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Girls and Women with Autism Spectrum Disorders in the Family Context: Co-occurrence of Gender Dysphoria and Non-Suicidal Self-Injury

Dziewczęta i kobiety z zaburzeniami ze spektrum autyzmu w kontekście rodzinnym: Współwystępowanie dysforii płciowej i samouszkodzeń bez zamiaru samobójczego

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Abstract

Aim. The purpose of this thesis is to introduce readers to the characteristics of the female clinical profile of autism spectrum disorder, both the frequently co-occurring diagnoses of gender dysphoria and non-suicidal self-injury, in the context of the interrelation of these conditions determined on the basis of the scientific literature review conducted by the author. The clinical presentation of autism in girls and women differs from the commonly accepted profile. The family environment plays a crucial role in their functioning, influencing the diagnostic process, care, and support. The failure to recognise difficulties and the delayed diagnosis in females are associated with an increased risk of issues related to gender dysphoria and non-suicidal self-injury. The study also highlights the connection between family systems and the functioning of girls and women with ASD.

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Methods and materials. The article presents a theoretical approach based on an analysis of Polish and international source materials.
Results and conclusion. The review suggests that there are some correlations among the areas of interest presented in the article. The presence of a gender dysphoria diagnosis increases the likelihood of self-injuries, and among individuals with ASD, the incidence of gender dysphoria is even higher. The psychological difficulties and burdens faced by women are reflected in their higher rates of reported self-injury compared to men, which is associated with the more frequent presence of gender dysphoria in females. Increased masking is associated with mental and physical health costs contributing to psychopathology and impacting family functioning.

***Keywords*:** autism spectrum disorders, female autism phenotype, gender dysphoria, NSSI, masking behaviours, family system

Abstrakt
Cel. Praca miała na celu zapoznanie odbiorcy z charakterystyką żeńskiego obrazu klinicznego spektrum autyzmu oraz z często współwystępującym rozpoznaniem dysforii płciowej i samookaleczeń bez intencji samobójczych, w kontekście ich wzajemnych zależności określonych na podstawie przeglądu badań dokonanego przez autora. Obraz kliniczny autyzmu wśród dziewcząt i kobiet jest odmienny od powszechnie przyjętego. Kluczowe znaczenie dla ich funkcjonowania odgrywa środowisko rodzinne, którego aktywność ma przełożenie na proces diagnostyczny, opiekę oraz wsparcie. Niedostrzeganie trudności oraz opóźniona diagnoza wśród płci żeńskiej wiążą się ze zwiększonym ryzykiem dotyczącym zagrożeń w obrębie dysforii płciowej i samookaleczeń bez intencji samobójczych. Uwzględniono wzajemne powiązanie systemu rodzinnego z funkcjonowaniem dziewcząt i kobiet z ASD.
Metody i materiały. Artykuł przedstawia podejście teoretyczne oparte na analizie materiałów źródłowych z polskich i zagranicznych publikacji.
Wyniki i wnioski. Z przeglądu wynika, że pomiędzy obszarami poruszanymi w niniejszym artykule należy doszukiwać się korelacji. Samo rozpoznanie dysforii płciowej zwiększa prawdopodobieństwo dokonywania samookaleczeń, natomiast wśród osób z ASD częstotliwość jej występowania jest zwiększona. Trudności oraz obciążenie psychiczne, z jakimi zmagają się kobiety, znajdują swój wyraz w większej niż u mężczyzn zgłaszanej historii samookaleczeń, która wiąże się z częstszą obecnością dysforii płciowej wśród płci żeńskiej. Znacznie większe zaangażowanie w stosowanie kamuflażu obarczone jest licznymi kosztami w zakresie zdrowia psychicznego i fizycznego, co wpływa na rozwój psychopatologii i łączy się tym samym z funkcjonowaniem systemu rodzinnego.

