Rare instances of individuals with autism supporting or engaging in terrorism: a response to Lino Faccini and Clare Allely

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Dear Dr Dale,

Rare instances of individuals with autism supporting or engaging in terrorism: A response to Lino Faccini and Clare Allely

The authors of the above article were careful, both in the title of their article, and in the main body text, to make it clear to readers that the involvement of persons with autism in terrorism is a rare occurrence. Our analysis of the case studies in the article suggests that concurrence of autism *per se* and terrorism may actually be even less than is implied by the authors. We felt compelled to write to you in view of the potential for autism to be wrongly associated with terrorism in the minds of the public despite attempts to ensure objectivity.

In a journal with a focus on intellectual disability[1] (ID) authors should make it clear that autism *per se* is not an ID. Where there is co-morbid ID in addition to autism the situation is more complex and conclusions cannot be drawn so easily about autism (or ID).

We believe that the following points support our view that the concurrence of autism and terrorism is likely to be significantly less than may be implied by Faccini and Allely.

1. Despite the mentions of "rare instances/occurrences" in the title and main body text, the fact that there are aspects of autism (e.g. compliance with rules) that mitigate against involvement in criminal activity as well as aspects (e.g. immaturity/naivety) that could lead to such involvement, requires a balanced investigation to avoid unintentional bias implying a connection between autism and terrorism in the absence of evidence.

2. The authors cite O'Neill and Simpson (2015a, b) who wrote that: "Asperger's or autism, serious learning difficulties and low self-esteem, among other conditions" have been identified "as a potential part of *the* path to radicalization specifically the conditions which extremists are increasingly exploiting in individuals they target for recruiting and training" (our italics) – This statement by O'Neill and Simpson is misleading as it does not make it clear that there are paths to radicalization *without* AS or autism i.e. they should have written "as a potential part of *a* path to radicalization". We note that Allely agrees with Al-Attar (2016a, b) that "there is no empirical evidence to show that people on the autism spectrum are at increased risk of engaging in terrorist offences or that

[1] As autism is a social learning disability, your journal's previous incarnation as the Journal of Learning Disabilities and Offending Behaviour was wide enough to cover autism without qualification.

autism is over-represented in terrorist offenders." So, even to say that persons with autism are on *a* potential path to radicalization wrongly highlights autism in this context.

3. There is reference in the article to Weenink (2015) having referred to autism as being a "mental illness"[2]. Autism is a lifelong developmental condition involving cognitive differences, not a mental illness. This fact needs to be stressed given the potential links between mental illness and terrorism. It is also essential to identify if an autistic individual involved in terrorism has a co-morbid mental illness.

4. The authors write: "In addition, Corner *et al.* (2016)[3] identified five individuals with an ASD (3.3 percent) in their sample of 153 lone-actor terrorists. There is an urgent need for further examination of any connection between terrorism and individuals with ASD" – Corner and Gill (2017) write that "Three disorders held a substantially higher prevalence than found within general populations (schizophrenia, delusional disorder, and autism spectrum disorders)" – Dr Corner kindly responded to our communication to the effect that two of the five individuals with autism in her sample had co-morbidities (bipolar disorder and "a strong implication of an underlying personality disorder" in one case, depression in the other). It is not impossible that one or more of the others had an undiagnosed co-morbidity (one must also consider the possibility of undiagnosed autism in some of the 148 individuals apparently without autism). As a brief analysis of the case studies in the Faccini and Allely article later in this response will show, almost all of the individuals for which information was readily available have co-morbid disorders in addition to autism. Schizophrenia and delusional disorder are mental illnesses whereas autism is not. It appears unlikely that any aspect of a mental illness could mitigate against an individual's involvement in terrorism. Although there are factors that may predispose an autistic individual to be radicalized, there are also factors in autism which would mitigate against involvement in any illegal activity. It is essential for researchers to take due account of the nature of autism when investigating links with terrorism.

We now move on to consider the various case studies in the Faccini and Allely article.

5. Mr G case study - "Faccini (2015) conceptualized the case as involving the interaction of Asperger's syndrome (deficits in central coherence, and abnormal fixated interest in trains and vehicles), psychopathology (multiple traumas, cyclothymia) and deficient Eriksonian psychosocial deficits (in self-value, trust and identity confusion)" – In other words, Mr G had co-morbidities in addition to autism. We have requested a copy of the article by Faccini which presented Mr G in more detail but have yet to receive it.

6. Jake Edwards case study – Jake was 9 years old, and it is hardly uncommon for children of this age to make comments for effect. We do not regard this as evidence.

7. Mark Alexander Harding case study – "It was recognized that Harding *had not been radicalized* and his online persona was a by-product of his ASD which caused him to develop obsessions over specific subjects" (our italics) –The judge delivering sentence on

[2] Autism spectrum disorder is in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) but as a developmental disorder, not a mental illness.

[3] The sample size and autism percentage are in: Corner, E., & Gill, P. (2017). Is There a Nexus Between Terrorist Involvement and Mental Health in the Age of the Islamic State?. *The CTC Sentinel, 10*(1), 1-10.

Harding stated: "It is clear from the report that you suffer from autism and what you did was a form of role play. This is not a case about terrorism this is a case about a 21-year-old who got obsessed with a topic because of his autism."[4] Under these circumstances, is it appropriate for the authors to describe him as a "passive supporter of terrorism"?

8. Peyton Pruitt case study – Pruitt was diagnosed with autism, mild ID and attention-deficit disorder so two co-morbidities complicate evaluation of this case. Faccini and Allely write that: "The case of Peyton may represent a naïve and vulnerable individual, who spent an exceptional amount of time scouring the internet without supervision, becoming fascinated/fixated with terrorism, finding some affiliation with others whom he could relate to via the safety of the internet, and then being exploited and/or becoming sympathetic and inspired by ISIS". Given Peyton's deficits with independent living skills, it is doubtful that he could travel to join an actual terrorist organization". So, even if Pruitt was on a trajectory towards becoming a terrorist, which we think is somewhat unlikely under the circumstances, he may not have been able to engage in terrorism.

