

## Asperger's Syndrome in Forensic Settings

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*Researchers and clinicians have devoted increasing attention to Asperger's syndrome during the past two decades. Although Asperger's syndrome is a developmental disorder, professionals in a variety of settings have begun to consider the diagnosis among adults who manifest social and communication abnormalities. Case studies (e.g., Baron-Cohen, 1988; Kohn et al., 1998) and prevalence research (Scragg & Shah, 1994) from forensic settings indicate that a small subset of Asperger's syndrome patients come into contact with the legal system due to their social impairments and idiosyncratic interests. We provide case histories of individuals with Asperger's syndrome encountered in forensic contexts and discuss the implications of this disorder for forensic clinicians. Our six cases were notable for certain commonalities, including deficient empathy. The cases also revealed ways in which Asperger's patients tend to differ from most individuals in forensic settings.*

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The Austrian physician Hans Asperger (1944; 1991) created the label *autistic psychopathy* to describe a group of his patients who demonstrated unique problems with communication and a tendency to maintain idiosyncratic interests. This condition was similar, though not identical, to autism, the more widely known disorder of early childhood introduced by Asperger's contemporary, Kanner (1943). Much later, Wing (1981) reintroduced Asperger's work to a broader audience and provided additional descriptions and case studies of her patients with *Asperger's syndrome*. Wing's work prompted further research on this condition (Klin, 1994).

Wing (1981) and subsequent researchers have described the core clinical characteristics of Asperger's syndrome as: (a) minimal empathy; (b) naïve, inappropriate, one-sided social interaction and limited capacity to form friendships; (c) pedantic and repetitious speech; (d) poor nonverbal communication; (e) intense preoccupation with circumscribed topics; and (f) clumsy movements, poor coordination, and odd posture. The recent *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* (American Psychiatric Association, 2000) has distilled these clinical features into two main criteria: severe and

sustained impairments in social interaction (Criterion A) and the development of restricted, repetitive patterns of behavior, interests, and activities (Criterion B). The tenth revision of the International Classification of Diseases (ICD-10; World Health Organization, 1993) provides similar criteria.

Patients with Asperger's syndrome manifest the social deficits and restricted interests typical of autism; however, they have relatively intact, often superior, language and cognitive abilities. In contrast to autism, mental retardation is rarely observed in Asperger's syndrome (American Psychiatric Association, 2000). Another important distinction relates to social functioning. Though those with Asperger's syndrome may appear isolated or socially impaired, they do not appear to be unaware of or disinterested in others, as is typically the case with autistic individuals. Indeed, some of the social difficulties that individuals with Asperger's syndrome encounter result from their frequent, eager, and occasionally socially inappropriate attempts to make contact with others (Volkmar & Klin, 2000). With regard to long-term adult functioning, the prognosis is much better for patients with Asperger's syndrome than for those with autism (American Psychiatric Association, 2000; Howlin, 2000).

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Despite distinctions such as those discussed above, it remains unclear whether Asperger's syndrome is a qualitatively distinct disorder from autism, or whether it is at the higher functioning end of the autism spectrum. While this distinction is an understandable priority for study, researchers (e.g., Klin, Volkmar, & Sparrow, 2000) have also suggested moving beyond the "same or different" (p. 5) debate and investigating behavioral correlates of each clinical condition.

### Interpersonal Deficits Associated With Asperger's Syndrome

Although Asperger's is a developmental disorder, [Tantam \(1991\)](#) suggested that the condition "may cause the greatest disablement in adolescence and young adulthood, when successful social relationships are the key to almost every achievement" (p. 148). Diagnosis is often delayed because symptoms that may be dismissed during childhood as merely peculiar become increasingly conspicuous in the face of the social demands of young adulthood. Tantam proposed the diagnosis "should be suspected in anyone with abnormalities of reciprocal social interaction, non-verbal communication, and imaginative activity" (p. 148).

Landa (2000) emphasized the central role of social language deficits in the interpersonal difficulties that individuals with Asperger's syndrome experience. While they tend to have a good command of the technical, syntax aspects of communication, they often falter with pragmatic language use. Pragmatics include altering communication style for different social situations, using subtleties rather than direct statements, recognizing when not to interpret statements literally, etc. Likewise, those with Asperger's syndrome demonstrate impairments in reciprocal communication that are often quite noticeable to those with whom they interact. These include a failure to notice basic conversational conventions (e.g., cues signaling the end of a conversation), difficulty interpreting facial expressions made by others, and failing to notice the emotional valence of messages.