***Słowa kluczowe*:** zaburzenia ze spektrum autyzmu, żeński fenotyp spektrum autyzmu, dysforia płciowa, NSSI, kamuflaż, system rodzinny

Introduction

References to the characteristics of people with autism and their functioning, which differ from what is commonly accepted in society, have been present in cultural texts for a long time. In fact, it could be argued that Kanner in 1943 and Asperger in 1944 did not discover anything completely new, but rather recognised and described this condition, thereby contributing significantly to the development of knowledge about it (Frith, 2023). However, they were not the first, because Suchariewa in 1925 presented a clinical description of girls and boys with autism, referring to gender differences in this diagnosis (Dell'Osso *et al*., 2024).

As research has progressed over the years, the position on the causes of autism has changed, as have the diagnostic criteria, as clearly reflected in the various versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association, as well as the International Statistical Classification of Diseases and Related Health Problems (ICD) developed by the World Health Organisation.

The DSM-III distinguished childhood autism as a separate diagnostic category within pervasive developmental disorders, thus excluding it from the group of childhood psychoses. The DSM-V classification introduced the term *autism spectrum disorders* (ASD), emphasising the diversity of clinical presentations among individuals with this diagnosis. A clear change is also noticeable between the ICD-10 and ICD-11 classifications, with the removal of the previously valid diagnosis F.84.5 Asperger's syndrome (Kapinos-Gorczyca, 2023; Rejestr Systemów Kodowania [RSK], n.d.; World Health Organization [WHO], 2008).

In the context of the aetiology of autism spectrum disorders, it is crucial to distinguish its multifactorial nature. Consequently, it is important to be familiar with various, sometimes conflicting, concepts. It is important to focus attention on both genetic and environmental factors. The prevalence of this diagnosis is estimated at approximately 1% of the population. The median prevalence of ASD in Poland in the 0–18 age group is estimated at approximately 0.9% (Emich-Widera & Kazek, 2023; Frith, 2023; Gołaska, 2013; Szmania, 2015). An aspect of the autism spectrum that is gaining interest among researchers is the gender differences that occur within it. According to a 2017 review, the ratio of males to females on the autism spectrum is 3:1 (Loomes *et al*., 2017). This ratio is at odds with entrenched stereotypes that ASD is a typically male disorder, but it is also related to diagnostic criteria based mainly on male research samples (Hendrickx, 2025).

The subject of the female phenotype of autism spectrum disorder has so far been the subject of very limited research. This can be described as a "vicious circle," as the diagnostics developed did not sufficiently take into account the differences in the clinical

presentation of ASD among females, thus significantly reducing the number of women who could be asked to participate in the study.

The perspectives on these differences are quite diverse. One of them assumes that for autism spectrum disorders to occur in women, they need to have more serious cognitive and neurological abnormalities than men. This assumption is supported by the findings of Nydén, Hjelmquist, and Gillberg (2000). However, there are also voices suggesting higher levels of oxytocin, considered a protective factor associated with the process of social bonding and a reduction in the intensity of autistic symptoms among women (Carter, 2007).

In this area, there have also been studies related to neuroanatomical differences between the two sexes with the aforementioned diagnosis. In addition, differences have been noted between women with ASD and neurotypical women in terms of white and grey matter density in brain regions associated with social behaviour disorders (Craig *et al*., 2007; Lai *et al*., 2013).

The results of a study by Rynkiewicz and Łucka (2018) show that adolescent girls with autism spectrum disorder are at greater risk of co-occurring anxiety, depression, and suicidal thoughts. Furthermore, it should be noted that mood disorders are more common among girls with ASD during puberty, resulting from difficulties arising from this stage of development as well as the specific nature of autism spectrum disorders.

Among women with autism, particularly, there is talk of camouflage, understood as "the use of conscious or subconscious strategies — which may be explicitly learned or unconsciously developed — to minimise the visibility of autistic traits in social settings" (Hull *et al*., 2020, p. 309).

Deficits and difficulties inherent in autism spectrum disorders, as highlighted in the available literature, appear to have a significant relationship with other co-occurring mental health issues. Researchers have noted an increased prevalence of both gender dysphoria and non-suicidal self-injury (NSSI) among the neurodivergent population. According to the author, taking into account the female phenotype of ASD allows for a more comprehensive understanding of the existing psychopathology, as well as the implementation of more effective support strategies that have an impact on family system functioning.

