

Autistic Females in Forensic Settings

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Presentation Overview

- * Female autistic profile
- * Females in forensic settings
- * Autistic females in forensic settings
- * Providing care and treatment

Autistic Females

The slide features a solid pink background with a white wavy graphic at the bottom. The text 'Autistic Females' is centered in a white, bold, sans-serif font.

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).

Diagnosis

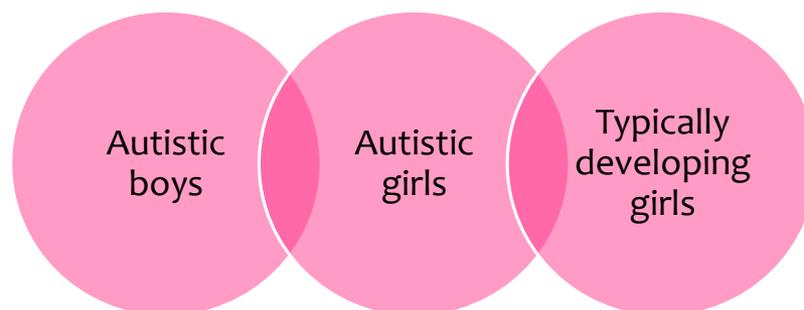
- * Girls and women are less likely to be referred for diagnosis.
- * Reports that GPs had dismissed their concerns and did not offer further assessment.
- * 30% of psychiatrists reported receiving no training on autism during their primary medical, foundation degree or specialist psychiatric training.
- * 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)

Presentation: Social Communication

- * Autistic women observed to present with fewer socio-communication symptoms than males (Lai et al., 2017).
- * Differences in behaviour in females described as more subtle compared to autistic males, but marked when compared to typically developing peers (Backer van Ommeren et al., 2017).



Camouflage and Masking

- * Camouflaging - conscious, observational learning of how to act socially, e.g. following social scripts.
- * Some report “cloning” themselves on a popular girl in school, imitating their conversations, intonation, movements, style, interests, and mannerisms (Lai et al., 2017).
- * Parents report autistic daughters acutely aware of differences to peers and that they manage social difficulties by becoming more quiet/cautious in their communication than at home (Sutherland et al., 2017).
- * Autistic girls described as “being on the side lines”, 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 isolation may be more likely to be missed within the assessments of girls, leading to under-recognition (Gould, 2017).

Drawbacks of Masking

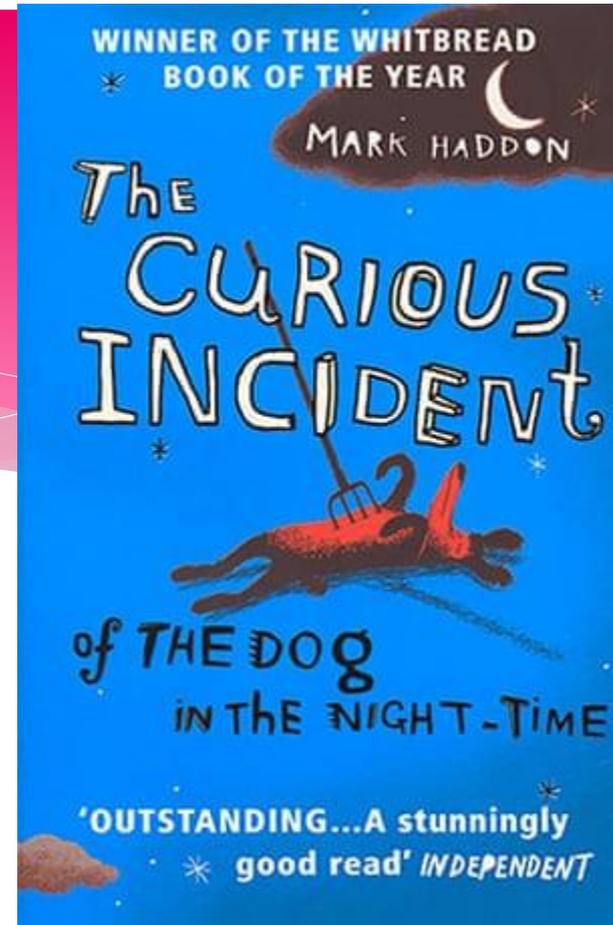
- * Masking may help women to “fit in”, but it is mentally exhausting (Lai et al., 2017).
- * “Keeping up the mask” cause high levels of stress and anxiety.
- * Camouflaging may damage females’ sense of self and identity, as they feel unable to express who they really are (Zener, 2019).
- * Camouflaging can delay diagnosis, or prevent diagnosis altogether, when women are meeting with professionals who dismiss their needs because they “do not look the part” (Tint & Weiss, 2018).

