Recognizing the Signs in Girls

Autism in girls and women — the invisible diagnosis

Recognising, understanding and supporting autistic girls and women — from the three-year-old to the woman diagnosed at forty-five.

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FREE GUIDE

Foreword

For decades, autism had one face: a four-year-old boy who avoids eye contact, lines up his toy cars and repeats the same movements. He is the one who was studied. He is the one described in the textbooks. He is the one who was diagnosed.

Meanwhile, millions of girls and women grew up without a diagnosis. They were called “shy”, “dreamy”, “highly sensitive”, “in their own world”, “difficult”, “odd”. Their anxiety, their eating difficulties and their depression were treated. They were sometimes given a diagnosis of borderline personality disorder, bipolar disorder or ADHD. Almost no one thought of autism.

This guide is for them. For the little girls thought to be “just quiet”. For the teenagers who fall apart when secondary school begins, without anyone understanding why. For the women of thirty, forty or fifty who discover autism while supporting their own child, and who recognise themselves in every line.

It is also for the parents, partners, teachers and doctors who want to learn to see what had become invisible.

One important note: I am not the mother of an autistic daughter. I am the author of *Breaking the Codes — Out of Autism*; I supported my own son, and over the years I have met dozens of women diagnosed autistic late in life. Their testimonies run through this guide.

An essential reminder: this guide is a tool for information and recognition. It is in no way a substitute for a professional diagnosis. If you recognise yourself, or recognise your child, the next step is to consult a professional trained in the female presentation of autism.

Part 1 — Why we don’t see autistic girls

The figures behind under-diagnosis

In the oldest studies, the ratio was said to be four autistic boys for every girl. Today, the most recent research — including international meta-analyses (Loomes et al., 2017) — shows that the real ratio is closer to three boys to one girl, and probably nearer two to one once masking is taken into account.

In practice, this means that roughly 50 to 80% of autistic girls are never diagnosed in childhood. Half, or more. The figures speak for themselves:

- The average age of diagnosis for an autistic girl without intellectual disability is 5 to 7 years later than for a boy with a similar profile.
- One in four women diagnosed in adulthood first received an incorrect diagnosis: borderline personality disorder, bipolar disorder, ADHD, chronic depression, anorexia.
- According to widely cited studies, nearly 80% of autistic adult women report having sought help for years without anyone mentioning autism.
- The rate of suicidal ideation among undiagnosed autistic women is up to 9 times higher than in the general population (Cassidy et al., 2018).

Behind these figures are lives. Childhoods spent feeling “not like the others” without knowing why. Adolescences fractured by anxiety. Adult lives marked by exhaustion, mistaken diagnoses and, sometimes, autistic burnout.

The history of a bias

To understand how we got here, we have to go back to the very origins of the diagnostic criteria for autism.

In 1943, Leo Kanner described autism for the first time, based on the observation of 11 children: 8 boys and 3 girls. In 1944, Hans Asperger published his famous thesis based on the study of 4 boys. Not a single girl. For the fifty years that followed, autism was defined, studied and diagnosed according to criteria built almost exclusively from observations of boys.

Researchers started from an assumption: autism is a “male condition”, so one should look for whatever resembles the boys already described. The direct consequence was that girls with a slightly different profile were mechanically excluded. As researcher Francesca Happé puts it, “we looked for autism where it had been described, and we described it where we looked for it.”

It was only from around 2010 that researchers such as Tony Attwood, Liane Holliday Willey and Sarah Bargiela brought a simple fact into the open: female autism exists, it is widespread, it is different, and it has been ignored.

The DSM-5 (2013) and its revision the DSM-5-TR (2022) began to take this reality into account. But on the ground, many professionals trained more than fifteen years ago continue to apply the “boy” template. And so the delay continues.

Masking: what is it?

Masking — or “social camouflaging” — is probably the key that explains why autistic girls stay invisible for so long. Masking is the set of strategies, conscious or unconscious, that an autistic girl puts in place to hide her differences and appear “normal” in social interactions.