However, there is a lack of comprehensive studies examining the relationship between autism spectrum disorders, gender dysphoria, and NSSI — particularly those that consider differences between males and females. The female ASD phenotype deviates significantly from the commonly accepted image of the autism spectrum and therefore requires special attention.

Aim

The aim of this publication is to synthesise the findings regarding the clinical presentation of autism spectrum disorders in females, gender dysphoria, and NSSI, along with presenting the mutual interrelations among them. The research questions of this study focus on exploring the differences in functioning between males and females with ASD; the frequency and intensity of experienced gender incongruence, as well as non-suicidal self-injury — especially among neurodivergent women and men — which ultimately influence their family lives.

Research results indicate that initially, boys and girls with ASD function at a comparable level, but with age, girls use compensatory strategies to a greater extent, consequently, coping better in social situations. However, stressful situations, unexpected events, or the chronic need to hide autistic traits cause psychological stress, and at this point, it becomes impossible to maintain a given mode of functioning (Lai *et al*., 2011, 2018). The experience of patients with a gender different from that assigned to them at birth, similarly to autism, has been interpreted differently by specialists over the years. There is still a lot of controversy and debate surrounding the issues of diagnosis, gender correction, and the increase in the incidence of this diagnosis.

In the DSM-IV classification, *gender identity disorders* were listed in the same category as paraphilias and sexual dysfunctions. With the fifth edition of the DSM-V, a particularly important change in nomenclature appeared — from the above-mentioned *gender identity disorders* to *gender dysphoria* (GD). The crucial diagnostic aspect at that time was the patient's persistent suffering and discomfort resulting from the inconsistency between their assigned sex and their subjective gender identity (Dora *et al*., 2021).

The ICD-11 classification developed by the WHO abandoned *transsexualism*, which was present in the previous edition, and used a new diagnosis, *gender incongruence*. An important difference between DSM-V and ICD-11 concerns the aspect of suffering emphasised in the former, which may not be manifested, for example, by patients in the prepubertal period. It should also be emphasised that the expression of gender difference should be analysed in terms of identity, rather than in the form of expression through, for example, clothing style (Dora, 2022).

The results of studies on the prevalence of gender dysphoria/incongruence oscillate between 0.001% and 0.002% for the global population, while in terms of gender distribution, this percentage was 0.001% among women and 0.0033% among men (Margasiński & Marianowicz-Szczygieł, 2024; Michel *et al*., 2001; Urban, 2009). A particularly significant number of reports related to gender incongruence are recorded among young people, especially those assigned female at birth (*The Telegraph*, 2018, as cited in Dora *et al*., 2021). As in the case of the autism spectrum, the aetiology is multifactorial, complex, and difficult to explain definitively (Margasiński & Marianowicz-

Szczygieł, 2024). Interesting data are provided by studies on the co-occurrence of ASD and GD, which estimate the prevalence in this group at between 3.8% and 21.3% (Jones *et al*., 2012; Pohl *et al*., 2014).

Studies on a group of children and adolescents with gender dysphoria also indicate a significant percentage of patients engaging in non-suicidal self-injury — 39%, while among adolescents awaiting gender reassignment, 53% reported struggling with suicidal thoughts and NSSI (Holt *et al*., 2016; Leibowitz & de Vries, 2016).

The definition of non-suicidal self-injury (NSSI) in DSM-V emphasises behaviours that deviate from the norms accepted in a community, are intentional, and through the violation of one's body tissue and the resulting injuries, the person alleviates psychological discomfort (Ziółkowska & Wycisk, 2019).

The difference between suicidal behaviour and the above-mentioned self-harm is clearly based on the awareness of the individual, where the intention to take one's own life is to "switch off" consciousness, but in the case of the latter activity, it is only to "modify" it (Walsh, 2014).

NSSI is most often performed to regulate emotions. There are two directions of this regulation: alleviating intensely heightened emotions or, conversely, in response to insufficiently intense emotions or in dissociative states (Nock, 2010). Risk factors that may increase the likelihood of such actions include mental and emotional disorders, such as depression or personality disorders. In addition, psychosocial factors are also important, including being a victim of violence and dysfunctional family systems (Makowska & Gmitrowicz, 2018). Walsh (2014) also mentions a multifaceted view of the underlying causes of a given behaviour, presenting a biopsychosocial model of self-harm consisting of environmental, biological, cognitive, affective, and behavioural dimensions.

