sup> note that although Pathological Demand Avoidance (PDA) is not recognised as a separate diagnosis in the DSM-5, it is a profile of features that some autistic individuals may experience which causes both the individual and their family unusual levels of stress. PDA features are noted to consist of:

- 1) Resisting/Avoiding ordinary demands of life
- 2) Using social strategies as a means to avoid
- 3) Surface sociability
- 4) Excessive mood swings and impulsivity
- 5) Enjoyment in role play/pretending
- 6) Obsessive behaviour that is often social in nature

PDA differs from avoidance disorders in the sense that AuPDA people may also avoid not just everyday demands or things they dislike doing. They may also avoid things they enjoy or demands which they have self-imposed and not just the demands of others. In addition, if the demands are not removed this can be associated with intense mood swings, impulsivity, violence/aggression, deliberate self-harm and the use of any means necessary to reduce the demand placed upon the person.<sup>3</sup>

Autistic people with PDA are described as a “Jekyll and Hyde” character;<sup>4</sup> resistive and controlling when anxious, but compliant and charming when feeling in control.<sup>5</sup> As a result of this ability to adopt more surface sociability as a means of ascertaining control this can

sometimes make it more difficult for people in contact with this client group to identify the autistic aspect of their needs. This study related to individuals diagnosed as autistic but with additional PDA features (AuPDA).

### **PDA and Offending**

Whilst the majority of autistic people lead law abiding and fulfilling lives<sup>6</sup> for those that come into contact with the criminal justice system (CJS), this can present certain challenges. Autistic people are more likely to have contact with the CJS as a victim or witness of crime,<sup>6</sup> although some may have contact as a result of being a perpetrator of some form of offending behaviour. Figures quoted in the Criminal Justice Joint Inspection Report on Neurodiversity [ND] in the Criminal Justice System<sup>7</sup> suggested that 5–7% of those referred to liaison and diversion services have an autistic spectrum condition (ASC). The same report also noted that within prisons the prevalence of autistic ‘traits’ or ‘indicators’ could be around three times as high (16% and 19% respectively). However, it is important to note that the precise numbers of individuals meeting the diagnostic criteria for autism in the CJS is difficult to measure and diagnoses provide little information on the individualistic ways in which traits may be exhibited including strengths and needs.

It is well documented that a range of biopsychosocial factors contribute to understanding offending behaviour<sup>8</sup> and autism does not cause offending.<sup>9</sup> However, for those that do engage in offending features of autism may create contexts in which risk of offending may unfold.<sup>9</sup> It has been proposed that individuals with PDA may be more likely to commit offences due to deficits in social communication and tendencies for destructive emotional outbursts as they are more extrovert and so likely to externalise their emotions.<sup>10</sup> In addition, it has been noted that people with PDA in forensic settings: may present with extreme violence and aggression; can be difficult to predict (because even though they may really want something, they may be seen to sabotage achieving this); and may engage in seemingly shocking behaviours (sexual, deliberate self-harm, property damage and fire-setting) in an attempt to escape control because the very nature of the environment requires compliance to others demands and expectations of certain behaviours.<sup>11</sup> For some clients this can result in a lack of progression with persistent use of seclusion/segregation because to ‘progress’ the individual must achieve certain demands<sup>11</sup> as well as staff burnout because staff struggle to support the person to progress through their treatment.

### **PDA and the CJS**

The CJS comprises of several stages such as arrest, court, prison and community supervision.<sup>7</sup> The Prisons Strategy White Paper,<sup>12</sup> published in December 2021, sets out ways to support people whilst in prison and to ensure they can reintegrate into society post release. Recommendations are made for improving access to a diagnosis of autism assessment.<sup>13</sup> Despite this, research into the experiences of people with PDA throughout the process prior to imprisonment is lacking across the whole CJS pathway including courts, police and probation.

The introduction of policies, law and guidance has sought to support autistic people such as the Care Act,<sup>14</sup> ‘Transforming Care for people with learning disabilities—next steps’,<sup>15</sup> and The Autism Act. The Police and Criminal Evidence Act Code of Practice was also revised to provide further guidance to officers when detaining, cautioning, and interviewing vulnerable suspects, including autistic people. Following recommendations from the Bradley Report,<sup>16</sup> Liaison and Diversion Services<sup>17</sup> have also been introduced to support

vulnerable people involved in the CJS. However, these did not always effectively identify signs of neurodivergence, screening was not universal<sup>7</sup> and they were not widespread in Wales.<sup>18</sup> In addition, they have not been considered within the specific context of PDA.

The Equality and Humans Rights Commission noted in their enquiry<sup>18</sup> that ND conditions are often hidden disabilities which impact on an accused person’s ability to engage in and understand criminal proceedings such as whether to plead guilty and how the trial proceeds. This is known as ‘effective participation’ which includes the ability to understand what they are being charged with, what evidence there is for this, and be able to give their account and effective instructions to their legal team. It is a right under the Human Rights Act 1998 and considered essential for a fair trial.<sup>18</sup> However, research shows that complicated use of language and terms (both verbally and in written communication) poses a challenge for ND defendants, resulting in them being unclear on what they were being charged with and/or struggling to understand what the Judge said during the hearing.<sup>18</sup>

Research exploring autistic people’s contact with the police has previously suggested police lacked awareness of autism,<sup>19,20</sup> resulting in 36% of participants not disclosing their diagnosis due to a fear of discrimination<sup>20</sup> feeling embarrassed, ashamed, not receiving support when disclosing this previously and not knowing they were autistic.<sup>18</sup> In addition, research shows that even when a defendant does disclose their ND, this information may not be passed on due to differing information systems in the police, courts, prison and health service, a lack of time, and/or a lack of clarity about the procedures and policies for doing so.

Research has also shown legal professionals expressed concern about systemic aspects of the CJS which may impact on autistic people being able to actively participate due to: not receiving reasonable adjustments at the police station or during the trial even though their lawyers said this would have been helpful (or even lawful); and some autistic people only receiving their diagnosis after the trial.<sup>21</sup> This is important because research shows that delays in a diagnosis of autism are associated as a risk factor for offending.<sup>22,23</sup> Factors that have impacted on the justice process include a lack of acknowledgement of autistic people being vulnerable adults,<sup>18</sup> a lack of access or utilisation of advocacy services, appropriate adults and intermediaries;<sup>18,21</sup> and a lack of understanding about autism in prosecution barristers, magistrates and judges.<sup>21</sup> The Criminal Justice Joint Investigation into Neurodiversity in the CJS<sup>7</sup> also noted in their findings that the Magistrates’ Association reported pressure on courts to turn cases around quickly which meant that the option to adjourn, pending further assessment, was not always used.

