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Diagnostics Procedures for Adult Women With Autism Spectrum Disorder in the Netherlands

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Abstract

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental disorder, but adult women still experience delayed diagnosis or misdiagnosis. This systematic literature review aimed to identify current diagnostic tools used to identify ASD among adult women in the Netherlands, to evaluate structural and systematic barriers that limit access to diagnostic pathways and to identify recommendations for improving the diagnostic accuracy and accessibility of adult women with ASD. Following PRISMA guidelines, 28 relevant English and Dutch articles were included. The findings indicate that ASD diagnosis in adult women in the Netherlands relies on a multimethod approach based on DSM-5 criteria, diagnostic interviews, self-report questionnaires and observational assessments. Most of these diagnostic tools were developed and validated in largely male populations and therefore showed a reduced sensitivity to ASD presentations that occur more often in women, especially when a woman presents internalizing symptoms or camouflages her symptoms. Diagnostic accuracy is therefore highly dependent on clinician expertise and the availability of reliable developmental history information. Structural barriers like long waiting lists, unclear referral pathways and limited clinician training contribute to prolonged diagnostic pathways. Adult women are more likely than men to perceive a misdiagnosis before receiving an ASD diagnosis. Furthermore, research is needed to improve gender diagnostic approaches in clinical practice and to evaluate their impact on diagnostic pathways for adult women with ASD.

Keywords: autism spectrum disorder, adult women, diagnosis, Dutch mental healthcare

Diagnostics Procedures for Adult Women With Autism Spectrum Disorder in the Netherlands

Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition characterized by difficulties in social communication and interaction, as well as restricted and repetitive patterns of behavior, interests or activities (American Psychiatric Association, 2022). It is estimated that around 1%–2% of the population in the Netherlands have been diagnosed with ASD (NVA, Nederlandse Vereniging voor Autisme, 2024). Symptoms of ASD can cause difficulties in daily life functioning, which can impact social relationships, education and employment (Lai et al., 2014). According to Anderson et al. (2018), difficulties in social communication, a lack of support during the transition to adulthood and misconceptions about ASD, can all contribute to increased stress and anxiety levels in individuals with ASD.

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5-TR; American Psychiatric Association, 2022) describes detailed criteria for diagnosing ASD. The DSM describes two domains for diagnosing ASD. Domain A focuses on persistent deficits in social communication and social interaction across contexts, while domain B involves restricted and repetitive behaviors or interest. A diagnosis of ASD requires meeting all criteria in domain A and at least two from domain B. These may include repetitive motor movements, strict routines, fixated interests and hyper- or hyporeactivity to sensory responses. DSM-5 also emphasizes that ASD is a lifelong neurodevelopmental disorder with symptoms that must be present from early developmental periods and persist across the lifespan (American Psychiatric Association, 2022).

While ASD is usually identified in childhood, the recognition and diagnosis of ASD in adults, particularly women have gained increasing attention in recent years in the Netherlands (Autismespectrumstoornissen bij Volwassenen, n.d.). A study by Kentrou et al. (2024) reported

that adult women are more likely than men to receive a psychiatric misdiagnosis as their autistic traits are frequently interpreted as symptoms of anxiety, depression or personality disorder. Women with ASD often mask or camouflage their symptoms to fit social expectations (Duvall et al., 2022). Camouflaging behaviors may include imitating social behaviors, forcing eye contact and using social scripts (Duvall et al., 2022). These camouflaging strategies can facilitate social inclusion, but leads to exhaustion, anxiety and delayed or missed diagnosis (Hull et al., 2016).

The Dutch guideline for ASD recommends internationally validated tools such as the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2; Lord et al., 2012) and the Autism Diagnostic Interview–Revised (ADI-R; Rutter et al., 2003). However, research shows that these tools were primarily standardized on male populations and mainly capture observable traits, such as repetitive behaviors, restricted interests or limited facial expressions, that are more characteristics of male ASD representations (Mandy et al., 2011). As a result, they are often less sensitive to subtle and context-dependent social behaviors that occur more often in women (Frigaux et al., 2019, Hull et al., 2016). The study from Duvall et al. (2022) highlights these diagnostic gaps, emphasizing the need to recognize the subtle symptoms, like perfectionism, chronic social fatigue and strong social motivation that occur more in women with ASD (Lai & Szatmari, 2020). Therefore, there is an increased need for developing more gender-sensitive diagnostic tools that are required to capture the different profiles of ASD (Shulman et al., 2020).

Research Questions

The purpose of this literature review is to gain more insight in the diagnostic procedures for adult women with ASD in the Netherlands. Although awareness of autistic adults has increased, current research indicates that diagnostic procedures often remain inconsistent across healthcare institutions (Autismespectrumstoornissen bij Volwassenen, n.d.). Many clinicians rely

on diagnostic tools that are less suitable for women ASD presentations (Shulman et al., 2020). Therefore, this review aims to answer the following three main research questions:

1. Which diagnostic procedures and tools are currently used and present in the Netherlands to identify ASD in adult women?
2. What structural and systemic challenges limit access to ASD diagnosis for adult women in the Netherlands?
3. What recommendations can be made to improve the timeliness, accuracy and accessibility of ASD diagnosis for adult women in Dutch mental healthcare?

Method

This study was conducted by following the reported guidelines specified in the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines (Page et al., 2021). The PRISMA framework was used to ensure accurate and reliable search, selection, and reporting processes. By using the PRISMA guidelines this review ensured transparency and reproducibility for further research on ASD diagnostic procedures for adult women in the Netherlands.

Search Strategy and Selection Criteria

A systematic literature search was conducted to explore the diagnostic procedures and tools used to identify ASD in adult women in the Netherlands. Searches were performed across several online databases, including PsychInfo (k = 232), SmartCat (k = 382), and Pubmed (k = 1.762) for English articles and Google Scholar (k = 9.820) for Dutch articles. Both English and Dutch publications were included to make sure that all relevant national and international sources were used. The database search was performed in November 2025. The literature research was structured in three parts, each addressing one research question from this review.

To gather relevant literature to the first research question, the following keywords were used in the database research: (“*autism*” OR “*ASD*” OR “*autism spectrum disorder*”) AND (“*diagnosis*” OR “*diagnosing*” OR “*diagnostics*” OR “*assessment*” OR “*screening*” OR “*tools*”) AND ("*adult women*" OR "*female adults*" OR "*women*" OR “*female*” OR "*females*") AND ("*Netherlands*" OR "*Dutch*" OR “*Holland*”). To include Dutch published articles, the same keywords were translated into Dutch and used in Google Scholar: (“*autisme*” OR “*ASS*” OR “*autismespectrumstoornis*”) AND (“*diagnose*” OR “*diagnosticeren*” OR “*diagnostiek*” OR “*onderzoek*” OR “*screening*” OR “*instrumenten*” OR “*hulpmiddelen*”) AND (“*jongvolwassen vrouwen*” OR “*vrouwelijke volwassenen*” OR “*vrouw*” OR “*vrouwen*” OR “*meisjes*”) AND (“*Nederland*” OR “*Nederlands*” OR “*Holland*” OR “*geestelijke gezondheidszorg*” OR “*zorgsysteem*”).

For the second research question, the following keywords were used: (“*autism*” OR “*ASD*” OR “*autism spectrum disorder*”) AND (“*diagnosis*” OR “*diagnosing*” OR “*diagnostics*” OR “*assessment*” OR “*screening*” or “*tools*”) AND (“*challenges*” OR “*task*” or “*undertaking*”) AND (“*access*” OR “*approach*” OR “*admission*”) AND ("*adult women*" OR "*female adults*" OR "*women*" OR “*female*” OR "*females*") AND (“*Netherlands*” OR “*Dutch*” OR “*Holland*”). The Dutch keywords that were used in Google Scholar were: (“*autisme*” OR “*ASS*” OR “*autismespectrumstoornis*”) AND (“*diagnose*” OR “*diagnosticeren*” OR “*diagnostiek*” OR “*onderzoek*” OR “*screening*” OR “*instrumenten*” OR “*hulpmiddelen*”) AND (“*uitdagingen*” OR “*problemen*” OR “*obstakels*” OR “*moeilijkheden*”) AND (“*toegang*” OR “*toegankelijkheid*” OR “*benadering*” OR “*doorverwijzing*” OR “*aanmelding*”) AND (“*jongvolwassen vrouwen*” OR “*vrouwelijke volwassenen*” OR “*vrouw*” OR “*vrouwen*” OR “*meisjes*”) AND (“*Nederland*” OR “*Nederlands*” OR “*Holland*”).

