

Misdiagnosis and Missed Diagnosis in Girls with Autism: How Can Educational Psychologists Support Girls with Autism?

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A wide variety of terminology has been used for autism since it was first recognised as a separate condition in the 1940s. Early terminology includes 'early infantile autism' (Kanner, 1943), 'autistic psychopathy' (Asperger, 1944) and 'Asperger's syndrome' (Wing, 1981). The current 'Diagnostic and Statistical Manual of Mental Disorders' (DSM V) (American Psychiatric Association, 2013) uses the term 'autism spectrum disorder' and states the diagnostic criteria as "persistent deficits in social communication and social interaction across multiple contexts", and "restricted, repetitive patterns of behaviour, interests, or activities" and goes on to state that "symptoms must be present in the early developmental period" and "cause clinically significant impairment in social, occupational, or other important areas of current functioning" (p. 50). Although 'autism spectrum disorder' (ASD) is now widely used, the term has been rejected by some as it aligns with the medical model of disability, suggesting that individuals with autism have a deficit or a condition to be cured. Others prefer to use the term 'autism spectrum condition' (ASC) as they consider it less stigmatising and embraces strengths as well as difficulties (Egerton & Carpenter, 2016). This term more closely aligns with the social model of disability which proposes that it is society, not the individual, that needs to adapt to enable people with autism to fully access society and experience equity. Anderson-Chavarria (2022) claims that neither of these models are adequate as they fail to encompass the diversity of the autistic experience and proposes a third model, 'the predicament model of autism'. Anderson-Chavarria claims that this model encompasses the complexity of the autistic experience and "answers the growing call from the autism community to move beyond the 'autism as a spectrum' metaphor" (Anderson-Chavarria, 2022, p. 1323-1324).

In this paper, I have chosen not to align with any specific model; I examined research using different models and will reference the research that is most relevant, and evidence based. I will use the term 'autism' as an umbrella term to describe all individuals with autism, to encompass all the literature that uses additional wording such as 'spectrum disorder' and 'spectrum condition'. When referring to individuals with autism, I will use a mixture of identity-first language (i.e., an autistic person) and

person-first language (i.e., a person with autism) in acknowledgement of the fact that some individuals within the autistic community prefer the former and others prefer the latter. I will focus on cisgender and endosex females and use the term 'female', 'male', 'boys' and 'girls' when describing individuals and groups; I acknowledge that there are range of genders, sexes and sexualities, but due to the limited word count, I will not discuss gender and sexuality in relation to girls with autism. Recent research findings relating to gender and sexuality in autism can be found in Sala et al. (2020).

Prevalence and Diagnosis

Autism occurs in 1% of children in the UK (NICE, 2021). Historically, autism has been considered a predominantly male disorder with a male to female ratio of 4:1 (Fombonne, 2009). However, more recent studies have concluded that there are a greater proportion of females with autism than previously suggested. In a large study of children in Finland, the male to female ratio was found to be 2:1 (Mattila et al., 2011); a systematic review and meta-analysis concluded the ratio is 3:1 (Loomes et al., 2017). Male to female ratios vary depending on the cognitive ability of the sample studied; Fombonne (2009) concluded that the male to female ratio for individuals with "high functioning autism" is 10:1 whereas the ratio for autistic individuals with a moderate-to-severe intellectual disability is 2:1.

There has been much debate about the suitability of current diagnostic tools for assessing autism in girls. Many widely used diagnostic tools were validated with predominantly male samples therefore may not be suitable for assessing and diagnosing girls (Kreiser & White, 2014). The literature suggests that there is a gender bias in diagnosis with girls less likely than boys to receive an autism diagnosis (Gould, 2017). Evidence suggests that girls may "require additional problems to push them over the diagnostic threshold" (Dworzynski et al., 2012, p. 793) or need more autistic traits than boys to gain a diagnosis (Lockwood Estrin et al., 2020). Dworzynski et al. (2012) agree that there is a gender bias in diagnosis but argue that gender biases in diagnostic instruments may be difficult to uncover because they rely on a clinician's judgement. Gould (2024) suggests that clinicians rely too heavily on the diagnostic criteria and stresses the importance of using their clinical judgement. She suggests that a new set of diagnostic criteria for females is not necessary, instead she argues that

“diagnosticians need to be aware of the broader view of how autism is manifested” (p. 9).

