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AUTISM IN GIRLS AND WOMEN: PHENOTYPIC SPECIFICITY, CAMOUFLAGING, AND DIAGNOSTIC CHALLENGES

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ABSTRACT

Autism spectrum disorder (ASD) has traditionally been studied mainly involving male populations, which has influenced both diagnostic criteria and clinical expectations. Because early diagnostic criteria were built almost entirely around how boys present, we now face a reality where autistic girls and women are routinely missed. They end up spending years—often well into adulthood—navigating this heavy, unexplained social friction and emotional burnout before anyone actually connects the dots. This review is an attempt to unpack that female autism phenotype, looking closely at camouflaging, why the system fails them, and what exactly keeps these diagnoses delayed for so long.

To get a clearer picture, we went through literature from 2000 to 2025 across PubMed, Scopus, and similar databases, focusing on sex-based differences, coping mechanisms, and co-occurring mental health issues.

What the data actually shows is that autistic women rarely fit the old textbook mold. Their social differences are much quieter, and their verbal skills often hide the struggles. To survive, they rely heavily on "camouflaging"—essentially a polite term for masking their traits and mimicking neurotypical peers just to blend in. Sure, it works to get them through the day, but the internal cost is massive. We are talking severe anxiety, clinical depression, and sheer exhaustion. Since standard diagnostic tools still hunt for overt male behaviors, this whole internal struggle remains largely invisible to clinicians.

KEYWORDS

Autism Spectrum Disorder (ASD), Female Autism Phenotype, Camouflaging, Masking, Neurodevelopmental Disorders, Late Diagnosis

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1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition associated with differences in social communication, social interaction, and patterns of restricted or repetitive behaviour. For many years, most autism research focused mainly on boys and men, which strongly influenced how ASD was understood in both clinical practice and scientific literature [9, 13, 17]. As a result, autism came to be viewed largely as a “male” condition, while female presentations received much less attention. More recent studies, however, suggest that autism in girls and women may be significantly underrecognized, especially in individuals with less visible or high-functioning presentations [11, 13, 17].

Researchers increasingly describe the female autism phenotype as a pattern of traits that often differs from more traditional descriptions based on male samples. Compared with boys, autistic girls may show stronger language abilities, more socially adaptive behaviour, and fewer outwardly noticeable repetitive behaviours [10-12]. Many also develop ways of masking social difficulties in everyday situations. This can involve copying the behaviour of peers, carefully observing social interactions, preparing conversations in advance, or hiding behaviours that might attract attention [4, 15, 23]. Because these strategies can make difficulties less visible from the outside, many girls are not identified as autistic until much later in life. In some cases, diagnosis only happens after years of emotional strain, anxiety, depression, or burnout connected with the ongoing effort to fit social expectations [2, 6, 24].

In many cases, autistic girls attract less attention because their behaviour does not immediately appear unusual to adults around them. They are often described as calm, reserved, mature for their age, or emotionally sensitive rather than socially impaired [1, 3, 16]. Some manage to follow classroom routines well and avoid behaviours that teachers typically associate with autism. Difficulties may still be present, but they are easier to hide or are interpreted differently. For example, social withdrawal may be seen as shyness, while emotional

overwhelm can be mistaken for anxiety or stress. Because of this, autistic traits in girls are often recognized much later than in boys [6, 10].

This review focuses on current research concerning autism in girls and women, including differences in presentation, masking behaviours, developmental patterns, co-occurring conditions, and factors that may influence diagnosis. Particular attention is given to the experiences of females whose autistic traits remained unrecognized for long periods of time despite ongoing social or emotional difficulties. By combining findings from different studies, the review aims to show why female presentations of ASD are often missed and why greater awareness of these differences is important for both assessment and clinical support [1, 10, 17, 18].

2. Methodology

This review is based on a structured literature search aimed at summing up empirical findings related to the female autism phenotype, camouflaging behaviors, developmental pathways, and diagnostic difficulties for girls and women with ASD. Searches were conducted across the following databases: PubMed, Scopus, PsycINFO, and Web of Science. Keywords included combinations of: “female autism phenotype,” “autism in girls,” “autistic women,” “camouflaging and autism,” “social adaptation in ASD,” “late diagnosis,” “gender differences in ASD,” and “early signs autism” [1, 10, 18]. The searching strategy was designed to capture as many relevant works as possible including peer-reviewed empirical studies, systematic reviews, and meta-analyses that focus specifically on females or reported results separately by sex.