How it is learned

- *By mimicry*: from a very young age, the girl observes other girls and imitates their behaviour, their intonation, their expressions.
- *By scripts*: she learns social phrases by heart (“how are you?”, “I loved it!”, “so funny!”) and produces them at the right moment.
- *By watching the media*: TV series, films and books become instruction manuals for social behaviour.
- *By suppression*: she learns to hold back her self-stimulating movements (rocking, hand-flapping) in public, only to release them in private.
- *By adaptation*: she learns to look “between the eyes” instead of holding genuine eye contact.

The cost of masking

This strategy is effective in the short term. In the long term, it is devastating. Recent research (Hull et al., 2017; Lai et al., 2017) has documented an immense cost:

- Chronic exhaustion at the end of the day and at weekends.
- Massive anxiety: the constant fear of being "found out".
- More frequent depression and suicidal thoughts.
- Loss of a sense of identity: "I no longer know who I really am."
- Autistic burnout: complete collapse, often when entering adulthood or on becoming a mother.

Masking saves you socially, but it destroys you psychologically.

> **What the women I have met say** "At 38, reading a book on female autism, I understood that everything I thought was my personality — my humour, my overflowing empathy, my perfectionism — was in fact a mask I had been wearing since the age of 6. The diagnosis was a shock. And a relief."
>
> "In the evening, coming home from work, I collapse. I can't speak. My husband eventually understood that I wasn't being unpleasant — I was just emptied out from holding it together all day."

6 reasons girls fly under the radar

Beyond masking, several factors combine to make female autism invisible:

1. **Special interests are socially acceptable.** A boy obsessed with trains, dinosaurs or historical dates draws attention. A girl passionate about horses, princesses, manga or collecting figurines just seems enthusiastic. Yet the intensity, the exclusivity and the repetitive dimension of the interest are all there.
2. **Social withdrawal is read as shyness.** A quiet girl who says little, hangs back in the playground and hides behind a book sets off no alarm. On the contrary, she is praised: "she's so well-behaved."
3. **Intense one-to-one friendships look like normal friendships.** Autistic girls often have a single "best friend" at a time, in a very intense, sometimes fusional relationship. From the outside it looks like a lovely childhood friendship. In reality it is often a very specific way of functioning socially, which collapses dramatically in adolescence.
4. **Meltdowns turn into silent shutdowns.** Autistic boys often have loud, visible meltdowns. Girls more often have shutdowns: they switch off, retreat to their room, cry silently, sleep, stop talking. It doesn't disrupt the classroom — so it isn't flagged.
5. **Perfectionism and good school performance fool everyone.** Many autistic girls are excellent pupils in primary school. They work enormously hard (a need for control, a fear of mistakes), they please their teachers, they get good marks. No one thinks of autism when faced with a pupil who hands in her homework early in perfect handwriting.
6. **Co-occurring conditions mask the underlying diagnosis.** When the distress erupts (often in adolescence), it takes the form of symptoms doctors know well: anorexia, anxiety disorders, depression, self-harm. Each symptom is treated in isolation. No one thinks to look for the underlying cause: an autistic brain exhausted from compensating for twelve years.

Key point Female autism is not “mild autism”. It is autism whose expression differs, and whose severity is hidden by masking. A girl who is “fine” at school but collapses every evening when she gets home is not a girl who is fine. She is a girl who pays dearly for every hour of social restraint.

Part 2 — Specific signs in the young girl

In a young girl, autism rarely shows up through the “stereotypical” signs found in textbooks. It hides in nuances, in details, in things mistaken for temperament. Yet, if you know where to look, many signs are visible from the age of 2 to 3.

