

SUPPORTING YOUNG GIRLS WITH AUTISM

Autism is an increasingly common additional learning need, however, young girls are still being overlooked by practitioners, parents, and medical professionals.

01. INTRODUCTION

Autism is a genetic condition (Rylaarsdam and Guemez-Gamboa, 2019) most recognised within young boys and men, this is due to research primarily focussing on male presented autism (Kreiser and White, 2013; Cruz et al., 2024). As a result, many practitioners and early years workers struggle to identify, diagnose, and support young girls with autism. As research progresses and awareness spreads, it is important that we truly recognise and support young girls with autism.

03. CHALLENGES AND BARRIERS

Social Model

The two key ALN Acts within the UK are the Autism Act 2009 (GOV.UK, 2009) and the Equality Act 2010 (GOV.UK, 2010), both of which are considered to be inadequately implemented and therefore ineffectual (Graby, 2016). Autism is currently perceived as ‘something wrong’ within an individual and often dismissed as there is no medication or cure (Botha et al., 2020). Therefore, autistic individuals are often excluded from events and societal expectations; this perception of autism can lead to autistic individuals not seeking diagnosis and support for fear of rejection.

The Social Model of Disability is a globally recognised model and aims to view disabilities not as issues but as unique traits that require society to adapt, to be inclusive to all (Sense, 2021). However, the model does not consider the neurodivergent population, in which autistic people are included (Williams, 2023). In the last decade, debate has begun regarding the future of the model to continue prioritising the inclusion of those with disabilities. Woods (2017) believes that a re-invigoration of the social model with focus on neurodivergence will enable the autistic community to be more widely accepted within the UK. This adjustment to the social model will allow society to view autism in a more positive light, by changing language and attitudes.

Ehlers Danlos Syndrome

Autistic females have an increased likelihood of chronic disorders, including a subcategory of Inherited Connective Tissue Disorders known as hypermobile Ehlers-Danlos Syndrome (hEDS) (Dhar,2024). Common characteristics of hEDS include joint hypermobility, skin hyperextensibility and tissue fragility (Dhar, 2024). These issues impact daily life and can result in easy bruising, scarring and poor wound healing, as well as immune dysfunction and chronic pain (Cincinnati Children's, 2023). During the early years, without diagnosis or awareness, the easy bruising and poor wound healing can be perceived as possible safeguarding issues (NHS, n.d.). Therefore, it is important to have a high level of trust and open communication with parents/carers to ensure the child is safe. For the child, experiencing a condition such as hEDS, adds additional stress and discomfort to their lives, and due to their tendency to masking their emotions, continually hiding their discomfort can lead to either a meltdown or shutdown (NHS, 2024).

04. SUPPORT STRATEGY

A supporting strategy for young girls with autism is to enable them to understand themselves and their differences. This requires early years practitioners, parents, and health workers to understand female autism and have an awareness of support methods (Clarke, 2022). An educational programme, such as Recognising Girls (Brackenbury, 2025), designed for training these core groups in understanding and recognising female autism will support more young girls. Many parents often feel an initial sense of relief upon receiving an autistic diagnosis for their child; however, parents move to emotions of anxiety, fear, and heightened stress, due to their lack of understanding and own support system (_____). By educating parents, they will be able to show acceptance and enable their children to reach their full potential, which is essential to supporting young girls with autism (Hickman, 2024).

02. IDENTIFYING AND DIAGNOSING

Characteristics

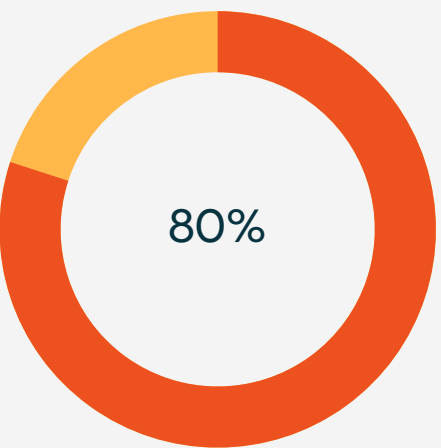
The most commonly known characteristics of autism within children, such as avoiding eye contact and lack of pretend play and speech (NHS, 2022), are often not present, or are hidden within young girls due to the varying portrayal of autism and the female ability to copy the behaviour and play style of their peers. The lesser-known characteristics of female autism include withdrawing from situations that they find difficult whilst appearing to cope better within social situations, and fewer signs of repetitive behaviours. Further research is being conducted into identifying female autism characteristics (NHS, 2022).

A study conducted in a primary school demonstrated that girls with autism use a variety of compensatory behaviours such as staying near their peers and moving between social groups and activities to disguise their differences (Dean, Harwood, and Kasari, 2017). If practitioners and parents continue to identify autistic children through the commonly known characteristics, then young girls will continue to be overlooked.

Diagnosis

Diagnosis is essential to self-understanding and is stated to be the most important thing that has happened to autistic women (Harmens, 2022) as it enables them to form an identity in which their behaviours are accepted as positive. Unfortunately, as female autism presents differently to the currently known traits of autism, females are often inaccurately diagnosed with disorders such as OCD, anxiety disorders, eating disorders, psychosis, schizophrenia, and many other conditions (Kentrou et al., 2024). Therefore, it is essential that young girls with autism are identified and supported from a young age to prevent inaccurate diagnosis and difficulty in later life.

Currently, the diagnostic process oftens leads to disappointment for autistic females (Chellew et al., 2022). Research by Dworzynski et al. (2012, cited in Duvekot et al., 2017) discovered that autistic girls are more likely to receive an early diagnosis if they present with additional behavioural or cognitive issues. The process for an autism diagnosis consists of a referral to an autism diagnostic service by a GP, and an autism diagnostic assessment by a clinician specialising in autism (NHS, 2022). This consists of a screening test, the most common tests being the Autism-Spectrum Quotient, a Social Responsiveness Scale, and the Ritvo Autism Asperger Diagnostic Scale – Revised (Engelbrecht and Silvertant, 2023). These screening tests, as well as many others, focus on behavioural presentation as opposed to the child’s internal experience, causing a disadvantage for many girls. Fortunately, a range of evidence is now considered during assessment, including observations by practitioners and parents, along with informant interviews with the autism specialist (Howes et al., 2021). This enables the professionals to gain a broader understanding of the child and a higher likelihood of receiving an accurate diagnosis.



80% of autistic girls do not receive diagnosis until after the age of 18

05. CONCLUSION

Awareness of female presented autism is slowly spreading, however, practitioners and parents should be encouraged to take on further learning to support these young girls understand and accept their autism.