Such conspicuous interpersonal idiosyncrasies make those with Asperger's syndrome particularly vulnerable to victimization (American Psychiatric Association, 2000). Tantam (2000a) kept detailed

records of his patients with Asperger's and reported that 64% were reported by parents to have been bullied or teased during school. Romantic or sexual relationships, when they do occur, may be based on the exploitation of the person with Asperger's syndrome ([Tantam, 2000b](#)). Dewey (1991) noted that some Asperger's patients are at risk for victimization because they are indiscriminately trusting.

### Asperger's Syndrome and Violence

While it is clear that those with Asperger's syndrome are at risk for victimization, some authors have suggested that features of the disorder also make some individuals with Asperger's syndrome prone to victimize others. In her initial review, [Wing \(1981\)](#) noted of her sample, "a small minority have a history of rather bizarre antisocial acts, perhaps because of their lack of empathy." Frith (1991) also suggested that a lack of empathy underlies the aggressive behaviors that some Asperger's patients may commit. However, she believed that those with Asperger's syndrome are not motivated to hurt others, since doing so requires an "active theory of mind" which they "conspicuously lack." In her view, the Asperger's syndrome patients who commit violence typically do so during the myopic pursuit of a special interest, during a state of panic, or as the result of severe ignorance regarding appropriate social behaviors.

Several case studies published over the past 15 years document some unusual examples of violence committed by an occasional Asperger's syndrome patient. [Baron-Cohen \(1988\)](#) described a 21-year-old with Asperger's syndrome who frequently assaulted his 71-year-old "girlfriend." One man with Asperger's syndrome cross-dressed in female underwear and came into contact with the legal system several times for making unwanted sexual contact with women (e.g., touching strangers on the breasts or buttocks). Other case studies have described physical and sexual aggression ([Kohn, Fahum, Ratzoni, & Apter, 1998](#)) and arson ([Everall & LeCouter, 1990](#); [Tantam, 1991](#)). Mawson, Grounds, and Tantam (1985) described a man who reported violent fantasies and an extensive interest in poisons who had assaulted women for idiosyncratic reasons (e.g., striking one with a saw blade because she was wearing shorts, and stabbing another

with a screw driver because he did not like women drivers).

Based on their case, [Mawson et al. \(1985\)](#) speculated that the “association between Asperger’s syndrome and violent behavior is more common than has been recognized and that more such individuals are to be found in long-term care institutions” (p. 569). To examine this hypothesis, [Ghaziuddin, Tsai, and Ghaziuddin \(1991\)](#) reviewed 21 publications regarding Asperger’s patients to determine the rate of violence among these individuals. Of 132 patients described, only 3 (2.3%) had a clear history of violent behavior. Using less conservative inclusion criteria for the publications reviewed, they found violence in 11 of 197 cases (5.6%). The authors used both figures to argue that Asperger’s patients are no more violent than other individuals.

In another attempt to empirically investigate the relationship between Asperger’s syndrome and violence, [Scragg and Shah \(1994\)](#) examined the prevalence of the disorder in a secure hospital. They reported a 1.5% (0.6 - 3.3%, 95% CI) prevalence of Asperger’s syndrome (a rate of 2.3% was found using less stringent diagnostic criteria) and noted that this was higher than the 0.36% population base rate of Asperger’s syndrome [Ehlers and Gillberg \(1993\)](#) reported using the same diagnostic criteria ([Gillberg & Gillberg, 1989](#)), albeit with a younger sample.

More recently, in a review of 126 consecutive referrals for forensic psychiatric assessment in Stockholm, researchers found 3% of the young (age 15-22) sample met criteria for Asperger’s syndrome ([Siponmaa, Kristiansson, Jonsson, Nydén, & Gillberg, 2001](#)). However, it is unclear whether these studies necessarily demonstrate a true association between Asperger’s syndrome and violence (see [Hall & Bernal, 1995](#) for a critique). Given recent research demonstrating a relationship between significant mental illness and violence ([Monahan et al., 2001](#)), such an association would not be surprising. Of course, the vast majority of individuals with Asperger’s syndrome (or any other mental disorder) do not commit violent crimes.

The debate over whether Asperger’s patients are truly more prone to violence has been intense (e.g., [Hall & Bernal, 1995](#); [Ghaziuddin et al., 1991](#)) and certainly warrants additional empirical investigation. However, it need not be resolved in order to consider the unique issues posed by the Asperger’s patients

who do enter forensic contexts, whatever their exact prevalence in such contexts may be. Knowing the features of Asperger’s syndrome can be helpful in understanding the crimes these patients commit and in planning interventions. As awareness of the disorder grows, forensic clinicians, like clinicians in most settings, are increasingly likely to encounter patients who have carried a diagnosis of Asperger’s syndrome since childhood ([Tantam, 1991](#)).

