

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Autism Spectrum Disorder: Understanding and Management through Countering Violent Extremism Strategies

A thesis presented in fulfillment of the requirements for the degree of

Master of Health Science

In

Psychology

At Massey University, New Zealand

Amy Power

2022

ABSTRACT

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterised by persistent social and cognitive deficits presenting in adolescent developmental phase. There are three categories of impairment that can occur; language skills, social behaviour, and cognitive functioning, which can lead to atypical interpretations of surrounding environments. Although expression of ASD characteristics varies across individual circumstances, common behaviours identified across the cohort are suggested to influence perceptions of social law and consequences, and susceptibility to radicalisation to violent extremism. Violent extremism (VE) is a global problem that has led countries such as New Zealand, Australia, United Kingdom, and Canada, to develop Counter-Violent Extremism strategies to minimize the impact of VE. The current research explores how these strategies attend to the specific needs and impairments of autistic individuals. Chapter one explores autism and violent extremism and how they may link. Examination is made of the current understandings around autism and how this neurodevelopmental disorder may be linked with expressions of violent extremism. Chapter two provides an account of the chosen methodology of Document Analysis, the analysis processes undertaken and the ethical considerations. Chapter three provides the results of the study, structured by way of themes and sub-themes found across the dataset. The final chapter consists of a discussion regarding each theme and how it corroborates with previous research. This chapter will also explore the strengths and limitations that occurred when implementing this study and outlines any recommendations of future research direction.

Acknowledgements

To my supervisor, Dr Veronica Hopner, thank you for your ongoing support over the last few years. The guidance, patience, and support you have shown me are greatly appreciated and I would not have been able to complete this research without you. To my whānau and friends, you have continuously encouraged me to be the best I can be. With your love and support, I know I can achieve great things.

Contents

<u>ABSTRACT</u>	2
<u>List of Tables</u>	6
<u>Differential Diagnosis</u>	9
<u>Violent Extremism</u>	12
<u>Radicalisation Process</u>	14
<u>Theory of mind</u>	17
<u>Psychiatric Comorbidity</u>	19
<u>Social Communication</u>	20
<u>Current Research Focus</u>	23
<u>Chapter Two: Method</u>	27
<u>Methodology</u>	27
<u>Ethical considerations</u>	33
<u>Chapter Three: Results</u>	35
<u>Countering Violent Extremism Strategies</u>	36
<u>United Kingdom</u>	36
<u>New Zealand</u>	37
<u>Australia</u>	37
<u>Canada</u>	38
<u>Non-Governmental Organisations</u>	38
<u>Themes and sub-themes</u>	40
<u>Awareness</u>	41
<u>Prevention</u>	49
<u>Intervention</u>	53
<u>Chapter Four: Discussion</u>	59
<u>Awareness</u>	59
<u>Vulnerabilities</u>	60

<u>Public Resources</u>	62
<u>Training and Education</u>	63
<u>Identification and Surveillance</u>	64
<u>Prevention</u>	65
<u>Research</u>	65
<u>Safeguarding</u>	66
<u>Support</u>	67
<u>Intervention</u>	69
<u>Challenging the Extremist Ideology</u>	69
<u>Tailored Support</u>	70
<u>Ethical Concerns</u>	71
<u>Strengths</u>	71
<u>Limitations</u>	72
<u>Recommendations for Future Research</u>	72
<u>Conclusion</u>	73
<u>References</u>	75

List of Tables

<u>Table 1: Document Type Selection per Focus Country</u>	32
<u>Table 2 Countries and the official Countering Violent Extremism Strategies</u>	35
<u>Table 3 Autism non-governmental organisations and anti-radicalisation policies</u>	39
<u>Table 4 Summary of Themes and Sub-Themes Identified using Document Analysis</u>	40

Autism Spectrum Disorder: Understanding and Management through Countering Violent Extremism Strategies

Autism Spectrum Disorder (ASD) is characterised by persistent deficits in cognitive and social interaction styles of an individual, shown through restrictive or repetitive patterns in behaviour, activities, and / or interests (American Psychiatric Association [APA], 2013; Lord et al., 2018; World Health Organisation [WHO], 2019). ASD is commonly mistaken for a mental illness; however, it is a neurodevelopmental condition (AutismNZ, 2021, B). Neurodevelopmental disorders are described as growth and development impairments of the brain and/or central nervous system (Thapar et al., 2016). The term ‘neurodevelopmental’ can be applied to a wide range of disabilities encompassing brain development disruption that may affect individual emotive and learning ability, self-control, or memory. These symptoms may unfold or progress over time (Ouellette & Lacoste, 2021). Conditions included under the ‘neurodevelopmental’ terminology include cerebral palsy, epilepsy, and attention deficit hyperactivity disorder (ADHD) (Thapar et al., 2016).

Neurodevelopmental disorders such as ASD are differentiated from mental illness/disorders such as mood disorders and personality disorders through multiple aspects. Neurodevelopmental disorders are generally recognised at birth or during adolescence before puberty, whereas mental disorders may develop at any stage of an individual’s life (Kessler et al., 2007). Mental disorders can affect cognitive processes and thought processes (Parekh, 2018), such as the disruptions seen in schizophrenic individuals: impact to visual and auditory perceptions (distinguishing between reality and delusion/hallucination), cognitive processing speed, working and resting memory, attention ability, emotion processing, and social perception and comprehension (Green et al., 2019). However, these can be successfully treated unlike neurodevelopmental disorders which are lifelong conditions that often need managing to reduce the impact they have on an individual’s life (Thapar et al., 2017). In contrast to mental disorders, neurodevelopmental disorders such as ASD impact cognitive functioning by way of inability to attribute the mental states of oneself and others, and impairments to social (theory of mind, emotion and social perception and processing) and nonsocial (reasoning/problem solving, processing speed, vigilance, working memory) cognitive functioning (Velikonja et al., 2019).

There are three areas of development can be affected by ASD: language skills, social behaviour, and cognitive functioning – also known as the triad of impairments (Fisher et al., 2013). The atypical language skills of some autistic individuals¹ are largely impacted by their intellectual and social development. The impact to language skills may be expressed through repetitive or rigid language, uneven language development, or poor nonverbal conversation skills (NIHCD, 2020). Any disruption to language skills may result in atypical social behaviours and interaction styles leading to a potentially increased vulnerability during social situations (Jawaid et al, 2012). An individual’s social behaviour is based on their ability to sense, process, and interpret social cues (Keifer et al., 2020). A deficit in social behaviour may be expressed through an inability to develop relationships, lack of social or emotional reciprocity, lack of interest in others, or a lack of sharing interests with others (Barak, & Gend, 2016). Cognitive functioning deficits encompass emotion recognition, social reasoning, and perspective talking. When cognitive functioning is impaired, social situations may be misread and individuals may struggle to form relationships (Keifer et al., 2020; Lipton & Nowicki, 2009). When considering the triad of impairment for ASD, the level of impairment to each aspect; language skills, social behaviour, and cognitive functioning, will vary with the possibility of other diagnostic criteria being present.

The Diagnostic and Statistical Manual for Mental Disorders, fifth edition (DSM-V) (APA, 2013) is used to assess and obtain a diagnosis of ASD. The DSM is an assessment manual developed to allow for diagnosis, measurement, and treatment of psychiatric disorders (Regier, 2009). This DSM has been adapted over time from the first edition, published 1952 by the American Psychiatric Association (APA), to the current fifth edition, published in 2013. This manual is used by numerous organisations across the globe; the National Institutes of Health, National Institute of Drug Abuse, National Institute of Alcoholism and alcohol abuse, the World Health Organisation (WHO), and the World Psychiatric Association (WPA) (Vahia, 2013).

¹Identifier-first terms such as ‘autistic individual’ are suggested to be more accepted within the autistic community. (Autism New Zealand [AutismNZ], 2021, B; Kenny et al., 2016; Lai et al., 2019 (The United Kingdom National Autistic Society, 2021). Therefore, when referring to an individual with autism, in this study the term ‘autistic individual’ will be used as this is the contemporary preference. Other appropriate terms suggested including ‘person/child on the autism spectrum’, ‘has an autism diagnosis’ or ‘disabled person/person with a disability’ (National Autism Society, 2021, B).

Within the DSM-V, there are five criteria that must be met to reach a diagnosis of ASD. As described by the DSM-V, criterion A describes that an individual must experience persistent deficits in their ability to communicate and interact across multiple social contexts. This can be identified through three categories: social-emotional reciprocity, nonverbal communication behaviours, and/or developing, maintaining, and understanding interpersonal relationships (APA, 2013). Criterion B refers to the presences of restricted, repetitive patterns of behaviour, interests, or activities. Four categories of these behaviours are further described, specifying at least two out of the four categories must be present, either stereotyped or repetitive motor movements, ritualized patterns or strict routine, highly restricted fixated interest, and/or hyper- or hypo reactivity to sensory input (APA, 2013). Criterion C states symptoms must be present during the early development stage for the individual. Furthermore, these symptoms must cause significant impairment to functioning, specifically social, occupational, and behavioural, as suggested in criterion D. Criterion E states these symptoms must not be better explained by an intellectual disability or global developmental delay (APA, 2013). This is important as implications can arise when assessing symptom characteristics as differential and incorrect diagnoses could be given. According to the DSM-V (APA, 2013), there are seven differential diagnoses that could be given instead of ASD due to similarities between different disorders. These are: Rett syndrome, Selective mutism, Language disorders, Intellectual disability, Stereotypic movement disorder, Attention-deficit/hyperactivity disorder (ADHD), and Schizophrenia. However, although there are similarities between each diagnostic criterion, certain factors allow for distinguishment between disorders. The DSM-V also considers that to reach a diagnosis of ASD, symptoms must be at odds with the individual's cultural norms as aspects such as social interaction, nonverbal communication and relationship development and maintenance vary between cultures

Differential Diagnosis

Historically, ASD was defined as a rare disorder that developed during adolescence, however, this disorder has become recognised as common and heterogeneous, affecting a large variety of individuals across the population (Lord et al., 2018). Prevalence rates vary between countries with some Western countries reporting a prevalence of around 1 in 100 (Sun et al., 2019). For example, some research estimates around 1 in 68 children (1.4 in 100

with a population of 326.8 million in 2018 (The World Bank, 2022, I)) are affected by ASD in the United States of America (Campisi et al., 2018). New Zealand (AutismNZ, 2021, B) reports an estimated 1 in 54 (1.8 in 100 with a population of 5 million (The World Bank, 2022, G)) people affected by ASD. Additionally, ASD prevalence for the United Kingdom is estimated at 1 in 100 (Chauhan et al, 2019) with a population of 66.84 million (The World Bank, 2022, J); Australian ASD prevalence estimated at 0.7 in 100 (Australian Government, 2017) with a population of 24.6 million (The World Bank, 2022, A); and Canadian ASD prevalence estimated at 1 in 66 (Pagalan et al., 2019) (1.5 in 100) with a population of 35.7 million (The World Bank, 2022, B).

Less is known about the prevalence of ASD in non-western countries. ASD research is heavily skewed towards high-income countries (typically western) due to accessibility to screening assessments (de Leeu et al., 2020). It is further argued that families who live in poverty where disease, housing, or safety is of primary concern may be less concerned with focusing on the triad of impairment (Leeuw et al., 2020; Norbury & Sparks, 2013). In other cultural settings, there may also be stigma surrounding developmental disorders such as ASD. An autistic child and their family may be viewed negatively with cause attributed to things such as parental or family faults or the outcome of witchcraft (Cappiello & Gahagan, 2009; Dyches et al., 2004).

Notwithstanding limited research in non-western settings, a population-based case study (Elsabbagh et al., 2012) has been evaluated to produce average autism prevalence rates in countries such as China (13 per 10,000 with a population of 1.344 billion (The World Bank, 2022, C)), Indonesia (11.7 per 10,000 with a population of 245.1 million (The World Bank, 2022, D)), Korea (189 per 10,000 with a population of 49.94 million (The World Bank, 2022, F)) (Kim et al., 2011), Japan (181.1 per 10,000 with a population of 128.1 million (The World Bank, 2022, E)) (Kawamura et al., 2008), and Sri Lanka (100 per 10,000 with a population of 20.12 million) (Perera et al., 2009; The World Bank, 2022, H).

The onset and expression of symptoms of autism vary depending on individual circumstances such as age, gender, and personality, (Ministry of Health, 2020). Autism is considered one of the most heritable neurodevelopmental disorders (Hallmayer et al., 2011), late parental age, and low birth weight, are also implicated in ASD (APA, 2013). Multiple studies suggest although both parental ages can influence risk of ASD, advanced maternal

age (older than 30 years of age) was the more dominating risk factor to be considered (Croen et al., 2007; Durkin et al., 2008; Itzchak et al., 2011). Additionally, low birth weight may contribute to developmental and growth problems, explaining the link for higher rates of ASD. Previous research suggests low birth weight (<2500g) can increase the risk of ASD by twofold (Schendel & Bhasin, 2008). Historically, there has been controversy over potential links between vaccinations and autism. However, epidemiological studies over the years have not found any link to suggest vaccinations may cause ASD (DeStefano, 2007; Dixon, & Clarke, 2013; Fombonne, 2020).

The onset of symptoms is typically identified during the early developmental (12-24 months of age) phase of the individual (APA, 2013; King & Murphy, 2014; Ministry of Health, 2020). However, as the name of the disorder suggests, ASD is a spectrum disorder indicating varying levels of impairment and can be identified earlier. As such, the level of support required to achieve relative independence fluctuates, with some requiring continuous care depending on symptom severity (Campisi et al., 2018).

It appears that there is higher ASD prevalence in males than females with a traditional estimated ratio of 4:1 male: female (Lai et al., 2015; Fombonne, 2009; Krikovski et al., 2013; Mattila et al., 2011; Whiteley et al., 2010). Although literature to explain this difference is limited, understanding the implications of ASD in a female cohort can be described at both functioning ends of the spectrum (low- or high-functioning autism). Although the lower-functioning side of the autism is predominantly male, more severe cognitive impairment may be recognised within a female ASD cohort. Additionally, when focused on the higher functioning end of the spectrum, higher cognitive functioning profiles and association of comorbid conditions may mask or reduce the expression of ASD symptoms in a female ASD cohort, increasing the likelihood of under- or misdiagnosis (Dworzynski et al., 2012; Kim et al., 2011). As such, the level of support required to achieve relative independence fluctuates, with some requiring continuous care depending on symptom severity (Campisi et al., 2018).

Personality traits of an individual may also be implicated in the expression of autism. Autistic children have been shown to express lower levels of extraversion, emotional stability (self-confidence and emotional well-balance), imagination (openness to unfamiliar experiences), benevolence (empathy tendency), and conscientiousness (impulse control) compared to non-autistic children (de Pauw et al., 2011). These five factors are also known as the Five Factor Model (FFM) or OCEAN Model. This model of personality is widely

accepted internationally and describes personality as a five-dimensional space, consisting of traits measured on a scale of introversion and extroversion: openness (Curiosity and imagination), conscientiousness (self-discipline), extroversion (sociability), agreeableness (empathy, easygoing), and neuroticism (emotional stability) (Durupinar et al., 2016; Durupinar et al., 2011; Guy et al., 2011; Hooker & McAdams, 2003).

Understanding patterns in personality traits of autistic individuals may help with identification and understanding of emotive and behaviour expression later in life (Hepburn, 2003; de Pauw et al., 2011).

It is important to acknowledge and understand the multiple factors that influence the diagnosis of ASD and symptom expression. Factors include biological (parental age, birth weight, gender, and family genetic history), psychological (personality, comorbidity), and sociocultural (social culture, location, wealth). Although each factor may not be associated with every autistic individual, the factors that are present can be identified through the triad of impairment. This means that although ASD is developed and expressed dependent on individual circumstance, similarities can be understood and identified in terms of impairments to language skills, social behaviour, and cognitive functioning.

Violent Extremism

The expression of impaired social behaviour and cognitive functioning (such as poor social skills, dangerous repetitive behaviour, lack of empathy, and social naiveté) are suggested to influence the ability for an autistic individual to fully understand social law and its consequences, increasing their likelihood of being involved in criminal activity, either as a victim or perpetrator (Cheely et al., 2012; Chown, 2010; Mayes, 2003). For example, an autistic individual may act in a way they perceive as legal and proper, however, their behaviour may be illegal. The cognitive functioning deficit has influenced the autistic individual's perception of acceptable lawful behaviour. Additionally, their impaired ability to understand social cues, reinforces their perception of criminal and societal law (Chown, 2010; Lerner et al., 2012).

A stigma surrounding ASD and criminal behaviour has developed over recent years due to media coverage and focus, however, previous research suggests autism has limited

association with criminal behaviour (Heeramun et al., 2017; Lunderström et al., 2013; Slaughter et al., 2019). Relevant factors such as genetics, environment, comorbidity, or interpersonal triggers may better explain criminal behaviour in autistic individuals as they may also contribute to criminality for non-autistic individuals (Slaughter et al., 2019; Walter et al., 2020). For example, one study found 33 (26%) autistic individuals within an offending cohort of 126, however, out of those 33 offenders, 16 presented with comorbidity (Allen et al., 2008). Comparatively, a study on offending behaviours within an autistic cohort (N=609), only 5% (n=32) were found to have engaged in criminal behaviour (Cheely et al., 2012).

More recently there have been links made between susceptibility to Violent Extremism (VE) for individuals with autism (Al-Attar, 2018; Walter et al., 2021; Woodbury-Smith et al., 2022). The term Extremism refers to “any theory (generally political or religious) that holds to uncompromising and rigid policies or ideologies” (Walker, 2017, p.1). Sotlar (2004) further outlines how extremism, in all its forms (such as terrorism, racism, left- or right-wing political radicalism, or interethnic and inter-religious hatred) allows for identification of groups that are not morally, ideologically, or politically in accordance with formal and informal norms of society. Behaviours of VE may look like terrorism (the planning, supporting, committing terrorist acts), assault (serious physical assault motivated by one’s ideology), or serious vandalism (property damage or arson motivated by one’s ideology such as setting fire to a Mosque) (Royal Commission NZ, 2021) This indicates extremist groups are typically intolerant towards others that do not reciprocate their ideologies and beliefs (Sotlar, 2004).

These ideologies and beliefs can motivate individuals in extremist groups to behave in a certain way to further their extremist ideologies. This could be conducted through violent or non-violent acts (Pressman & Flockton, 2012; Walker, 2017). The use of violent behaviour to further an extremist ideology is referred to as Violent Extremism but can be mistaken and identified as terrorism or acts of terrorism as there is no universal definition of both terrorism and VE, unsurprisingly leading some legal jurisdictions to not differentiate between the two terms (Horgan & Horgan, 2014; Pressman & Flockton, 2012). However, a difference can be explained by way of the type of act committed. For example, an individual may be charged for an unlawful act such as arson or murder rather than terrorism depending on the motivating ideology (Pressman & Flockton, 2012). Despite this, the current study has chosen to highlight VE as the focus due to the limited available previous research and understanding between VE and ASD. Therefore, the current study proposes to define violent extremists as a group or

individual using intentional violent acts that induce fear with the intent to coerce or intimidate governments or societies to further their ideological, political, or religious beliefs (Pressman & Flockton, 2012; Walker, 2017).

There is no empirical evidence to suggest that autistic people are more susceptible to radicalisation (Walter et al, 2021) or being over-represented in convictions of violent extremism or terrorism (Al-Attar, 2018) This is due to numerous factors such as research sample (Maras et al., 2015), co-morbidity considerations (Woodbury-Smith et al., 2022), and types of VE (Corner et al., 2016).

Earlier studies have included small sample sizes, making findings difficult to generalize or studies which did not have balanced comparative samples (ASD to non-ASD cohorts), making assumptions on ASD populations inconclusive (Maras et al., 2015). Additionally, comorbidity must be taken into consideration. Comorbidity must be explored and/or acknowledged when conducting research involving an autistic cohort due to the prevalence of comorbidity and the affects it may have on behaviour expression, and in turn criminal progression (Langstrom et al., 2009; Rava et al., 2017; Slaughter et al., 2019),

Furthermore, earlier studies provide little to no distinction between activities committed by violent extremists such as those acting as a group compared to lone actors. As the term suggests, lone actors are individuals who act without the guidance or support of a group in the planning, preparation, and execution of an attack or threat (Corner et al, 2019; De Roy van Zuijdewijn & Bakker, 2016). When investigating autism regarding lone actors, understanding how lone actors differentiate from group actors is important. For example, lone-actors, solo-actors (expression of VE alone but motivated and controlled by group ideology), lone-dyads (a group of two individuals), and terrorist members (Corner et al., 2016). Each grouping involves their own defining characteristics, functioning, and roles (bomb-making compared to bomb-planting).