0–3 years: early signs (often mistaken for “shy” or “dreamy”)

At this age, the signs are almost never loud. They are subtle. The main ones:

- **A particular kind of eye contact**: she looks, but often sideways, or very briefly, or very intensely and then looks away. She may smile while looking elsewhere.
- **A delay in social pointing**: she points to ask for things, but less to share. She doesn’t say “look, Mummy!” while pointing at a bird.
- **Atypical joint attention**: she often plays alongside rather than with others. She may seem very independent — “she keeps herself busy”. That is precisely what should prompt questions.
- **Language that is sometimes early but unusual**: an adult vocabulary, sing-song or robotic intonation, echolalia (repeating phrases she has heard), absence of pronouns (referring to herself in the third person).
- **Intense attachment to an object or ritual**: one indispensable comfort toy, a precise route, a book read on a loop, a fixed circuit at the park.
- **Sensory hypersensitivity**: she screams when her hair is brushed, refuses certain clothing textures, certain food textures, certain sounds.
- **Difficult sleep**: a long time to fall asleep, frequent night waking, a need for a very precise bedtime ritual.
- **Subtle self-stimulating movements**: spinning, twirling her hair around her fingers, walking on tiptoe, lining up her soft toys in a precise order.

The earliest and easiest sign to spot in a 3–4-year-old girl — the one no parent should let pass — is this: a gap between the richness of her inner world (language, imaginative play, memory) and the poverty of her spontaneous social sharing. In concrete terms: she talks, she plays, she invents, but she does not come to you spontaneously to tell you, to show you, to share an emotion. She does not say “look!”. She does not seek your gaze to validate a joy. She lives alongside, brilliantly, but alongside.

3–6 years: signs become more identifiable

Intense one-to-one friendships. This is often the age at which the first strong social clue appears. The girl does not blend into the group. She attaches herself to a single child, whom she wants with her all the time. If that friend is away, she is lost. If the friend plays with someone else, she experiences it as a major betrayal. These friendships are often asymmetrical: the autistic girl follows, copies, idolises. They can last a long

time — until the non-autistic friend opens up to other relationships, which almost always happens around 8–10. That is a collapse.

Sophisticated but repetitive pretend play. Contrary to a common belief, many autistic girls engage in very rich pretend play. The difference is in the scenario: it is repeated almost identically, day after day. The dolls must be placed in the same order. The girl does not accept another child changing the script.

Camouflaged passionate interests. Female special interests are often "acceptable" ones, which makes them invisible: horses, Disney princesses, animals, books, nature, creative arts. The difference from a simple hobby: the intensity (several hours a day), the exclusivity (nothing else interests her), the informational dimension (memorising precise data) and the resistance to change (panic if something else is suggested).

Language: early but atypical. Many autistic girls speak early and well. But the language has particularities: a very adult vocabulary, unusual intonation, difficulty with what is implied, with humour and figures of speech, monologues about their interest with no regard for the listener, difficulty starting or keeping up small talk.

6–12 years: social differences emerge

It is in primary school that the gap begins to widen. Other girls enter complex social dynamics: who is whose best friend, who is in which group. The autistic girl understands all this too late, or not at all.

The first signs of anxiety: trouble falling asleep, night waking, recurring nightmares; recurrent stomach aches in the morning before school; nervous tics, nail-biting, hair-pulling; intermittent school refusal; unexplained crying when coming home from school.

Perfectionism: immaculate notebooks, homework done in advance, panic over a poor mark. The autistic girl seeks control because the social world is unpredictable. Academic perfection becomes a refuge.

Sleep difficulties: a brain that ruminates, early waking, unrefreshing sleep. Many late-diagnosed autistic adults say they have never slept well in their lives.

The first signs of selective eating: refusing certain textures, certain colours, mixtures. A preference for repetitive foods. These selectivities sometimes evolve, in adolescence, into eating disorders.

