

# Women with Intellectual Disabilities/Autism and Forensic Involvement

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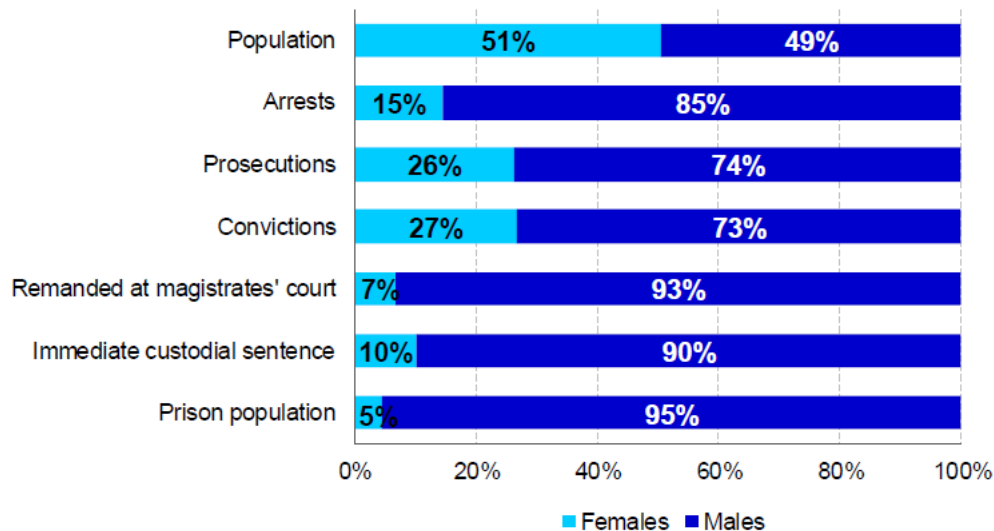
**Little Plumstead Hospital, Norwich**

# Presentation Overview

- \* Females in forensic settings
- \* Females with developmental disabilities in forensic settings
  - \* Prevalence
  - \* Characteristics
  - \* Care and treatment

# 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

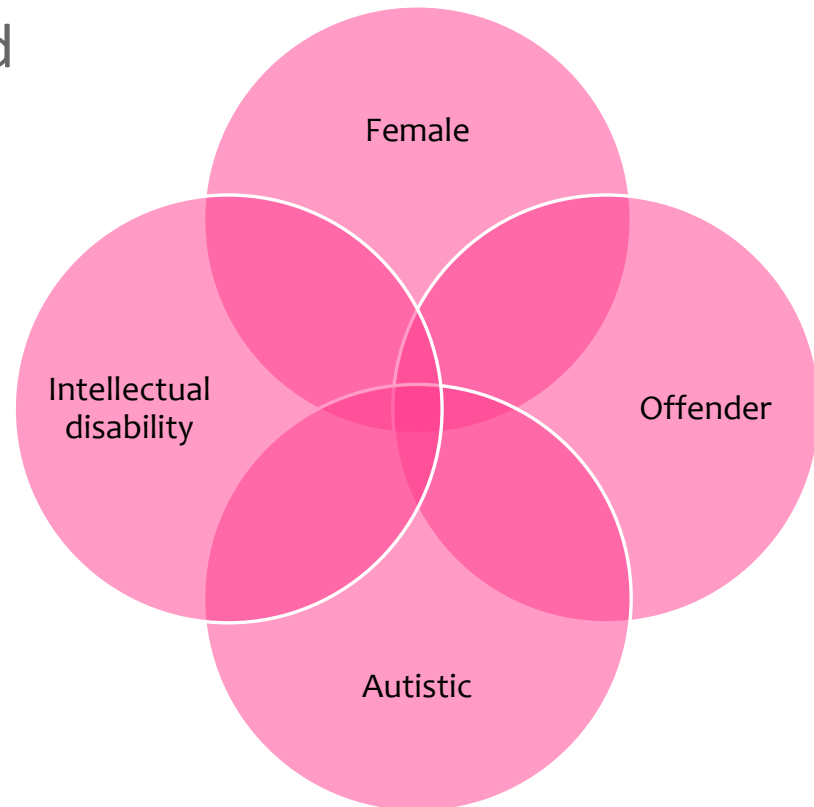
- \* Women in secure services represent a distinct population, with differing characteristics, security, and treatment needs to men (Bartlett & Hassell, 2001).
- \* Despite lower frequency and less severe criminal offenses than men, women are viewed as problematic, due to high levels of aggression, self-harm (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.