Despite this, previous research does suggest there are aspects or facets of autism that make autistic people potentially susceptible to radicalisation. These facets of autism are discussed below but first we must consider general understandings around processes of radicalisation.

Radicalisation Process

Acts of violence to further an extremist ideology are not considered a single, immediate action, but a potential outcome of the process of gradual exposure and socialization to the extremist ideology (Walker, 2017), otherwise known as ‘Push’ or ‘Pull’ factors. Push factors can be described as conditions or circumstances in an individual's life that pushes them away from mainstream society, increasing susceptibility and relatability to extremist ideologies (Jacobsen, 2017; Tarras-wahlberg, 2016). In contrast, pull factors draw individuals into accepting extremist ideologies, utilizing positive incentives such as offering social acceptance, support, identity, and security (Al-Attar, 2018; Jacobson, 2017; Tarras-Wehlberg, 2016).

Given the number of variables that act as push or pull influences increasing vulnerability, motivation, and opportunity, there is no singular process in which an individual becomes radicalised into extremist violent or non-violent groups (Borum, 2014). Therefore, it is unsurprising numerous sociological and psychological models have been developed to explain potential processes of radicalisation. These models of processes of radicalisation include Moghaddam’s Staircase to Terrorism (2005), and Borum’s Four-Stage Model of the Terrorist Mindset (2003). Although each model is different in process and stages, similar concepts can be identified (Angus, 2016).

The Staircase to Terrorism (Moghaddam, 2005), consist of five ‘floors’ (stages) beginning with a desire to improve current circumstances. Unsuccessful attempts lead to feelings of injustice and aggression towards a perceived enemy, which overtime, increases sympathies and ‘pushes’ to create connections with extremist ideologies and groups that holds similar beliefs. Some sympathisers, proceed to affiliate themselves within the group, potentially leading to violent acts to be committed (Moghaddam, 2005). Comparatively, Borum’s (2003) four-stage model begins with the identification of an undesirable event or condition by an individual or group such as economic (poverty, unemployment) or social (government-imposed restrictions) (Borum, 2003). This stage can involve numerous attempts at rectifying the undesirable circumstance, similar to the first stage of The Staircase to Terrorism (2005). From this stage the individual or group begin to view the conditions as an ‘injustice’ and unfair treatment. These negative feelings and emotions are subsequently directed at a person or group who is deemed responsible for the injustice (Borum, 2003). Finally, the identified ‘responsible’ party is consequently viewed as ‘evil’, facilitating the pathway towards violence. This allocation of blame allows for justification of aggression,

dehumanizing a target, and casting 'victim' mentality to those who are suffering the injustice (Borum, 2003).

From these two models, the similarities for exploring the pathway to radicalisation are clear. Firstly, an event/condition is perceived as undesirable and unjust. Following is the allocation of blame towards an identified target which can involve connecting with other like-minded individuals who share similar perceptions. This results in the increased likelihood of violent acts to be performed in an attempt to rectify the identified injustice towards those prescribed blame.

Each model includes factors of background, trigger, indemnification, and opportunity (Angus, 2016; Borum, 2011; Walker, 2017). However, through the process of developing extremist ideologies, an individual may incorporate common group ideologies into their own, but not necessarily identify or connect to a specific group (Peddell et al., 2016). This individualized extreme belief and motivation can lead to acts of violence by a singular perpetrator, otherwise known as lone actors. However, there is a debate across previous literature surrounding the interaction a lone actor may have with extremist groups (Kenyon et al., 2021). Some research suggests lone actors communicate with others or become radicalised through group grievances but ultimately decide to act alone. By having an association with extremist groups, the lone actor may gain access to propaganda, weapons, or valuable intelligence (Becker, 2016; Corner et al., 2019; Gill & Corner, 2015). Moreover, other research proposes lone actors develop their ideologies through a combination of personal grievances and preexisting ideologies. However, the individuals are isolated and lack the social skills to connect with a group, a trait identified in ASD individuals (Gattinara et al., 2018; Lindekilde et al., 2019, A; Lindekilde et al., 2019, B).

Al-Attar (2020) discussed seven facets of ASD that may link to both push and pull factors for autistic individuals in pathways leading to violent extremism. These are: rigid and constricted interests, vivid fantasy, and social imagination, need for order, routine and predictability, repetition and obsession, communication difficulties, cognitive styles, and sensory processing. These facets are also identified in previous studies such as Howlin (2004), who further proposed other factors that might influence radicalisation of autistic individuals and lead to VE behaviour. These include a; disruption to structure and routine or following an overly strict routine and obsessional interest, and lack of social understanding leading to vulnerability to manipulation. These often common characteristics of ASD are known to correspond with increased computer usage (specifically social media websites) as

an alternative pathway for communication (Burke, et al., 2010). Online communication platforms have recently increased potential pathways for radicalisation due to their versatility and simplicity (Conway, 2017). Creating websites can be achieved by anyone and the desired messages can be controlled by the creator, unlike other media coverage such as those presented on televisions or by news reporters (Aly et al., 2017). Consequently, those who frequent online communication platforms (such as autistic individuals), can be subjected to increased extremist propaganda and ideologies (Barber, 2017). Combined with their impaired social skills, this may create opportunities for ASD individuals to adopt extremist ideologies and become involved in processes of radicalisation (Barber, 2017).

Furthermore, social media platforms may act as ‘pull factors’ when autistic individuals utilize them in search for answers or solutions to an event/circumstance perceived as unjust, whilst attempting to connect with other ‘like-minded’ individuals (Aly et al., 2017; Little et al., 2021; Walter et al., 2020). By using these online platforms, autistic individuals are exposed to extremist ideologies, increasing their risk of radicalisation.

Despite exposure to VE ideologies through online pathways, a combination of other factors such as deficits in abstract thought, and impaired social skills may result in the development of strong ideologies. Difficulties may present in conceptualising the consequences of VE behaviours (Cheely et al., 2012; O’Sullivan, 2018). However, three features of ASD are suggested to hold the greater influence over ideology formation and VE expression: impaired theory of mind, co-morbidity, and social comprehension (Howlin, 2004, p. 302; King & Murphy, 2014).

Theory of mind

The sometimes-challenging behaviours of autistic individuals are often considered a means of communication (Leno et al., 2019). These wide-ranging behaviours include severe non-compliance, aggression, temper tantrums, and self-injurious behaviour (Leno et al., 2019; Weiss, 2003). When these challenging behaviours occur in correspondence with the preexisting deficits associated with ASD, learning, development, and social participation may be negatively affected (Holden & Gitlesen, 2006). In turn, from the innate desire to be accepted (Cage et al., 2018), an autistic individual may align themselves with a specific ideology in an attempt to be accepted (Borum, 2014). Furthermore, it is this social need that

connects aspects of radicalisation to a social process, not just an ideological one as the initial attraction is often the group or sense of community and the formation of ideologies are a by-product of group initiation (Munton et al., 2011).

When this social need is combined with challenging behaviours, there is a risk in autistic individuals becoming recruited into extremist, or violent extremist groups (Faccini & Allely, 2017). Furthermore, this risk is only heightened when considering how “Theory of Mind” (ToM) is influenced by ASD. ToM refers to one’s ability to perceive, interpret and understand how another individual may think, feel, or behave in different circumstances by assessing that individual’s ideas, beliefs, values, and experiences (Borum, 2014). This includes the ability to be aware of and reflect upon the full range of mental states of others (beliefs, desires, intentions, imagination, emotions, etc.) and their actions that result from these mental states (Baron-Cohen, 2000). In short, ToM is the ability to perceive and predict how an individual will react and why they have reacted based on what they thought to be true compared to reality. When there is a conflict between what is thought to be true and what is reality, a working ToM allows an individual to understand (through reading social cues and previous experience) how and why another may behave due to this conflict in their belief. (Frith & Frith, 2005). Comparatively, an impaired ToM lacks this ability to identify and understand another’s behaviour. The triad of impairment, as identified in autistic individuals, is believed to affect ToM functioning. This is because impairments such as an inability of intention and emotion reasoning (emotion regulation, empathy, and moral reasoning) are vital to successful ToM (Andreou & Skrimpa, 2020; Lerner et al., 2012). For example, individuals with atypical functioning ToM are not able to recognise and process the emotions that are displayed on another’s face (social cues), impacting their understanding of another’s behaviour and the current social circumstance. For successful social interactions, being able to understand and recognise the thoughts, feelings, and intentions of others is imperative. Furthermore, the ability to process and recognise social cues allows for understanding of the socioemotional world (Lipton & Nowicki, 2009).

Therefore, combining impaired ToM, challenging behaviours, and deficits to social comprehension and interaction style, may lead to the development of strong ideologies (Howlin, 2004, p. 302; King, & Murphy, 2014; Lerner et al., 2012). Furthermore, VE behaviour may evolve or accelerate due to manipulation and peer pressure by others due to the autistic individual’s social deficits, and a need to be accepted and included by others (Clemmow, 2021; King & Murphy, 2014; Svennevig et al., 2021). A susceptibility to

manipulation may be heightened if a comorbid diagnosis is present for the individual (King & Murphy, 2014; Svennevig et al., 2021).

Psychiatric Comorbidity

Previous research suggests comorbidity of psychiatric disorders in autistic individuals are not uncommon (Ghaziuddin & Zafar, 2008; Joshi et al., 2013; Munesue et al., 2008; Van Steensel et al., 2012). Most prevalent disorders include such as mood and anxiety disorders, intellectual disability, psychosis, or personality disorders (Joshi et al., 2013). It was found that 57.5% of 40 ASD children had at least one comorbid disorder (Van Steensel et al., 2012), whilst other research indicates that 50-70% of ASD children have additional psychiatric disorders (Ghaziuddin & Zafar, 2002). The severity of ASD may also contribute to the rate of comorbidity and how prominent expressions of the comorbid disorder is (Doshi-Velez et al., 2014).

Previous research suggests the presence of VE and offending behaviours in a cohort of autistic individuals with co-morbid psychiatric diagnoses is better explained as a function of the co-morbid diagnosis and not ASD (King & Murphy, 2014; Mouridsen, 2012). Previous literature points to higher levels of psychiatric diagnoses within a VE cohort than ASD such as Major Depressive Disorder, Avoidant-Dependent Personality Disorder, and Schizophrenia (Bhui et al., 2014; Corner et al., 2016; Merari, 2010; Merari et al., 2009; Rousseau et al., 2019). However, this does not fully exclude the potential involvement of ASD characteristics affecting the expression of VE behaviours (Corner et al., 2016). The characteristics of ASD present (which differ from individual to individual) may influence the pathway of radicalisation and role adopted by the individual once radicalised (Al-Attar, 2018). For example, rigid and fixed beliefs, as identified in autistic individuals may influence their involvement in VE behaviours and activities (Al-Attar, 2018). Nevertheless, further implications and impairments of psychiatric disorders arguably contribute to increased likelihood of extreme belief formation and expression of violent behaviours within an autistic cohort (King & Murphy, 2014; Mouridsen, 2012).

Previous research has associated high prevalence of ASD and psychiatric disorders in lone actors (Corner et al., 2019; De Roy van Zuijdewijn & Bakker, 2016; Peddell et al., 2016;

Rahmani et al., 2019). For example, Corner and Gill (2015) found lone actors were around 13 times more likely to have psychological or developmental disorders than extremist groups. Additionally, Spaaij (2010) reported three of five cases of alleged lone actors presented with personality disorder symptoms. Furthermore, Corner et al (2016) concluded high prevalence of schizophrenia, delusional disorder, and ASD in a cohort of lone actors than in the general community. This can be explained through the social communication deficits that accompany ASD and specific psychiatric disorders, as it is suggested lone actors are typically isolated and/or detached from society (Corner et al., 2019; Peddell et al., 2016).

Social Communication

A widely recognised feature of ASD is the impairment in social communication. This may provide an explanation towards understanding risk around autistic individuals taking up strong ideologies and engaging in VE as, social communication deficits were found to be associated with an increased risk of violent acts and aggression (Del Pozzo et al., 2018).

Social communication deficits are a disadvantage during social situations and evidence suggests that violent acts by autistic individuals were in part motivated by misinterpretations of interpersonal communications (Murrie et al., 2002). These social communication deficits can also leave autistic individuals vulnerable to manipulation (Lazzaro et al., 2019; White et al., 2017), by others as they are unable to fully grasp the consequences of their actions or others' (Murrie, et al, 2002). Case study reviews have suggested a high rate of manipulation by others towards autistic individuals who have then gone on to commit a range of serious offences (including violent extremism) on behalf of another whose acceptance they sought (Murrie et al, 2002; Payne, 2017).

Three psychological vulnerabilities to VE have been identified: need for personal meaning and identity, need for belonging, and perceived injustice (Bhui et al, 2020; Borum, 2014). It is suggested that these vulnerabilities influence an individual's receptivity to extremist ideologies and susceptibility to manipulation towards alternative worldviews (Borum, 2014). Additionally, components of ASD may influence the potential pathway towards radicalisation to VE. These components include, restrictive interests, social imagination, need for predictability and routine, obsessional interests and repetition, social behaviour and comprehension, cognitive functioning, and sensory processing (Al-Attar, 2020). These psychological and ASD vulnerabilities can be seen as both push and pull factors

(Al-Attar, 2018; Garcet, 2020; Jacobsen, 2017). In this context, push factors could include feeling socially or culturally isolated leading to questioning individual belonging, or negative emotions over certain situations that are perceived as injustice (Al-Attar, 2018; Saltman & Smith, 2015; Tarras-Wehlberg, 2016). This push is only heightened when considering the social comprehension and behavioural impairments that are associated with ASD (Al-Attar, 2020). For example, negative social experiences (such as bullying or difficulty forming relationships) may result from social communication impairments associated with ASD. This creates the potential for resentment and anger to develop as a push factor towards VE ideologies (Al-Attar, 2020).

In addition, pull factors may be identified by feelings of anxiousness when autistic individuals are in physical social settings, this often results in retreating to the online world. This space can give then autistic individual numerous benefits such as eliminating the need to read social cues, providing time to process any interactions or content at their own speed which might not be given during physical interactions, and provides a space to explore their specific interests with the potential of connecting with like-minded individuals.

The need for meaning and identity is considered part of the human experience across cultures (Heine et al., 2006; Hogg, 2007). Psychologist Roy Baumeister (1991) suggested a sense of purpose, feeling of efficacy, individual/group values, and self-worth are the four main components that drive the need for meaning and identity. Forming personal identity is understood to be led by the fulfillment of these components. However, the steps to develop a sense of identity can induce anxiety and uncertainty within an individual, provoking some to gravitate toward existing, often extreme ideologies. The negative emotions associated with developing identity is only furthered when considering the social and communication impairments of ASD. As a result, autistic individuals may become withdrawn and isolate, or gravitate towards certain groups with an existing, structured set of beliefs, enhancing the influence held by 'push and pull' factors of radicalisation (Al-Attar, 2020). It is structure of existing beliefs and the alleviation of pressure from developing one's own ideologies that attract those who find the development of individual identity overwhelming (Borum, 2014; Hogg, 2009; Kruglanski et al., 2009; Schwartz et al., 2009). For autistic individuals, identity management strategies may be developed and utilized such as focusing on the strengths of a specific or appealing group as an attempt to relate socially and form identity (Al-Attar, 2018; Cooper et al., 2017).

The individual is further strengthened by the development of identity and ideologies by their ability to connect with other group ideologies or focus on a specific cause (Borum,

2014; Park, & Edmondson, 2011). This act of connecting with others through common ideologies is viewed as a “pull” factor as it pulls the individual towards certain groups by providing a sense of belonging (Al-Attar, 2018; Al-Lami, 2009; Baumeister et al., 2007; Munton et al., 2011). Therefore, indicating radicalisation can also be described and identified as a social process as well as ideologically focused (Munton et al., 2011). The deficits in social communication for some autistic individuals may leave them feeling isolated and socially unaccepted (Vas et al., 2015). Research suggests that this can decrease perceptions of belongingness in ASD individuals, resulting in push factors (Al-Attar, 2020; Dow et al., 2021; Vas et al., 2015)

Perceptions of injustice or humiliation is suggested to be the third psychological vulnerability to VE (Al-Attar, 2018; Brown et al., 2010). It is reasoned that three factors make up perceptions of injustice or humiliation. Initial beliefs of injustice are suggested to be perceived as intentional and therefore avoidable. There is an idea of a ‘Just World’(JW) which is used to explain why experiences or circumstances occur as a way of maintaining an “ideal” world to reduce distress and anxiety caused by acknowledging arbitrary injustice (Mendonca et al., 2016). Simplistically, JW outlines certain things happen to certain individuals for a reason. However, when situations defy this belief, anger and resentment caused by feelings of injustice are expected (Bertrams, 2020; Borum, 2014). These feelings of injustice act as a push for the individual to prescribe blame towards certain individuals or groups. Simultaneously, the individual is pulled towards groups who share similar feelings of injustice (Mendonca et al, 2016; Moffitt, 2015). When considering facets of autism regarding feelings of injustice and JW, the frequently identified need for routine, rules, and predictability may create feelings of injustice. An autistic individual may perceive the worlds demands placed on them as unfair, unjust, and unpredictable, pushing them towards susceptibility of VE ideologies. This has the potential to lead into a ‘fixated interest’, also considered a facet of autism. The individual may become fixated on finding a solution or attempting to understand the injustice, increasing the probability of uncovering extremist ideologies that present as solutions to the problem (Al-Attar, 2018). Relating to others who hold similar perceptions of injustice, may provoke the individual or group to retaliate against the group or individual who has been attributed blame (Tangney et al., 2007). The perceived injustice creates a need for the individual to either relate to others (in turn, relating back to the second psychological vulnerability of needing a sense of belonging), or react as seen accordingly to the perceived injustice.

These psychological vulnerabilities and risk factors are important to understand when developing and evaluating Counter Violent Extremism strategies.

Current Research Focus

The ever-present risk of radicalisation and VE across the globe had led to the development of Countering Violent Extremism strategies (CVE) (Chisholm & Coulter, 2017; Gielen, 2019; Walter et al., 2021). CVE strategies can work cooperatively or independently to minimize and eradicate VE and radicalisation (Kuhinja, 2020). By tracking and anticipating both the drivers and enablers of a threat, governments can develop certain CVE strategies to target a range of situations and VE influences (Walter et al., 2021). These strategies may include the passing of counterterrorism legislations, increasing security surveillance, discrediting extremist narratives, development of exit-programmes for radicalised members, and increasing societal awareness surrounding radicalisation (Gielen, 2019). Therefore, it is understandable for each CVE strategy to adopt different approaches from each other. This creates a demand for investigating multiple CVE strategies from a range of countries, such as Canada, Australia, Aotearoa New Zealand, and the United Kingdom (UK), to assess these differences and potential similarities.

These strategies include New Zealand's "Countering terrorism and violent extremism national strategy, 2020", The United Kingdom's "CONTEST: The United Kingdom's strategy for countering terrorism, 2011", The Australian "Safeguarding our community together: Australia's counter-terrorism strategy, 2022", and Canada's "National strategy on countering radicalisation to violence, 2018". However, these strategies are the current product of strategy evolution across many years.

New Zealand's CVE strategy was originally known as "International Terrorism (Emergency Powers) Act 1987" (ITEPA) (Battersby et al., 2020; Fredrickson, 2019). The ITEPA was first enacted two years after the rainbow warrior terrorist act in 1985, forcing New Zealand to recognise they are not immune to the threat of terrorism (Fredrickson, 2019). However, a few years later, the ITEPA was revised as "Suppression of Terrorism Act 2002" as a result of the 9/11 terrorist attack in America and to maintain international obligations (Battersby et al., 2020). Although the 2002 Act underwent continuous amendments, flaws in the Suppression of Terrorism Act 2002 were not accounted for until the 2019 terrorist attack.

Consequently, the New Zealand government published a revised countering terrorism and VE strategy in 2021.

The United Kingdom's CVE 2011, known as CONTEST, has evolved through three stages: (1) classified document in 2003, (2) partial release and de-classification in 2006, and (3) revised version published in 2009 (Gearson & Rosemont, 2015; Hardy, 2014). This strategy is broken down and evaluated through four linkage campaigns (the '4Ps'), prevention, pursuit, protection, and preparation. Although, these concepts continue to evolve and take their own shape, they have been guided through the reactive steps of previous Cabinet Office and international terrorist and VE acts (Gearson & Rosemont, 2015; Omand, 2005).

