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Section 1- Literature Review

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Section 1

In this section there will be considerations to a proposed research project relating to 'Investigation into similar characteristics between genders in an early years setting, with autistic traits and what makes girls with autism mask, more than boys?' By reviewing existing literature on the proposed topic, this section aims to highlight the reasons and challenges faced by both genders, also the reasoning behind masking.

The research paper 'Autism in girls' (Aurebekk, 2024) shows that historically, when research in autism was conducted, it was solely focused and influenced mainly on boys. Aurebekk interviewed an author Lina Liman who was diagnosed later in life at the age of 31, her research at the time found that around 80% of girls, remained undiagnosed with autism at the age of 18. In line with the statement above, the NHS (2022), states that girls with autism spectrum disorder (ASD), can differ from boys with ASD, in other words, girls often mask the signs of autism by imitating how their peers behave and play, girls can often remove themselves from situations which are not comfortable for them, and girls can show less signs of repetitive behaviours than boys. Girls with ASD seem to cope better with social situations. This can be the reason why some girls do not receive a diagnosis in childhood.

Arky (2024) wrote about the differences with girls and boys with ASD and why girls with autism are often overlooked. Arky states that more boys are diagnosed earlier with ASD than girls, because ASD in girls, presents itself different from stereotypical autistic behaviour, often seen in boys. Such as repetitive behaviours, having intense interests and hyper fixations with toys or animals, all of which are seen in girls with ASD but are often dismissed as normal traits. Following on, CDC Government (2024) equally agrees by saying, children with ASD can have difficulties with sensory aversions or interests (touch, taste, smell and auditory processing), not only but also repetitive and stereotyped behaviours such as spinning, flicking, rocking and collecting items are more commonly seen in boys than girls with ASD.

Additionally, to the statements above, Pasco (2018) states that ASD is a neurodevelopmental condition that effects both genders in children and adults and from all backgrounds, with some diagnosis being done as early as two years of age. However, Pasco found that more males than females were having earlier diagnosis, as females tend to camouflage or mask their autistic traits. Following on, Cook, Hull

and Will (2024) found similarities when conducting their own research, Cook, Hull and Will suggests in their research that, initially the ratio of diagnosis of male-to-female was four-to-one. However, Cook, Hull and Will also argue that in a more recent study, that the figures are closer to three-to-one or even two-to-one.

With the figures mentioned above, Bargiela, Steward and Mandy (2016) also maintains that, between two and three males for each female had a diagnosis of ASD early. Therefore, Bargiela, Steward and Mandy point out that females are noticeably at risk of their ASD going undiagnosed, due to them being commonly mislabelled with other disorders or conditions. Moreover, a further study which also found similarities, was conducted by Milner *et al.*, (2024). Milner *et al.*, suggested that the reason for males having earlier diagnosis than females, were because females often adopted strategies. An example of this would be masking, to offset autistic behaviours, in spite of underlying autistic appearances. Wing (1981, cited in Milner *et al.*, 2024) pointed out that autistic girls may be ignored by doctors and other professionals, due to their capable ability of mirroring mainstream social norms, and advanced language comprehension, compared with autistic boys.

For instance, when girls use their masking and camouflaging techniques, this can often delay recognition and diagnosis of autism, until the girls find themselves in a complex situation, often in teen years (Mandy *et al.*, 2018, cited in Milner *et al.*, 2024), when social difficulties surpass the capacity to cope. This leads onto the reasoning for the purposed research.

Research suggests that females with severe autistic social traits (ASTs) are less likely to receive an autism diagnosis than males (Lai *et al.*, 2015, cited in Mandy *et al.*, 2018). One possibility for this, as mentioned above; that during adolescence, social peer groups and pressures become increasingly difficult, compared to when females are in primary and early secondary school (Bargiela, Steward, and Mandy, 2016 cited in Mandy *et al.*, 2018). Mandy *et al.*, (2018) claims that severe autistic traits can sometimes reduce over time in girls, compared to boys. However, many autistic people, both male and female learn, social surviving approaches, the ability to mask and compensate for their struggles (Hull *et al.*, 2017). For instance, boys with ASD are more likely to experience problems which can be observed such as hyperactivity and behaviour issues, whereas girls with ASD are more likely to

experience internalising problems, such as anxiety and depression, which are not always obviously seen (May *et al.*, 2012 cited in Hull *et al.*, 2017).