## CASE STUDIES

Below, we present six case synopses of individuals encountered in forensic settings who met diagnostic criteria for Asperger’s syndrome. Some had carried this diagnosis for years, while others were diagnosed for the first time (to our knowledge) upon contact with the forensic clinician. We attempt to highlight the role that Asperger’s syndrome seemed to play in their offending and discuss the implications that features of the disorder have for decision-making in the criminal justice system as well as for disposition and treatment.

### Case1

AB had no criminal or psychiatric history until he committed arson at age 31. His parents described a developmental history in which he was generally shy and quiet and considered “peculiar” by teachers. In school, he had some concentration difficulties due to being extremely careful about details. His parents also described a series of special interests, to which AB devoted extensive research time. These interests progressed from fish to birds to ancient castles in a particular region. His parents also described a strict adherence to routines. For example, they described meals as “ceremonies” in which every part was to be performed in a certain order. When his parents tried to make changes in his routines, AB became very irritated. Socially, he had some friendships, but these occurred one at a time. He was reportedly bullied, or at least showed an over-sensitivity to behaviors by peers. For example, years later, he reported being unable to forget incidents such as being shot at with a water gun.

AB graduated from a vocational school and progressed through several manual labor jobs, most

recently as a timber merchant. Often, he left jobs after conflicts with supervisors or other staff. His boss described AB as so wedded to routines that he was unable to be flexible or cope with unanticipated changes. AB lived with his parents and had no sexual or romantic relationships. But, he explained that if he could just afford a large apartment, he would immediately be married.

According to his parents, about one year before the crimes AB became increasingly irritable and verbally aggressive. During this time, he tended to isolate himself more often, to purchase numerous pornographic magazines, and to ruminate about episodes during his childhood in which he believed schoolmates mistreated him. During evaluation, AB described the year prior to his offense as a period in which he became increasingly preoccupied with those who had wronged him and increasingly convinced that he needed to avenge himself. He reportedly considered burglary for revenge, but later began to fantasize about firesetting. When AB saw an arson report on the news, he decided that firesetting was the best way to solve his problems.

AB was referred for forensic evaluation after he was charged with 11 cases of arson. For two months, he broke into summer homes in his neighborhood, dousing them with gasoline and setting them ablaze. When apprehended by police, he immediately confessed to the crimes and explained that they were a means of revenge against schoolmates who had harassed him during his youth. Investigation revealed that there was actually no relationship between the summer homes and the schoolmates, but AB described small details of the houses that had reminded him of peers who had harassed him. He reported feeling satisfied and calm after the fires.

Testing yielded IQ scores in the borderline to low average range.<sup>1</sup> AB's performance was limited by his tendency to approach tasks in a perfectionist manner, focusing on minute details at the expense of overall accuracy. Though he presented himself as an egocentric individual who experienced little remorse or guilt, he manifested few other features of psychopathy. AB met DSM-IV diagnostic criteria for pyromania and for Asperger's syndrome.

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<sup>1</sup> Cognitive testing in these cases used the Wechsler Adult Intelligence Scale-Revised (WAIS-R; Wechsler, 1981).

## Case 2

CD, a 27 year-old male, was referred for evaluation after a sexual offense involving a teenage male. At the time of the evaluation CD carried an Asperger's diagnosis based on adult functioning and early history. In kindergarten, for example, he was described as "oblivious to everyone around him." Mental health records from his adulthood also noted his marked social impairments and deficits in nonverbal communication. CD graduated high school with a mediocre academic record, and worked for several years as a fast-food worker with limited customer contact.

With regard to his sexuality, CD reported a history of compulsive masturbation (five times daily since age 10) and maintained a collection of "artificial vaginas" that included commercial, as well as home-made products. CD reported that his sexual preoccupation was sufficiently intense that he moved out of his family's home and into his own residence in a government-subsidized apartment in order to better pursue sexual contact. Although he was intensely preoccupied with having intercourse, his efforts to find partners tended to be rather passive and naive. CD summarized his courtship strategy as "hanging around" a woman "until sex happened."

Unfortunately, his attempts at sexual contact—both those that resulted in intercourse and those that did not—tended to result in CD being used or exploited by others. For example, he repeatedly took women from his housing project shopping for lingerie, thinking that doing so could be a prelude to sexual contact, but the women would leave after he made the purchase. Likewise, he placed himself at risk for legal trouble by allowing a group of women to use his home phone to arrange illegal drug transactions, in the hopes that his doing so would result in sexual favors, although they never actually discussed such an arrangement. He also related stories of attempts to make sexual contact that resulted in women stealing possessions or money from him, and in one instance, beating him severely.

CD's interactions with men more often led to sexual contact. He related incidents of encountering men in public parks, leading to intercourse in which he was the passive partner. CD's hypersexuality and his social naiveté made him a target for sexually-



oriented pranks by neighbors. For example, several men persuaded him to have intercourse with an inflatable doll and perform bizarre sexual acts for a group. CD explained that, though he did not enjoy "making a spectacle," he did so anticipating that he might arouse some women in the "audience" which would lead to sexual contact between himself and them.