Inclusion criteria contain empirical data on clinical, behavioral, cognitive, or psychosocial aspects of ASD in females. Systematic reviews and meta-analyses examining sex differences were also considered, provided they offered data on female participants. Only English-language publications from 2000 to 2025 were included. Eligible studies needed to address topics such as phenotypic traits, camouflaging, co-occurring conditions, hormonal or genetic influences, diagnostic barriers, or psychosocial outcomes in females with ASD [1, 6, 18].

Exclusion criteria contain opinion pieces, editorials, or commentaries, as well as research focusing only on male participants or on typical developmental processes without clear clinical relevance. Studies were also excluded if they addressed autism spectrum traits solely in non-clinical populations without clear diagnostic confirmation, in order to maintain a focus on findings that are directly relevant to diagnosis and intervention in females with ASD [2, 3, 17].

For each study that met inclusion criteria, key information was analysed, including study design, sample size, participant age, diagnostic criteria, and outcomes relevant to female ASD presentations. Special attention was given to studies reporting camouflaging behaviors, strategies for social adaptation, and the timing or context of diagnosis. Where available, information on co-occurring conditions, developmental patterns, and hormonal or genetic correlates were also captured. All of this information was summed up to provide an overview of the current evidence base and to highlight areas where understanding of autism in women remains limited [10, 11, 23].

The methodology was designed to ensure reproducibility by applying structured inclusion and exclusion criteria, tracking searching strategies, and cross-checking references to minimize bias. The review underlines both clinical and psychosocial perspectives, and integrates quantitative findings on prevalence, diagnostic timing, and co-occurring conditions with qualitative insights into lived experiences, camouflaging strategies, and social challenges girls and women on the spectrum have to face [4, 12, 24].

3. Current Research on Autism in Girls and Women

3.1 Prevalence and Diagnostic Disparities

In the past ASD was seen as a predominantly male condition what has significantly shaped both research priorities and clinical practice. In consequence, it has contributed to systematic **underdiagnosis in girls and women** [11, 13, 17]. Traditional prevalence estimates that a male-to-female ratio is approximately 4:1; however, more recent systematic reviews show that this ratio may be closer to 3:1 or even lower when high-functioning women and those that exhibit solely subtle traits are considered [13, 17]. One important reason for this difference is that diagnostic criteria were developed and validated primarily in male samples, which means they may not adequately reflect how autism presents in females [11, 12].

Many high-functioning girls and women learn to compensate for social and communication difficulties. They may consciously or unconsciously imitating peer behaviors, suppressing stereotyped movements, and

rehearsing social interactions, which may allow girls to navigate social environments while still experiencing substantial internal distress [4, 15, 23]. In consequence, females may remain undiagnosed until adolescence or adulthood. This delay can lead to mental health challenges, including anxiety, depression, and low self-esteem [2, 6, 24].

Recent studies show that the timing and circumstances of diagnosis depends on many factors, such as access to assessment tools that are sensitive to gender differences, clinicians' awareness of female presentations of autism, and the presence of co-occurring psychiatric conditions. Girls who do not show more noticeable externalizing behaviors may be particularly at risk of delayed recognition. Their difficulties are often interpreted as shyness, emotional sensitivity, mood problems, or even personality traits rather than possible signs of autism [12, 17]. Knowing these patterns is crucial for improving early detection and providing timely support.

3.2 Early Signs and Developmental Trajectories

Identifying ASD early in girls can be difficult because their developmental differences tend to be subtle and easily overlooked. In infancy and early childhood, girls may show fewer repetitive behaviors than boys. They might rather choose imaginative play or develop interests that align with socially accepted expectations, which can make everything seem typical at first glance. Yet when we look more closely, subtle differences in social communication often emerge—such as trouble forming peer relationships, less natural eye contact, or difficulties engaging in easy, back-and-forth play with others. On the surface such behaviors can resemble typical development, but detailed assessments often show early social communication differences, including difficulties in peer interactions, atypical eye contact, and challenges in reciprocal play [1, 3, 16].