Finally, previous diagnosis practise focused primarily on the behavioural presentations, which were mostly seen in boys and so do not essentially reflect the areas in which girls with ASD, may display distinctive behaviours to males, for example, girls being defined as 'just being shy' and having the ability for mimicking, camouflaging and adopting social language (Lai *et al.*, 2015). Some existing evidence suggests that females need to be seen having additional problems, for example more behavioural or complex presentation of autism, such as language barriers to gain a diagnosis earlier in childhood (Ratto *et al.*, 2018 cited in Milner *et al.*, 2024).

However, this cannot always be observed in settings and are often seen in more comfortable and relaxed places such as home. According to Weller (2023), autistic people and especially girls need to mask or camouflage more than others, which can often have an impact on mental health, becoming overwhelmed and struggles with self-regulation, resulting in meltdowns at home, due to the need to mask throughout the day. Hughes (2024) agrees by saying young girls that mask, can have a decline in their well-being at home, often becoming reluctant to want to go to school, increased tiredness and emotional outbursts. Therefore, with the above supporting literature, the findings have furthered the title to the proposed research.

Section 2

In this section there will be discussions on methodological considerations to the proposed research paper as mentioned in section 1. The research will have mixed methods to discover the similar characteristics of both genders and whether or not it is noticeable when girls start to mask their autistic traits. The primary research will be consisting of a combination of quantitative observation schedules and qualitative interviews to gain further consideration of the purposed research mentioned above.

Previous secondary research has suggested that qualitative methods, such as interviews with parents and early years practitioners (within an early years setting) can have a more sensitive and purposive approach, in capturing how both genders express autistic characteristics, compared to quantitative observation schedule, that can rely solely on information that can be measured (Kopp and Gillberg, 2011; Lai *et al.*, 2015 cited in McMullen, 2024). This is the reasoning for the mixed methods of research, as the participants will be a small group making it easier to collate the data. Whereas if questionnaires were used, the outcome could be low response rate, not only but also participants not being truthful with their answers.

Following on, Roberts-Holmes (2018) points out that triangulation strengthens mixed methods of research, therefore comparing and combining, of both the qualitative and quantitative data from the primary research (which will be discussed below) will validate the findings, making the research methods more credible (Arias Valencia, 2022).

The first primary research includes 6 parents/care givers (of both genders showing autistic traits) and 5 early years practitioners. The sample will begin with semi-structured interviews, which will take place via Microsoft teams, interviews can have limitations and be time consuming to go through the answers. However, the use of Microsoft teams, will make the answers collected easier to transcribe and this will give the researcher both qualitative and purposive information on each child. This method aims to gather a more in-depth account of the characteristics and behaviours mostly seen at home and sometimes within the early years setting. However, as mentioned in section 1, girls are known to mask and camouflage their struggles and behaviours at settings (Lei *et al.*, 2015). This is the reasoning behind interviewing parents, who can give examples of situations that occur at home.

The interviews will coincide with the data collected from the observation of the children, which will be part of the second primary research. The researcher can analyse both methods, to establish if there is any similarities or not between home and the setting.

Following on, conducting the semi-structured interviews with parents and the early years practitioners, can have other limitations. For example, arranging times and dates that is convenient for both parents and early years practitioners namely one. According to Care Learning (2004), other examples of limitations could be communication barriers, when English or Welsh is an additional language, Purchon (2019) suggests not to use jargon or formal descriptive language, not only but also to be aware of facial expressions and body language, as this can sometimes speak far louder than anything spoken verbally (Norfolk County Council, no date).

Additional to the above, having diverse multi-cultural backgrounds and religious beliefs of children, parents and practitioners, the researcher needs to be mindful of other cultural views and beliefs on autism. For instance, non-westernised families can fear stigmatisation and often hide their child from the community (Papadopoulos, 2016). Religions from African countries view autism as being a form of witchcraft, neglect or even poor parenting (Bankole, 2016 cited in Papadopoulos, 2016).

Similarly, Alqahtani (2012, cited in Papadopoulos, 2016) describes how Saudi Arabian parents rely on other interventions, such as religious healers who help with the challenges parents face, with their child who maybe autistic. Matson (*et al.*, 2017) also points out that cultural differences may impact on the perception of autistic symptoms, making multicultural comparisons significant when viewing autistic traits. Bankole (2016) also agrees that professionals (including researchers), should firstly be familiar with how other culture's view autism before meeting the parents, it encourages prior knowledge of the culture, and to know what is okay in some cultures, may not be tolerable in others.

