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What Can the Retrospective Experiences of Autistic Women Reveal About Supporting Autistic or Potentially Autistic Girls in School? An Exploration of School Experiences Based on Diagnosis During or Post-School

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Abstract

Autism is a neurodevelopmental condition that is often characterised by differences in social communication, sensory processes, and cognition. Due to the underdiagnosis of autism in women and girls, their voices are often missing from research, limiting our understanding of their experiences at school. This study addressed the gap around the factors which impacted women's late and/or pre-diagnosed experiences of school by using semi-structured interviews with ten autistic women; among them, eight were diagnosed after school. The interviews were analysed through reflexive thematic analysis. Three themes and areas of insight were constructed from the data: (1) The impact of social norms on peer relationships. (2) We found ways of coping, but at what cost? (3) How schools could help someone like me. The findings show that all women in the study had negative school experiences, with diagnosis during school also being linked to identity and mental health difficulties. Schools should enhance pastoral support, foster positive relationships, improve communication, and use strengths-based approaches to improve outcomes for autistic girls. Proactively adopting neuroaffirming modifications may improve support during autistic girls' formative years, leading to a lasting impact on their lives. This is particularly important for autistic girls, who face marginalisation on two levels: neurotypical expectations for females and stereotyped expectations of autism. The implications of these findings are discussed with suggestions for future research and practical implementations within mainstream school settings.

Keywords: autism; gender stereotypes; reflexive thematic analysis; gendered behaviour; mainstream schools; autistic girls; school experiences

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1. Introduction

1.1. Autism, Diagnosis, and Sex and Gender

Autism is a neurodevelopmental condition that is often characterised by differences in social communication, sensory processes, and cognition [1]. Historically, autism has been viewed as a predominantly male condition, resulting in a disproportionate weighting of males in autism research and leading to a skewed understanding of autism presentation [2]. Evidence suggests that diagnostic tools are biased toward male autistic characteristics [3]; therefore, it is not surprising that girls are often undiagnosed or misdiagnosed. Indeed, findings indicate that around 80% of autistic females may remain undiagnosed by the age of 18 [4]. It is clear that males are still referred for assessment and diagnosed earlier than

females, especially in childhood and adolescence [5], suggesting that many autistic girls may navigate school without diagnosis and without sufficient support.

Evidence suggests that one reason for this discrepancy in diagnostic rates is that females may present differently to males [6]. Autistic females often exhibit qualitative differences from their autistic male peers, including differences in the way they engage in social relationships [7,8] and in their greater tendency to internalise their difficulties [9]. Internalisation is where an individual absorbs negative feelings, such as distress and conflict, directing them inwards, towards oneself [10]. It is likely that internalisation of difficulties, combined with a lack of awareness by practitioners of co-occurring conditions and mental health difficulties, likely adds to these challenges of identification, with many being misdiagnosed or not diagnosed until adulthood as a result [11]. Late diagnosis has been found to be linked to poorer mental health outcomes [12], and this is likely to be partly a result of a lack of diagnosis being linked with a lack of appropriate support or adjustments during school and beyond.

Another contributing factor to the male–female discrepancy is that girls are known to more frequently comply with gendered expectations and to place a higher value than boys on interpersonal relationships and emotional awareness. This means that many autistic girls are socially motivated and show communication skills that can resemble neurotypical communication skills [13] and comply with gendered social norms [14]. For example, although some autistic girls may prioritise making and maintaining friendships, or seeking peer acceptance [14,15], they may still struggle to move beyond surface-level interactions and interpret social nuances when compared with neurotypical peers [16]. For many, hiding these social challenges from those around them is common, and has been found to be more frequent in autistic girls as opposed to boys. Hiding these challenges can result in behaviours relevant to diagnosis being masked, possibly exacerbating delayed or missed diagnosis. Masking—which can be defined as the use of specific strategies to conceal the aspects of oneself that are deemed to be 'undesirable' by neurotypical norms—can support social connections and help individuals fit in within existing social structures, which may be key when navigating school settings [17,18]. Although masking can reduce peer difficulties, it comes at a cost, with masking being associated with higher levels of internalisation, potentially leading to mental health difficulties and difficulties with identity development [17,19]. Importantly, masking can be carried out subconsciously, with later diagnosed autistic individuals identifying their own masking behaviours retrospectively [20]. Furthermore, a recent review confirmed that autistic females and girls/women show higher levels of hiding their difficulties than autistic males and boys/men; the findings highlighted the negative impact this will likely have on receiving a diagnosis [18]. This suggests that many autistic or potentially autistic girls may navigate their way through school by masking, without consciously deciding to do so, and that this, in turn, will impact their access to diagnosis and support. Exploring retrospective accounts of school experiences may help us understand these experiences and inform future school support.

