

Women with Autism and Forensic Involvement

Verity Chester

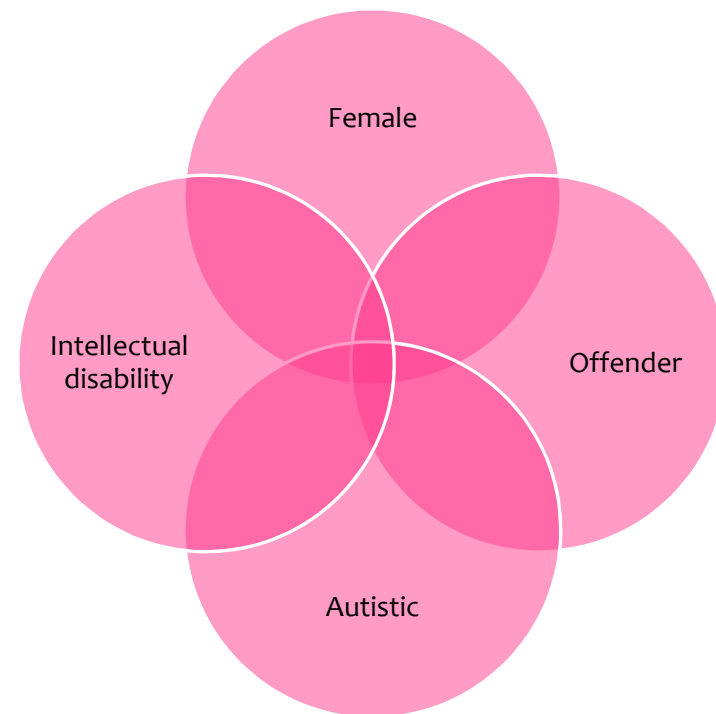
Research Associate and Network Manager – RADiANT

Little Plumstead Hospital, Norwich

PhD Candidate - University of East Anglia

Overview

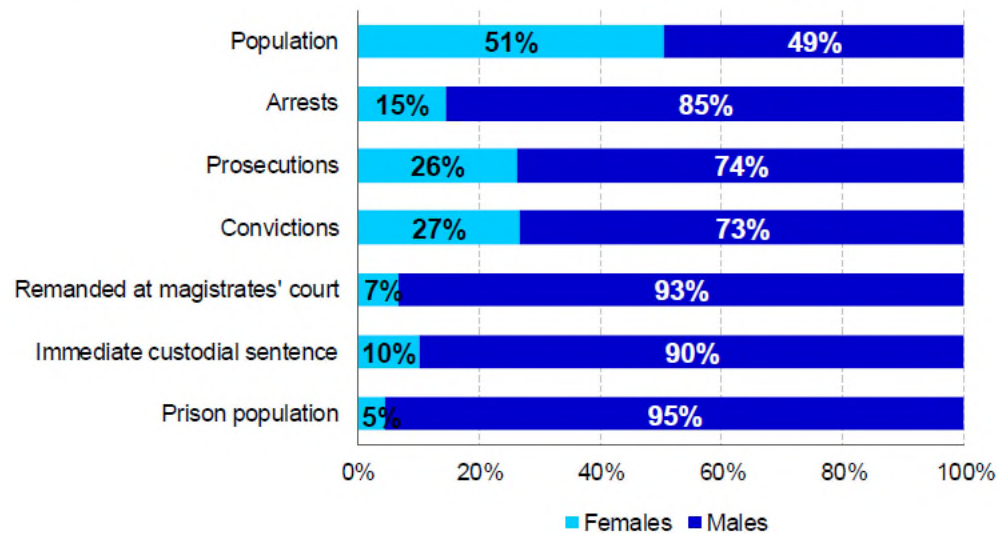
- * Female offenders
- * Autism in females
- * Autism, women, and forensic settings



Female offenders

Introduction – Female Offenders

Figure 1.01: Proportions of males and females throughout the CJS, 2019



- * Females substantially underrepresented throughout the CJS compared with males.
- * Forensic mental health: between 8-19% of admissions are female (Coid et al, 2000; Dent, 2006).

Forensic Characteristics

- * Females were typically dealt with for less severe offences at court (MoJ, 2019).
- * In 2019, the average sentence length for male offenders was 19.7 months compared to 11.3 for females.
- * A higher proportion of female offenders were first time offenders, compared to males.
- * TV licence evasion was the most common offence for which females were convicted in 2019. In 2019, 74% of those convicted for TV licence evasion were female. This offence accounted for 30% of all female convictions, compared to 4% of male convictions.
- * Theft from shops was the most common indictable offence for which 34% of females and 14% of males were convicted in 2019.

Forensic Characteristics

- * Considering forensic history, research suggests that women:
 - * have fewer previous convictions
 - * are more likely to have been transferred from less secure settings following non-criminalized behavior (Coid et al., 2000), such as damage to property, self-harm or aggression towards hospital staff.
 - * Of those who had committed criminal offenses, arson was significantly higher (Coid et al., 2000).

Clinical Characteristics

- * Studies consistently report women typically have more complex psychiatric psychopathology than men, with higher rates of:
 - * Previous psychiatric admissions
 - * Depression/Anxiety
 - * Borderline personality disorder (Coid et al., 2000).
 - * Schizophrenia
 - * Alcohol and drug misuse (Davenport, 2004; Maden et al., 1996).
 - * Eating disorders (Davenport, 2004).
 - * Deliberate self-harm (Adshead, 1994; Coid et al., 2000).
 - * Childhood sexual abuse (Fish, 2013; Lindsay et al., 2004)
 - * Violent/abusive relationships in adulthood (Namdarkhan, 1995).

Attitudes to Females

- * Women in secure services represent a distinct population, with differing characteristics, security, and treatment needs to men (Bartlett & Hassell, 2001).
- * Despite lower frequency and less severe criminal offenses than men, women are viewed as problematic, due to high levels of aggression, self-harm (Fish, 2000), and personality disorder.
- * Crawford, Cohen, and Brook (2001) states that women are often subject to negative labelling, such as “attention seeking,” “challenging,” or “volatile”.
- * It has been suggested that conceptualizing female patients as “different” is further stigmatizing, problematizing, and pathologizing women (Aitken & Noble, 2001), rather than facilitating gender-specific responses and approaches to treatment.