It can be seen through Australia's history; they continuously revise and publish new CVE strategies. Defense White Papers documents have previously been used as official CVE strategies on the basis they should be able to defend themselves from any threat; whilst maintaining an alliance with the United States of America (Brangwin et al., 2015; Australian Government, 2010). The White Papers, published 1976, 1987, 1994, 2000, 2009, 2013, and 2015, have since been superseded to official CVE strategies such as the 2015 Australian Counter-Terrorism Strategy – strengthening our resilience (Brangwin et al., 2015; Rix, 2008). Nevertheless, Australia has recognised the fluidity of terrorism and VE and continue to review their CVE strategies. This is shown through their latest CVE strategy 'Safeguarding our community together – Australia's counter-terrorism strategy 2022' (Department of Home Affairs, 2022) [Australia].

Interestingly, 'Building resilience against terrorism: Canada's counter-terrorism strategy', was the first published Canadian CVE strategy in 2012. However, they were not naive to the threat of VE. This is shown through the establishment of several committees, projects, and centres dedicated to examining and report on VE and threats such as the Special Senate Committee on Anti-Terrorism (Carter & Claridge, 2011), the Kanishka Project (Government of Canada, 2018), and the Canada Centre for Community Engagement and Prevention of Violence (Government of Canada, 2022). From these resources, Canada released the latest CVE strategy in 2018, 'National Strategy on Countering Radicalization to Violence' (Government of Canada, 2022).

VE is constantly evolving, which consequently requires CVE strategies to adapt accordingly for appropriate responses. There are multiple ways this may be achieved: learning from previous mistakes and attacks, either nationally or internationally, developing

partnerships that collectively work to reduce VE threats by sharing information, and annual reviews of the strategies to evaluate relevance.

Many strategies undergo reframing and adaptations post VE event as active strategy implementation may uncover inefficient processes and areas for improvement. For example, after the 2019 Christchurch attack in New Zealand, the CVE strategy previously employed was reframed to better suit New Zealand society (New Zealand Government, 2021). Processes were introduced such as the four R's: reduction, readiness, response, and recovery. Additionally, information was made more readily accessible to the public (New Zealand Government, 2021, A).

Partnerships, both national and international, contribute to the development and improvements of CVE strategies. Such partnerships include the United Nations (UN) and the Five Eyes. The UN, consisting of 50 countries, was developed in response to World War II, working to achieve/maintain international peace and security, provide necessary humanitarian assistance, and enforce/uphold international law (United Nations, n.d.). Through this organisation, came the development of the UN Counter-Terrorism Committee (CTC) in 2001. The CTC, comprised of 15 members, monitors compliance amongst involved countries surrounding CVE measures. These measures include sharing information with relevant governments regarding specific VE groups (United Nations, 2022). Another partnership focused on information sharing to ensure peace and security is the Five Eyes partnership involving New Zealand, Australia, Canada, United Kingdom, and the United States (The National Counterintelligence and Security Center, n.d.). This partnership is an intelligence alliance that discusses and compares employed policies, practices, and laws; exchange views on subjects of mutual interest and encourage transparency between each party and the public to enhance trust (The National Counterintelligence and Security Center, n.d.).

Although these countries work together and improve through international information sharing, the information provided may not translate accurately between cultures and societies. Therefore, these countries dedicate national research projects that explore VE threats within appropriate cultures. Some research projects include: The Kanishka Project in Canada Kingdom (Lynch et al., 2015), and the New Zealand National Centre of Excellence for Preventing and Countering Violent Extremism (New Zealand Government, 2021, B). The Kanishka Project was named after a flight bombing in 1985 which claimed the lives of 329 individuals, majority were Canadian. This project aims to research VE and its impact on Canada, how VE and radicalisation evolve, and how Canadian CVE strategies can be

improved to better suit any VE threats (Government of Canada, 2018). Similarly, the New Zealand National Centre of Excellence for Preventing and Countering Violent Extremism was developed after the Mosque attack in 2019 to investigate different VE drivers (New Zealand Government, 2021, B).

In conjunction with evaluating strategies post attack, partnerships, and national research centers, annual reviews have been adopted by countries such as New Zealand to ensure CVE strategies remain relevant and effective. For example, He Whenua Taurikura (a country at peace) is a new annual review regarding New Zealand's approach to CVE. It involves promoting public conversations, CVE research, and challenging VE ideologies and causes (New Zealand Government, 2021, C).

By utilizing these methods of assessment and improvement, countries are able to develop appropriate adaptations to CVE strategies that best suit their culture and environment. Although these countries take part in international partnerships that may involve information exchange, strategies will vary depending on what concepts and programmes are considered effective and appropriate.

CVE intervention and prevention programmes involved in CVE strategies focus on relevant risk and vulnerability factors for a range of individuals; however, aspects of these programmes may not cater to the deficits of neurodevelopmental conditions including ASD (Koehler, 2020). Without a full understanding of concepts involved in CVE strategies, their effectiveness in terms of managing and preventing the radicalisation within the autistic community is inconclusive. Therefore, the current research aims to explore how autism is understood and managed through CVE literature developed within four countries: Canada, Australia, Aotearoa New Zealand, and the United Kingdom (UK). This will involve an examination of policies, strategies, educational material published by governments agencies and leading NGOs such as Autism Societies in relation to radicalisation, prevention, and countering VE in relation to autistic people.

Chapter Two: Method

The current research project utilises a qualitative descriptive research approach. The rationale for adapting a descriptive, qualitative research design is to provide a detailed description of particular circumstances or events, particularly due to lack knowledge regarding the topic of choice. This methodological approach is deemed most appropriate as it works to recognise the subjective nature of topic of choice (Bradshaw et al., 2017; Doyle et al., 2020). For example, working to recognise how different CVE strategies cater for the specific needs of the ASD cohort and therefore, how they are impacted.

Document analysis (DA) was chosen for the current research as it involves reviewing a series of documents (public records, personal documents, physical evidence) and identifying patterns and themes relevant to a research question or aim (Altheide, & Schneider, 2012; Bowen, 2009). This analysis method can also be used to provide context, corroborate previous findings, and track change over time. This method also allows for tracking how concepts have changed over time as comparisons are made between older and newer documents, for example, tracking improvements made to policies. Consequently, this provides greater coverage of information collected unlike other analysis methods (Bowen, 2009).

When completing qualitative research, the researcher is expected to draw from multiple sources of evidence to achieve corroboration and confidence in the findings. By collecting data through different sources, the researcher can increase finding credibility, and reduce impact from potential biases from each data source.

Methodology

Although DA is more commonly associated with qualitative research, it can contain components of quantitative research. However, DA has been developed predominately for qualitative research through its intent to achieve understandings of social data (Dalglish et al., 2020). Consequently, DA is comprised of components of Content Analysis (CA) and Thematic Analysis (TA) (Bowen, 2009; Mackieson et al., 2019).

CA is a systematic approach for coding and categorising large quantities of textual data which can be utilized for quantitative and qualitative research (Vaismoradi et al., 2013). CA is used to determine patterns, frequencies and relationships of codes identified within the

selected dataset (Vaismoradi et al., 2013). In short, it is the process of organising data into categories related to a research question by describing characteristics of the document. Although CA may be used in a multitude of ways, elements of this technique will be found through DA via its ability to identify patterns within a written dataset (Stemler, 2001; Finfgeld-Connett, 2014). Similarly, thematic analysis (TA) is recognised as a method of identifying, analysing, and reporting themes and patterns within a dataset in respect to the research aim (Braun & Clarke, 2006; Clarke, & Braun, 2017; Mackieson et al., 2019; Vaismoradi et al., 2013). Components of these techniques were done for the current research; important information passages were identified and separated from the original document. Comments were attached to each passage explaining how they may relate to the research aim. This process was repeated with each collected document. With each new document, the researcher reviewed the already identified passages and referred to the research aim to ensure they remained relevant.

DA has been described to be comprised of components of CA and TA. Simplistically, DA works to comprehensively explore a dataset of varying forms (Government documents, news articles, organisational policies and documents, and various other public records), to allow for the formation of understandings, interpretation, and well-informed conclusions (Bowen, 2009). DA was used to explore documents relating to CVE strategies from Aotearoa New Zealand, Australia, United Kingdom, and Canada. The research intended to develop an in-depth understanding regarding the international CVE strategies employed by these different countries in relation to autism and how these different documents might provide support for autistic individuals. In addition, documents from autism societies were explored to understand how management of support for the autistic community is gained and maintained.

Nevertheless, there are specific limitations to this method that must be considered. Documents often favor specific viewpoints. For example, selecting a dataset comprised specifically of official government documents will not provide balanced findings in terms of understanding if and how autistic needs are catered for in CVE strategies (Love, 2013). However, this can be improved by including a variety of perspectives. For example, documents from non-profit organisations such as different autism societies. Yet this may become an issue concerning biased selectivity as the researcher may select documents provided, they align with the preconceived research agenda (Bowen, 2009).

Using DA, this research examined documents relating to CVE strategies available online from Aotearoa New Zealand, Australia, Canada, and the United Kingdom. These strategies are essential as they shape understanding and provide guidance to national management of CVE and responses to VE acts (Classification Office, n.d.).

These four countries were selected based upon their involvement in international partnerships such as the Commonwealth and Five Eyes. The Commonwealth is comprised of 54 countries collectively working together to positively impact a variety of identified issues across the globe such as: the environment, economy, democracy, society, and young people. (The Commonwealth, 2022). Due to the shared colonial histories of Commonwealth countries, there are similarities in their legal systems and governing structures. (Institute of Advanced Legal Studies, 2022). These four countries, with the inclusion of the United States of America (USA), are involved in an international partnership known as the Five Eyes. This partnership has significantly influenced New Zealand's approach to intelligence and security since it was established after World War II (New Zealand Government, 2017; Pfluke, 2019). As such, each party involved in the Five Eyes agreement share commonalities in their terrorism strategies. However, each entail their own unique considerations regarding CVE, making assessments of these differences vital to CVE strategy developments and improvements (Battersby et al., 2020).

Given the arrangements under the Five Eyes, the shared Commonwealth history and the co-operation between Aotearoa New Zealand, Canada, Australia, and the United Kingdom it was considered that the strategies and policies of these countries would be appropriate for comparison. However, due to the large body of research found, the USA was excluded from the selected dataset to keep the research manageable whilst still including other Five Eyes and Commonwealth countries.

The current research followed steps adapted from Altheide's 'Process of Document Analysis' (1996) and the READ approach outlined in Dalglish Khalid, & McMahon, (2020). Altheide's 'Process of Document Analysis' (1996) suggests the following steps for conducting DA: (1) set inclusion criteria for document selection, (2) find and collect documents for analysis relevant to the research aim and/or question (3), articulate key areas of analysis, (4) document coding, (5) document and code confirmation, and (6) finally, analysis of data (Wash, & Ward, 2013). Alongside this process, the READ approach (Dalglish, et al., 2022) was considered. This approach consists of: "1) Ready your materials, 2) extract data, 3) analysis data and 4) distil your findings" (Wash, & Ward, 2013). Although

each approach follows different steps, they are very similar in concept, allowing for adaption and incorporation of both processes into the current research. Decisions on what steps were followed from which method was based on the researcher preference.

The current research involved the following steps. Inclusion criteria as suggested by Altheide was set to ensure documents are selected based on relevance to the research and accuracy of document search and collection. The second step involved identifying, collecting, and organising data, the researcher found focusing on each country separately easier to understand and keep track of the documents. This is similar to the two stages of Altheide's processes, collecting documents, and articulating key areas of analysis (Wash, & Ward, 2013), as well as the READ process of extract data and analyse data (Dalglish, et al., 2022). During this stage, the researcher underwent superficial analysis of data resulting in noting any identified potential quotes/information that could be used during the full analysis stage. The next stage involved full analysis and comparison of the data and documents from different countries, attempting to find commonalities and differences. This led into the identification of themes and subthemes. Organising these themes and making adjustments such as breaking down themes or combining them occurred, similar to the verification stage outlined by Altheide's process of document analysis as the themes had to be assessed in their appropriateness to the research aim (Wash, & Ward, 2013).

As mentioned above the inclusion criteria had to be set before beginning document collection. This entailed deciding which organisations would be included, the type of documents to be reviewed, and the date of publication.

The government strategies, policies, and legal documents from the four countries were included as they are updated regularly and easy to identify and obtain online (Wash, & Ward, 2013). Autism non-government organisations (NGO) were also selected as they often had some connection to government CVE strategies. Accessibility to CVE strategies and/or reviews of CVE strategies contributed to NGO selection (see Table 1 for document type breakdown). For example, the National Autistic Society from the United Kingdom was also included as they often reflected legal government documents in their material but also provided the possibility for a different perspective which potentially highlights any knowledge 'gaps' in government strategies (Dalglish, et al., 2022). By examining information collected from a variety of sources, the researcher can corroborate findings and reduce potential confictions that may have been identified in the government documents (Bowen, 2009).

In determining inclusion criteria, publication dates were considered. These dates were considered to provide insight into how strategies may have adapted over time and how any changes may have had a positive, negative, or neutral impact on the autistic communities (Wach, & Ward, 2013). Documents with publication dates earlier than 2012 (ten years) were not included due to limited strategies available prior to this date. It also meant that the most recent, relevant, and informative documents could be analysed, and the data kept manageable (Dalglish, et al., 2022). For example, using search terms ‘Countering violent extremism’, ‘Autism’, and ‘New Zealand’ with the popular search engine ‘Google’, 1,180,000 results returned. By refining this to the year range of 2012 – 2022, there were 56,300 results. This still reflects a large body of data, so documents were further excluded by evaluating their content and how they may contribute to the current study. This was done by identifying documents that contained all key words searched. Many document results only included ‘countering violent extremism’ and ‘New Zealand’ but had no mention of ‘autism’. These documents are helpful regarding an understanding of countering violent extremism but provided no indication as to how ASD is considered. Additionally, some documents only mentioned ‘autism’ and ‘New Zealand’ but there was no mention of ‘countering violent extremism’. Again, these documents were valuable in providing how a specific country understood ASD, but not in terms of their VE strategies.

Furthermore, the researcher elected to not pass the fifth page of results (N=60) as s “results are sorted by relevance by default” (Google, 2022) suggesting that higher page number of results indicates less relevance to the key word search.

To ensure no CVE strategies were missed, the researcher used the government websites of the focus countries. CVE strategies were reviewed and assessed regardless of the mention of ASD as this still allowed for insight into how these countries manage ASD.

Other key words used during data collection included: ‘radicalisation prevention strategy’, ‘autism’, ‘disability’, ‘violent extremism strategy’, ‘violent extremism programme’, ‘autism spectrum disorder’, ‘Countering violent extremism’, ‘countering terrorism strategy’, ‘countering violent extremism strategy’ and ‘radicalisation prevention’ for each of the four countries - ‘New Zealand’, ‘Australia’, ‘United Kingdom’, ‘Canada’. Previous literature uses terms terrorism and violent extremism interchangeably, therefore, the key words ‘counter terrorism’ was also included during document collection.

Table 1: Document Type Selection per Focus Country

Country	Governmental Organisation	Non-Governmental Organisation	Total
New Zealand	1	7	8
Australia	4	3	7
Canada	3	2	5
United Kingdom	10	5	15
Total	18	15	35

Note: This table provides an overview of the type of documents that were selected and used within the dataset. Document type was broken into three topics, governmental organisation, non-governmental organisation, and reports.

Documents from each country were assessed individually, producing codes and patterns such as training for first responders and educational facilities, awareness of autism characteristics and VE behaviours, ongoing research regarding VE and radicalisation, and tailored support. These were then assessed in combination with other country documents to identify if patterns are consistent across international CVE strategies. This analysis produced three main themes, Awareness, Prevention, and Intervention. The Awareness theme explores how CVE strategies work to provide awareness around ASD characteristics through four sub-themes: potential deficits of autism that may leave the individual vulnerable to radicalisation, the use of public resources, and training/education, in turn, allowing for appropriate identification and distinction between ASD behaviours and VE behaviours. The Prevention theme allows for explanation as to how CVE strategies work to prevent autistic individuals from radicalisation through three sub-themes: research, safeguarding, and support. The Intervention theme looks to explain how these strategies can deradicalise autistic individuals through two sub-themes: challenging their extremist ideology, and providing support tailored to fit the needs of the target individual.

To ensure the researcher was maintaining clear focus on the research aim and had collected appropriate documents for analysis, the next step of verification involved reviewing the themes to ensure the research aim was being achieved. If any themes or subthemes stood out as irrelevant to the study, the researcher made alterations resulting in new themes or

omitting old themes. To do this, the research aim was broken down into two questions: how is autism understood in terms of CVE strategies, and how is autism managed through CVE strategies. From these two questions (themes), subthemes and codes were identified to aid in understanding them (Table 2 in chapter three).

Ethical considerations

By utilizing DA, fewer ethical considerations are raised compared to other qualitative methods (Merriam & Tisdell, 2015). The absence of human participants reduces the concern for autonomy and consent. The documents sourced for the current research are made available to the public and often anonymous due to original publication ethical considerations that have been adhered to (Morgan, 2022). However, there are potential biases from authors of original documents which must be considered (Linders, 2008). For example, government documents, although contain factual information, are tailored from political perspectives. Nevertheless, by gathering documents accessible to the public, there are less ethical requirements to be met. Researcher must ensure academic integrity is upheld by referencing all resources correctly (O’Conner, 2019).

Depending on the information contained in selected documents, the ethical issues to be address may vary. For example, gathering government strategy documents as done in the current research reduced the ethical considerations that would otherwise need to be considered if using documents such as blog posts, financial reports, or medical documents (Karppinen & Moe, 2019; Morgan, 2022). This is because the information contained in financial or medical reports is confidential and requires certain confidentiality and consent requirements to be met. However, government strategy documents are published for public use and do not require confidentiality or consent regulations.

Further considerations must be made concerning the consent and vulnerability depending on the research subject or author (Braun & Clarke, 2013). For example, the current research has focused on the autistic cohort and how their specific needs are met through CVE strategies. However, caution must be made to ensure harmful stereotypes are not created or encouraged and appropriate terminology (identifier-first instead of person-first) is adhered to. This was ensured by consulting the New Zealand Organisation Autism New Zealand during the research process.

Regardless of the absence of human participants, the current research is required to adhere to the ethical principle of appropriate information use. The information has been sourced to address a gap in the literature and understandings surrounded ASD and CVE strategies. Additionally, it is hoped that on completion of this research, the findings will help reduce the stereotypes attached to the autistic community regarding vulnerability to radicalisation to violent extremism (Draaisma, 2009). By producing this research, the researcher aims to address the gap in the literature and provide feedback to governments across the world as the findings may help improve how their countering violent extremism strategies consider and manage communities such as the autistic community. This in turn adheres to each of the Treaty of Waitangi principles: Whakapapa (relationships), Tika (research design), Manaakitanga (cultural and social responsibility), and Mana (justice and equality).

Chapter Three: Results

All four focus countries have developed countering VE strategies that work to protect their citizens from radicalisation to VE from domestic and international threats. These strategies are illustrated in Table 2.

Table 2 Countries and the Official Countering Violent Extremism Strategies

Country	Date of last review	Title
United Kingdom	2021	Revised Prevent Duty Guidance: For England and Wales
	2021	Revised Prevent Duty Guidance: For Scotland
	2021	Revised Prevent Duty Guidance: For Further Education Institutions in England and Wales
	2021	Revised Prevent Duty Guidance: For Further Education Institutions in Scotland
	2021	Revised Prevent Duty Guidance: For Higher Education Institutions in England and Wales
	2021	Revised Prevent Duty Guidance: For Higher Education Institutions in Scotland
	2018	CONTEST: The united Kingdom’s Strategy for Countering Terrorism
	2021	Channel Duty Guidance: Protecting people vulnerable to being drawn into terrorism
	2019	A Shared Endeavour: working in partnership to counter violent extremism in London
	2015	Prevent Duty guidance: for England and Wales.
New Zealand	2021	Countering Terrorism and Violent Extremism Strategy

Australia	2022	Safeguarding our Community Together: Australia's Counter-Terrorism Strategy 2022
	2019	Countering Extremism and Terrorism
	2017	National Counter-Terrorism Plan (ANZCTC)
	2015	Australia's Counter-Terrorism and Violent Extremism Strategy: Strengthening our Resilience
Canada	2018	National Strategy on Countering Radicalisation to Violence
	2013	Building Resilience Against Terrorism: Canada's Counter-Terrorism Strategy

Each CVE strategy for the focus countries have many similarities and differences. However, it is important to note that the United Kingdom CONTEST strategy was the only strategy to be applicable to ASD. The strategies for New Zealand, Australia, and Canada have developed their strategies to be applicable to the general population. Nevertheless, most the strategies from Australia and Canada have made reference to mental illness in relation to VE and radicalisation prevention. This allows for possible relevance to autism due to its interchangeable history across previous literature. Furthermore, New Zealand has made reference to 'vulnerable' individuals, allowing for potential autism relevance regarding radicalisation to VE.

