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# Aspienwomen: Moving towards an adult female profile of Autism/Asperger Syndrome

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**Aspienwomen : Adult Women with Asperger Syndrome. Moving towards a female profile of Asperger Syndrome. This blog has been viewed more than 500,000 times since I initially wrote it and was the inspiration for my second book, released August 29th, 2015, Foreword by Dr. Shana Nichols. and now an international bestseller. I am pleased to announce this book just received a 2016 IPPY eLit Gold Medal award in the ‘Women’s Issues’ category. This book is available at**[**http://www.aspiengirl.com**](http://www.aspiengirl.com)**, Amazon, the Australian Council for Educational Research (ACER) and other fine bookstores.**

Tania is available for fee-based in-person or Skype remote assessments, consultations, problem-solving sessions, intervention, and support. She also works regularly with a variety of professionals in many countries, in the areas of referrals and assisting individuals to obtain and/or receive an assessment, diagnosis and/or support in their own country. She can be contacted at tania@aspiengirl.com regarding fee-based assessments, intervention, support, problem-solving, referrals, her diagnostic impressions, book inquiries and translations, publishing inquiries, media enquiries, workshops and/or conferences.

The following list is an official**detailed working screener**document consisting of the unique characteristics and traits of adult women with Asperger Syndrome, or Aspienwomen. It is **not** a research-based formal assessment tool. It is a screening tool based on the many females I have worked with over the years. I have assessed, observed, diagnosed and worked with thousands of girls and women of all ages. This document is based on my clinical anecdotal evidence and research by other well-known professionals. I will be modifying and/or updating this list from time to time. This list was written from my reflections, observations, and experience, and is written in no particular order. No-one person needs to have every trait, and it is rare that a person would identify with every trait. Autism is a heterogeneous condition and as such, whilst people may share similar abilities and challenges, no two people with Autism are alike.  This is a descriptive anecdotal profile, much like the early day descriptions that Asperger, Kanner, and Frankl described of the boys they observed.

\*\*\*Please be mindful that research often lags many years behind anecdotal, observational and clinical work.

\*\*\*This list does not characterize all people and Autism is a heterogeneous condition. It presents itself differently in each person

\*\*\*Research shows that everybody has Autistic traits. Out of a 100 piece jigsaw puzzle, everybody on the planet has a couple or a few pieces. Those that have 60 pieces would be said to have Broader Autism Phenotype (BAP) and those with 80 or more pieces are diagnosable or diagnosed with the condition.

\*\*\*Self-diagnosis does not equal a formal diagnosis. Some people who self-diagnosis do not have Autism or Asperger Syndrome and some do. **There can be false positive self-diagnoses.**

The following profile was created for females who are self-diagnosing or considering formal diagnosis and to assist mental health professionals in recognizing Asperger Syndrome in adult females.

Females with Asperger Syndrome experience their symptoms at varying levels, so while some Aspienwomen are highly introverted, others are not. Many women would not meet formal criteria for a diagnosis due to their coping mechanisms. They would be defined as “sub-clinical”, “residual Aspergers”, otherwise known as Broader Autism Phenotype (BAP). Females with Asperger Syndrome or Autism tend to be discriminated against due to the wide spectrum of abilities or levels of functioning that exists. The majority of females do not receive a formal diagnosis until well into their adult years.

This list typifies many of the adult Aspienwomen I have worked with. These traits also depend to some extent on the severity, whether you’ve been assessed and diagnosed and/or receives support and intervention, and also whether there is a co-existing condition(s) (for e.g., a personality disorder) present.

**1.  Cognitive/Intellectual Abilities**

Tend to have high average to genius intelligence, often (but not always) with significant splits between verbal and perceptual reasoning abilities, lower working memory and/or processing speeds, learning disabilities (for e.g., dyscalculia, dyslexia, reading comprehension)

Superior long-term memory

Weaker short-term memory

May need academic accommodations in University

A distinct learning profile consisting of a spikey profile of strengths and weaknesses, peaks and troughs, learning disabilities/differences

Often have a rigid negative thinking, inflexible black or white thinking style or rigidity of thinking

Context Blindness

**2.  Education/University Life**

May have dropped out of high school and gone back later or may have repeated a grade. May have unfinished or partial degrees, may have many finished degrees, many have Doctorate of Ph.D. level qualifications. Many have taken longer to achieve their education, as compared to their peers.