Minority Group

- * This minority status is both a blessing and a curse.
- * A common theme from the literature is that women have been marginalized within a system largely designed by men for men (Corston, 2007), with only men's needs in mind (Carlen, 2002).
- * Secure units experience difficulty meeting the needs of women due to their minority status (Berber & Boer, 2004).
- * Aitken (2006) notes that assessments carried out as standard within forensic mental health settings are not adequately tailored to the backgrounds of women.

Presentation of autism in women and girls

Introduction

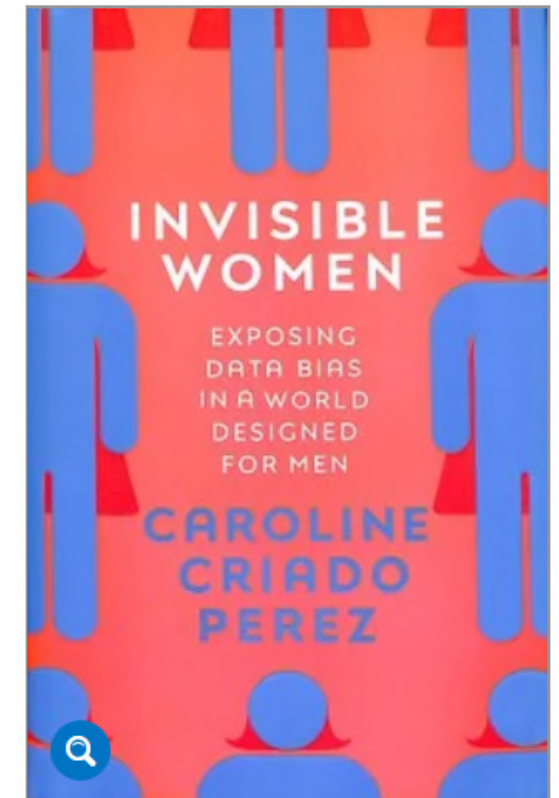
- * There is a growing awareness of an under recognised group of people within autism research and practice:
 - * Girls and Women



Girls and Autism

Educational, Family and Personal Perspectives

Edited by Barry Carpenter, Francesca Happé and Jo Egerton



Current Sex Ratios in Autism

- * Male:female 4:1 (Barnard-Brak, Richman, & Almekdash, 2019).
- * Male:female 2:1 in individuals with a comorbid intellectual disability (ID) (Barnard-Brak et al., 2019).

Diagnostic Criteria – Social Communication

Criteria	Example
Deficits in social-emotional reciprocity	Abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
Deficits in nonverbal communicative behaviours used for social interaction	Poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
Deficits in developing, maintaining, and understanding relationships	Difficulties adjusting behaviour to suit various social contexts; difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Social Communication

- * Autistic women observed to present with fewer socio-communication symptoms than males (Lai et al., 2017).
- * Autistic girls appear more likely to conceal and internalise their difficulties, where boys tend to externalise.
- * Differences in behaviour in women and girls have been described as more subtle compared to autistic boys and men, but marked when compared to typically developing peers (Backer van Ommeren et al., 2017).

Camouflage and Masking

A Behavioral Comparison of Male and Female Adults with High Functioning Autism Spectrum Conditions

Meng-Chuan Lai^{1*}, Michael V. Lombardo¹, Greg Pasco¹, Amber N. V. Ruigrok¹, Sally J. Wheelwright¹, Susan A. Sadek¹, Bhismadev Chakrabarti^{1,2}, MRC AIMS Consortium¹, Simon Baron-Cohen¹

¹ Department of Psychiatry, Autism Research Centre, University of Cambridge, Cambridge, United Kingdom, ² School of Psychology and Clinical Language Sciences, Centre for Integrative Neuroscience and Neurodynamics, University of Reading, Reading, United Kingdom

Abstract

Autism spectrum conditions (ASC) affect more males than females in the general population. However, within ASC it is unclear if there are phenotypic sex differences. Testing for similarities and differences between the sexes is important not only for clinical assessment but also has implications for theories of typical sex differences and of autism. Using cognitive and behavioral measures, we investigated similarities and differences between the sexes in age- and IQ-matched adults with ASC (high-functioning autism or Asperger syndrome). Of the 83 (45 males and 38 females) participants, 62 (33 males and 29 females) met Autism Diagnostic Interview-Revised (ADI-R) cut-off criteria for autism in childhood and were included in all subsequent analyses. The severity of childhood core autism symptoms did not differ between the sexes. Males and females also did not differ in self-reported empathy, systemizing, anxiety, depression, and obsessive-compulsive traits/symptoms or mentalizing performance. However, adult females with ASC showed more lifetime sensory symptoms ($p=0.036$), fewer current socio-communication difficulties ($p=0.001$), and more self-reported autistic traits ($p=0.012$) than males. In addition, females with ASC who also had developmental language delay had lower current performance IQ than those without developmental language delay ($p<0.001$), a pattern not seen in males. The absence of typical sex differences in empathizing-systemizing profiles within the autism spectrum confirms a prediction from the extreme male brain theory. Behavioral sex differences within ASC may also reflect different developmental mechanisms between males and females with ASC. We discuss the importance of the superficially better socio-communication ability in adult females with ASC in terms of why females with ASC may more often go under-recognized, and receive their diagnosis later, than males.

- * Comparable severity of childhood autistic symptoms – equally autistic as children.
- * But females presented fewer current socio-communication symptoms on the ADOS as adults...why?
- * Clinicians have observed that women may have an ability to “camouflage” their autism.
- * Camouflaging - conscious, observational learning of how to act in a social setting, e.g. adopting social roles and following social scripts.
- * Some women report consciously “cloning” themselves on a popular girl in their class whilst at school, imitating their conversational style, intonation, movements, style, interests, and mannerisms, in minute detail.

Camouflage and Masking

- * Parents reported autistic daughters acutely aware of differences to their peers and that they explicitly tried to manage their difficulties at school by becoming more quiet or cautious in their communication than at home (Sutherland et al., 2017).
- * Autistic girls described as “being on the sidelines”, hanging around in the group quietly, not contributing, speaking only when spoken to.
- * TD girls spend most of their time playing with their peers. **Autistic girls ‘flit’ between joint engagement and solitary engagement.** Autistic boys had a tendency to play alone, rather than in organised games.
- * Social difficulties of autistic girls might be less visible to school staff as compared to boys (Dean, Harwood and Kasari, 2017)
- * Social isolation may be more likely to be missed within the assessments of girls, leading to under-recognition (Gould, 2017).

