



I23 High-Functioning Autism and Violence Risk

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After attending this presentation, attendees will better appreciate how Autism Spectrum Disorder (ASD) may be an underrecognized condition requiring different approaches to the assessment and mitigation of violence risk. Attendees will also gain awareness of special considerations in the assessment and treatment of potentially violent patients with high-functioning autism.

This presentation will impact the forensic science community by helping clinicians who routinely assess patients for violence learn to incorporate assessments for autism spectrum disorder (i.e., Autism Spectrum Quotient). Clinicians will learn to utilize recommended strategies for mitigating risk specific to high-functioning autistic individuals.

This presentation describes a case of a man admitted to an acute inpatient psychiatry ward with vague symptoms of anxiety and difficulty controlling his anger, and indirectly alluding that he was a threat to harm himself or others. Prior to his admission, he had his first visit with his outpatient psychiatrist, where he reported that he was receiving “ideas” to harm himself and others. The outpatient psychiatrist diagnosed him with likely autism spectrum disorder and recommended he be hospitalized for further assessment. On admission to the inpatient ward, the patient was fixated on themes of government conspiracies and rights to bear arms, making it difficult to obtain a reliable history. He also reported trouble connecting with others, and on further evaluation, reported that he had been diagnosed as being on the autism spectrum as a child. The patient completed the Autism Spectrum Quotient, and scored in the low range of the autism spectrum (formerly Asperger’s Disorder). He was treated with a low dose of risperidone (titrated to 1mg twice daily), which resulted in improved mood and less irritability. He no longer reported thoughts or messages to harm himself or others at the time of discharge, and a course of psychotherapy aimed at improving social skills was recommended.

The relationship between high-functioning autism and violence is poorly understood. Media representation of recent mass killers, such as perpetrators of the shootings in Sandy Hook Elementary School, Newtown, CT, in 2012 and Santa Barbara, CA, in 2015, would seem to suggest a link between violence and individuals who appear to be on the autism spectrum. Research to date has not supported this link. Daniel Im reviewed the literature to explore ASD and violence from 1943 to 2014 and found no conclusive evidence of a connection.¹ In this review, he did identify some risk factors specific to individuals with ASD that may increase violence risk among these individuals, such as problems with emotional regulation and deficits social-cognitive functioning. This presentation proposes that early identification of ASD may assist in preventing violence by allowing the identification and treatment of these unique risk factors, which otherwise may be missed if the diagnosis is not considered. Assessment and treatment strategies for patients with possible ASD who are at a risk for violence will be discussed.

Reference(s):

- ¹ Im D.S. Template to perpetrate: An update on violence in autism spectrum disorder. *Harvard Review of Psychiatry*. 23 (2016), 14-35.

Autism Spectrum Disorder, Violence, Risk Assessment