Presentation: Restrictive / Repetitive Behaviour

- * RBRI's are a symptomology which may be recognised more easily (Allely, 2019), and clinicians are familiar with the male profile of RBRI's.
- * 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, 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

- * 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 in 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.



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.

Misdiagnosis/Comorbidity & Diagnostic Overshadowing

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

Common Misdiagnoses/Comorbidity

Borderline Personality Disorder

- * Overlap in areas such as verbalising emotions, intense relationships, superficial friendships and impairments in social functioning (Dell'Osso 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
 - * social anhedonia
 - * reduced empathy
 - * impaired relationships and leisure activities (Tchanturia et al., 2013).

Common Misdiagnoses/Comorbidity

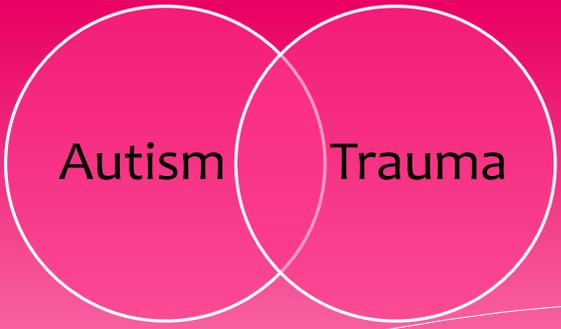
Obsessive Compulsive Disorder (OCD)

- * 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?



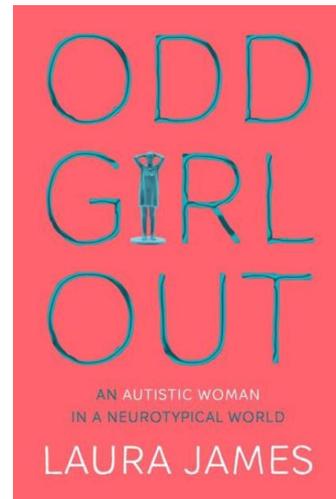
Autism

Trauma

- * 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/BPD.
- * Preliminary research suggests 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 often diagnosed later in life than males.
- * Common pathways for women receiving diagnosis (Zener, 2019):
 - * having a family member or partner diagnosed then recognising 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).



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 in Forensic Settings

Females in Forensic Settings

- * Roughly 4000 women are within prison at any time (Prison Reform Trust, 2011).
- * Women represent 5% of the prison population.
- * Within forensic mental health, 19% of admissions to high and medium secure were women (Coid et al., 2000).
- * This minority status is both a blessing and a curse.
- * A common theme is that women are marginalized within a system largely designed by men for men (Corston, 2007).

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).

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).