9. Harry Thomas case study – "Due to Harry … disclosing to his friends about the scheme, Kazi Islam was arrested and found guilty of "engaging in the preparation of terroristic acts" (Pennink, 2015). It is unknown if any conditions of his Asperger's syndrome contributed to his affiliation with Kazi Islam or the bombing scheme; however it is speculated that Mr Thomas may have been exploited because of his naïveté" – Whatever role autism may or may not have played here, it apparently led to his arrest before any terrorist act could be committed so he appears to be a naïve and vulnerable individual.

10. Mahin Khan case study – Faccini and Allely write that: "this individual was diagnosed with autism and mental illness; as a result, it is difficult to establish a functional connection between his autism-based deficits and the terrorism plot" – In this case; the authors have accepted that a co-morbid mental illness makes it difficult to establish a connection between autism and terrorism. We agree with them and contend that a co-morbidity of this nature will always make establishing such a connection difficult.

11. Justin Kaliebe case study – The authors state that this case "may represent someone who had a fixated interest in terrorism and who sought an affiliation and was groomed by a terrorist recruiter, and who did not have the ability to challenge and critically examine their beliefs nor the consequences of his actions. In addition, joining the group provided him with a sense of affiliation and belonging" – Might the circumstances here indicate a lack of criminal intent (mens rea) on Kaliebe's part? The circumstances described by Faccini and Allely also suggest that a co-morbid ID may be involved.

12. Nicky Reilly case study – Faccini and Allely write that: "After being hospitalized, [Reilly] attacked two male nurses with a shard of a CD while in Broadmoor Hospital (while yelling an Islamic statement) and then committed suicide while in prison (Doward, 2008)" – the Doward piece in The Guardian states that Nicky Reilly "has the mental age of a 10-year-old" so this is autism with a severe co-morbid ID.

[4] http://jerseyeveningpost.com/news/2015/03/14/autistic-islander-obsessed-with-islamic-extremism-spared-prison/#2hrWJwLvtqCMUfHH.99

13. Anders Breivik case study – We hear that Breivik had: "Asperger's disorder, narcissistic personality disorder (with antisocial traits)" and that "one of Norway's most prominent Psychiatrists, Professor Ulrik Fredrik Malt of Oslo University, told the criminal court in Oslo that it was plausible that Breivik had Asperger's, Tourette's and a narcissistic personality disorder (but paranoid psychosis could not completely be ruled out)". Here again, we have an individual with some (serious) co-morbidities.

The authors state: "Given that the examination of any connection between autism and terrorism is in its infancy, a simple categorical model describing different levels of commitment to a terrorist cause would be most helpful". Surely, a model of this nature would be useful irrespective of any possible connection between autism and terrorism so why only refer to autism and make no mention of mental illness? Highlighting autism appears inconsistent with Allely's agreement with Al-Attar that "there is no empirical evidence to show that people on the autism spectrum are at increased risk of engaging in terrorist offences or that autism is over-represented in terrorist offenders."

We conclude our response by summarising the data reviewed and drawing some tentative conclusions.

Individual	**Co-morbidity/ies**	**Lone actor or group-member**	**Comments**
Mr G	Mental illness	Not known	
Jake Edwards	Not known	N/A	Nine year old child
Mark Alexander Harding	None	Lone	Neither radicalized nor a terrorist
Peyton Pruitt	ID and mental illness	Lone	
Harry Thomas	Not known	N/A	Groomed by someone who befriended him deliberately
Mahin Khan	ID and mental illness	Lone	Communicated with a terrorist online but not a group member
Justin Kaliebe	ID	Group	
Nicky Reilly	Mental illness	Lone	Mental age of a 10-year old
Anders Breivik	Mental illness	Lone	

A brief analysis of the case studies indicates that, after excluding the young child, six of the seven individuals we have information for had an ID and/or mental illness in addition to autism. This means that conclusions regarding the reason(s) why they have engaged, or might have engaged, in terrorist activity need to consider each co-morbidity and the interactions between the co-morbidities. The seventh individual for whom information was readily available was reported as neither having been radicalized nor being a terrorist.

In conclusion, we wish to make the following points:

1. Autism should not be confused with mental illness[5] as it is a lifelong developmental condition giving rise to social learning difficulties (Patricia Howlin's (2003) description of autism as being akin to 'social dyslexia' is an especially good one);

[5] One should also be careful not to confuse ID with mental illness.

2. When autism is accompanied by a co-morbid ID the situation becomes more complex as the ID can make it difficult, sometimes impossible, for an autistic person to "hack out" social understanding (Happé and Frith, 1995);

3. Autism and mental illness together make it extremely difficult to determine the effects of the autism and the effects of the mental illness so researchers should be extremely careful before drawing conclusions regarding the effects of either;

4. Corner and Gill (2014) write that, although research into terrorist motivation has jumped from one extreme position to another, a stronger association has been reported between mental illness and lone-actor terrorists than between mental illness and group-based terrorists. It is of interest that only one of the case studies in the Faccini and Allely paper involved group membership. Perhaps more importantly, at least one of their case studies (Harry Thomas) is an example of an autistic individual groomed by someone who befriended him deliberately because of his vulnerabilities; we suggest that this case study may represent a new intermediate category of terrorist actor between the lone-actor and group member which could be referred to as a *groomed vulnerable individual*.

Yours sincerely,

[NAMES REMOVED TO ENSURE ANONYMITY]

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