1.2. Autism and Secondary School

Although challenges in school can happen at any age, adolescence marks an increasingly difficult period to navigate, with layers of subtlety and nuance permeating social interactions. The transition to secondary school, at age 11 in England, is often a time of additional challenge for autistic individuals, bringing together new individuals and more complex social relationships [21]. Autistic girls may find that their social and communication differences make managing relationships increasingly difficult at this stage. Complex social situations require intuitively applying neurotypical social rules, and the coping strategies some autistic girls relied on when younger may be less successful when faced

with the higher demands of adolescent relationships [14,22]. Indeed, a recent systematic review highlighted that the challenges autistic girls experienced in navigating secondary school, including those rooted in gender biases impeding diagnosis, led to insufficient support and unmet social and educational needs, leading to social exclusion and mental health difficulties [23]. Furthermore, when reflecting on secondary school experiences, late-diagnosed autistic women highlight challenges in understanding 'the girl code' and engage in masking to 'fit in' with their non-autistic peers, often to the detriment of their identity development and wellbeing [24]. Together, these findings help to illustrate a larger picture of educational experience for autistic girls, suggesting that gender bias, lack of awareness of female autism presentation, and inappropriate support may significantly impact them. As such, women and girls experience both the gendered expectations of people assigned female at birth and gendered stereotypes of autism in their interactions with society. Consequently, there is an urgent need to improve our understanding and redress the historical gender imbalance in research, combat entrenched stereotypes, and identify girls needing school support that may have been missed.

Although an increasing amount of qualitative research acknowledges the importance of talking directly to autistic women and girls to generate knowledge about their lived experiences of school, research often looks at individuals who had a diagnosis that spanned the majority of their schooling (e.g., [25]), include case studies of individuals in specific schools (e.g., [26,27]), or focus on specific areas of school experiences (e.g., friendships [24]). Very few studies have given late-diagnosed autistic women, or those who navigated a large proportion of their secondary education without a diagnosis, the opportunity to suggest improvements that would facilitate better identification and support of autistic girls in mainstream schools and school support (e.g., [28]). Retrospective studies enable individuals to conceptualise their experiences, reflect on pertinent issues, and identify potential support strategies. This is particularly important for late-diagnosed autistic women, where identifying contributing factors leading to their late diagnosis or difficulties in school may have taken longer to identify and understand. When reflecting on these experiences, participants may have gained a degree of emotional distance from events that might have had a negative impact. This reflection time may allow for certain challenges to be identified which some younger participants, who may be unaware of being autistic, are unable or unready to discuss.

This study was designed to contribute to existing knowledge by exploring the experiences of autistic women who went through some or all of their schooling without a diagnosis. It explores how the timing of diagnosis impacted these experiences, with the aim of shedding light on how schools can best support such girls. We aim to address the following research question:

- What are the school experiences of autistic women who went through some or all of their schooling without a diagnosis?

2. Materials and Methods

2.1. Design

A qualitative design with semi-structured interviews was used to explore autistic women's experiences of navigating school pre-diagnosis and identify key supportive elements for potentially autistic girls. The research was viewed through a contextualist approach; this approach recognises that, although our understanding of the world is subjective, situational and temporary, knowledge and meaning can only be fully understood by analysing the interaction of an individual within their ecosystemic contexts, establishing a foundation for results to be understood [29,30].

2.2. Participants

Ten autistic women from the UK were recruited through social media, women's autism charities, student disability networks, and snowball sampling. Participants were required to be aged over 18 years, identify with the same (female) sex as they were assigned at birth, and to have received a diagnosis after the age of 11 years. No upper limit was placed on the age of participants or exclusions made for co-occurring conditions. The age of 11 years was chosen for the time point for diagnosis due to the fact that current understanding suggests that autistic girls may find that their differences in adaptive functioning become more prominent over their lifespan, particularly impacting them during adolescence, which is characterised by physical maturation and social upheaval [31,32]. Additionally, the increase in demands brought on by transitioning from primary to secondary school, which typically occurs at age 11 in the UK, has been noted as a salient factor which has contributed to negative outcomes for autistic women and girls [23]. The inclusion criteria aimed to recruit a sample of women who were likely to demonstrate the known characteristics of female autism that would make them less likely to be identified in their younger years, suggesting that their autistic characteristics were less in line with diagnostic criteria during their primary school years. As gender socialisation is a potential factor underpinning the phenomenon of late or misdiagnosis in girls, it was necessary to ascertain that participants had been socialised as female and identified as female for this study. Participant characteristics can be found in Table 1. No information was collected regarding participants' ethnic backgrounds, as the focus was on the impact of gendered social norms rather than other demographic characteristics.

Table 1. Participant characteristics.

Participant ID	Age	Age of Autism Diagnosis	Co-Occurring Conditions	Co-Occurring Conditions Diagnosed Before Autism
Sara	22	22	ADHD [a]	No
Tabitha	23	21	None	N/A
Sammi	37	32	ADHD [a]	No
Alex	21	15	Anxiety, depression	Yes
Tamara	24	22	AN [b] replaced with AFRID [c]	Yes, then adjusted after ASD [d] diagnosis
Kyla	25	13	OCD [e], PTSD [f]	No
Hope	21	19	ADHD [a], POTS [g]	No
Jolene	38	37	EDS [h], OCD [e]	Yes
Alyssa	19	18	TS [i], depression	Yes
Suzette	34	34	hEDS [j], inattentive ADD [k], autonomic dysregulation.	Yes

Note. Abbreviated terms for co-occurring conditions are listed here. [a]—attention-deficit hyperactivity disorder; [b]—anorexia nervosa; [c]—avoidant restrictive food intake disorder; [d]—autism spectrum disorder; [e]—obsessive–compulsive disorder; [f]—post-traumatic stress disorder; [g]—postural orthostatic tachycardia syndrome; [h]—Ehlers-Danlos syndrome; [i]—Tourette's syndrome; [j]—hypermobile Ehlers-Danlos syndrome; [k]—attention deficit disorder.