His first contact with the legal system and our subsequent evaluation occurred after CD had repeated sexual contact with a 15-year-old male over a period of several days. CD met the young man, who reportedly had no place to stay at the time, in their apartment complex laundromat and the two subsequently went to CD's home. Over the ensuing days, CD bought the young man a variety of presents, gave him money, and had an active sexual relationship with him. The contact ended when CD was no longer willing to give the youth money. The youth left CD's home, taking his stereo. When CD went to the police station to report this theft, he was subsequently arrested for sexual assault against a minor.

Testing from an earlier evaluation indicated that CD functioned in the average range on verbal tasks and in the borderline to mentally deficit range on performance tasks. He demonstrated no clinically elevated scores on the MMPI-2. Testing using penile plethysmography, which occurred subsequent to the current offense, indicated primary arousal to consensual contact with adult male and less pronounced arousal to the sexual coercion of children.

### Case 3

EF, a 44-year-old male, was referred for evaluation after being charged with attempted murder. His childhood was notable in that he developed special routines regarding everyday activities as early as age eight. EF achieved excellent grades in school, but reportedly had no friendships or romantic relationships. In college, he again achieved excellent grades, but began to have substantial difficulties once he entered the work force due to his idiosyncratic routines.

EF's primary interest was photography, and he was intent on creating "perfect pictures" of women. He pursued this goal by maintaining pictures of models downloaded from the Internet; he would use his computer to modify the photos, altering their faces, and exchanging body parts until he deemed them ideal. EF also reported that he fantasized that his child must have a perfect face.

EF had no history of criminality or substance abuse, but had outpatient psychiatric contact since the age of 22 due to what his treating professionals described as obsessive-compulsive symptoms. Prior to his offense, EF had worked as an engineer, but had been on medical leave for a year. He was married to a mentally ill woman with whom he had a two-year-old child. Authorities had reportedly initiated a custody evaluation because both EF and his wife had psychiatric problems.

EF was charged with attempted murder after he shot a psychologist who was taking part in this custody investigation. After planning the murder for about six months, EF went to the psychologist's home and shot him in the head. The victim was severely injured but survived. EF quickly confessed to the crime, but demonstrated no remorse or guilt. He explained that he expected the death of the psychologist would result in a more beneficial balance in the child custody investigation, such that he and his wife could retain custody of their child.

Testing revealed cognitive skills that were well above average but quite variable. He scored well in math and other straightforward tasks but much less well when cognitive flexibility or abstract thinking was required. Interpersonally, he presented as somewhat paranoid and even narcissistic, with limited ability to take the perspective of another person. However, in no way did he present as cunning or manipulative. EF tended to maintain a rigid facial expression that others interpreted as an odd smile even when he was discussing serious matters.

EF was diagnosed with Asperger's syndrome due to the nature of his social impairments and due to his idiosyncratic interest in creating idealized models. This ego-syntonic preoccupation did not cause EF anxiety and appeared more related to his fantasy and idiosyncratic interest than to any obsessive-compulsive features.

**Case 4**

GH, a 33-year-old unmarried male, was referred for forensic evaluation when he was prosecuted for sexual assault against his nine-year-old daughter and her peer. GH had demonstrated some behavioral problems since he entered school, where teachers described him as shy and reserved, but eager for attachment. Such neediness apparently made him vulnerable to peers, who teased and bullied him. Attempting to make friendships, GH committed minor property crimes and was repeatedly manipulated by others. GH never succeeded in any vocational training and had been unemployed for most of his adulthood.

Since early adolescence, GH had symptoms of depression and anxiety, which he related to difficulties establishing relationships. For example, he explained, "everything always goes wrong ... I cannot understand how women think." Indeed, GH tended to discuss women in a simplistic manner, often referring to them as if they were objects to assist in activities of daily living. He did have several very short relationships with women and fathered two children. GH reported that he began to use alcohol to reduce the anxiety and frustration surrounding these relationships, and escalated to alcohol abuse.

GH reported that since age 25, he maintained an interest in photographing and filming children. He also admitted to fantasies about having sex with children. During the five years prior to his offense, he maintained a substantial interest in paper dolls, collecting thousands of them in his home. He played sexual games with them, often mixing them with photos of himself. He also reported cutting off parts of the doll's bodies, which he would sometimes put on his penis for masturbation. GH described trying to find "the perfect pictures to explain mechanisms behind pedophilia." In discussing even the most bizarre behavior, GH spoke in a naïve, primitive manner, as if the content of his discussion and the reactions he expected from listeners were entirely neutral. Near the end of the evaluation, he volunteered that he had fantasies about taking parts from human beings to test whether this could augment his knowledge about sexuality and women.

