

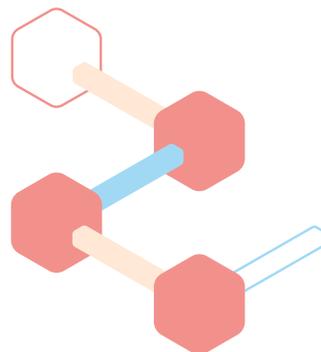
# span.toolkit

## masking & diagnostic delays fact sheet

OTARC | La Trobe University

Many autistic people learn from an early age to **suppress, hide, or compensate for autistic characteristics** in order to meet social expectations and avoid stigma, rejection, or harm. This process is commonly referred to as **masking or camouflaging**. Masking may involve consciously or unconsciously copying social behaviours, forcing eye contact, rehearsing conversations, suppressing sensory needs, or concealing distress.

Masking is **not a preference or personality trait**. It is typically an adaptive response to environments that are unsafe, invalidating, or unaccommodating. While masking can support short-term functioning or social acceptance, it often **comes at a significant cost** to mental health and wellbeing.



# Masking & Delayed Autism Identification

## Diagnosis

Masking can make autism difficult to recognise, both by clinicians and by individuals themselves. As a result, many autistic people experience delayed identification or remain unidentified well into adulthood. This is particularly common among people assigned female at birth, gender-diverse people, people with strong verbal skills, and those whose support needs fluctuate or are internalised rather than externally visible.

Importantly, masking is not the sole reason that many autistic people are diagnosed later in life. Diagnostic delays are also shaped by narrow diagnostic criteria, stereotyped and gendered assumptions about autism, and assessment practices that prioritise externally observable behaviours over internal experiences, fluctuating capacity, or context-dependent distress.

Delayed identification often means that autistic people receive mental health diagnoses without recognition of autism as a contributing or underlying factor. Distress related to sensory overload, social exhaustion, unmet needs, or burnout may instead be interpreted as anxiety, depression, personality disorder, or behavioural problems, without consideration of autistic context.

## Impact of Diagnostic Delay on Mental Health

Extended periods without appropriate identification or support can lead to cumulative harm. Autistic people may internalise repeated messages that their difficulties reflect personal failure rather than environmental mismatch. Over time, this can contribute to shame, self-blame, reduced self-esteem, and confusion about identity and needs.

Many late-identified autistic adults describe a long history of mental health support that did not adequately address the underlying causes of their distress. Missed or delayed diagnosis may result in years of inappropriate treatment, lack of accommodations, and invalidating clinical encounters. This can increase vulnerability to anxiety, depression, suicidal thoughts, and disengagement from services.

## Why This Matters for Suicide Prevention

Prolonged masking and delayed identification can significantly increase suicide risk by contributing to chronic stress, invalidation, and unmet needs. For some autistic people, recognition and understanding of autism provides a framework that makes distress intelligible and support accessible. Failure to recognise masking can delay this process and perpetuate harm.

## Masking, Exhaustion, and Misinterpretation of Distress

Sustained masking is cognitively, emotionally, and physically exhausting. It requires constant monitoring of behaviour, suppression of natural responses, and adaptation to environments that may be overwhelming or unsafe. Over time, this can lead to chronic stress, reduced capacity, and increased risk of autistic burnout.

In clinical settings, masking can lead to misinterpretation of a person's presentation. Individuals who appear articulate, compliant, or socially skilled may be assumed to be coping well, even when experiencing significant internal distress. Conversely, when capacity collapses and masking becomes unsustainable, this shift may be misinterpreted as sudden deterioration rather than the result of long-term overload.

## Barriers to Recognition within Healthcare Systems

Healthcare systems often rely on narrow or stereotyped understandings of autism, which prioritise observable behaviours over internal experiences. Standard assessment processes may not capture masking, fluctuating capacity, or context-dependent difficulties. Time-limited appointments and reliance on self-report can further disadvantage individuals who struggle to articulate their experiences or who minimise difficulties due to long-standing masking.

Some autistic people may also struggle to recognise or describe their own needs due to years of adapting to external expectations. Difficulties with interoception, alexithymia, or self-knowledge can further complicate assessment and delay identification and diagnosis.

## Clinical Implications

Masking and diagnostic delay have important implications for mental health assessment, formulation, and suicide risk. Clinicians should be cautious about equating apparent functioning with wellbeing and should consider whether distress may be occurring beneath a socially competent or compliant presentation.

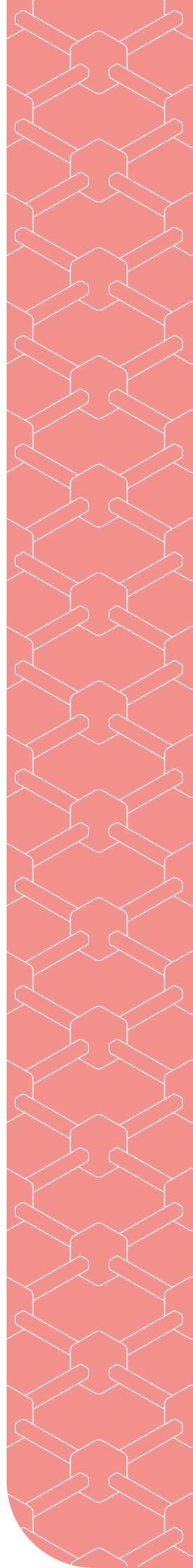
Presentations characterised by chronic exhaustion, identity confusion, repeated treatment non-response, or sudden loss of capacity may warrant consideration of underlying autism, particularly when distress has been present since childhood or adolescence. Failure to recognise masking can result in ongoing misdiagnosis, inappropriate intervention, and further harm.

# Guidance for Healthcare Professionals

## Recommended Strategies

When working with individuals who may be masking or who have experienced delayed autism identification, it is important to:

- Recognise masking as an adaptive response to environmental and social pressure, rather than a sign of resilience or absence of need.
- Avoid assuming that verbal ability, insight, or social competence equate to coping or low support needs.
- Explore lifelong patterns of exhaustion, overwhelm, and adaptation, rather than focusing only on current symptoms.
- Be attentive to discrepancies between external presentation and reported internal experience.
- Allow time for trust and self-understanding to develop, particularly for individuals who have learned to minimise or hide distress.
- Reflect on how diagnostic frameworks, assessment tools, and service structures may obscure autistic experiences.
- Consider autism as part of formulation when mental health difficulties are longstanding, treatment-resistant, or context-dependent.
- Validate experiences of grief, anger, or loss related to delayed identification and missed support.
- Adapt therapeutic approaches to reduce pressure to perform, mask, or conform within sessions.



## Resources

- Reframing Autism. On Autistic Masking: <https://reframingautism.org.au/on-autistic-masking-2/>
- Jadav, N., & Bal, V. H. (2022). Associations between co-occurring conditions and age of autism diagnosis: Implications for mental health training and adult autism research. *Autism Research*, 15(11), 2112-2125. <https://doi.org/10.1002/aur.2808>
- Pearson, A., & Rose, K. (2021). A conceptual analysis of autistic masking: Understanding the narrative of stigma and the illusion of choice. *Autism in Adulthood*, 3(1), 52-60. <https://doi.org/10.1089/aut.2020.0043>