2.3. Materials

The first author developed a semi-structured interview schedule based on existing literature and framed within a neurodiversity paradigm. The literature drawn upon discussed how adolescence became a time where autistic traits appeared to amplify for autistic girls, how many women masked their differences and internalised behaviours growing up, and how special interests could potentially be a protective factor, providing comfort during the transition to adulthood [20,31,33–35]. The interview schedule aimed to further understanding about female autism presentation during adolescence within the secondary school environment and provide an insider view of the sorts of changes that would be helpful for this group. Therefore, the schedule combined broad

and specific questions to explore participants' experiences of navigating school prior to receiving a diagnosis, seeking and obtaining an autism diagnosis, their experiences of 'traditional autism characteristics', and their experiences of school support. The schedule was framed in a way that did not assume their experiences were negative to allow the participating autistic women to tell their own stories. The schedule can be found in the Supplementary File S1.

2.4. Procedure

Ethical approval was granted by the Ethics Committee of the authors' university department. After registering their interest, participants were given information on the study, including the project's aims, their right to withdraw, and links to relevant support services before being invited to an online interview with the first author. Interviews took place via Zoom over four weeks in June and July 2023. Interviews lasted between 55 min and 1 h and 47 min (M = 69 min). Interviews were transcribed verbatim by the first author and checked against the recording to ensure accuracy before being anonymised. Once transcribed, participants had one week to comment on the transcript before it was fully anonymised.

2.5. Analysis

The first author analysed the data using reflexive thematic analysis (RTA) [36], an interpretative six-phase process that aims to identify shared patterns across datasets. The first author began by familiarising themselves with the data, reading and re-reading the transcripts, and making initial notes in a reflexive journal. Initial codes were then developed and applied, with codes being refined and discussed with the third author until a final total of 36 codes was agreed upon. Codes were then clustered in multiple ways before being developed into themes and named. The analysis was then written up to present the participants' experiences.

2.6. Positionality and Reflexivity Statement

All authors have professional and/or personal experience with autistic individuals, which may have influenced the analysis. All authors' understanding of autism is influenced by the neurodiversity movement, where autism is understood as a natural and valuable example of human variance. The first author, diagnosed with both autism and ADHD, was previously a teacher working in mainstream and special school settings and is female, which may lead them to be biased towards educational equality and to employ liberalist and feminist views. The second author has experience working with autistic students in a mainstream setting and is neurodivergent, and the third author is parent to an autistic child, which may have made them particularly aware of the challenges some children face. However, an immense amount of care was taken to ensure the stories told here capture the perspectives of the participants. Rigour was ensured by the first author, keeping a reflective journal, noting any initial thoughts and potential biases related to their past experiences. Coding and analysis were initially discussed as an ongoing process between the first and last authors, with the second author providing reflections on the final themes. In keeping with reflexive thematic analysis, a coding reliability approach was not adopted. The first author's experience as a classroom teacher equipped her with the skills to build relationships with the participants and discuss their past educational experiences; however, any challenges encountered during the interview process were addressed in debriefs with the last author.

3. Results

Three primary themes and two subthemes were developed from the narrative responses of the participants, which are presented in Figure 1.

