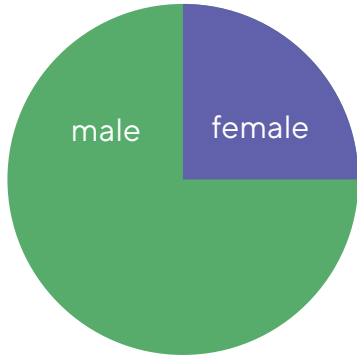


Autism: It's Not Just for Males Anymore – A Primer for Professionals

Adapted from a Toolkit by Dr. Glenis Benson

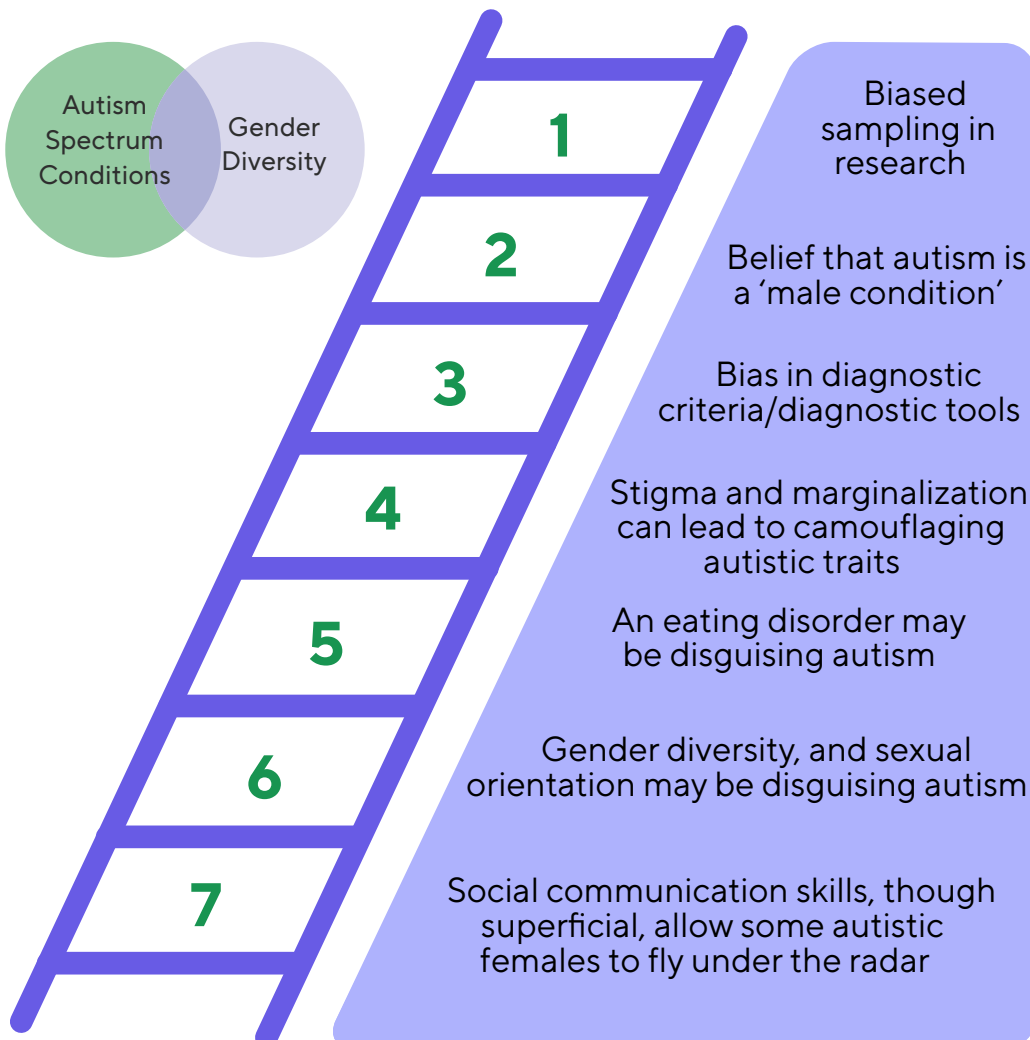


Autism diagnosis by gender is based on outdated diagnosis criteria

The gender ratio of 3-4.3 males to 1 females with autism is a relic of the initial description of autism. Multiple biases maintain a higher number of diagnosed males than non-males, and the autism classification system, diagnostic tools and research have promoted the male phenotype of autism.

Autism is demonstrated differently by autistic females and autistic males. We need to better identify females, non-cisgendered males, transgender people, as well as those who do not identify with a binary gender, so that they can receive appropriate assessment and support.

