**EXAMINING HOW AUTISM SYMPTOMATOLOGY DIFFERS IN GIRLS WITH ASD**

**Melissa Rourke1, Rebecca Shine1, Nancy Freeman2, & Adrienne Perry1**

**York University1, Surrey Place2**

**Objectives:** The nature of the current project involves investigating how symptoms of Autism differ in boys vs. girls with Autism Spectrum Disorder (ASD). It has long been established that more males are diagnosed with ASD than females (~4:1). Several researchers have proposed that research, diagnostic measures, and intervention programs may be biased towards the profiles and needs of males with ASD (e.g., Haney, 2016). Studies support the idea that girls and women may have a different experience than boys while growing up with ASD, and that girls may be more likely to receive a later diagnosis, or be misdiagnosed altogether. The literature has shown some evidence of sex differences between boys and girls with ASD. However, the way these sex differences manifest, and how they influence diagnosis and treatment is unclear. The purpose of this poster is to report on differences found between girls and boys with ASD in a large Ontario sample.

**Method:** The dataset consists of a sample of approximately 1800 screening assessments (250 girls) done at Surrey Place Centre. The screening assessments include the following measures; the Childhood Autism Rating Scale (CARS), and the Vineland Adaptive Behavior Scale (VABS). The CARS is a clinical evaluation of a child's behaviour, based on interaction and observation, used to diagnose Autism Spectrum Disorder (ASD). The Vineland Adaptive Behaviour Scale is a parent interview used to measure adaptive behaviour, i.e., how a child functions in everyday life.

**Results:** This poster will present findings related to the investigation of sex differences in the aforementioned sample. We will compare boys’ and girls’ adaptive behaviour and ASD symptomatology. We will also investigate whether there are different subtypes of girls with ASD. Based on the literature we hypothesize that there will be a subtype of girls who are more severe, have high rates of comorbidities with other conditions (e.g., developmental disability), and who may have a higher incidence of medical complications (e.g., seizures). We will examine the distribution of severity scores to see if there is a normal or bimodal distribution, and we will examine how symptoms of ASD cluster together. We will also investigate the factor structure of ASD symptoms (CARS scores) in girls compared to boys. Results are pending.

**Discussion/Conclusion:** Overall, we believe that the findings of this study will add important information to the literature on sex differences in ASD. Especially given that this study will investigate many important questions in a large sample. The results will be crucial to help clinicians, teachers and parents enhance their understanding of how ASD may differ in girls. Dissemination of these findings will help clinicians become sensitive to these differences, allowing them to make appropriate ASD diagnoses; and create and implement treatment plans tailored to the specific needs of the child depending on sex.

**Correspondence:**

**Melissa Rourke, M.A.**

**York University**

**rourke22@yorku.ca**

**Rebecca Shine, M.A.**

**York University**

**rshine@yorku.ca**

**Nancy Freeman, Ph.D., C. Psych**

**Surrey Place**

**nancy.freeman@surreyplace.ca**

**Adrienne Perry, Ph.D., C. Psych., BCBA-D**

**York University**

**perry@yorku.ca**