



# Exploring Camouflaging And The Female Autism Phenotype: A Review Of Psychosocial Implications And Diagnostic Challenges

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## Abstract

While autism spectrum disorder (ASD) has been increasingly recognised, diagnostic rates and presentations differ by gender, leading to concerns of under-recognition in females. Research suggests that females with autistic traits may engage more frequently in social camouflaging (masking or adapting behaviours) to conform to neurotypical expectations. This phenomenon can contribute to delayed diagnosis, identity issues, and poorer mental health outcomes.

This article reviews current evidence on the Female Autism Phenotype (FAP), the role of camouflaging, measurement tools such as the Camouflaging Autistic Traits Questionnaire (CAT-Q), and associated psychosocial implications. It highlights key empirical studies, identifies knowledge gaps, and proposes recommendations for more gender-sensitive assessment and support mechanisms.

**Keywords:** Autism Spectrum Disorder (ASD); Female Autism Phenotype; Camouflaging; Masking; Diagnosis; Gender Differences; CAT-Q

## 1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterised by persistent challenges in social communication and interaction, along with restricted and repetitive behaviours, interests, or activities. Historically, autism research and diagnostic frameworks have been developed primarily from male-dominated samples, leading to significant gender bias in diagnosis (Loomes, Hull, & Mandy, 2017).

Emerging research demonstrates that autistic women and girls often present with different behavioural and emotional profiles than males, including stronger social imitation, better verbal fluency, and heightened internalising symptoms (Hull, Petrides, & Mandy, 2020). These traits can obscure recognition by clinicians, resulting in delayed or missed diagnoses.

The phenomenon of camouflaging, or masking autistic traits to conform socially, plays a central role in this disparity. While camouflaging may improve social inclusion temporarily, it often leads to emotional exhaustion, anxiety, depression, and identity confusion (Hull et al., 2019). This review synthesises current literature to understand the mechanisms, psychosocial implications, and diagnostic challenges associated with the Female Autism Phenotype (FAP).

## **2. Literature Review**

### **2.1 The Female Autism Phenotype (FAP)**

The Female Autism Phenotype (FAP) describes the distinctive presentation of autism traits in females. Bargiela, Steward, and Mandy (2016) found that many autistic women experience late diagnosis and rely on adaptive social strategies to fit into neurotypical environments. Their qualitative study highlighted recurring themes of social mimicry, emotional masking, and chronic exhaustion.

Hull, Petrides, and Mandy (2020) reviewed evidence that females often display greater social motivation, stronger empathy, and heightened internalising disorders compared to males. These factors contribute to diagnostic invisibility, as many female presentations fail to match “classic” male-based autism models.

### **2.2 Camouflaging and Masking Behaviours**

Camouflaging in autism refers to strategic modification of one’s natural social behaviour to appear neurotypical. It includes conscious and unconscious mechanisms such as masking (hiding autistic behaviours) and compensation (using learnt strategies to cope socially) (Hull et al., 2019).

The Camouflaging Autistic Traits Questionnaire (CAT-Q) developed by Hull et al. (2019) is a validated tool to measure such behaviours. The CAT-Q includes three domains; Compensation, Masking, and Assimilation; and demonstrates strong psychometric properties ( $\alpha = .94$ ;  $r = .77$ ).

Recent studies show that camouflaging is more prevalent among females and strongly correlated with mental health concerns such as anxiety, depression, and burnout (Hull et al., 2020; Schuck, Flores, & Fung, 2019).

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### **2.3 Gender Differences and Diagnostic Challenges**

The diagnostic ratio for ASD has long been reported as approximately 4:1 in favour of males, but evidence suggests this figure is inflated due to underdiagnosis in females (Loomes, Hull, & Mandy, 2017).

Lai et al. (2015) emphasised that gendered socialisation plays a key role in these disparities: girls are often encouraged to develop social sensitivity and compliance, which can enhance their ability to mask autistic traits.

Robertson and Simmons (2022) found that undiagnosed women who scored high on autistic-trait measures reported greater social stress, empathy fatigue, and mental health challenges, suggesting that many may remain unrecognised by clinicians due to camouflaging.

### 3. Discussion

The synthesis of current research underscores that camouflaging and the female autism phenotype are central to understanding the underdiagnosis of ASD in females.

#### 1. Camouflaging as a Double-Edged Sword:

While it allows autistic women to function socially, camouflaging incurs significant psychological costs, including fatigue, identity confusion, and heightened anxiety.

#### 2. Diagnostic Oversight:

Standard diagnostic tools (e.g., ADOS-2, ADI-R) are largely based on male prototypes, failing to account for internalised symptoms and adaptive behaviours seen in females.

#### 3. Psychosocial Implications:

Late or missed diagnosis often leads to low self-esteem, misdiagnosis (e.g., as Borderline Personality Disorder), and chronic mental health difficulties (Bargiela et al., 2016).

#### 4. Clinical Implications:

Clinicians should inquire about the effort behind social functioning, not just visible difficulties. Incorporating tools like CAT-Q and structured interviews exploring masking behaviours can enhance diagnostic accuracy.

#### 5. Future Directions:

Further research should explore longitudinal effects of camouflaging, cross-cultural differences, and intervention strategies to help autistic women maintain authenticity without psychological harm.

#### 4. Conclusion

Recognition of the female autism phenotype and camouflaging behaviours has transformed our understanding of gender differences in autism. Females with ASD often mask their difficulties so effectively that they remain invisible within existing diagnostic systems.

To ensure equitable diagnosis and care, mental health professionals must adopt gender-sensitive frameworks, integrate camouflaging assessments, and promote social environments where neurodiverse women can express themselves authentically without fear of rejection or misunderstanding.

The path forward requires collaboration between clinicians, researchers, and autistic women themselves to reshape the narrative around autism; from invisibility to inclusion.

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