For the third research question, these keywords were used: ("*autism*" OR "*ASD*" OR "*autism spectrum disorder*") AND (“*diagnosis*” OR “*diagnosing*” OR “*diagnostics*” OR “*assessment*” OR “*screening*” or “*tools*”) AND ("*timeliness*" OR "*delay*" OR "*barriers*" OR "*accessibility*" OR "*recommendations*" OR "*improvement*" OR "*challenges*") AND ("*adult women*" OR "*female adults*" OR "*women*" OR “*female*” OR "*females*") AND ("*Netherlands*" OR "*Dutch*" OR “*Holland*” OR "*mental healthcare*" OR "*healthcare system*"). The Dutch translation of these keywords were used in Google Scholar: (“*autisme*” OR “*ASS*” OR “*autismespectrumstoornis*”) AND (“*diagnose*” OR “*diagnosticeren*” OR “*diagnostiek*” OR “*onderzoek*” OR “*screening*” OR “*instrumenten*” OR “*hulpmiddelen*”) AND (“*vertraging*” OR “*barrières*” OR “*toegankelijkheid*” OR “*verbetering*” OR “*uitdagingen*”) AND (“*jongvolwassen vrouwen*” OR “*vrouwelijke volwassenen*” OR “*vrouw*” OR “*vrouwen*” OR “*meisjes*”) AND (“*Nederland*” OR “*Nederlands*” OR “*Holland*” OR “*geestelijke gezondheidszorg*” OR “*zorgsysteem*”).

The searches conducted in PubMed used combinations of keywords and MeSH (Medical Subject Headings) terms to adapt to each research question. For better sensitivity, broader MeSH categories such as “diagnostic techniques” and “procedures and clinical practice guidelines” as keywords were included.

Inclusion and Exclusion Criteria

Following the database searches, relevant articles were subsequently selected to address both research questions. Included studies consisted of (a) studies involving adults from 18 years, or older (b) studies that were written in either Dutch or English, (c) studies involving female or women participants and (d) studies that provided access to full-text articles. Exclusion criteria included (a) studies written in languages other than Dutch or English, (b) studies that were not

based in the Netherlands, (c) studies older than 20 years, and (d) unsystematic narrative reviews.

Data Synthesis

The systematic literature search was carried out until November 2025. In total, 2.376 articles were identified through searches in three international databases (Smartcat, *n* = 382; PsychInfo, *n* = 232; PubMed, *n* = 1.762). Before screening, 180 duplicates were removed and 1.339 articles were removed for other reasons, resulting in 857 articles that were screened on title and abstract. After this screening phase, 705 articles were excluded for not meeting predefined inclusion criteria. 150 articles were screened in full-text, of which 134 were excluded because the study was not conducted in the Netherlands (*n* = 86), included a population under 18 years (*n* = 32), or did not involve women with ASD (*n* = 16). This resulted in 16 studies included from the international database search.

In addition to the international search, a Dutch literature search was conducted in Google Scholar. This search resulted in 9.820 articles of which 8.258 were excluded through automated filtering and 891 were removed for other reasons. After title and abstract screening of the remaining 671 articles, 637 were excluded. 30 articles were screened in full text, this resulted in the exclusion of 18 articles due to age under 18 (*n* = 9), not mentioning ASD (*n* = 5), or the study not being conducted in the Netherlands (*n* = 4). Ultimately, 12 articles were included from the Dutch literature search.

In the ultimate review of 28 articles, 20 were utilized to address the first research question on diagnostic procedures, while 15 articles were used to explore systematic challenges in the diagnostic procedure of adult women in the Netherlands. Three articles were used to address the third research question. Additionally, 8 articles were relevant for research question one and two. Two articles were relevant for research question one and three. Details of the search

and screening process can be seen in Figure 1 & 2.

Data Collection and Extraction

One researcher (B.D.J) independently conducted the literature search and selection process and screened all article titles and abstracts. Following this screening, the full texts of the remaining articles were read to determine their suitability for inclusion. Additionally, the relevant literature obtained from all databases was combined to complete the PRISMA flowcharts (Figure 1 & 2). To differentiate the resulting articles in Dutch and English, two separate flowcharts were filled in. The same procedure was applied to both research questions.

Figure 1

PRISMA flowchart for English database search

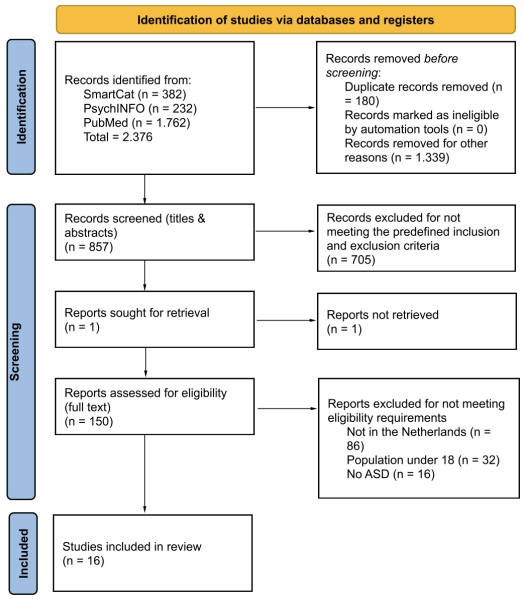
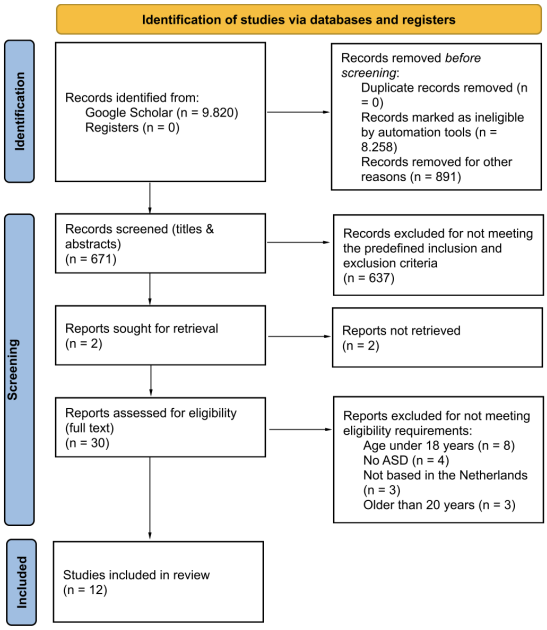


Figure 2

PRISMA flowchart for Dutch database search



Results

Study Characteristics

The included studies (n = 28) showed a wide range of study designs. Most articles (n = 22; 78.6%) were empirical studies, such as psychometric validation studies, diagnostic accuracy studies, qualitative interviews and survey studies. The remaining articles (n = 6; 21.4%) included clinical guidelines, expert studies or conceptual papers. Overall, the studies focused on diagnostic procedures, screening tools and challenges in the diagnostic process of ASD in adult women.

Diagnostic Procedures for Adult Women with ASD

The diagnostic procedures for ASD in adult women in the Netherlands were predominantly based on multidisciplinary approaches. It utilized criteria from the DSM-5, combined with clinical assessment tools and standardized tools such as diagnostic interviews,

self-report questionnaires and clinical observations (Heijnen-Kohl & Van Alphen, 2009; Hitzert et al., 2016).

Access to diagnostic assessment followed a stepwise referral pathway. First, individuals experienced social or emotional difficulties and sought help through their general practitioner. The general practitioner acted as a gatekeeper and referred patients to secondary mental healthcare, such as a psychologist or psychiatrist (Jonker et al., 2023). This meant that people could not access secondary mental healthcare services without a referral from their general practitioner (Jonker et al., 2023). Following this referral pathway, individuals were assessed within specialized ASD services where multidisciplinary diagnostic assessment and treatment took place (Akwa GGZ, 2018). The diagnostic pathways can be seen in figure 3.

Adults with ASD were most often diagnosed through specialized mental healthcare services after individuals present long-standing social, emotional or psychiatric difficulties that affect the functioning in daily life (Geurts & Jansen, 2011; Piening et al., 2023). Furthermore, multiple studies emphasized that applying the DSM-5 criteria in adults can be difficult because there might be limited reliable information about early childhood development (Heijnen-Kohl & Van Alphen, 2009). Therefore, clinicians in the Netherlands focused more on the current behavioral patterns rather than strict verification from early childhood symptoms (Heijnen-Kohl & Van Alphen, 2009).

Some studies (Geurts & Jansen, 2011; Piening et al., 2023) also reported that adult women were more often referred for ASD assessment after they had been diagnosed with other disorders such as mood disorders, anxiety disorders or personality disorders (Piening et al., 2023). This delayed recognition of ASD was particularly seen in women where autistic traits were less visible and more likely to be masked through learned social strategies (Waltz &

Syurina, 2021; Piening et al., 2023)

Diagnostic Interviews

Structured interviews were often used during the diagnostic assessment procedure for ASD in adults, especially when developmental information could be acquired by a close relative during heteroanamnesis (Krijnen et al., 2023). Within the assessment of adult ASD in the Dutch clinical setting, a limited number of structured and semi-structured diagnostic interviews were often used.