Drawbacks of Masking

- * Masking may help women to “fit in”, but it is mentally exhausting (Lai et al., 2017),
- * “Keeping up the mask” cause high levels of stress, anxiety, and exhaustion.
- * Appearing more socially competent, then behaving in ways which appear unusual to peers, may lead to women being criticised, but not having the skills or knowledge of how to respond to this (Zener, 2019).
- * Camouflaging may damage females’ sense of self and identity, as they feel unable to express who they really are (Zener, 2019).
- * Most importantly, camouflaging can affect access to diagnosis, or prevent diagnosis altogether, when women are meeting with professionals who dismiss or misunderstand their needs because they “do not look the part” (Tint & Weiss, 2018).

Diagnostic Criteria – Restrictive / Repetitive Behaviour

Criteria	Example
Stereotyped or repetitive motor movements, use of objects, or speech	Simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases.
Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behaviour	Extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day.
Highly restricted, fixated interests that are abnormal in intensity or focus	Strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest.
Hyper- or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment	Apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement.

Restrictive / Repetitive Behaviour

- * Repetitive behaviours and restricted interests (RBRIs) symptoms can present differently between the sexes.
- * One of the potential explanations for more males being diagnosed with autism is that males display more (on average) RBRIs than females (Allely, 2019).
- * RBRIs are a symptomology which may be recognised more easily (Allely, 2019), and clinicians are familiar with the male profile of RBRIs.

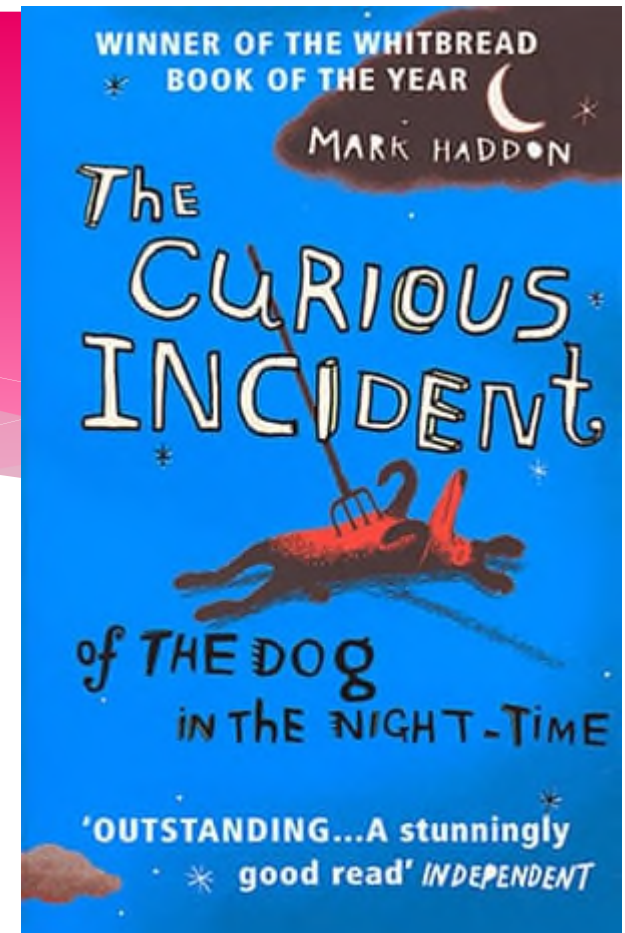
Restrictive / Repetitive Behaviour

- * Nowell et al. found that boys were more likely to have a primary interest in Physics (e.g. vehicles, physical systems, computers, building).
- * Girls' most commonly fell into the category of TV (e.g. listening to music, particular shows, tablet watching) or Psychology (e.g. relationships, pretend figures, live action role play).
- * As clinicians' experience of circumscribed interests is predominantly male-based, the authors suggest that assessments should consider the inclusion of peers vs solitary play, and the degree of functional impairment around the interest, as key to identifying autism.

Recognition and Diagnosis

Recognition

- * Prior to diagnosis, there is a stage of recognition, where signs of autism are noticed or observed, and the individual is referred for assessment.
- * Recognition can take place within the family, in social spheres, educational, or clinical settings.
- * Autism educational materials, e.g. awareness videos, training courses / curriculum, and representations within TV or film are predominantly male.
- * There is a lack of recognition of the autistic female profile within public and professional consciousness.
- * Stereotypes of expected female social behaviour may also affect recognition, e.g. shyness is more tolerated in girls than in boys.



Diagnosis

- * Girls and women are less likely to be referred for diagnosis.
- * Reports that GPs had dismissed their concerns and did not offer further assessment.
- * Approximately 30% of psychiatrists reported that they received no training on autism during their primary medical, foundation degree or specialist psychiatric training.
- * A considerable proportion of health professionals reported feeling less confident in recognising, screening and diagnosing autism in female patients (Tromans et al., 2019).

“When I mentioned the possibility to my psychiatric nurse she actually laughed at me...I asked my mum, who was a GP at the time...if she thought I was autistic. She said, ‘Of course not’. At the time, a good 10 years ago now, there just wasn’t much information about how girls presented, and from what she knew, I was nothing of the sort.” (P05)

“I’ll always remember my special needs teacher saying I’m too poor at maths to be autistic.” (P04)

Diagnosis

- * Study examined how many girls may be missing an autism diagnosis, by comparing clinic/community based datasets to national population estimates.
- * Females were less likely to receive a diagnosis compared to males.
- * 39% more girls should be diagnosed with autism than actually were.
- * The authors concluded females experience disproportionate access to diagnosis, suggesting that a “leaky pipeline” may exist along one or more points in the assessment of autistic girls.

How many girls are we missing in ASD? An examination from a clinic- and community-based sample

Lucy Bamard-Brak, David Richman and M. Hasan Almekdash

Abstract

Purpose – Research has indicated that males diagnosed with autism spectrum disorder (ASD) outnumber females diagnosed with ASD, which has been attributed to a number of potential biological and genetic risk factors. The purpose of this paper is to estimate how many girls may be missing from ASD via a two-study format, comparing two distinct data sets to Centers for Disease Control and Prevention population estimates for sex distribution of males vs females in ASD.