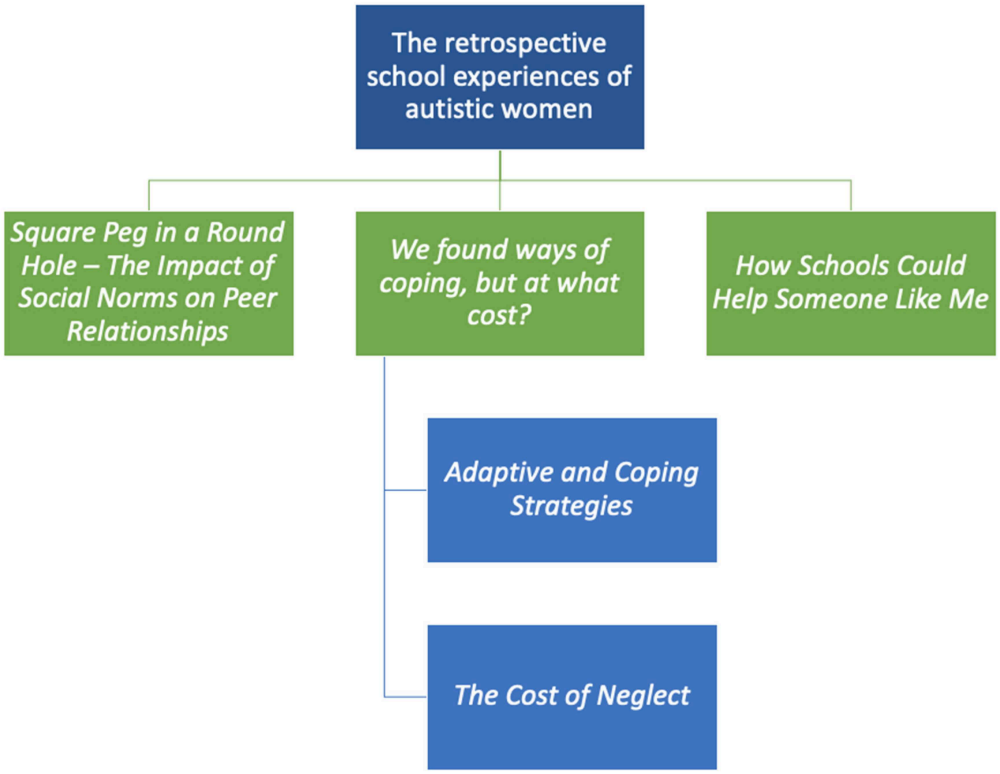

Figure 1. Thematic map.

3.1. Square Peg in a Round Hole—The Impact of Social Norms on Peer Relationships

Neurotypical social norms affected participants' ability to form and maintain peer relationships, including changing or hiding their own behaviours to fit in. The participating women who were diagnosed after school described developing coping strategies based around their special interests or around a particular environment to support their relationships.

Participants in the study often reported feeling different from their peers, and many mentioned that their behaviours opposed "the norm". The impact of this was discussed frequently in relation to peer relationships and social challenges, with some expressing difficulties with meeting normative expectations: "*It was just this idea that I had to fit in, and I had to do the things that all the other girls were doing that seemed so effortless, [whereas] I had to try hard to do that*" (Alex). This experience appeared to be exacerbated by differences in communication preferences:

> "*[Other girls] could hold conversations with entire groups of people at once, or they could modulate the way that they speak. They could be respectful to the teacher while simultaneously having a conversation with a friend at the back of the room and banter. I guess I couldn't understand how they juggled all of those processes at once*" (Suzette).

Although many women reported struggling with peer interactions, many participants expressed motivation towards meeting neurotypical norms within relationships and gaining social solidarity or peer acceptance.

However, motivation for solidarity and acceptance were juxtaposed with differences in interactional styles between neurotypical and autistic adolescent girls. This led some autistic women to develop relationships with dissolved boundaries as adolescents. One woman

recalled: "*I didn't have healthy friendships during school because I didn't know how*" (Alyssa). Another described relying on the other individual to assign them the role they "needed to play" (Hope). Differences in social awareness and communicative style contributed to the transferral of power in relationships, which led to increased vulnerability for some. In several cases, this led to an acceptance of bullying and relational aggression as an alternative to being alone: "*I wasn't really clocking that it was bullying until a teacher raised that [my friends] were bullying me. I was like, 'Oh, no, I need them to like me. Oh, no matter what I do'*" (Tabitha). Bullying featured strongly as an outcome of diversity and differences in adaptive functioning: "*Bullying was around my social awkwardness. I was quite an easy target because I couldn't stick up for myself*" (Jolene). This was more commonly reported by late-diagnosed women.

Women also spoke of the impact their special interests had on relationships, especially with their neurotypical peers. Some women believed that their special interests were "*too much for other people*" (Hope). Tamara, for example, spoke of how, even though her special interest in sixth form was one many neurotypical people were also interested in, her deep understanding of and desire to talk about the subject was challenging for her friends:

> "*My very deep interest was in the Star Wars films, which was more socially acceptable, but not. . . it wasn't socially acceptable how much I wanted to talk about it [. . .] They were interested to start with, because I think there were some new films out at the time. So it was sort of, they tolerated it for a couple of weeks, but then I noticed one day one of my friends just sort of she was smiling, but her jaw was clenched very tightly, like, she wanted to tell me to shut up, but she wasn't, she wasn't going to be rude enough to say it and I was like, 'Oh (cringe)'.*"

A small proportion of women reported using their interests to support relationships in mainstream schools but away from larger peer groups: "*We had a little art group [and] we'd all sit together, and they'd be doing [. . .] course work, and I'd just be painting*" (Sara). Others developed interests around topics linked to the social interaction of people, such as a keen interest in reality TV:

> "*When [reality TV] came out [. . .] I wasn't doing it because I enjoyed it. It was a study like, 'what motivates these people?', and why [am] I watching them interact as well. It was literally probably more fun than a neurotypical person watching David Attenborough*" (Sammi).

3.2. We Found Ways of Coping, but at What Cost?

Women, regardless of the timing of diagnosis, spoke at length about the strategies they developed to cope with the pressures of mainstream school and the impact they believed this had on their wellbeing and identity. They spoke of the role masking played in overcoming challenges in school and the need to implement self-regulation strategies, often through stimming, to manage the demands of mainstream school. For many, they internalised these challenges, resulting in poor mental health that lasted beyond their school years.

3.2.1. Adaptive and Coping Strategies

Participants spoke of how they overcame obstacles faced in school settings. All the women discussed masking as a coping mechanism when they were in school. For many, this was to enable them to fit in, which included "*wear[ing] and do[ing] things to make [themselves] look and seem neurotypical*" (Alyssa). Several women described how they would try to appear "*still, no hand-flapping, no rocking*" (Kyla) so as not to draw attention to themselves: "*I never tried to do anything that I thought might give me backlash, or might make people think I was strange*" (Hope). Kyla expanded to say, "*It wasn't a conscious decision to mask most of the*

time. It was more that I had to if I didn't mask, then I would get picked on." Some stated how, once they had begun masking, it was difficult to stop: *"Everybody already has this idea of who I am, and I don't want that to change now, so I might as well keep it up"* (Alex).