The results regarding the prevalence of self-harm without suicidal intent are not consistent. However, in the context of ongoing research and analysis, a certain picture is beginning to emerge. Pawłowska, Potembska, Zygo, Olajossy, and Dziurzyńska (2016) showed that non-suicidal self-harm affects 13.7% of the young people they surveyed in the 16–19 age group. The authors noted gender differences: NSSI was reported by 15.7% of girls and 6.9% of boys. A meta-analysis of 122 studies also supports the reported predominance of females engaging in these activities. Among young women in particular, self-harm takes the form of a persistent, chronic response to stress in their lives. In addition, females are more likely to use sharp objects to injure themselves (Bresin & Schoenleber, 2015; Ziółkowska & Wycisk, 2019).

In view of the clinical knowledge discussed in this article regarding the autism spectrum in females, as well as the co-occurring difficulties mentioned above, the family environment constitutes a crucial area that has an impact on the everyday functioning of neuroatypical individuals, especially girls and women. The family is usually

the first to initiate the diagnostic process for a child. Hendrickx (2025) points out that all parents surveyed noticed disturbing/unusual behaviours in their children during infancy and early childhood. Despite the different characteristics of ASD in girls, they notice symptoms that suggest the need to consult a specialist. However, due to fear of criticism of their assumptions or stereotypes about "expected behaviour of girls," diagnosis is delayed, which translates into the application of therapeutic measures and affects not only the individual but also the entire family system.

In relation to the above, it is worth noting that autism spectrum disorder can have a dual impact on family life: through autism in a parent and a current diagnosis among offspring. According to research, mothers with ASD are at higher risk of mental health disorders and perinatal depression than women in the neurotypical group (Pohl *et al*., 2020). In addition, they more often report difficulties with multitasking, creating opportunities for their children to socialise, and view their motherhood critically. Childbirth, characterised by loss of control, unpredictability, and experiences with the body and the external environment, is a serious burden (Hendrickx, 2025).

In the case of a neurotypical child, a parent with ASD may feel inadequate, while the child may feel frustrated by the different way their mother/father functions (Holliday Willey, 2018; Simone, 2016). The heritability of autism means that both the parent and the child may have the same diagnosis, which provides an opportunity to facilitate their mutual contact, with the caregiver acting as an "interpreter" of the world (Dugdale *et al*., 2021).

Methodology

The literature review includes publications from 2011 to 2024, with the vast majority of articles published after 2015. The thematic scope of the literature pertains to psychology and medical sciences. The search was conducted using the PubMed database and Google Scholar, applying keywords such as "female autism phenotype," "gender dysphoria," "NSSI," "masking behaviours," and "family system." Literature in both Polish and English was considered. Article selection was based on qualitative analysis according to criteria derived from the formulated research problems and trends, and gaps identified by the author.

Perspective of Global Research

The functioning of people on the autism spectrum, including children, adolescents and adults, is fraught with numerous difficulties that affect their mental well-being and the ability to perform everyday tasks.

Hull and colleagues (2017) assumed in their study that camouflaging autistic traits by adults with ASD is a common method of coping with social stress. This qualitative study aimed to explore the experiences of the participants with this behaviour. The questions presented in anonymous questionnaires concerned the participants' motivation for camouflaging, the characteristics of their experiences with it, negative/positive consequences, and attitudes towards camouflaging autistic traits.

The differences between women and men with ASD are important for this review. While a similar number of representatives of both sexes used camouflaging, men more often pointed to its positive consequences. Referring to the entire study group — 10 men and 11 women reported that the measures taken were ineffective, suggesting that females have mastered these skills to a greater extent.

Lemon, Gargaro, Enticott, and Rinehart (2011) focused their attention on the neurobehavioural aspects of girls and boys diagnosed with autism spectrum disorder. The participants were asked to press a button immediately when a green light came on. When the red light came on, the children were instructed to refrain from the above action. Girls with autism spectrum disorder took significantly longer to inhibit their response compared to boys in their group or neurotypical participants in the study. This indicates a disorder of response inhibition control, which results in, among other things, impulsiveness, more frequent risky behaviour, or inappropriate responses, especially in highly stressful situations (*e.g.*, the presence of strong anxiety). It is worth noting that no correlation was found between the IQ of the participants and their results, nor were there any differences in the results obtained by boys from both groups.