Design/methodology/approach – In Study 1, the authors utilized data from the National Database for Autism Research as a clinic-based sample. In Study 2, the authors utilized data from the National Survey of Children's Health as a community-based sample.

Findings – The current study estimates that approximately 39 percent more girls should be diagnosed with ASD. The authors estimate that the sex distribution in ASD should be approximately 28 percent female and 72 percent male based upon current practices. Thus, it appears that more females are being identified as potentially having ASD but were not subsequently being diagnosed with ASD as compared to their male counterparts.

Originality/value – These results could suggest that a leaky pipeline in the assessment of girls with ASD may exist along one or more points in the ASD diagnostic process, with one potential point at the level of ASD-specific screening (i.e. the SDQ in Study 1) in the clinic setting and another in the community setting as a whole for universal screening (i.e. NSCH data in Study 2).

Keywords Assessment, Identification, Autism spectrum disorder

Paper type Research paper

(information about the authors
can be found at the end of
this article.)

Received 20 November 2018
Revised 10 January 2019
Accepted 17 January 2019

The authors have no conflict of
interest to declare. This study was
supported by grant, R40 MC27475,
R40 MCH Autism Secondary Data

Diagnostic tools

- * Current screening tools and diagnostic measures / criteria developed and normed for a male population, not sensitive to the female phenotype.
- * Diagnostic criteria do not provide examples of the types of difficulties experienced by autistic girls and women.
- * Jamison (2017): 94% of clinicians do not use a different methodology or instruments when diagnosing males versus females, but rely “more” on clinical impressions based on observational assessment, and standardized instruments “less.”

Outcomes

- * Misdiagnosis
- * Late diagnosis
- * Lack of lifetime support, service provision and poorer outcomes:
 - * Personal / social
 - * Education
 - * Employment
 - * Clinically
 - * Forensic/CJS involvement

Ex-astronaut Lisa Nowak's criminal record to stay open

🕒 1 April 2011



A Florida judge has denied ex-astronaut Lisa Nowak's request to seal her criminal record.

Nowak, who was accused of planning to attack a love rival, argued that keeping her record open would hurt her chances of finding a job.

Judge Marc Lubet refused the request on Thursday, saying any employer was probably already aware of her actions, which garnered much media attention.

Nowak was given one year's probation in 2009 after pleading guilty to burglary.

The former astronaut was accused of attacking and planning to kidnap Colleen Shipman, a romantic rival, in February 2007.

even a star on an MTV show.

But when she was a cleaner, the 27-year-old sometimes found it so overwhelming she hid in a cupboard.



Ms Nowak, second from left, served as a mission specialist on a space shuttle flight

Misdiagnosis

- * Women with undiagnosed autism often seek support for their mental health conditions, but as professionals do not often consider, or identify autism as a possible cause of mental health and their autism can be missed.
- * Another issue is the autistic literal interpretation and answering of questions within assessment tools, e.g. “Do you hear things that others don’t?” is likely to be responded to positively by an autistic person with sensitivity to noise.
- * Misdiagnosis may be due to shared features between comorbid disorders.

Common misdiagnoses

Borderline Personality Disorder

- * Overlap in areas such as verbalising emotions, intense relationships, superficial friendships and impairments in social functioning (Dell'Oso et al., 2018).
- * Can cause poorer experience of health care and delayed autism support.

Anorexia nervosa

- * Overlapping symptom domains including executive functioning issues, emotional recognition and regulation, elevated levels of social anhedonia, reduced empathy and impaired relationships and social leisure activities (Tchanturia et al., 2013).

Common misdiagnoses

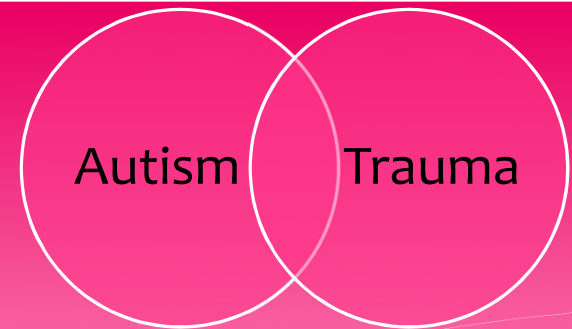
Obsessive Compulsive Disorder (OCD)

- * Shared features of compulsive repetitive behaviours and obsessive thoughts (Zener, 2019).

Attention Deficit Hyperactivity Disorder (ADHD)

- * Women also commonly receive a diagnosis of ADHD before autism is identified.
- * Although this may direct interventions for attentional, behavioural and executive functioning challenges, autistic difficulties may be neglected (Zener, 2019).

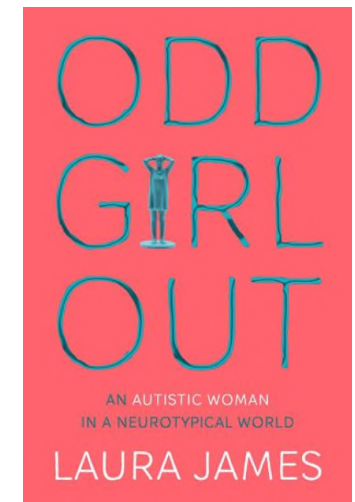
Trauma, autism or both?



- * Exposure to trauma can cause dysfunction in key brain systems associated with processing and responding to cues/perceived threats, emotional regulation and social behaviour, including response inhibition, learning and social attachment (Blanco et al., 2015).
- * Considerable symptom overlap with autism.
- * Many women have their autistic symptoms attributed to trauma.
- * Preliminary research is suggested that traumatic events are more common in autistic individuals than those without.
- * Trauma does not preclude an autism diagnosis.

Late diagnosis

- * Autistic women and girls are often diagnosed later in life than males.
- * Zener (2019) recently highlighted some common pathways for women receiving diagnosis. These include:
 - * having a family member or partner receiving an autism diagnosis and then recognising these signs in themselves
 - * recognising personal traits in accounts by autistic women or TV/film characters
 - * following employment difficulties
 - * following burnout / breakdown
- * Females may be more negatively affected, through experiencing mental strain from encountering difficulties, without the knowledge that they may be related to autism (Jamison et al., 2017; Zener, 2019).



