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Promoting Greater Understanding and Knowledge Transfer to Interest Holders in Discussions of Neurodevelopmental Disorders and the Criminal Justice System

Mansfield Mela,[1] Kaitlyn McLachlan,[2,3] Robin J. Wilson[3,4]

[1] Department of Psychiatry, University of Saskatchewan, Saskatoon, Canada; [2] Clinical Child and Adolescent Psychology, University of Guelph, Guelph, Canada; [3] Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, Canada; [4] Wilson Psychology Services LLC., Sarasota, United States of America

The term neurodevelopmental disorders (NDDs) includes fetal alcohol spectrum disorder (FASD), intellectual development disorder (IDD), autism spectrum disorder (ASD), and other forms of cognitive or information processing limitations. Clinicians, lawmakers, and the public grapple with the shortcomings in our knowledge about all NDDs with increasingly common discussions regarding inclusion and disability rights, news media headlines regarding individuals with NDDs and crime, education, and advocacy. However, despite a massive shift in the way society regards and discusses issues of disability, the question remains: Do we actually have a knowledge gap, or is there a knowledge transfer or dissemination problem? This paper discusses the extent to which science has reached or failed to reach people who need solid evidence to inform effective public policy and clinical practice in forensic mental health. To illustrate some of the difficulties inherent in making science more accessible to non-scientists, we highlight some commonly observed disconnects related to common NDDs, including FASD, IDD, and ASD. We conclude by suggesting alternative frameworks and methods for making science more interesting and understandable for professionals and laypeople alike. We also highlight the importance of not only ensuring that knowledge transfer effectively reaches individuals with NDDs, particularly legally involved individuals with NDDs, but also involves them in the gathering and transfer of scientific knowledge, so their perspectives and lived expertise are fully considered and integrated.

Key Words: *neurodevelopmental disorders, fetal alcohol spectrum disorder, intellectual development disorder, autism spectrum disorder, criminal conduct, knowledge transfer*

Public views of people with neurodevelopmental disorders (NDDs) are coloured by often negative and stigmatizing media portrayals of people with fetal alcohol spectrum disorder (FASD), intellectual development disorder (IDD), autism spectrum disorder (ASD), and other NDDs, in which cognitive and adaptive functioning is compromised (Aspler et al., 2018, 2022; Renwick, 2016). Negative perceptions may be enhanced and further stigmatized when the individual portrayed is involved in socially reprehensible or illegal acts.

Like everyone, people with NDDs experience unique personal strengths and successes in their everyday lives (Flannigan et al., 2022; Wilkinson et al., 2022). Despite these attributes and experiences, public narratives are often deficit focused. When people with NDDs become involved in the criminal legal system, instead of scientifically reliable and validated accounts of the relationship between NDD and behaviours associated with illicit conduct informing attitudes, sensationalized media stories often dictate and entrench unfavourable sentiments toward individuals with NDDs (Aspler et al., 2018; Brewer et al., 2017; Choate & Badry, 2019; Lerner et al., 2012).

Current and emerging research from Canada and the United Kingdom indicates that while there are few individuals with NDDs who perpetuate serious violence, such individuals are, for the most part, law-abiding community members (Heeramun et al., 2017; Jones, 2007). For instance, taking a comprehensive view of the IDD population, research conducted in the United Kingdom suggests that, among individuals known to IDD services, about 2% to 5% have had interactions with the police due to allegations of offending (Holland et al., 2002).

Individuals with NDDs are more likely to be victimized than to be the individuals engaging in the victimization of others. Indeed, many reviews of victimization among individuals with disabilities show that these individuals have a much higher risk of experiencing serious victimization themselves compared with people without NDDs (Fogden et al., 2016; Mailhot et al., 2022; Sobsey & Doe, 1991). That said, there are certainly some individuals with NDDs who ultimately engage in antisocial behaviours, attracting both legal and clinical attention.

In the end, prevention efforts are needed to address both the complex constellation of factors contributing to some individuals with NDDs to engaging in crime or victimization of others, as well as the alarmingly high incidence of victimization for this population. International evidence suggests that with appropriate and early recognition, understanding, and support, people with NDDs can thrive and experience positive and desired outcomes (Billstedt et al., 2017; McLachlan et al., 2021). Despite an ever-burgeoning literature as to the role of support and advances in identifying protective factors supporting positive outcomes and reducing contact with the law, the transfer of this knowledge from researchers to clinicians and other professionals, and more broadly across public circles, remains a challenge.

Several factors may contribute to slow and insufficient uptake of research evidence in shaping clinical practice and public awareness and attitudes. At the broadest level, research has shown that new findings take a considerable length of time to move from discovery to practice and implementation (e.g., Morris et al., 2012). Further, there remain important curricular gaps in clinical training programs, with mental health professionals reporting insufficient education about NDDs, both during their training and post-qualification (Barrett et al., 2023). Forensic mental health professionals are not exempt from this low level of awareness, with limited professional training provided to such clinicians regarding NDDs in professional training programs (e.g., McLachlan et al., 2021). Additionally, variations in methodologies hinder the comparison of results across studies, which, when combined with disparities and an ever-evolving diagnostic landscape, may cause confusion for both clinicians and those undergoing assessments (Reid et al., 2023).

Next, we outline specific examples of NDDs, including FASD, IDD, and ASD; where myths prevail, necessitating improved knowledge transfer to effectively shift practice; and public perspectives toward better alignment with emerging evidence.

Fetal Alcohol Spectrum Disorders

FASD is a diagnostic term used to describe impacts on the brain and body caused by prenatal alcohol exposure (Cook et al., 2016; Harding, 2022). Like everyone, all people with FASD experience some support needs in their daily living, and they each have a unique array of strengths and challenges (Harding, 2022; McLachlan et al., 2020).

There are several themes related to the disconnect between scientific findings and both public and professional legal discussions on FASD in the forensic mental health and criminal legal systems. Here, we review several key examples, including the inaccurate myth that treatment is unhelpful for individuals with FASD who have engaged in criminal conduct (Aspler et al., 2019; Lyall et al., 2021).

Misinformation about individuals with FASD who come into contact with the criminal legal system is replete across contexts, including negative media portrayals, particularly for adults (Aspler et al., 2018, 2022). Case law decisions similarly comprise outdated and inaccurate information about the benefits of intervention and support for individuals with FASD who come before the courts. A recent review of Canadian case law found that criminal courts frequently weigh considerations regarding treatability and rehabilitation in legal decision-making, although many decisions reflected possible misperceptions about irremediable or so-called “permanent” deficits experienced by individuals with FASD before the courts (Mullally et al., 2023). Decisions such as these run the risk of leaving both the legal community and the public at large with the unfortunate and inaccurate assumption that “nothing works” when it comes to managing the features of FASD that may have contributed to offending (Mullally et al., 2023). Indeed, mounting evidence demonstrates that when appropriately recognized and understood, people with FASD benefit from intervention and supports (Flannigan et al., 2018a; Pei et al., 2016; 2024).