Boys vs. girls: a comparison

Criterion	Autistic boys (classic presentation)	Autistic girls (typical presentation)
Special interests	Trains, dinosaurs, space, video games, logic	Horses, princesses, animals, books, series, music
Social presentation	Visible disinterest, active isolation	Mimicry, masking, intense 1-to-1 friendship
Crises	Meltdowns (outward, loud)	Shutdowns (inward, silent)

Criterion	Autistic boys (classic presentation)	Autistic girls (typical presentation)
Primary school	Conflicts, visible difficulties	Often an excellent, perfectionist pupil
Self-stimulation	Visible hand-flapping, rocking	Subtle (playing with hair, spinning)
Common co-occurrences	ADHD, language disorders	Anxiety, depression, eating disorders, self-harm
Average diagnosis	Around 4–6 years	Around 11–15, or in adulthood
Misdiagnoses	Rare	Very common: borderline, bipolar, ADHD

If you see these signs in your daughter… You are not a "paranoid mother". You are an attentive one. Write down what you observe (an observation log: situations, dates, duration). Don't go to just any professional — look for one trained in the female presentation of autism. Don't waste time on dismissive phrases like "all children are like that" or "she's just shy". If you sense something, you are right to look into it. Early diagnosis (before 6) profoundly changes a life's path: it spares years of masking, distress and misunderstanding.

Part 3 — Signs in adolescence

Adolescence is a key moment for autistic girls. And most often, it is also a moment of crisis — for two main reasons: social demands explode (secondary school, complex friendships, first romantic relationships, dress codes, social media), and hormones amplify emotional sensations. The masking that "held" until then begins to crack.

12–18 years: the critical moment

Many girls who seemed "fine" until then fall apart at secondary school. This is often when families seek help for the first time — without autism necessarily being mentioned. The talk is of school phobia, anorexia, depression, OCD, generalised anxiety. This period is crucial because it is often the last window before adulthood in which a diagnosis can be made before a major collapse. It is also the period when suicide risk rises significantly.

Social difficulties become overwhelming. At secondary school, social codes change radically. Friendships become triangular, complex, unstable. Autistic girls no longer understand the rules: "My best friend from primary school won't talk to me anymore and I don't understand why." "Everyone's talking about social media and I don't get it and I can't pretend." "I feel like everyone got a manual except me." Social exhaustion becomes almost daily. Many girls describe spending their breaks hidden in the toilets or the library to avoid having to interact.

Eating disorders: an over-representation. The data is alarming. Several studies (Westwood et al., 2017; Mandy & Tchanturia, 2015) show that around 20–35% of young girls hospitalised for anorexia have an autistic profile. Conversely, autistic girls have a significantly higher risk of developing an eating disorder than the general population. Several factors converge: atypical sensory processing makes certain textures intolerable; the need for control in the face of an unpredictable social world is transferred onto food; hyper-focus makes it possible to keep to strict food rules; alexithymia (difficulty identifying one's emotions) blurs the perception of hunger and fullness; and the rejection of a changing body at puberty is more violent when one is already sensorially uncomfortable.

> If your teenage daughter develops anorexia, bulimia, binge eating or ARFID (extreme selective eating), an assessment for a possible autism spectrum condition should be considered as a matter of course. Too often the eating disorder is treated without seeing what lies beneath — and the eating disorder resists treatment.

Anxiety and depression. Recent meta-analyses suggest that around 60–80% of autistic women will develop an anxiety disorder in their lifetime, and 50–70% depression. In teenage girls, these appear very early. Autistic anxiety has particular features: excessive anticipation of any social situation; intense rumination over past interactions ("what did I say? was I weird?"); permanent sensory hypervigilance; very precise specific fears. Depression often takes the form of a masked chronic exhaustion, a loss of pleasure in special interests (a very worrying sign), withdrawal to the bedroom, a loss of self-care.

Emotional hypersensitivity amplified by hormones. Premenstrual syndrome is often dramatic in autistic teenage girls. Hormonal variations amplify emotional hypersensitivity, sensory pain, intolerance to noise and irritability. One week in four, a girl can tip into a state of crisis. This phenomenon is still little recognised, but recent research is beginning to document the cyclical amplification of autistic symptoms. It is worth discussing with an open-minded gynaecologist: suitable hormonal treatment can considerably improve quality of life.