GH was referred for evaluation after he was charged with showing pornographic films to, and then filming, his daughter and her peer. When

confronted by authorities, he immediately confessed to the crimes, but also added that his behavior was part of his research on pedophilia. He showed no remorse and appeared unable to comprehend how his behavior would be harmful to the victims.

Testing revealed an IQ in the average range, although GH was very detailed and concrete with little capacity for symbolic or abstract reasoning. On the Rorschach, he tended to describe humans as objects and failed to describe mutual relationships. In addition to Asperger's syndrome, GH met diagnostic criteria for pedophilia.

**Case 5**

IJ, a 22-year-old male, was referred for treatment after being suspended from a small Scandinavian university and placed on probation for sexually assaultive behavior. He had been found peeping at girls in the women's locker room of the university fitness center through small holes that he had created in a supply closet. When he was confronted one day while standing in the closet, he ran out of the center and went to his dorm room, where he sat quietly on the bed waiting for someone to apprehend him. When asked about his motivation for this behavior, IJ denied a sexual component to his experience and consistently related it to the problems he was having in one of his courses and feeling isolated from his peers.

IJ came from a professional family with two older siblings who were pursuing advanced professional degrees. He described an isolated childhood, which he explained was due to having different ethnic origins than his peers. He did, however, have one close friend and spent a great deal of time at his friend's home participating in family activities. At his own home, he spent most of his time alone in his room playing computer games and examining and rearranging his extensive baseball card collection. He became interested in music as an adolescent and taught himself how to play the piano by memorizing every note from a computer printout of the notes for complex pieces of classical music.

When IJ went to college, his problems became more acute. He missed his only friend from home and found himself unable to fit into the activities and relationships developing around him. Although

he performed very well on his college entrance tests, he found it hard to perform in interpretive or abstract classes such as English and physics and would often spend 4-5 hours a day playing fantasy games on the computer. He found it difficult to make friends and, despite some interest in girls, could not seem to find a way to communicate with them in a way that did not make them uncomfortable. When one young woman finally befriended him, he became very dependent on her and eventually offended her by trying to watch her change clothes in a van when they were on a brief trip together. He eventually began to download pornography from the Internet and used this as his primary sexual outlet.

When encountering peers, IJ avoided eye contact, spoke in a flat tone that was difficult to hear, and seemed unable to pace himself to the tempo of the conversation around him. Around the time of his offense, when he was most anxious and depressed, his speech patterns were sparse, often missing connective phrases and, at times, devoid of most participles. Despite this unusual way of speaking, his perceptions were often quite insightful and his ideas often interesting, although odd. At times, he could appear paranoid or narcissistic, in that he viewed most interactions as encounters in which one person won while the other lost, with the goal being to subtly force one's will upon another.

Testing indicated that IJ was in the normal range of intellectual functioning with strengths in organizing details and significant weakness in the ability to recognize the larger meaning of situations and figures. Personality testing (MMPI-2 and Rorschach) suggested anxiety and depression, with a tendency to retreat into fantasy when under stress. When in therapy, he appeared unable to express feelings and was physically awkward and self-conscious. He tended to communicate using linear renditions of events and appeared unable to focus on the emotional meaning of events or experiences. He was never able to develop any understanding of the fear or violation that the women felt in the locker room, perseverating instead on the inconsistent and minutely incorrect aspects of their testimony. Dilemmas within IJ's treatment involved an ongoing differential diagnosis between Asperger's syndrome and a severe schizoid personality disorder, repeated assessment regarding the use of SSRIs for anxiety

and depression, and an emergent interest in the structured intimacy of the therapeutic setting.

### Case 6

KL was referred for forensic evaluation after he was arrested for assaulting two women in the female bathroom at the local zoo where he worked as a volunteer on weekends. On the day of the offense, he followed the two women into the bathroom, threatened them with a knife, and bound them with a number of pieces of rope cut to equal lengths, which he had brought from his car. After he had tied them both in an intricate manner, he paused, and using his knife, cut off the ropes and allowed them to escape. The referral for evaluation came from the defense attorney who was seeking a community placement for his client due to the fact that he had no previous criminal record and had released the women without doing them any harm.

At the time of the arrest, KL was 31 years old and living with his mother while working days as a draftsman at an engineering company. He was a very large man, 6 feet tall and weighing approximately 330 pounds. He moved in a lumbering fashion, with no movement of his arms, and a blank facial expression that showed no emotion or variability regardless of the issues being discussed. He spoke very openly about the most intimate details of his life and showed no hesitancy or embarrassment when describing his very active and aggressive sexual fantasies. He made no attempt to gild his motivations or actions, and appeared unaware of the effects his statements were having on the two forensic examiners.