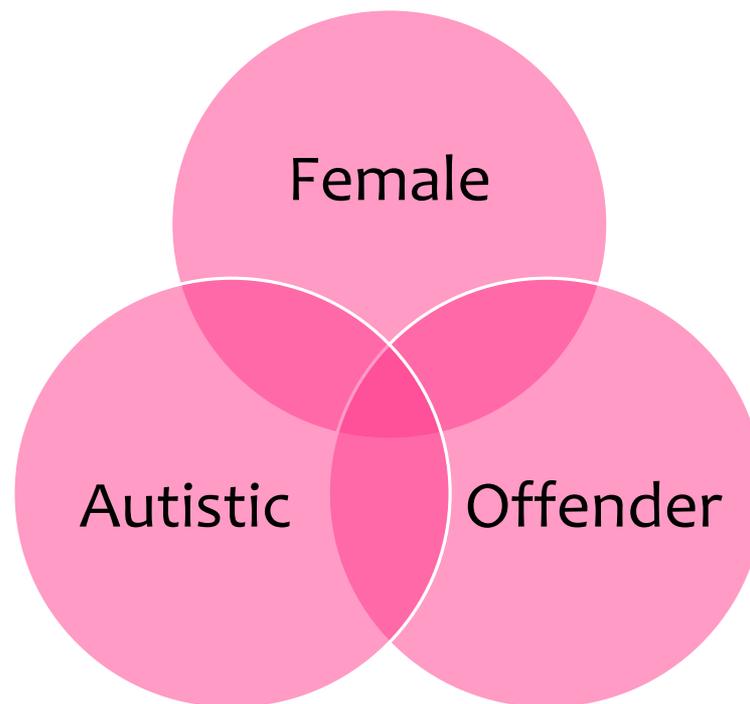
Attitudes to Females

- * 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”.

Autistic Females in Forensic Settings

Autistic Females in Forensic Settings

- * Autistic female offenders represent an extreme intersection of under researched populations.



Prevalence

- * No studies have specifically examined the prevalence of autistic females within forensic settings.
- * Most prevalence studies take place in male only environments/samples.
- * A recent systematic review highlighted 20 studies that included females in their samples within a variety of forensic settings; secure psychiatric/intellectual disability (ID) services, juvenile, community, and police interactions.
 - * Hare et al. (1999) autism in 3 English Special Hospitals, in autistic group, 29 (93.5%) were male and 2 (6.5%) were female. In the “uncertain group” there were 28 (90.3%) males and 3 (9.7%) females.
 - * Esan et al. (2015) 6 of 42 autistic patients in a forensic intellectual disability service treated over 6 years were female.
- * These studies highlight that autistic females are present across a variety of forensic settings.
- * However few presented characteristics/forensic data on the female participants separately.

Cases

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

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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.

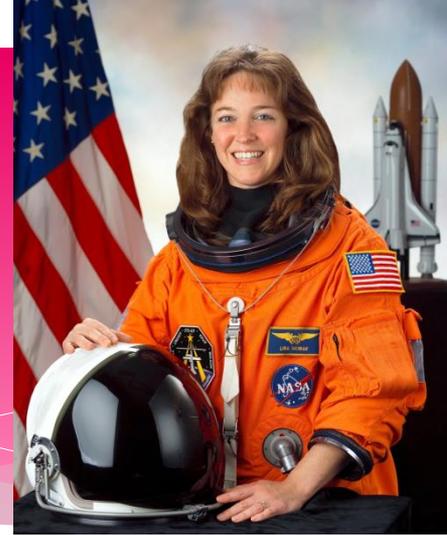
Keywords: Asperger syndrome, circumscribed behavior, pedophilia



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<https://doi.org/10.5350/DAJPN201831011>

- * 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



- * After learning a man who she had been having an affair with (Oefelein) had transferred his affections elsewhere, Lisa Nowak made a 900-mile journey by car to Orlando International Airport, where she knew her love rival (Shipman) was due to arrive.
- * She kept watch as her victim waited 2 hours for delayed luggage before following her on the shuttle bus to her car, wearing a wig and trench coat. When Shipman slightly opened her car window, Nowak allegedly pepper-sprayed her.
- * When apprehended, investigators found 100s of dollars in cash, print-outs of emails between Oefelein and Shipman, pepper spray, a knife, rubber tubing, gloves, a BB gun, a mallet and a computer disk that held images of bondage scenes in Nowak's belongings.
- * Nowak's legal counsel filed the paperwork for an insanity plea, claiming she'd suffered from OCD, insomnia and depression. She also has Asperger Syndrome.
- * Nowak pleaded guilty to burglary and misdemeanor battery. The judge, taking her status as a first-time offender into account, gave her a year of probation, community service, and directed her to write Shipman a letter of apology.
- * Shipman was not happy with the sentence. She told the court Nowak had intended to kill her: "It was in her eyes: a blood-chilling expression of limitless rage and glee."