It has also been postulated that individual aspects of autism may place an individual at increased risk of bias in sentencing due to factors such as social skills deficits (e.g. poor eye contact) which can be inaccurately associated with an increased risk<sup>24</sup> or, for example, a perceived lack of remorse. Furthermore, the Criminal Justice Joint Investigation into Neurodiversity in the CJS<sup>7</sup> noted that individuals may be more prone to pleading guilty to offences they had not committed due to compliance and/or ‘black and white thinking’ thus leading to inappropriate outcomes in court.

However, studies of autistic people who encounter the CJS are still in their infancy with most of the findings originating from small sample sizes of unrepresentative participants (e.g. forensic psychiatric inpatient services) which are unlikely to reflect all autistic people who may be in contact with the CJS (e.g., individuals cautioned, arrested, fined, living in the community, those convicted of minor offences, or

those in custody awaiting trials). It should be noted that females have been identified as under-represented in research in relation to autism, offending<sup>24</sup> and the CJS. Research pertaining to judges and the court process is specifically lacking.<sup>24</sup>

In summary, evidence suggests that autistic individuals may face a range of barriers to effective participation in the CJS and there is a need generally to establish what the existing barriers are for autistic defendants and accused people to better inform CJS system design.<sup>18</sup> However, to date no studies have specifically explored this within the context of autistic individuals with PDA (AuPDA).

The purpose of the current study was to explore and deepen understanding of the lived experiences of AuPDA individuals within the criminal justice system, with a view to illuminating how behavioural presentations are interpreted and the implications of these interpretations within systemic contexts the experiences of AuPDA in the CJS. The following research aims were identified:

1. In what way might AuPDA contribute towards being at risk of being involved in the CJS?
2. What factors are unhelpful for AuPDA people who come into contact with the CJS?
3. What factors are helpful for AuPDA people who come into contact with CJS professionals?
4. What factors might help AuPDA people to avoid having contact with the CJS or improve their experiences of this?

## Material and methods

This study selected a qualitative research methodology due to there being minimal research on the topic area. The benefits of using a qualitative approach have been noted to include: providing an in-depth understanding of participants' experiences, perspectives and history; purposeful sampling; close contact between the researcher and participants allowing interaction and issues to be explored; rich and extensive detailed information which enables the mapping and re-representing of the social world of participants<sup>25</sup> which is not based on assumptions about a single reality, instead it aims to uncover a plurality of truths.<sup>26</sup>

### Procedure

Purposeful criterion sampling was adopted to identify participants with a depth of knowledge, experience and understanding.<sup>27</sup> The research comprised of two studies.

### Study 1

Participants were eligible to participate if they (a) had a diagnosis of autism and PDA (AuPDA) and (b) had contact with the CJS in the past or if they were a family/members/carers/ of AuPDA individuals who had contact with the CJS. Participants were excluded from the study for ethical reasons if they were currently in prison/forensic services or having current contact with the CJS (e.g. were on parole, probation or awaiting trial). Participants were also required to be living in the UK in order to ensure their experiences related to the UK CJS framework given the variability of CJS systems around the world.

The co-researcher placed an advert for the study on their social media platform plus the PDA Society website using the study advert with a QR code for potential participants to take them to the Participant Information Sheet (PIS) which provided detailed information about the nature of the study and the inclusion/exclusion criteria. Interested

participants then contacted the researcher via email to express their interest in participating where their eligibility to participate was confirmed. No incentives or compensation was offered or provided for participation.

Interviews were conducted with 18 AuPDA individuals. In some instances, both the family member and their children had AuPDA and had contact with the CJS resulting in the data pertaining to 21 AuPDA people. The sample comprised of both males (N=14) and females (N=7). Participants had experience of the CJS in terms of prison, secure hospitals, courts, youth justice and the police. All had a formal diagnosis of autism. The authors note referring to 'diagnostic' criteria may be considered to sit within a medical model of disability<sup>28</sup> however this was considered by participants as an important observation to emphasize in the study given their experiences. Therefore, the observation of 'diagnosis' is made in recognition of the challenges participants noted and the strengths that categorisation approaches can have to qualify for support and to facilitate advanced understandings of neurodiversity rather than to stigmatise.<sup>28</sup> The authors note that recognising autistic challenges should also be framed within the social and neurodiversity approaches.<sup>28</sup>

Interviews took place on MS Teams ranging between one hour to two hours and thirty minutes. Participants were given two weeks after the interview to withdraw from the study. No participants withdrew their consent after the interview. Interviews were transcribed orthographically aside from the removal of any identifiable information.

### Study 2

The study was advertised on social media and the PDA Society social media platforms and shared via snowball sampling. Participants were eligible to participate if they were currently or had previously been employed in the UK CJS. The advert included a link to the Participant Information Sheet providing detailed information about the purpose of the research, consent form and survey. This enabled the study to optimise the number of participants (in comparison to interviews) as well as providing anonymity. At the end of the survey participants were provided with a debrief sheet. No incentives or compensation was offered or provided for participation.

N = 32 participants who worked in the Criminal Justice System (CJS) completed an online survey on Qualtrics to gather data by asking open-ended questions to establish staff experiences of AuPDA but at the same time retaining a strong sense of anonymity.<sup>29</sup>

Participants worked in the following settings/job roles:

- (i) N = 6 HM Prison Service
- (ii) N = 4 Psychiatry/Hospitals
- (iii) N = 3 Barristers
- (iv) N = 1 Magistrate
- (v) N = 2 Teaching
- (vi) N = 9 Police
- (vii) N = 7 Youth Justice/Probation

### Ethical considerations

Participants were advised of the sensitive nature of the study, and helplines were provided in the Participant Information Sheet and Debrief Sheet provided to participants before and after participation. Participants were informed prior to engaging in the study that their

data would be removed if they provided identifiable information within the open-ended question, and the university Safeguarding policy would be followed if any disclosures of concern were made that indicated a risk of harm to any individual, professionals or the public. Participants were not able to partake in the study if they were detained in a mental health setting or prison and/or if their case was part of active criminal justice proceedings. The study received ethical approval from Manchester Metropolitan University ethics board.