Nevertheless, by nature of the complex constellation of risk factors experienced by many people with FASD — including under recognition and poor understanding — some get caught in the revolving door of the criminal legal system, experiencing lengthy criminal records and periods of incarceration, and difficulties adhering to supervision requirements (Brintnell et al., 2019; Jampolsky, 2018; McLachlan et al., 2018; Novick Brown et al., 2012; Pei et al., 2016; R. v. Harris, 2002). The following from Judge Charlie J. Trueman illustrates the point.

> *The cognitively challenged are before our Courts in unknown numbers. We prosecute them again and again and again. We sentence them again and again and again. We imprison them again and again and again. They commit crimes again and again and again. We wonder why they do not change. The wonder of it all is that we do not change our expectations rather than trying to change them.*
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> *(R. v. Harris, 2002, at para 167–168).*

Individuals with FASD may also find it challenging to navigate complex legal proceedings and adhere to court-ordered requirements due to cognitive limitations. Ultimately, such records tend to present people with FASD who have offended in a negative light, confirming inaccurate public perspectives founded on sensationalized media stories and a general lack of understanding of the difficulties experienced.

Missed and misidentification of FASD remains a significant problem for people with the disability in both community and legal contexts (Chasnoff et al., 2015). Indeed, studies aiming to identify how many people in correctional and forensic contexts may have FASD have yielded high rates of diagnosis, with the majority having never previously been diagnosed (e.g., McLachlan et al., 2019; Mela et al., 2022). Further, a recent review of Canadian case law suggests that thorough and recent diagnostic information about defendants with FASD before the courts was present in few cases. This left the court to opine on the basis of inadequate or stale information and often without the support of experts to connect the unique challenges and needs of individuals with FASD to the legal decision at hand (Mullally et al., 2023).

Ultimately, limited resources, inadequately prepared forensic clinicians and practitioners, insufficient diagnostic and treatment resources, and challenges obtaining reliable information about prenatal alcohol exposure (particularly for adults) — in addition to significant stigma — further reduce the chances of ensuring that a plan of care is based in appropriate understanding and individualized support and intervention, particularly once a person comes into contact with the legal system (McLachlan et al., 2021; Roach & Bailey, 2009).

Despite some of the negative themes we have highlighted in this section, treatment of FASD conceptualized as support in general and interventions to promote rehabilitation specifically continue to show effectiveness. Promisingly, there has been a recent focus on better understanding of what works to support individuals with FASD more broadly through effective interventions — including for individuals involved in the criminal legal system — with encouraging outcome studies that need translation in multiple areas (Flannigan et al., 2018b; Pei et al., 2024; Reid et al., 2020). For instance, Mela's work (2020) has highlighted the importance of addressing biological factors with a focus on pharmacological agents as well as psychological and practical support as critical factors in effective treatment. Additional whole-person intervention frameworks, such as Pei's (2019; 2024) toward health outcomes model that emphasizes the importance of early intervention, individualized multidisciplinary planning, environmental stability and support, and empowerment of families and caregivers.

Adopting therapeutic jurisprudence practices through court diversion as a successful intervention, Longstaffe and colleagues (2018) reported that their experience included meaningful community collaborations and appropriate sentencing. Additionally, Flannigan et al. (2022) demonstrated that, in an Indigenous court focusing on sentencing individuals with FASD, good outcomes are possible. Something similar exists in the world of sexual violence prevention, in which individuals with particularly problematic histories of failed community reintegration are assisted by a restorative justice–informed community volunteer framework known as circles of support and accountability (Wilson, et al., 2009).

Additionally, FASD-informed strategies — such as addressing trauma, effective communication, and strength-based and competent cultural approaches — are increasingly being recognized as central to positive outcomes (e.g., Olson et al., 2023) but require a more effective vehicle for translating to policy and practice.

Ultimately, the portrayal of the individuals with FASD — even those with significant involvement in the criminal legal system — as being "incorrigible" is at odds with scientific findings.

Intellectual Development Disorder

With the publishing of the *Diagnostic and Statistical Manual of Mental Disorders*, 5th Edition (American Psychiatric Association, 2013), the now outdated and stigmatizing term "mental retardation" became known as IDD, which may be among the conditions with the greatest likelihood of misunderstanding (Robinson & Herring, 2024). Many pejorative historical labels have been used to identify individuals with IDDs, including highly stigmatizing, harmful, and dehumanizing terminology, often rooted in historical clinical terms (Scior et al., 2020; Werner & Abergel, 2018). No matter what term is used, individuals with IDDs have suffered greatly from a lack of understanding or their experiences and needs, including appropriate clinical attention, social support, and opportunities to develop meaningful lives.

One of the more common misperceptions of individuals with IDD concerns colloquial interpretations of "mental age." Mental age is a term related to intelligence and is a way to represent how an individual at a specific age performs intellectually, compared with the average level of intelligence demonstrated by people of the individual's chronological age (Patel et al., 2020). Although clinicians typically strive to be precise and as diagnostically descriptive as possible, there are times when the field fails to convey the intended meaning, potentially resulting in downstream consequences. For example, the phrase "mind of a seven-year-old" may lead both professionals and non-professionals to erroneously treat the individual like a child of that age and developmental capacity rather than understanding that the individual's brain processes information much like that of a person with seven years of typical cognitive development. The simple truth is often not so simple. While most individuals with IDD experience difficulties expressing and receiving language and general problem-solving, they also have personal strengths, as well as adult wants and needs including social interaction — as much as any neurotypical individual (refer to World Health Organization, 2024).

Another common misperception regarding individuals with IDDs is understanding what it means. Of course, even neurotypical people have gradations of intelligence and profile differences in personal cognitive strengths and weaknesses. There are also differing conceptualizations of intelligence (e.g., general intelligence, emotional intelligence, domain-specific intelligences that may sometimes be regarded as aptitudes). Often, these gradations are represented as an intelligence quotient (IQ). However, IQ is often a blunt sword to use when attempting to characterize intelligence (Patel et al., 2020; World Health Organization, 2024). While general IQ scores can be helpful in devising intervention schemes and reporting disability levels between service providers, they are sometimes an impediment to receiving services when precise cutoffs are used to determine eligibility for disability support services. This can be particularly problematic when someone has a score slightly higher than the cutoff and is denied service eligibility due to policy even though they still require support navigating activities of daily living. Forward-thinking agencies have more recently adopted capacity to perform activities of daily living and levels of adaptive skill as being better indicators of the degree to which someone might be described as disabled.