May have a history of enrolling and attending university classes, followed by dropping out of classes or semesters. Sometime later, she then re-enrolls/attends later on, in life. This is usually due to being overloaded and overwhelmed. A history of deferring exams, not attending classes, dropping out of classes or programs, is common.

May have repeated high school or courses OR dropped out completely.

A history of many doctors and counselors visits throughout university life, without any significant improvement

Difficulty taking the same amount of courses or classes as her peers

May get lost on campus easily, lose possessions, be late for classes or exams

**3.  Career/Work**

Often drawn to the helping, artistic or animal professions, andoften an “expert” in her chosen field. I know of many Aspienwomen who are successful in the following careers: Artists, singers, actors, poets, writers, teachers, psychologists, psychiatrists, special needs teachers/consultants, horse trainers/whisperers, doctors, scientists, accountants, authors, childcare workers, models, comedians, artists, computer-related specialists, animal handlers or zookeepers, university professors, nurses, psychics/mediums, entrepreneurs and photographers.

May miss days of work due to social exhaustion

May find great difficulty attending/participating in staff meetings, lunch breaks, work social events

May make up excuses for not attending work/staff functions

May have a history of being unable to cope with work/employment environments, often moving from job to job, especially in younger adult years

Hard-working conscientious worker

May get stressed if have a lot of work to do in a short amount of time

May become frustrated/stressed if asked to do too many things at once

Tries very hard to avoid making mistakes, forgetting things

Tries hard to please others

May burn bridges (for e.g., walk out or quit jobs or relationships without notice)

**4.  Social and friendships/relationships**

May appear narcissistic, self-centered,  egocentric or caring only about her/himself due to not understanding the unwritten social rules

Preference for one-on-one social interactions, single close friendships

May obsess over one friend to the extreme

Preference for friendships with men as they are easier to understand than women. They also find the interests of their peers boring and uninteresting

Need more time away from people than their peers (solitude)

May experience stress, anxiety, and confusion in social group or group work situations

Social Anxiety leading to Social Phobia: Overanalyzing social interactions where they overthink (on a ‘loop’), about what they said, did, did not say, should have said or not said and what they wished they should have said. On the other side of this is continual stressing about what the other person is thinking of them. This is usually done to the extreme that it can be incapacitating for the person.

Strong preference to engage in conversation related to their special interest

Strong dislike for social chit-chat, gossip, nonsense, lies or conversation that lacks a ‘function’ to it, but some are known to engage in it themselves

A history of being bullied, teased, left out and/or not fitting in with same-age peers unless she had/has similar “Aspie” friends

An intense dislike of lies, but may lie to others herself. Many have admitted this to me.

Has an ability to socialize, however, is unable to do so for long periods of time. Suffers from “social exhaustion” or a “social hangover” when socializing too much. The hangover can last hours to days, which can be debilitating

Experience great difficulty with conflict, arguments, being yelled at, fighting, war, stress

Has great difficulty asserting herself, asking for help, setting boundaries

May need to drink or do drugs to be able to socialize, perform (sing), be with and/or around people

May currently have or have experienced Post-Traumatic Stress, often due to being misunderstood, misdiagnosed, mistreated, and/or mismedicated.

Social Skills differences – is exceptionally good one-on-one and presenting to groups, however, has difficulty working within group situations

May find herself in social situations or relationships that she is unhappy with, but not know how to remove herself from them. Is highly at-risk for being with a toxic abusive person die to her nature. See ‘The Molotov Cocktail’ Series at <http://www.vimeo.com/ondemand/femaleautism>

History of being taken advantage of by others, even though she has taken the appropriate business, legal or social advice from others

Often bored in social situations or parties and/or does not know how to act in social situations

May say “yes” to social events, then later make up an excuse as to why she cannot attend, often staying home in solitude (reading a book or engages in her special interest)

Often prefers to be engaged in her special interest, rather than socializing

May be considered the “black sheep” of the family

Others consider her different, odd, eccentric or “weird” by others

May feel like she has to act normal” to please others OR does not care at all about fitting in

Copies, mimics, act in order to fit in and make others like her

A people pleaser, but then may burn bridges suddenly (for e.g., quit relationships), as they have difficulty managing conflict, confrontation, and stress

Females appear to be better than males at masking the traits of autism in social situations. However, girls are less able to do so in unfamiliar settings.