### Materials

The study used a qualitative interview design. Prior to conducting the pilot research materials for study 1 were reviewed by AuPDA individuals and their family members to ensure the wording and topics were inclusive and accessible. Following feedback these were then reviewed and changes made considering the specific challenges participants with AuPDA may face. Changes were made to the wording of questions to ensure these reduced the potential for increasing demands and instead conveyed curiosity. Before commencing the interview participants in Study 1 were also reminded of their right to withdraw. In Study 2 participants were asked 15 open ended questions to explore where they worked in the CJS and their knowledge and understanding of PDA. Participants were advised of the sensitive nature of the study, and helplines were provided in the Participant Information Sheet and Debrief Sheet provided to participants before and after participation.

### Analysis

Data was analysed using a reflective thematic analysis approach<sup>30</sup> as there was no existing theory to inform coding. The authors observe therefore that analysis is always subjective and occurs at the intersection of the researcher(s), the data and the wider social context. As practitioner psychologists the researchers had extensive experience of working with autistic individuals as<sup>31</sup> well as with individuals and staff involved in the CJS. Therefore, reflective journaling was utilised throughout to support consideration of prior assumptions, knowledge and how these might influence the interpretation of the data.<sup>30</sup>

Thematic Analysis<sup>30</sup> was undertaken using the following 6 steps:

- 1) Familiarisation with the data;
- 2) Generating initial codes;
- 3) Searching for themes;
- 4) Reviewing themes;
- 5) Defining and naming themes, and
- 6) Writing up the analysis.

Both researchers conducted the interviews, transcribed and coded the data. The first author led the process of analysis beginning with familiarisation and immersion in the data. Author one then coded the data which included two rounds of coding, the first involved coding the response to each question and the second coding the responses participant by participant in line with guidance for coding survey data.<sup>32</sup> Data associated with each code from both Study 1 and Study 2 were then collated. Initial themes were reworked and refined by the first author in consultation with the second author through an initial general focus and slow refinement.

To ensure the Thematic Analysis 6 stages were systemically adhered to the 16 item checklist<sup>33</sup> was used to verify adherence to all phases ensuring the credibility of the analysis accurately reflected the data contributing to the depth and reliability of the findings.

Initial analytic observations and insights were shared with AuPDA individuals and their family members as well as individuals in the CJS to consider if these stood up to critical questioning, scrutiny and to consider new possibilities.<sup>30</sup> The theme development process resulted in the creation of three themes. Quotations have been edited to omit hesitations and repetitions where this does not alter meaning.

## Results

3 themes were identified alongside subthemes, these can be seen in Table 1.

**Table 1** AuPDA CJS themes

<b>Theme 1:</b> Misinterpreting resistance	<b>Subtheme 1:</b> The battle for control
	<b>Subtheme 2:</b> The duality of fight or flight
	<b>Subtheme 3:</b> Bad actors get punished
<b>Theme 2:</b> Knowledge is power	<b>Subtheme 4:</b> Advocates as the enemy
	<b>Subtheme 1:</b> Embracing autistic differences
	<b>Subtheme 2:</b> Brain versus Brawn
<b>Theme 3:</b> Systems of Care, Not Control	<b>Subtheme 3:</b> Let's all take a deep breath
	<b>Subtheme 1:</b> Team building not splitting
	<b>Subtheme 2:</b> Care without fear
	<b>Subtheme 3:</b> Supporting the supporters

### Theme 1: Misinterpreting resistance

This theme captures how a lack of knowledge and understanding of the diverse ways in which autism can present can lead to misunderstandings of the functions of behaviour in AuPDA individuals leading to increased contact with the CJS and negative reactions from CJS professionals. This lack of understanding was considered to contribute towards CJS involvement in several distinct but inter-related ways which are captured in the following subthemes.

#### Subtheme 1: The battle for control

AuPDA participants described how they had openly been told “you’re not autistic” by professionals when they were in crisis despite all of them having a diagnosis of autism. This had occurred from childhood through to adulthood whereby participants described they felt schools had support in place for young people who presented with “typical” autism profiles but when they presented as more seemingly socially skilled and socially perceptive (to evade demands) they were misunderstood and labelled as being “bad” as opposed to anxious or frightened. Participants described how they felt professionals held stereotypes about how autism should present and when they did not fit this stereotype they were not believed to be in crisis. For example, they noted how “I have normal eye contact” and “lots of friends” but additionally as part of the sophisticated strategies they had developed to avoid the fear of demands they also had “Einstein Intelligence” when it came to observing others and that they would “spot everything” because of a heightened ability to be on the lookout for threats to autonomy. They described how they had developed this advanced ability to observe others to use these skills to avoid demands in a socially acceptable way. Strategies used to avoid demands included “working professionals like a maestro” such as teachers or other adults by mirroring strategies seen in others who avoided demands such as being friendly or humorous or using flattery. When these were unsuccessful, they also used intellectual challenge such as “burrowing down on an argument” to intellectually justify their avoidance of a task/demand and to “mask” their deep-seated fear of feeling controlled. These observational strategies were often used to try and predict the best ways to “manipulate” others to escape demands

but were often seen by professionals as them having “*emotional empathy*” for the other person and therefore not being autistic. AuPDA individuals noted these were instead learned strategies they had developed through carefully observing other people’s patterns and responses to achieve the “*autonomy*” they craved to avoid demands. However, when these failed, they could be like “*Jekyll and Hyde*” and do what was necessary to avoid a demand even if this was to their “*own detriment*” such as when the demand could have been perceived by others as something which should have caused them pleasure. CJS professionals also noted AuPDA individuals could make “*outlandish excuses not to do something*” which also contributed towards their difficulties being framed as “*manipulative*” and not autistically driven but instead being seen as purposefully defiant.

Participants felt a lack of understanding about AuPDA masking led not only to “*delays in being diagnosed with autism*” but because of being perceived as “*bad*” whereby they were “*viewed as difficult or anti-authority*” as opposed to autistic. When this defiance was paired with their young age, participants described how teachers responded to them in a way with increased authoritarianism when they wouldn’t do as they were told. AuPDA participants described how this resulted in an escalation of their “*terror*” and more extreme responses to avoid demands such as “*being told to leave the class and ‘you must’ sit here*” resulting in one participant “*running all the way to the top of the school building and ending up on the roof*”.