Bejerot *et al*. (2012) sought to broaden the understanding of the biological basis of ASD. Their research was based on Baron-Cohen's theory of the extreme male brain (2002), in which the author raised the issue of differences in the cognitive area of human functioning, taking into account differences between females and males, and formulated characteristics of brain activity for people diagnosed with autism spectrum disorders.

Referring to the cited study, particular attention was paid to the significance of androgen influence in a group of adults with autism spectrum disorder, as well as neurotypical individuals (Bejerot *et al*., 2012). The measurements taken concerned the levels of hormones in the blood serum (testosterone, globulin — SHGB, dehydroepiandrosterone sulphate — DHEAS), anthropometry of individual body parts (including head circumference, chest circumference, waist and hip circumference), gender consistency (based on photographs of the participants' faces and bodies and samples of their voices), and the diagnosis of autism spectrum disorder was confirmed primarily through the use of the *Autism Diagnostic Observation Schedule* (ADOS) and review of the patients' existing documentation.

The results of the study contradict the assumption of typically male characteristics in people with ASD, as women did indeed show signs of masculinisation, *i.e*., higher testosterone levels and differences in facial features, while men showed signs of feminisation, *i.e*., a less masculine body build and voice. Referring to the authors of the study in question, one should lean more towards "gender inconsistency" in the context of the autism spectrum rather than attributing characteristics exclusively to a given gender.

Van der Miesen, Hurley, Bal, and de Vries (2018) conducted a study on the expression of the desire to be of the opposite gender among adolescents and adults on the autism spectrum. They also looked at behavioural and emotional problems to connect these sub-areas of ASD with the aforementioned expectations towards oneself.

Among young people with ASD, girls significantly more often reported a desire to be of the opposite sex (11.5%) compared to boys (5.3%). In the neurotypical adolescent group, girls also outnumbered boys, but a significant difference was found between girls with ASD and their peers in the control group (higher scores for neurotypical girls). Among adults with ASD, no significant differences were found between women and men in this regard, but they were more inclined to adopt the opposite gender than adults without a diagnosis of autism spectrum disorder. Moving on to the results of the second part of the study, adults and adolescents who wanted to be of the opposite sex scored higher on scales indicating emotional and behavioural problems.

These results correspond to data from a study conducted by George and Stokes (2018) examining the relationship between characteristics of autism spectrum disorder and gender dysphoria. The results obtained by a group of people with ASD were compared with those of a group of neurotypical individuals. The study confirmed the assumption that people diagnosed with autism spectrum disorder, and thus exhibiting a higher degree of traits typical of autism, showed a higher level of gender dysphoria than people in the neurotypical group, and that women with ASD scored higher on subjective feelings of gender dysphoria.

Kahn *et al*. (2023) analysed administrative data from paediatric care systems. The authors focused on verifying the association between the co-occurrence of autism spectrum disorder and gender dysphoria with mental health problems (anxiety, depression, eating disorders, suicidal thoughts, and self-harm). The results indicate a significantly higher risk of anxiety and depression in cases of co-occurrence of ASD and gender dysphoria than in individuals with only one of the above diagnoses or none at all. Relevant to the topic of this article is the link between these clinical entities and self-harm. The risk of such self-destructive behaviours was higher in cases of autism spectrum disorder and gender dysphoria than in cases of ASD alone. Furthermore, no significant differences in risk were found when analysing the relationship between self-harm risk in the presence of gender dysphoria alone and the presence of gender

dysphoria co-occurring with autism. The results presented suggest that gender dysphoria is a specific "trigger" in the disorder in question.

Cassidy, Bradley, Shaw, and Baron-Cohen (2018) sought to identify risk factors specific to adults with ASD for the manifestation of suicidal thoughts and behaviours. They developed a questionnaire to measure suicidal tendencies, self-harm without the intention of taking one's own life, as well as aspects of daily functioning such as unmet support needs, employment, and camouflage.