Countering Violent Extremism Strategies

United Kingdom

CONTEST is the United Kingdom CVE strategy that was last reviewed in 2018. Their strategy follows a framework of four 'P' work strands, Prevent (to stop people becoming violent extremists), Pursue (stop VE attacks), Protect (strengthen protection against VE attacks), and Prepare (prepare to address the impact of VE attacks)². The four strands in the CONTEST framework work to address all forms of terrorism to reduce the risk of VE and its impact on the United Kingdom and its citizens (Home Office, 2018). The Prevent strategy

² The CONTEST strategy uses the terms 'terrorism' and 'violent extremism' interchangeably. Therefore, the researcher will refer to VE instead of terrorism to allow for easy following.

was produced as a counter-part to the overall CVE strategy CONTEST in 2011 (Home Office, 2021a). Although the aim of the Prevent strategy is to prevent/reduce the risk of radicalisation of individuals to VE, the strategy works towards three objectives: challenge the VE ideology, provide appropriate support and advice to prevent radicalisation to VE, and multi-organisational cooperation addressing the risks of radicalisation to VE (Home Office, 2021a). The Prevent strategy was recently revised in 2021, producing six individual documents as displayed in Table 2. Additionally, as the Prevent strategy has been applied to circumstances involving the autistic community (Autism Bedfordshire, 2019), it will be the focus CVE strategy for this country referred to within this research.

New Zealand

The New Zealand government published a revised countering terrorism and VE strategy in 2021. However, this strategy is currently in the process of revising areas of improvement (Department of Prime Minister and Cabinet, 2022). Nevertheless, the current strategy outlines their priority and aim of prevention by reducing the threat of terrorism and VE (Department of the Prime Minister and Cabinet, 2021)³. This is outlined to be achieved through multi-organisation partnerships (including international partnerships), cohesive communities, focusing on prevention. Similar to the United Kingdom CONTEST strategy, the New Zealand CVE strategy is made up of a four strand framework known as the 4Rs: Reduction (identification and analysis of long-term risks and reducing their impact), Readiness (operational systems pre-emptively placed), Response (taking effective action), and Recovery (processes to ensure effective recovery post emergency) (Department of the Prime Minister and Cabinet, 2021). These 4Rs were explained in terms of four pillars: Mohio (understand), Mahi tahi (work together), Whakahotaetae (prevent), and Takatu (response and recovery). Although this strategy outlines how New Zealand communities must support and respond when an individual vulnerable to radicalisation to VE is identified, there is no mention of specific vulnerabilities such as autism.

Australia

³ The New Zealand CVE strategy uses the terms ‘terrorism’ and ‘violent extremism’ consecutively throughout their strategy, therefore, the researcher will refer to VE instead of both to allow for easy following.

The latest version of the Australian countering violent extremism strategy was published in 2022 by the Australian government⁴. The strategy's purpose is outlined as safeguarding Australia and its citizens from terrorism and VE. Additionally, there are three objectives given for this country's strategy; to counter all forms of VE before, during and after an attack, provide the necessary resources to the agencies actively working to reduce, prevent, and counteract attacks, and ensure the CVE arrangements are effective and efficient (Department of Home Affairs, 2022). Like the strategies of United Kingdom and New Zealand, Australia's CVE strategy is comprised of four concepts: prevent (both at individual and systematic levels), prepare, respond, and recover. Although, there is mention of vulnerable individuals within this strategy, there is no mention of how this strategy works to manage autistic individuals.

Canada

Canada's national strategy on countering radicalisation to violence was last updated in 2018 by the Canadian government. The strategy outlines how it caters to all forms of VE (Public Safety Canada, 2018)⁵. There are three main purposes discussed within the strategy document: explanation and awareness of radicalisation to VE, preventing and countering radicalisation, and to outline three priorities of the Canada Centre (building and sharing knowledge, addressing online radicalisation, supporting intervention) (Public Safety Canada, 2018). Although this strategy does not mention autistic individuals, there is discussions surrounding vulnerable individuals and how these vulnerabilities may take a variety of shapes including decreased cognitive functioning, a characteristic associated with ASD.

Non-Governmental Organisations

In addition, the United Kingdom is home to specialised non-governmental organisations (NGO) such as, the National Autistic society (2020), Autism Bedfordshire (2019), and CareTrade (2020). These NGOs have developed and published anti-radicalisation and safeguarding policies focused on application to the autistic community (see Table 3).

⁴ The Australian CVE strategy refers to both terrorism and VE in the same sense. Therefore, the researcher will use VE to act as a reference to both terrorism and VE as established within this study.

⁵ The Canadian CVE strategy uses both 'terrorism' and 'VE' interchangeably, therefore VE will be the term used when describing their strategy.

Although there are other autism NGOs across the four focus countries, these have no specific mention of radicalisation or VE. These NGOs are illustrated in Table 3. Those that do not mention VE or radicalisation have been omitted from final dataset.

Table 3 Autism non-governmental organisations and anti-radicalisation policies

Country	Organisation	Title of policy	Date of publication
United Kingdom	The National Autism Society	Safeguarding young people on the Autism spectrum	2020
	Autism Bedfordshire	Anti-radicalisation policy and prevention strategy	2019
	CareTrade	Preventing extremism and radicalisation policy	2020
	Autism Together	No mention of VE	
	Child Autism UK	No mention of VE	
New Zealand	Altogether Autism	No mention of VE	
	Autism NZ	No mention of VE	
	Creating success NZ	No mention of VE	
	Enable NZ	No mention of VE	
	Hohepa	No mention of VE	
	Disabled persons assembly	No mention of VE	
	Positive Partnerships	No mention of VE	
Australia	Autism Association of Western Australia	No mention of VE	
	Autism Spectrum Australia	No mention of VE	
	Autism Awareness Australia	No mention of VE	
Canada	Autism Society Canada	No mention of VE	
	Autism Ontario	No mention of VE	

Themes and sub-themes

Across the dataset, autism was presented through three themes and nine sub-themes. These themes (as seen in Table 4) highlight the current understanding of ASD held by the four focus countries regarding CVE strategies and how ASD cohorts are managed and supported through these strategies.

Table 4 Summary of Themes and Sub-Themes Identified using Document Analysis

<u>Theme</u>	<u>Sub-theme</u>
Awareness	Vulnerabilities - Online Behaviour Public Resources Training and Education Identification and Surveillance
Prevention	Research Safeguarding Support
Intervention	Challenging the Extremist Ideology Tailored Support

The theme of awareness has been divided into four subthemes to best illustrate how the focus countries understand autism in terms of VE. It is shown through potential vulnerabilities of autism, specifically online behaviour, that may lead to heightened risk of becoming targeted by extremists and their propaganda. Consequently, resulting in potential radicalisation to the violent extremist ideology. These vulnerabilities are managed as seen through the documents by increasing awareness of the general public – via public resources – and practitioners, educational facilities, and front-line staff by enforced training and education. As a result, identification and surveillance of ‘at-risk’ individuals is likely to be achieved.

The second theme of Prevention is primarily focused on countering radicalisation of autistic individuals to a VE ideology is shown through research, safeguarding procedures, and provision of support. Through the focus countries and their documents, research projects are concentrated on both concepts, VE and autism as management of their potential

interactions require in-depth knowledge. Additionally, by increasing knowledge and understanding of the potential interactions of autism and VE, the focus countries may implement safeguarding procedures to reduce and redirect potential vulnerabilities and interactions. This in turn, provides the opportunity for support from institutions and family/friends to be provided. The sub-theme of support is provided prior potential radicalisation to VE

The focus countries further their management of autistic individuals regarding VE through the theme of intervention, by way of sub-themes, challenging the extremist ideology, and providing tailored support to suit an individual's needs. The sub-theme of tailored support is provided to attend to specific needs that lead to an individual beginning the pathway of radicalisation to VE.

Awareness

General awareness of ASD and the associated behaviours, paired with an understanding VE allow for the identification of potential vulnerabilities for the autistic community. With this in mind, providing appropriate support to manage these vulnerabilities is obtainable. This can be achieved through increasing awareness within the public. Resources readily available to the public, as well as training and education, provide the prospect of increased awareness. In turn, this can lead to appropriate identification and surveillance of those seen as vulnerable to the extremist ideology, such as autistic individuals. The gathered documents show knowledge of the potential impairments and behaviours of ASD and how they could be connected to radicalisation to VE:

“There are no known definitive indicators that a young person is vulnerable to radicalisation, but there are number of signs that together increase the risk. Signs of vulnerability include...” Autism Bedfordshire, 2019 p. 6

“There is evidence to suggest that some autistic people engage with digital technologies and social media to significant degree as a response to differences around communication and interaction in social situations. This may increase a person's likelihood of coming

into contact with online extremist propaganda and other conspiracy theories that extremist groups seek to exploit and increase opportunities for young people to become radicalised.” The National Autistic Society, 2020, p. 17

“Raising awareness about radicalisation to violence so individuals can distinguish it from holding extremist views and identify when someone is at risk of engaging in violence” Public Safety Canada, 2018, p. 15

“We will continue to focus on driving violent extremism research, improving risk assessment capabilities, and delivering nationally consistent training for practitioners and frontline officials engaged in countering violent extremism and counter-terrorism programs.” Department of Home Affairs, 2022, p. 19 [Australia]

Vulnerabilities

The collected documents present specific characteristics of autism as a vulnerability that may influence susceptibility to radicalisation through the influence of VE ideologies. The different CVE strategies and autism NGOs recognise this vulnerability through the different behavioural characteristics that are associated with ASD such as hyper fixation and social communication and comprehension deficits:

“Participants agreed that mental ill-health – alongside other issues sometimes wrongly associated with mental ill-health such as autism and learning difficulties – are potential vulnerabilities which extremists might seek to exploit” Mayor of London, 2019, p. 96

“It is also possible that individuals who are not part of, or inspired by, a proscribed terrorist group but who are fixated on a particular issue will employ lone actor type methods in Australia, requiring

counter-terrorism response from agencies and the community”.

Department of Home Affairs, 2019 p. 2 [Australia]

“It should be recognised that, when clustered together, these risk factors can make autistic people particularly vulnerable to online extremist propaganda and ideology” The National Autism Society, 2020, p. 17

Each CVE strategy highlighted their understanding regarding the multitude of pathways to radicalisation. Vulnerabilities such as different characteristics of autism or mental illness must be considered in combination to other potential VE drivers such as environmental or social grievances, and personality and behavioural traits:

“There is no one process or pathway to radicalisation to violent extremism. The exact combination of causes and drivers are unique to each individual. The common element in the process however is exposure to an extremist ideology” Commonwealth of Australia, 2015, p. 10

“Any one factor on its own is not typically enough to motivate an individual to commit violence. Generally, numerous factors interact to propel individuals towards radicalisation to violence. These may include: social networks, grievances, vulnerabilities, sense of belonging, inclination towards radicalisation”. Public Safety Canada, 2018, p. 8

“Assessments of children in such cases (Radicalisation) should consider whether wider environmental factors are present in a child’s life and are a threat to their safety and/or welfare” The National Autistic Society, 2020, p6

These CVE strategies have emphasised the importance of investigating multiple pathways to radicalisation. However, Canadian CVE strategies have illustrated that the

presences of characteristics typically identified as ‘at-risk’ or associated with autism, is not necessarily indicative of individual vulnerability to radicalisation or is in the process of radicalisation to VE. Accordingly, they have cautioned against generalisations whilst reinforcing the importance of research into autism and VE:

*“It is important to recognise that radicalisation or having radical thoughts is not illegal or necessarily problematic in and of itself”
Public Safety Canada, 2018, p. 7*

“Yet some individuals who will never radicalise may engage in these behaviours, and incorrectly identifying them such as can lead to grave, unintentional consequences” Public Safety Canada, 2018, p.20

“without research to better understand relevant audiences, efforts to share knowledge can be ineffective or worse, lead to unwanted negative ‘consequences such as increasing their sense of distrust, alienation, or reinforcing stereotypes about groups being linked to violent extremism.” Public Safety Canada, 2018, p. 22

Online Behaviours

The documents have highlighted a potential vulnerability may arise from heightened online presence due to increased VE ideologies and propaganda exposure probability. It was outlined across the autism NGO documents that those with ASD interact with online platforms at a high frequency. These documents have specified that the use of online platforms are seen as a way for autistic individuals to connect with others around the world who may share similar thoughts, feelings and ideologies, allowing for relationships to begin. Comparatively, the CVE documents from each focus country recognise how utilizing online platforms, the reach of VE propaganda increases, and consequently so does the pool of potential targets:

“At the same time childcare providers should be aware of the increased risk of online radicalisation, as terrorist organisations such as ISIL seek to radicalise young people through the use of social media and the internet.” Autism Bedfordshire, 2019, p. 4

“The Government of Canada is focused on preventing radicalisation to violence and also recognises the increasing concern about expression of intolerance and hate in the public and online spheres” Public Safety Canada, 2018, p. 2

“We are also aware that young people can be exposed to extremist influences or prejudiced views from an early age which emanate from a variety of sources and media, including via the internet, and at times learners may themselves reflect or display views that may be discriminatory, prejudiced or extremist, including using derogatory language” CareTrade, 2020, p. 3

Due to the complex nature of preventing the circulation of VE ideologies online, the intervening approach must be as complex. Across the documents, an understanding of the importance of partnership and multi-agency cooperation can be seen. These partnerships are indicated to include a range of specialities ranging from technology companies, academic providers, and health workers (including those who work with/have had experience working with autistic individuals):

“Preventing and countering radicalisation to violence online is complex and requires a multi-stakeholder approach that includes national and international engagement with technology companies, academic researchers and civil societies” Public Safety Canada, 2018, p. 25

Partnerships with immediate influences are also encouraged when attempting to counteract vulnerabilities to VE through online behaviours. These may include friends and

family of a potentially vulnerable individual. However, they must have access to readily available resources to ensure they are able to provide accurate and effective support.

Public Resources

Throughout the collected documents is an understanding regarding the impossibility to effectively and efficiently counter VE without the collaborative effort of the public. However, awareness of the issue, knowledge of steps to take when confronted with the issue, and access to support services are required. The CVE strategies from selected focus countries as well as United Kingdom NGOs provide knowledge regarding access to these resources and further support if needed:

“There are a range of community based and government supported services and programmes to help counteract the drivers of radicalisation” Commonwealth of Australia, 2015, p. 11

“If you notice a concern about an individual possibly being drawn into or supporting terrorism: ... A more nuance approach is advised where low level concerns can be managed by a setting: ...” The National Autistic Society, 2020, p19

Although access to these resources is readily available to the public, knowledge regarding these resources is limited. Unless actively searching for them, awareness of their existence is limited. Interestingly, NGOs from the United Kingdom are the only resources that speak directly about steps to take when interacting with autistic individuals in a potential VE setting. Regardless, those that are more likely to encounter VE behaviour and recognise risks of radicalisation in autistic individuals such as educational staff, front-line workers, and practitioners, are provided training and education which provide insight for finding these resources.

Training and Education

Across the gathered documents it is discussed how specific professions such as front-line workers, educational staff, and practitioners receive mandatory training and education. Although training is not specific to ASD, it is focused on the identification, management and support of individuals who may be perceived as vulnerable to radicalisation to VE:

“All front line practitioners working with young people should make sure that they know and follow these procedures and understand when and how to contact the designated person” The National Autistic Society, 2020, p10

“Supporting the development of curricula and training for teachers that encourage open dialogue on complex issues in classrooms and provide students with prosocial avenues to discuss their grievances” Public Safety Canada, 2018, p. 16

“We would expect appropriate members of staff to have an understanding of the factors that make people vulnerable to being drawn into terrorism and to challenge extremist ideas which are used by terrorist groups and can purport to legitimise terrorist activity.” Home Office, 2021c [United Kingdom]

“We will continue to focus on driving violent extremism research, improving risk assessment capabilities, and delivering nationally consistent training for practitioners and frontline officials engaged in countering violent extremism and counter-terrorism programs” Department of Home Affairs, 2022, p. 10 [Australia]

Each edition of the Prevent Duty Guidance documents from the United Kingdom included details as to how all front-line staff are expected to hold adequate understanding of the Prevent strategy. This includes knowledge of the referral and support processes for those identified as vulnerable to VE:

“Local authorities will be expected to ensure frontline staff have a good understanding of Prevent and are aware of available programmes to deal with any individual who is vulnerable to being drawn into terrorism.” Home Office, 2021b

The training and education that the collected documents outline, provides educational institutes, front-line workers, and practitioners, a unique perspective by allowing for identification of vulnerable individuals.

Identification and Surveillance

The identification of those either vulnerable to or in the early stages of radicalisation was highlighted as crucial across the strategy documents from each of the four focus countries. Descriptions were made of when an individual will most likely be identified and how this may be presented in practice.

“The Hub provides early assessment of an individual’s mental health and psychological needs, which may impact on levels of risk, inform the vulnerability assessment and aid the development of Channel support plans.” Home Office, 2021d, p. 38

“Individuals at earlier stages of radicalization, as well as those acutely at risk will often have interactions with front-line workers and practitioners (e.g. nurses, school counsellors, psychologists, social workers, youth workers, parole and probation officers) at some point along their pathway to violence” Public Safety Canada, 2018, p. 35

Support for communities to help them identify and prevent people from moving down the path of radicalisation to violence.

Development of community information resources and training packages including tailored packages for educators” Department of Home Affairs, 2019, [Australia]

Those who are closest to vulnerable individuals - such as whānau, friends and community members - are the ones most likely to identify concerning behaviours and be able to seek help and support.
Department of the Prime Minister and Cabinet, 2021, p. 23 [New Zealand]

It can be seen across the documents, the importance of multiple levels of involvement to increase identification of vulnerable individuals. However, Canada and the United Kingdom appear to limit their public involvement to educational institutes, front-line workers, and practitioners. Comparatively, the Australian and New Zealand documents discuss how they attempt to utilise wider communities to achieve a greater potential for identification of individuals on a radicalisation and VE pathway. Moreover, through the intricate involvement of educational institutes, front-line workers, practitioners, and wider communities, work to prevent any escalation through a VE pathway may be implemented.

Prevention

Prevention of VE is multifaceted, relying not only on awareness of an issue and behaviours that identify it, but on aspects that counteract the drivers for the issue. Across the collected documents of CVE strategies and NGOs, three concepts can be seen in reference to preventing autistic individuals from becoming targets of VE propaganda and minimising drivers to adopt a VE ideology: research, safeguarding, and support.

Research

Prevention work targeted for autistic individuals at-risk of radicalisation to VE requires in-depth knowledge of both concepts, autism and VE. Research is mentioned throughout the gathered documents as essential when attempting to address VE and prevent a range of risk behaviours from occurring. All collected strategies outline their mission to prioritise research through funding of research programmes or creation of trial methods:

“There are still relatively few early interventions programmes specifically designed to support young people on the autism spectrum at risk of being drawn towards extremist narratives. It is therefore essential that settings and practitioners build an evidence base of what works, to learn from previous cases and share learning about appropriate interventions” The National Autistic Society, 2020, p21

“To promote research and understanding of terrorism and violent extremism, we will establish and support a National Centre of Excellence. The centre will bring together academia, civil society and government to research preventing and countering violent extremism, with a focus on approaches that build resilience through embracing diversity and promoting social cohesion. This centre will help inform public discussion, raise awareness of these issues and guide the work of policy agencies across government” Department of the Prime Minister and Cabinet, 2021, p. 13 [New Zealand]

“have engaged with academics to improve our understanding of how terrorists use the internet to radicalise vulnerable individuals, and to inform how we can most effectively disrupt terrorist activity online.” Secretary of State, 2018, p. 33 [United Kingdom]

“Prioritising research and knowledge on effective countering violent extremism to support evidence-based decision making and policy development.” Department of Home Affairs, 2022, p. 25 [Australia]

Nevertheless, there is still little mention of how this research may better the understanding of how VE propaganda and radicalisation may relate to autism and mental health issues. Only one document from the collective dataset describes this as an issue:

“Practitioners told the programme that there is limited evidential research with supports claims that those who are suffering mental

ill-health are more likely to be radicalised, or that those who are being radicalised have undiagnosed mental ill-health.” Mayor of London, 2019, p. 96

Even so, research to expand knowledge and understanding, and in turn, prevention, has been based on the collective work of a range of specialities. With a focus placed on research, the CVE strategies for these countries are equipped with the knowledge to create a range of safeguarding measures.