Perhaps, one of the bigger challenges faced by individuals with IDDs who are involved in the criminal justice system is a belief that they are somehow incapable of responding to treatment, a difficulty faced by many individuals with NDD. Government agencies typically set guidelines for how individuals with disabilities should be accommodated, like the *Accessible Canada Act* (2019) or the *Americans with Disabilities Act* (1990). These agencies mandate that services for individuals with disabilities must be as similar as possible to services for individuals without disabilities. Given the nexus between criminal justice and NDD that we are focusing on in this paper, this often concerns the nature and quality of rehabilitative services available to individuals with disabilities. Simply put, they must be given realistic options for rehabilitation and recovery.

In our various capacities, several of the authors are often called on to provide program evaluative or other consultation data to institutionally based programs or courts when such programs find themselves on the wrong side of legislation intended to ensure equal opportunities for individuals with disabilities. Indeed, it seems almost a right of passage for sex offender civil commitment treatment facilities (refer to the description in Brandt et al., 2015) in the United States to eventually face class action litigation regarding a failure to appropriately accommodate individuals with special needs profiles.

The problem of a lack of accommodation for individuals with disabilities likely originates long before a person with a disability ever finds themselves in trouble with the law. We would suggest that a critically important area of early life bias for individuals with disabilities comes in the form of education or rather a lack thereof. Indeed, there has been a tendency to view individuals with IDDs as less capable of learning, leading to specialized education services that

are often different from those offered to neurotypical children. Individuals with IDDs also often experience prejudice when it comes to on-the-job learning opportunities, with continued (but increasingly controversial; refer to Cimera, 2011) widespread use of sheltered workshops in which individuals perform menial tasks thought to be commensurate with their intellectual abilities.

With respect to bias in social and educational opportunities — and using sexually appropriate instead of inappropriate expressions as an example — there has been a certain perspective that individuals with IDDs are asexual (Harris & Tough, 2004; Tough, 2001). As recent community discussions about sexuality have broadened to include topics that were almost unheard of 50 years ago (e.g., virtually anything affiliated with 2SLGBTQ), many parents, politicians, and others have sought to revisit how children are educated about sexuality. Whatever one may think about the most effective ways to instruct children regarding sexuality, it has been clear to us that individuals with IDDs have lagged far behind in terms of sex education (Blasingame et al., 2014). Ultimately, the consequence is that some people overreact when a person with IDD engages in sexual behaviour — appropriate or not — to the extent that engagement in such behaviour is seen as a problem in need of serious attention. For instance, some group home providers have had no-masturbation policies while others have frowned on the wishes of individuals with disabilities to form and maintain healthy sexual relationships. Although many of these policies may be well-meaning attempts to prevent individuals with disabilities from harm, the result is that they are prevented from living meaningful lives without unnecessary intrusions that are inconsistent with the government policies we noted above. Harris and Tough (2004) summarize the potential difficulties with such approaches.

> *The systemic denial of any sexual life for this population, in our view, leads to a climate where all sexual expression is seen as deviant and, as such, is repressed. For people with lives that are often externally controlled, it is possible that blocked age-appropriate and socially appropriate sexual expression may lead to inappropriate sexual behaviour.*
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> *(p. 237)*

So, what happens when a person with IDD or some other cognitive limitation engages in inappropriate conduct? In decades gone by, the simple answer was to sequester them away from the general population in institutional settings like provincial or state hospitals, group homes, and, sadly, correctional facilities (Torrey et al., 2010; Wilson & Burns, 2011). However, unlike their neurotypical peers, who often have access to a variety of treatment and other correctional programs, individuals with IDD have been chronically underserved (Wilson et al., 2014). Indeed, there has often been a perspective that individuals with disabilities are incapable of attending to and benefiting from rehabilitation services in a variety of domains (e.g., substance abuse, sexual violence, other interpersonal violence). However, the reality is that the literature does not support this perspective (refer to Hanson et al., 2002; Tough, 2001) and neither does our collective experience of working with individuals with NDDs. Simply put, individuals with IDD (and other NDDs) can and do respond effectively to rehabilitative programming, but those program options must be adapted to accommodate the individuals being served (Blasingame et al., 2014).

Autism Spectrum Disorder

In this section we consider the misalignment of the clinical manifestations of ASD with violence and the negative impact of the portrayal of ASD by the media. Solutions are most likely to emerge when clinicians correctly characterize ASD and policy makers align changes supported by evidence rather than the exaggerated link of violence to ASD.

ASD is characterized by the impairment of social communication and the presence of restricted and/or repetitive behaviours or interests (American Psychiatric Association, 2013). Although it is now much more central in popular discussions of mental health, much is left to be discovered and understood about ASD. Recent common portrayals of ASD in popular television shows (e.g., Sheldon from Big Bang Theory) frame such characters as likeable yet frustrating, with little resemblance to the true experiences of real people with ASD. Further, while Sheldon is portrayed as somewhat endearingly annoying, how would views of the character change if such annoying aspects were associated with criminal conduct?

The contrast between media portrayals and reality is evident, as the media tends to oversimplify NDDs like ASD by depicting people as either annoying but friendly or associating them with criminal behaviour. This discrepancy is highlighted in recent Canadian news media coverage surrounding the trial of a man thought to have high-functioning autism (a variant of ASD in which

individuals experience greater social disabilities than intellectual ones), who drove a minivan down a crowded city sidewalk resulting in many deaths and injuries (R. v. Minassian, 2021). At question during the trial was the degree to which his cognitive presentation might help to answer why he would engage in such a heinous act, with differing opinions offered by forensic mental health experts. The coverage emphasized the need for more accurate and nuanced representations of individuals with ASD in the media, while providing the facts of the case and the individual's challenges and strengths.

Although knowledge and understanding about autism has improved significantly over the past decades, misinformation about ASD's origin, effect, and outcomes persists, especially in the media and around criminality. Some research studies suggest that ASD is more prevalent in the prison population when compared to the general population (Fazio et al., 2012; Scragg & Shah, 1994; White et al., 2017). However, there is limited research available on the relation between ASD and violent crime. It is unclear whether being diagnosed with ASD increases the specific risk of violence or behaviours that encounter the criminal justice system (Heeramun et al., 2017). ASD is associated with features that may contribute to offending behaviours, such as intolerance to change, difficulties understanding the emotional states of others, and difficulties with empathy (Bjørkly, 2009).

Deficits in emotional regulation, cognitive flexibility, and social relatedness that are at the core of the spectrum make individuals with ASD susceptible to trauma, which is also true to a degree regarding the other NDDs referenced in this paper. In turn, the risk of violence is hypothesized to be enhanced by trauma (Im, 2016).