The results obtained regarding the risk of suicide among people with ASD were disturbing, significantly exceeding the recommended threshold for the general population and psychiatric populations. In particular, 72% of respondents with ASD obtained results equal to or exceeding this threshold. For comparison, the percentage of people with ASD who scored this high in the neurotypical population was 33.7%. However, the results obtained in relation to self-harm are particularly important in the context of this review. The experience of self-harm without the intention of taking one's own life was reported by 74% of women on the autism spectrum, compared to 53.8% of men in the same group. Apart from the fact that people with ASD reported this activity significantly more often, masking was identified as an important risk factor for suicide. Referring to the differences between women and men described above, differences in the measurement of autistic trait camouflage, where women on the autism spectrum also scored higher (a difference in the arithmetic mean of 1.8), may also be a worrying factor in this regard.

Interesting data on self-harm among people on the autism spectrum, as well as differences between women and men, are provided by Maddox, Trubanova, and White (2016). Recognising the lack of research on non-suicidal self-injury among people with ASD, they verified the methods used by the study participants, the frequency, severity, and primary motivations for engaging in such behaviour.

The results indicate that 50% of people diagnosed with ASD reported a history of self-harm without the intention of taking their own life. It is worth paying particular attention to the differences between women and men on the autism spectrum. 72.2% of women reported a history of NSSI, while the result among men was 33.3%. It is also worth mentioning an interesting finding regarding the function of NSSI. A significant difference was observed between the ASD group and the control group in terms of the function of preventing suicide attempts. 42.9% of respondents with autism spectrum disorder reported this self-harm task, compared to 11.9% of participants in the control group.

Hull and colleagues (2024) devoted their research to gender differences and methods of self-harm among both individuals with autism spectrum disorder and neurotypical individuals. The researchers focused on information related to treatment resulting from self-harm and suicide. The results suggest that bodily harm caused by cutting, especially

among people with ASD (as well as in the neurotypical group), is a precursor to the highest level of suicide risk. In addition, men on the autism spectrum were significantly more likely than women to die by suicide after self-harm. However, it should be noted that the relative risk in women with ASD was higher, as evidenced by the significantly greater interaction between autism spectrum disorder and self-harm.

Moseley, Gregory, Smith, Allison, and Baron-Cohen (2020) set out to better understand the function of non-suicidal self-harm. The participants in their study were adults with ASD who did not have intellectual disabilities. First and foremost, in terms of frequency, self-harm served to regulate emotional states characterised by low energy levels (the authors mentioned depression and dissociation in the context of this function). The next most common function was the regulation of states where energy levels fluctuated at high levels (anxiety and anger). Particularly interesting functions were self-punishment and deterrence, aimed at meting out justice to oneself or remedying more severe harm to oneself. The results obtained indicate that self-harm without the intention of taking one's own life can be a solution for regulating both opposing energy states, such as depression and anger.

Hopkins, Iles, and Satherley (2023) reviewed the literature, focusing on the experiences of parents of girls on the autism spectrum, reflecting on what these families "lived through." The publication highlights the heightened stress caused by the difficulty of obtaining a diagnosis, reflections on the future of the daughter, and fears of her being exploited (especially sexually). Delayed diagnosis and exhausting masking had a negative impact on the girls' self-esteem, according to the study, and were also associated with problematic behaviours that manifested themselves in the family environment, where they did not have to hide their deficits. An additional burden was associated with the need for greater involvement in upbringing and care than is the case with neurotypical children, which was referred to as "always in mum mode." In addition, it was revealed that going through a series of difficulties and challenges had a positive impact on the parents, through a better understanding of the needs of their adolescent daughters, as well as greater confidence in the strategies used and their parenting skills.

Oliver, Poysden, and Gillespie-Smith (2024) focused on the experiences of mothers raising girls with ASD. The authors' analysis of available research results covered 22 studies, which took into account data obtained from a total of 150 mothers. The women emphasised the multifaceted nature of their involvement in raising their daughters, citing areas such as helping with personal hygiene and coping with menstruation, acting as an "advocate" (representing the child's needs in various places and circumstances), and continuing to learn about autism. The extremely intense involvement in the development of an autistic daughter resonates in the family system in the form of less attention paid to other siblings, marital conflicts, and financial burdens on the family budget.