May be considered a “loner” OR may have many acquaintances, but no real friends

Social Naivety: may believe anything told to them by others (gossip, stories, jokes, and teasing), difficulty interpreting the intentions of others, misinterprets other peoples intentions, often jumping to conclusions about others, may be described as “gullible”



**5.  Communication**

Difficulties communicating her thoughts and feelings, in words, to others, especially if anxious, stressed or upset. Often can type or write her thoughts much better

May dislike asking others for help, be unable to ask or not know how to ask for help

Maybe passive, not know how to assert her boundaries in a healthy manner

May offend others by saying what she is thinking, even if she does not mean to; may appear aggressive or too intense

May point out other people’s mistakes

May give too much detail and end up boring others unintentionally

May ask embarrassing questions (usually when younger)

Unusual voice (flat, monotone, high-pitched, child-like)

The tendency to take things literally, missing what people are trying to say

May talk too loudly or too softly, often unaware that she is doing so

May talk too much or not enough

Often surprised when people tell her she has been rude or inappropriate

Poor pragmatic language skills

Struggle with eye contact and listening to someone at the same time

May have auditory processing issues

Struggles to understand non-verbal communication cues

Often overshare in inappropriate ways, not understanding the steps to a friendship or relationship

**6.** **Physiology/Neurology**

A. Highly Sensitive

Highly sensitivity, may not be able to listen to or watch the news, listen to the radio, read the newspaper, watch violent shows/movies or horror movies, see hurt or injured animals, abuse, war, trauma, are sensitive to the emotions and “emotional atmosphere” of the environment, experience referred emotion and psychic “6th sense” abilities, may have strong intuitive and/or psychic abilities

B. Sensory Processing Disorder/Condition

May have sensory sensitivities in the following areas: hearing, vision, taste, touch, smell, balance, movement, intuition

May be very sensitive to pain or have a high pain threshold

May notice how food tastes or feels and one may be more important than the other

May be clumsy or uncoordinated

May dislike loud noises and/or be overwhelmed or stressed by bright lights, strong smells, coarse textures/clothing, sirens close by or people too close behind her.

May find children hard to cope with due to crying, screaming or other loud noises

Sensitive to the way clothes feel and how they may be more important than how they look

May have to withdraw, isolate herself when overwhelmed by her senses

May not be able to tolerate sounds, sights, smells, textures, a movement that she dislikes

May not like to be hugged, cuddled or held. “I only like to hug if it’s my decision”

Can get upset or distressed if unable to follow a familiar route when going somewhere

Things that should feel painful may not be (bruises but not know how they got there, due to clumsiness)

In social situations, the nervous system tends to be overwhelmed easily, leading to withdrawal (for e.g., wander off to a quiet spot at a party, play with children or animals)

Strong hunger may be disrupting her mood and/or the ability to focus

She may notice and enjoy delicate or fine scents, tastes, sounds, works of art, and pieces of music.

C. Anxiety, stress and/or anger. Recent brain scanning research points towards the enlarged Amygdala’s role in intense emotions, anxiety, and anger

D. May have auditory processing issues

E. May have Irlen Syndrome

F. May grind teeth or have lockjaw (anxiety)

G. May have Obsessive Compulsive Disorder (OCD) or traits

H.  May have one or more of the 7 types of ADHD (see <http://www.amenclinics.com>)

I.  Usually has executive function difficulties (i.e., time management, planning ahead, organization)

J. May rock, leg-bounce, fidget or other movements with hands, twirl hair, stroke soft fabric to self-soothe (aka stimming or self-soothing), doodle, draw

K. May be very sensitive to medications, caffeine and/or alcohol

L. May have gluten, wheat, casein or other food allergies/intolerances, gut issues

M. May have sleep difficulties, a preference for staying up late at night, usually not a morning person, may be very creative at night

N. May have Dyspraxia

O. May have tics (for example, throat-clearing, coughing)

**7. Physical Appearance**

Usually dresses differently from her peers, often eccentric, may dress more for comfort than appearance.