Often, anxiety, mood, and psychotic disorders are concurrently experienced by individuals with ASD. Other psychiatric comorbidities may also contribute to the risk of offending (Långström et al., 2009). Clinicians and caregivers ascribing features of other disorders to ASD may be at the root of some misunderstanding (Kincaid et al., 2017). Distinguishing between intense focus and distraction in people with both ASD and ADHD, as well as confusing social challenges and repetitive behaviours in ASD with depression and obsessive-compulsive disorder, are common misunderstandings.

Långström and colleagues (2009) explored the association between violent offending and individuals diagnosed with ASD over a 13-year period in Sweden. They found that risk factors for violent offending among individuals with ASD were being male, older age, comorbid psychosis, substance use disorder, and personality disorder. Heeramun and colleagues (2017) found that a later diagnosis of autism was related to an increased risk of criminal convictions, similar to the findings of Kawakami and colleagues (2012). However, it is still unclear whether early diagnosis protects against criminal behaviours. Furthermore, Heeramun and colleagues (2017) noted that more than a quarter of the individuals with autism and criminal convictions had received a diagnosis only after they had already been convicted.

One characteristic of ASD is the response to an overwhelming amount of sensory information that may cause problems with law enforcement when they are unable to process such circumstances. Individuals with ASD — when under stress or facing an unfamiliar situation with high sensory overload — may attempt to flee, shut down, become combative, or escalate, causing further issues with law enforcement (Allely, 2015).

Public discussions of violence and ASD generally focus on interpersonal violence and, in the rare yet magnified case of mass shootings, excludes self-directed violence. This misalignment neglects an important part of the story. Understanding that up to 50% of individuals with a form of ASD aggress misses the fact that many also harm themselves, including death. This reality can teach us a lot about managing aggression in individuals with ASD (Westphal, 2016). To appreciate the full range of difficulties and to strategize adequate solutions, policy makers, clinicians, and social and community workers who support families should know that siblings and parents often endure most of the aggression, sometimes silently. A lesson here is that the common form of aggression in ASD is the affective and reactive, while the predatory and planned forms of violence are rare.

Media has an influential role in shifting public perspective of ASD. Speculation and coverage of violent crimes in the news media may suggest or imply that an individual has ASD without formal evidence of such a diagnosis (Brewer et al., 2017). News media in recent years has demonstrated influence on social and political judgments that in turn impacts audiences, including the perceptions of individuals with psychiatric disorders (Brewer et al., 2017). There has been very limited research investigating the impact of media depictions of crimes committed by individuals with ASD and attitudes toward them. Brewer et al. (2017) investigated the effects of media exposure and any moderating influence of an educational message on a

composite negative attitudes measure. Relevant items measured included the desire to maintain social distance from individuals, perceptions of the likelihood of criminality, and trustworthiness of individuals with ASD. They found that a single exposure to media suggesting a connection between ASD and violent behaviour promoted negative attitudes toward individuals with ASD. Powerful effects were found when there were repeated exposures of news media reports of real-life events. On the contrary, exposure to educational messages showed fewer negative attitudes to individuals with ASD (Brewer et al., 2017). These findings further illustrate the impact various media outlets have on the negative perceptions of individuals with ASD and criminality.

Correcting Misunderstanding

ASD manifests in unique and diverse ways enough to create personal anecdotes, which members of the public favour over scientific evidence. Sensationalized media stories of the individual with ASD recently convicted for the minivan homicides in Toronto captured the attention of listeners and readers. Repeatedly listening to the news describe various aspects of the events is one of the processes by which beliefs are formed about the likeness of a disorder like ASD. By laying such a foundation, extra efforts are needed to correct the misconception that people with ASD are dangerous. As well, such poignant stories and images use the individual's emotion to reinforce the significance of the association; violence is linked with ASD.

Expectations play a significant role in forming public opinion (Wu & Huberman 2008). Hearing about harrowing crimes committed by individuals with ASD creates the expectations of being a victim. No one wants to be a victim for fear of victim blaming. For instance, the resulting public anger from misinformation was associated in the negative evaluations of sentencing judges (Hough & Roberts, 1999). The complexity of ASD's deficits of social, communication, memory, executive function, and repetitive movements makes people oversimplify the criminal activities and blame the behaviour on the disorder. However, a disorder is a confluence of several criteria, some of which directly or indirectly influence criminal activities. Blaming the disorder assumes that the criteria operate in tandem. In reality, one criterion — deficit in socioemotional reciprocity — could lead to an unwanted behaviour due to poor understanding. However, another criterion — nonverbal communication — makes it unlikely that the offence of soliciting will be committed.

Conclusions

Given that the peer review process that informs the publication of research findings generally benefits the research and the academic community, this can ultimately create a constricted audience. The reality is that researchers often preach to the choir as it were. An unfortunate reality becomes that most scholarly publications are not well-accessed, even by scholars. The larger public audience deals with limited information communicated in language that is not user-friendly and riddled with confirmation bias — they selectively sieve through such information.

High profile cases and popular media about NDDs and criminal conduct mislead public opinion. The public and the media display a tendency to attend to only information that agree with what they already think is true. Inappropriately and inadequately communicated, scientific evidence therefore appears to the public to be shrouded in the cloak of conspiracy, as the recipients are shaped by historical misinformation and implicit bias (Pierre, 2019). Complexity in the language used to relay research information can serve as a barrier to public knowledge and acceptance. Similarly, scientific method itself appears to turn off the public from objective knowing. With only partial information, some sections of society adamantly associate the dysfunction of various NDDs with dangerous and violent criminal activities (refer to Berryessa, 2014; Fardella et al, 2018).

Promoting Knowledge Transfer and Dissemination

We propose that approaches in disseminating research findings should be brief enough to be reader friendly but specific enough to contain the real research finding. Communication experts should be part of the research teams, so they can carve out the relevant themes for publications and all of the social media and other innovative ways that people now share information.

We recommend researchers involve clients and their caregivers in all stages of the research cycle from conceptualization to dissemination. This client-oriented approach to research promotes an involved perspective in which the clients frame knowledge transfer messages and produce more user-friendly briefs.

The language used in discussions of mental health and criminal justice should also be tailored to the specific audience. We must endeavour to talk about these issues in a way that minimizes the negative image that corrupts public view about NDD and its subvariants highlighted in this paper. If

we are to seek a more representative perspective of the actual research to minimize criminal activities by people with NDD, public views on these topics are both relevant and of paramount importance.

While researchers play a key role in the transfer of knowledge to practice and policy, there is much opportunity and need for improved practices, so communities, organizations, and policy makers have the best information at hand to inform practice (Crocker et al., 2015; Lavis et al., 2003). In recent times, there has been a growing awareness and commitment in academia to address real-world societal issues. This has sparked a need for alternative academic approaches that are thoughtfully curated to captivate new audiences and broaden the sphere of influence of scientific findings (e.g., San Francisco Declaration on Research Assessment [Declaration on Research Assessment, 2012]). Scholars are recognizing the importance of communicating their research in ways that resonate with diverse audiences.