Research indicates that co-occurring mental health difficulties are common in individuals with autism. Anxiety is the most common mental health condition and is present in up to 66 per cent of autistic individuals (Zener, 2019). Anxiety levels in adolescents with autism are significantly higher than those of the general population (Bellini, 2004). There is a high prevalence of social anxiety in autistic individuals with up to 50% of autistic young people scoring above normative levels (Bellini, 2006); this is significantly higher than estimates of 7-13% for the non-autistic population (NICE, 2013a). Compared to neurotypical individuals, autistic individuals are four times more likely to experience depression in their lifetime (Hudson et al., 2019) with autistic females being more likely to experience depression than autistic males (Zener, 2019). Depression is much more prevalent in autistic adults with above average intelligence - suicide is the leading cause of premature death in autistic adults with average or above average intelligence (Hudson et al., 2019; Hirvikoski et al., 2016). Research shows that autistic young people are at greater risk of developing unhealthy strategies as a way of coping with the difficulties they experience due to their autism – some misuse substances “to cope with the intense stress, anxiety and depression that comes from camouflaging autism [...] For some, self-medicating is the only way to quiet the constant noise in their heads” (Zener, 2019, p.5).

Autism can present significant difficulties for individuals throughout their lives and as described above, puts them at increased risk of substance misuse, anxiety, depression and suicide. To minimise their struggles and improve their outcomes, autistic individuals should be identified and supported as early as possible. However, autism in girls often goes undetected by schools (O’Hagan & Bond, 2019). Autistic girls often miss being diagnosed or, if they are diagnosed, this is more likely to happen later than their male counterparts (Zener, 2019). This seems to particularly be the case for autistic girls without a learning difficulty who “are at significant risk for having their needs overlooked or identified later in life, causing them to miss crucial support that may accompany a diagnosis and alleviate some of their struggle” (Zener, 2019, p. 2).

Evidence suggests that, in the UK and Ireland, 25-30% of an educational psychologist's (EP's) caseload involves pupils with autism (Robinson et al., 2018; Sadreddini, 2017) yet referrals to EPs regarding girls with autism seem to be rare and are much more likely to be related to mental health concerns and school refusal (O'Hagan & Bond, 2019). Given the difficulties that girls with autism may experience during their school career and their adult lives, it is vital that their autism does not go undetected and that they receive timely and ongoing support. In this essay, I will give a brief overview of how autistic girls present differently to autistic boys, explain why girls can get misdiagnosed or miss diagnosis, and discuss the role EPs can play in supporting girls with autism.

The difference between autism in boys and girls

Although it is acknowledged that some females with autism present similarly to males with autism (Lockwood Estrin et al., 2021), there is a large body of evidence describing differences in how autistic girls and autistic boys present. Studies indicate that autistic boys show more repetitive and restrictive behaviours and interests (Tillman et al., 2018; Mandy et al., 2012) whereas fewer autistic girls present with restricted interests (Hiller et al., 2014). Autistic boys exhibit more externalising behaviours and greater social problems than girls (Mandy et al., 2012). Girls with autism usually show an ability to maintain a reciprocal conversation and initiate friendships (Hiller et al., 2014), are more likely to be overly concerned with being liked by their peers and described as "clingy" (Hiller et al., 2015); those without learning difficulties tend to possess better language skills than their male counterparts (Halladay et al., 2015). Autistic boys usually exhibit more autistic traits, often experience distress in crowded settings and struggle with behaviour adjustment (de Giambattista et al., 2021) and may demonstrate a lack of empathy and avoid social contact (Leow et al., 2024).

Why are girls misdiagnosed or miss diagnosis?