May dress “over the top” or unusually for occasions

May try very hard to fit in appearance wise or may not care at all

May have a special interest in fashion and femininity

May not shower or upkeep hygiene at times, due to different priorities (usually being involved in special interests)

Looks younger than her years

Has an unusual voice; maybe “child-like”, monotone, loud or soft, quality to her voice

Often does certain things with hands (twirling hair or items, different movements) or legs (leg “bouncing” or rocking while standing)

**8. Lifestyle**

Books, computers, the Internet, animals, children, nature may be her best friends

She loves quiet, solitude, peaceful surroundings

She may be ultra-religious or not at all. Buddhism appears to be common

May prefer to spend as much time as possible by herself, with animals or in nature

May have a strong preference for routine and things being the same day after day

Gets pleasure from being engaged in her chosen work and/or special interests

She may make it a high priority to arrange her life, events, work, and environment to avoid overwhelming, stressful or upsetting situations

**9. Relationship Choices/Sexuality/Gender**

May date or marry much older or much younger partners, same-gender partner, tending not to see the “age”, “gender”, but rather the personality of the person first

May be asexual, having preferences that are deemed as more important than sex or a relationship

May be ‘hypersexual”, fascinated by physical sexual contact

May differ from peers in terms of flexibility regarding sexual orientation or may think about or want to change gender. Some individuals may change gender or experiment with sexuality as a means to find social success or to “fit in” or feel less different

May not have wanted or needed intimate relationships (asexual)

There is a greater flexibility in sexuality and/or gender. Maybe heterosexual or may be asexual, gay, bisexual or transgender

May be androgynous and prefer to wear men’s clothing

As a teenager may experience Rapid Onset Gender Dysphoria (ROGD)

May be or have a history of being promiscuous OR asexual or inappropriate (i.e., following someone they like although they don’t know how to engage in the art of dating or flirting. This can lead to stalking someone and eventually the Police becoming involved)

Prone to safety issues due to not being aware of surroundings

**10. Special Interests**

Current research shows that individuals on the Spectrum do not have “restricted interests”, but rather a lifetime of interests that can vary. A special interest may involve the person’s career, Anime, fantasy (think Dr. Who, superheroes, and Harry Potter), just to name a few, writing, animals, reading, celebrities, food, fashion, jewelry, makeup, tattoos, symbols and TV Series (think Game of Thrones). This is not inclusive

May attend ComicCon, SuperNova, love dressing up as a character.

Ability to “hyperfocus” for long periods of time involved in the special interest, without eating, drinking or going to the toilet, is able to hyperfocus on her special interest for hours, often losing track of time

Loves and revels in solitude, peace, and quiet. Solitude is often described as “needing it like the air I breathe”

An intense love for nature and animals

Often not interested in what other people find interesting

May collect or hoard items of interest

Introspection and self-awareness. Many women spend years trying to understand themselves, reading self-help and psychology books and wonder why they feel so different, from another planet or that the “Mothership has dropped me off on the wrong planet”.

Justice Issues

May know every lyric to a song or every line to a movie from repetitively watching them or listening to them

**11. Emotional**

Feels things deeply (Category 5 emotions) and may be inconsolable (cannot be calmed down). Often has “over the top” reactions to events

May have severe “depression attacks” that last for a few days; may feel the world is about to end

Does not DO calm, stress, conflict, confrontation or fighting

Struggles with degrees of emotions

Think that people are laughing at her or making fun of her when they are not

Facial expressions do not match the situation. May have an inappropriate emotional expression to the situation

Other people’s moods affect her, especially if they are negative

Tends to be very sensitive to emotional pain

Emotions may be delayed so that for e.g., she can be a great ER doctor, but may fall apart a few days later about a traumatic work situation

Anxiety is a constant from the very early years and is often overwhelmed by the amounts of tasks that need to be completed. Triggers for anxiety are varied from too much thinking to catastrophizing to change in routine, change in general, people, perfectionism, fear of failure, sensory issues, the feeling of not fitting in, the stress of feeling that he/she has to do things right, any environment that is noisy, has a lot of people in it, perceived or actual criticism

Deeply moved by arts, music, certain movies

May be unable to watch horror, violence, disturbing movies, and news programs

Lives with continual generalized anxiety, bouts of depression that creep up on her

