

## Autism spectrum conditions (ASC) in females – clinical perspectives on diagnosis and new directions in assessment construct

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The current and widely accepted features of autism spectrum condition/disorder (henceforth “autism”), linked with descriptions in the international classification systems, are based primarily on males. The authors use the term “autism spectrum condition” (ASC) coined by Simon Baron-Cohen while referring to the diagnosis of autism spectrum disorder (ASD) (henceforth “autism”) to respect those individuals on the autism spectrum who feel that the term “disorder” is stigmatising, whereas ASC accounts for both the strengths and difficulties of people on the autism spectrum. ASC has traditionally been considered a male-dominated diagnosis, and the current diagnostic tools have mainly been developed for the male ASC population, thus lacking the required sensitivity to identify females with ASC. There is a growing clinical recognition that ASC may, in fact, be more common in females than has been previously accepted, spurring international researchers to investigate the unique autism symptomatology in females. Also, there is an emerging awareness that ASC in females, especially in high functioning individuals (verbally fluent with average or above average intelligence), may manifest itself differently and in a somewhat subtle manner. It is argued that such presentation may have an inhibitory potential in confirming ASC diagnosis using current diagnostic assessments and screening tools which do not reflect the unique presentation of the autism spectrum among females, demonstrated by a greater compensatory capacity and ability for social masking, camouflaging and imitation. Females on the autism spectrum are often undiagnosed, misdiagnosed, or receive the diagnoses of ASC

at a later age, which can result in adverse outcomes in their well-being, mental health, education, employment and independence. Furthermore, the autism spectrum in females is associated with adverse outcomes after puberty, including anxiety, depression, a high incidence of suicide, eating disorders, and high rates of other medical problems. Sex stereotypes may also bias a diagnostician's detection of ASC in females. There is, therefore, a pressing need to improve the current ASC diagnostic and ability of clinicians to make clinical diagnoses of autism spectrum in females, since a timely diagnosis can prevent the difficulties which ASC females experience throughout their lives and facilitate proper assessment of their needs in education, leisure, social relationships and employment. The authors present their own concluded studies and projects still in progress with Q-ASC (Questionnaire for Autism Spectrum Conditions), ADOS-2 (Autism Diagnostic Observation Schedule, Second Edition) and BOSCC (Brief Observation of Social Communication Change), aimed at investigating autism symptomatology in females. The Questionnaire for Autism Spectrum Conditions (Q-ASC) was developed by Attwood, Garnett and Rynkiewicz (2011) to identify gender-sensitive profiles of autism spectrum symptomatology, prioritise and adjust the direction of clinical interventions, and support positive psychosocial outcomes and prognosis into adulthood. The presentation focuses on sex differences in the patterns of ASC behaviour, broadly identifying a more socially acceptable presentation in females, which may contribute to females being overlooked in a diagnostic setting.