Evidence suggests that autism can be mistaken for other conditions, such as mood disorders. Zener (2019) explains how "autistic meltdowns can appear as mood dysregulation" (p.5); Joshi et al. (2013), describe how autism can be mistaken for bipolar affective disorder, as there are similarities between the two conditions such as irritability, mood swings, poor sleep and manic-type behaviour. There is also a

problematic overlap with borderline personality disorder (Gould, 2024) and obsessive-compulsive disorder (Hendrickx, 2024).

As well as the gender bias in the diagnostic process described earlier and the issues with misdiagnosis discussed, it is likely that girls miss diagnosis as they have learnt ways to blend in and make themselves less conspicuous by mimicking the behaviour of their peers. Girls with autism commonly use adaptive mechanisms such as masking and camouflaging to help them to hide their autistic symptoms and navigate social situations (Lai et al., 2018); this makes them vulnerable and less likely to receive intervention (Gould, 2017).

Research suggests that girls with autism may go undetected as they exhibit less repetitive stereotyped behaviour and have less severe difficulties at school than boys (Mandy et al., 2012) and their behaviour appears similar to their neurotypical peers (Lockwood Estrin et al., 2021). This aligns with the findings of a study by Dean et al. (2017) who compared the playground behaviour of children and found that from a distance, girls with autism behave like girls without autism. They observed that girls with autism often stay near social groups and suggested that “the fluidity of female social groups created an ideal backdrop to conceal the girls with ASD who were often hovering close by.” (p. 685).

It is also possible that the change in how EPs are accessed may have caused girls to miss diagnosis or be misdiagnosed. In recent years, many EP services have become ‘traded’, with schools needing to buy in EP time; schools must then choose how to spend their EP budget and time. Evidence suggests “it may be difficult for pupils such as autistic girls who internalise their anxiety and follow school rules to be referred and have access to the EP until they present extreme behaviour such as school refusal” (O’Hagan & Bond, 2019, p.230). Boys are more likely than girls to be referred because their behaviour tends to be more disruptive and more stereotypically autistic. EPs interviewed in the study by O’Hagan and Bond (2019) “felt that the more disruptive and challenging boys would be referred to the EP before the less disruptive girls” (p.230). Girls tend to be referred to EPs due to school refusal or concerns around their mental health, yet further investigation often brings to light that the difficulties they have been experiencing are due to unidentified autism (O’Hagan & Bond, 2019). Worrying, there is

evidence that females with undiagnosed autism often seek professional help and support for their mental health difficulties, but their autism is often missed (Zener, 2019).

How can EPs support girls with autism?

Although EPs in the UK do not formally diagnose autism as this is typically carried out by medical professionals such as paediatricians and psychiatrists, they can play a crucial role in supporting children with autism as well as those who exhibit autistic traits and school staff or parents believe may be autistic. Research indicates that educational practices designed for pupils with autism can benefit all pupils (Odom et al., 2021; White et al., 2023) suggesting that if support is put in place for a child with suspected autism, (who may later be found to not be autistic) it would cause no harm and would likely be beneficial.

One way in which EPs can support girls with autism or suspected autism is through their use of consultation and observation. The consultation process enables the views of multiple people involved with a young person to be gained; autistic girls often mask or camouflage at school and present differently at home so being able to gather the views of home and school is particularly important and helps an EP to gain a full picture of the child (O'Hagan & Bond, 2019). Observation is also important in gaining this 'full picture'. As previously mentioned, autism presents subtlety in many girls and masking and camouflaging are common, therefore, the best way to gain an understanding of a girl's needs would be to observe them over time and in different contexts (Gould, 2024); for an EP, this could involve observations in a variety of contexts (playground, whole class teaching, group work). Research indicates that parents find it helpful when EPs offer them information and support them to understand their daughter's needs and develop their awareness of support strategies (McCormick & Thomas, 2025); these are all things that could be achieved through observation and consultation. However, it is acknowledged that, in the current climate of EP shortages, budget cuts and traded services, it may not always be possible to hold meetings involving parents and key members of school staff and/or undertake multiple observations of pupils so that they can be seen in different contexts and environments.