The second primary research includes video observation schedules, this will give the researcher quantitative data and convenience sampling, as the children are already identified to the researcher. Before any observations are conducted, the researcher will need to have voluntary informed consent, from the parents for all children involved. This method aims to observe 3 girls and 3 boys during un-structured play,

in the morning and afternoon sessions, within the early years setting. The data collected will consist of how, and whether both genders (with possible autistic traits) play with their peers, any significant differences with behaviours displayed, restrictive and repetitive behaviours, social interaction, communication and problem solving. This observation will roughly last between 10 to 15 minutes for each session, over 3 separate occasions. The strengths of video observations; gives the researcher an opportunity to go back through the footage several times, in case anything was missed whilst writing information down. However, if a parent has not consented to their child being filmed, the research may ask the parents' permission to blur out the child's image, so the child does not feel left out or if any child becomes upset during the observation, then the recording would stop.

Take for example, when the un-structured observation takes place, it gives the researcher an open approach to observing children's behaviour, it allows for viewing natural behaviour in an un-controlled setting (Teachers Institute, 2023). To illustrate the above point, the researcher should take a non-participant approach, in other words, children should (as mentioned above) act more naturally. When the researcher has blended into the background, the data collected should have better validity than when the researcher is joining in with the activity (Thompson, 2016).

Other limitations to observations and interviews can include the Hawthorne and Halo effect. The Halo effect is a perceptive bias that occurs when an instant decision is made about a person, based on a single characteristic or trait (Gabrieli *et al.*, 2021). In other words, Allen (2017) agrees by stating it can also be a form of labelling, for example, when a parent or practitioner assumes that all children who show a particular trait are the same, which in turn, can lead them to make expectations about the children that may not be true. Moreover, the Halo effect could possibly have influences from parents and practitioners with biases and previous encounters of other children, showing autistic traits and similar behaviours, influencing the answers given during the interview.

According to Ingram (2023) The Hawthorne effect can change people's behaviour and performance, when they know they are being observed. Franz (2018) also points out, that participant awareness of the researcher, can lead them to act according to what they believe the researcher is looking for, by showing off and

therefore biasing the observation outcome data. The Hawthorne effect not only views ones need for validation and recognition, it also demonstrates when peoples actions are being noticed, they feel influenced to perform better (NeuroLaunch editorial team, 2024). Not only but also, the Hawthorne effect highlights the limitations on conducting an observation on children, who know they are being watched.

However, linking with children's play theory and the research by Milred Parten and the six stages of play (Parten, 1932 cited in Gregory, 2025). Gregory describes the onlooker play, where children become observers themselves, they do not get involved with other children playing but are aware of what their friends are doing around them. This may sometimes look to parents and practitioners as though the children are not interested in playing with others and want to be on their own (solitary play), play itself may vary from culture to culture and children from other backgrounds may have different play preferences (Drew and Cornell, 2024).

Similarly, according to Montessori Academy (2023), the onlooker play stage, forms another stepping-stone for progression and learning. It enables the children to have the potential for playing and sharing with other children, not only but also, learning to interact with their peers and watching, without the need for participating (Garoo, 2025).

Section 3

In this section there will be a critical awareness of ethical issues relating to working and researching with and for young children and others. All proposed research will be following the British Educational Research Association (BERA, 2024) and University of Wales Trinity St David (UWTSD, 2022) Research Integrity and Code of Practice guidelines.

Following ethical guidelines set out by BERA and UWTSD, it enables the researcher of the proposed study to make sure everyone who is participating in the sample, has given voluntary informed consent, is safe, protected and comes to no harm. The more vulnerable the participant, the bigger the responsibility the researcher has to protect them (section 34, p.20, BERA, 2024). The participants will be given an information sheet, stating the reasoning behind the study, use of consent slips that includes, name, phone number and address of parents and carers (Wailling, 2005 cited in Page, Clare and Nutbrown 2013, p.44) and what anonymity and confidentiality measures are in place, after the study has finished.

Section 8 (p.13, BERA, 2024) and Appendix 1-Section 4.2 (p.22, UWTSD,2022) States that adult participants, are made aware that voluntary informed consent will be obtained, before the research commences and any participant throughout the study, have the opportunity if they so wish, to withdraw their consent at any given time. Not only but also, sections 23-25 (pp.17-18, BERA,2024) and Appendix 1 Section 4.4 (p.23, UWTSD,2022) describes the principles of children and young people consent, this is known as assent. The term assent is for children under the legal age of consent within the pre-school setting.