Cases

- * Offence: X was detained under Section 3/41 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 clinician perspectives. This paper highlights the need for further research into the diagnostic assessment of females for ASD in a secure and forensic hospital.

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

Experiences of Forensic Settings

Difficulties with staff and other patients

- * 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.

Key issues within forensic rehabilitation

Prevalence largely unknown

Clinical/forensic characteristics largely unknown

Lack of knowledge of female autistic profile among clinicians

Difficulties accessing diagnosis

Interpersonal difficulties with both patients and staff

Negative attitudes from staff, such as disbelief of autism diagnosis

Lack of manualised treatment programmes

Lack of research on treatment outcomes

Case study

Kirsten*

- * 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 Kirsten'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.
- * Kirsten 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. Extreme 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 Kirsten’s smiley appearance, staff were assuming she was OK so she did not attract support.
- * However, Kirsten would often have issues “bubbling beneath the surface”. When unaddressed, an incident would arise.

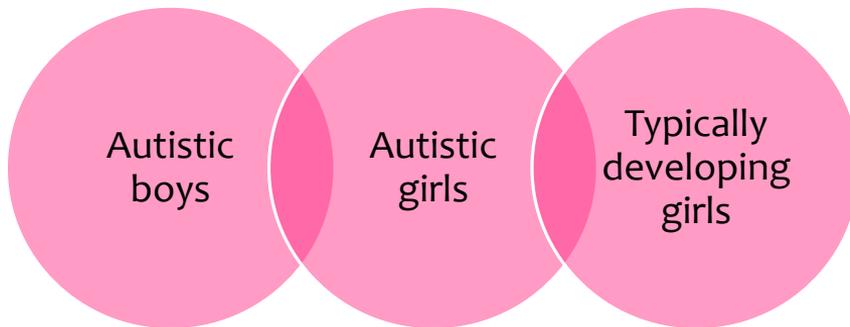
Treatment plan and progress

- * Psychologist suggested a care plan of “regular check ins” with Kirsten. Kirsten 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 Kirsten was given preferential treatment.
- * Psychology focused on emotional recognition/introspection, emotional regulation and the need to communicate.

Recommendations

Training

- * Knowledge of autistic females should be integrated into training courses and curriculum for professionals working in forensic settings.



Diagnosis

- * Diagnosis is important, even in later life.
- * Diagnosticians should familiarise themselves with gender differences within autism.
- * Nowell et al (2019) recommended that clinicians familiarise themselves with the interests of similar aged TD girls when assessing females.
- * Take information from self report as well as observations to circumvent masking.

Recommendations

Management

- * Positive Behaviour Support – Functional analysis of behaviour focusing on individual, then implementation of consistent care plan.
- * Case presentations with staff to focus on individual – needs and approach.

An Evaluation of the EQUIP Treatment Programme with Men who have Intellectual or Other Developmental Disabilities

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Rehabilitative Treatment

- * Case study evidence so far highlights social problem solving difficulties, e.g. theory of mind, emotional recognition/regulation.
- * EQUIP – not yet evaluated with females but possibly of benefit.

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.

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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 digital research groups. The questionnaire was completed by 90 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 endorsing 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 clinical professionals and services should actively seek to address these training needs in order to promote 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 females 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 Tharlan, Sadie Henderson, Nataya Wathanasin, Nikita Hayden, Verity Chester and Samuel Tromans

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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, Appraisal and Research, University of Warwick, Coventry, UK.
Verity Chester is based at Department of Psychiatry, Partnerships in Care Learning Disability Services, DASH, UK.
Samuel Tromans is based at Department of Psychiatry,

Abstract

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

Design/methodology/approach – Internet 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 experience. Those 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 preferentially portray high functioning autistic women, with limited representation of those whom 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, develop 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).