A second way EPs can support girls with autism or suspected autism is to educate school staff about autism in girls. This view is shared by O'Hagan and Bond (2019) who state, "EPs need to play a role in highlighting how autism differs between boys and girls" (p. 234). To provide an effective education for autistic pupils, school staff need to be knowledgeable and skilled (Odom et al., 2021) yet research suggests that some girls with autism do not receive sufficient support at school due to teachers' lack of knowledge and awareness of autism in girls (Moyse and Porter, 2014). This lack of understanding can make girls' struggles with difficulties like sensory sensitivities even more impactful (Jarman & Rayner, 2015). EPs could provide training to school staff during staff meetings or on INSET days. Teachers and pupils could gain knowledge about autism using whole class resources such as the Learning About Neurodiversity at Schools (LEANS) programme; LEANS can teach children about neurodiversity and neurodivergence, including appropriate terminology to use, and increase positive attitudes and intended actions (Alcorn et al., 2024).

Thirdly, the role of the EP could be to advise and train school staff on interventions to support girls with autism. There is a plethora of studies that have explored interventions for autistic children and young people. A systematic literature review by Bond et al. (2016) examined 176 studies of interventions for children with autism; they assessed the quality of the studies and evaluated their effectiveness in supporting children with autism. For pre-school children, they found that the interventions with the strongest evidence base were joint attention and comprehensive preschool interventions (such as PECS). For school-aged children, they identified three interventions as having the most evidence: multi-component social skills interventions, peer-mediated interventions and behavioural interventions. However, although this review is helpful in highlighting evidence-based interventions, it is limited in how helpful it is in identifying how EPs in the UK can support girls with autism. Firstly, only seven of the 85 studies included in the review originated from the UK; most of the studies included were from the USA. This makes the applicability of the findings to the UK education system questionable. However, it should be noted that the authors may have excluded several UK studies due to them not meeting their quality criteria. A second limitation of the review is that most studies focused on the core features of autism and

many focused on improving outcomes and reducing challenging behaviour. As discussed above, autism presents differently in girls compared to boys with girls being more likely to follow school rules and mask their difficulties; unfortunately, the review did not examine whether the studies investigated any differences in the impact of the interventions on boys and girls.

Another review of evidence-based interventions was conducted by Wong et al. (2015) and examined 27 evidence-based, focused intervention practices. They concluded that foundational applied behaviour analysis techniques (such as prompting and reinforcing) were the most effective and posited that there was strong evidence for the effectiveness of antecedent-based interventions, differential reinforcement and video modelling. Again, the results of this review do not shed light on the best interventions to use with girls with autism as the influence of gender on the impact of interventions was not examined in the studies within the review.

Robinson et al. (2018) investigated EPs' use of evidence-based interventions (EBIs) for supporting children with autism. The study surveyed 146 EP practitioners in the UK and Ireland about their use of 31 EBIs and found that EPs were using many of the EBIs identified by recent systematic literature reviews such as social stories, implementing visual supports, prompting and social skills training. EPs reported that they were least likely to use the EBIs they were least familiar with, such as LEGO Therapy, discrete trial teaching and video modelling. However, it should be noted that the sample of EPs used may not be representative of the general EP population, due to the way in which the participants were recruited. Also, because participants self-selected, it could be argued that the sample may have been biased towards EPs who used evidence-based interventions in their work with autistic children. Again, the study did not investigate gender.

Research indicates there is limited guidance available to schools about how to meet the needs of autistic girls (Tomlinson et al., 2019) and to date, there are few studies which specifically examine interventions for autistic girls. McVey et al. (2017) examined the effectiveness of the Program for the Education and Enrichment of Relational Skills (PEERS), an evidence-based social skills intervention, on the social skills of adolescents and young adults and found that the intervention was as effective

for females as it was for males. However, this study is limited in its generalisability and validity because the sample of females was small (27) and there was no control group. A more recent study by Ayirebi and Thomas (2024) identified that group-based social skills interventions which support both in-person and online methods of communication should be considered for secondary school girls with autism. They also argue that autistic girls should receive interventions that target the specific risk factors they may encounter such as late diagnosis, bullying and online exploitation.