During his evaluation, KL reported feeling isolated and lonely. He described developing crushes on several women at work, whom he would watch and follow as they moved throughout the building. Despite his wish to have these feelings develop into some type of relationship, the women treated him with detached kindness, apparently finding him an odd but harmless coworker. He described being quite talented with his work, which required the very detailed replication of plans for large buildings. He generally worked alone, going home to the house he shared with his mother immediately after his responsibilities were complete.

When asked about his activities at home, KL stated that he spent most of his time alone in his room, at times masturbating three to four times in a single evening. Queried about the content of his masturbatory fantasies, he explained that they involved following strange women, binding them with rope, and climaxing as he cut into their breasts with a knife. When attempts were made to relate these sexual fantasies to his behavior at the zoo, KL explained that for the preceding few years, he had been following home attractive women he saw on the street and had spent time procuring and cutting the rope he used in the offense. He said that some months before the current offense, he had loaded the rope and knife into the trunk of his car, although he maintained that he had no plan at the time to actually attack a woman. By his account, these behaviors were integrated into his sexual fantasies and served to enhance their arousing effect.

The defense attorney decided not to use the report written by the forensic evaluators on this case. Instead, at the sentencing hearing he presented the testimony of the defendant's colleagues from work and immediate family members. KL was found guilty of the offense and given probation with the requirement that he attend a local sex offender treatment program. He remained in the program by choice for over five years, apparently enjoying the contact he had with the other members each week. At a follow-up over one decade later, he was continuing to work at the same firm and reportedly had not re-offended or been involved in any other criminal behavior.

## DISCUSSION: CLINICAL OBSERVATIONS AND IMPLICATIONS

While the majority of persons with Asperger's syndrome are scrupulously law-abiding (Frith, 1991; Tantam, 1991, 2000), a small subset does come into contact with the legal system. Although it is difficult to draw conclusions about this small group without a sample size sufficient for statistical analysis, our review of six cases suggests that the central features of the disorder may have relevance in the criminal justice system and that certain commonalities may be expected among Asperger's syndrome patients charged with criminal acts. Each of the two main

*DSM-IV-TR* criteria for Asperger's syndrome (American Psychiatric Association, 2000) may have relevance in the forensic evaluation of criminal behavior.

### Impairments in Social Interaction

#### *Deficient Empathy*

The most consistent evidence of the impact of severe and sustained impairments in social interaction (Diagnostic criterion A) was related to deficient empathy. Each of the four men charged with a sex offense, as well as the man who attempted murder, seemed genuinely unaware of the harm they caused their victims. Likewise, the arsonist appeared untroubled that he destroyed property belonging to strangers, rather than to those against whom he sought revenge. Thus, our cases tend to support Wing's (1981) suggestion that deficient empathy is a central feature among the Asperger's syndrome patients who commit crime.

Those making decisions about the offender with Asperger's syndrome might respond to this conspicuously deficient empathy in one of two ways. To the extent the decision-maker sees deficient empathy as a neurobiological deficit, it may be a mitigating factor that elicits sympathy from police, prosecutors, or jurors who feel compassion for a person with an impoverished emotional life and see the defendant as congenitally deficient in one of the normal inhibitors against crime. To the extent, however, that deficient empathy is seen as cold, heartless, and remorseless, it may be an aggravating factor, alienating the decision maker and eliciting fear of future crimes. Conceivably, this deficient empathy could fulfill one of the statutory criteria (lack of remorse) that weighs in favor of the death penalty in capital cases in certain jurisdictions.

The relevance of deficient empathy and other features of this diagnosis to issues of culpability, legal responsibility, and blameworthiness will require exploration. In the case of EF, for example, his calculated thinking regarding the murder of the psychologist would probably be viewed by a jury or the public at large as a motive that makes his behavior seem even more egregious and cold-blooded. However, if there were a way in which Asperger's syndrome impaired his capacity to appreciate the wrongfulness of his conduct, he might have a viable



defense of insanity. For example, if the same act had been motivated by a delusional belief that the psychologist's death would benefit his custody situation through the eradication of an evil force, that belief could perhaps form the basis for a defense of insanity, where available, and might even lead to complete exculpation. At a minimum, such a delusion would be seen as mitigating at the time of sentencing.