Alongside masking, many women discussed implementing self-regulation strategies to meet the demands of the school environment, including arriving late to lessons or finding quiet spaces, such as the library, toilets, or their favourite teacher's classroom during lunch and break times. Some discussed restricting their water intake to avoid using school toilets due to their sensory sensitivities, while others would attempt to avoid school altogether by getting sent home or truanting. One strategy all women reported was the use of stimming in lessons, as this helped them maintain focus and cope with their anxiety: *"I'd doodle, pick my nails, mess with my hair, scratch the palm of my hand, chew pens, toe tap, desk tap, ruler tap"* (Suzette). However, many women recalled masking their stims:

> *"I'd do Pi with my fingers. So it'd be like 3.14159. I'd do that with my fingers, but in my head or on the table. It was an action that could keep me busy, so I wasn't rocking. I could still be pretty still because no one notices your hand moving, do they?"* (Kyla).

Other strategies included avoiding public speaking or *"raising [their] hand in lessons"* (Hope), sitting on the periphery of group work and letting others *"take the lead"* (Alex). Others managed the stress of unstructured break times by engaging in school work which aligned with their special interests: *"I immersed myself in [my textiles coursework]. I spent hours and hours and hours doing my portfolio because I just loved drawing"* (Sara). This had further implications for some women, who were then seen as excelling academically, acting as an additional barrier to support: *"I'd often get told, 'she's really good, but she doesn't do enough [in class discussions]'. But, there was never any real concern, because I did well, and I wasn't disruptive"* (Hope).

Many women also discussed developing maladaptive coping strategies during adolescence, with some experiencing breakdowns at school: *"I went from being very internalised and very scared and very perfectionist to DONE. I was just so full-up of despair that there was nowhere else for it to go."* (Sammi). Overall, the women in this study frequently used masking to manage their challenges at school; their reflections demonstrate that, without practical support, autistic girls can be increasingly resourceful in navigating the school environment and meeting expectations, possibly at the risk of poorer wellbeing.

3.2.2. The Cost of Neglect

Participants discussed how they felt their unmet needs and self-developed coping strategies impacted them at school and beyond. Women diagnosed during and after school reported a sense of accumulating trauma from social situations and sensory overwhelm in school: *"The sensory stuff wouldn't necessarily cause the meltdown but would contribute [to it]. If something changed, I then wouldn't be able to handle it"* (Tabitha). By the end of the school day, all the women reported being depleted: *"I'd often get home from school and have to go cry because [I was] just so overwhelmed from pretending to be someone else all day"* (Sara). Many described the effort required to mask their autism as exhausting, and some described losing touch with their sense of identity: *"I actually thought [my masked persona] must be just who I am"* (Sammi).

Accumulated trauma resulted in several women being hospitalised with co-occurring conditions that were exacerbated by unmet needs:

> *"I think, [if I had been diagnosed earlier] I would have known what was going on, I wouldn't have had to control things in the way that I did, in terms of developing OCD and going into hospital. That would have been very different"* (Kyla).

Others had mental health difficulties that surfaced in their early twenties: "*I started self-harming when I was 20, I think [I'd been] masking for so long all through school, and then, all of a sudden, everything hit me*" (Jolene). Here, unresolved trauma leading to maladaptive coping strategies clearly had a significant negative impact post-schooling.

3.3. How Schools Could Help Someone Like Me

The participating autistic women discussed how outcomes could be improved for autistic girls in schools. They spoke of the importance of earlier and easier routes to diagnosis, facilitated by training for school staff and grounded in lived experience. Here, the need for safe, quiet spaces and reasonable adjustments is called for if future generations are to have more inclusive school experiences.

The most prominent response was raising awareness of how autistic females present to staff members. All highlighted shortcomings in their schools' responses to emerging needs, with some offloading girls to mental health services such as Child and Adolescent Mental Health Services (CAMHS): "*The tendency is like, 'Oh, we'll just like bin them off to CAMHS', and then CAMHS can't handle what they're dealing with. So it just ends up in a bit of a mess*" (Sara). Others were reactive to their challenges: "*It was like, 'We wait till Tabitha has a meltdown or a big crisis, and then we deal with her', whereas if I was fine for a few weeks, I would just get completely left*" (Tabitha). Many women spoke of how a lack of understanding from staff resulted in late or misdiagnosis and poor support, something that better training could improve, reducing the difficulties many autistic girls faced:

> "*Schools need to get better at identifying autistic traits, particularly in girls who might have felt more pressure to hide it. If there was more awareness of different ways autism can present, that would be helpful, because then maybe teachers could say, 'This person needs to be looked at more closely'*" (Tamara).

All participants agreed that this was the biggest challenge girls currently face in schools: "*So many people like myself are going under the radar, and not getting the support they need*" (Jolene). Many participants raised concerns about the current quality of training for staff, the impact of autism stereotypes and the spread of misinformation:

> "*I think if people knew more about autism and not just a stereotyped version of it, then they would have noticed. Often, training is given by people who just say they're experts. But they don't really know what they're talking about. I think it's important to gain a lot of lived experience*" (Hope).

