**Title:** Commentary on “Diagnosis and Treatment of ASD in Women in Secure and Forensic Hospital”

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**Abstract:**

*Purpose*

The purpose of this paper is to provide a commentary on “Diagnosis and Treatment of ASD in Women in Secure and Forensic Hospital”

*Design/methodology/approach*

The approach is a commentary on a personal experience of services.

*Findings*

Women with ASD are often not diagnosed until adult years which may impact on their long-term outcomes. Secure services may not always have care teams who are appropriately trained to support a woman with ASD.

*Originality/value*

A commentary on an original viewpoint piece published in this special edition on women with autism spectrum disorder

**Keywords:** [autism](https://www.emeraldinsight.com/keyword/Autism), women, forensic services, secure services

This is a personal and revealing account of secure services and the impact on an individual patient. When services are not responsive they can have a long-lasting and detrimental outcome to the wellbeing of the person*.* The experiences described by the writer occurred in the England where a national strategy for adults with autism highlighting the needs of women is in place *(Department of Health, 2010).* The drive to ensure the right service and support for women with ASD is in place; however, it is not currently strongly embedded in practice. Women in forensic or secure services are the minority of which ASD are a small but significant group within secure women’s services.

One of the issues raised by this paper is the all too common late diagnosis of women with ASD, which for many the diagnosis may not occur until late into their adult years. It has been recognised for some time that there needs to be a greater improvement in the recognition and diagnosis of ASD in women. *(Gould & Ashton-Smith, 2011).* This has been recently discussed in the international media *(Autism “goes undetected in many women”, Guardian Weekly page 8, September 2018).* This article quoted Professor Francesca Happe (Director of the Social, Genetics and Development of Society Centre, Kings College London) who said “we have overlooked autism in women and girls and I think there is a real gender equality issue here”. NICE guidelines (NICE, 2012) does highlight that local diagnostic pathways must improve access for women with ASD. The diagnosis and presentation of autism in women is still an under researched area as much of the evidence to date has been mainly on men with ASD. For example, there may be differences in presentation of symptoms or the nature of mental health problems between women and men with ASD *(Tsakanikos et al., 2010)*

The personal experience of the writer noted the lack of understanding of ASD by the care staff. The writer’s perception of being different and being treated differently, and what services could do to improve her experience was a key issue. The author reported being reduced to a “one dimensional diagnostic stereotype” and this reflected how little the ward staff seemed to understand her. The need for staff to be trained in understanding the autistic spectrum, the presentation of autism and how to work with an autistic person(s) on a daily basis is important in the recovery of the person. There is the ongoing debate on the need for specialist services to improve outcomes for adults with ASD. The evidence for those with more complex presentation is in favour of more specialist services *(Misra et al., 2013).* Specialist services ensure staff have the skills to support the person through their path to recovery by ensuring care staff have greater knowledge of the individual needs of the person. Therapeutic interventions for example psychosocial problem solving need to be adapted to work for people with ASD. Services with expertise can assess and manage the risks of those with ASD in secure services by implementing appropriate risk management strategies. Currently there is no specific secure-forensic service for women with ASD, although there are a number of services for men *(Barkham et al., 2013)*. This may be an example of a gender equality issue as discussed earlier, or just a fundamental misunderstanding of the need to develop such services for women. It is hoped that this special edition will highlight the need to have sufficient professionals trained in assessment and treatment of adult women with ASD in secure services.

This paper also addresses the ongoing debate regarding a person with ASD being subject to the Mental Health Act 1983. The purpose of the Mental Health Act is to ensure treatment in a safe environment if the person is a risk of self or others. This legal process and framework ensures the protection of rights of an individual when detained under the act. This is not an issue if a person with ASD has a defined psychiatric illness requiring detention under the Mental Health Act. The challenge comes for those who commit offences due to their core symptoms and associated difficulties of ASD. The debate should be about what type of therapeutic options will improve both health and offender outcomes for adults with ASD within the Criminal Justice System. The determination of level of security is linked to the risk the person presents with. Therapeutic options may be available in a prison setting but the question is what therapeutic options should be offered in a prison and which patient or offender will benefit from a hospital or detention within a prison setting. The risk of removing ASD out of the Mental Health Act will put a significant number of offenders with ASD at risk of receiving non-therapeutic options and remaining in prison for a prolonged period. This may impact on a vulnerable group within the prison system.

This is a welcomed paper that offers a valuable insight and describes the real personal experience of a woman with ASD requiring secure hospital care. The writer clearly describes the need to have professionals and care teams with skills to understand and work with an individual who has complex therapeutic needs to ensure successful rehabilitation and long-term improved quality of life.

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