



AUTISM ACCEPTANCE MONTH:

The Realities of the Diagnosis Gap

Autism Acceptance Month takes place each April as a reminder of the essential power of increased compassion and education surrounding autism spectrum disorder (ASD). In greater understanding, there is deeper inclusivity and connectedness. Conversely, when we allow gaps in information, there can be consequences regarding who has access to support, and when.

Where Does Education Begin?

The Mayo Clinic defines ASD as a brain-development-related condition that “impacts how a person perceives and socializes with others” and can cause widespread challenges with socialization and communication. ASD can also be characterized by “limited and repetitive patterns of behavior.” However, as denoted clearly in its title, the term encompasses a broad array of presenting symptoms and degrees of impact.

Education Shortfalls – “Hiding in Plain Sight”

Where have deficits in education surrounding ASD and its signs led us? Currently, ASD is nearly four times more commonly diagnosed in adolescence among boys than girls, according to the CDC. However, researchers have realized that many girls and women with ASD are slipping through the cracks. Referred to in some literature as “hiding in plain sight,” this contingent is regularly misdiagnosed or diagnosed later than their male counterparts. According to 2022 research, up to 80% of autistic women are undiagnosed as of age 18.

So, why do so many girls and women go undiagnosed?

- **ASD was traditionally thought of as a male diagnosis.** For decades, all signs pointed to the majority of cases being found in boys and men, leading to most research being conducted with male subjects. Clinicians are working with an established male baseline of traits, and it becomes difficult if the presenting traits in female patients don’t exactly match. In practice, boys are referred for ASD diagnosis 10 times more often than girls.
- **ASD presents differently in girls and women, with signs that sometimes aren’t distant enough from socially accepted norms.** These differing traits include:
 - Fewer social issues (and more drive to form social connections) but more reported sensory symptoms, such as being sensitive to touch, light, sound or smells.
 - Internalized symptoms like shyness, anxiety and depression; as opposed to externalized difficulties like having trouble sitting still, aggression or obvious issues with conduct.
 - More typical restricted interests – while the one-track interests in boys with autism tend to be more noticeable (ex. fixations on antique trains, model cars), these interests can be seen as more socially acceptable in girls (ex. fixations on horses, celebrities).

- **Adolescent girls are generally more pressured to “mask” and fit in.** This involves learning to mimic acceptable behavior by watching media or those around them, even if they don’t understand the social cues themselves.
- **Many adolescent girls and women are misdiagnosed altogether.** Struggling with undiagnosed ASD until later in life and not possessing the tools to address it can be emotionally and mentally taxing. Many individuals spend years not having the pieces to understand why their brain works the way it does — some all the way until adulthood. As a result, a large portion develop depression and anxiety along with their ASD diagnosis, leading some clinicians not to dig to find the root cause of the social dysfunction leading to their discomfort.

It's no surprise that a large majority of undiagnosed girls and women with autism grapple with other negative emotions simultaneously; progressing through life as an individual with ASD without the proper diagnosis is somewhat akin to playing poker without a full deck of cards. You're surely trying your best, but you simply don't have the full picture.

There's also no shame in a later-in-life diagnosis. In fact, there's an empowering beauty in constantly learning more about oneself — in understanding better how to meet yourself not where you believe you should be, but instead: exactly where you are.

There are resources and support available to help manage a diagnosis at any age. The many therapies for treatment aim to reduce the symptoms that interfere most with daily functioning and overall quality of life. Visit the [CDC](https://www.cdc.gov) to see what a future with autism spectrum disorder can look like and, remember, acceptance happens every single day: in moments big and small.

"Are Girls With Autism Hiding in Plain Sight?" Marina Sarris, kennedykrieger.org, April 29, 2015.

"Acceptance in Action: Honoring Autism Acceptance Month," Autism Society, autismsociety.org, Accessed Feb. 28, 2025.

"Autism Spectrum Disorder," Mayo Clinic Staff, mayoclinic.org, Jan. 6, 2018.

"Data and Statistics on Autism Spectrum Disorder," cdc.gov, May 16, 2024.

"Finding the True Number of Females with Autistic Spectrum Disorder by Estimating the Biases in Initial Recognition and Clinical Diagnosis," Robert McCrossin, mdpi.com, Feb. 12, 2022.

"Girls and boys with autism differ in behavior, brain structure," Erin Digitale, med.stanford.edu, Sept. 4, 2015.

"Living with Autism Spectrum Disorder," cdc.gov, May 16, 2024.

"Self-management for children with high-functioning autism spectrum disorders," Lee A. Wilkinson, Intervention in School and Clinic, journals.sagepub.com, Jan. 1, 2008.

"Understanding undiagnosed autism in adult females," uclahealth, uclahealth.org, Oct. 12, 2023.

"Why Many Autistic Girls Are Overlooked," Beth Arkly, childmind.org, Oct. 31, 2024.

Blueberry Protein Muffins

Prep time: 10 minutes • Cook Time: 26 minutes • Total: 36 minutes
Serves: 12 muffins

Ingredients

- 1 ¼ cup unsweetened soy milk
- 1 teaspoon apple cider vinegar
- 2 cups all-purpose flour
- 1 scoop protein powder of choice
- 1 cup granulated sugar or sugar substitute (stevia, monk fruit, etc.)
- 2 teaspoons baking powder
- ¼ teaspoon salt
- 1 tablespoon cornstarch
- ⅓ cup oil
- 1 teaspoon pure vanilla extract
- 1 ½ cups fresh blueberries
- ¼ cup apple sauce
- 1-2 tablespoons coarse sugar, optional, for sprinkling the tops

Directions

1. Preheat your oven to 400°F. Line a standard muffin tin with liners and lightly spray them with oil.
2. In a measuring cup, mix the soy milk and apple cider vinegar, then set aside to curdle — this will act as your "buttermilk."
3. In a large mixing bowl, whisk together the dry ingredients: flour, protein powder, sugar, baking powder, salt and cornstarch.
4. Add the soy milk mixture, applesauce, oil and vanilla extract to the dry ingredients. Stir gently with a large spoon until just combined — some small lumps are fine. Avoid overmixing.
5. Carefully fold in the blueberries. Using a small measuring cup or ice cream scoop, fill the liners about ¾ full. If desired, top with a few extra blueberries and a sprinkle of coarse sugar.
6. Bake for 22-26 minutes, or until the tops are golden brown and a toothpick inserted in the center comes out clean. Let the muffins cool in the pan for 5 minutes, then transfer them to a wire rack. Enjoy!
7. Store any leftovers in an airtight container at room temperature for up to 3 days. To freeze, wrap muffins individually in plastic wrap and place them in a large freezer bag.

Serving: 1 serving | Calories: 218kcal | Carbohydrates: 37g | Protein: 3g | Fat: 7g | Saturated Fat: 1g | Sodium: 59mg | Potassium: 134mg | Fiber: 1g | Sugar: 19g | Vitamin A: 62IU | Vitamin C: 2mg | Calcium: 65mg | Iron: 1mg

Adapted from NoraCooks.com