The first tool that was used is the Developmental Dimensional and Diagnostic Interview (3DI) in which the adult adaptations were compatible with the DSM-5 criteria and could improve diagnostic consistency (Krijnen et al., 2023). Evaluations of the Dutch 3DI-adult showed that informant-based interviewing could contribute significantly to the diagnostic accuracy for adults referred for ASD assessment (Krijnen et al., 2023).

The second diagnostic interview tool that was often recommended for adult ASD assessment in Dutch clinical guidelines and literature, was the Autism Diagnostic Interview-Revised (ADI-R) (Heijnen-Kohl & Van Alphen, 2009). The ADI-R is a semi-structured, informant-based interview that focuses on developmental history, social interaction, communication and restricted or repetitive behaviors across the lifespan (Heijnen-Kohl & Van Alphen, 2009). The ADI-R was considered valuable for adult ASD assessment because it allowed clinicians to estimate early developmental behavior patterns that can differentiate between ASD and other psychiatric conditions, which is particularly relevant in complex adult diagnostic presentations (Heijnen-Kohl & Van Alphen, 2009).

However, the ADI-R interview tool has some practical limitations due to extensive administration time and the need for specialized training (Heijnen-Kohl & Van Alphen, 2009;

Hitzert et al., 2016). In addition, the requirement of a knowledgeable informant poses a significant barrier in adult and older populations, as parents or primary caregivers may be unavailable or unable to provide reliable retrospective information (Heijnen-Kohl & Van Alphen, 2009). Taken together, this reduces the practicability of ADI-R use in standard Dutch mental healthcare, particularly for late-diagnosed adults and women for whom developmental histories are more often incomplete and symptom presentation may be shaped by masking strategies (Hitzert et al., 2016).

The third diagnostic interview that can be used is the Mini PAS-ADD. It is a brief semi-structured interview designed to assess psychiatric disorders in adults with varying levels of intellectual disability and has been psychometrically validated in the Dutch population (Janssen & Maes, 2012). The Mini PAS-ADD is not a specific diagnostic tool for the assessment of adult ASD, it still supported the identification and exclusion of psychiatric disorders that may look like autistic symptomatology, therefore it indirectly contributed to the accurate ASD identification in adults with intellectual disability (Janssen & Maes, 2012; Mutsaerts et al., 2016).

Taken together, the Dutch clinical practice often uses semi-structured, clinician-developed interviews that are based on the DSM-5 criteria, which are more flexible to integrate information from current functioning, developmental history and psychiatric comorbidity (Hitzert et al., 2016). The study from Geurts and Jansen (2011) indicates that the diagnosis of ASD in adults typically appears from a combination of multiple clinical interviews and assessment tools rather than from one single interview tool (Geurts & Jansen, 2011).

In sum, these findings supported the idea that diagnostic interviews for adult ASD assessment in the Dutch mental healthcare functioned as a part of the diagnostic process, rather than a single based assessment tool.

In addition to diagnostic interviews, Dutch clinical practice also used the Hetero-Anamnestisch Persoonlijkheidsvragenlijst (HAP) to structure information about developmental behavioral patterns and to distinguish between different diagnoses in adults (HAP uitgeverij, 2020). The HAP used both premorbid personality characteristics and current behavior, which allowed clinicians to distinguish between natural personality traits and changes in personality that are associated with psychiatric disorders (Barendse et al., 2013). Although the HAP is not an ASD specific diagnostic tool, it could support adult ASD assessment by mapping personality characteristics that may overlap with autistic symptomatology, particularly in complex or late-diagnosed cases such as adult women (Barendse et al., 2013).

Self-report Questionnaires

Besides the semi-structured interviews, most clinicians in the Netherlands used self-report questionnaires as a screening tool to identify individuals who may need further diagnostic evaluation (Hoekstra et al., 2008). One of the most widely used was the Autism-Spectrum Quotient (AQ). It was psychometrically validated in Dutch adult populations and showed adequate reliability and construct validity at the group level (Hoekstra et al., 2008). Despite these psychometric strengths, there are some limitations on the diagnostic value at the individual level, especially for women because self-report could be influenced by masking behaviors, social adaptation or difficulties recognizing autistic traits as atypical (Waltz & Syurina, 2021). Consequently, self report measures were primarily used as initial screening tools rather than as a diagnostic decision tool (Hitzert et al., 2016).

In addition to self-reported questionnaires on social and behavioral themes, several Dutch studies described the use of self-report tools on the sensory part of the assessment for adult ASD (Kuiper et al., 2018; Weiland et al., 2020). One of them is the Dutch Glasgow Sensory

Questionnaire. Kuiper et al. (2018) reported that this questionnaire showed good psychometric properties for assessing specific ASD sensory sensitivity in adults. This was similar to the Dutch Sensory Perception Quotient-Short questionnaire (SPQ) which demonstrated reliable differentiation between adults with and without ASD and captured individual differences in sensory reactivity (Weiland et al., 2020). These sensory questionnaires provided clinically relevant information that could complement behavioral screening and assessment procedures, particularly in adults where social symptoms are subtle or less obvious, which is often reported in women (Kuiper et al., 2018; Weiland et al., 2020).

Other self-report tools like the Scale of Pervasive Developmental Disorder in Mentally Retarded Persons (PDD-MRS), the Diagnostic Behavioral Assessment for ASD-Revised (DiBAS-R) and the Autism Checklist (ACL) were also used to support screening and identification of early ASD characteristics (Mutsaerts et al., 2016). These tools contributed to screening practices but were not designed to be used as clinical standalone diagnostic tools for adults with ASD (Mutsaerts et al., 2016). Unfortunately, none of these screening tools were specifically developed or validated for adult women with ASD (Hoekstra et al., 2008; Mutsaerts et al., 2016).

A new questionnaire, the Autism Women's Experience Questionnaire (AWE-Q), developed in the Netherlands by Groen et al. (2023) is designed to detect ASD characteristics in women. The AWE-Q was developed because existing screening tools were mainly based on ASD characteristics that are more commonly seen in men, which makes it harder to recognize ASD in women. The questionnaire focuses on symptoms that are more often reported in women, such as internal difficulties and ways of adapting in social situations (Groen et al., 2023). Therefore the AWE-Q can be a valuable addition to current screening practices in Dutch mental

healthcare.

Observational Assessment

Observational assessment were commonly used for adult women with ASD, particularly when self-report was unreliable or developmental information was incomplete (Bastiaansen et al., 2011). The Autism Diagnostic Observation Schedule (ADOS) and its revised version the ADOS-2, were the most widely used standardized observational instrument and were most often included in multidisciplinary ASD assessment in the Netherlands (Bastiaansen et al., 2011). The ADOS-2 is a semi-structured clinician administered observational tool to observe behaviors that could be relevant for the diagnostic domains of ASD like social communication and restricted repetitive behaviors (Rea et al., 2022). Module selection was based on age and language level. There are four modules, with module number 4 being most commonly used for adults with fluent speech, including the majority of adult women referred for ASD assessment (Bastiaansen et al., 2011).

Dutch clinical research indicated that ADOS-2 Module 4 was useful for diagnostic assessment in adult populations when it was applied by trained clinicians as part of a comprehensive diagnostic procedure (Langmann et al., 2016). Langmann et al. (2016) showed that although both the ADOS and the revised version showed sensitivity and specificity, the diagnostic accuracy was lower in women. Rea et al. (2022) supported this by demonstrating that autistic women were less likely than males to show fewer or less clear atypicalities on many ADOS-2 social communication items, which resulted in lower total and subscale scores compared to males. This pattern suggested that standard observational tools might be less sensitive to women phenotypes, especially in women who are verbally fluent and skilled in social camouflaging (Langmann et al., 2016; Rea et al., 2022).

Within Dutch clinical guidelines it was recommended to use the the ADOS-2 as a complementary tool that includes diagnostic interviews, heteroamnestic tools and clinical judgement (Rea et al., 2022). This approach is particularly emphasized for adult women, whose developmental histories may be less clearly documented and who may mask underlying autistic characteristics (Langmann et al., 2016; Rea et al., 2022)

In addition to the ADOS-2, observational information in Dutch adult women ASD assessment was often required by clinical observations across multiple sessions, particularly when camouflaging effects are suspected (Langmann et al., 2016; Rea et al., 2022). Langmann et al. (2016) suggested that autistic women often displayed less clear social-communication differences during standardized observations, which might have reduced the sensitivity of single session assessments. Therefore, if the assessment was spread over shorter and longer sessions, this may have increased the likelihood of observing reductions in compensatory strategies of ASD characteristics, which has been suggested to be especially relevant in the assessment of women (Rea et al., 2022). Although this observational approach is not formalized in a standardized tool, it reflected growing clinical awareness that women ASD presentations might require adapted observational strategies beyond a single structured observation to support accurate diagnosis in adults (Langmann et al., 2016).