Such instances were frequently described as resulting in AuPDA participants’ first contact with CJS professionals and subsequently being told “*we can’t deal with you*” by schools. Participants stated this further increased their fear and mistrust of those in authority because they felt frightened that they could not contain themselves and even more fearful to be told others could not protect them from themselves either. This constant fear of being “*misunderstood*”, receiving authoritarian responses, “*rejection and loss of trust*” in themselves and others led to participants feeling “*traumatised*” by their experience of school. They felt this escalated their risk of aggression due to fight or flight responses and “*school was a pipeline to prison*” because of the constant cycle of fear, demand avoidance, teacher authoritarianism, their subsequent aggression responses, and CJS involvement.

These patterns were noted to continue through adolescence and adulthood whereby as a result of the differences in the way AuPDA traits presented, professionals’ were considered to form the perception that the person was not autistic and instead was a “*psychopath*”. Participants described how some CJS professionals openly expressed disbelief that they were autistic, and that the person was “*badly behaved*” and “*needed to learn*” boundaries and to respect authority which they felt they would instill in them as their parents had not done so. Participants described how this led to CJS professionals adopting a more authoritarian response or a lack of compassion such as telling them they “*just needed to get on with it*” and dismissing the level of threat the person may be experiencing, telling them “*everyone gets anxious sometimes*”. Participants described how this led to the demands being placed upon them increasing rather than reducing and a lack of empathy or compassion from professionals supporting them. Instead, adopting a reciprocal role of wanting to “*control*” adopting “*dominating*” approaches associated with “*power*” and inflexibility “*my way*”. However, this led to participants feeling misunderstood and increased their threat response resulting in a “*my way. No, my way. No, my way*” battle for control escalating the AuPDA individuals’ desperation to adopt any means necessary to avoid the demand including aggression or other desperate behaviours resulting in further CJS involvement. This was summarised as “*more control equals more fighting against being controlled*”.

This subtheme highlights how as a result of the ‘atypical’ way in which AuPDA people present compared to perceived traits of typical autism they experienced being labelled by professionals as ‘bad’ rather than autistic. This disbelief contributed to an exacerbation of their difficulties because professionals responded towards them with increased control rather than compassion.

## Subtheme 2: The duality of fight or flight

When all other strategies to avoid a demand had been exhausted, AuPDA participants described how desperate and “*terrified*” they felt. At this point their “*moral compass*” and consideration for others “*shut down*” and they found themselves doing whatever was necessary to protect themselves to escape the anxiety of demands. This included physical aggression when all other means were exhausted but by this point the level of “*fear and desperation*” was described as impacting on their presentation to the point their fight response was described as “*physically palpable*” by others around them. Participants gave examples of how primary school AuPDA children terrified adults to the extent the level of physical energy they presented with resulted in instances of police wishing to taser them or mass responses from the police where “*10 of them descended*”. AuPDA participants described losing all sense of the potential to cause others harm, even hurting “*those they love as well as those they don’t*” and “*rampaging*” property in an attempt to do whatever they needed to escape the fear of demands. However, this then caused a reaction in CJS professionals who were witnessed to be visually “*terrified*” themselves experiencing AuPDA individuals to be “*really violent*” and “*aggressive, stressed, erratic - could go from 0 to 100 without warning*” resulting in professionals attempting to assert control even more strongly because they also felt threatened. AuPDA participants empathised with why this might be as they understood the extremity with which some AuPDA people could communicate their distress. However, they felt that this escalated the situation because the AuPDA person was so skilled at reading other people, they would then pick up on the CJS professionals anxiety/fear and this then reinforced their own level of anxiety. They likened this to “*mirror neurons*”. Participants described how this then increased their level of terror because “*you don’t know how to deal with me*” whereby they could be frightened by their own behaviour and feeling that professionals did not know how to help them and were also frightened then increased their fear leading to an escalating cycle of terror.

AuPDA participants described how their desperation to avoid the demand also led to instances of more extreme behaviours such as trying to escape by “*running away*” resulting in CJS involvement which exacerbated the situation because this then increased the demand or sense of being controlled by the professional(s). Participants described how sometimes their behaviour was not suicidal in intent but a desperate attempt to escape others and their demands. For example, “*running into cars*”. However, the interpretation of professionals was that they were suicidal, and this led to even greater CJS involvement as they feared for the AuPDA individuals’ safety. However, this served to add to the demands on them such as emergency responses from police, ambulance and the fire brigade, adding not only to the volume of people involved, but the number of people expecting demands of the person. Participants described how in such instances situations could “*escalate very quickly*” which was echoed by CJS staff noting an example of “*whilst in custody he had to be restrained by custody staff because he suddenly went into fighting stance over toilet roll*”.

CJS professionals felt AuPDA people in the CJS could be “*really violent*” and more so than autistic people without additional PDA because of their “*impulsivity*”. They noted how “*we were told to be*

*calm and not being overly reactive to his outbursts, however that's difficult when he is puffing out his chest and clenching his fist". As a result of the physiological presentation of AuPDA individuals in such situations CJS participants felt this would result in them being more likely to be placed in seclusion in forensic settings or requiring physical restraint or physical interventions. One participant described how AuPDA individuals were "constantly in segregation as they cannot adhere to authority or rules".*

This subtheme highlights how when AuPDA terror is paired with being forced to engage in a demand this results in severe physiological fight or flight responses which are experienced by professionals as equally frightening resulting in an escalation of CJS professionals desire to gain control contributing to a cycle of terror.

### Subtheme 3: Bad actors get punished

AuPDA participants described how they felt they had a heightened sense of "social justice and moral rules" which resulted in them questioning instructions rather than simply doing as they were told. Examples included that people should "earn respect" and not assume it. This resulted in them having a reduced automatic obedience to authority such as the police and the court who they felt "could not tell me what to do". Thus, they rejected the notion of assumed control by people in authority such as those in CJS roles noting "people have to earn respect, I am not scared of the police they won't tell me what to do". Hence, having the freedom to evade being controlled or having authority asserted upon them was more important to AuPDA participants than being seen as disrespectful.

However, this lack of assumed obedience, power and control by the CJS was also noted to have a detrimental effect on AuPDA participants. They described how not only would they question being told what to do in situations where others may be obedient, they struggled to mask their inner feelings or lie when confronted in formal settings such as court resulting in them "telling the Judge like it is" and "not performing" as others might in a court setting. This appeared to be due to both more classical traits of autism in terms of being direct "blunt" in their communication style but also due to honesty providing them with "control" in a situation in which they felt surrounded by authority and had very little control. Thus, they chose not to mask in such situations as being direct provided them with a sense of rejecting others assumed authority over them and instead questioning the social and moral legitimacy of what they were being told to do. Participants described how conforming was seen as being controlled and when combined with concrete thinking people with AuPDA said in formal settings they "won't give you a sob story" describing "the Judge said 'why did you hit him? and he said 'because he got in my way so I knocked him out', he should have got out of my way". They understood this irritated people in authority because it may be seen that they are being disrespectful but actually this honesty related to aspects of autism rather than assuming it was a lack of respect "the Judge wanted him to say he was sorry but he refused and then the Judge told him he must apologise and he said he wouldn't because what right did a police officer have to stand in front of someone. The Judge couldn't explain why so just told him 'because he does' [have the right] then started telling him what to do". Another participant described how "he irritated the tribunal" after being told to "remove your hat" and refusing to do so.