PERSONAL STORIES

My Daughter and I Were Diagnosed With Autism on the Same Day

Autistic moms can face judgment while struggling with their own diagnosis and advocating for their children.

Females with Autism in Forensic Settings

Prevalence

- * No studies have examined the prevalence of autistic females in forensic settings. Most prevalence studies male only samples.
- * Hare et al. (1999) autism in 3 English Special Hospitals, in autistic group, 29 were male and 2 (6.5%) were female.
- * Esan et al. (2015) 6/42 autistic patients in a forensic ID service over 6 years were female.
- * Studies highlight that autistic females are present across a variety of forensic settings.

Offence Types

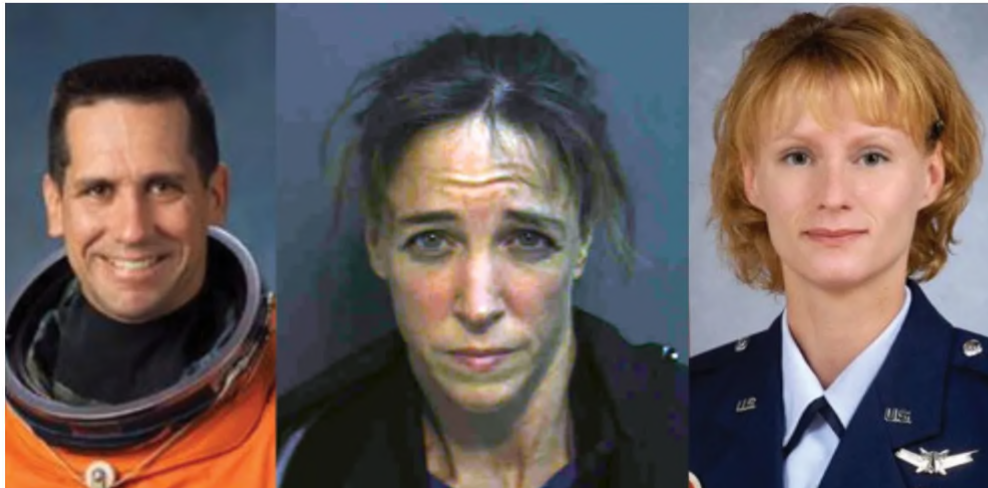
- * All from case study evidence.
 - * Violence
 - * Sexual
 - * Arson
-
- * As with autistic male offenders, reported offences tend to be unusual, reflecting idiosyncratic thinking processes, emotional regulation difficulties etc.

Cases

Tainted Love: The Astronaut Love Triangle That Led to Adult Diapers and Battery

When astronaut Bill Oefelein dumped fellow astronaut Lisa Nowak for someone else, Nowak didn't exactly take it well.

By [Gwendolyn Knapp](#) • November 26, 2018 • Published in the [December 2018](#) issue of *Houstonia*



Cases

Duzunen Adam The Journal of Psychiatry and Neurological Sciences 2018;3(102):106
DOI: 10.53350/DJPN2018310111

Case Report / Olgu Sunumu

Distinguishing Circumscribed Behavior in an Adolescent with Asperger Syndrome from a Pedophilic Act: a Case Report

Armagan Aral¹⁰, Gokce Nur Say¹⁰,
Mirac Baris Usta¹⁰

¹⁰Ondokuz Mayıs University, Faculty of Medicine,
Department of Child and Adolescent Mental Health
and Diseases, Samsun - Turkey

ABSTRACT

Distinguishing circumscribed behavior in an adolescent with Asperger syndrome from a pedophilic act: a case report

Several case reports in the literature mention sexual offenses committed by patients with Asperger syndrome. There are no clear data in the literature to distinguish circumscribed behavior from actions resulting from sexual arousal. In this case, we had to assess the criminal responsibility of an adolescent girl diagnosed with Asperger syndrome according to DSM-IV who had been charged with possession of child pornography and sharing this material on social media. This case is a reminder that circumscribed behavior in Asperger syndrome may cause forensic incidents or misunderstandings. When evaluating sexual offenses, it is critical to receive a detailed history of sexual development, the motives of actions, and social-sexual knowledge in order to distinguish circumscribed behavior from sexually deviant behaviors.

Keywords: Asperger syndrome, circumscribed behavior, pedophilia



How to cite this article: Aral A, Say GN, Usta MB. Distinguishing circumscribed behavior in an adolescent with Asperger syndrome from a pedophilic act: a case report. Duzunen Adam The Journal of Psychiatry and Neurological Sciences 2018;3(102):106.
<https://doi.org/10.53350/DJPN2018310111>

- * Aral et al (2019) reports a case of a 15-year-old adolescent girl with autism who was under criminal investigation due to being found with child pornographic photos she had shared on social media.
- * In the consultation, she explained that everybody would want to see naked people and be curious about them.
- * When asked if she thought that watching, downloading, and sharing of the naked pictures she had downloaded was legal, she said that given that they were on the internet, they would be legal, and the children's photos could not have been taken against their will.

Cases

- * Offence: X was detained under a forensic section of the MHA following her injuring a male work associate with a knife.
- * X first received the diagnosis of ASD at the age of 28 as an inpatient of a medium secure mental health facility.
- * She states that she “decided to commit an index offence in the context of overwhelming suicidal ideation and having (as far as she was aware) exhausted all conventional means of getting help”.

Diagnosis and treatment of ASD in women in secure and forensic hospitals

Sarah Markham

Sarah Markham is Researcher at the School of Medical Education, King's College London, London, UK.

Abstract

Purpose – The purpose of this paper is to explore the experience and possibilities for misdiagnosis of women with ASD in secure and forensic hospitals, via the medium of a lived experience case study. To consider the clinical value of the patient perspective of and insight into their disorder. The case study is supplemented by relevant associations to the MHA Code of Practice, the CQC report, Monitoring the Mental Health Act (MHA) 2016–2017, published on 27 February 2018 and current research findings in the fields of service provision, quality of care and treatment of female patients with a diagnosis of ASD.

Design/methodology/approach – A review and commentary of the author's lived experience of a formal diagnostic assessment for ASD as a female patient in a secure and forensic hospital. In reviewing aspects of the author's clinical assessment, the author has made contextual reference to the MHA Code of Practice, the CQC report, Monitoring the MHA 2016–2017, published on 27 February 2018, and current research findings. The account focuses on aspects of the author's recent experience assessment and treatment for ASD which the author believes may be of use in informing clinical practice.