In conclusion, observational assessment tools remain a central component of ASD assessment in adult women, however the literature stated that the diagnostic precision for adult women was dependent on the integration with developmental history, heteroanamnesis and clinician expertise (Bastiaansen et al., 2011; Langmann et al., 2016). For adult women with ASD, observational tools were therefore considered the most useful (Hitzert et al., 2016; Rea et al., 2022) because they provided information that could help clinicians to form a diagnosis,

instead of determining a diagnosis on their own.

Structural and Systemic Challenges

An ASD diagnosis in adulthood depends not only on a person's symptoms but also on how the mental healthcare system is structured, including referral practices, access to specialist services, and professional expertise (Ikhsan et al., 2025). In the Netherlands, autistic adults often experienced unclear and disorganized care pathways, long waiting times and lack of coordination between primary care and specialized diagnostic care services (Ikhsan et al., 2025).

Several factors might have contributed to the delayed ASD diagnosis in adulthood. A study by Geurts et al. (2011) examined the diagnostic processes of adults referred for ASD assessment in the Netherlands and found that many individuals experienced long and complex pathways before receiving an ASD diagnosis. A substantial proportion had previously received alternative psychiatric diagnoses, including mood, anxiety and personality disorders. Geurts et al. (2011) stated that limited recognition of ASD within adult mental healthcare services and reliance on non-specific psychiatric explanations contributed to delayed and fragmented diagnostic processes. Although the study did not focus explicitly on sex differences, these pathways were consistent with later findings suggesting that women were particularly vulnerable to prolonged diagnostic delays due to subtler symptom presentation and compensatory strategies (Geurts et al., 2011).

Diagnostic Process and Misdiagnosis

Recent evidence from the Netherlands Autism Register showed that misdiagnosis played an important role in prolonged diagnostic pathways (Kentrou et al., 2024). Kentrou et al. (2024) reported that 24.6% from their sample at least has been diagnosed with one prior psychiatric diagnosis before receiving an ASD diagnosis. Perceived misdiagnoses were substantially more

common among women (31.7%) than men (16.7%), with personality disorders reported most frequently, followed by anxiety disorders and mood disorders (Kentrou et al., 2024).

These patterns suggested that women's adult ASD may have been interpreted through non-specific psychiatric frameworks, contributing to delayed recognition and fragmented referral processes in mental healthcare services (Kentrou et al., 2024). These findings suggested that the current diagnostic processes in the Netherlands may have been insufficient for women autistic presentations (Kentrou et al., 2024).

Furthermore, Hens & Langenberg (2018) illustrated how prolonged and fragmented diagnostic processes influence the access to the assessment of adult women ASD. Participants in the study by Hens & Langenberg (2018) described long periods of help seeking before receiving an ASD diagnosis, and some reported receiving an alternative psychiatric diagnosis first, like personality disorder or obsessive compulsive disorder. Participants explained that only after repeated problems in relationships, work or mental health and difficulties in daily life, they entered a formal diagnostic process (Hens & Langenberg, 2018; Tak, 2020). These findings showed how adult ASD is often recognized after multiple failures of other diagnostic explanations, which could lead to delayed access to appropriate assessments and support within the clinical Dutch mental healthcare (Hens & Langenberg, 2018). Participants also stated that receiving the diagnosis of ASD provided an explanation for their lifelong experienced difficulties and that the diagnosis led to access for mental healthcare support (Hens & Langenberg, 2018).

Referral Pathways

Another problem that occurs in the Dutch context was that access to specialist ASD assessment often depended on referral by general practitioners (GPs) or secondary mental healthcare services, who may have limited expertise in recognizing ASD beyond the prototypical

childhood presentation (Kan et al., 2008). Van Tongerloo et al. (2012) showed that children who were later diagnosed with ASD in adulthood, frequently presented to the GP with non-specific complaints and were often referred to health professionals before ASD was recognized. They reported that validated ASD tools were available but were not easily applicable in primary care contributing to diagnostic delay (van Tongerloo et al., 2012). These findings still supported the broader structural argument that gatekeeping and limited ASD-specific recognition in primary care could contribute to delayed and fragmented diagnostic pathways, mechanisms that might also have affected adults seeking assessment, especially when their presentation is subtle or masked (van Tongerloo et al., 2012).

Furthermore, unclear or inconsistent referral pathways complicated access to adult women assessment of ASD (Ikhsan et al., 2025). General practitioners and clinicians could be more familiar with psychiatric explanations like mood, anxiety or personality disorders rather than considering ASD as a potential underlying factor (Geurts & Jansen, 2011; Waltz & Syurina, 2021). This could lead to longer diagnostic pathways and repeated referrals within mental healthcare organizations before the diagnosis of ASD is considered (Kentrou et al., 2024).

Waiting Lists and Delayed Diagnostic

One of the main structural barriers for adult women ASD assessment is the presence of long waiting lists for specialized services (Kan et al., 2008). Adult women seeking for assessment frequently experienced prolonged periods between the period of help seeking to a formal diagnostic evaluation, which could lead to delayed recognition and supported needs (Ikhsan et al., 2025). The reason why late diagnosis was more common among women, was because women were more likely to show a less clear symptom presentation and compensatory strategies compared to males (Hull et al., 2016; Lai & Szatmari, 2020).

Reliability of Developmental History

In addition to the waiting times, diagnostic challenges also arose from the reliance on heteroamnestic interviews in adult ASD assessment. Heteroamnestic interviews could improve diagnostic accuracy, their usability in adult women populations was often limited by the availability and reliability of close relatives (Krijnen et al., 2023). For example, the Dutch Developmental Dimensional and Diagnostic Interview (3DI-Adult) was useful for assessment when information was available from a close relative, but without that information it poses a significant practical barrier in routine clinical practice (Krijnen et al., 2023).

Heijnen-Kohl and Van Alphen (2009) stated that ASD was rarely diagnosed in adult women within Dutch mental healthcare, partly because reconstructing a developmental history becomes increasingly difficult with age. Heijnen-Kohl and Van Alphen (2009) argued that existing diagnostic criteria and tools were insufficiently adapted to changes in symptom presentations that were age related and to the biopsychosocial aspects of aging, increasing the risk of underdiagnosis. According to their analysis, autistic traits in older adult women could only become clinically visible when coping capacities declined due to age-related stressors, loss of structure, or comorbid psychiatric symptoms (Heijnen-Kohl & Van Alphen, 2009).

Additionally, Videler et al. (2018) described how limitations in heteroamnestic information and developmental history reconstruction further complicated the assessment of adult women ASD. Videler et al. (2018) described how overlap between symptoms, late presentation and limited access to reliable informants frequently led to uncertainty in diagnostic procedures. Self-reports were often unreliable due to limited self-insight and compensatory strategies. On the other hand, developmental heteroanamnesis was often incomplete or unavailable, especially when childhood informants were missing (Videler et al., 2018). The

reliance on heteroamnestic information could lead to a structural barrier in adult women ASD assessment, increasing the risk for misdiagnosis and contributing to delayed or revised diagnosis (Videler et al., 2018).

Referral Pathways and Gender Bias

Another structural challenge in the assessment of adult ASD is the limited clinician training and awareness about gender specific presentations of ASD (Bachrach et al., 2017). Diagnostic tools and clinical guidelines for adults were mostly developed from research in male or younger populations, which lead to less sensitivity to women autistic presentations (Kan et al., 2008). As a result, clinicians might underestimate autistic traits in women who showed normal social functioning or who have developed camouflaging strategies (Kan et al., 2008).

Dutch clinical training literature also highlighted how gender bias could shape diagnostic decision-making and contributed to underrecognition of conditions that do not fit stereotypical sex-linked presentations. Bachrach et al. (2017) described that clinicians relied on prevalence-based heuristics which could lead to over- or underdiagnosis when symptom profiles were not clear. Bachrach et al. (2017) discussed that ASD in girls was frequently underdiagnosed because social difficulties might be interpreted as shyness rather than as indicators of ASD, illustrating how gendered expectations could delay appropriate referral and assessment in women (Bachrach et al., 2017). Finally, systematic barriers were reinforced by sociocultural assumptions about linking ASD with male stereotypes (Waltz & Syurina, 2021). These assumptions influenced both clinicians and help-seeking behavior, because clinicians might be less likely to consider ASD in women patients and women might not identify themselves with male stereotypes symptoms (Waltz & Syurina, 2021).

The study by Waltz and Syurina (2021) demonstrated that gendered inequalities in

adult ASD assessment extends beyond diagnostic procedures and is embedded in broader health care structures. Waltz en Syurina (2021) examined how sex, gender identity and age shape access to diagnosis, treatment and health care experiences of adult women with ASD in the Netherlands. The findings from Waltz en Syurina (2021) showed that women are diagnosed significantly later than men, more often received multiple alternative psychiatric diagnoses prior to ASD recognition, and frequently encounter fragmented care pathways and long waiting times.