Hence, participants described how this honesty and refusal to conform had the consequence of making Judges and professionals angry and irritated with them adopting a more authoritarian manner telling the AuPDA person what to do because they "assumed people should respect them". They described how professionals also

struggled to answer their questioning of their authority or complex social justice and moral challenges which seemed to be exacerbated by AuPDA individuals with higher intellectual and verbal abilities. Thus, the court environment provided a setting in which AuPDA people were expected to act as if on a stage and "bow to authority" but instead this triggered them to "jostle for control".

This theme was mirrored by CJS professionals who described how AuPDA individuals would be seen as purposely oppositional, defiant and non-conforming which would result in them "challenging authority" and "breaching court orders" because they "don't conform to instructions" and "have an impulse to say no to everything" and not do as they were told. Participants felt they were more likely to breach probation and have higher levels of punishment/sentencing with one CJS professional noting "he struggled to adhere to the rules of their court order risking being in breach etc".

This was also observed in AuPDA participants who felt in hindsight their responses worsened the outcomes for them because they were seen as disrespectful of authority and therefore the law. It was noted that whilst in other settings they could read the room and "be master manipulators" because the court setting was seen as a "place of authority" which was associated with being controlled and "told what to do" this was not possible because this triggered increased anxiety about demands. The court was described as particularly challenging not just because of the people in there who assume an air of authority but "being told" what to do extended to the legal processes of the court such as being told when to attend, where to wait, where to sit and when to go into a room. Participants described how they had pleaded guilty in trials to avoid the demands of the environment noting they would "rather take the blame than adjourn". Hence their difficulties worsened not only their response to the CJS but how the CJS responded to their behaviour.

This subtheme highlights how AuPDA people struggle with masking and when this is paired with heightened morality, loyalty and anxiety it results in them not performing how people in the CJS expect or want them to which can worsen how the CJS responds to them.

### Subtheme 4: Advocates as the enemy

AuPDA participants described the "constant battle" they experienced throughout their lives in terms of being misunderstood by others, attempting to receive a diagnosis of autism and seeking professionals who could respond to them in a way that was compassionate rather than authoritarian. They described the "disbelief" they experienced from professionals throughout different stages in their life including "teachers", "social work", "psychiatry", "police", "hospitals" and "prison" and at times feeling that professionals would group together "ganging up" on them with "parent blaming". Parents and family members described how they similarly experienced this battle in trying to access support which was exacerbated by their children being "master manipulators" through portraying themselves as charming or using flattery but on other occasions evading demands having "meltdowns" (especially at home when masking at school had become exhausting). Parents described how this added to a feeling that they were being "gaslighted" by professionals who did not believe their children were autistic even when they were diagnosed, and instead parents were told they were "too soft".

Parents felt professionals misunderstood their "passion" and "resourcefulness" when trying to access support for their children as examples of them overly defending or colluding with their children's behaviour. They felt professionals did not understand the AuPDA profile and struggled to work with parents who were "intelligent and

*articulate*” who may challenge their opinion, and this increased the hostility in their relationship with professionals.

Parents also felt professionals underestimated the significant capacity for violence some of their AuPDA children could portray at home towards them and their siblings. When they tried to ask for help parents said they experienced “*retaliation*” from professionals who accused them of “*neglect*” and instead issued them with warnings about their parenting and “*legal threats*” or “*parenting orders*”. Although these were subsequently dropped, it led parents to feel frightened, alone and reluctant to contact professionals resulting in them attempting to “*scaffold*” their child’s difficulties. However, this meant on the occasions when they reluctantly had to contact professionals for help this was in instances when they were extremely desperate, and their child’s behaviour was “*out of control*”. This had the effect of reinforcing professional’s opinions that their children were “*bad*” and “*your cards are marked*” and increasing professionals authoritarian responses and the risk of legal threats against both the child and the parent.

Parents described this juxtaposition of wanting to protect their child and themselves from professionals but at the same time feeling scared of the harm their child may cause to themselves and/or others. Hence when they did ask for help this was when difficulties had escalated to significant levels of potential harm resulting in either themselves or others phoning emergency services. They summarised this as emotionally exhausting describing how their lives were “*not just a battle looking after him, it’s everyone else*”.

This subtheme describes how life with AuPDA is experienced as a constant battle with people in authority that is replicated in the relationships their parents/family members have with professionals in trying to access support.

## Theme 2: Knowledge is power

This theme related to how participants felt that training could improve CJS professionals’ knowledge of AuPDA as well as providing skills and insight on how to support a AuPDA person to reduce the risk of escalating CJS involvement.

### Subtheme 1: Embracing autistic differences

AuPDA participants and their family members noted how CJS professionals who acknowledged the individual as autistic were felt to be more helpful than those that questioned their diagnosis. Participants described how CJS professionals who recognised this often disclosed they were neurodivergent or had lived experience of supporting an autistic family member. They felt this gave them an additional insight into how autism differs above and beyond more traditional perceptions of autism and de-escalated the situation. For example, one participant described how “*he was really patient, even though he had been running around the house with a knife. He said his nephew was autistic and you could tell. Instead of shouting at him he tried to understand*”. Participants felt that supporting CJS professionals to have a wider breath of understanding about the differing ways in which autism may present would be beneficial to understanding the function of their behaviour and how to respond.

It was felt that professionals such as Judges, Police, Teachers and people in youth justice would benefit from specific training in AuPDA and the ways in which this may differ from traditional perceptions of autism. Participants gave examples of how this should include that AuPDA people may differ in their social interactions such as “*we do have eye contact*” and that their ability to “*read*” other people was not just intact but due to increased observational skills (visual sensory

abilities) this was more advanced in comparison to non-autistic people. They also wanted CJS professionals to learn that AuPDA individuals may have heightened sociability in comparison to typical ways in which autism may be portrayed in the media or in traditional autism training, but their sociability was often developed through mimicking and as a means to try and anticipate if they could trust others and based in evaluating who may pose a threat to their autonomy.