Longitudinal studies suggest that early sex-related differences in ASD may not be specific for autism in isolation but can become more obvious under social pressures, in particular during school entry and adolescence [16, 17]. For instance, the presence of complex social skills may mask underlying deficits, but the social demands of adolescence can reveal persistent challenges [10, 24].

In addition, early co-occurring characteristics—such as sensory sensitivities, differences in attention, or difficulties regulating emotions—may look somewhat different in girls, which can make them even harder to recognize. These traits are often understood as anxiety, perfectionism, or simply being “very sensitive,” rather than as possible signs of a neurodevelopmental condition [6, 14, 19]. For this reason, clinicians and educators need a thoughtful, context-aware understanding of how development can unfold in girls, so they can distinguish female presentations of ASD from other psychological or developmental difficulties.

3.3 Assessment and Diagnostic Tools

ADOS-2 and ADI-R are common ASD diagnostics instruments. They were primarily normed on male populations and in consequence they often fail to capture subtle female presentations [11, 19]. In response, researchers have developed female-sensitive tools, such as the FEM-A Questionnaire, which is designed to identify Level 1 ASD traits in women, including social masking and coping strategies [18]. These tools help to detect autistic traits that may be masked by socially adaptive behaviors.

Besides standardized tests, many clinicians now rely on interviews to better understand the experiences of autistic girls and women. Adding such data helps to capture strategies of camouflaging, social anxiety, and the psychosocial consequences of delayed diagnosis, offering complementary data to standardized assessments [10, 15, 24]. This type of information helps fill gaps that formal diagnostic tools may miss.

In spite of these advancements, barriers still persist. Clinician bias, societal expectations, and a lack of awareness of female-specific presentations often contribute to ongoing underdiagnosis. What is more, co-occurring conditions, such as anxiety, depression, and ADHD traits, make the clinical picture more complicated what leads to misdiagnosis or fragmented care [2, 6, 14]. The literature underscores the need for a complex diagnostic approach that combines quantitative assessment, qualitative interviews, and longitudinal monitoring.

4. Phenotypic Features and Camouflaging

4.1 Female Autism Phenotype

Autism in girls and women often looks different than the “classic” presentation described in older research. Many girls on the spectrum learn early how to copy social behavior, follow conversations, or adapt to what is expected from them socially [6, 11]. Because of this, their difficulties can be less visible, especially in school or other structured environments. Some also develop strong verbal and language skills that can hide problems connected to communication or social understanding [6, 12].

Instead of reacting outwardly, many autistic girls tend to keep their struggles to themselves. They often try to avoid standing out and become very focused on behaving “correctly” in social situations [10, 24]. Over time, constantly monitoring their own behavior and trying to fit in can become exhausting. Even if autism is not immediately visible from the outside, many still experience strong emotional pressure, loneliness, or ongoing anxiety.

Another difference can be seen in the kinds of interests girls develop. Frequently their interests do not appear unusual to other people, so they are less likely to attract attention during childhood. For instance, a girl may spend an excessive amount of time reading the same books, researching the same topic, following musicians or actors, or focusing intensely on creative hobbies, but because these topics are viewed as socially normal, such behavior itself is often overlooked [1, 6]. This can make autistic traits harder to notice, even when the patterns of intensity or repetition are still present.

4.2 Camouflaging Strategies

Camouflaging refers to different strategies autistic girls and women use to appear more socially “typical” despite underlying autistic traits. This can include copying the behavior of peers, hiding stimming behaviors, practicing facial expressions, or preparing conversation topics in advance [4, 15, 23]. Some also spend a great deal of time analyzing social situations, trying to predict reactions, or adjusting their emotional responses to match what is expected around them.

Although camouflaging can make social situations easier, it often comes with a cost. Many girls and women report that after spending time with others, they feel drained, tense, exhausted or disconnected from how they actually feel [10, 24]. The problem is not only the social interaction itself, but the constant effort to appear calm, responsive, and “normal.” Over time, this can contribute to anxiety, low mood, and confusion about where the performed version of the self ends and the real one begins.