Gender identity and sexual orientation. Studies agree: there is a clear overrepresentation of LGBTQ+ people among autistic people. According to a British study published in *Nature Communications* (Warrier et al., 2020), autistic people are on average 3 to 7 times more likely than the general population to identify as non-heterosexual or non-cisgender. For parents: if your autistic teenager talks to you about her gender identity or sexual orientation, welcome those words without pathologising or dismissing them. It is an important part of herself taking shape, in a context where she already has a great deal to manage.

School burnout. From around the third or fourth year of secondary school, many autistic girls experience school burnout: they can no longer get up, no longer go to class, no longer do their homework. They collapse. It is the culmination of several years of intensive masking. The body and the brain give out. This burnout is often diagnosed as "school phobia" or "teenage depression", when it is in fact an exhausted autistic collapse.

> **What the women I have met say** "At 14, I stopped getting up for two months. No one understood. They talked about depression and put me on antidepres-

sants. The autism diagnosis came seven years later. If they had given it to me at 14, I would have avoided ten years of wandering."

"My 16-year-old daughter had severe anorexia. In hospital, a psychologist raised autism. We were stunned. Looking back over her childhood, everything fit."

Crisis support If your daughter, your teenager, or you yourself are suffering and have suicidal thoughts: please reach out now. Contact your local emergency services or a suicide prevention helpline in your country. The international directory **findahelpline.com** lists free, confidential helplines worldwide. Undiagnosed autistic women in particular have a rate of suicidal ideation up to 9 times higher than the general population. Asking for help is never "an overreaction". It is essential.

Part 4 — Autistic women

Late diagnosis

The majority of women diagnosed autistic today are diagnosed in adulthood, often between 30 and 50. The trajectory is almost always the same: a childhood spent feeling out of step without knowing why, a chaotic adolescence, an adult life marked by ups and downs, several psychiatric diagnoses (depression, anxiety, bipolar disorder, borderline) that "never quite fit". Often, the trigger comes from an outside event: a child's autism diagnosis and reading the criteria that resonate deeply; meeting an autistic friend who shares her experience; a book, a testimony, an account on social media; or a collapse (autistic burnout) that forces her to look elsewhere.

A late diagnosis is a complex mix of emotions: relief ("I wasn't mad"), grief ("what would my life have been if I'd known?"), anger ("why did no one see me?"), and a profound reorganisation of identity ("who am I really, beneath my mask?").

How to get diagnosed at 30, 40 or 50

It is never too late. Not at 70 either. Adult diagnosis is possible, and it transforms a life.

Step 1 — Do some personal groundwork. Read key books (see Part 7). Take self-assessment questionnaires: the RAADS-R, the AQ (Autism Quotient), the CAT-Q (Camouflaging Autistic Traits Questionnaire). These tests do not provide a diagnosis but they point you in a direction. Revisit your life history: childhood photos, family accounts, school reports.

Step 2 — Consult a referring doctor. Your primary care doctor can refer you to a specialist autism service or to a psychiatrist/psychologist trained in this area. Be aware: not all psychiatrists are trained in adult autism, still less in female autism. Ask the question before booking.

Step 3 — The diagnostic assessment. It usually includes several in-depth clinical interviews (developmental history, current experience), standardised questionnaires (ADI-R, ADOS-2 adult version, RAADS-R, CAT-Q), sometimes a neuropsychological as-

sessment (cognitive testing, executive functions, theory of mind), and a written report, with or without a diagnosis.

Where adult assessments are carried out. Diagnostic pathways and costs vary considerably from one country to another. As a general rule you will find: public health pathways (often free but with long waiting lists), specialist autism services and university hospital clinics, and private psychologists and psychiatrists trained in autism (faster, but at a cost). Your national autism association is the best starting point to find a professional trained in the female presentation. Always check that they use tools sensitive to female profiles.

> **Self-identification: is it valid?** Self-identification is a legitimate stage of the journey. Many women recognise themselves in autism well before having an official diagnosis, and putting words to decades of suffering allows them to organise their lives differently (reducing masking, choosing suitable environments, understanding their needs). However, in most countries only a diagnosis made by a professional opens access to formal rights and support. Self-identification can also sometimes be mistaken: some profiles resemble autism without being it. A professional assessment helps to refine the picture. In short: self-identification is precious as a starting point; an official diagnosis remains the desirable horizon.