In the context of forensic mental health and NDDs, it is crucial to craft messages that target specific audiences using unique and relevant forms of communication. This approach maximizes the impact of the message by orienting and aligning the audience with the pertinent topics, moving beyond the confines of traditional academic channels. For example, innovations in FASD research intended to enhance patient engagement in research were conceptualized as potential approaches to mitigate this gap in knowledge (Dell et al., 2023; Stewart, 2016). However, to date, there remain few examples of individuals with NDDs and their families playing such an active role in the research process in the criminal legal and forensic systems, compared with those not involved in these systems, or other areas of health research more broadly. Nonetheless, such valuable involvement underscores the pressing need for standardized approaches and impactful changes rooted in mental health strategies, sustained by mental health professionals. Accelerating these efforts is crucial to promptly realizing the benefits of successful knowledge transfer in the field. While we remain hopeful that it will not take years, it is likely that the results and outcomes of these endeavours will only be available in a format or manner sufficient to gauge the success of knowledge transfer over time.

We suggest that it is not too late to begin the process of preventing misleading and inaccurate information. Through these efforts, public education should adopt culturally sensitive and user-friendly language. The public engagement needed to understand the best form of communication should adopt a multi-prong approach and use diverse media. The vehicle of communication, language should be devoid of scientific jargon. As we often say when accommodating our NDD clients, things should be simplified without being made simplistic. Researchers should involve patients, family members, and public figures to learn how best to communicate and receive findings. Specific messengers or champions should assume the role needed to convey the right messages directed and targeted at the different levels of understanding, which should influence attitudes. Using non-academic media, brief policy papers, cartooned presentation, infographics, and issue papers offer a user-friendly method to disseminate correct information on NDDs and their relationship with offending or violent behaviours.

These research findings need to be presented in policy briefs, as expert testimony to inform the courts, and in media available to the public — specifically in a way that is accessible to all concerned, including individuals with NDDs themselves. The news media reporting of offences committed by people with NDDs should include ethical and standard practice of reporting consistent with anti-stigma policies and procedures (Bell et al., 2016; Canada FASD Research Network, n.d.). Comprising brief research knowledge translation tools, plain language guides may prove instrumental in ensuring that language and facts about NDDs and the intersection of legal contexts is based on accurate, destigmatizing, and evidence-based information. Such tools include the CanFASD common messages guide (Canada FASD Research Network, 2024) or the FASD Dictionary (YWCA Metro Vancouver, 2021). To support permanent innovation and timely implementation of scientific findings, evaluation research in NDD and forensic mental health should generally engage individuals and their families, technology, and adequate research funding (Mela, 2021).

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References

Accessible Canada Act, SC 2019, c 10. https://laws-lois.justice.gc.ca/eng/acts/a-0.6/page-1.html

Allely, C. S. (2015). *Autism spectrum disorders in the criminal justice system: Police interviewing, the*

courtroom and the prison environment. https://salford-repository.worktribe.com/output/1403996/autism-spectrum-disorders-in-the-criminal-justice-system-police-interviewing-the-courtroom-and-the-prison-environment

American Psychiatric Association (2013). *The diagnostic and statistical manual of mental disorders, 5th Edition*. Washington, DC: Author.

Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. (1990). https://www.ada.gov/pubs/adastatute08.htm

Aspler, J., Bogossian, A., & Racine, E. (2022). "It's ignorant stereotypes": Key stakeholder perspectives on stereotypes associated with fetal alcohol spectrum disorder, alcohol, and pregnancy. *Journal of Intellectual & Developmental Disability, 47*(1), 53-64. https://doi.org/10.3109/13668250.2020.1865649

Aspler, J., Zizzo, N., Bell, E., Di Pietro, N., & Racine, E. (2019). Stigmatisation, exaggeration, and contradiction: An analysis of scientific and clinical content in Canadian print media discourse about fetal alcohol spectrum disorder. *Canadian Journal of Bioethics, 2*(2), 23-35. https://doi.org/10.7202/1058140ar

Aspler, J., Zizzo, N., Di Pietro, N., & Racine, E. (2018). Stereotyping and stigmatising disability: A content analysis of Canadian print news media about fetal alcohol spectrum disorder. *Canadian Journal of Disability Studies, 7*(3), 89-121. https://doi.org/10.15353/cjds.v7i3.452

Barrett, M., Sharma, A., Gnanavel, S., & van Hoorn, A. (2023). Training matters: Neurodevelopmental disorders in psychiatric practice. *BJPsych Advances, 29*(5), 342-353. https://doi.org/10.1192/bja.2023.37

Bell, E., Andrew, G., Di Pietro, N., Chudley, A. E., Reynolds, J. N., & Racine, E. (2016). It's a shame! Stigma against fetal alcohol spectrum disorder: Examining the ethical implications for public health practices and policies. *Public Health Ethics, 9*(1), 65–77. https://doi.org/10.1093/phe/phv012

Berryessa, C.M. (2014). Judicial perceptions of media portrayals of offenders with high functioning autistic spectrum disorders. *International Journal of Criminology Sociology, 3*, 46–60. https://doi.org/10.6000/1929-4409.2014.03.04

Billstedt, E., Anckarsäter, H., Wallinius, M., & Hofvander, B. (2017). Neurodevelopmental disorders in young violent offenders: Overlap and background characteristics. *Psychiatry Research, 252*, 234–241 https://doi.org/10.1016/j.psychres.2017.03.004

Bjørkly, S. (2009). Risk and dynamics of violence in Asperger's syndrome: a systematic review of the literature. *Aggression & Violent Behavior, 14*(5), 306–312. https://doi.org/10.1016/j.avb.2009.04.003

Blasingame, G. D., Boer, D. P., Guidry, L., Haaven, J., & Wilson, R. J. (2014). *Assessment, treatment, and supervision of individuals with intellectual disabilities and problematic sexual behaviors: Informational packet.* [Education & Training Committee Report] Beaverton, OR: Association for the Treatment of Sexual Abusers.

Brandt, J., Wilson, R.J., & Prescott, D.S. (2015). Doubts about SVP programs: A critical review of sexual offender civil commitment in the US. In B. Schwartz (Ed.), *The sex offender,* Vol. 8 (pp. 5-1–5-29). Kingston, NJ: Civic Research Institute.