Camouflaging can also make autism harder to recognize. If a girl makes eye contact, answers politely, or seems to manage conversations, adults may assume that she is coping well [12, 17, 24]. What is missed is the amount of preparation, imitation, and stress behind that appearance. For this reason, some girls are not diagnosed until much later, often after years of struggling quietly rather than because their traits were absent.

4.3 Consequences of Camouflaging

Keeping up masking behaviors for years can be exhausting. Many autistic women say they spend a large part of social interactions thinking about how they should react, whether they sound natural enough, or if they are behaving “correctly” [10, 24]. Because this happens repeatedly in everyday situations, it can eventually lead to chronic stress and emotional exhaustion. Studies have also found that people who camouflage more frequently often report stronger symptoms of anxiety and depression [6, 10].

Masking can also make it harder for professionals to understand what someone is actually struggling with. A person may seem to be socially capable during conversations or assessments while still experiencing significant distress internally [15, 24]. That is why some researchers argue that support should not focus only on visible behavior, but also on the effort required to maintain it over time.

5. Co-occurring Conditions and Psychosocial Outcomes

5.1 Psychopathology

Anxiety, depression, and ADHD-related difficulties are commonly experienced by autistic girls and women [10, 14, 19]. For many of them these problems exist alongside autism for years before a diagnosis is made. Lasting pressure to adapt socially, combined with feeling misunderstood or different from peers, may contribute to the development of different mental disorders over time [2, 6, 12].

The presence of ADHD traits can also make assessment more difficult. Problems connected with attention or concentration may overlap with autistic characteristics, which sometimes leads to an unclear or incomplete clinical picture [14, 19]. In girls who are already masking social difficulties, these overlapping features can be even less obvious during evaluation.

5.2 Social and Emotional Wellbeing

The social experiences of autistic girls and women are often more difficult than they appear outwardly. Even when they seem socially involved or have friendships, many describe interactions as stressful and emotionally demanding [10, 24]. Maintaining relationships may require constant attention to other people's reactions, adjusting behavior, and trying to avoid making social mistakes. In consequence some girls report feeling lonely or disconnected even when they are surrounded by other people.

These experiences can also influence mental health and sense of identity over time. Hiding autistic traits or trying to behave in socially expected ways can affect self-esteem and make it harder to feel comfortable with one's own personality [10, 24]. Research suggests that support for autistic girls and women should consider these experiences directly, rather than focusing only on visible social behavior [6, 15].

6. Biological, Hormonal, and Genetic Considerations

6.1 Heritability and Genetic Factors

Research from recent years suggests that genetic influences may partly explain why autism is often identified differently in girls and women than in boys [21]. Some authors propose that females may need a stronger accumulation of genetic risk factors before autistic traits become noticeable enough to meet diagnostic criteria [13, 21]. This could be one reason why many girls present with less visible symptoms or receive a diagnosis later in life. The idea is often linked with the "female protective effect," which assumes that certain biological factors may reduce the outward expression of autistic traits in females [13, 17].

At the same time, researchers increasingly point out that female presentations of autism should not simply be interpreted as "milder." In many cases, the traits may appear differently rather than less severely. Girls are often described as showing fewer obvious repetitive behaviors or stronger social adaptation skills, which can make difficulties harder to recognize during childhood [11, 19]. Because earlier genetic research focused mainly on male samples, many questions about female-specific developmental patterns still remain unanswered.

6.2 Hormonal Influences

For many autistic girls, adolescence is the period when everyday difficulties start becoming more noticeable [1, 6]. Social life usually changes a lot during these years. Friendships become more emotionally demanding, peer groups more complex, and there is often stronger pressure to behave in socially expected ways. Some girls who seemed to manage relatively well in childhood begin struggling more once these expectations increase.

Several studies describe this stage as emotionally exhausting for autistic girls, especially when sensory difficulties, stress, and social pressure appear at the same time [4, 10]. Many begin paying closer attention to their own behaviour in order to avoid standing out from peers. This can lead to more intense masking in school and in social situations. Researchers still do not fully understand how hormonal changes influence autism directly, but current findings suggest that puberty may impact how autistic traits are experienced and expressed over time [7].