Safeguarding

The collected documents discuss the inclusion of multiple agencies to achieve effective safeguarding measures. Collective cooperation is described as the foundation for successful safeguarding. Similar to the process of identification and surveillance previously discussed, safeguarding relies on institutional (such as education and healthcare) and community cooperation:

“Protecting children from the risk of radicalisation should be seen as part of schools’ and childcare providers’ wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.” Autism Bedfordshire, 2019, p. 2

“We safeguard and build resilience in our communities, especially those at higher risk.” Department of the Prime Minister and Cabinet, 2021, p. 11 [New Zealand]

However, these documents only make reference to addressing drivers of radicalisation to VE in a generalised sense. There is no mention of providing safeguarding measures for vulnerable individuals, never mind reference to autism or mental illness:

“The best way to counter violent extremism is to prevent radicalisation emerging as an issue by addressing the societal drivers that can lead to disengagement and isolation” Department of Home Affairs, 2019 [Australia]

“To begin this work, several priorities have been chosen to support Canada’s approach to counter radicalisation to violence: Building, sharing and using knowledge; Addressing radicalisation to violence in the online space; supporting interventions” Public Safety Canada, 2018, p. 17

Yet when these documents make reference to creating safeguarding measures to prevent radicalisation, there is the possibility to insinuate the involvement of targeted measures for autistic individuals. This can be identified through the collective cooperation of ranging institutions. These partnerships install the designated safeguarding measures and provide specialised support to those who require it.

Support

Support efforts outlined in the collected documents compliment the work of implementing safeguarding measures for individuals vulnerable to VE. This concept is looked at as an alternative way to address the potential push and pull factors for VE as it focuses on different areas of vulnerability uncovered by knowledge and awareness. Yet again, different partnerships are described as essential from CVE strategies and autism NGOs when working to minimise risk behaviours and drivers to VE:

“We worked with NHS England and the Royal College of Psychiatrists to develop guidance to ensure that those who have mental health issues and are at risk of radicalisation will be able to access the mental health support and treatment they need.” Secretary of State, 2018, p. 36 [United Kingdom]

“Working in partnership with mental health professionals to deal with fixated individuals who pose a threat of lone actor attacks and who may or may not suffer from mental illness.” Department of Home Affairs, 2022, p. 32 [Australia]

Encouragingly, CVE strategies from different countries have outline the importance of social cohesion and societal inclusivity, including the disability community, when preventing radicalisation towards VE. By creating a supportive community, protective factors are increased, and vulnerable individuals are able to positively interact with their community:

“A commitment to diversity, as well as social and political inclusion for Canadians of all ages, gender identities, race, faiths, official languages, and all levels of accessibility. Also to provide safe spaces for Canadians so they can fully participate in the online space”
Public Safety Canada, 2018, p. 25

“The duty is designed to help ensure that vulnerable individuals who are at risk of radicalisation are supported as they would be under other safeguarding processes” Secretary of State, 2018, p. 36
[United Kingdom]

With different levels of support for a range of safeguarding measures designed through research and understanding, prevention of radicalisation to VE is noticeable. However, complete prevention is not guaranteed, and support for interventions aimed at de-radicalisation is deemed necessary by the collected CVE strategies.

Intervention

Intervention and rehabilitation from VE groups and their ideologies requires challenging and disputing the extremist ideologies paired with supportive steps tailored to the individual’s needs. Through the series of collected documents of CVE strategies and autism NGOs, interventional methods are recognised as addressing VE drivers by challenging the extremist ideology and providing tailored support to increase individual protective factors:

“By addressing a given individual’s range of needs. Vulnerabilities, and risks, multi-agency programmes can potentially redirect them away from violent extremism before it occurs” Public Safety Canada, 2018, p. 34

Challenging the Extremist Ideology

As described by the collected documents, challenging the extremist ideology works to reduce their attraction and drivers. Not only is this concept applicable to a range of VE ideologies, whether political, religious, or cultural, it can provide avenues for the targeted individual to develop protective factors such as social or emotive support:

“The delivery of early intervention programmes to help people move away from violent ideologies and reconnect with their community” Department of Home Affairs, 2019 [Australia]

“The Government of Canada is concerned with all forms of violent extremism, not associating this phenomenon with any particular religious, political, national, ethnic, or cultural group.” Public Safety Canada, 2018, p. 1

“Strategic communication plays a key a role in Australia’s countering violent extremism efforts, serving to undermine extremist narratives and redirect vulnerable audiences away from radicalisation pathways.” Department of Home Affairs, 2022, p. 19 [Australia]

The United Kingdom documents discuss a specific strategy developed for vulnerable individuals such as those with autism. With direct reference autism, this CVE strategy explains how partnerships with local authorities allows them to identify, servile, and intervene in VE radicalisation. Through training and education, staff are equipped to recognise and challenge VE ideologies:

“If an individual is assessed to be vulnerable to radicalisation, they may be offered support through the Channel programme in England and Wales²⁶, or the Prevent Professional Concerns (PPC) programme in Scotland... Channel is run in every local authority in England and Wales and addresses all types of extremism, including extreme right-wing and Islamist-related” Secretary of State, 2018, p. 28 [United Kingdom]

Effective communication is required for efficient intervention for challenging the VE ideology. This is discussed in gather document from the United Kingdom and Australia. The ability to communicate with the target individual is essential for providing successful intervention. Furthermore, this entails support tailored to the individual’s specific needs:

“Argumentative and alternative communication (AAC) describes any form of language other than speech that assists a young person in social communication interactions” The National Autistic Society, 2020, p. 24

“Strategic communication plays a key a role in Australia’s countering violent extremism efforts, serving to undermine extremist narratives and redirect vulnerable audiences away from radicalisation pathways.” Department of Home Affairs, 2022, p. 19 [Australia]

Tailored Support

Tailored support is highlighted by the collected documents for providing appropriate interventions to counteract the VE pathway. Although support has been identified for prevention to the radicalisation pathway, this cannot always be successful. Therefore, fluidity of interventions is required to provide tailored support specific to an individual’s needs Interventions for those involved in the VE pathway can range in forms such as mentoring/coaching, social support, psychological, or socio-economical. Hence, the need for

tailored support to address specific deficits associated with autism that may increase vulnerability to radicalisation to VE, for instance, communication support as suggested previously:

“Autistic young people sometimes express behaviour that challenges others and are consequently vulnerable to imposed interventions that are inappropriate, disproportionate, or abusive” The National Autism Society, 2020, p. 7

“Efforts to prevent radicalisation focus on addressing what makes people vulnerable to violent extremist influences and terrorist recruitment. The tools used include individually tailored programmes that support the diversion of individuals at risk of radicalisation to violent extremism and programmes to deradicalise and rehabilitate individuals” Commonwealth of Australia, 2015, p. 10

“Intervention effort must differ based on individuals’ circumstances and local contexts, how advanced they are in their pathways to radicalisation to violence, and the types of violent extremist groups or causes they are looking to join. Thus, interventions can take different forms, including mentoring and coaching, social support for employment and housing, psychological and trauma counselling, and participation in social community programmes” Public Safety Canada, 2018, p. 33

The support offered should be directly aligned to the needs and risks identified within the vulnerability assessment, which should include consideration of wider contextual and transitional safeguarding needs. Home Office, 2021d, p. 35 [United Kingdom]

Importantly, the United Kingdom documents explain why tailored support is important to identify. This tailored support must account for a range of factors (including

specific autism behaviours) that may not directly relate to the presenting issue of rehabilitation from VE. However, the documents from Canada also place focus on working to create protective factors for individuals that may have previously been lost creating the vulnerability to VE ideologies:

“Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and/or welfare of a number of different children and young people who may or may not be known to local authority children’s social care or subject to child protection plans”. The National Autistic Society, 2020, p. 6

“Sometimes the Channel support provided for young people/adults may be similar to that provided for other vulnerable individuals and sometimes more specifically focused interventions may be appropriate” The National Autistic Society, 2020, p. 19

Interventions with individuals showing signs of vulnerability or risk in order to build protective factors and divert them from the path towards violent extremism” Public Safety Canada, 2018, p. 17

Throughout these documents, autistic individuals are understood through their vulnerabilities and online behaviours that can leave them exposed to VE propaganda and ideologies. The documents have shown they understand the presence of certain behaviours that are associated with autism, may indicate an individual’s risk of VE radicalisation. Methods of management for these individuals are shown by the collected documents to counteract the potentially harmful and challenging behaviours identified and the influence VE ideologies may hold. This is achieved through increased awareness via public resources, training and education, and identification and surveillance. Additionally, prevention methods are seen to be employed by the focus countries through research, safeguarding measures, and support. Finally, the gathered documents show the use of intervention methods such as challenging the VE ideology and providing tailored support as a means to manage risk for vulnerable individuals. However, the majority of these documents do not make specific

reference to ASD. Instead, the management processes suggested are generalised to those with a vulnerability to VE.

Chapter Four: Discussion

The findings of this research explored how ASD is understood and managed through CVE strategies from four focus countries. The results from this research highlight the complexity of autism and its associated characteristics. Subsequently, these characteristics must be considered when implementing CVE strategies. Although there is a lack of mention of ASD, there appeared to be applicability between prevention and intervention components relevant to issues around autism. There were three identified themes, being awareness, prevention, and intervention. The subthemes of vulnerabilities, public resources, training and education, and identification and surveillance are derived from the theme of awareness. The subthemes of research, safeguarding, and support, can be categorised under the theme of prevention. Finally, the theme of intervention is comprised of the subthemes challenging the extremist ideology, and tailored support. These three themes and in greater detail through the nine subthemes combined, draw attention to the methods of understanding and management that could be relevant to ASD across the CVE strategies. Relatedly, the NGO documents highlighted issues related to autism and PCVE

In this section, the major themes and their corresponding subthemes will be discussed and reflected upon and the management of ethical concerns encountered throughout this research is also discussed. Moreover, the strengths and limitations experienced such as the implications brought on by the COVID-19 pandemic are discussed, as are recommendations for future research about ASD and CVE strategies.

Awareness

The first major theme to be produced through the analysis of CVE strategies and NGO documents was about ASD was awareness. This theme is comprised of four subthemes: vulnerabilities, public resources, training and education, and identification and surveillance. The presence of potential links between ASD and VE has long been a topic for debate; do the deficits associated with ASD create a high probability of engaging in VE behaviours? Understandably, deficits associated with ASD can be misconstrued with factors presented in radicalised individuals. However, certain characteristics of autism create a social/cognitive vulnerability that can lead to behaviour such as an increased online presence, placing an autistic individual at a greater risk to VE ideology exposure. Paired with social and

communicative deficits, a vulnerability towards VE by way of exposure and manipulation can create an environment for VE radicalisation. Therefore, it can be said that some characteristics of ASD have the potential to increase the threat of radicalisation to VE through indirect methods. This may provide insight into the discussion of causality between ASD and VE. Nevertheless, it also highlights how the deficits and vulnerabilities associated with ASD do not directly equate to radicalisation to VE. With this in mind, CVE strategies should be able to provide effective processes that work to prevent and intervene when applied to an ASD cohort. This came down to collaborative efforts through increasing awareness about the vulnerabilities of those most likely to be affected.

Vulnerabilities

Several of the different CVE strategies and autism NGOs recognised complex vulnerabilities through discussion of specific behavioural and functional characteristics. The UK CVE strategy ‘A Shared Endeavour: working in partnership to counter violent extremism in London’ (2019) identified autism and other learning difficulties as potential vulnerabilities. Similarly, the Australian CVE strategy ‘Countering Extremism and Terrorism’ (2019) mentioned the unique behaviour of hyper-fixation in terms of vulnerability to lone actor type methods of VE. This hyper-fixation can be explained partly by referencing the Theory of Empathizing-Systemizing (E-S) which can be broken into two parts, empathizing and systemizing. The second part of this theory is explained as the drive to analyse, follow or construct systems of different natures (Baron-Cohen, 2009). This can be seen through behaviours such as hyper-fixation, a behaviour not only recognised for its association with ASD but also for those susceptible to radicalisation as suggested by the CVE strategies.

Although other CVE strategies from Canada – ‘National Strategy on Countering Radicalisation to Violence’ (2018), and Australia – ‘Australia’s Counter-Terrorism and Violent Extremism Strategy: Strengthening our Resilience’ (2015), did not mention specific vulnerabilities to VE, they did emphasise that the pathway to radicalisation to VE is unique to the individual with multiple contributing factors – social, emotional, environmental. This suggestion of vulnerability is somewhat supported by previous research which indicates the exact combination of vulnerabilities is unique to the individual and is likely to include other drivers not directly related to ASD (Al-Attar, 2018). Despite this, it is interesting to note that only the Canadian CVE strategies caution against making generalisation about ASD characteristics regardless of how they present and linking these to possible radicalisation. Nevertheless, it is cannot be ignored that behavioural and functional outputs commonly

associated with ASD can be identified as behaviours expressed by those on a pathway to radicalisation.

Online behaviour is seen as another vulnerability for increased risk of radicalisation (Conway & Courtney, 2017).

All three autism NGOs emphasised how autistic individuals may be drawn to online platforms as a means of communication in response to differences and difficulties regarding social communication. The Triad of Impairment (Fisher et al., 2013) is particularly useful to understand the common developmental deficits of ASD, these being; language skills, social behaviour, and cognitive functioning (Baron-Cohen, 2000; Borum, 2014).

Previous research has indicated an increased presence of extremist propaganda distribution through online methods (Conway & Courtney, 2017). Due to simplicity, versatility and global reach, VE groups utilise online platforms to increase ideology distribution and follower recruitment (Aly et al., 2017; Barber, 2017). This creates a vulnerability to anyone who may interact online as there is a heightened risk of exposure to VE ideologies. An increased risk of VE exposure and potential deficits in comprehension in social situations means autistic individuals are placed at further vulnerability. The autism NGOs explain this may be presented through difficulty to recognise negative agendas and reduced ability to understand extremist ideologies. Furthermore, it may be possible for extremists to recognise social comprehension deficits along with hyper-fixation behaviours of autistic individuals and exploit them to their advantage. However, it is unclear how this may occur.

In response, all CVE strategies across the four countries show recognition of this radicalisation pathway and employ methods to counteract their influence and reach. However, countering online radicalisation is complex and requires a range of stakeholders such as technology companies, academic providers, and health workers as described by the Canadian 2018 CVE strategy. For example, the UK CVE (2021) outlines their ongoing engagement with internet service providers regarding monitoring and disrupting online VE propaganda (Boukalas, 2019). Similarly, the NZ CVE (2021) implements an industry-led Global Internet Forum to Counter Terrorism as part of their method to monitor and prevent VE propaganda through online platforms.

Although these methods are generalised to address radicalisation as a whole, their influence should reduce the change of VE exposure to all that interact online (including autistic individuals). For further impact, support from immediate social groups (such as

family and friends) is essential. Due to the levels of interactions, these individuals are more likely to recognise and monitor online behaviours. However, knowing what to look for and steps to take once changes in behaviour are recognised, requires knowledge that is provided by public resources.

Public Resources

By establishing an understanding of the impairments associated with ASD, knowledge can be provided through accessible formats to those who are able to offer support such as family, friends, associated organisations and professionals. Ideally, these resources would provide essential information regarding potential vulnerabilities and risk behaviours to be aware of regarding radicalisation to VE. With access to public resources such as community-based programmes, family, friends, associated organisations and professionals are able to provide adequate support to those who are directly involved (the autistic individual). With this in mind, previous research has indicated those with higher knowledge and awareness of ASD, express more positive attitudes such as acceptance of those with ASD (Jones et al., 2021). In turn, this acceptance is another layer of protection for the autistic individual. This is essential for reducing the risk of radicalisation and preventing the formation of VE ideologies as inadequate support systems have been shown to act as a potential ‘pull’ factor towards radicalisation (Al-Attar, 2018). As previously discussed, ‘pull’ factors work to attract individuals towards extremist ideologies, essentially, “pulling” them towards accepting the ideology as their own (Al-Attar, 2018; Jacobson, 2017; Tarras-Wehlberg, 2016).

Unsurprisingly, all CVE strategies have recognised the importance of public resources and discussed how these may be provided. The Australian CVE strategy ‘Australia’s Counter-Terrorism and Violent Extremism Strategy: Strengthening our Resilience’ (2015), mentioned their use of community-based, government-supported programmes. The New Zealand CVE strategy ‘Countering Terrorism and Violent Extremism Strategy’ (2021) discusses their efforts for providing the community with resources through multi-agency partnerships that increase public information sharing. These include academic providers and the New Zealand Police. The United Kingdom CVE strategy ‘Revised Prevent Duty Guidance: For England and Wales’ (2021) explains how they utilize educational environments (publicly-funded, independent, and free schools (home-school)), and front-line workers as a means for providing public resources. The Canadian CVE strategy ‘National Strategy on Countering Radicalisation to Violence’ (2018) explains in detail their method for

providing information to the public. This is proposed to be achieved through avenues outlined by the other three CVE strategies, paired with continuous promotions of positive messaging.

Despite the range of methods to provide resources to the public, there is little mention of where to readily access information if required. Comparatively, resources provided by three identified NGOs, The National Autism Society, Autism Bedfordshire, and CareTrade, are much more readily accessible. These NGOs provide resources to those who may find themselves in a variety of situations with an autistic individual, including a potential VE setting. This information is typically grouped together with other safeguarding and preventative information. For example, Safeguarding Young People on the Autism Spectrum (The National Autism Society, 2020) provides information and resources when dealing with a variety of situations that may be harmful to all those involved, ranging from bullying to radicalisation. However, for further impact, each CVE strategy indicates training and education are essential.

Training and Education

Given the number of radicalisation pathways that may take place caused by a variety of different influences, all the CVE strategies discuss the importance of developing training programmes for staff in essential workplaces that are more likely to interact with the public. These include law enforcement, healthcare and educational institutions. With correct training and education, staff that work directly with the public will be able to identify any expression of ‘risk’ behaviour and begin management. However, there is a lack of clarity regarding what knowledge is taught and how the skills can be implemented. Nevertheless, as the CVE strategies are generalised and do not focus on specific factors and characteristics, it can be said training for those working in specified areas will also be generalised. This means methods taught might not be applicable and potentially ineffective when concerning autistic individuals. Although, it can be suggested that the broad category of healthcare workers as mentioned by the CVE strategies, may include psychiatric professionals. Therefore, it can be suggested that support may be given to autistic individuals if they are identified as at risk of radicalisation to VE. This would indicate that a variety of needs would be able to be addressed. Previous research indicates that autistic individuals often have a variety of complex impairments, affecting the way they think, feel and respond. As such, they require forms of communication that work around their impairments to prove beneficial (Murrie et al., 2002). Therefore, it would be safe to say that within the context of providing support to

prevent potential radicalisation to VE, autistic individuals would require support that has been adapted to their specific needs. As mentioned in the Canadian CVE strategy (2018), educational institutions are provided support and training to encourage open dialogue and alternative forms of communication to discuss complex issues. By encouraging open communication, educational staff may also be able to identify individuals at risk of radicalisation.

Identification and Surveillance

Highlighted across all documents was the need to identify those most vulnerable to radicalisation. This may occur across a number of channels such as whānau, friends, and frontline workers (nurses' school counsellors, youth/social workers). However, this can only happen with appropriate education and training as discussed above. Nevertheless, certain behaviours may be recognised without any training or education such as occasional violent acts or social withdrawal (Del Pozzo et al., 2018). Yet caution must be taken when identifying and attempting to correct behaviour such as this. These behaviours can be observed across a range of individuals and attributed to a range of reasons (emotional or environmental). More specifically, these behaviours may not be indicative of radicalisation risk but of misinterpretations of conversations derived from social communication deficits (Murrie et al., 2002). As such, the Australian and New Zealand CVE strategies have emphasized these behaviours are more likely to be identified with the cooperation of wider communities. The New Zealand CVE strategy outlines how partnerships and cooperation will enable communities to prevent extremism and identify, challenge and address any VE behaviours that may arise. Similarly, the Australian CVE strategy highlights how the provision of knowledge and training, will help their communities to identify and respond to those identified as vulnerable to radicalisation to VE. Comparatively, Canada and the United Kingdom seem to limit their reliance on community detection. The United Kingdom's Prevent CVE strategy highlights its aim to identify 'at-risk' individuals and prevent VE acts from occurring. This has been implemented by increasing surveillance in particular communities. In doing so, it is hoped vulnerable individuals are identified and 'prevented' from continuing down the radicalisation pathway. Once an individual has been identified as 'at-risk' or has already engaged in VE-related actions, they must be referred to the police for further processing. However, the identification of individuals can also be achieved through implementing community engagement programmes such as those in the United Kingdom that

have faced criticism for contributing to ‘suspect community’ prejudice. For example, Prevent-funded community-based projects have been introduced into specific communities such as those with a heavily prevalence of Muslim individuals. These programmes were developed to encourage social cohesion and community engagement, however, have since been identified as a means for surveillance of Muslim communities (Abbas et al., 2021). As such, the approach taken to promote community engagement, has received much backlash as it appears to reinforce views on ‘suspect communities’ (Awan, I, 2012; O’Toole et al., 2016). The consequences of this approach may explain the lack of mention of ASD within all the CVE strategies as to avoid further reinforcing ‘suspect communities’ on other cohorts.