Brintnell, E. S., Sawhney, A. S., Bailey, P. G., Nelson, M., Pike, A. D., & Wielandt, P. (2019). Corrections and connection to the community: A diagnostic and service program for incarcerated adult men with FASD. *International Journal of Law and Psychiatry, 64*, 8-17. https://doi.org/10.1016/j.ijlp.2018.12.005

Brewer, N., Zoanetti, J., & Young, R. L. (2017). The influence of media suggestions about links between criminality and autism spectrum disorder. *Autism, 21*(1), 117–121. https://doi.org/10.1177/1362361316632097

Canada FASD Research Network. (n.d.). Media resources. https://canfasd.ca/media/media-resources/

Canada FASD Research Network. (2024). *Common messages: Guidelines for talking and writing about FASD.* https://canfasd.ca/wp-content/uploads/publications/Common-Messages.pdf

Chasnoff, I. J., Wells, A. M., & King, L. (2015). Misdiagnosis and missed diagnoses in foster and adopted children with prenatal alcohol exposure. *Pediatrics, 135*(2), 264–270. https://doi.org/10.1542/peds.2014-2171

Choate, P., & Badry, D. (2019). Stigma as a dominant discourse in fetal alcohol spectrum disorder. *Advances in Dual Diagnosis, 12*(1/2), 36–52. https://doi.org/10.1108/ADD-05-2018-0005

Cimera, R. E. (2011). Does being in sheltered workshops improve the employment outcomes of supported employees with intellectual disabilities? *Journal of Vocational Rehabilitation, 35*(1), 21–27. https://doi.org/10.3233/JVR-2011-0550

Cook, J. L., Green, C. R., Lilley, C. M., Anderson, S. M., Baldwin, M. E., Chudley, A. E.,... & Rosales, T. (2016). Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan. *CMAJ, 188*(3), 191–97. https://doi.org/10.1503/cmaj.141593

Crocker, A. G., Nicholls, T. L., Seto, M. C., Roy, L., Leclair, M. C., Brink, J.,... Côté, G. (2015). Research priorities in mental health, justice, and safety: A multidisciplinary stakeholder report. *International journal of forensic mental health, 14*(3), 205–217. https://doi.org/10.1080/14999013.2015.1073197

Declaration on Research Assessment. (2012). San Francisco declaration on research assessment. https://sfdora.org/read/

Dell, C. A., Williamson, L., McKenzie, H., Mela, M., Akca, D., Cruz, M., Ramsum, T., Sultana, S., Camacho Soto, N., & Kamal, A. H. M. (2023). Conducting Patient Oriented Research (POR) in a Forensic Psychiatric Facility: A Case Study of Patient Involvement. *International Journal of*

Forensic Mental Health, 22(2), 159–173. https://doi.org/10.1080/14999013.2022.2080305

Fardella, M. A., Burnham Riosa, P., & Weiss, J. A. (2018). A qualitative investigation of risk and protective factors for interpersonal violence in adults on the autism spectrum. *Disability & Society, 33*(9), 1460–1481. https://doi.org/10.1080/09687599.2018.1498320

Fazio, R.L., Pietz, C.A., & Denney, R.L. (2012). An estimate of the prevalence of autism-spectrum disorders in an incarcerated population. *Open Access Journal of Forensic Psychology, 4*, 69–80.

Flannigan, K., Pei, J., Rasmussen, C., Potts, S., & O'Riordan, T. (2018a). A unique response to offenders with fetal alcohol spectrum disorder: Perceptions of the Alexis FASD Justice Program. *Canadian Journal of Criminology and Criminal Justice, 60*(1), 1–33. https://doi.org/10.3138/cjccj.2016-0021

Flannigan, K., Pei, J., Stewart, M., & Johnson, A. (2018b). Fetal alcohol spectrum disorder and the criminal justice system: A systematic literature review. *International Journal of Law and Psychiatry, 57,* 42–52. https://doi.org/10.1016/j.ijlp.2017.12.008

Flannigan, K., Tremblay, M., Potts, S., Nelson, M., Brintnell, S., O'Riordan, T., Rasmussen, C., & Pei, J. (2022). Understanding the needs of justice-involved adults with fetal alcohol spectrum disorder in an Indigenous community. *Behavioral Sciences & the Law, 40*(1), 129–143. https://doi.org/10.1002/bsl.2554

Fogden, B. C., Thomas, S. D., Daffern, M., & Ogloff, J. R. P. (2016). Crime and victimisation in people with intellectual disability: A case linkage study. *BMC Psychiatry, 16*, 1–9. https://doi.org/10.1186/s12888-016-0869-7

Hanson, R. K., Gordon, A., Harris, A. J., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A journal of research and treatment, 14*(2), 169–194. https://doi.org/10.1177/107906320201400207

Harding, K. D., Wrath, A. J., Flannigan, K., Unsworth, K., McFarlane, A., & Pei, J. (2022). Fetal alcohol spectrum disorder: The importance of adopting a standard definition in Canada. *Journal of Fetal Alcohol Spectrum Disorder, 4*(S1), e5–e19. https://doi.org/10.22374/jfasd.v4iSP1.10

Harris, A. J. R., & Tough, S. (2004). Should actuarial risk assessments be used with sex offenders who are intellectually disabled? J*ournal of Applied Research in Intellectual Disabilities, 17*(4), 235–241. https://doi.org/10.1111/j.1468-3148.2004.00211.x

Heeramun, R., Magnusson, C., Gumpert, C. H., Granath, S., Lundberg, M., Dalman, C., & Rai, D. (2017). Autism and convictions for violent crimes: Population-based cohort study in Sweden. *Journal of the American Academy of Child and Adolescent Psychiatry, 56*(6), 491–497.e2. https://doi.org/10.1016/j.jaac.2017.03.011

Holland, T., Clare, I. C. H., & Mukhopadhyay, T. (2002). Prevalence of criminal offending by men and women with intellectual disability and the characteristics of offenders: implications for research and service development. *Journal of Intellectual Disability Research, 46*(S1), 6–20. https://doi.org/10.1046/j.1365-2788.2002.00001.x

Hough, M., & Roberts, J. V. (1999). Sentencing trends in Britain: Public knowledge and public opinion. Punishment & Society, 1(1), 11–26. https://doi.org/10.1177/14624749922227685

Im, D. S. (2016). Trauma as a contributor to violence in autism spectrum disorder. *Journal of the American Academy of Psychiatry and the Law, 44*(2), 184–92. https://jaapl.org/content/44/2/184

Jampolsky, F. (2018). Introduction; FASD and the revolving door of criminal justice. In E. Jonsson, S. Clarren, & I Binnie (Eds.), *Ethical and legal perspectives in fetal alcohol spectrum disorders (FASD): Foundational issues* (pp. 187–200). Springer. https://doi.org/10.1007/978-3-319-71755-5_11

Jones, J. (2007). Persons with intellectual disabilities in the criminal justice system: Review of issues. *International Journal of Offender Therapy and Comparative Criminology, 51*(6), 723–733. https://doi.org/10.1177/0306624X07299343