In forensic assessments of criminal responsibility, experts commonly distinguish between perceptions or beliefs that are delusional, psychotic, and therefore possibly insane versus those that are characterological, trait-based, and therefore under volitional control. This dichotomy may be inadequate for assessing the deficits that derive from a condition such as Asperger's syndrome. These deficits in empathy—or, perhaps more precisely, deficits in the ability to perceive the interpersonal impact of one's behavior—could theoretically distort a patient's understanding of the nature and consequences of his actions in much the same way that certain delusional beliefs could. On the other hand, the absence of concurrent psychotic features in the Asperger's patient tends to suggest unimpaired personal (and therefore criminal) responsibility. That is, in legal contexts the personal deficits central to Asperger's Syndrome would probably be interpreted and handled more like the perceptual and interpersonal distortions intrinsic to personality disorders than like the distortions intrinsic to psychosis. Advances in neurobiology may in the future reveal more precisely the bases of both the autism spectrum disorders and the disturbances associated with mental illness, hence helping to inform the forensic assessment of these perceptual and interpersonal deficits.

With respect to both the insanity defense and issues of competence, an important issue may be whether the subjective experience of those with Asperger's syndrome is categorically different from that of non-Asperger's individuals, as is true of psychotic persons suffering delusions, hallucinations, or formal thought disorder. The position that Asperger's syndrome is a serious mental illness qualifying as a potential predicate for a defense of insanity or a finding of incompetence would be considerably strengthened if it were demonstrated that the Asperger's syndrome patient has a categorically different experience of subjective reality, as

opposed to a quantitatively different degree of certain traits.

It is important to note that Asperger's syndrome patients appear distinct from psychopaths, another population who present with strikingly deficient empathy, but warrant forensic contact more often. Like the prototypical psychopath, some of the individuals we reviewed were notable for egocentricity and shallow affect. However, no Asperger's patients with whom we are familiar demonstrate the manipulateness or superficial charm characteristic of psychopathy, nor do they maintain a lifestyle pattern of exploiting others. In fact, their limited interpersonal acumen leaves them ill-equipped to manipulate the feelings or behaviors of others, and leaves them spending more time at the opposite end of the predator-prey spectrum from the psychopath. Indeed, at least three of the six men reported here had a history of being bullied or exploited by others, and it would not be surprising to encounter someone with Asperger's syndrome who had committed serious crimes as the unwitting dupe of a manipulative psychopath whose acceptance he sought.

#### *Interpersonal Naiveté*

A second observation related to the impact of severe and sustained impairments in social interaction (Diagnostic criterion A) involved a naïve and often impoverished understanding of human relationships. This naiveté not only leaves Asperger's syndrome patients vulnerable to mistreatment by others, but also may lead them to seek interpersonal contact in misguided ways. Some of these (e.g., AB's belief that purchasing a large apartment would immediately bring about a marriage, or CD's belief that he could attract a sexual partner by performing with an inflatable doll) are less harmful. Others, however, have disastrous consequences. CD maintained a sexual relationship with a teenage male and demonstrated his ignorance of the inappropriateness of this relationship by going to the police to complain that the youth took his stereo when the relationship ended.

#### *Sexual Frustration*

A third manifestation of social impairments in our sample related to sexual behavior. At least five of the six men had sexual problems, and four were

quite harmful to others when acting upon their sexual drive, highlighting the quandary faced by men who are interpersonally less equipped to initiate or sustain the types of intimate relationships commonly associated with consensual sexual contact. The use of pornography was one socially tolerated way by which several of the men in our sample pursued an impersonal sexual outlet.

### *Immediate Confession*

A fourth observation that appears related to social interaction is that at least four of the six men were quick to confess to the police. This could reflect a variety of traits ranging from deficient shame, poor judgment, lack of experience, or an impaired appreciation of the social and legal consequences of a confession, to simple forthrightness, rule-abiding behavior or honesty. This warrants additional research, as it would be of considerable significance if such confessions were not fully competent or voluntary.

### **Preoccupations**

The development of restricted, repetitive patterns of behavior, interests, and activities (Diagnostic criterion B) was also relevant to several of the cases reviewed. For some of the sample (e.g., EF's time-consuming efforts to assemble the "perfect" picture of a model or AB's childhood interests in particular castles), these interests were apparently unrelated to the crimes with which they were charged. However, in the remaining cases, their unique or intense interests took on a sexual valence (e.g., GH's idiosyncratic interest in paper dolls, which he at times used for sexual gratification). Other sexualized preoccupations in the sample included pornography (AB); artificial vaginas (CD), dismemberment (GH); and sexual fantasies of binding and stabbing women (KL). The charged sex crimes included sexual relations with a 15-year-old boy (CD), showing pornography to two young girls and filming them (GH), peeping at college women (IJ), and threatening and binding two women (KL).