In addition, participants reported that limited professional knowledge about adult women with presentations of ASD, combined with stereotypical assumptions about ASD as a predominantly male condition, resulted in disbelief, dismissal of symptoms and reduced trust in health care providers (Waltz & Syurina, 2021). These experiences contributed to avoidance of care, delayed help-seeking and worsening mental and physical health outcomes (Waltz & Syurina, 2021). Waltz and Syurina (2021) concluded that current Dutch health care systems insufficiently accommodated the needs of autistic women and emphasized the necessity of gender- and autism-informed clinical training, longer consultation times and improved continuity of care across the lifespan (Waltz & Syurina, 2021).

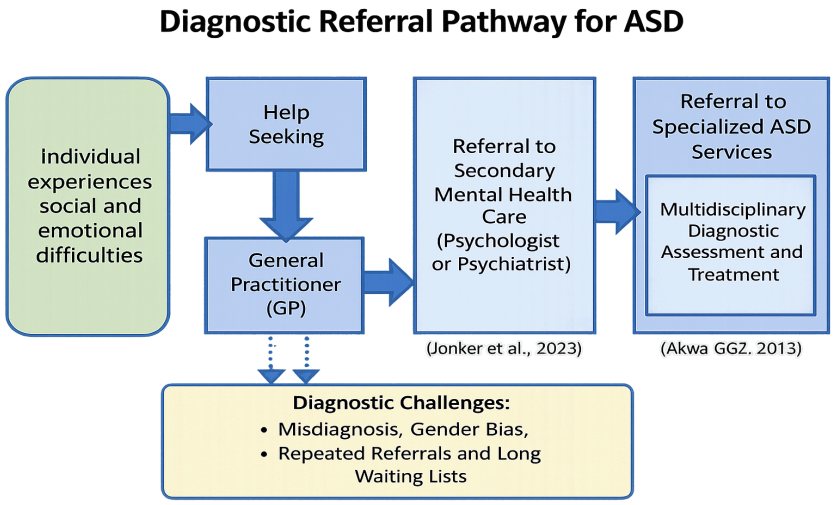
Furthermore, Blok et al. (2025) demonstrated that ASD later in life is frequently underdiagnosed in health care systems, because it is seen as unnecessary or of limited value. This perspective might have contributed to delayed diagnosis and lack of post diagnosis support for older adults, including women who might have spent years through mental healthcare services without an accurate diagnosis (Blok et al., 2025). Another difficulty for clinicians is to reconstruct the developmental history of a patient because early developmental records were often missing, which complicated differential diagnosis and increased the risk that autistic traits are interpreted as other psychiatric or neurocognitive disorders (Heijnen-Kohl & Van Alphen,

2009; Videler et al., 2018). Their findings highlighted the need for a conceptual shift within the Dutch clinical practice where ASD assessment is meaningful and relevant across the entire lifespan (Blok et al., 2025).

Taken together, long waiting lists, unclear referral pathways and limited clinician training might contribute to structural delays in adult women assessment of ASD in the Netherlands (Hitzert et al., 2016). The diagnostic pathways in the Netherlands and the diagnostic challenges are shown in figure 3.

Figure 3

Schematic timeline of the diagnostic process for adult women ASD assessment in the Netherlands.



Recommendations to Improve the Accessibility of ASD Diagnosis for Adult Women in Dutch Mental Healthcare

To improve ASD assessment in adult women, the diagnostic procedures requires an organized approach because adult women ASD assessment often depends on multiple sources of information and masking behaviors, rather than on one single test (Krijnen et al., 2023). By standardizing screening, developmental history collection and observational assessment the

diagnostic pathways of adult women ASD can be strengthened (Mutsaerts et al., 2016; Krijnen et al., 2023; Oosterling et al., 2010).

Diagnostic models can improve the pathways by ensuring that adults women who screened positives proceed to a more intensive specialist assessment instead of being referred to longer and non-specific diagnostic processes (Mutsaerts et al., 2016). The standardization of ASD screening in adults has been examined by using tools like the DiBAS-R and the ACL. These tools show that structured screening procedures can contribute to more consistent and standardized diagnostic practice (Mutsaerts et al., 2016). Using standardized screening tools can lead to more accurate referral decisions and a more efficient referral pathway for adult women ASD assessment (Mutsaerts et al., 2016).

A second improvement for the diagnostic quality in adult ASD is systematically using informant based developmental history data when appropriate information is available (Krijnen et al., 2023). Research by Krijnen et al. (2023) evaluates the informant based 3Di-Adult interview and demonstrates that reporting structured informant based developmental history provides clinically valuable information for adult women ASD assessment. When feasible, an informant based interview as a routine element can improve the quality and consistency of adult women ASD pathways (Krijnen et al., 2023).

A third recommendation to improve ASD assessment is to optimize the observational assessment methods by using validated and updated scoring approaches (Oosterling et al., 2010). The study by Oosterling et al. (2010) on the ADOS revised algorithms supports the idea that algorithm updates can improve diagnostic validity relative to earlier scoring approaches which can be relevant for maintaining accuracy in routine practice. Using the most diagnostically valid scoring procedures that are available can strengthen the reliability of observational assessment

(Oosterling et al., 2010).

Another recommendation is to explore computerized supported assessment methods to complement the traditional methods, especially useful in cases where real world social behavior is difficult to reproduce in clinical settings (Roth et al., 2020). Roth et al. (2020) suggests that virtual settings can be used to measure behavior that is relevant to adult ASD symptoms in structured and controllable situations.

Discussion

The goal of this systematic literature review is to describe the current diagnostic procedures that are used to identify ASD in adult women in the Netherlands, to describe the structural and systematic challenges that limit the access to diagnosis pathways, and to provide recommendations for improving accuracy and accessibility of diagnostic assessment. The findings showed that Dutch mental healthcare institutions follow internationally recommended diagnostic frameworks for ASD, but current diagnostic practices still remain insufficient to detect adult women ASD presentations (Lai & Szatmari, 2020). This often results in delayed diagnosis, misdiagnosis or long referral pathways for adult women (Kentrou et al., 2024; Waltz & Syurina, 2021; Geurts et al., 2011).

Current Diagnostic Procedures in the Netherlands

The included literature for this study showed that the diagnosis of ASD in adult women in the Netherlands is predominantly based on the DSM-5 criteria and relies on an assessment that includes a diagnostic interview, self-report questionnaires and an observational assessment (Heijnen-Kohl & Van Alphen, 2009; Hitzert et al., 2016; Bastiaansen et al., 2011; Rea et al., 2022). By using this approach clinicians recognize that no single diagnostic tool can identify adult ASD accurately (Geurts & Jansen, 2011; Hitzert et al., 2016). However, the literature

suggests that the accuracy of ASD diagnosis in women is dependent on the expertise of clinicians and the availability of information about the developmental history (Heijnen-Kohl & Van Alphen, 2009; Videler et al., 2018; Krijnen et al., 2023). When heteroamnestic information is available, an informant-based diagnostic interview tool, for example the ADI-R or the 3Di-Adult, can strengthen the diagnostic consistency. The problem is that this information is often complete in adult populations due to absent informants or limited reliable childhood documents. In these cases, clinicians try to estimate current social functioning and lifelong patterns based on the available information. This increases the reliance on interpretation and clinical judgement which is highly vulnerable for biases (Bachrach et al., 2017).

Observational tools, such as the ADOS-2 or the Module 4, are often used in adult ASD assessment in the Netherlands. The reviewed studies consistently report lower sensitivity in women, older adults or comorbid psychiatric conditions (Langmann et al., 2016; Rea et al., 2022). These findings support the idea that standardized observations may lead to under detection of ASD in adult women, especially when social dysfunctions are less visible due to camouflaging strategies (Hull et al., 2016). Self-report measures, such as the Autism Spectrum Quotient (AQ), are used as screening tools and provide useful information about subjective experiences of autistic traits (Hoekstra et al., 2008; Hitzert et al., 2016). However, they are limited at the individual level and may be influenced by masking behaviors, social adaptation and reduced self-recognition in autistic traits, behaviors that typically occur in women (Hull et al., 2016; Waltz & Syurina, 2021).

The Autism Women's Experience Questionnaire (AWE-Q) developed in the Netherlands by Groen et al. (2023) aims to identify ASD characteristics in women by addressing symptoms that are more commonly reported in women. This tool addresses gaps in existing screening

methods that primarily reflect ASD traits of male, which improves the diagnostic accuracy of adult women ASD.

Access to Diagnosis in the Netherlands

The diagnostic outcomes of an ASD assessment is not only determined by symptom presentation, but also by barriers in Dutch mental healthcare, such as long waiting lists, unclear referral pathways and lack of availability for specialized services (Ikhsan et al., 2025; Kan et al., 2008). These factors contribute to longer diagnostic pathways and misdiagnosis before the diagnosis of ASD is considered. Dutch studies further indicate that women report more often a misdiagnosis than men. Women often receive the diagnosis of a personality disorder, anxiety disorder or mood disorder, before perceiving the diagnosis of ASD (Kentrou et al., 2024). These results suggest that the autistic symptoms of adult women are often interpreted through non-specific psychiatric frameworks which reinforce the delay and unclear diagnostic pathways (Kentrou et al., 2024; Lai & Szatmari, 2020).