Difficulty regulating emotions and managing stress

Is socially and emotionally younger/immature than her chronological age, much younger if in her twenties

Emotionally too honest (inability or difficulty hiding true feelings when it would be more socially acceptable to do so) and naive

Experiences intense emotions of all kinds (for e.g. when she falls in love, she ‘falls’ in love deeply)

May think she is being compassionate, but her actions may not come across that way

Often too sensitive and possesses too much emotional empathy

Usually, connect and/or are very sensitive to certain characters in movies

Highly sensitive to issues affecting the earth, animals, people, advocacy, justice, human rights and the “underdog”

Some women are quite “child-like”, not reaching a maturity until roughly 40 years of age

Many create their own fantasy worlds

**12. Personality characteristics and/or traits and abilities**

A natural born leader, independent, strong-willed, determined and can be highly competitive (even with herself)

High levels of introversion OR can be extroverted

Generally lack a strong sense of self, self-esteem and/or identity. May use chameleon-like skills to assimilate and be involved with to a variety of groups or different people over time, in a search for true identity.

Has a high sense of justice and fairness, is a truth-seeker, sometimes to his/her own detriment

Highly creative and may have ‘rushes’ of original ideas

Dislikes change and may find it disorienting and stressful

Highly sensitive to criticism or perceived criticism

Dislikes being observed when having to perform (performance anxiety)

May have been told she cares too much, does too much for others and/or is too sensitive

Is perfectionistic (may have attended a perfectionism group program)

Attention to detail

Obsessions/special interests can be short-term (switching from one to another quickly) or long-term (can make a great career)

Naivety, innocence, trusting too much and taking others literally are a powerful concoction for being misused and abused

[](https://taniaannmarshall.files.wordpress.com/2013/03/shutterstock_99170477.jpg)

Masking: as above in this picture, giving off the illusion that everything is great or fine, when is it not. The mask often comes off at home with crying, meltdowns, or shutdowns.

A strong sense of feeling different from her peers often described as being from a different planet

May not have a sense of self and/or identity, self-esteem

Tend to be very serious, often too serious at times

Is intense in everything she does

In childhood, may have been described as highly sensitive and/or shy

Highly imaginative

May have trouble distinguishing between fantasy and reality

Does not like it when people move or touch her belongings; people interpret her as rude and aggressive

**13. Past and/or current mental health history**

A history of self-harm

May have a history of crying a lot, without knowing why

May have a lengthy history of going to therapists, psychiatrists, psychologists

May have tried a variety of medications

Experiences social anxiety and generalized anxiety disorder or selective mutism

May have Obsessive Compulsive Disorder or traits

May have one or more of the 7 types of ADHD

Has experienced ongoing depression and/or tiredness/exhaustion, without knowing why

A history of trying to understand oneself, of finding answers to explain oneself and why she feels she is different or doesn’t fit in, as a woman

A history of many doctors and counselors visits throughout university life

May have a family history of Autism, Asperger Syndrome, Bi-polar disorder, schizophrenia, ADHD, OCD, anxiety disorders

May have been misdiagnosed with bipolar disorder, borderline personality disorder or schizophrenia

May have been previously diagnosed with anxiety disorder depression, an eating disorder, borderline personality disorder, bipolar disorder and/or ADHD

A history of depression, anxiety, eating disorders, huge mood swings

May have ROGD or be transgender

**14.** **Coping Mechanisms**

Compensatory Mechanisms are unfortunately what lead many an individual to receive a diagnosis much later in life when they cannot keep the mask on anymore.

May have turned to alcohol, drugs, smoking in order to cope with intense emotions, self-medicate and/or socialize/fit in and/or be accepted with a group.