However, children of other ages and various capability can make informed choices, this links to the United Nations Convention on the Rights of the Child (UNCRC). According to Save the Children (no date), Article 3 from UNCRC is to ensure all actions regarding any child, must be the main concern and consider the child's best interests when making choices that could impact them. Additionally, Article 12 from UNCRC (Save the Children, no date) states the child has the right to voice their own view without restrictions, the UNCRC understands that the level of a child's involvement in decision making must be suitable to the child's level of understanding and age.

Following on, sections 1-7 (pp.11-13, BERA,2024) and Appendix 1 section 1 (p.20, UWSTD,2022) states that all research will be guided by a set of important ethical principles to guarantee the safety of all the people involved in the study. In other words, any observations, or interviews conducted that could potentially be invasive and cause nervousness to the participants, has a risk management strategy in place, to prevent any participant or researcher harm. By following the guidelines set out in the above section, this can minimize the risk of such occurrences happening (but not stop it), not only but also, ensuring that appropriate debriefing is provided with additional information to support the participants, after they have taken part in the research. These guidelines, also refer to any participant being treated equally, with dignity and compassion, regardless of their background.

As briefly mentioned above with participants having the right to withdraw, sections 31-32 (pp.19-20, BERA,2024) points out that researchers should recognise that all participants (adults and children), throughout the duration of the study, could withdraw their consent to continue for any or no reason at all, and participants will be informed of this right prior to any study, interview or observation starting and how to use it. This withdrawal may not always be a verbal one, or a written one (briefly mentioned in section 2). In the case of young children who are being observed, the children may become overwhelmed or upset, in which case the session would stop, and appropriate staff members known to the child, will make sure they are supported. The child may then assent at a different period and the observation could then continue again.

Following on, in sections 39,40,45,46 (pp.22-23, BERA, 2024) and appendix 1 section 5, 5.1, 5.2 (pp.24-25, UWTSD,2022) BERA and UWSTD says that under the Data Protection Act 2018 and the General Data Protection Regulation 2018 (UK GDPR) the right of the individual to privacy. In other words, any participant included in the research has the right to anonymity, which refers to concealing the identity of the participant in all documents within the research. As well as confidentiality and who has the right to access any of the data given by the participant (UK Government, 2018). Moreover, data storage should always be kept secure, if using an electronic device, make sure that it is password protected, and not stored on any shared computer or cloud storage.

Any hard copies of data be kept in a lockable device, ensuring no loss or someone else able to retrieve any personal information and that the hard copies are to be destroyed after the results have been finalised (section 46, p.24, BERA, 2024).

However, as a researcher there could be some instances when something is disclosed in confidence or observations made, then researcher has a duty of care to report the information to the relevant people and whether the information is deemed a safeguarding concern and needs further action (section 48, p.24, BERA, 2024; appendix 2, pp.27-28, UWTSD,2022). As part of working with children and young people under the age of 18, Disclosure and Barring Service (DBS), performs enhanced checks on staff, students and volunteers, who will be working alongside children supervised or unsupervised (appendix 2, p.27, UWTSD,2022). Therefore, researchers will need to present an up-to-date DBS prior to any interviews or observations taking place involving children and young people.

The UK GDPR (2018) also define certain data as being special category data, and this requires additional control measures. Examples of these are personal data, which shows a person's racial or ethnic origin, religious beliefs, data regarding a person's sexual orientation, as well as data relating to a person's gender (appendix 1 section 6 p.25, UWTSD,2022).

Finally, the safeguarding of the researcher which is highlighted in section 82 (p.33, BERA,2024) identifies the potential physical and psychological wellbeing of the researcher is part of the ethical responsibility of employers, as well as the researcher themselves. In other words, safety maybe of concern if conducting face to face interviews, which is the reason some interviews are done digitally via Microsoft teams, this minimises the risk. Other examples of risks could include insufficient data, or the suitability of the methods used, which could possibly have and impact on the student from the university and the findings of the study does not have enough credentials to continue and produce the relevant documentation. With all the ethical guidelines and procedures being followed, that the researcher will put into place, all participants and the information collected will be protected as thoroughly as possible. Any issues that may arise, will be addressed following the appropriate protocol.

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