Lived-experience-informed and neurodiversity-affirming training for spotting autism in girls was not deemed to be sufficient, however. One woman who received her diagnosis during school discussed negligence from school staff and battles between home and school:

> "*The SEN teacher who was supposed to, like, put [support strategies] in place for me did none of it. [School] didn't really understand how I presented with autism, they [said] to my mum, like several times, 'she's fine at school'*" (Alex).

This demonstrates that some schools may lack accountability and be unwilling or unsure of how to provide support for autistic girls, even after a diagnosis.

On this, one key supportive factor that women diagnosed during school discussed was safe spaces, not only quiet spaces they could go to at break times, but also safe spaces with trusted staff where they felt supported. As one participant recalled: "[*Supportive teachers] did their best to explain [challenging concepts] to me in a way that wouldn't make me feel patronised, they were a safe space for me*" (Alex). Proactive, kind, and intuitive teachers had a lasting impact on some of the women interviewed:

> "*I could tell [my teachers] were keeping an eye on me, but not to the extent that anyone else knew, but I knew. Because they would keep me back after a lesson, or they'd write something in my homework that accepted the challenges I was facing*" (Kyla).

These experiences were also shared with those who received a diagnosis after school, with Sara suggesting existing pastoral teams could be supported by more informed pastoral support: "*two pastoral teams in school, so if a teacher does flag something, there's that advice and knowledge ready to go*".

Finally, improving stakeholder communication to facilitate better support and moving towards strengths-based approaches in schools was seen as supportive. Adjusted accommodations, such as scheduling time for sensory regulation and normalising sensory needs, including "*uniform-related accommodations*" (Sara) and "*giving notice for off-timetable days, telling people far in advance, not making sudden changes*" (Alyssa) were all seen as small things that could benefit autistic girls, and likely improve school settings for any autistic child, and perhaps non-autistic children too.

Though these recommendations are not exhaustive, they provide a strong starting point for mainstream schools to embed an inclusive culture and address autistic or potentially autistic girls' needs. Conversely, one participant reflected that "*[no] matter how many bells and whistles you stick on the mainstream school, it's anti-autistic. You just have to survive it*" (Hope), highlighting how crucial it is that schools demonstrate their ability to support autistic students effectively and build relationships with stakeholders that are rooted in trust.

4. Discussion

This retrospective interview study explored the experiences of autistic women who went through some or all of their schooling without a diagnosis to highlight how schools can best support autistic and potentially autistic girls. The findings show that participants experienced challenging peer relationships at school, which resulted in masking. Masking was found to frequently be a subconscious act, even for those who received a diagnosis during school. Women found strategies for sensory regulation to create a sense of safety in the school environment, sometimes at the cost of their longer-term mental health, with participants who received their diagnosis both during school and those who received it after school expressing lasting trauma from their experiences. Although participants' experiences of school support were generally negative, they felt simple changes in the culture of mainstream schools and additional staff training would enable better experiences for autistic girls.

4.1. School Experiences of Autistic Women

For many women across the study, experiences of school were negative and characterised by a feeling that they did not fit in and, for many, involved being bullied by their peers, a finding that is in line with those of the previous literature [37,38]. Women across the study spoke of feeling the need to fit into social norms whilst at school, with many expressing how challenging this was due to differences in communication. In line with the previous literature, women in this study struggled to hold conversations with multiple peers at once but felt the need to do, as they saw this as being aligned with gendered social norms [39]. As a result, many felt misunderstood by their peers and expressed that they did not understand the rules around some social norms. It was clear that autistic girls felt pressure to learn the rules and adapt or hide their natural behaviours to fit in. Previous research indicates that autistic girls are more likely than boys to learn social rules and neurotypical behaviours [40], and this engagement with masking is likely to add to autistic girls being overlooked and, in turn, unsupported [41]. What is more, the cost–benefit decision-making

process, whereby women (who were not necessarily diagnosed as autistic at the time) felt they had to reject their autistic traits to survive in mainstream school settings, demonstrates a latent influence of intolerance towards diversity in society and neurotypical privilege. As previously highlighted, this can be compounded further by relational aggression and bullying regarding their differences [42].

Despite masking being exhausting, it became an essential strategy for women in this study to manage their social differences. Nevertheless, as identified in other research [17,18], this had a significant impact on their mental health and wellbeing, leading to negative affect and, in some cases, a self-identity crisis [38]. Indeed, women in the current study who received their diagnosis during school spoke of feeling unable to stop masking once they had started, suggesting a reality wherein granting visibility to their autistic traits felt too risky, and often leading to longer-term mental health challenges. Here, the impact of receiving a diagnosis may have made the women more explicitly aware of their differences, which therefore added additional pressure to mask their autistic characteristics. This has significant implications for support, as receiving a diagnosis during adolescence can bring identity challenges, which may increase the risk of mental health difficulties.