Kawakami, C., Ohnishi, M., Sugiyama, T., Someki, F., Nakamura, K., & Tsujii, M. (2012). The risk factors for criminal behaviour in high-functioning autism spectrum disorders (HFASDs): A comparison of childhood adversities between individuals with HFASDs who exhibit criminal behaviour and those with HFASD and no criminal histories. *Research in Autism Spectrum Disorders, 6*(2), 949–957. https://doi.org/10.1016/j.rasd.2011.12.005

Kincaid, D. L., Doris, M., Shannon, C., & Mulholland, C. (2017). What is the prevalence of autism spectrum disorder and ASD traits in psychosis? A systematic review. *Psychiatry Research, 250*, 99–105. https://doi.org/10.1016/j.psychres.2017.01.017

Långström, N., Grann, M., Ruchkin, V., Sjöstedt, G., & Fazel, S. (2009). Risk factors for violent offending in autism spectrum disorder: A national study of hospitalized individuals. *Journal of Interpersonal Violence, 24*(8), 1358–1370. https://doi.org/10.1177/0886260508322195

Lavis, J. N., Robertson, D., Woodside, J. M., McLeod, C. B., Abelson, J., & the Knowledge Transfer Study Group. (2003). How can research organizations more effectively transfer research knowledge to decision makers? *The Milbank Quarterly, 81*(2), 221–248. https://doi.org/10.1111/1468-0009.t01-1-00052

Lerner, M. D., Haque, O. S., Northrup, E. C., Lawer, L., & Bursztajn, H. J. (2012). Emerging perspectives on adolescents and young adults with high-functioning autism spectrum disorders, violence, and criminal law. *Journal of the American Academy of Psychiatry and the Law, 40*(2), 177–190. https://jaapl.org/content/40/2/177

Longstaffe, S., Chudley, A. E., Harvie, M. K., Markesteyn, T., Neault, D., & Brown, T. (2018). The Manitoba Youth Justice Program: Empowering and supporting youth with FASD in conflict with the law. *Biochemistry and Cell Biology, 96*(2), 260–266. https://doi.org/10.1139/bcb-2017-0078

Lyall, V., Wolfson, L., Reid, N., Poole, N., Moritz, K. M., Egert, S., Browne, A. J., & Askew, D. A. (2021). "The problem is that we hear a bit of everything…": A qualitative systematic review of factors associated with alcohol use, reduction, and abstinence in pregnancy. *International Journal of Environmental Research and Public Health, 18*(7), Article 3445. https://doi.org/10.3390/ijerph18073445

Mailhot Amborski, A., Bussières, E. L., Vaillancourt-Morel, M. P., & Joyal, C. C. (2022). Sexual violence against persons with disabilities: A meta-analysis. *Trauma, Violence, & Abuse, 23*(4), 1330–1343. https://doi.org/10.1177/1524838021995975

McLachlan, K., Flannigan, K., Temple, V., Unsworth, K., & Cook, J. L. (2020). Difficulties in daily living experienced by adolescents, transition-aged youth, and adults with fetal alcohol spectrum disorder. *Alcoholism: Clinical and Experimental Research, 44*(8), 1609–1624. https://doi.org/10.1111/acer.14385

McLachlan, K., Gray, A. L., Roesch, R., Douglas, K. S., & Viljoen, J. L. (2018). An evaluation of the predictive validity of the SAVRY and YLS/CMI in justice-involved youth with fetal alcohol spectrum disorder. *Psychological Assessment, 30*(12), 1640–1651. https://doi.org/10.1037/pas0000612

McLachlan, K., McNeil, A., Pei, J., Brain, U., Andrew, G., & Oberlander, T. F. (2019). Prevalence and characteristics of adults with fetal alcohol spectrum disorder in corrections: A Canadian case ascertainment study. *BMC Public Health, 19*(1), Article 43. https://doi.org/10.1186/s12889-018-6292-x

McLachlan, K., Mullally, K., Ritter, C., Mela, M., & Pei, J. (2021). Fetal alcohol spectrum disorder and neurodevelopmental disorders: An international practice survey of forensic mental health clinicians. *International Journal of Forensic Mental Health, 20*(2), 177–197. https://doi.org/10.1080/14999013.2020.1852342

Mela, M. (Ed.). (2021). *Prenatal alcohol exposure: A clinician's guide.* American Psychiatric Association. https://doi/book/10.1176/appi.books.9781615374816

Mela, M., Hanlon-Dearman, A., Ahmed, A. G., Rich, S. D., Densmore, R., Reid, D.,... Loock, C. (2020). Treatment algorithm for the use of psychopharmacological agents in individuals prenatally exposed to alcohol and/or with diagnosis of fetal alcohol spectrum disorder (FASD). *Journal of Population Therapeutics and Clinical Pharmacology, 27*(3), e1–e13. https://doi.org/10.15586/jptcp.v27i3.681

Mela, M., Wall, L., Buttinger, P., DesRoches, A., & Wrath, A. J. (2022). Rates and implications of fetal alcohol spectrum disorder among released offenders with mental disorder in Canada. *Behavioral Sciences & the Law, 40*(1), 144–158. https://doi.org/10.1002/bsl.2557

Morris, B. J., Croker, S., Masnick, A. M., & Zimmerman, C. (2012). The emergence of scientific reasoning. In H. Kloos, B. Morris, & J. Amaral (Eds.) *Current topics in children's learning and cognition*. IntechOpen. https://doi.org/10.5772/1162

Mullally, K., McLachlan, K., Jewell, E., Viljoen, J., & Rudin, J. (2023). Fetal alcohol spectrum disorder evidence in Canadian criminal cases: A case law review. *Psychology, Public Policy, and Law, 29*(4), 417–434. https://doi.org/10.1037/law0000391

Newman, S. S., & Ghaziuddin, M. (2008). Violent crime in Asperger syndrome: The role of psychiatric comorbidity. *Journal of Autism and Developmental Disorders, 38*(10), 1848–1852. https://doi.org/10.1007/s10803-008-0580-8

Novick Brown, N., Connor, P. D., & Adler, R. S. (2012). Conduct-disordered adolescents with fetal alcohol spectrum disorder: Intervention in secure treatment settings. *Criminal Justice and Behavior, 39*(6), 770–793. https://doi.org/10.1177/0093854812437919

Olson, H. C., Pruner, M., Byington, N., & Jirikowic, T. (2023). FASD-informed care and the future of intervention. In O. A. Abdul-Rahman, C. L. M. Petrenko (Eds.), *Fetal Alcohol Spectrum Disorders: A Multidisciplinary Approach* (pp. 269–362). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-031-32386-7

Patel, D. R., Cabral, M. D., Ho, A., & Merrick, J. (2020). A clinical primer on intellectual disability. *Translational Pediatrics, 9*(Suppl. 1), S23–S35. https://doi.org/10.21037/tp.2020.02.02