Findings – Open-ended exploration of a lived experience account/case study of a diagnostic assessment of an adult female patient for ASD, demonstrating the possible ambiguity of responses to questionnaire-based assessment tools and other deficiencies inherent to the assessment process and care and treatment of adult female ASD sufferers in secure and forensic hospitals.

Research limitations/implications – The author uses the lived experience as a patient to review and provide commentary on the clinical assessment for ASD. This review is, therefore, informed by an authentic patient perspective and not clinical perspectives. This paper highlights the need for further research into the diagnostic assessment of females for ASD in a secure and forensic hospitals.

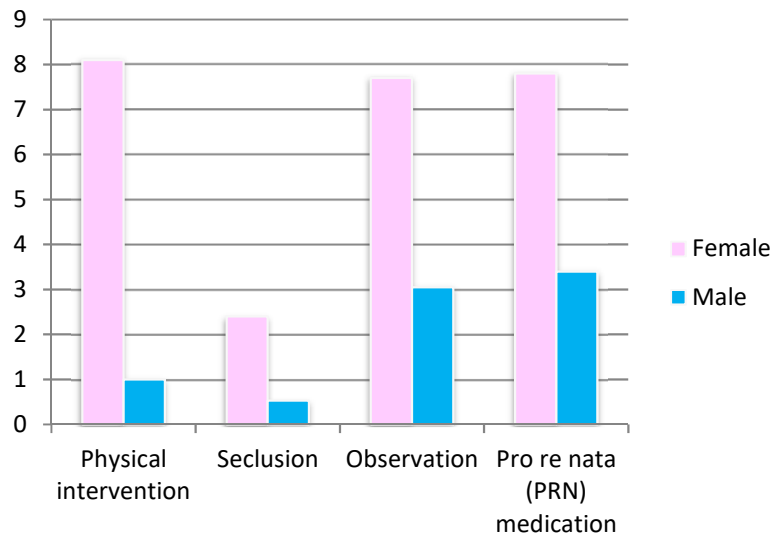
Practical implications – First, to encourage practitioners to extend their range of thinking to be more inclusive of the patient perspective when performing a diagnostic assessment. Second, to increase practitioner awareness of the deficiencies in the current service provision for adult female patients diagnosed with ASD in secure and forensic hospitals.

Social implications – To improve patient experience of diagnostic assessment for ASD and the quality of the assessment and patient outcomes in secure and forensic hospitals.

Originality/value – The paper is original in concept in that it considers the inclusion of patient experience/ views in assessment and formulation and links them to wider social policy and practice guidance. The case study is an authentic patient account informed by the author's experience of secure and forensic psychiatric

Care and Management – Inpatient Incidents

ID



Autism

- * Anckarsäter et al. (2008) female autistic patients displayed dangerous behavioural patterns - frequent attempted/actual assaults of staff and patients, threatening behaviour or “acting out”.
- * Eaton and Banting (2012): violence to others - slapping, punching, kicking, hair pulling, tearing clothes, noise disturbance, antagonising others, scratching, biting, calling staff offensive names, “sexually offensive behaviours”, threatening staff and often carrying out threats, attempting to take keys, threats to kill, threats to get staff sacked and using weapons to attack.

Care and Management – Self-harm

- * Self-harm is high among females, and among autistic males, and therefore likely that this issue also affects autistic females in forensic settings.
- * Eaton and Banting (2012) described self-harming behaviours, which included tying ligatures, secreting medication, head banging, swallowing objects, ingesting hair dye, scratching and attempting to set fire to her clothes.

Experiences of Forensic Settings

Difficulties with staff and other patients (Markham, 2019)

- * Report: “X does not tend to engage in two-way reciprocal communication with others and her interaction is based mainly around her needs.”
- * X – “X felt that the staff and herself had quite different interests, and that the “content and quality” of the staffs’ conversations didn’t stimulate her interest.”
- * Report - “X is viewed as being “different” from the other patients and lacking in understanding for how her “difference” impacts on them. The majority of the other patients have been diagnosed with SMI and co-morbid borderline personality disorder.”
- * X - perceives herself as being less “needy” than the other patients and less popular with the staff as, unlike the others, she doesn’t seek 1:1 time with them, unless she has a specific need or goal to discuss.

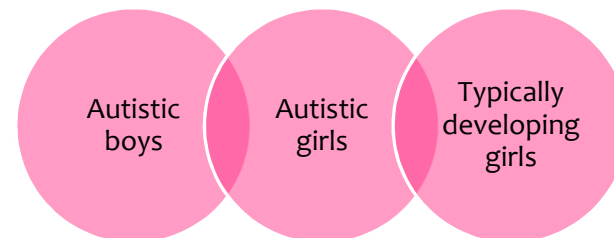
Inpatient Management/Treatment

Diagnosis

- * Is important, even in later life.
- * Diagnosticians should familiarise themselves with gender differences within autism and take this into account when completing assessments.
- * Nowell et al (2019) recommended that clinicians familiarise themselves with the interests of similar aged TD girls when assessing autism in females.

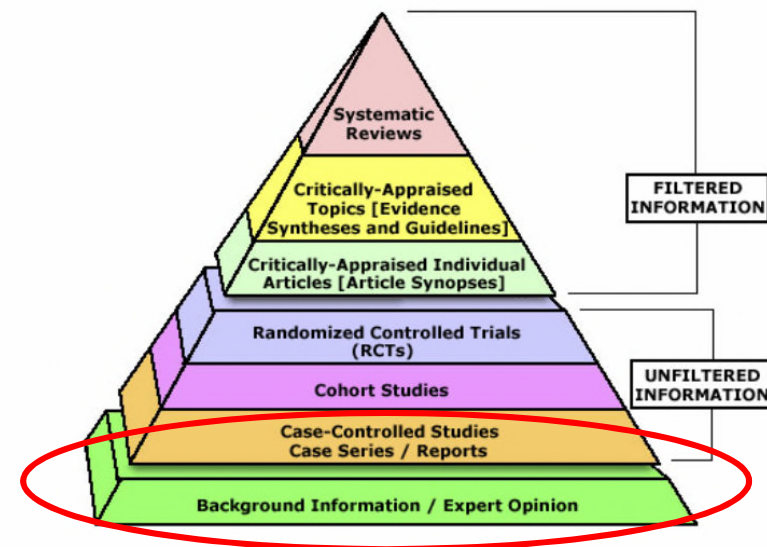
Training

- * Knowledge of autistic females should be integrated into training courses and curriculum for professionals working in various settings / stages of the pathway.