Both GH and KL met *DSM-IV-TR* (American Psychiatric Association, 2000) criteria for the diagnosis of a paraphilia. GH had sexually arousing fantasies of children for a prolonged period and also offended against children, and these are sufficient

to support a diagnosis of pedophilia. KL had sexually arousing fantasies of binding and stabbing women for a prolonged period and also offended against two women by threatening them with a knife and binding them, and these are sufficient to support a diagnosis of sexual sadism. Both of these men reported fantasizing about sex crimes prior to committing crimes that were consistent with their fantasies. The fact that GH and KL partially enacted their criminal sexual fantasies suggests that the presence of paraphilias may be a relevant risk factor to consider when conducting risk assessments of individuals diagnosed with Asperger's syndrome. Fantasies about taking apart the body of a woman and the cutting up of female dolls are consistent with those of individuals known to have perpetrated very serious, violent crimes against women (Warren, Hazelwood, & Dietz, 1996). We would emphasize, however, that it is possible to encounter similar perverse fantasies among law-abiding individuals who do not progress to act upon them in a criminal manner.

CD and IJ do not meet criteria for the diagnosis of a paraphilia. CD was preoccupied with pornography, artificial vaginas and with having intercourse, but did not indicate any longstanding interest in adolescent males, such as the one he was charged with abusing. IJ engaged in a series of peeping incidents, but did not acknowledge sexual motivation, nor longstanding voyeuristic fantasies. In none of these cases could the sexualized preoccupations be accurately described as obsessions, as none of the individuals complained that their preoccupations were unwelcome, senseless, or bothersome, and none had sought assistance in relieving the symptom prior to being arrested.

### **Additional Observations**

Clinicians working with Asperger's syndrome patients should recognize that social impairments combined with a desire for attachment or sexual experience could lead to illegal behavior. Such behavior might range from the patient who grabs a woman's breast because he doesn't understand the relational steps that should precede this contact, to the patient who repeatedly commits child sexual abuse or violent sexual assaults. On a more positive note, the fact that some of the deviant behaviors in

which these patients engaged were more reflective of ignorance regarding appropriate behavior (as in the case of CD) than of deviant preferences (as in the case of GH and KL) might bode well for some intervention efforts. For example, social skills training may be helpful to Asperger's syndrome patients (many of whom are quite conscientious about following rules) and should certainly be made available, in addition to other appropriate interventions and monitoring, to those who have committed sexual offenses. Though the patients may continue to appear socially awkward, they may be less likely to violate boundaries and harm others.

In the cases we reviewed, a poor understanding of relationships and social norms sometimes led to inappropriate contact, but always led to disappointment, anxiety, or resentment when relationships did not turn out as hoped. This is consistent with reports by [Tantam \(1991\)](#) suggesting that consistently disappointing attempts to engage in relationships may lead to depression and anxiety among Asperger's syndrome patients. In at least one of our cases (AB's arson), social disappointments led to rumination, which finally resulted in crime. Other Asperger's syndrome patients with whom we have worked have also shown a tendency to ruminate over seemingly trivial incidents from years past. Interestingly, it appears, at least in some instances, to be a rigid sense of right and wrong (which would probably otherwise deter criminal behavior) that leads such patients to feel exceptionally frustrated when they believe they've been violated and to subsequently aggress.

The cases reviewed here differ in important ways from most individuals referred for forensic evaluation. It is notable that all but one of the men had little or no experience with alcohol or drugs. Only one of the six had previous criminal contact, and his involved minor property offenses committed at an early age in an attempt to make friends with peers. Several of these individuals confessed to the police without hesitation, contrasting sharply with the repeated denials common to many offenders, particularly sex offenders. These commonalities suggest that many of the assumptions regarding antisocial personality features or lifestyle that are commonly applied to forensic patients may prove quite misleading when applied to Asperger's patients.

The relatively law-abiding, non-violent backgrounds we noted in this sample are consistent with the impressions of other researchers (e.g., [Ghaziuddin, Tsai, & Ghaziuddin, 1991](#)) who have cautioned against assuming that Asperger's syndrome patients are unusually prone to violence. On the other hand, these cases also indicate, consistent with previous case studies ([Baron-Cohen, 1988](#); [Everall & LeCouter, 1990](#); [Kohn, et al., 1998](#); [Mawson, et al., 1985](#); [Tantam, 1991](#)) and prevalence studies ([Scragg & Shah, 1994](#); [Siponmaa et al., 2001](#)) that some individuals with Asperger's syndrome will indeed present in need of forensic services. Furthermore, they likely differ from other forensic patients in terms of symptoms, criminal history, and offense behavior. Failure to correctly identify such persons, or overlooking the features specifically related to their diagnosis, may lead to inappropriate forensic assessment, legal decisions, or clinical interventions. Likewise, treatment and management in the community will be enhanced as the diagnosis is recognized and adequately understood. We hope that in future empirical investigation will shed further light on the best ways to understand offending, and to plan rehabilitative efforts, among individuals with Asperger's Syndrome.

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