This theme describes how participants felt that understanding that autism comes in many forms would be helpful for AuPDA individuals and CJS professionals.

### Subtheme 2: Brain versus Brawn

AuPDA participants described how CJS professionals who responded in a warm, compassionate manner helped to build trust in the person and reduced the cycle of fear and control. They felt not needing to “*flex*” their authority but having an alternative skill set to explain the logic of their requests and the options for what the person needed to do differently helped the AuPDA person to reduce their risk. Participants felt these CJS professionals would “*listen*” and “*not have to be right*” which reduced “*the battle*” and resulted in them working more “*collaboratively*” with the person and being more highly respected by the AuPDA individual as they deemed them to have logic in their thinking rather than using control to “*force them*”. AuPDA participants expressed how removal of rewards or perceived “*punishments don’t work*” because the AuPDA person does not prioritise the item or reward, rather they prioritise feeling safe over all other needs. Therefore “*threats*” of what may happen or not happen have a counter effect of dissuading the person rather than persuading. AuPDA participants wanted professionals to understand that explaining to the person the natural consequences of their choices was a more effective option as it explained this to them but gave them control over making the choice as to what to do next. This was echoed by CJS professionals who described how “*giving them control to make choices knowing the natural outcome of their decision. Giving them the power to make a choice but not giving them liberty to do whatever they wanted it’s not about just letting people do what they want it’s about helping them to make choices*”.

It was also noted that this extended to court settings whereby participants wanted Judges and those involved in court settings to understand AuPDA honesty “*they won’t give you a sob story*” and refusal to lie to conform with what others expected them to say in such settings should not place them at a disadvantage when being sentenced or arrested/cautioned etc.

Participants felt in such instances people in the CJS would benefit from training on how to intellectually explain to the person what they were asking of them, and why, rather than assuming that an instruction from someone would be adhered to just because they were “*in a uniform*” whether that be the police or professionals in court. They felt training on how AuPDA people may use logic to engage in intellectual debates when given “*orders*” whereby they may expect others to provide a reasoned argument for “*why?*” they should do something. This was noted to be either due to a need for logic and/or as a strategy to delay the completion of a demand to mask anxiety. For example, “*he could talk the birds out of the trees*” rather than doing as asked.

It was considered that training for CJS professionals should include how to support AuPDA individuals to make their own choices using intellectual curiosity rather than assumed authority. This was mirrored in the views of CJS professionals who felt training should include being taught to adopt a more patient approach and “*not being rushed*”

with “time to consider choices” and how to adopt a “professionally inquisitive” manner.

This subtheme therefore notes that it was felt adopting a warm and compassionate approach to explain boundaries in an intelligent way helps the AuPDA person to reduce their levels of threat and would reduce them being disadvantaged because of their difficulties.

### Subtheme 3: Let’s all take a deep breath

Participants also wanted CJS professionals to receive training on understanding that AuPDA people may respond in the way they due to feelings of “terror”. They gave examples of how they felt CJS professionals would not respond to a frightened victim of an offence by shouting at them or saying they should “just get on with it” and they wanted CJS professionals to see them as the same. Participants felt professionals should understand they were not just defiant or “naughty” they were scared to the extent they would do anything they needed to do in order to escape the demand upon them. They wanted them to understand that this may include saying very personal or potentially hurtful and extreme things to “just make them go away” and that their response to them was critical noting “you have their nervous system in your hands”. They felt CJS professionals should be taught to see AuPDA people in these instances as “though they are having a panic attack” and “not oppositionally defiant”.

Participants felt CJS professionals who lacked this understanding and escalated the severity of the situation because they felt intimidated or “challenged” would be less intimidated if they could recognise the behaviour as fear and hence respond with “low arousal” techniques rather than mirroring the individuals anxiety/threat response.

This subtheme describes how providing CJS professionals skills for how to recognise and respond effectively to fear could be beneficial for reducing the frequency and severity of AuPDA contact with the CJS.

## Theme 3: Systems of Care, not control

This theme related to a view that adopting a systemic approach to supporting AuPDA individuals could provide a more holistic response to their needs and reduce the likelihood of contact with the CJS.

### Subtheme 1: Team building not splitting

Participants noted that AuPDA individuals often lacked trust in professionals as a result of their experiences which included people questioning their diagnosis and responding to them in unhelpful ways that escalated their fear. As a result, they felt that to support a AuPDA person a whole system approach would be beneficial. This should include a multi-disciplinary team of support around the person such as a social worker, family liaison, mental health teams and the police who had not only specialised training in AuPDA but who could have contact with the person when they were “at baseline” not just when they were in crisis/offending in order to build trusting relationships with the person and their family. It was suggested that “if he could get to know the police when he was not in the middle of an incident it would help as they could then see him for what he can be like when he is calm and he would then trust them better if they came when he was in a crisis as he would know them already”. Systems approaches also included liaising with “intermediaries” between the youth justice team and the AuPDA person as well as negotiating an improved understanding of how the courts could offer “more flexibility” in terms of the demands on AuPDA individuals and their attendance.

This subtheme relates to a view that building multi-disciplinary relationships with the AuPDA individual could improve trust, reduce

fear and improve their engagement both proactively and reactively to the CJS.

### Subtheme 2: Care without fear

Participants raised how they felt it was hard to obtain mental health support because mental health teams would refer them to the autism team and the autism team would undertake diagnoses but then “not offer any mental health” or practical support. They felt this “binary” view or lack of integration meant AuPDA people were not offered mental health support or that it was not tailored to their needs. AuPDA participants who had accessed mental health support felt this did not consider their specific needs and acted as a barrier to accessing therapy. For example, participants noted that AuPDA individuals often lacked trust in professionals because of their experiences which included people questioning their diagnosis and responding to them in unhelpful ways that escalated their fear. As a result, they felt they needed additional time to build rapport with a therapist, but this was not always possible due to the way in which therapy sessions such as Cognitive Behavioural Therapy (CBT) were set on a specific number of sessions. Participants also noted they could be considered as unmotivated if they did not attend a session and systems failed to understand how struggling to meet demands was a therapeutic need of an AuPDA person not a lack of motivation. Participants noted that they could be removed from therapy or waiting lists if they did not attend meaning the very symptoms of their condition (demand avoidance) prevented them from effectively accessing therapy.