# Females with ID/Autism in Forensic Settings



# Developmentally Disabled Females in Forensic Settings

- \* Developmentally disabled female offenders represent an extreme intersection of under researched populations.



# Prevalence

## Intellectual Disability

- \* High secure forensic 10% female ID
- \* Medium/low secure settings 10-20% female
- \* Overall inpatient ID (AT data) – 30% female

## Autism

- \* 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.

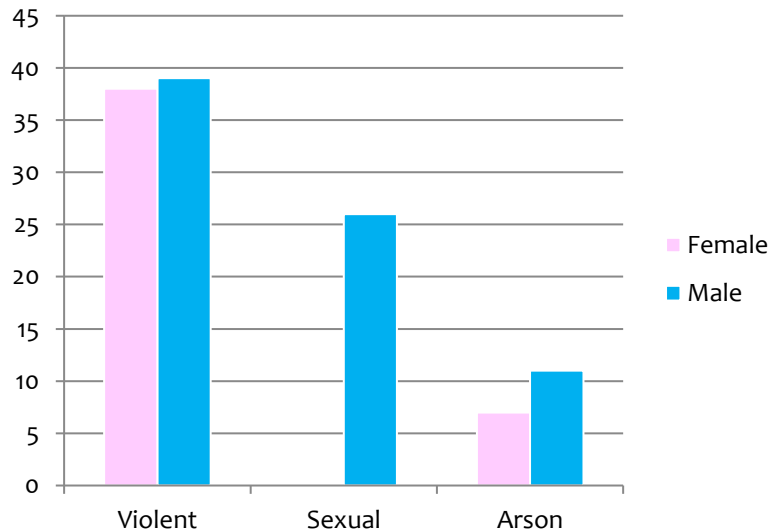
# Minority Group

- \* 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.

# Offence Types

## ID

## Autism



\* All from case study evidence.

\* Violence

\* Sexual

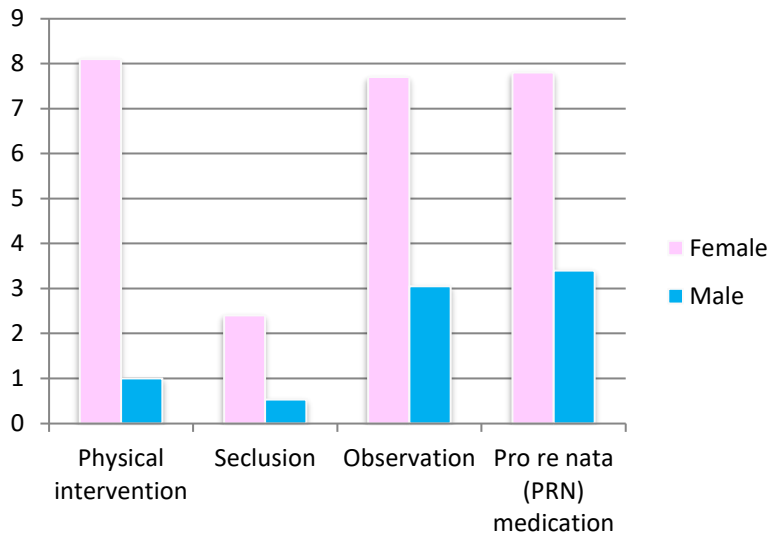
\* Arson

\* As with autistic male offenders, reported offences tend to be unusual, reflecting idiosyncratic thinking processes, emotional regulation difficulties etc.