Across the studies, the role of primary care referral practices appear especially relevant. General practitioners and non specialized services may have limited familiarity with adult women presentations of ASD. This increases the likelihood of delayed referral to a specialist assessment. This may lead to repeated referrals within the Dutch mental healthcare system before the symptoms of ASD are recognized (Kan et al., 2008; van Tongerloo et al., 2012). This problem occurs more often when women show internalizing problems and compensatory or masking strategies.

One central explanation that is described in the literature is the gender bias in diagnostic frameworks and clinicians training. Many diagnostic tools that are used are developed and validated in male populations. Therefore these tools are focused on more obvious and

stereotypical male ASD characteristics. Therefore, ASD profiles of women, often characterized by more subtle social difficulties, internalized distress and camouflaging, may not be captured by these assessment tools (Kan et al., 2008; Lai & Szatmari, 2020).

Another explanation that is described are the sociocultural stereotypes about ASD. The symptoms that are more often presented in males may influence clinician diagnostic suspicion and women's help seeking behavior. This may contribute to denial of symptoms, reduced trust and delayed help seeking from mental healthcare services.

Limitations of the Study

For this systematic literature review the PRISMA guidelines were followed and the search for literature was conducted for both English and Dutch articles. Publications in both languages were used to find literature that provide information about diagnostic procedures for adult women with ASD in the Netherlands. Despite this broad approach of literature finding, several limitations of the study should be acknowledged.

First, the available Dutch literature that specifically focused on diagnostic assessment ASD in adult women was limited. Many studies addressed mixed or predominantly male samples or included childhood samples with ASD. This limited the extent to which conclusions can be drawn about women specific diagnostic practices. Only a small number of studies explicitly examined sex or gender differences in diagnostic procedures or outcomes in Dutch mental healthcare settings. As a result, findings related to gender bias often had to be gathered from broader studies rather than directly tested in studies.

Second, some included studies differentiate between men and women, sex and gender differences were inconsistent across the literature. Some studies did not report results separately for women or did not clearly specify how sex and gender differences were operationalized. This

makes it harder to compare the findings and makes it difficult to systematically assess differences that may occur in diagnostic accuracy or tool sensitivity for adult women with ASD. These limitations may reflect a broader issue in ASD research where male samples are more frequently investigated.

Although the literature review provides information about diagnostic procedures and describes experiences from women during the diagnostic procedures, the clinician perspective is missing. Therefore, these findings may not reflect the lived experiences of clinicians navigating through the diagnostic pathways or the practical decision making process of clinicians in the real world context. On the other hand, the limitations address gaps in the current available literature and highlight the need for further research that is more focused on gender sensitive diagnostic assessment of ASD in adult women in the Dutch clinical context.

Another limitation is that the review process was conducted by one researcher. This increases the risk of bias in study selection and data extraction. The predefined inclusion and exclusion criteria were applied consistently and the search strategy was documented to support transparency, however the absence of independent double screening and inter-rater reliability was missing. This may limit the robustness and reproducibility of the selection process. Furthermore, reviews could be strengthened by involving a second review for data screening and extraction.

Implications and Further Research

The findings from this literature review suggest that for improvement of adult women ASD assessment in the Netherlands, both clinical and structural changes are needed. Clinical changes may include standardized screening and more clear referral pathways. Together, this could reduce unnecessary referrals and decrease the amount of misdiagnosis before receiving the

diagnosis of ASD. Another improvement is using structured developmental history collection by using informant based interviews. If informants are unavailable, alternative approaches are needed.

The observational assessment can be strengthened by planning more than one observation session to increase the likelihood that camouflaging symptoms are detected. Most important is training clinicians and experts about adult women presentations of ASD and the interpretative challenges that may arise due to masking behaviors and comorbidities.

For reducing waiting lists and better referral pathways, a better communication is needed between primary care and specialized services. Also recognizing the clinical and social value of adult diagnosis may help to decrease the assumption that diagnosis is less meaningful later in life.

Further research should focus on studies that directly evaluate the diagnostic accuracy and procedures for adult women in the Netherlands, including longitudinal work on outcomes after diagnosis and include data from a clinical or expert in the diagnostic process. Further research is also needed to empirically evaluate gender sensitive diagnostic assessment tools and to evaluate their impact on diagnostic pathways and outcomes for adult women with ASD. It could also be interesting to study post-diagnostic outcomes for adult women with ASD in the Netherlands for a longer period of time.

Conclusion

Overall, this systematic literature review demonstrates that the delayed diagnosis and misdiagnosis of ASD in adult women in the Netherlands might be the result of using gender biased diagnostic tools, lack of clinician training and structural barriers within Dutch mental healthcare. Although Dutch mental healthcare mainly follows international guidelines, the

diagnostic tools that are used are not sensitive enough for adult women presentations of ASD characterized by camouflaging and internalizing symptoms. As a result, many women experience prolonged diagnostic pathways, misdiagnosis and delayed access to specialized services. Improving the assessment and diagnosis of ASD for women, requires not only refined assessment strategies, but also a systemic shift toward gender- and lifespan sensitive diagnostic care.

References

Akwa GGZ. (2018). *Zorgstandaard autisme* https://www.ggzstandaarden.nl/uploads/pdf/project/project_99c30265-d04a-4bfc-9e0b-feb7324a29b5_autisme__authorized-at_20-11-2017.pdf

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Association Publishing https://doi.org/10.1176/appi.books.9780890425787

Anderson, K. A., Sosnowy, C., Kuo, A. A., & Shattuck, P. T. (2018). Transition of individuals with autism to adulthood: A review of qualitative Studies. *Pediatrics*, *141*(Suppl. 4), S318–S327. https://doi.org/10.1542/peds.2016-4300i

Autismespectrumstoornissen bij volwassenen. (n.d.). https://richtlijnendatabase.nl/richtlijn/autismespectrumstoornissen_bij_volwassenen/autismespectrumstoornissen_bij_volwassenen_-start.html

Bachrach, N., Kunst, L., & Bekker, M. (2017). Genderverschillen in de GGZ-praktijk: Diagnostiek. *PsyXpert, 1*(3) 20-28. https://research.tilburguniversity.edu/en/publications/genderverschillen-in-de-ggz-praktijk-diagnostiek

Barendse, H., Thissen, A., Rossi, G., Oei, T., & Van Alphen, S. (2013). Psychometric properties of an informant personality questionnaire (the HAP) in a sample of older adults in the Netherlands and Belgium. *Aging & Mental Health*, *17*(5), 623–629. https://doi.org/10.1080/13607863.2012.756458

Bastiaansen, J. A., Meffert, H., Hein, S., Huizinga, P., Ketelaars, C., Pijnenborg, M., Bartels, A.,

Minderaa, R., Keysers, C., & De Bildt, A. (2011). Diagnosing autism spectrum disorders in adults: The use of Autism Diagnostic Observation Schedule (ADOS) Module 4. *Journal of Autism and Developmental Disorders*, *41*(9), 1256–1266. https://doi.org/10.1007/s10803-010-1157-x

Blok, M., Jacobs, F. W., Videler, A. C., Geurts, H. M., & Teunisse, J. P. (2025). From diagnosis to dialogue: A call for support of older adults with a late autism diagnosis. *The Gerontologist*, *65*(10). https://doi.org/10.1093/geront/gnaf181

Duvall, S., Armstrong, K., Shahabuddin, A., Grantz, C., Fein, D., & Lord, C. (2022). A road map for identifying autism spectrum disorder: Recognizing and evaluating characteristics that should raise red or "pink" flags to guide accurate differential diagnosis. *The Clinical Neuropsychologist*, *36*(5), 1172–1207. https://doi.org/10.1080/13854046.2021.1921276

Frigaux, A., Evrard, R., & Lighezzolo-Alnot, J. (2019). L'ADI-R et l'ADOS face au diagnostic différentiel des troubles du spectre autistique : intérêts, limites et ouvertures. *L' Encéphale*, *45*(5), 441–448. https://doi.org/10.1016/j.encep.2019.07.002

Geurts, H. M., & Jansen, M. D. (2011). A retrospective chart study: The pathway to a diagnosis for adults referred for ASD assessment. *Autism*, *16*(3), 299–305. https://doi.org/10.1177/1362361311421775

Groen, Y., Ebert, W. M., Dittner, F. M., Stapert, A. F., Henning, D., Greaves-Lord, K., Davids, R. C. D., Castelein, S., Cohen, S. B., Allison, C., Van Balkom, I. D. C., & Piening, S. (2023). Measuring the Autistic Women's Experience (AWE). *International Journal of Environmental Research and Public Health*, *20*(24), 7148. https://doi.org/10.3390/ijerph20247148