May use a different persona when out in the public, in order to cope

May have developed a variety of dysfunctional coping mechanisms (for example, arrogance and/or narcissism)

May change gender or sexuality in an attempt to “fit in” and/or find the right group

Has used imitation, social echolalia to pretend to be normal, fake it or pass for normal

May rock standing up, lying down, in a rocking chair to calm down or self-soothe

May need to withdraw into bed or a dark area or a place of solitude to gain privacy, quiet and manage sensory and/or social overload

Withdrawal and/or Avoidance

May have developed a personality disorder as a means of coping with Asperger Syndrome

**15. Sixth Sense, Intuition, Psychic Abilities**

Has the ability to feel other people emotions, take on the emotions of others

May “know” or have knowledge of certain things, but no idea how she knows, aka “vibing”

May be a professional psychic or medium

Possesses one or more psychic abilities

Is an “empath”

Sensitive to other people’s negativity

Often confused by the feelings she/he is having

May take on the pain of other, aka Mirror-Touch Synaesthesia

**16.** **Unique abilities and Strengths**

May have perfect or relative perfect pitch

Autodidactic – teaches herself

Intelligence craves knowledge and loves learning

Can teach herself just about anything she puts her mind too

Has a strong will, is determined and independent

Perfectionistic

Have a remarkable long-term memory, photographic memory

A great sense of humor

Can work very well in a “crisis” situation

Deeply reflective thinker

Resilience, an ability to go from one crisis to another, to bounce back, to start again time and time again

Attention to detail

Great in one-on-one situations or presenting to a group

More like “philosophers” than “professors, but can be both.

Seeing in the “mind’s eye” exact details, gifted visual learner

May be gifted with art, music, writing, languages, programming, acting, writing, editing, singing, an athlete

May be highly intuitive

Capable of deep philosophical thinking, females with Aspergers often become writers, vets, engineers, psychologists, social workers, psychiatrists, poets, artists, singers, performers, actresses, doctors, entrepreneurs or professors.

**17. Challenges**

May be difficult to understand subtle emotions, for e.g., when someone is jealous or embarrassed, uninterested or bored

Keeping up appearances, passing for normal

Managing emotions and getting easily hurt by others; even if the other person was innocent

Learning difficulties

May get very upset with an unexpected change

May not be able to tell when someone is flirting with her/him

Challenging to work and function within a group

Have a need for a highly controlled environment to sleep in

Great difficulty and very sensitive to conflict, stress, arguments, fighting, wars, gossip and negativity, however ironically may engage in it

Can be very negative and have catastrophic feelings; can be very self-deprecatory toward self

Social-chit chat, small talk, conversation without a “function”, maintaining friendships and relationships, social anxiety or social phobia

May like or prefer to be by herself as much as possible

May find it challenging to understand what others expect of her

Being taken advantage of due to naivety, innocence and trusting others too much; this often leads to being in toxic relationships or friendships

Boundaries issues

Executive function challenges: May have difficulty filling out forms, doing paperwork (completing taxes), budgeting money, finishing a task or job, planning (meals, the day, the week, answering the phone or talking to people on the phone, how to start a particular task and get it completed, knowing where their possessions are, going to appointments, waiting in line or at an appointment

May have difficulty recognizing or remembering faces (prosopagnosia)

May have Alexythymia: cannot verbalize their feelings as they are often unsure of what they are feeling

May have Synaesthesia

May experience existential dread

Has difficulties with unexpected visitors just “dropping over”

Gullibility or social naivity can get them into enormous trouble. Will often take at face value what a person says about another person

**18. Empathy** May have a lack of cognitive empathy and hyper-empathy (for e.g., too much affective or sympathetic empathy)

Cognitive Empathy: The ability to predict other’s thoughts and intentions, knowing how the other person feels and what they might be thinking. Also known as perspective-taking.

Affective/Emotional Empathy: The ability or capacity to recognize emotions that are being experienced by another person, when you feel the feelings of another person along with the other person, as though their emotions are your own. Social neuroscience has found that this kind of empathy has to do with the mirror neuron system. Emotional empathy contributes to an individual being well-attuned to another person’s inner emotional world, an advantage for individuals in a wide range of careers from nursing to teaching to social work, psychology and other caring professions.

Compassionate Empathy, or “empathic concern”. This kind of empathy helps us to understand a person’s predicament and feel with them, and also be spontaneously moved to help them, if and when others need help. Under stress, Theory of mind skills may appear to be completely absent.

Sympathy: often has too much sympathy, placing her in danger, for example, I once had a young client who brought a homeless man home because, as she said, ” he had no hone”

**19.** May have Ehlers-Danlos Syndrome, poor muscle tone, connective tissue disorder, double-jointed, fine and/or gross motor skill issues

**20.** May have an intense desire to please others and/ be liked by others and be a “people pleaser”. May become highly distressed if she has the perception that someone does not like her or actually does not like her.