6.3 Developmental Interactions

Researchers underline that autism in girls is shaped by diverse factors rather than by one single cause [10, 17]. Biological aspects interact with everyday experiences such as family expectations, school environments, friendships, and social norms connected with gender. These experiences may impact not only how autistic traits appear, but also how easily they are noticed by other people.

From early childhood, girls are often expected to be socially engaged, emotionally aware, and cooperative in group situations. Because of this, some autistic girls learn very early to observe the behaviour of others and adjust their own reactions in order to fit in socially [10, 24]. Over time, these patterns may become automatic, which can make difficulties less obvious from the outside even when social situations remain stressful or confusing internally.

Researchers also note that the same autistic traits may be interpreted differently depending on the environment in which a girl grows up. Behaviours connected with withdrawal, emotional sensitivity, or quietness are sometimes seen as personality traits rather than possible signs of autism [5, 17]. This may delay recognition, especially in girls who do well academically or do not show disruptive behaviour in school settings.

8. Discussion

The literature reviewed in this paper shows that autism in girls and women is still much less recognized than autism in boys, even though awareness of female presentations has increased in recent years. One reason for this is that many diagnostic expectations were originally based on male patterns of behaviour [13, 17]. Because of this, girls whose traits appear quieter, less visible, or more socially adapted may not immediately fit common ideas about autism. In practice, this means that many females spend years trying to understand their difficulties before receiving any explanation for them.

A recurring issue across many studies is the role of masking and social adaptation [4, 15, 23]. A large number of autistic girls learn early how to observe others, imitate behaviour, and avoid actions that could make them appear different. From the outside this may look like successful social functioning, but several studies describe the process itself as tiring and emotionally demanding [10, 24]. Some women report feeling as though they were constantly “performing” socially, especially during adolescence when peer relationships become more complex and emotionally intense.

The reviewed studies also suggest that autistic traits in girls are often interpreted differently than in boys. Behaviours such as withdrawal, perfectionism, emotional sensitivity, or social anxiety may be viewed as personality characteristics rather than possible signs of ASD [3, 16]. This can make recognition more difficult, particularly in girls who perform well academically or do not show disruptive behaviour at school. In many cases, support is only sought later, after anxiety, depression, burnout, or other mental health difficulties become more serious [2, 6].

Another issue concerns current assessment methods. Although newer approaches increasingly consider female experiences of autism, many diagnostic tools are still based mainly on male samples [11, 18]. Several authors therefore emphasize that assessment should include not only observable behaviour, but also the level of stress, effort, and adaptation connected with everyday social functioning. Looking only at outward behaviour may not reflect the full extent of difficulties experienced by autistic girls and women.

At the same time, the existing research still has important limitations. Studies that focus on women remain less common, and many areas connected with autism in females are still not fully understood. More research is needed on developmental differences, hormonal influences, long-term mental health outcomes, and the experiences of autistic women diagnosed later in life. Current findings already show, however, that female presentations of autism are more complex and varied than earlier models suggested.

9. Conclusions

Research from recent years shows more clearly that autism in girls and women is often missed, misunderstood, or recognized much later than in boys. One of the main reasons is that many females do not present in ways traditionally associated with ASD. Difficulties may remain hidden behind socially adapted behaviour, good language skills, or strong efforts to fit in with peers. As a result, many girls grow up without understanding why social situations feel stressful, confusing, or emotionally exhausting.

The studies included in this review repeatedly point to the importance of camouflaging in female presentations of autism. Masking can help girls avoid social exclusion, but it also makes diagnosis more difficult and contribute to the development of mental disorders and low self-esteem. Co-occurring conditions such as depression or ADHD can further complicate recognition, especially when psychological difficulties become more visible than autistic traits themselves.

Summing up, the literature suggests that better understanding of female presentations of ASD is still needed in both research and clinical practice. Greater awareness of subtle social difficulties, internalized symptoms, and masking behaviours may help improve identification and reduce the number of girls who remain undiagnosed until adolescence or adulthood. Earlier recognition could also improve access to support and reduce some of the long-term emotional difficulties described by autistic women in many of the reviewed studies.

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