Part 5 — Practical steps

> Diagnostic systems, benefits and support services differ from country to country. The steps below are deliberately general. For the exact procedures, waiting times and rights where you live, contact your national autism association — it is the single best source of country-specific guidance.

For a child: where to start

Step 1 — Your primary care doctor or paediatrician. Write down everything you have observed (an observation log). Explicitly ask for a referral for a neurodevelopmental assessment. If your doctor minimises it ("all girls are like that"), change doctor. That is your right.

Step 2 — The assessment. For a girl, insist that the assessment includes a specific focus on the female presentation of autism. Ask whether the professional uses tools sensitive to female profiles. If the answer is vague, look for another professional.

Step 3 — After the diagnosis. Once a diagnosis is made, you can apply for the educational and financial support available in your country (additional support at school, an individual education plan, disability allowances, etc.). Your national autism association will tell you exactly what exists and how to apply.

For a teenager

Services for 12–18-year-olds are often scarcer. A few avenues: specialist autism services that run adolescent clinics; community mental health services for acute anxiety or depression; private psychologists specialising in adolescent neurodevelopment; and, for

associated eating disorders, specialist units that increasingly accept a parallel autism assessment.

For an adult

Start with your national autism association for guidance and support, then a trained private psychologist or psychiatrist, or a public adult autism service. Peer-support networks for autistic women are also invaluable.

Part 6 — Living with it / supporting

For the girl / woman herself: 5 self-regulation tools

1. **The sensory journal.** Keep a journal for two weeks, noting each day the moments of sensory discomfort (noise, light, crowds, textures, smells). Identifying your triggers then lets you avoid or anticipate them (earplugs, headphones, tinted glasses, suitable clothing).
2. **The energy budget.** Think of your week as a budget. Every social interaction, every noisy journey, every trip to the supermarket costs energy. Note your daily energy level (1–10). Learn to say no when you are at 3 out of 10. Learn to plan compulsory recovery time.
3. **Gradual unmasking.** Unmasking all at once is impossible and dangerous. Do it gradually: a safe space (your room, a friend), then a wider circle. Learn to say "I need to withdraw for a moment" without guilt.
4. **Returning to special interests.** Special interests are a deep source of wellbeing. Many autistic women have buried them out of social shame. Bringing your passions back out is a major therapeutic act.
5. **Community.** Find other autistic women — in forums, groups, on social media, in associations. Feeling understood without having to explain changes everything. It is often the first time you will no longer be "the odd one".

For parents: 5 mistakes to avoid with an autistic girl

1. **Forcing social contact "to bring her out of her shell".** Signing your daughter up for endless group activities to "socialise" her is counter-productive. She needs quality, not quantity: one friend, one activity where she feels she belongs, a calm space.
2. **Minimising the exhaustion.** "You only went to school, you can't be tired." Yes, she can. She held seven hours of masking. She is drained. Believe her.
3. **Demanding that she "look you in the eye".** Eye contact is physically painful for many autistic girls. Forcing it adds suffering and improves nothing. Accept her way of looking.
4. **Reading withdrawal as a tantrum.** When your daughter shuts herself in her room after school, she is not "sulking". She is recovering. Respect that decompression time.
5. **Hiding the diagnosis from the child.** Many parents think they are protecting her by hiding the diagnosis. It is the opposite. A girl who knows why she is different can love herself. A girl who doesn't know thinks she is defective. Explain the diagnosis at a child's level, as soon as she is old enough to understand (often around 7–9).

For couples: specific issues

Many late-diagnosed autistic women live with a partner. The diagnosis transforms the relationship's dynamic — sometimes for the better, sometimes into crisis. The partner retrospectively understands the "quirks": the need for solitude, the hypersensitivity, the withdrawal after going out, the functioning by routines. The woman may begin to unmask at home, which shifts the balance: she is less "socially performing", more authentic. Intimacy can be complicated by sensory issues, by alexithymia, by difficulty expressing needs. The sharing of "mental load" (birthdays, medical appointments, social life) is often unbalanced. Couple therapy with a professional trained in autism can be very helpful.