Prevention

This theme provides insight into a variety of areas the different CVE strategies and NGOs utilise for preventing vulnerable cohorts such as the autistic community from VE. Preventative efforts offer opportunities to reduce the impact stereotyping and stigmas have on suspect communities such as autistic communities – groups of people under suspicion from wider society (Ylitalo-James, 2020). All CVE strategies referenced the prevention to VE radicalisation through three subthemes: research, safeguarding, and support.

Research

There is a vast range of previous research that has investigated the two focus topics, ASD and VE. However, there is limited research into how the two focus topics may interact together. Previous research has highlighted multiple theories on the progression of radicalisation and elements that may ‘push’ and/or ‘pull’ an individual towards VE ideologies. These include the previously stated ‘Staircase to Terrorism’ (Moghaddam, 2005) and Borum’s Four-Stage Model of the Terrorist Mindset (2003). Due to the similarities in behaviour expression between ASD and VE that have been pointed out from previous research, it could be said some CVE methods may prove effective in an ASD cohort. However, the UK CVE strategy ‘A Shared Endeavour: working in partnership to counter violent extremism in London’ (2019) remains cautious about the potential crossover effect as limited research makes it difficult to confirm a relationship between individuals with diagnosed/undiagnosed disorders and those vulnerable to radicalisation to VE.

Nevertheless, each CVE strategy has discussed the importance of utilizing and contributing to current research in the area of VE. Through developing an understanding of

effective and non-effective CVE methods previously implemented, developments to current CVE strategies can be made. Additionally, effective CVE methods can be developed from societal research into radicalisation methods and how they may change over time. These approaches to research can be classified as Critical Theory as the CVE strategies acknowledge how the societal issue of VE can evolve (Rehman & Alharthi, 2016; Ryan, 2018). That is why the CVE strategies contribute to ongoing research into VE through the creation of research projects and utilizing education institutions such as universities. The New Zealand CVE strategy (2021) has explained how they have established a National Centre of Excellence which focuses on how to build community resilience whilst researching prevention towards VE. In addition, social cohesion and embracing diversity have been strongly highlighted. Similarly, the Australian CVE strategy (2022) outlines their priority to continue researching into effective countering VE methods led by evidence-based decision-making. With continuous research into effective countering VE methods, safeguarding procedures can be developed and implemented.

Safeguarding

There was mention of collaborative efforts from multiple specialties across the CVE strategies to provide a range of safeguarding procedures. These procedures included challenging VE ideologies, supporting ‘at-risk’ individuals to resist and disengage from VE groups, countering all forms of VE, and creating and maintaining important national and international partnerships. The way in which these procedures take shape, vary depending on the environment they may be enforced in. For example, the UK Prevent strategy has been revised to fit multiple environments. As such, sector specific guidance’s have been developed for further education and higher education institutions. Further changes between safeguarding procedures are to be expected between other partnerships such as healthcare and the community. However, it was not apparent that safeguarding procedures from Canada, New Zealand and Australia can be adapted to the specific needs of an autistic individual. It is interesting that the UK CVE strategy is alone in adapting their CVE strategy to include disabled children and their support system. This is shown through the development of “Working Together to Safeguard Children” (2018), which is to be read in conjunction with the main Prevent strategy. Although this guidance is not focused on the prevention of VE, its reference to the disabled community (which would include the autistic community) could make it influential for the other CVE strategies to consider. However, due to the wide array

of situations and environments this safeguarding guideline encompasses, suggestions for safeguarding measures are limited and brief resulting in a lack of direction.

In saying that, there are other resources that could be utilised by the other CVE strategies that have direct reference to autistic individuals – the autism NGOs. With the development of ‘Safeguarding young people on the autism spectrum’ by the National Autism Society (2014), safeguarding procedures that work to address the specific needs of an autistic individual could be created. This guidance explores numerous areas of an autistic individual’s life, however, there is a section dedicated to exploring safeguarding procedures within a VE context. Promoting family engagement has been highlighted as essential for safeguarding autistic individuals against radicalisation to VE. Discussions surrounding radicalisation should be included within existing parental programmes. Nevertheless, further support can be provided in the form of parental engagement workshops or one-to-one interactions with the autistic individual or carer to offer guidance, advice, and information regarding radicalisation (National Autism Society, 2014).

It is clear to see ASD has been spoken about in more open terms within the NGOs compared to the CVE strategies. One could argue that the restrictive mention of ASD or other developmental/psychological disorders within the CVE strategies compared to the autism NGOs may be due to an attempt of reducing prejudice against these communities. The NGOs have been created to advocate and educate society on ASD and potential behaviours associated with the disorder. Therefore, it is appropriate for them to discuss radicalisation risk in regards to autistic individuals (Autism Bedfordshire, 2019).

Nevertheless, for the CVE strategies to provide adequate safeguarding procedures to those on the autistic spectrum, they should take reference to the information provided by the NGOs. That way appropriate support can be given to the cohort.

Support

From a range of safeguarding procedures, comes the mechanisms to provide support. As highlighted by all strategies, they are heavily dependent on a range of partnerships to help provide appropriate support to the community and those vulnerable to radicalisation. As such, the UK (2018), Australian (2022), and Canadian (2018) CVE strategies specifically mention they are aided by psychological professionals for the development of safeguarding measures and the provision of support. However, there is no specific mention of ASD in relation to the provided support and safeguarding measures.

The Canadian CVE strategy (2018) indicates that those vulnerable to radicalisation will often have interactions with front-line workers and practitioners. This can consist of nurses, school counsellors, psychologists, and youth workers. This indicates support can be provided by a range of specialities. For example, psychologists may be able to provide support to autistic individuals who express similar behaviours to those expressed by radicalised individuals. This may include impairments to communication skills and social behaviour.

The National Autism Society NGO (2018) draws upon the UK CVE strategy to discuss the support that can be provided for autistic individuals may be similar to supportive methods provided for other vulnerable individuals. This indicates the versatility of the support methods across a wide spectrum of individuals that can be easily adaptable for autistic individuals. This included: One-to-one support, mentoring programmes, focused education programmes, targeted youth support to enhance social involvement, life skills (such as social skills), and behaviour management. Some of these supporting methods, such as one-to-one support, are popular methods used when interacting with autistic individuals in a range of environments such as educational institutions (Azad et al., 2015). These methods provide a level of social support to an autistic individual (Koegel et al., 2015), in turn, leading to the development of positive protective factors acting to reduce the level of risk to radicalisation.

Although not included within the actual UK CVE strategy (2021), the National Autism Society (2018) states the CVE strategy works to complete initial assessments of identified individuals to develop the most appropriate support plan such as the ones above.

The different CVE strategies mentioned the importance of social cohesion in regard to safeguarding measures for providing support within a community setting. This was described by the CVE strategies as a way to provide protective factors against VE ideologies. However, the way in which they encourage and promote social cohesion is unclear. Social cohesion has proven difficult to define, understanding of the involved concepts ranges from shared principles that entice trust and understanding amongst group members to the notion of social capital and inclusions (Chan et al., 2006; Nesterova et al., 2019). Nevertheless, it is an interpersonal and societal concept that refers to social integration. As promoted by the CVE strategies, this includes acceptance of diversity and increased inclusivity. In turn, this would cater to the social deficits associated with ASD and promote the development of protective factors that work against attractive qualities of VE ideologies. Nevertheless, consideration for

outliers that do not conform or respond to social cohesion is essential as total cohesion may not be possible.

Intervention

Preventing the rise of VE ideology formation and reducing radicalisation towards VE ideology, is not always possible, that is why the final theme encompasses intervention. This theme, comprised of two subthemes; ‘challenging the extremist ideology’, and ‘tailored support’, calls attention to the importance of increasing protective factors within an individual’s life. Across the documents, it was shown that by providing individual assessments to identified individuals, their specific range of needs are able to be directly addressed, including any behavioural, psychological or social deficits. The way in which these needs are addressed can come in a variety of forms, across a range of specialties.

Challenging the Extremist Ideology

Challenging an extremist ideology can prove difficult as there is the possibility that any efforts to challenge the VE narrative may enhance the drive to radicalise. Across all the documents it was indicated that intervening in the radicalisation process is best applied as early into the radicalisation pathway as possible. Identification is typically made through awareness - training and education. As discussed by the autism NGOs, the National Autism Society (2014) and Autism Bedfordshire (2019), and the UK CVE strategy (2021), early identification and intervention is implemented within early educational institutions. These methods work to teach children right from wrong at a young age and involve challenging negative attitudes and stereotypes. In doing so, ideologies and narratives that may be utilised by VE are rejected and reducing their appeal.

Individuals are often attracted to extremist ideologies due to a drive to attend to specific needs that are not currently being met. This may be psychological, social, or environmental. That is why intervention efforts must include challenging the VE ideology and what attracts the individual to the ideology. These efforts were mentioned by all the CVE strategies. The Canadian CVE strategy (2018) discussed the method of providing alternative points of view to identified individuals. This is complemented by the provision of alternative outlets that suit the needs of the individual to achieve respectful and meaningful dialogue. In doing so, it is suggested the use of violent communication is reduced and replaced with

positive social communication methods. In turn, this promotes the development of alternative communication skills. Similarly, the Australian CVE strategy (2022) utilises strategic communication methods to undermine and challenge the extremist narrative. This is used in combination with procedures that work to redirect the identified individuals away from the radicalisation pathway. These suggest applicability to autistic individuals as it can cater to social communication deficits if present. This intervention method is supported by the National Autism Society (2014) who suggests the use of alternative communication forms when interacting with autistic individuals will enhance the effects of the interaction. This may include visual aids, use of body language, changes to the environment that enhance positive attitudes, or shorter but more frequent meetings. By changing the form of communication to something as discussed, the potential deficit associated with autism could be overcome (Lazzaro et al., 2019; White et al., 2017).

Tailored Support

As previous research has suggested, there are multiple pathways to radicalisation as a variety of factors can influence the process (Borum, 2014). Therefore, methods of intervention must be fluid and adaptable. The provision of tailored support works in correspondence with any form of intervention method, including challenging the extremist ideology. It can be seen through a variety of intervention methods such as the previously discussed ‘challenging the extremist ideology’ by way of provision of alternative forms of communication. Not only does this allow for effective communication, but it has also been adapted to address the specific needs and vulnerabilities of an individual (Murrie et al., 2002). As discussed by the UK CVE strategy (2021), an individual’s risks and needs are identified through a vulnerability assessment. Once the required needs of the individual are identified, the intervention form is constructed and assigned. Similar to that of preventative support, interventional tailored support can be implemented through the use of psychologists, social workers, youth groups, and/or socio-economical support. However, preventative support is implemented in a generalised manner, whereas intervening tailored support has a direct focus on deradicalisation of individuals away from VE ideologies and groups. Nevertheless, the provision of support that is tailored to the needs of the individual can help to improve protective factors that work to divert the individual away from negative associations such as VE ideologies. As previous research has shown, providing support to autistic individuals that has been tailored to their needs, produces positive results such as increased pro-social behaviours: confidence to engage in social environments, reduced

shyness, and reduced negative behaviours (Benton & Johnson, 2014). Subsequently, the provision of tailored support can increase the sense of perceived social support. Previous research has suggested that perceived social support is associated with perceived life satisfaction (Tsermentseli, 2022), which in turn, can reduce vulnerability to radicalisation.

Ethical Concerns

Managing ethical concerns is something all researchers must adhere to. However, due to the analysis type the researcher chose to follow (Document Analysis), there were fewer ethical concerns compared to other qualitative methods as no participants were required and no elements were manipulated. Nonetheless, the research had some ethical boundaries to consider.

Although there were no participants involved in the research, the research had to ensure no harm could result from the findings and reporting of the research. Although this must be maintained in all research, it is essentially vital when discussing cohorts with a level of vulnerability such as the Autism community. Due to the topic of this research involving VE, the researcher monitored the risk of developing and/or increasing harmful stereotypes for the ASD community. The researcher made sure to consult with the New Zealand Autism society to ensure this was avoided. This took the shape of using the correct terminology when referencing the autistic community and ensuring a variety of sources were used (CVE strategies alongside autistic NGOs).

Strengths

The strength of this research came from the qualitative research design. This design, shown through Document Analysis (DA), allowed detailed information to be uncovered. By adopting DA, the researcher was able to draw from multiple sources in a less time-consuming manner than other data collection methods. This meant greater opportunities for increasing the data set. This led to freedom in exploring how the CVE strategies have developed over time.

Another strength of this research was the freedom to expand the focus countries. By increasing the target range from focusing on one country, such as New Zealand alone, the researcher was able to gain insight into the differences and similarities between the CVE

strategies of different countries. Although the focus countries belong within the same organisation, The Five Eyes, strategies, resources, and cultures do differ as confirmed by the research findings.

This research is unique in which there is no other research found investigating how CVE strategies and ASD.

Limitations

The largest limitation encountered during this research is that ASD was not specifically mentioned by the four focus countries in their CVE strategies. This meant a reasonable amount of inference had to be made when considering the applicability to an autistic cohort. The lack of mention of ASD within these CVE strategies presents as a limitation itself because if there were an instance where the strategies had to be enforced involving an autistic individual, there is little direction for procedures to be implemented. It is highly probable that the lack of mention of ASD within these strategies is to discourage stigmatisation and discrimination of the autistic community. However, this wariness in itself could be accompanied with unintended consequences. Therefore it is important to recognise there is the ability to adapt specific avenues to suit the deficits of autism if needed.

Recommendations for Future Research

Research shows that there is a difference in prevalence of psychiatric and developmental disorders in those vulnerable to radicalisation towards VE (King & Murphy, 2014; Mouridsen, 2012). This study has shown that regardless of this prevalence, the focus countries have focused their CVE strategies around the general public. It would be useful to see how these strategies can be adapted for other disorders of higher prevalence in a VE setting, specifically ASD.

As the current research has placed focus on four countries that are involved within the Five Eyes partnership, further research may change focus to include other countries. This may be other countries involved within the commonwealth, a range of western and non-western countries, or solely non-western. It would be interesting to investigate how the CVE strategies change across western and non-western countries, and if/how these changes can be adapted to cater for vulnerable cohorts such as those with ASD. This is because less is known about ASD in non-western countries. This could be attributed to numerous reasons such as

cultural, acceptance, and priority differences (Cappiello & Gahagan, 2009; Dyches et al., 2004; Leeuw et al., 2020; Norbury & Sparks, 2013).

Further research may also examine the effectiveness of different intervention methods at a more personal level for autistic individuals in regards to deradicalising them and increasing their protective factors within their lives. This may involve conducting interviews with autistic individuals who are or have completed the process of deradicalisation. This would look into what was most effective and helpful during the process and what could be improved. This could be conducted and compared against the effects intervention methods had on non-autistic individuals. Additionally, it could be compared to results if this research were to be conducted in different countries.

Conclusion

Overall, this study illustrates how different aspects of the CVE strategies from four focus countries, can be adapted to suit the specific deficits of autistic individuals. This has been portrayed through three overarching themes: awareness, prevention, and intervention. Awareness encompasses the knowledge and understanding of ASD and the potential deficits that accompany the disorder; in relation to how these deficits may leave an autistic individual vulnerable to radicalisation towards VE. For those that are impacted by impaired social communication skills, it is important to recognise they may have increased vulnerability to manipulation, leading to radicalisation. Additionally, they may be at a higher risk of encountering VE propaganda due to increased online behaviour.

Coinciding with awareness of what may cause increased vulnerability to VE for autistic individuals, is the need for those separate to the individual to have access to help, training and education. Those that encounter the individual most, are the ones more likely to identify any behaviour that may indicate potential ability to radicalise. This may include whanau (family) and friends, school counsellors or teachers, or healthcare staff. Some institutions for frontline workers include training in such respect, however, whanau and friends are less likely to know what they are to be aware of. Even still, public resources and helpful services are available if needed.

The results have shown that all countries have taken steps towards preventing the rise of radicalisation towards VE for the general public. There is a lack of mention regarding how their steps may impact those with ASD. However, when considering the deficits that can

accompany ASD, there are instances where adaptations can be made to make prevention efforts applicable to an autistic cohort. The similarities between some of the deficits seen in ASD, and behaviours of those on the pathway to radicalisation have been acknowledged. Therefore, it is not a far stretch to consider that the preventative steps in place for preventing individuals from being radicalised, may be effective when utilized for preventing autistic individuals from being radicalised.

Finally, the theme of intervention calls attention to how the different CVE strategies provide individual assessments in order to tailor the most appropriate intervention methods. This is to ensure individual needs and vulnerabilities are addressed. Overall, this provides the perfect opportunity for enforcement within an autistic cohort. By understanding the vulnerabilities that can accompany autistic individuals, intervention strategies that support those vulnerabilities can be recommended.

In conclusion, despite the lack of mention of ASD within the focus countries' CVE strategies, opportunities do arise through their implementation that allow for adequate application to ASD cohort is the need ever arose.