Pei, J., Flannigan, K., Walls, L., & Rasmussen, C. (2016). Interventions for fetal alcohol spectrum disorder: meeting needs across the lifespan. *International Journal of Neurorehabilitation, 3*(1), Article 192. https://www.hilarispublisher.com/open-access/interventions-for-fetal-alcohol-spectrum-disorder-meeting-needs-acrossthe-lifespan-2376-0281-1000192.pdf

Pei, J., Joly, V., Kennedy, K., & Flannigan, K. (2024). *Towards healthy outcomes: A framework for integrated community intervention.* Canada FASD Research Network in collaboration with the University of Alberta. https://canfasd.ca/wp-content/uploads/publications/Towards-Healthy-Outcomes-2.0.pdf

Pei, J., Kapasi, A., Kennedy, K. E., & Joly, V. (2019). *Towards healthy outcomes for individuals with fetal alcohol spectrum disorder.* Canada FASD Research Network in collaboration with the University of Alberta. https://canfasd.ca/wp-content/uploads/publications/Final-Towards-Healthy-Outcomes-Document-with-links.pdf

Pierre, J. M. (2019). Integrating non-psychiatric models of delusion-like beliefs into forensic psychiatric assessment. *Journal of the American Academy of*

Psychiatry and the Law, 47(2), 171–179. https://doi.org/10.29158/JAAPL.003833-19

Reid, N., Kent, N., Hewlett, N., Bagley, K., Tsang, T. W., Goldsbury, S.,... Hayes, N. (2023). Factors to be considered as part of a holistic assessment for fetal alcohol spectrum disorder: A scoping review. *Alcohol: Clinical and Experimental Research, 47*(11), 2007–2021. https://doi.org/10.1111/acer.15191

Reid, N., Kippin, N., Passmore, H., & Finlay-Jones, A. (2020). Fetal alcohol spectrum disorder: The importance of assessment, diagnosis and support in the Australian justice context. *Psychiatry, Psychology and Law, 27*(2), 265–274. https://doi.org/10.1080/13218719.2020.1719375

Renwick, R. (2016). Rarely seen, seldom heard: People with intellectual disabilities in the mass media. In K. Scior & S. Werner (Eds.) *Intellectual disability and stigma: Stepping out from the margins*, 61–75. Palgrave Macmillan, London. https://doi.org/10.1057/978-1-137-52499-7_5

Roach, K., & Bailey, A. (2009). The relevance of fetal alcohol spectrum disorder and the criminal law from investigation to sentencing. *University of British Columbia Law Revue, 42*, 1–68. https://ssrn.com/abstract=1616843

R. v. Harris, 2002 BCPC 33, BCCA 152.

R. v. Minassian, 2021 ONSC 1258.

Robinson, H. & Herring, J. (2024). Naming and describing disability in law and medicine. *Cambridge Quarterly of Healthcare Ethics, 33*(3), 401–412. https://doi.org/10.1017/S0963180123000609

Scior, K., Hamid, A., Hastings, R., Werner, S., Belton, C., Laniyan, A., Patel, M. & Kett, M. (2020). Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe. *Journal of Policy and Practice in Intellectual Disabilities, 17*(2), 165–175. https://doi.org/10.1111/jppi.12330

Scragg, P., & Shah, A. (1994). Prevalence of Asperger's syndrome in a secure hospital. *British Journal of Psychiatry, 165*(5), 679–82. https://doi.org/10.1192/bjp.165.5.679

Sobsey, R. & Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality and Disability, 9*, 243–259. https://doi.org/10.1007/BF01102395

Stewart, M. (2016, August 30). Youth & Adults with FASD [Conference presentation]. In K. Glannigan (Ed.). *Fetal Alcohol Spectrum Disorder Research Priority Setting Session held on August 30, 2016, in Regina, Saskatchewan* (pp. 5–6) Canada FASD Research Network https://canfasd.ca/wp-content/uploads/2017/01/2016-FASD-Research-Priority-Report-FINAL.pdf

Torrey, E. F., Kennard, A. D., Eslinger, D., Lamb, R., & Pavle, J. (2010). *More mentally ill persons are in jails and prison than hospitals: A survey of the States*. Alexandria, VA: National Sheriffs Association/Treatment Advocacy Center. https://www.sheriffs.org/sites/default/files/uploads/Final%20Jails%20v%20Hospitals%20Study.pdf

Tough, S. E. (2001). *Validation of two standard risk assessments (RRASOR, 1997; STATIC-99, 1999) on a sample of adult males who are intellectually disabled with significant cognitive deficits.* (master's thesis). University of Toronto, Toronto, ON, Canada. https://www.collectionscanada.gc.ca/obj/s4/f2/dsk3/ftp04/MQ58817.pdf

Werner, S., & Abergel, M. (2018). What's in a label? The stigmatizing effect of intellectual disability by any other name. *Stigma and Health, 3*(4), 385–394. https://doi.org/10.1037/sah0000108

Westphal, A. (2016) Trauma and violence in Autism. *Journal of the American Academy of Psychiatry and the Law, 44*(2) 198–199. https://jaapl.org/content/44/2/198

White, S. G., Meloy, J. R., Mohandie, K., & Kienlen, K. (2017). Autism spectrum disorder and violence: Threat assessment issues. *Journal of Threat Assessment and Management, 4*(3), 144–163. https://doi.org/10.1037/tam0000089

Wilkinson, E., Vo, L. T. V., London, Z., Wilson, S., & Bal, V. H. (2022). Parent-reported strengths and positive qualities of adolescents and adults with autism spectrum disorder and/or intellectual disability. *Journal of Autism and Developmental Disorders, 52*(12), 5471–5482. https://doi.org/10.1007/s10803-021-05405-x

Wilson, R.J. & Burns, M. (2011). Intellectual disability and problems in sexual behaviour: Assessment, treatment, and promotion of healthy sexuality. Holyoke, MA: NEARI press.

Wilson, R. J., Cortoni, F., McWhinnie, A. J. (2009). Circles of support & accountability: A Canadian national replication of outcome findings. *Sexual Abuse, 21*(4), 412–430. https://doi.org/10.1177/1079063209347724

Wilson, R. J., Prescott, D. S., & Burns, M. K. (2014). People with special needs and sexual behaviour problems: Balancing community and client interests while ensuring effective risk management. *Journal of Sexual Aggression, 21*(1), 86–99. https://doi.org/10.1080/13552600.2014.943815

World Health Organization. (2024). *International statistical classification of diseases and related health problems* (11thd ed.). https://icd.who.int/

Wu, F., & Huberman, B. A. (2008, December). How public opinion forms. In C. Papadimitriou & S. Zhang (Eds.). *Internet and Network Economics. WINE 2008* (pp. 334–341). Springer, Berlin, Heidelberg. https://doi.org/10.1007/978-3-540-92185-1_39

YWCA Metro Vancouver. (2021). The FASD dictionary. https://fasddictionary.ywcavan.org/