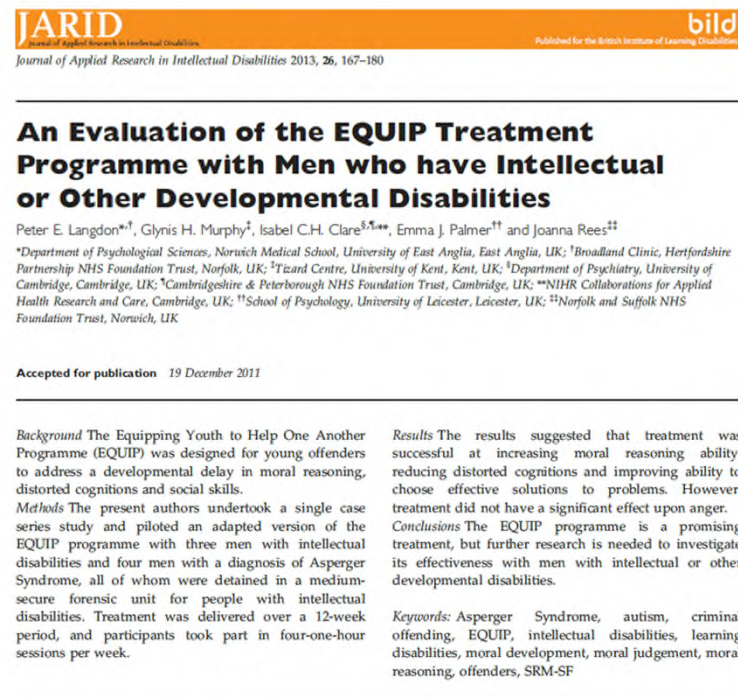
Psychological Approaches

- * In the context of lack of research, autistic women are being offered “treatment as usual” within forensic settings, e.g. Dialectical Behaviour Therapy, anger management, and offence-specific therapies.
- * One of the main psychological treatments offered to autistic male offenders is the Equipping Youth to Help One Another Programme (EQUIP) (Langdon, Murphy, Clare, Palmer, & Rees, 2013), which aims to address moral reasoning delays, victim empathy, distorted cognitions and social skills.
- * Whether any of these treatments are suitable for autistic female offenders is unclear, and further research is required.



EQUIP

- * The Equipping Youth to Help One Another Programme (EQUIP) was designed for young offenders to address a developmental delay in moral reasoning, distorted cognitions and social skills.
- * Based on a social information processing/social problem solving model.



Ashworth et al.

- * Ashworth et al. (2020) described a 22 week Cognitive Behaviour Therapy intervention which aimed to improve understanding of autistic traits, thinking styles and behavioural patterns. Eaton and Banting (2012) employed Positive Behaviour Support strategies, attempting to understand the function of, and reduce challenging behaviour. Both studies reported equivocal findings post-intervention, highlighting the current difficulties in providing treatment to this population.

THE JOURNAL OF FORENSIC PSYCHIATRY & PSYCHOLOGY
2020, VOL. 31, NO. 3, 432-454
<https://doi.org/10.1080/14789949.2020.1754445>

 **Routledge**
Taylor & Francis Group

 Check for updates

The effectiveness of a CBT-based intervention for depression symptoms with a female forensic inpatient with cognitive disability and autism

Sarah Ashworth, Jennifer Bamford and Ruth Tully

Tully Forensic Psychology Ltd, Nottingham

ABSTRACT

This study details a female patient with a history of violent and self-harming behaviour detained in a medium secure forensic psychiatric service in the UK. She had a diagnosis of Intellectual Disability (ID) and autism spectrum disorder (ASD). She experienced emotional dysregulation and instability of mood including depression-like symptoms, cognitive rigidity and intolerance to change, possibly linked to her ASD traits. Due to the hypothesised relationship between her risk and her self-reported depression symptoms she was referred for individual intervention based upon a Cognitive Behaviour Therapy (CBT) model. Progress was assessed using self and staff-report measures of emotional and behavioural problems. The findings demonstrate potential efficacy of CBT based intervention structures for women within complex forensic mental-health settings. The case study highlights the importance of considering ASD profiles and idiosyncrasies in both the development of the formulation and the intervention. Attention is required regarding therapeutic endings, and the inclusion of a relapse-prevention period when delivering psychological interventions for depression with women with diagnoses of ID and ASD. This case study considers the potential influence of ASD traits upon forensic inpatient presentation and risk. The need to comprehensively assess, formulate, and intervene with, those with ASD within forensic contexts is discussed.

Eaton and Banting

* Positive Behavioural Support/Functional Analysis

Adult diagnosis of pathological demand avoidance – subsequent care planning

Judy Eaton and Rosie Banting

Judy Eaton is Lead Consultant Clinical Psychologist and Rosie Banting is Assistant Psychologist, both in the Psychology Department, The Huntercombe Hospital, Norwich, UK.

Abstract

Purpose – Many patients in residential and secure settings have no formal diagnosis of Autism but may in fact be on the spectrum. This paper seeks to outline the diagnosis and subsequent treatment and intervention planning for a young woman in a low secure hospital.

Design/methodology/approach – This paper summarises the literature in relation to the diagnosis of Pathological Demand Avoidance (an atypical presentation of Autism Spectrum Disorder) in children and describes how this diagnosis may present in adults. This search revealed that whilst there was a growing literature around PDA in Children, there was very little literature available about either the clinical presentation or management guidance in adults. A case study design was adopted.

Findings – The paper concludes that the lack of an appropriate diagnosis and inappropriate formulation of the underlying causes of challenging behaviour can lead to patients becoming impossible to manage. Many may benefit from diagnosis and Autism-specific intervention.

Originality/value – This paper highlights the challenges of adult diagnosis of Autism in highly complex individuals and outlines novel approaches to treatment.