Hens, K., & Langenberg, R. (2018). Biologie en context: Ervaringen van volwassenen met een

diagnose autisme. *Tijdschrift voor Psychiatrie*, *60*(8), 536–543. https://www.tijdschriftvoorpsychiatrie.nl/media/4/60-2018-8-artikel-hens.pdf

HAP Uitgeverij. (2020). *Hetero-Anamnestische Persoonlijkheidsvragenlijst (HAP) versie 2.0*. https://www.trimbos.nl/docs/ecd280df-6697-4dee-83e0-e7054d574b5f.pdf

Heijnen-Kohl, S. M. J., & Van Alphen, S. P. J. (2009). Diagnostiek van autismespectrumstoornissen bij ouderen. *Tijdschrift voor Psychiatrie*, *51*(5), 339–343

Hitzert, B., Schmidt, R., Geurts, H., & Van Alphen, B. (2016). Diagnostiek en behandeling van autismespectrumstoornissen bij ouderen: Een expert studie. *Tijdschrift voor Psychiatrie*, *58*(12), 854-862

Hoekstra, R. A., Bartels, M., Cath, D. C., & Boomsma, D. I. (2008). Factor structure, reliability and criterion validity of the Autism-Spectrum Quotient (AQ): A study in Dutch population and patient groups. *Journal of Autism and Developmental Disorders*, *38*(8), 1555–1566. https://doi.org/10.1007/s10803-008-0538-x

Hull, L., Mandy, W., & Petrides, K. (2016). Behavioural and cognitive sex/gender differences in autism spectrum condition and typically developing males and females. *Autism*, *21*(6), 706–727. https://doi.org/10.1177/1362361316669087

Ikhsan, S. N. B. M., Holt, R., Man, J., Parsons, T., Schalbroeck, R., Ruigrok, A., Baranger, A., Allison, C., Doherty, M., Van Den Bosch, K., Terčon, J., Violland, P., Ghosh, A., Cusack, J., & Baron-Cohen, S. (2025). Access to services for autistic people across Europe. *Molecular Autism*, *16*(1), 35. https://doi.org/10.1186/s13229-025-00664-2

Janssen, R., & Maes, B. (2012). Psychometric evaluation of a Dutch version of the Mini

PAS‐ADD for assessing psychiatric disorders in adults with different levels of intellectual disability. *Journal of Intellectual Disability Research*, *57*(8), 689–702. https://doi.org/10.1111/j.1365-2788.2012.01544.x

Jonker, C., Piening, S., & Huyghen, A. (2023). De kennis van praktijkondersteuners (POH-GGZ) over ASS bij meisjes/vrouwen. *Wetenschappelijk Tijdschrift Autisme*, *22*(2), 44–53. https://doi.org/10.36254/wta.2023.2.04

Kan, C. C., Buitelaar, J. K., Van Der Gaag, R. J. (2008). Autismespectrumstoornissen bij volwassenen. *Nederlands Tijdschrift voor Geneeskunde, 152*(24), 1365–1369.

Kentrou, V., Livingston, L. A., Grove, R., Hoekstra, R. A., & Begeer, S. (2024). Perceived misdiagnosis of psychiatric conditions in autistic adults. *EClinicalMedicine*, *71*, 102586. https://doi.org/10.1016/j.eclinm.2024.102586

Krijnen, L., Greaves-Lord, K., Mandy, W., Mataw, K., Hartog, P., & Begeer, S. (2023). How well can we diagnose autism in adults? Evaluating an informant-based interview: The Dutch developmental, dimensional and diagnostic Interview – adult version (3Di-Adult). *Journal of Autism and Developmental Disorders*, *54*(9), 3492–3503. https://doi.org/10.1007/s10803-023-06069-5

Kuiper, M. W., Verhoeven, E. W., & Geurts, H. M. (2018). The Dutch Glasgow Sensory Questionnaire: Psychometric properties of an autism-specific sensory sensitivity measure. *Autism*, *23*(4), 922–932. https://doi.org/10.1177/1362361318788065

Lai, M., Lombardo, M. V., & Baron-Cohen, S. (2014). Autism. *The Lancet*, *383*(9920), 896–910. https://doi.org/10.1016/s0140-6736(13)61539-1

Lai, M., & Szatmari, P. (2020). Sex and gender impacts on the behavioural presentation and

recognition of autism. *Current Opinion in Psychiatry*, *33*(2), 117–123. https://doi.org/10.1097/yco.0000000000000575

Langmann, A., Becker, J., Poustka, L., Becker, K., & Kamp-Becker, I. (2016). Diagnostic utility of the autism diagnostic observation schedule in a clinical sample of adolescents and adults. *Research in Autism Spectrum Disorders*, *34*, 34–43. https://doi.org/10.1016/j.rasd.2016.11.012

Lord, C., Rutter, M., DiLavore, P. C., Risi, S., Gotham, K., & Bishop, S. (2012). *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)*. Western Psychological Services.

Mandy, W., Chilvers, R., Chowdhury, U., Salter, G., Seigal, A., & Skuse, D. (2011). Sex differences in autism spectrum disorder: Evidence from a large sample of children and adolescents. *Journal of Autism and Developmental Disorders*, *42*(7), 1304–1313. https://doi.org/10.1007/s10803-011-1356-0

Mutsaerts, C. G., Heinrich, M., Sterkenburg, P. S., & Sappok, T. (2016). Screening for ASD in adults with ID—Moving toward a standard using the DiBAS‐R and the ACL. *Journal of Intellectual Disability Research*, *60*(5), 512–522. https://doi.org/10.1111/jir.12290

NVA, Nederlandse Vereniging voor Autisme. (2024). *NVA - Wat is autisme?* https://www.autisme.nl/over-autisme/wat-is-autisme/

Oosterling, I., Roos, S., De Bildt, A., Rommelse, N., De Jonge, M., Visser, J., Lappenschaar, M., Swinkels, S., Van Der Gaag, R. J., & Buitelaar, J. (2010). Improved diagnostic validity of the ADOS revised algorithms: A replication study in an independent sample. *Journal of Autism and Developmental Disorders*, *40*(6), 689–703. https://doi.org/10.1007/s10803-009-0915-0

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, n71. https://doi.org/10.1136/bmj.n71

Piening, S., Van Balkom, I. D. C., Stapert, A. F., Henning, D., Greaves-Lord, K., Davids, L. R. C. D., Castelein, S., & Groen, Y. (2023). Perspectives on autism spectrum disorder diagnosis, symptoms, treatment and gender roles: A qualitative study of similarities and differences between sexes. *International Journal of Environmental Research and Public Health*, *20*(24), 7183. https://doi.org/10.3390/ijerph20247183

Rea, H. M., Øien, R. A., Shic, F., Webb, S. J., & Ratto, A. B. (2022). Sex differences on the ADOS-2. *Journal of Autism and Developmental Disorders*, *53*(7), 2878–2890. https://doi.org/10.1007/s10803-022-05566-3

Roth, D., Jording, M., Schmee, T., Kullmann, P., Navab, N., & Vogeley, K. (2020). Towards computer aided diagnosis of autism spectrum disorder using virtual environments. In *2020 IEEE International Conference On Artificial Intelligence And Virtual Reality (AIVR)*, 115–122. https://doi.org/10.1109/aivr50618.2020.00029

Rutter, M., Le Couteur, A., & Lord, C. (2003). ADI-R: Autism Diagnostic Interview-Revised (ADI-R). Western Psychological Services.

Shulman, C., Rice, C. E., Morrier, M. J., & Esler, A. (2020). The role of diagnostic instruments in dual and differential diagnosis in autism spectrum disorder across the lifespan. *Child And Adolescent Psychiatric Clinics Of North America*, *29*(2), 275–299. https://doi.org/10.1016/j.chc.2020.01.002

Tak, N. G. A. (2020). Drie vrouwen bij wie de diagnose autismespectrumstoornis werd herzien. *Tijdschrift voor Psychiatrie, 62,* 488-492.

Van Tongerloo, M. A. M. M., Bor, H. H. J., & Lagro-Janssen, A. L. M. (2012). Detecting autism spectrum disorders in the general practitioner's practice. *Journal of Autism and Developmental Disorders*, *42*(8), 1531–1538. https://doi.org/10.1007/s10803-011-1384-9

Videler, A. C., Delescen, E. C. J., & Ouwens, M. A. (2018). Handvatten voor differentiële diagnostiek bij autisme of persoonlijkheidsstoornis bij ouderen. *Tijdschrift voor Psychiatrie*, *60,* 343–346.