Another key area that women reported struggling with during school was their special interests. Women felt that their special interests were 'too much' for their neurotypical peers and often felt the need to tone these down when around them to fit in. The findings of this study align with those of past research [43], highlighting that the sharing of special interests depended on the reciprocation of intensity and acceptance levels from their peers. Though most women in the current study felt unable to share their interests in a school setting or experienced some rejection around their special interests, some used them to support friendships and based their choices of optional school subjects around them, which became an important coping strategy. Importantly, special interests can buffer adverse outcomes for women, with some pursuing careers in their special interests [20]. This is an encouraging finding which suggests there are benefits to creating structured opportunities for autistic girls to explore their special interests with peers. However, women diagnosed post-school most frequently reported using their special interests as a coping strategy, which may have contributed to their later diagnosis. Therefore, creating environments in which special interests can be expressed openly is needed to reduce missed or late diagnoses going forward.

4.2. Suggested Support

4.2.1. Societal-Level Support

Participants saw a lack of female autism awareness as the most significant barrier to progress, as seen in other studies [44,45]. Several women discussed the impact of encultured male autism stereotypes on female autism awareness. They raised issues with current training for school staff, outlining that informational errors and non-autistic specialists' training contributed to misconceptions. The findings of this study, and those of the relevant literature [44,46,47], suggest that current education and training programmes inadequately prepare staff to identify and support autistic girls, thus perpetuating the phenomenon of late diagnosis. This means that better training, designed in collaboration with autistic women and girls, may help reduce these challenges. This perspective is supported by research indicating that autistic adults display more in-depth knowledge about autism and less stigmatised understanding, which makes co-production or autistic-led production of education and training resources advisable [48].

Flexible curricula that allow autistic girls to tap into their interests could improve peer relationships, which may positively impact wellbeing [43]. If done effectively, this could create more authentic learning experiences that reflect autistic students' needs, as

seen in a case study of inquiry-based, applied STEM projects [49]. It suggests that a strengths-based curriculum based on students' special interests could improve outcomes for autistic students in mainstream schools [24]. Indeed, in New Zealand, the implementation of universal design for learning approaches (where lessons are proactively designed to accommodate students' different abilities, learning styles, and interests) has been found to improve engagement not only for autistic students but also for other students and their teachers [50], suggesting that a flexible curricula would likely improve engagement and wellbeing for autistic girls as well as for a wider range of neurodivergent and neurotypical students.

It is clear that, if we are to provide better support for autistic girls and reduce their chances of developing mental health difficulties in the future, there must be an improvement in their ability to access diagnoses. Women, including those diagnosed during secondary school, reported developing maladaptive coping strategies due to a lack of support, and several women expressed that they could not verbalise or conceptualise their challenges, emphasising how differences in adaptive functioning may contribute to autistic girls' vulnerability. Women felt that delays in diagnosis exacerbated their difficulties, with some directly linking this to the development of comorbidities, which is supported by current research [51]. Many reported that having their needs identified and legitimised by a diagnosis eventually had a positive impact on their self-identity [52]. Those individuals in this study who received a diagnosis partway through schooling also called for earlier diagnosis, suggesting that if this had happened for them, their longer-term mental health may have been improved. Identifying autism in girls earlier and providing them with tailored support is clearly vital to supporting positive outcomes and preventing the progress of internalised difficulties. Furthermore, these findings could apply to late-diagnosed or undiagnosed women across multiple settings, including post-16 education and the workplace. A better understanding of female autism and a more inclusive society will help reduce the challenges many individuals face, and in turn reduce mental health challenges and potentially lead to long-term, lasting impacts.

4.2.2. School-Level Support

Those diagnosed during school discussed a battle between home and school, often with the school failing to acknowledge their needs and establish support; this is an experience that is corroborated by the current literature [44]. Additionally, several women explained that schools deflected parental attempts to establish support, suggesting that there were no issues in school. These findings are supported by research which indicated that girls might exhibit more problematic behaviour at home, and that differential presentation between home and school may contribute to late diagnosis [53]. Instances of conflict between home and school may also delay already lengthy processes for families or ultimately thwart their attempts to get much-needed support. Marginalising the needs of autistic girls in this way could have lasting implications for their developmental trajectories [51], ultimately eroding stakeholder trust.

Consistent with previous research [26,54], most women also said that modifying sensory environments, making accommodations, and increasing pastoral support could profoundly impact the lives of autistic or potentially autistic girls in school. Many women discussed stimming to maintain focus and self-soothe at school. However, this was frequently discouraged by teachers or viewed negatively by peers, which resulted in masking [45]. Sensory regulation has been shown to impact students' coping abilities in mainstream settings [54]. Further training for staff and peers on autism may foster a more inclusive environment where all autistic young people can feel more comfortable engaging in self-regulating behaviours [55]. Research suggests that sensory training would also benefit

teachers and other school staff [56]. This may result in a well-informed pastoral team that can better support positive educational and social experiences for autistic girls.