Without these additional responsiveness needs being considered, participants felt therapy could be unhelpful. Participants felt CBT for anxiety had “made them worse” because this approach tried to teach them to “do more of what I was afraid of” when they needed the focus to be on “enhancing a sense of safety” with “longer than 10 sessions” and these should be “determined by the client not the service”. As a result, participants felt CBT for anxiety was unhelpful for AuPDA individuals noting how “you wouldn’t ask a victim of sexual abuse to face their abuser”. Participants felt therapy would be more helpful if it adopted a more trauma informed approach to enhance feelings of safety and reminding therapists “you have their nervous system in your hands”.

This subtheme related to providing inclusive and responsive access to psychological therapies tailored for AuPDA individuals to reduce fear, arousal and improve well-being.

### Subtheme 3: Supporting the supporters

Family members felt they would like more follow up care after incidents of CJS involvement as often they had been left scared and frightened. They also felt they wanted more support to evaluate their ability to live independently in the community as many felt the AuPDA individuals they supported would struggle to have employment or attend education because of their threat response. They felt this was not reflected in the autism diagnostic assessments which stated if they met the criteria for autism but did not make any assessment of their level of ability to live independently. The level of support AuPDA people needed was felt by family members to place a burden on them financially and emotionally as it made it difficult for family members to maintain employment because they found it difficult to find others that could care for their child due the levels of extreme behaviour they could present. This made not only maintaining their own employment difficult but having respite from the intensity of support their family member needed difficult to achieve. In some instances, this impacted on their mental health as they felt there was no where they could turn for help, and they feared the impact this may have on the AuPDA

individual if they did not have the personal mental and physical resources to support their child and the risk this may of them having future CJS involvement. This provided a juxtaposition of on the one hand caring deeply for their AuPDA family member and feeling that only they understood them but at the same time acknowledging the strain this could bring and the fear for all of their future safety was noted by participants. This was also noted by CJS professionals who noted the ways in which family members could support AuPDA individuals in a way they could not describing how “*he became violent and constantly challenged any form of authority, even to the point when told - ‘Don’t worry we will explain what will happen in custody’ . He instantly reacted with confrontation with officer as took that as being told what to do. His Mum was the only calming influence*”.

This subtheme related to providing support to the family members/ carers who surround the AuPDA individual to enable them to continue to provide this in a way that felt safe and sustainable without impacting negatively on their mental health.

## Discussion

This study indicated that AuPDA individuals in the CJS may present differently from typical autism.<sup>34</sup> Consequently, some professionals misinterpret behaviours as manipulative or linked to conduct disorders rather than fear or survival.<sup>10</sup> Attempts to exert greater control can heighten terror, reduce containment, and escalate avoidance behaviours, increasing risks of CJS involvement and educational difficulties—both occurring earlier than in typically developing peers.<sup>35</sup>

Based on the findings from these studies it is suggested that AuPDA individuals may trigger specific transference and counter-transference reciprocal role responses in some CJS professionals. These are typically seen in therapeutic relationships<sup>36</sup> whereby staff working with clients may be unintentionally and unwillingly drawn into re-enacting unhelpful and polarised roles. This can include re-enacting the experiences of clients as well as being drawn into re-enactments which reflect aspects of the individual.<sup>37</sup>

As can be seen in Figure 1, it is postulated that AuPDA individuals have an intense need for personal autonomy/control. This triggers anticipatory anxiety that others may pose a threat and to cope with this they may have developed a heightened visual and sensory acuity to observing subtle changes in others which indicates the need for them to act to reduce this threat. When anxiety is increased, and potential threats are detected they may respond through adopting initial strategies of refusing demands using psychological tactics such as charm, negotiation or manipulation. However, these may be perceived by others as attempts to control them and/or as the person being purposefully defiant. This results in some CJS professionals responding with additional attempts to control the AuPDA person through repetition of the demand and insistence they adhere to it. However, these results in AuPDA person experiencing even greater levels of terror at the prospect of losing control and heightened physiological arousal leading to extreme urges to escape or use physical force to evade being controlled. This reinforces their fear of others controlling them and reinforces the cycle.

However, this cycle may also be mirrored for the experiences of the CJS professionals with the AuPDA person they may encounter. By the nature of their role staff in CJS settings may also have a need for control or personal autonomy because without this, individuals who pose a risk of harm to themselves and society may cause them harm.<sup>38</sup> As a result, they too may develop situational awareness (SA) or an anticipatory ‘radar’ to try and detect potential threats posed by

others.<sup>38</sup> In instances where this is detected they too may initially adopt psychologically controlling behaviours to try and encourage a person to meet their demands (to enforce the law) but when this is experienced as controlling by another (e.g. an AuPDA person) they experience the other as attempting to control them and defiant. In response the CJS professional may attempt to regain control and experience a physiological response to prepare them for potential danger which prepares their body to respond which may include the use of physical force (Figure 1).

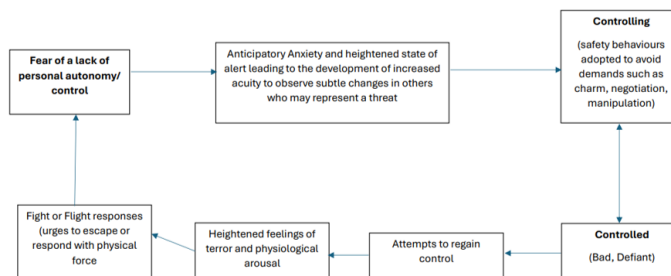


Figure 1 CAT map representing the reciprocal roles of autistic people with PDA and criminal justice professionals.

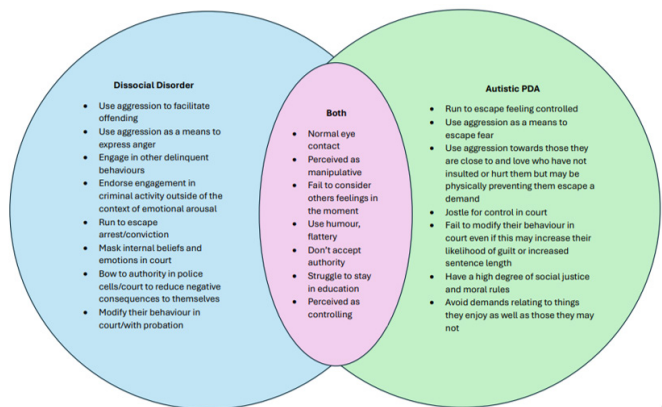
Thus, it is proposed that this unique mirroring of reciprocal roles between CJS professionals and some AuPDA individuals may explain why, without the correct training and understanding of AuPDA for CJS professionals and without the correct mental health support for people with AuPDA, the nature of their interaction may quickly escalate to create cycles of fear and CJS involvement.