# Care and Management – Inpatient Incidents

## ID

## Autism

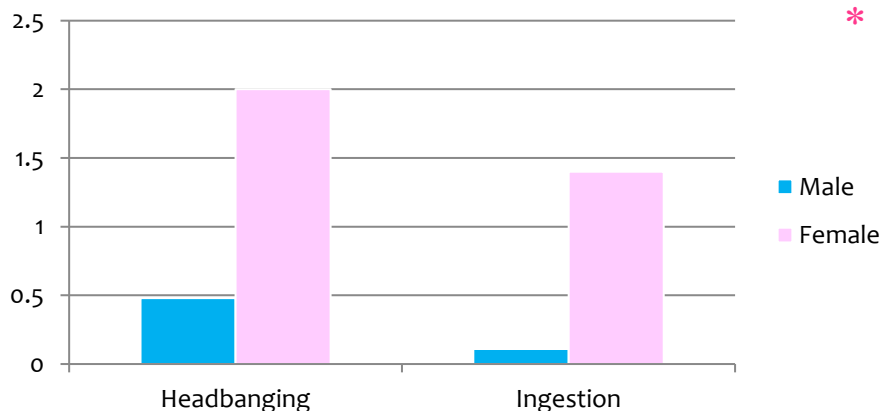


- \* Anckarsäter et al. (2008) female autistic patients displayed dangerous behavioural patterns - frequent attempted/actual assaults of staff and patients, threatening behaviour or “acting out”.
- \* Eaton and Banting (2012): violence to others - slapping, punching, kicking, hair pulling, tearing clothes, 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

## ID

- \* 89% of women in one forensic ID sample had self harm histories (Chester et al., 2018)
- \* Studies ingestion/headbanging forms of self harm (Chester et al., 2018/2019)



## Autism

- \* 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.

**Table 2. Characteristics of a trauma-informed care environment**

Characteristic	Examples of good practice
All staff understand ACEs and their effects, and are able to recognise the signs and symptoms of trauma in patients, relatives and other staff	Basic training sessions on ACEs are provided for all (including non-clinical) staff
There is an emphasis on safety, reliability and trustworthiness	Nurses use "Hello, my name is..." to introduce themselves, and try to ensure patients are seen on time. They should give an explanation and apology if that does not happen
The clinical environment is welcoming and features clear and simple information for patients	The environment is clean and bright, with up-to-date noticeboards and notices phrased in positive language (for example, "Thank you for treating all our staff and volunteers with respect")
An explanation of trauma is included in policies, procedures and training, so the experience of care does not add to, or mirror, the original trauma	Patients are offered a choice about their treatment, options are explained to them and their responses are listened to
Nurses are supported to discuss difficult aspects of their work and, where possible, offered reflective practice	Hospital nurses are given the opportunity to attend a Schwartz round, where they can talk about the challenges in caring for individual patients and receive peer support

ACE = adverse childhood experience. Source: Adapted from Menschner and Maul (2016)

- \* Barber et al. (2016) identified characteristics exhibited by women with commonly experienced difficulties.
- \* These interper women into se system of care attachment ca
- \* The model foc admission thrc assessment, tc
- \* The model foc knowledge of consistent ava

del will heir responses w they by and peer tant to



# Care and Treatment - Psychological

## ID

- \* Chilvers et al. (2011) examined the impact of mindfulness - reported reductions in restrictive interventions.
- \* One study has described trauma-focused therapies with women with ID who have suffered sexual abuse or other trauma (Peckham, Howlett, & Corbett, 2007), reporting promising results.
- \* Dialectical behavior therapy has also been used to some success.

## Autism

- \* No manualised programmes for this specific patient sub-group.
- \* 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.
- \* 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.

# 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

- \* 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

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### 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

# 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 have different clinical profiles to men, characterised by trauma.
- \* Increased levels of incidents which are challenging for staff.
- \* Indication for attachment/trauma models of nursing management.
- \* Developing evidence base of manualised treatment programmes for women in forensic settings.

# 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

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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?

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#### 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 unclear. 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

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## 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).