References

- Abbas, T., Awan, I., & Marsden, J. (2021). Oushed to the edge: the consequences of the 'prevent duty' in de-radicalising pre-crime thought among British muslim university students. *Race Ethnicity and Education*, 1-16. DOI: 10.1080/13613324.2021.2019002
- Al-Attar, Z. (2018). Interviewing terrorism suspects and offenders with an autism spectrum disorder. *International Journal of Forensic Mental Health*, 17(4), 321-337. <https://doi.org/10.1080/14999013.2018.1519614>
- Al-Attar, Z. (2020). Autism spectrum disorders and terrorism: how different features of autism can contextualise vulnerability and resilience. *The Journal of Forensic Psychiatry & Psychology*, 31(6), 926-949. <https://doi.org/10.1080/14789949.2020.1812695>
- Al-Lami, M. (2009). Studies of Radicalisation: state of the field report. *Politics and international relations working paper*, 11(7), 9-79, [Studies of Radicalisation: State of the Field Report \(squarespace.com\)](https://www.squarespace.com)
- Allen, D., Evans, C., Hider, A., Hawkins, S., Peckett, H., & Morgan, H. (2008). Offending behaviour in adults with Asperger syndrome. *Journal of autism and developmental disorders*, 38(4), 748-758, <https://doi.org/10.1007/s10803-007-0442-9>
- Altheide, D. L., & Schneider, C. J. (2012). *Qualitative media analysis* (2nd ed.). Sage Publications. [Qualitative Media Analysis - David L. Altheide, Christopher J. Schneider - Google Books](https://books.google.com/books)
- Aly, A., Macdonald, S., Jarvis, L., & Chen, T. M. (2017). Introduction to the special issue: Terrorist online propaganda and radicalization. *Studies in Conflict & Terrorism*, 40(1), 1-9, <https://doi.org/10.1080/1057610X.2016.1157402>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*
- Andreou, M., & Skrimpa, V. (2020). Theory of mind deficits and neurophysiological operations in autism spectrum disorders: a review. *Brain sciences*, 10(6), 1-12, <https://doi.org/10.3390/brainsci10060393>
- Angus, C. (2016). *Radicalisation and violent extremism: Causes and responses*. New South Wales Parliamentary Research Service, 1-23, [Radicalisation eBrief.pdf \(nsw.gov.au\)](https://www.nsw.gov.au)
- Australian Institute of Health and Welfare. (2017). Autism in Australia. *Australian Government*, 1-9, [Autism-in-Australia.pdf.aspx \(aihw.gov.au\)](https://www.aihw.gov.au)
- Autism Bedfordshire. (2019). Anti-radicalisation policy and prevention strategy. Autism Bedfordshire. 1-7, [Anti-radicalisation-Policy-and-Prevent-Strategy-Revised-July2019.pdf \(autismbedfordshire.net\)](https://www.autismbedfordshire.net)

- Autism New Zealand. (2021) A. About us. Retrieved from <https://autismnz.org.nz/about-us/>
- Autism New Zealand. (2021) B. Definitions. Autism New Zealand. Retrieved from <https://www.autismnz.org.nz/definitions/>
- Awan, I. (2012). I am a muslim not an extremist: How the prevent strategy has constructed a suspect community. *Politics and Policy*, 40(6), 1158-1185. DOI 10.1111/j.1747-1346.2012.00397.x
- Baron-Cohen, S. (2000). Theory of mind and autism: A review. *International review of research in mental retardation*, 23, 169-184.
- Barak, B., & Feng, G. (2016). Neurobiology of social behavior abnormalities in autism and Williams syndrome. *Nature neuroscience*, 19(6), 647–655.
- Barber, C. (2017). Social media and autism spectrum conditions. *Practice Nursing*, 28(7), 292-298.
- Battersby, J., Ball, R., & Nelson, N. (2020). New Zealand’s Counter-terrorism Strategy: A Critical Assessment. *National Security Journal*, 2, 1.
- Baumeister, R. F. (1991). Meanings of life. *Guilford Press*
- Baumeister, R. F., Brewer, L. B., Tice, D.M., & Twenge, J. M. (2007). Thwarting the need to belong: Understanding the interpersonal and inner effects of social exclusion. *Osical and Personality Psychology Compass*. 1, 506-520
- Becker, M. (2016). A Response to “Key Issues and Research Agendas in Lone Wolf Terrorism”. *Studies in Conflict & Terrorism*, 39(5), 472-476.
- Benton, L., & Johnson, H. (2014). Structured approached to participatory design for children: can targeting the needs of children with autism provide benefits for boarding child population? *Instructional Science*, 42, 47-65. [Author template for journal articles \(ucl.ac.uk\)](#)
- Bhui, K., Everitt, B., Jones, E. (2014). Might depression, psychosocial adversity, and limited social assets explain vulnerability to and resistance against violent radicalisation. *PloS ONE*, 9(9). E105918
- Bhui, K., Otis, M., Silva, M. J., Halvorsrud, K., Freestone, M., & Jones, E. (2020). Extremism and common mental illness: Cross-sectional community survey of White British and Pakistani men and women living in England. *The British Journal of Psychiatry*, 217(4), 547-554.
- Borum, R. (2003). Understanding the Terrorist Mind-Set. *FBI Law Enforcement Bulletin*.
- Borum, R. (2011). Radicalization into violent extremism II: A review of conceptual models and empirical research. *Journal of Strategic Security*, 4(4), 37-62
- Borum, R. (2014). Psychological vulnerabilities and propensities for involvement in violent extremism. *Behavioral sciences & the law*, 32(3), 286-305.
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative research journal*. 9(2), 27-40

- Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global qualitative nursing research*, 4, 2333393617742282.
- Brangwin, N., Church, N., Dyer, S., & Watt, D. (2015). Defending Australia: a history of australia's defence white papers. *Parliament of Australia, Foreign Affairs, Defence, and Security Section*.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. sage.
- Braun, V., & Clarke, V. (2017). Thematic analysis. *The Journal of Positive Psychology*. 12(3), 297-298
- Brown, A., Abernethy, A., Gorsuch, R., & Dueck, A. C. (2010). Sacred violations, perceptions of injustice, and anger in Muslims. *Journal of Applied Social Psychology*, 40(5), 1003-1027.
- Burke, M., Kraut, R., & Williams, D. (2010). Social use of computer-mediated communication by adults on the autism spectrum. *Proceedings of the 2010 ACM conference on Computer supported cooperative work*, 425-434
- Cage, E., Di Monaco, J., & Newell, V. (2018). Experiences of autism acceptance and mental health in autistic adults. *Journal of autism and developmental disorders*, 48(2), 473-484.
- Campisi, L., Imran, N., Nazeer, A., Skokauskas, N., & Azeem, M. W. (2018). Autism spectrum disorder. *British Medical Bulletin*, 127(1).
- Cappiello, M. M., & Gahagan, S. (2009). Early child development and developmental delay in indigenous communities. *Pediatric Clinics*, 56(6), 1501-1517.
- CareTrade. (2020). Preventing extremism and radicalisation policy. *CareTrade United Kingdom*. 1-7, [CT_Preventing_Extremism_and_Radicalisation_Policy.pdf](https://www.care-trade.org/CT_Preventing_Extremism_and_Radicalisation_Policy.pdf) (care-trade.org)
- Carter Leno, V., Vitoratou, S., Kent, R., Charman, T., Chandler, S., Jones, C. R., Happé, F., Pickles, A., & Simonoff, E. (2019). Exploring the neurocognitive correlates of challenging behaviours in young people with autism spectrum disorder. *Autism*, 23(5), 1152-1164. <https://doi.org/10.1177/1362361318769176>
- Carter, T. S., & Claridge, N. E. (2011). Interim report of the special senate committee on anti-terrorism is released. *Anti-terrorism & charity law alert*. 24.
- Chan, J., Ho-Pong, T., & Chan, E. (2006). Reconsidering social cohesion: Developing a definition and analytical framework for empirical research. *Social Indicators Research*. 75(2), 273-302, DOI: 10.1007/s11205-005-2118-1

- Chauhan, A., Sahu, J. K., Jaiswal, N., Kumar, K., Agarwal, A., Kaur, J., Singh, S., & Singh, M. (2019). Prevalence of autism spectrum disorder in Indian children: A systematic review and meta-analysis. *Neurology India*, 67(1), 100.
- Cheely, C. A., Carpenter, L. A., Letourneau, E. J., Nicholas, J. S., Charles, J. & King, L. B. (2012). The prevalence of youth with autism spectrum disorder in the criminal justice system. *Journal of autism and developmental disorders*, 42(9), 1856-1862
- Chiarotti, F., & Venerosi, A. (2020). Epidemiology of autism spectrum disorders: a review of worldwide prevalence estimates since 2014. *Brain sciences*, 10(5), 274.
- Chisholm, T., & Coulter, A. (2017). Safeguarding and radicalisation. *London: Department for Education*.
- Chown, N. (2010). 'Do you have any difficulties that I may not be aware of?' A study of autism awareness and understanding in the UK police service'. *International Journal of Police Science & Management*, 12(2), 256-273.
- Classification Office. (n.d.) Responding to the rise of violent extremism and disinformation online. Retrieved from <https://www.beehive.govt.nz/sites/default/files/2020-12/Classification%20Office-6.pdf>
- Clemmow, C. (2021). The equifinality and multifinality of violent radicalization and mental health. *Terrorism, Violent Radicalisation, and Mental Health*, 125.
- Commonwealth of Australia. (2015). Australia's counter-terrorism and violent extremism strategy: strengthening our resilience. *Commonwealth of Australia*. 1-31, [Australia's Counter Terrorism Strategy - 2015 \(nationalsecurity.gov.au\)](https://www.nationalsecurity.gov.au/sites/default/files/2015-12/2015-12-16-Counter-Terrorism-Strategy-2015-2020.pdf)
- Conway, M., & Courtney, M. (2017). Violent extremism and terrorism online in 2017: The year in review. *Network Of Excellence for Research in Violent Online Political Extremism*.
- Cooper, K., Smith, L. G., & Russell, A. (2017). Social identity, self-esteem, and mental health in autism. *European Journal of Social Psychology*, 47(7), 844-854.
- Corner, E., & Gill, P. (2015). A false dichotomy? Mental illness and lone-actor terrorism. *Law and human behavior*, 39(1), 23.
- Corner, E., Bouhana, N., & Gill, P. (2019). The multifinality of vulnerability indicators in lone-actor terrorism. *Psychology, Crime & Law*, 25(2), 111-132
- Corner, E., Gill, P., & Mason, O. (2016). Mental health disorder and the terrorist: A research note probing selection effects and disorder prevalence. *Studies in Conflict & Terrorism*. 39(6), 560-568
- Croen, L. A., Najjar, D. V., Fireman, B., & Grether, J. K. (2007). Maternal and paternal age and risk of autism spectrum disorders. *Archives of pediatrics & adolescent medicine*, 161(4), 334-340.

- Dalglish, S. L., Khalid, H., & McMahon, S. A. (2020). Document analysis in health policy research: the READ approach. *Health Policy and Planning*, 35(10), 1424-1431
- De Leeuw, A., Happé, F., & Hoekstra, R. A. (2020). A conceptual framework for understanding the cultural and contextual factors on autism across the globe. *Autism Research*, 13(7), 1029-1050.
- De Pauw, S. S., Mervielde, I., Van Leeuwen, K. G., & De Clercq, B. J. (2011). How temperament and personality contribute to the maladjustment of children with autism. *Journal of Autism and Developmental Disorders*, 41(2), 196-212.
- De Roy van Zuijdewijn, J., & Bakker, E. (2016). Analysing personal characteristics of lone-actor terrorists: Research findings and recommendations. *Perspectives on Terrorism*, 10(2), 42-49
- Del Pozzo, J., Roché, M. W., & Silverstein, S. M. (2018). Violent behaviour in autism spectrum disorder: Who's at risk? *Aggression and Violent Behavior*, 39, 53-60
- Department of Home Affairs. (2019) Countering extremism and terrorism. *Australian Government*. [Countering violent extremism \(homeaffairs.gov.au\)](https://www.homeaffairs.gov.au/counter-extremism)
- Department of Home Affairs. (2022). Safeguarding our community together: Australia's counter-terrorism strategy 2022. *Australian Government*, 1-38, [Safeguarding Our Community Together, Australia's Counter-Terrorism Strategy 2022 \(nationalsecurity.gov.au\)](https://www.nationalsecurity.gov.au/counter-terrorism)
- Department of the Prime Minister and Cabinet. (2010). Counter-terrorism white paper: Securing Australia – Protecting our community. Australian Government, 1-83, [Counter-Terrorism White Paper: Securing Australia – Protecting our Community \(defence.gov.au\)](https://www.defence.gov.au/counter-terrorism)
- Department of Prime Minister and Cabinet. (2021). Countering terrorism and violent extremism strategy. *New Zealand Government*. 1-15, [New Zealands Countering Terrorism and Violent Extremism Strategy.pdf \(dpmc.govt.nz\)](https://www.dpmc.govt.nz/new-zealand-countering-terrorism-and-violent-extremism-strategy)
- Department of Prime Minister and Cabinet. (2022). Counter-terrorism work programme 2022. Department of Prime Minister and Cabinet, 1, [Counter-Terrorism Work Programme 2022.pdf \(dpmc.govt.nz\)](https://www.dpmc.govt.nz/counter-terrorism-work-programme-2022)
- DeStefano, F. (2007). Vaccines and autism: evidence does not support a causal association. *Clinical Pharmacology & Therapeutics*, 82(6), 756-759.
- Dixon, G. N., & Clarke, C. E. (2013). Heightening uncertainty around certain science: Media coverage, false balance, and the autism-vaccine controversy. *Science Communication*, 35(3), 358-382.
- Doshi-Velez, F., Ge, Y., & Kohane, I. (2014). Comorbidity clusters in autism spectrum disorders: An electronic health record time-series analysis. *Pediatrics*. (1)133, e54-e63

- Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing, 25*(5), 443-455.
- Draaisma D. (2009). Stereotypes of autism. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences, 364*(1522), 1475–1480.
- Durkin, M. S., Maenner, M. J., Newschaffer, C. J., Lee, L. C., Cunniff, C. M., Daniels, J. L., Kirby, R. S., Leavitt, L., Miller, L., Zhorodny, W., & Schieve, L. A. (2008). Advanced parental age and the risk of autism spectrum disorder. *American journal of epidemiology, 168*(11), 1268-1276.
- Durupinar, F., Kapadia, M., Deutsch, S., Neff, M., & Badler, N. I. (2016). Perform: Perceptual approach for adding ocean personality to human motion using laban movement analysis. *ACM Transactions on Graphics (TOG), 36*(1), 1-16.
- Durupinar, F., Pelechano, N., Allbeck, J. M., Güdükbay, U., & Badler, N. I. (2011). The impact of the ocean personality model on the perception of crowds.
- Dworzynski, K., Ronald, A., Bolton, P., & Happé, F. (2012). How different are girls and boys above and below the diagnostic threshold for autism spectrum disorders? *Journal of the American Academy of Child & Adolescent Psychiatry, 51*(8), 788-797.
- Dyches, T. T., Wilder, L. K., Sudweeks, R. R., Obiakor, F. E., & Algozzine, B. (2004). Multicultural issues in autism. *Journal of autism and developmental disorders, 34*(2), 211-222.
- Elsabbagh, M., Divan, G., Koh, Y., Kim, Y. S., Kauchali, S., Marcín, C., Montiel-Nava, C., Patel, V., Paula, C. S., Wangm C., Yasamy, M. T., & Fombonne, E. (2012). Global prevalence of autism and other pervasive developmental disorders. *Autism Research, 5*, 160-179
- Faccini, L., & Allely, C. S. (2017). Rare instances of individuals with autism supporting or engaging in terrorism. *Journal of Intellectual Disabilities and Offending Behaviour. (8)*2, 70-82
- Fingeld-Connett, D. (2014). Use of content analysis to conduct knowledge-building and theory-generating qualitative systematic reviews. *Qualitative research, 14*(3), 341-352.
- Fisher, M. H., Moskowitz, A. L., & Hodapp, R. M. (2013). Differences in social vulnerability among individuals with autism spectrum disorder, Williams syndrome, and Down syndrome. *Research in Autism Spectrum Disorders, 7*(8), 931-937.
- Fombonne, E. (2009). Epidemiology of pervasive developmental disorders. *Paediatric Research. 65*, 591-598
- Fomboone, E. (2020) Epidemiological controversies in autism. *Swiss Archives of Neurology, Psychiatry and Psychotherapy, 171*(01).
- Fredrickson, O. (2019). Reassing the international terrorism (emergency powers) act 1987. Retrieved from [delivery.php\(ssrn.com\)](http://delivery.php(ssrn.com))

- Frith, C., & Frith, U. (2005). Theory of mind. *Current biology*, 15(17), R644-R645.
- Garcet, S. (2021). Understanding the psychological aspects of the radicalisation process: a sociocognitive approach. *Forensic Sciences Research*, 6(2), 115-123.
- Gattinara, P. C., O'Connor, F., & Lindekilde, L. (2018). Italy, No Country for Acting Alone? Lone Actor Radicalisation in the Neo-Fascist Milieu. *Perspectives on Terrorism*, 12(6), 136-149.
- Gearson, J., & Rosemont, H. (2015). CONTEST as strategy: Reassessing Britain's counterterrorism approach. *Studies in Conflict & Terrorism*, 28(12), 1038-1064
- Ghaziuddin, M., & Zafar, S. (2008). Psychiatric comorbidity of adults with autism spectrum disorders. *Clinical Neuropsychiatry*, 5(1), 9-12
- Gielen, A. J. (2019). Countering violent extremism: A realist review for assessing what works, for whom, in what circumstances, and how? *Terrorism and political violence*, 31(6), 1149-1167.
- Gill, P., & Corner, E. (2015). Lone actor terrorist use of the internet and behavioural correlates. In *Terrorism Online* (pp. 47-65). Routledge.
- Google. (2022) Search results page. Retrieved from <https://support.google.com/faqs/answer/7049588?hl=en>
- Government of Canada. (2018). Kanishka project. Retrieved from Kanishka Project (publicsafety.gc.ca)
- Government of Canada. (2018). National strategy on countering radicalisation to violence. National Strategy on Countering Radicalization to Violence (publicsafety.gc.ca)
- Green, M. F., Horan, W. P., & Lee, J. (2019). Nonsocial and social cognition in schizophrenia: current evidence and future directions. *World Psychiatry*, 18(2), 146-161
- Guy, S. J., Kim, S., Lin, M. C., & Manocha, D. (2011). Simulating heterogeneous crowd behaviors using personality trait theory. In *Proceedings of the 2011 ACM SIGGRAPH/Eurographics symposium on computer animation* (pp. 43-52).
- Hallmayer, J., Cleveland, S., Torres, A., Phillips, J., Cohen, B., Torigoe, T., Miller, J., Fedele, A., Collins, J., Smith, K., Lotspeich, L., Croen, L. A., Ozonoff, S., Lajonchere, C., Gretherr, J K., & Risch, N. (2011). Genetic heritability and shared environmental factors among twin pairs with autism. *Arch Gen Psychiatry*. (11)68. 1095-1102.
- Hardy, K. (2014). Resilience in UK counter-terrorism. *Theoretical Criminology*. 1-18
- 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 & Adolescent Psychiatry*, 56(6), 491-497.

- Heine, S. J., Proulx, T., & Vohs, K. D. (2006). The meaning maintenance model: On the coherence of social motivations. *Personality and Social Psychology Review*, 10, 88–110.
- Hepburn, S. L. (2003). Clinical implications of temperamental characteristics in young children with developmental disabilities. *Infants and young children*, 16(1), 59.
- Hogg, M. A. (2007). Uncertainty–identity theory. *Advances in experimental social psychology*, 39, 69-126.
- Holden, B., & Gitlesen, J. P. (2006). A total population study of challenging behaviour in the county of Hedmark, Norway: Prevalence, and risk markers. *Research in developmental disabilities*, 27(4), 456-465.
- Home Office. (2021a). Revised prevent duty guidance: for England and Wales. *United Kingdom Government, Revised Prevent duty guidance: for England and Wales - GOV.UK* (www.gov.uk)
- Home Office. (2021b). Revised prevent duty guidance: for Scotland. *United Kingdom Government, Revised Prevent duty guidance: for Scotland - GOV.UK* (www.gov.uk)
- Home Office. (2021c). Revised prevent duty guidance: for further education institutions in England and Wales. *United Kingdom Government, Prevent duty guidance: for further education institutions in England and Wales - GOV.UK* (www.gov.uk)
- Home Office. (2021d). Revised prevent duty guidance: for further education institutions in Scotland. *United Kingdom Government, Prevent duty guidance: for further education institutions in Scotland - GOV.UK* (www.gov.uk)
- Hooker, K., & McAdams, D. P. (2003). Personality and adult development: Looking beyond the OCEAN. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 58(6), P311-P312.
- Horgan, J. G., & Horgan, J. (2004). *The psychology of terrorism*. Routledge.
- Howlin, P. (2004). *Autism and Asperger syndrome: Preparing for adulthood*. Routledge.
- Human Ethics Committee. (2017). Code of ethical conduct for research, teaching and evaluations involving human participants. *Massey University*.
- Institute of Advanced Legal Studies. (2022). Commonwealth countries: Commonwealth. Retrieved from Commonwealth - Commonwealth countries - LibGuides at Institute of Advanced Legal Studies
- Itzchak, E. B., Lahat, E., & Zachor, D. A. (2011). Advanced parental ages and low birth weight in autism spectrum disorders – rates and effect on functioning. *Research in Developmental Disabilities*. 35(5). 1776-1781

- Jacobsen, A. (2017). Pushes and pulls of radicalisation into violent Islamist extremism and prevention measures targeting these: Comparing men and women.
- Jawaid, A., Riby, D. M., Owens, J., White, S. W., Tarar, T., & Schulz, P. E. (2012). 'Too withdrawn' or 'too friendly': considering social vulnerability in two neuro-developmental disorders. *Journal of Intellectual Disability Research*, 56(4), 335-350.
- Jones, D., DeBrabander, K. M., & Sasson, N. J. (2021). Effects of autism acceptance training on explicit and implicit biases towards autism. *Autism*, 25(5), 1246-1261.
<https://doi.org/10.1177/1362361320984896>
- Joshi, G., Wozniak, J., Petty, C., Martelon, M. K., Fried, R., Bolfek, A., Kotte, A., Stevens, J., Furtak, S. L., Bourgeois, M., Caruso, J., Caron, A., & Biederman, J. (2013). Psychiatric comorbidity and functioning in a clinically referred population of adults with autism spectrum disorders: a comparative study. *Journal of autism and developmental disorders*, 43(6), 1314-1325.
- Karppinen, K., & Moe, H. (2019). Texts as data I: Document analysis. In *The Palgrave handbook of methods for media policy research* (pp. 249-262). Palgrave Macmillan, Cham.
- Kawamura, Y., Takahashi, O., Ishii, T. (2008). Reevaluating the incidence of pervasive developmental disorders: impact of elevated rates of detection through implementation of an integrated system of screening in Toyota, Japan. *Psychiatry and Clinical Neuroscience*, 62, 152-159
- Kenny, L., Hattersley, C., Molins, B., Buckley, C., Povey, C., & Pellicano, E. (2016). Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism*. 1-21
- Kenyon, J., Baker-Beall, C., & Binder, J. (2021). Lone-actor terrorism—a systematic literature review. *Studies in Conflict & Terrorism*, 1-24.
- Kessler, R., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Curr Opin Psychiatry*. 20(4). 359-364
- Keifer, C. M., Mikami, A. Y., Morris, J. P., Libsack, E. J., & Lerner, M. D. (2020). Prediction of social behaviour in autism spectrum disorders: explicit versus implicit social cognition. *Autism: The International Journal of Research and Practice*, 24(7), 1758-1772
- Kim, Y. K., Leventhal, B. L., Koh, Y., Fombonne, E., Laska, E., Lim, E., Cheon, K., Kim, S., Kim, Y., Lee, H., Song, D., & Grinker, R. R. (2011). Prevalence of autism spectrum disorder in a total population sample. *American Journal of Psychiatry*, 168(9), 904-912.