Why are females overlooked or diagnosed late? Seven obstacles to female diagnoses



Diagnostic tools tend to diagnose the typical male autism presentation.¹ Males generally present with more overt autistic traits.^{2, 3, 4, 5, 6, 7}

Females may be less likely to have externalizing behaviours (hyperactivity/impulsivity and conduct problems), and may be more likely to have internalizing problems like anxiety, depression and eating disorders.^{8, 9}

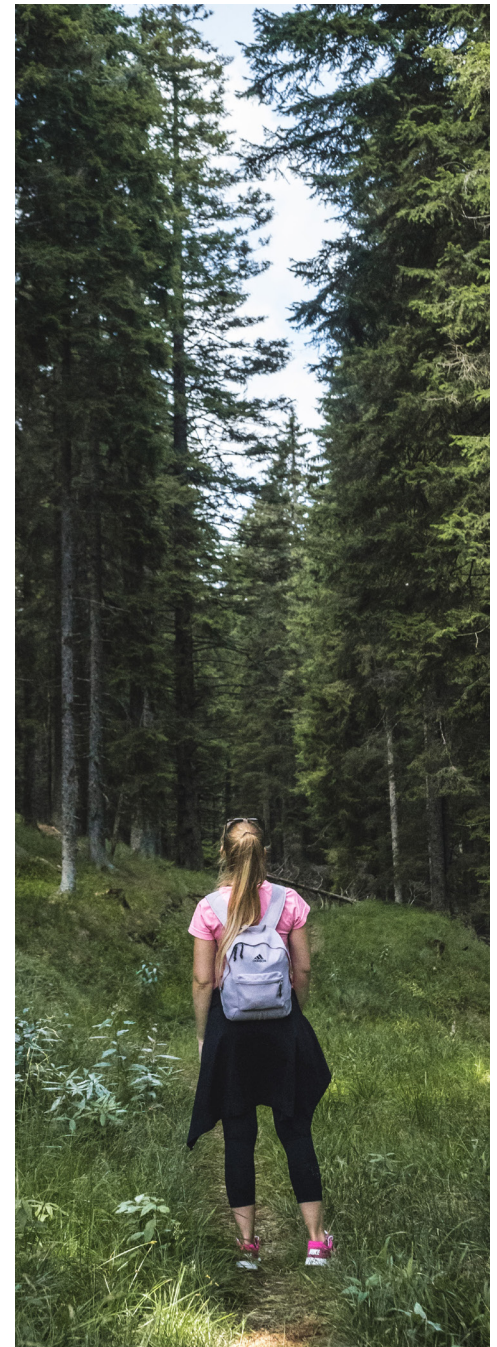
Camouflaging, masking, or adaptive morphing are when a person acts in a way that they believe people want them to be. Autistic females are more likely than males to camouflage; 90% of females have engaged in camouflaging;^{10, 11} thus making it harder to identify autism in female-presenting people.^{9, 12, 13}

When another condition such as an eating disorder (ED), for example, is so *observable*, autism may be less conspicuous. Autistic females may be present in higher numbers than recognized in ED clinics, but autistic traits may be overlooked or not be prioritized.

Autistic females generally do better than males with socio-communication,¹⁴ reciprocal conversation,¹⁵ non-verbal communication and gestural use,¹⁶ and reciprocal conversations,¹⁵ thus risking non-identification of autism.

Autistics are more likely than neurotypicals to be gender diverse, and gender diverse people are more likely to be autistic than cisgender people.^{17, 18}

Gender diversity may disguise autism. When a parent has a teenager who discloses or acts upon their identity as differing from the sex assigned at birth, that will probably garner the parent's attention more than the fact that the child is struggling socially. Furthermore, this may be seen by others as a reason for why they are struggling socially, thus again disguising observation of potential autism.



Of Substantial Concern

Given the adoption of an alternate identity, autistic females are left questioning what about them is authentic and what is the mask.¹⁹ Because they have learned to socialize superficially, they do not accurately read non-verbal or subtle verbal signals making them vulnerable to sexual exploitation and abuse.¹² In addition, autistic females are 13 times more likely to die by suicide than non-autistics.^{20, 21} These females are being failed by the system. By not being accurately diagnosed they do not receive autism-specific intervention or supports that could enhance their well-being and quality of life. We need to do better.

Key Implications

We need to recognize female *as well as* male autistic traits.

Don't just note behavior⁹ or social/communication challenges from the perspective of males. Females may be more social in their approach.

Many think of repetitive and restrictive behaviours and interests (RRBIs) as *the* indicator of autism. Remember that females present RRBIs, but these may be *fewer* than among males.^{22, 23, 24, 25}

Female "special interests" may not seem as *special* or *different* than those of neurotypical peers.²⁶

There is significant cost and suffering in non, missed or late identification of autism for girls. The earlier intervention occurs, the better!²⁴



Next Steps in Recognizing Autism in Females

- Professional development for health care professionals and educators. Learn the various presentations of autism, including the intersection of gender and age^{12, 27, 28}
- Clinics need to be broad in scope - inclusive of those who present diversely. ED Clinics and Gender Diversity Clinics need to be sensitized to the potential for autism among sexual and gender minorities, respectively
- Diagnostic methods need to be adjusted. Observational methods are contraindicated with the prevalence of masking.²⁹ It is imperative to employ diagnostic tools and questionnaires that accurately measure traits in females as well as non-binary individuals. Several existing instruments are now available (see toolkit for more detail).
- Researchers need to be actively recruiting females and other non-cis-male study participants.³⁰ These researchers can also seek guidance from adult female autistics on how to recruit more study participants who are female, trans, gender diverse, and non-binary.³¹

REMEMBER: AUTISM IS NOT JUST FOR MALES ANYMORE!

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