Świerczyńska and Pawłowska (2022) investigated the relationship between the coping styles of mothers of children with autism spectrum disorders and the observed severity of symptoms in their children. The authors noted a significant correlation, indicating that an emotion-focused and avoidance coping style among women is associated with more severe ASD symptoms in their children. On the other hand, their tendency towards a task-oriented coping style allows us to predict a low intensification of social and communication difficulties in children. In addition, the first of the above-mentioned correlations is associated with a low sense of coherence among the study participants.

Conclusion

The aim of this paper is to present issues related to the female phenotype of autism, gender dysphoria, and self-harm without suicidal intent from a theoretical perspective, along with a characterisation of their mutual relationship based on a review of scientific research. The author considers the phenomenon of camouflaging among people on the autism spectrum to be the first crucial area that emerges from the research results presented in the previous part of the article. According to reports by Hull *et al*. (2017), adults with ASD, both women and men in similar numbers, used strategies to mask the characteristics of their diagnosis. However, women used this coping strategy at a much more advanced level, as indicated by the participants' reports on the effectiveness of the measures taken.

Consistent with the above are the findings of Lai *et al*. (2016), which highlight a lower level of effective camouflaging ability among men on the autism spectrum compared to women, as well as a stronger association among males with symptoms of depression.

Cassidy and colleagues (2018), addressing the issue of suicidal tendencies and NSSI among the ASD population, indicated that masking autistic traits should be considered an important risk marker for suicide attempts. Much better skills in mitigating the effects of autistic girls and women functioning in a non-autistic world are also attributed to their greater awareness and self-referential abilities, which enable them to better understand what is expected of them by their environment (Lai *et al*., 2011). However, contrary to the optimistic picture of the functioning of females with ASD, it also provides a basis for the development of psychopathology and symptoms that significantly reduce quality of life.

Hendrickx (2025), describing the everyday existence of women on the autism spectrum and quoting their statements, emphasises how much effort it takes to interpret messages from other people, respond to them, and deal with the often-present uncertainty about the correctness of one's assessment and the reaction based on it.

In addition, society's expectations of women play a significant role, as direct, honest responses, which often cause anger or upset among those around them, are much less acceptable than if a man made them. Forced adaptation to standards present, for example, in the workplace or during spontaneous, unplanned meetings and dialogues, comes at a cost that manifests itself in anxiety disorders, depression, tic disorders or eating disorders (Rynkiewicz *et al*., 2019).

Another area highlighted by the author for analysis is the co-occurrence of gender dysphoria among people on the autism spectrum. The research results described in this area form a coherent whole, complementing each other. George and Stokes (2018) demonstrated that among the neuroatypical adult population, more people experience gender incongruence with the gender assigned at birth, noting a significantly more severe intensity of dysphoric feelings in women than in those previously identified as men.

Van der Miesen *et al*. (2018), studying both adults and adolescents with ASD, provided information on the differences between males and females. The data obtained for the adolescent group confirm a greater desire to obtain a more complete identity, adequate to the gender expected by girls. No significant difference was found among adults in this regard, but they experienced gender incongruence more often than adults in the control group.

In opposition to the assumption that autism is a typically "male" disorder or that it is characterised by a modification of the functioning of all individuals diagnosed with it towards a more analytical, precise mode of functioning characteristic of the male gender. Bejerot *et al*. (2012) have reflected that we should not talk about the masculinisation of women in this context, but rather about increased gender incongruence in people on the autism spectrum, regardless of whether they are biological males or females, and recognise the existence of non-binary gender identity.

This is consistent with data from a publication by Cooper, Smith, and Russell (2018), which shows lower gender identification among natal women on the autism spectrum compared to natal men with this diagnosis, as well as women outside the ASD group, and thus a greater reserve of negative affect towards it.

Combining the findings cited so far, a "picture" of the female autism phenotype emerges, indicating, on the one hand, a significant desire and motivation to achieve success and gain acceptance from other people, but on the other hand, often at a high cost to mental and physical health, self-acceptance, and a lack of understanding, support, and appreciation of their efforts.