This study found that limited understanding of AuPDA can lead to harsher CJS responses when individuals fail to adapt to authority. Consistent with prior research noting PDA-related difficulties with social hierarchy,<sup>39</sup> inadequate training may result in professionals feeling disrespected and responding without compassion, increasing the risk of severe sentencing. Probation conditions, such as mandatory appointments, may also pose challenges, extending these reciprocal role issues beyond initial contact to sentencing and community monitoring.

Hence it is recommended that training may assist professionals to understand and identify the ways in which AuPDA may differ from other conditions such a conduct disorder or oppositional defiance which arguably may require more behavioural based interventions to adhere to rules<sup>40</sup> in comparison to trust-based relational and trauma informed interventions for autistic individuals.<sup>41</sup> In addition, it has been suggested that oppositional defiance disorder may be over-estimated in autistic populations<sup>42</sup> but the interactions between AuPDA and ODD remain unknown. Figure 2 provides a visual representation of the ways in which AuPDA was found to overlap and differ from conduct disorder and ODD based on the findings from this study. However, it should be noted that these are merely observations of differences which have not been tested for predictive validity and should not be used to ‘test’ if an individual’s difficulties may be explained by AuPDA, conduct disorder/ODD or both. Future research to explore ways in which these may overlap and differ could be of benefit for CJS professionals to support individuals in a responsive and person-centred way.

It should also be noted that AuPDA alone does not explain aggression or offending behaviour<sup>9</sup> and multiple biopsychosocial factors contribute towards such responses.<sup>8</sup> For example, in some instances AuPDA individuals may also have comorbid diagnoses of dissocial features to their personality that endorse the use of aggression/criminality as a means of problem solving or achieving needs.

Therefore, whilst the findings of this study provide some insight into the ways in which some AuPDA individuals may experience contact with the CJS these findings should not be used to infer the specific function or triggers of any single individual behaviour. Establishing the specific factors (e.g. AuPDA or dissocial personality traits) and the extent to which such factors may or may not contribute towards aggression/violence or offending behaviour should be assessed by registered health care professionals who have extensive training and practitioner experience of supporting both AuPDA individuals and forensic clients (Figure 2).



**Figure 2** Potential differences and similarities between AuPDA and dissocial disorders (e.g. ODD and CD).

This study also found that professionals' limited understanding of AuPDA presentations—distinct from traditional autism—often led them to question the diagnosis. This created barriers to education and strained relationships with families, including parental blaming. These conflicts delayed support and caused significant stress for families. The findings align with previous research on PDA, which highlights persistent misunderstandings, lack of support, and judgments that attribute the child's difficulties to parenting.<sup>43</sup>

### Reflections

The sample of CJS professionals involved in this study was small in comparison to the number of people who work in the UK CJS. Whilst the authors note that this should not detract from the findings in line with Big Q Qualitative Research<sup>44</sup> the authors do note a potential consequence of this could include that self-selection bias could have influenced the findings. For example, as the study was advertised on the PDA society platforms it is likely this biased the responses from participants who likely already had some knowledge or prior interest in PDA in comparison to participants who do not access these platforms. Thus, it is possible that a larger proportion of CJS professionals have less knowledge of PDA and as such their experiences may differ. It should also be noted that AuPDA participants self-selected, and their experiences may not reflect all AuPDA people who have had contact with the CJS.

### Conclusion

The findings indicate two key strategies to better support AuPDA individuals at risk of CJS involvement. First, targeted training is needed for professionals in education, therapy, and CJS settings.<sup>34</sup>

Second, a multidisciplinary, inclusive approach involving families and carers should be adopted. Such collaboration may help disrupt reciprocal role traps that can arise between CJS professionals and AuPDA individuals.

### Implications for policy and practice

Firstly, it is recommended that professionals who have contact with AuPDA people would benefit from receiving specific training on the following:

- (i) Understanding the difference between autism and AuPDA.
- (ii) Understanding the difference and overlap between oppositional defiance, conduct disorder and AuPDA.
- (iii) Understanding functions of behaviour and how to respond based on these.
- (iv) How to do adopt trauma-informed approaches in education, therapy and CJS (settings, systems and processes).
- (v) Understanding 'fight or flight' and the ways in which the body may mirror the physiological responses to others and how to adopt low arousal but contained responses in high-risk situations.
- (vi) Communication skills with a specific focus on how to facilitate others making choices to behave in a way that is best for them and others without this sounding threatening.
- (vii) Developing philosophical and moral reasoning skills to be able to explain why their role as a CJS/professional may assume some level of authority in a way that is not controlling and at the same time acknowledges all humans have a right to choice and autonomy but with that comes natural consequences which they can therefore control.
- (viii) Developing knowledge and awareness of recognised approaches for AuPDA people more generally.

Secondly, multi-disciplinary working with an inclusive approach across services that surround the AuPDA person which should include their family members/carers. This could be achieved through:

- (ix) Improved access to psychological services for AuPDA people with additional mental health needs.
- (x) Improved support for family members/carers supporting an AuPDA person which acknowledges the stress such a role may bring.
- (xi) Teams supporting an AuPDA person would benefit from a supportive reflective space in which all voices can be heard equally on their experiences of supporting the person including family members/carers. This should also include an opportunity to reflect on the reciprocal roles supporting the person may bring (e.g. as a desire for control, a desire to protect, fear) and how the roles they adopt may all reflect the needs of the individual, but they may play different roles in this, and their roles may exhibit in different ways.
- (xii) Follow-up contact for AuPDA people (and their family) following contact with the CJS to ascertain whether further support is beneficial.

Lastly, intervention provision should be tailored for AuPDA people to be responsive to their needs and emotional responses. This could likely include:

- (i) Additional time to allow for rapport building with a practitioner prior to intervention commencing (and provision for additional sessions to allow for this).

- (ii) Therapists or practitioners with understanding and/or training in AuPDA.
- (iii) An increased awareness and understanding that the provision of therapy can act as a demand being placed on the AuPDA individual.
- (iv) Therapeutic approaches underpinned by a compassionate and trauma-informed approach that supports the individual to find alternative ways to express their experiences which do not involve aggression or violence.

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## Conflicts of interest

The author declares there is no conflict of interest.

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