Waltz, M., & Syurina, E. (2021). Geslacht, genderidentiteit en leeftijd: Invloeden op verschillen in de gezondheidszorg voor vrouwen met autisme in Nederland. *Data Archiving And Networked Services (DANS)*. https://research.vu.nl/en/publications/2b6602dd-ee73-42d5-921b-cc3e3165f592

Weiland, R. F., Polderman, T. J., Hoekstra, R. A., Smit, D. J., & Begeer, S. (2020). The Dutch sensory perception quotient-short in adults with and without autism. *Autism*, *24*(8), 2071–2080. https://doi.org/10.1177/1362361320942085

Appendix

Table 1 *Included articles for the literature review*

ID	Title	First Author	Year	Sample	Study type	Main focus	DOI/Link
1	Diagnostics and treatment of autism spectrum disorders in older adults	Hitzert, B	2016	Large sample of experts	Expert study	Challenges and recommendations regarding diagnostics and treatment of ASD in older adults	https://pubmed.ncbi.nlm.nih.gov/27976783
2	The Dutch Sensory Perception Quotient-Short in adults with and without autism	Weiland, R.F	2020	Large samples of adults with ASD (n=657) and without ASD (n=585)	Psycho metric validation study	Validation of a sensory sensitivity questionnaire for adults with and without ASD	https://journals.sagepub.com/doi/10.1177/1362361320942085L
3	Psychometric evaluation of a Dutch version of the Mini PAS ADD	Janssen, R	2012	Large-scale random sample (n=377) and clinical sample (n=99)	Psycho metric evaluation study	Reliability and validity of the Mini PAS-ADD	https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2788.2012.01544.x
4	Towards Computer Aided Diagnosis of Autism Spectrum Disorder Using Virtual Environment	Roth, D	2020	18 participants4 women, 14 males	Machine learning feasibility study	Use of VR environments + algorithms for ASD detection	https://ieeexplore.ieee.org/document/9319100

5	Autism or personality disorder in older adults? Guidelines for differential diagnosis	Videler, A	2018	Guideline article	Clinical guideline	Differential diagnosis between ASD and personality disorders in late life	https://pubmed.ncbi.nlm.nih.gov/29766483/
6	Biology and context: Experiences of adults diagnosed with autism	Hens, K	2018	Qualitative study	Qualitative interview study	Lived experiences after adult autism diagnosis	https://pubmed.ncbi.nlm.nih.gov/30132582/
7	Detecting Autism Spectrum Disorders in the General Practitioner'S Practice	Van Tongerloo M.A.M.M	2012	n = 49 with ASD and n = 81 without ASD	Case control diagnostic study	Feasibility and accuracy of ASD detection in general practice	https://link.springer.com/article/10.1007/s10803-011-1384-9
8	Diagnosing Autism Spectrum Disorders in Adults: The Use of Autism Diagnostic Observation Schedule (ADOS) Module 4	Bastiaansen, J	2011	170 adults	Diagnostic validity study	Utility and accuracy of ADOS Module 4 in adult ASD diagnosis	https://pubmed.ncbi.nlm.nih.gov/21153873/
9	Sex, gender identity and (older) age: Impacts on healthcare disparities for women with	Waltz, M	2020	Conceptual analysis	Policy / conceptual analysis	Gender and age effects on healthcare disparities	https://www.autisme.nl/wp-content/uploads/2020/07/Waltz_Syurina_Women_autism_a

	autism in the Netherlands						nd_health_disparities_300120.pdf
10	Behavioural and cognitive sex/gender differences in autism spectrum condition and typically developing males and females	Hull, L	2016	13 studies were included	Meta analysis	Sex and gender differences in behavioral and cognitive profiles of ASD	https://journals.sagepub.com/doi/10.1177/1362361316669087
11	Sex differences on the ADOS-2	Rea. H.M.	2022	Individuals from research (n = 229), and from clinical settings (n = 238)	Comparative diagnostic validity study	Sex differences in ADOS-2 scores and diagnostic sensitivity	https://link.springer.com/article/10.1007/s10803-022-05566-3#citeas
12	Genderversch-llen in de GGZ-praktijk: uw aandacht gevraagd! Deel 1: Diagnostiek	Bachrach, N	2017	x	Narrative review	Gender differences in psychiatric diagnostic practices	https://research.tilburguniversity.edu/en/publications/genderverschillen-in-de-ggz-praktijk-diagnostiek/
13	Psychometric properties of an informant personality questionnaire (the HAP) in a sample of older adults in the Netherlands and Belgium	Barendse, H	2013	Informants of nursing home residents (n =385) and elderly psychiatric patients (n=204)	Psychometric validation study	Reliability and validity of an informant based personality questionnaire	https://www.tandfonline.com/doi/abs/10.1080/13607863.2012.756458

14	From diagnosis to dialogue: a call for support of older adults with a late autism diagnosis	Blok, M	2025	18 older adults who were later diagnosed in life, 9 women	Qualitative interview study	Lived experiences and support needs following late ASD diagnosis	https://academic.oup.com/gerontologist/article/65/10/gnaf181/8255967
15	A retrospective chart study: The pathway to a diagnosis for adults referred for ASD assessment	Geurts, H	2011	125 adults (18-82 y)	Retrospective chart review	Diagnostic pathways and delays in adult ASD assessment	https://journals.sagepub.com/doi/10.1177/1362361311421775
16	Drie vrouwen bij wie de diagnose autisme spectrum stoornis werd herzien	Tak, N.G.A	2020	N = 3	Case series	Diagnostic revision of ASD in adult women and differential diagnosis	https://www.tijdschriftvoorpsychiatrie.nl/nl/artikelen/article/50-12210_Drie-vrouwen-bij-wie-de-diagnose-autismespectrumstoornis-werd-herzien
17	Measuring the Autistic Women's Experience (AWE)	Groen, Y	2023	(N = 153, n = 85 women) and in the general population (N = 489, n = 246 women)	quantitative, cross-sectional design	Development and validation of a new autism screening questionnaire specifically aimed at capturing the experiences	https://www.mdpi.com/1660-4601/20/24/7148

						and characteristics of autistic women	
18	Diagnosis of autism spectrum disorders in older adults	Heijnen-Kohl, S	2009	x	Narrative review	Diagnostic challenges and considerations in ASD assessment in older adults	https://pubmed.ncbi.nlm.nih.gov/19434573/
19	Access to services for autistic people across Europe	Ikhsan, S	2025	N = 2322	Cross sectional survey study	Barriers and facilities in access to autism related services	https://link.springer.com/article/10.1186/s13229-025-00664-2
20	Factor Structure, Reliability and Criterion Validity of the Autism-Spectrum Quotient (AQ)	Hoekstra, R.A	2008	961 students, the general population sample (n=302) consisted of parents of twins	Psychometric validation study	Factor structure and validity of the AQ in Dutch population and clinical samples	https://link.springer.com/article/10.1007/s10803-008-0538-x
21	Autismespectum stoornissen bij volwassenen	Kan, C.C	2008	x	Clinical guideline	Diagnostic and clinical guidelines for ASD in adults	Autismespectrumstornissen bij volwassenen. In *Ned Tijdschr Geneeskd* (Vol. 152, Nummer 24, pp. 1365–1369).
21	Perceived	Kentrou,	2024	1009	Cross	Prevalence	https://jour

	misdiagnosis of psychiatric conditions in autistic adults	V		adults, 770 women	sectional survey study	and types of perceived psychiatric misdiagnosis in autistic adults	nals.sagepub.com/doi/10.1177/1362361318785171
23	How well can we diagnose autism in adults?	Krijnen, L	2023	n = 92	Diagnostic accuracy study	Evaluation of the 3Di-Adult as an informant based diagnostic interview tool	https://link.springer.com/article/10.1007/s10803-023-06069-5
24	The Dutch Glasgow Sensory QuestionnairePsychometric properties of autism-specific sensory sensitivity measure	Kuiper, M.W.	2018	78 autistic and 68 typically developing adults	Psychometric validation study	Sensory sensitivity profiles in autistic and typically developing adults	https://journals.sagepub.com/doi/10.1177/1362361318788065
25	Diagnostic utility of the autism diagnostic observation schedule in a clinical sample of adolescents an adults	Langman, A.	2016	N = 356, 21% women	Diagnostic validity study	Sensitivity and specificity of the ADOS in mixed adolescent and adult samples	https://www.sciencedirect.com/science/article/pii/S1750946716301520?via%3Dihub
26	Screening for ASD in adults with ID, moving towards a standard	Mutsaerts, C.G.	2016	148 adults with ASD	Validation study	Standardized screening of ASD in adults	https://onlinelibrary.wiley.com/doi/10.1111/jir.12290

	using the DiBA‐R and the ACL						
27	Improved Diagnostic Validity of the ADOS Revised Algorithms: A Replication Study in an Independent Sample	Oosterling, I.	2010	N = 532	Replication validity study	Validation of revised the ADOS	https://link.springer.com/article/10.1007/s10803-009-0915-0
28	Perspectives on Autism Spectrum Disorder Diagnosis, Symptoms, Treatment and Gender Role	Piening, S.	2023	22 women, 10 men	Semi-structured interviews	Different gender experiences of ASD diagnosis, symptoms and treatment	https://www.mdpi.com/1660-4601/20/24/7183