Keywords Autism Spectrum Disorder, Pathological Demand Avoidance in Adults, Autism, Challenging behaviour, Intervention strategies, Individual behaviour, Disabilities

Paper type Case study

Case study

Chloe*

- * Admitted to an inpatient intellectual disability service for an index offence of arson.
- * Other offending behaviour included public order offences and assault of a police officer.
- * Following a period of observation, an autism assessment was requested and completed which supported autism diagnosis.
- * Viewing Chloe's offending behaviour with an autism lens.
- * During the public order / assault "phase" she was experiencing extreme disruption to her home life aged 18.
- * Following this she was placed in a care home which is where the index offence of arson occurred.
- * Chloe set fire to clothing in her room following being prevented from taking part in a group outing due to her breaking the rules of no alcohol. Anger + emotional regulation difficulties.

Case study

Behaviour as an inpatient

- * Usually very amiable/pleasant, accepts approaches from others but does not initiate interaction.
- * Constant fixed smile.
- * Behavioural incidents reported by staff as “blowing up from nowhere”.
- * Due to Chloe’s smiley appearance, staff were assuming she was OK so she did not attract support.
- * However, Chloe would often have issues “bubbling beneath the surface”. When unaddressed, an incident would arise.

Treatment plan and progress

- * Psychologist suggested a care plan of “regular check ins” with Chloe. Chloe would be honest about her feelings when asked directly, which would provide the opportunity to be supported more proactively. This considerably reduced the number of incidents.
- * Periodic issues with staff “disbelieving” the diagnosis, with negative attitudes such as Chloe was given preferential treatment.
- * Psychology focused on emotional recognition/introspection, emotional regulation and the need to communicate.

Summary

- * Women a minority group, who are viewed as challenging within CJS.
- * Autism prevalence in CJS women is unknown, but this group are undoubtedly present.
- * Autistic women both present and experience challenges within the CJS.
- * Treatment evidence base is weak:
 - * Management of inpatient behaviour, functional analysis/positive behaviour support indicated.
 - * Forensic treatment targets fall within the social problem solving model.

Thank you for listening

Any Questions?

- * Chester, V., Driver, B., & Alexander, R.T. (forthcoming). Women with Autism Spectrum Conditions. People with Autism in the Criminal Justice and Forensic Mental Health System: A Handbook for Practitioners. (Eds: N. Tyler & A. Sheeran). Routledge.

Contact Information

- * Email: v.chester@nhs.net

The PAAFID project: exploring the perspectives of autism in adult females among intellectual disability healthcare professionals

Samuel Tromans, Verity Chester, Chaya Kapugama, Amy Elliott, Sarah Robertson and Mary Barrett

Abstract

Purpose – The purpose of this paper is to explore the perspectives of healthcare professionals on autism in adult females with intellectual disability (ID), including regarding the gender ratio of autism, the clinical manifestation of autism in females, and the recognition, screening and diagnosis of autism.

Design/methodology/approach – The questionnaire was developed following a review of the relevant literature and distributed to professionals within three healthcare trusts as well as members of two clinical research groups. The questionnaire was completed by 103 ID healthcare professionals. Data were aggregated and analysed using Microsoft Excel.

Findings – ID healthcare professionals had a lack of recognition of the smaller gender ratio of autism in patients with ID as compared to those without ID. Most respondents reported believing that autism manifests differently in females, with women demonstrating a greater ability to mask their symptoms. A considerable proportion of participants reported feeling less confident in recognising, screening and diagnosing autism in female patients, with many wanting a wish for additional training in this area.

Practical implications – These findings suggest that ID healthcare professionals are keen to improve their skills in providing services for women with autism. Training programmes at all levels should incorporate the specific needs of women with ASD, and individual professionals and services should actively seek to address these training needs in order to provide best practice and better outcomes for women with autism.

Originality/value – This is the first published questionnaire exploring the perspectives of healthcare professionals regarding autism in adult female with ID.

Keywords Women, Female, Autism, Intellectual disability, Learning disability, Healthcare professionals

Paper type Research paper

(Information about the authors can be found at the end of this article.)

Characters with autism spectrum disorder in fiction: where are the women and girls?

Priyanka Rebecca Tharian, Sadie Henderson, Nataya Wathanasin, Nikita Hayden, Verity Chester and Samuel Tromans

Priyanka Rebecca Tharian is based at Salford Health, Newham Centre for Mental Health, London, UK. Sadie Henderson is based at the Department of Medicine, University of Leicester Medical School, Leicester, UK. Nataya Wathanasin is based at the University of Leicester Medical School, Leicester, UK. Nikita Hayden is based at the Centre for Educational Development, Agricultural and Research, University of Warwick, Coventry, UK. Verity Chester is based at Department of Psychiatry, Partnerships in Care Learning Disability Services, Dots, UK. Samuel Tromans is based at Department of Psychiatry,

Abstract

Purpose – Fiction has the potential to dispel myths and help improve public understanding and knowledge of the experiences of under-represented groups. Representing the diversity of the population allows individuals to feel included, connected with and understood by society. Whether women and girls with autism spectrum disorder (ASD) are adequately and accurately represented in fictional media is currently unknown. The paper aims to discuss this issue.

Design/methodology/approach – Literature and library searches were conducted to identify female characters with ASD in works of fiction. Examples of such works were selected for further discussion based on their accessibility, perceived historical and cultural significance and additional characteristics that made the work particularly meaningful.

Findings – The search highlighted a number of female characters with ASD across a range of media, including books, television, film, theatre and video games. Many were written by authors who had a diagnosis of the condition themselves, or other personal experiences. Places largely portrayed characters with traits that are highly recognised within the academic literature. However, some also appeared to endorse outdated myths and stereotypes. Existing works appear to predominantly portray high-functioning autistic women, with limited representation of those who also have intellectual disability.

Originality/value – This is the first exploration of the depiction of ASD in females within fiction. There is a need for more works of fiction responsibly depicting females with ASD, as this can help reduce stigma, diversity public awareness and recognition and increase representation.

Keywords Media, Autism spectrum disorder, Asperger's syndrome, Female, Autism spectrum condition, Neurodevelopmental

Paper type Research paper

18

Women with Intellectual Disabilities and Forensic Involvement

Verity Chester, Regi T. Alexander, and William R. Lindsay

Introduction

Women with intellectual disabilities in conflict with the criminal justice system are multiply disadvantaged;

Female offenders are a small, neglected and devalued group within the criminal justice system; the even smaller minority group with an intellectual disability have little in the way of specific resources, services or advocacy. (Hayes, 2007, p. 190).