**21.** Executive functioning difficulties may include: trouble making decisions, time management, planning ahead, organization, completing tasks.

**22.** May have spent a lifetime of using enormous effort to socially “pretend”, “fake it”, “fit in”, “pass for normal”. May have utilized body language books, mirrors, acting/drama classes to improve social skills.

**23.** May have tocophobia, the fear of childbirth or other fears (death, dying, a changing body, for example)

**24.** May have gender dysphoria, also known as gender identity disorder (GID) dysphoria, and is a formal diagnosis for individuals who feel and experience significant stress and unhappiness with their birth gender and/or gender roles. These individuals are known as transsexual or transgender.

**25.** Photographic visual memory

**26.** An intense and continual need to figure oneself out.

**27.** Hypermobility Syndrome

**28.** Typical sex difference has been reported (i.e., female advantage), in relation to the “Reading the Mind in the Eyes” test (Eyes test), an advanced test of theory of mind.

1. May be a high systemizer leading her to go into engineering or programming. High systemizing women see to feel the “weirdest” of the collective. May struggle with who she is gender-wise.

**30.** Subtypes

Within a very large group of females, we begin to see variations, preferences, and heterogeneity. Whilst all females struggle to some degree with social communication, intense interests, sensory issues and many traits as mentioned above, there is not one “type” of presentation. The most commonly known presentation of females in the Spectrum is the “Tomboy”, how there exist other presentations and it is important to talk about these, as it is these females who may never receive a diagnosis.

A. The FashionDiva

B. The Highly Sensitive Male

C. The hostess

E. The carer

F. The actor

More Coming

No one woman will have all of these traits. Some of the traits in this list may not apply to you. A level of insight and awareness is required in terms of recognizing the traits, characteristics, and behaviors in oneself. Asperger Syndrome often co-occurs with  Dyslexia, Dysgraphia, Dyscalculia, Irlen Syndrome, Dyspraxia/Disability of Written Expression, Auditory Processing Disorder and/or Ehlers-Danlos Syndrome. Individual traits and characteristics can vary from mild to severe.

**About Tania Marshall**

**Tania Marshall is an award-winning author, presenter and psychologist. She holds a Masters of Science in Applied Psychology and a Bachelor of Arts in Psychology. She completed and 18-month full-time post-masters externship at a private special needs school, working with many neurodiverse people, K-12 and their families. During that time, she also worked in private practice under the supervision of a clinical psychologist. In December 2016, she was nominated for a 2017 ASPECT Autism Australia National Recognition Award, in the Advanced category for her work advancing the field of female Autism. She has previously been nominated for a** **2016 and 2015 ASPECT Autism Australia National Recognition Award (Advancement Category) for her work. Her first book entitled I Am AspienGirl: The Unique Characteristics, Traits and Gifts of Young Females on the Spectrum, Foreward by Dr. Judith Gould, is an international bestseller and an IPPY 2015 ELit Gold medal award winner. Her second book entitled I Am AspienWoman: The Unique Characteristics, Traits and Gifts of Adult Females on the Spectrum, Foreward by Dr. Shana Nichols was released late 2015, is an international bestseller and recently won a 2016 IPPY eLIT Gold medal in the Women’s Studies category.**

**Tania is also an APS Autism Identified Medicare Provider, a Helping Children With Autism Early Intervention Service Provider, a Better Start Early Intervention Provider, a Medicare Approved Mental Health Provider and a Secret Agent Society (SAS) Trained Group Facilitator.**

**Tania regularly provides diagnostic assessments, impressions assessments, support, problem-solving sessions, coaching and intervention for neurodiverse individuals of all ages across the lifespan. She sees people of all ages who are are artists, scientists, engineers, entrepreneurs, gifted and talented, supermodels, singers, authors, performers, dancers, celebrities and/or Twice-exceptional (2e). To enquire or book Skype or in-person assessments, problem-solving sessions and/or support, interviews, articles, publishing inquiries, translations/translating of her books, presentations, workshops, conferences, please e-mail Tania at tania@aspiengirl.com**