A fourth way EPs could support girls with autism or suspected autism is to advise schools on adjustments they could make. Research suggests that school staff can help minimise the stress and anxiety experienced by their autistic female pupils by using flexible practices like allowing them to stay in their classroom at lunchtime instead of joining a busy lunch hall (Jarman and Rayner, 2015). Sensory overload can be reduced by allowing pupils to socially withdraw and have access to quiet, dark rooms, weighted blankets and soothing music (Zener, 2019). It may be helpful for EPs to introduce pupils and the adults supporting them to 'The Golden Equation': autism + environment = outcome (Beardon, 2019), as a reminder that the environment significantly impacts an autistic person. The formula may facilitate an understanding that the profile of an autistic pupil largely remains the same and environmental factors, such as the bright lights in a classroom or itchy clothing, will impact their ability to learn.

A fifth way in which EPs can support girls with autism is by ensuring they have up to date knowledge of research related to autistic girls. There is evidence to suggest that some EPs lack knowledge about how autism presents in girls and effective strategies to support autistic girls (McCormick & Thomas, 2025). During their training, it would be helpful for EPs to become familiar with evidence-based interventions and strategies to support autistic girls so that they enter the work force well-informed and are able to provide effective and appropriate advice and training. When qualified and registered, EPs have a responsibility to maintain their knowledge; they must be able to "keep their skills and knowledge up to date and understand the importance of continuing professional development throughout their career" (Health and Care Professions Council (HCPC), 2023, p.6).

Finally, an important factor for EPs to consider when supporting autistic girls or girls with autistic traits is **when** to provide support. Some autistic girls may appear to cope well at primary school but then struggle at secondary school due to the increase in social complexities. Research suggests that the social difficulties experienced by autistic girls are likely to become more obvious as they get older because “compensatory mechanisms such as camouflaging are less successful, against the higher social demands of teenagers” (Lockwood Estrin et al., 2021, p. 457). It may therefore be advisable for EPs to offer support in either year six or year seven to help autistic girls develop the skills they need in adolescence; this may reduce the likelihood of them developing mental health difficulties and school refusal later. It could be suggested that early support may also help protect girls with autism from autistic burnout which individuals often experience for the first time during adolescence (Mantzalas et al., 2022). Autistic burnout “is a syndrome conceptualized as resulting from chronic life stress and a mismatch of expectations and abilities without adequate supports” (Raymaker et al., 2020, p.140) and is “a severely debilitating condition with onset preceded from camouflaging or masking autistic traits, interpersonal interactions, an overload of cognitive input, a sensory environment unaccommodating to autistic sensitivities and/or other additional stressors or changes” (Higgins et al., 2021, p.2365). EPs could support autistic girls by helping them to understand the impact that being autistic may have on their energy levels. A tool EPs could use for this is spoon theory (Miserandino, 2003). Spoon theory may be useful for autistic people to help them balance their commitments with their mental and physical capacity, predict times when they may have a deficit of spoons and plan strategies to manage these times (Hendrickx, 2024). However, while this theory is often referred to in autism support networks and literature and there is anecdotal evidence suggesting it is effective, there is a lack of empirical research and evidence to support its use.

Conclusion

In this paper, I have outlined some of the differences between autism in girls and boys and shared explanations as to why autism in girls often goes undetected or is misdiagnosed. I have explained that EPs can support girls with autism and those suspected of being autistic through: consultation and observation; educating school

staff about the difference between how autism presents in boys and girls; providing advice about evidence-based interventions and adjustments schools can make; and ensuring they gain and maintain up to date knowledge about research on autism and evidence-based practice for supporting autistic girls. I have discussed some of the factors that may prevent or impede EPs in supporting autistic girls. Encouragingly, research into girls with autism has increased significantly in recent years; however, further research into effective interventions for autistic girls is very much needed.

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