Unsurprisingly, this study found that many women responded positively to supportive, intuitive, and accepting teachers, which directly impacted their wellbeing and ability to cope in school, regardless of when they were diagnosed. Women felt that building positive relationships is beneficial for autistic girls. These findings are in keeping with research which highlights the importance of establishing positive student–teacher relationships and responding to students' characteristics to make accommodations based on their needs [49]. Furthermore, women suggested that having a quiet, safe space, with staff that they trusted, helped them to cope in mainstream school, in line with previous research into late-diagnosed women's experiences [24]. Overall, evidence suggests that building positive student–teacher relationships and providing quiet rooms are small things that can benefit autistic girls and likely improve school settings for any autistic child, and perhaps non-autistic children too. Women in this study who received a diagnosis prior to leaving secondary school reflected on the difference positive teachers made once those teachers were aware of their challenges, suggesting that encouraging this support as the norm would benefit all students, regardless of diagnostic status. Crucially, schools must build positive relationships with their students, improve their understanding of female autism, and provide support opportunities for all.

Cultivating a culture of acceptance towards autism in schools would help establish social cohesion rooted in contiguity, which could have lasting benefits regarding adolescent mental health by fostering more authentic relationships and self-acceptance. Additionally, raising awareness of female autism through such programmes could combat entrenched gendered expectations and limit their effects on autistic girls; raising awareness, in general, may make schooling a more positive experience for all autistic young people. For example, the Learning About Neurodiversity at School (LEANS) project is a teacher-delivered programme which aims to introduce mainstream pupils aged 8–11 years to the concept of neurodiversity; the project has been found to improve students' knowledge, attitudes, and the way they act towards neurodivergent students [57]. The programme is delivered as a whole-classroom resource, and exploring a secondary school level version of the programme may be a feasible way of raising awareness of female autism in both students and staff.

The findings here emphasise that schools' failure to take a multidimensional approach to supporting the needs of autistic girls is linked to an inadequate understanding of female autism, and we suggest that schools adopt a multidimensional approach to supporting autistic girls. Multidimensional approaches often include remaining curious about the underlying causes of potential difficulties, drawing on specialist support, and embedding pastoral and mental health support within the school environment. This is often supported by having regular preventative check-ins with a key person, ensuring staff are well-trained in identifying and supporting autistic traits (e.g., social interaction and communication challenges with peers, sensory overwhelm, perfectionism, difficulty task-switching), and cultivating neuroaffirming learning environments (e.g., using strengths-based approaches, embracing natural behaviours, implementing predictable routines). Doing so will likely make the school experiences of autistic girls, both diagnosed and undiagnosed, much more supportive and successful, and may support the earlier identification of those who would otherwise face barriers to accessing a diagnosis.

4.3. Strengths and Limitations

This study used first-hand accounts from autistic women to highlight the key challenges they faced when navigating secondary school. The study expands on previous

research by including the voices of women who were diagnosed both during and after school, to explore which support mechanisms might be most effective at supporting autistic and potentially autistic girls.

Despite this, the study comes with some limitations. When considering the findings from this study, participants' varied length of time since diagnosis must be borne in mind. Some women were diagnosed the year the interviews were conducted, in their adulthood, whereas others were diagnosed up to 12 years earlier, while still at school. This is likely to have influenced the variety of experiences described. Furthermore, although participants were given the opportunity to self-describe their diagnosis and co-occurring conditions, women who were diagnosed before 2019 were not asked to specify whether they had received a diagnosis of autism or Asperger's. Given the differences in diagnostic criteria between those who were diagnosed after the move to the ICD-11, there may be experiences specific to those with different diagnoses that could be further explored.

A further potential limitation is the use of a retrospective design, which may mean participant responses were subject to recall bias. Nevertheless, this can also be seen as a strength, and it was decided that an adult sample would be useful to highlight the views of individuals who were not necessarily diagnosed during their school years but would have presented with autistic traits at that time.

The autistic voices included in this study lack some variety. The current study used interviews, which required participants to have a certain level of verbal communication, excluding those who were not comfortable or able to engage in this way. Future research should employ more inclusive approaches and offer more varied modes of participation. Moreover, some of the phrasing in the interview questions probed directly at the challenges and positive experiences of school. A more open and exploratory interview schedule may support a deeper understanding of autistic women's experiences; the use of focus groups or diary methods may further reduce the bias that interview schedules and those carrying out the interviews may introduce.

The study collected minimal demographic information and, as a result, no information on ethnicity was collected, further limiting the variety in the voices presented. Given the specific intersectional experiences between gender and race, and how different social identities are connected and impact experiences, including those at school, future research should explore this intersectionality further by including a broader representation of individuals, including ethnicity, socioeconomic status, and gender identity, as the intersection of race or trans-identity can further complicate social exclusion and diagnostic access.

A final limitation was the exclusion of those who self-identify as autistic and those who no longer identify as a woman but may have been socialised as a girl throughout school. This was done to ensure the women interviewed shared similar experiences, and future studies should explore the experiences of the wider community.

5. Conclusions

This study explored the retrospective school experiences of autistic women to explore the best ways of supporting autistic and potentially autistic girls in mainstream education; we sought to expand on previous work by integrating the voices of women who navigated some or all of their education without a diagnosis, and therefore went without formal support. The findings show that schools must approach the challenges autistic girls face head-on. Taking a multidimensional approach to emerging needs, developing strengths-based approaches, and developing positive relationships rooted in understanding and trust may significantly impact their developmental trajectories. Adopting such changes could prove to be a huge turning point for autistic girls, who have two layers of marginal-

ity to break through: stereotyped expectations of autism and neurotypical expectations for females.

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