An outlet for internal suffering, including moments of extreme psychological pain in women whose current autistic disorders are more often overlooked by specialists than in men, may be self-harm without suicidal intent (the third area) and even, ultimately, suicide attempts.

Kahn *et al*. (2023) conducted an analysis that provided information suggesting that gender dysphoria is a particularly high-risk factor for NSSI among individuals on the autism spectrum. Due to the diagnosis of autism spectrum disorder alone, the risk of non-suicidal self-injury increases, but GD, even in the general population among adolescents, increases the likelihood of hospitalisation due to suicidal thoughts and self-injury by 3–5 times (Mitchell *et al*., 2022). This allows gender dysphoria to be identified as a specific "trigger" for, among other things, NSSI.

This section has already referred to the results obtained by Cassidy *et al*. (2018), who, apart from the aspect of camouflage, reported a higher incidence of non-suicidal self-harm among women with ASD than among men with the same diagnosis, which, as already mentioned, was associated with camouflage. Similar results were obtained by Maddox *et al*. (2016), who claimed that half of the participants with autism spectrum disorder reported a history of self-harm without suicidal tendencies, of which 72.2% were women (significantly more than men). An interesting finding was that over 40% of people with ASD engaged in self-harm to protect themselves from taking more radical steps against their lives.

In many cases, this can be adequately explained by Walsh's (2014) position, which points to a desire to "modify" consciousness concerning NSSI. It is reasonable to assume that the majority of participants in the aforementioned study wanted to improve their current mental state to prevent the desire to "switch off" in the future. A will to fight for oneself is noticeable. Nock (2010) raises the issue of emotion regulation (especially low- and high-energy emotions) in his publication, which is said to be achieved by violating the body structure of the person engaging in NSSI. However, it is worth pointing out the danger of suicidal tendencies, heralded by the consolidation of the habit of enduring pain described in *Joiner's interpersonal theory*, cited by Walsh (2014).

Moseley *et al*. (2020), describing the functions of *self-punishment* and *deterrence* identified in their study, confirm the above findings.

In summary, particular attention should be paid to the difficulties of everyday life for people diagnosed with autism spectrum disorder, especially girls and women who, due to weak diagnostic criteria and the limited number of studies on the female phenotype of ASD, do not receive sufficient support. Given the current lack of knowledge about the manifestations of autism in this group, the co-occurring elements of this review — gender dysphoria and self-harm without suicidal intent — have serious consequences for their lives and health. It also seems necessary to take into account the family situation in relation to the aforementioned clinical issues. Drożdżowicz (1999), describing the characteristics of the family system, points out that each element of the whole influences the other parts (family members). This situation involves mutual costs for both girls/women with autism spectrum disorders and other people. Hopkins *et al*. (2023) clearly illustrate the intra-family situation with the term "always in mum

mode," where, as a result of the constant readiness to help the adolescent daughter and fears of, among other things, sexual abuse and problematic behaviour, the institution of marriage incurs serious costs, especially those related to nurturing mutual feelings and needs.

Oliver *et al*. (2024) point to the "underinvestment" in sisters of boys with ASD, which, apart from financial aspects, can manifest itself particularly acutely in a lack of sufficient attention and support. To maintain homeostasis, the costs are borne by the daughter/mother on the autism spectrum, who tries her best while paying with her mental and physical health. However, the family can also be a source of special support, understanding, and sensitivity to worrying signs (Dugdale *et al*., 2021; Hendrickx, 2025; Hopkins *et al*., 2023). Świerczyńska and Pawłowska (2022) illustrate with their research findings how a mother's coping correlates with the well-being of a child with ASD. This suggests that mutual support in family relationships has the potential to strengthen the resources of all its members.

In the author's opinion, it is necessary to initiate and continue further research on ASD among females, which will provide a better understanding of the visible difficulties as well as problems that are not yet noticeable at the time of writing this paper, but may become apparent later. There is also a need to educate parents and families of girls with ASD and to create a space for understanding their difficulties so that, among other things, adolescence becomes less anxiety-ridden and family life becomes more satisfying, based on a deeper understanding and support.

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