For professionals: warning signs to recognise

Are you a doctor, psychologist, teacher or educator? Here are the signals that should prompt you to consider possible autism in a girl or woman: early or treatment-resistant restrictive anorexia in a young girl; intense social anxiety with post-interaction rumination; a borderline or bipolar diagnosis that "doesn't quite fit"; repeated professional burnout in a bright young woman; persistent sensory hypersensitivity since childhood; very intense special interests; a history of intense one-to-one friendships in childhood followed by isolation in adolescence; a family with a diagnosed autistic child or sibling; a persistent sense of "not being like the others", of social impostorship.

Part 7 — Specific resources

Key books (in English)

- **Devon Price — *Unmasking Autism*.** On masking, its costs and gradual unmasking.
- **Rudy Simone — *Aspergirls: Empowering Females with Asperger Syndrome*.** An accessible international reference.
- **Sarah Hendrickx — *Women and Girls on the Autism Spectrum*.** A complete and compassionate overview across the lifespan.
- **Tony Attwood — *The Complete Guide to Asperger's Syndrome*.** A classic, with a dedicated chapter on girls.
- **Hannah Belcher — *Taking Off the Mask*.** Recent and scientifically up to date.
- **Temple Grandin — *Thinking in Pictures*.** A foundational first-person account.

Self-assessment tools

- **AQ** (Autism Quotient), **RAADS-R**, and **CAT-Q** (Camouflaging Autistic Traits Questionnaire). These do not provide a diagnosis but help you decide whether to seek a professional assessment.

Finding support

- Your **national autism association** is the best entry point for guidance, peer-support groups and lists of trained professionals.

- Online communities and closed groups for autistic women and for mothers of autistic children.
- Crisis helplines: for a free, confidential helpline in your country, see **findahelpline.com**.

A final word

If you have read this far, this guide has probably spoken to you. Perhaps you recognised yourself, or recognised your daughter, your sister, your friend, your patient.

You are not alone. You are not mad. You are not defective. You are simply a woman whose brain works differently, in a world that has not learned to see those ways of working.

Autism is not a deficiency. It is another way of inhabiting the world, with its strengths (intensity, depth, sincerity, creativity, hyper-focus, memory) and its fragilities (exhaustion, hypersensitivity, masking).

The diagnosis — whether official or personal — is a door. A door that opens onto a life that is better adjusted, gentler, more respectful of yourself. Many late-diagnosed women describe the years that followed the diagnosis as "the most peaceful" of their lives. Not because the difficulties disappear, but because you stop fighting against yourself.

I wish you the finding of your words, your rhythms, your people.

And if, while reading this guide, you are going through a particularly painful moment, remember: you can reach a free, confidential crisis helpline in your country via **findahelpline.com**, or by contacting your local emergency services.

With all my tenderness,

Valentine Lecêtre — sortirdelautisme.fr

Notes and sources

Principal sources drawn on in this guide:

- DSM-5-TR (American Psychiatric Association, 2022) — Diagnostic criteria.
- World Health Organization (WHO) — Reports on autism and gender.
- Loomes, R., Hull, L. & Mandy, W. (2017). What Is the Male-to-Female Ratio in Autism Spectrum Disorder? *Journal of the American Academy of Child & Adolescent Psychiatry.*
- Cassidy, S. et al. (2018). Risk markers for suicidality in autistic adults. *Molecular Autism.*
- Hull, L. et al. (2017). "Putting on My Best Normal": Social Camouflaging in Adults with Autism Spectrum Conditions.
- Warrier, V. et al. (2020). Elevated rates of autism and autistic traits in transgender and gender-diverse individuals. *Nature Communications.*
- Westwood, H. & Tchanturia, K. (2017). Autism Spectrum Disorder in Anorexia Nervosa. *Current Psychiatry Reports.*