- King, C., & Murphy, G. H. (2014). A systematic review of people with autism spectrum disorder and the criminal justice system. *Journal of autism and developmental disorders*, 44, 2717-2733
- Koegel, R. L., & Kim, S., Koegel, L. K. (2015). Training professionals to improve socialization in students with ASD. *Journal of Autism and Developmental Disorders*, 44(9), 2197-2208. doi: [10.1007/s10803-014-2094-x](https://doi.org/10.1007/s10803-014-2094-x)
- Koehler, D. (2020). Violent extremism, mental health and substance abuse among adolescents: towards a trauma psychological perspective on violent radicalization and deradicalization. *The Journal of Forensic Psychiatry & Psychology*, 31(3), 455-472.
- Krikovski, M., Enticott, P. G., & Fitzgerald, P. B. (2013) A review of the role of female gender in autism spectrum disorders. *Journal of autism and developmental disorders*, 43(11), 2584-2603
- Kruglanski, A. W., Chen, X., Dechesne, M., Fishman, S., & Orehek, E. (2009). Fully Committed: Suicide Bombers' Motivation and the Quest for Personal Significance. *Political Psychology*, 30(3), 331-357.
- Kuhinja, E. (2020). Justice, Freedom and Security? Analyzing the counter-terrorism efforts of Western Balkan states towards EU accession. *Sarajevski žurnal za društvena pitanja*, 9(2), 79-99.
- Lai, M. C., Kasse, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., & Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *The Lancet Psychiatry*, 6(10), 819-829.
- Lai, M. C., Lombardo, M. V., Auyeung, B., Chakrabarti, B., & Baron-Cohen, S. (2015). Sex/gender differences and autism: setting the scene for future research. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(1), 11-24.
- Lazzaro, S. C., Weidinger, L., Cooper, R. A., Baron-Cohen, S., Moutsiana, C., & Sharot, T. (2019). Social conformity in autism. *Journal of Autism and Developmental Disorders*, 49, 1304-1315
- Leeuw, A. D., Happé, F., & Hoekstra, R. A. (2020). A conceptual framework for understanding the cultural and contextual factors on autism across the globe. *Autism Research*, 13, 1029-1050.
- 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 Online*, 40(2), 177-190.
- Lindekilde, L., Malthaner, S., & O'Connor, F. (2019) A. Peripheral and embedded: relational patterns of lone-actor terrorist radicalization. *Dynamics of Asymmetric Conflict*, 12(1), 20-41.

- Lindekilde, L., O'Connor, F., & Schuurman, B. (2019) B. Radicalization patterns and modes of attack planning and preparation among lone-actor terrorists: an exploratory analysis. *Behavioral Sciences of Terrorism and Political Aggression*, 11(2), 113-133.
- Linders, A. (2008) Documents, texts, and archives in constructionist research. *Handbook of constructionist research*, 467-490
- Lipton, M., & Nowicki, S. (2009). The social emotional learning framework (SELF): A guide for understanding brain-based social emotional learning impairments. *Journal of Developmental Processes*, 4(2), 99-115.
- Little, R., Ford, P., & Girardi, A. (2021). Online self-radicalisation: a case study of cognitive vulnerabilities for radicalization to extremism and single actor terrorism. *Journal of Intellectual Disabilities and Offending Behaviour*.
- Lord, C., Elsabbagh, M., Baird, G., & Veenstra-Vanderweele, J. (2018). Autism spectrum disorder. *The Lancet*, 392(10146), 508-520.
- Love, P. (2013). Document analysis. In *Research in the college context* (pp. 99-112). Routledge.
- Lundström, S., Forsman, M., Larsson, H., Kerekes, N., Serlachius, E., Långstoröm N., & Lichtenstein, P. (2013). Childhood neurodevelopmental disorders and violent criminality: A sibling control study. *Journal of Autism and Developmental Disorders*, 44(11), 2707-2716.
- Lynch, L. E., Mason, K. V., Rodriguez, N. (2015). National institute of justice: radicalization and violent extremism: Lessons learned from Canada, the U.K., and the U.S. *U.S. Department of Justice*. Retrieved from Radicalization and Violent Extremism: Lessons Learned from Canada, the U.K., and the U.S. (ojp.gov)
- Mackieson, P., Shlonsky, A., & Connelly, M. (2019). Increasing rigor and reducing bias in qualitative research: A document analysis of parliamentary debates using applied thematic analysis. *Qualitative Social Work*. 18(6). 965-980
- Maras, K., Mulcahy, S., & Crane, L. (2015). Is autism linked to criminality?. *Autism*, 19(5), 515-516.
- Massey University. (2017) Code of ethical conduct for research, teaching, and evaluations involving human participants. *Massey University*. Retrieved from code-of-ethical-conduct-for-research,-teaching-and-evaluations-involving-human-participants.pdf (massey.ac.nz)
- Mayes, T. (2003). Persons with autism and criminal justice: core concepts and leading cases. *Journal of Positive Behavior Interventions*. 5(2), 92-100
- Mayor of London. (2019). A shared endeavour: working in partnership to counter violent extremism in London. *Greater London Authority*, 1-216,
[a_shared_endeavour_working_in_partnership_to_counter_violent_extremism_in_london.pdf](#)

- Mendonça, R. D., Gouveia-Pereira, M., & Miranda, M. (2016). Belief in a Just World and secondary victimization: The role of adolescent deviant behavior. *Personality and Individual Differences, 97*, 82-87.
- Merari, A. (2010). *Driven to death: Psychological and social aspects of suicide terrorism*. Oxford University Press
- Merriam, S. B., & Tisdell, E. J. (2015) *Qualitative research: a guide to design and implementation*. John Wiley & Sons.
- Ministry of health. (2020). Autism spectrum disorder. New Zealand Government. Retrieved from <https://www.health.govt.nz/your-health/conditions-and-treatments/disabilities/autism-spectrum-disorder>
- Moffitt, T. E. (2015). Life-Course-Persistent versus Adolescence-Limited Antisocial Behavior. *Developmental Psychopathology: Volume Three: Risk, Disorder, and Adaptation*, 570-598.
- Moghaddam, F. M. (2005). The staircase to terrorism: A psychological exploration. *American psychologist, 60*(2), 161.
- Morgan, H. (2022) Conducting a qualitative document analysis. *The Qualitative Report, 27*(1), 64-77
- Mouridsen, S. E. (2012) Current status of research on autism spectrum disorders and offending. *Research in Autism Spectrum Disorders, 6*(1), 79-86
- Munesue, T., Ono, Y., Mutoh, K., Shimoda, K., Nakatani, H., & Kikuchi, M. (2008). High prevalence of bipolar disorder comorbidity in adolescents and young adults with high-functioning autism spectrum disorder: a preliminary study of 44 outpatients. *Journal of affective disorders, 111*(2-3), 170-175.
- Munton, T., Martin, A., Lorenc, T., Marrero-Guillamon, I., Jamal, F., Lehmann, A., Cooper, C., & Sexton, M. (2011). Understanding vulnerability and resilience in individuals to the influence of Al Qaida violent extremism: A Rapid Evidence Assessment.
- Murrie, D. C., Warren, J. L., Kristainsson, M., & Dietz, P. E. (2002). Asperger's syndrome in forensic setting. *International Journal of Forensic Mental Health, 1*(1), 59-70
- National Autistic Society. (2021) A. Our mission, vision and values. Retrieved from <https://www.autism.org.uk/what-we-do/who-we-are/our-mission-vision-and-values>
- National Autistic Society. (2021) B. How to talk and write about autism. Retrieved from <https://www.autism.org.uk/what-we-do/help-and-support/how-to-talk-about-autism>
- Nesterova, M., Dielini, M., & Zomozhskyi, A. (2019). Social cohesion in education: Cognitive research in the university community. *International Journal of Cognitive Research in Science, Engineering, and education. 7*(2), 19-27, DOI:10.5937/IJCRSEE1902019N

- New Zealand Government. (2017). Briefing to the incoming minister. Retrieved from GCSB and NZSIS.PDF (beehive.govt.nz)
- New Zealand Government. (2021)A. New Zealand's countering terrorism and violent extremism strategy. *New Zealand Government*. Retrieved from New Zealand's Countering Terrorism and Violent Extremism Strategy | Department of the Prime Minister and Cabinet (DPMC)
- New Zealand Government. (2021)B. Government establishes counter-terrorism research centre and scholarships. *New Zealand Government*. Retrieved from Government establishes counter-terrorism research centre and scholarships | Beehive.govt.nz
- Norbury, C. F., & Sparks, A. (2013). Difference or disorder? Cultural issues in understanding neurodevelopmental disorders. *Developmental Psychology*, *1*(49), 45-58
- Omand, D. (2005). Countering international terrorism: the use of strategy. *Survival*, *47*(4), 107-116
- O'Sullivan, O. P. (2018). Autism spectrum disorder and criminal responsibility: Historical perspectives, clinical challenges, and broader considerations within the criminal justice system. *Irish Journal of Psychological Medicine*, *35*(4), 333-339.
- O'Toole, T., Meer, N., DeHanas, D. N., Jones, S. H., & Modood, T. (2016). Governing through prevent? Regulations and contested practise in state-muslim engagement. *Sociology*, *50*(1), 160-177, doi: [10.1177/0038038514564437](https://doi.org/10.1177/0038038514564437)
- Ouellette, J., & Lacoste, B. (2021). From neurodevelopmental to neurodegenerative disorders: The vascular continuum. *Frontiers in Aging Neuroscience*, *13*, 1-30
- Pagalan, L., Bickford, C., Weikum, W., Lanphear, B., Brauer, M., Lanphear, N., Hanley, G. E., Oberlander, T. F., & Winters, M. (2019). Association of prenatal exposure to air pollution with autism spectrum disorder. *JAMA pediatrics*, *173*(1), 86-92.
- Park, C. L., & Edmondson, D. (2011). Religion as a quest for meaning. In M. Mikulincer & P. Shaver (Eds.), *The Psychology of Meaning*. Washington, DC: American Psychological Association
- Payne, K. L. (2017) Introducing social vulnerability and compliance as factors for understanding offending in autism spectrum disorder. *PsyPAG Quarterly*, *21*(102), 21-25
- Peddell, D., Eyre, M., McManus, M., & Bonworth, J. (2016). Influences and vulnerabilities in radicalised long actor terrorists: UK practitioner perspectives. *International Journal of Police Science & Management*, *18*(2), 63-76
- Perera, H., Wijewardena, K., & Aluthwelage, R. (2009). Screening of 18-24-month-old children for autism in a semi-urban community in Sri Lanka. *Journal of Tropical Paediatrics*, *55*, 402-405

- Pfluke, C. (2019). A history of the five eyes alliance: possibility for reform and additions: a history of the five eyes alliance: possibility for reform and additions. *Comparative Strategy*, 38(4), 302-315.
- Pressman, D., E., & Flockton, J. (2012). Calibrating risk for violent political extremists and terrorists: the VERA 2 structured assessment. *The British Journal of Forensic Practice*, 14(4), 237-251
- Public Safety Canada. (2018). National Strategy on Countering Radicalisation to violence. *Government of Canada*. 1-46, [ntnl-strtg-cntrng-rdclztn-vlnc-en.pdf \(publicsafety.gc.ca\)](https://www.publicsafety.gc.ca/ntnl-strtg-cntrng-rdclztn-vlnc-en.pdf)
- Rahmani, F., Hammati, A., Cohen, S. J., & Meloy, J. R. (2019). The interplay between antisocial and obsessive-compulsive personality characteristics in cult-like religious groups: A psychodynamic decoding of the DSM-5. *International Journal of Applied Psychoanalytic Studies*, 16(4), 258-273
- Rava, J., Shattuck, P., Rast, J., & Roux, A. (2017). The prevalence and correlates of involvement in the criminal justice system among youth on the autism spectrum. *Journal of Autism and Developmental Disorders*, 47(2), 340-346
- Regier, D. A., Narrow, W. E., Kuhl, E. A., & Kupfer, D. J. (2009). The conceptual development of DSM-V. *American Journal of Psychiatry*, 166(6), 645-650
- Rehman, A. A., & Alharthi, K. (2016). An introduction to research paradigms. *International Journal of Education Investigations*, 3(8), 51-59. [Article Template \(ijeionline.com\)](#)
- Rix, M. D. (2008). Australia and the war against terrorism: terrorism, national security and human rights. *Crimes and Misdemeanours: Deviance and the law in historical perspectives*, 2(1), 40-59
- Rousseau, C., Hassan, G., Miconi, D., Lecompte, V., Mekki-Berrada, A., El Hage, H., & Oulhote, Y. (2019). From social adversity to sympathy for violent radicalization: The role of depression, religiosity and social support. *Archives of Public Health*, 77(1), 45.
- Royal Commission New Zealand. (2021). Ko tō tātou kāinga tēnei. *Royal Commission of Inquiry into the terrorist attack on Christchurch masjidain on 15 March 2019*. Retrieved from 5. Harmful behaviours, right-wing extremism and radicalisation | Royal Commission of Inquiry into the Attack on Christchurch Mosques on 15 March 2019
- Ryan, G. (2018). Introduction to positivism, interpretivism and critical theory. *Nurse Researcher*, 25(4), 41-49, <http://dx.doi.org/doi:10.7748/nr.2018.e1466>
- Saltman, E. M., & Smith, M. (2015). Till martyrdom do us part: Gender and the ISIS phenomenon. *Institute for Strategic Dialogue*

- Sandelowski, M. (2010). What's in the name? Qualitative description revisited. *Research in Nursing and Health*, 33, 77-84
- Schendel, D., & Bhasin, T. K. (2008). Birth weight and gestational age characteristics of children with autism, including a comparison with other developmental disabilities. *Pediatrics*, 121(6), 1155-1164.
- Schwartz, S. J., Dunkel, C. S., & Waterman, A. S. (2009). Terrorism: An Identity Theory Perspective. *Studies in Conflict & Terrorism*, 32(6), 537–559
- Secretary of State. (2018). CONTEST: the united kingdom's strategy for countering terrorism. *United Kingdom*, [CONTEST 3.0 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- Slaughter, A. M., Hein, S., Hong, J. H., Mire, S. S., & Griorenko, E. L. (2019). Criminal behaviour and school discipline in juvenile justice-involved youth with autism. *Journal of Autism and Developmental Disorders*, 49(6), 2268-2280
- Sotlar, A. (2004). Some problems with a definition and perception of extremism within a society. *Policing in Central and Eastern Europe: Dilemmas of Contemporary Criminal Justice*. Retrieved from <https://www.ojp.gov/pdffiles1/nij/Mesko/208033.pdf>
- Spaaij, R. (2010). The enigma of lone wolf terrorism: An assessment. *Studies in Conflict & Terrorism*, 33(9), 854-870.
- Sun, X., Allison, C., Wei, L., Matthews, F. E., Auyeung, B., Wu, Y. Y., Griffiths, S., & Brayne, C. (2019). Autism prevalence in China is comparable to Western prevalence. *Molecular autism*, 10(1), 1-19.
- Svennevig, H., Jerome, L., & Elwick, A. (2021). Countering violent extremism in education: a human rights analysis. *Human Rights Education Review*, 4(1), 91-110.
- Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology*, 58, 345–372.
- Tarras-Wahlberg, J. (2016). Promises of paradise?: A study on official ISIS propaganda targeting women.
- Thapar, A., Cooper, M., & Rutter, M. (2016). Neurodevelopmental disorders. *The Lancet Psychiatry*, 4(4), 339-346.
- The Commonwealth. (2022). The Commonwealth. Retrieved from <https://thecommonwealth.org>
- The National Autistic Society. (2014). Safeguarding young people on the Autism spectrum. *The National Autistic Society*, 1-40, [NAS_SafeguardingYoungPeople \(4\).pdf \(thirdlight.com\)](https://www.thirdlight.com/NAS_SafeguardingYoungPeople(4).pdf)
- The World Bank. (2022) A. Population total – Australia. *The World Bank Group*. Retrieved from Population, total - Australia | Data (worldbank.org)

- The World Bank. (2022) B. Population total – Canada. *The World Bank Group*. Retrieved from Population, total - Canada | Data (worldbank.org)
- The World Bank. (2022) C. Population total – China. *The World Bank Group*. Retrieved from Population, total - China | Data (worldbank.org)
- The World Bank. (2022) D. Population total – Indonesia. *The World Bank Group*. Retrieved from Population, total - Indonesia | Data (worldbank.org)
- The World Bank. (2022) E. Population total – Japan. *The World Bank Group*. Retrieved from Population, total - Japan | Data (worldbank.org)
- The World Bank. (2022) F. Population total – Korea. *The World Bank Group*. Retrieved from Population, total - Korea, Rep. | Data (worldbank.org)
- The World Bank. (2022) G. Population total – New Zealand. *The World Bank Group*. Retrieved from Population, total - New Zealand | Data (worldbank.org)
- The World Bank. (2022) H. Population total – Sri Lanka. *The World Bank Group*. Retrieved from Population, total - Sri Lanka | Data (worldbank.org)
- The World Bank. (2022) I. Population total – United States. *The World Bank Group*. Retrieved from Population, total - United States | Data (worldbank.org)
- The World Bank. (2022) J. Population total – United Kingdom. *The World Bank Group*. Retrieved from Population, total - United Kingdom | Data (worldbank.org)
- Tsermentseli, S. (2022). Self-esteem moderates the impact of perceived social support on the life satisfaction of adults with autism spectrum disorder. *Autism & Developmental Language Impairments*. 7, 1-7, DOI: 10.1177/23969415221147430
- United Kingdom Government. (2011). CONTEST: The United Kingdom’s strategy for countering terrorism. *The United Kingdom Government*. Retrieved from CONTEST: The United Kingdom’s Strategy for Countering Terrorism July 2011 - Summary (publishing.service.gov.uk)
- United Kingdom Government. (2011). Prevent strategy. Secretary of State for the Home Department. Retrieved from Prevent review (publishing.service.gov.uk)
- United Nations. (n.d.) History of united nations. Retrieved from History of the United Nations | United Nations
- United Nations. (2022). Our mandate. Retrieved from Our Mandate | Security Council - Counter-Terrorism Committee (CTC)
- Vahia, V. N. (2013). Diagnostic and statistical manual of mental disorders 5: A quick glance. *Indian Journal of psychiatry*, 55(3), 220

- Vaismoradi, M., Turunen, H., Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Science*. 15, 398-405
- Vas, S., Falkmer, M., Ciccarelli, M., Passmore, A., Parsons, R., Tan, T., & Falkmer, T. (2015). The personal and contextual contributions to school belongingness among primary school students. *PLoS One*, 10(4), e0123353
- Velikonja, T., Fett, A. K., & Velthorst, E. (2019). Patterns of nonsocial and social cognitive functioning in adults with autism spectrum disorder: A systematic review and meta-analysis. *JAMA psychiatry*, 76(2), 135-151.
- Wach, E., & Ward, R. (2013). Learning about qualitative document analysis.
- Walker, J. (2017) An introduction to countering violent extremism. *The New Zealand Corrections Journal*. 5(2).
- Walter, F., Leonard, S., Miah, S., & Shaw, J. (2020) Characteristics of autism spectrum disorder and susceptibility to radicalisation among young people: a qualitative study. *The Journal of Forensic Psychiatry and Psychology*. 1-22
- Weiss, J. (2003). Self-injurious behaviours in autism: A literature review.
- 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.
- Woodbury-Smith, M., Clare, I., Holland, A. J., Watson, P. C., Bambrick, M., Kearns, A., & Staufenberg, E. (2010). Circumscribed interests and 'offenders' with autism spectrum disorders: a case-control study. *The Journal of Forensic Psychiatry & Psychology*, 21(3), 366-377.
- Woodbury-Smith, M. R., Loftin, R., Westphal, A., & Volkmar, F. R. (2022). Vulnerability to Ideologically-Motivated Violence Among Individuals With Autism Spectrum Disorder. *Frontiers in psychiatry*, 13, 873121.
- World Health Organisation. (2019). Autism spectrum disorders. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>