



Masking in autistic children and young people

Masking in autistic people is mostly subconscious and an involuntary trauma response. It happens because environments can often be out of sync with the different needs of autistic people. Masking is a survival mechanism and can be camouflaging, self censoring, suppressing internal distress caused by things such as sensory overload, people pleasing and hiding their authentic self, identity, interests and stims.

According to research autistic masking is “concealing or portraying a surface presentation of their true self, to secure social acceptance and to avoid stereotyping, prejudice and discrimination” Julia Cook, Laura Crane et al (2023) ‘Dropping the mask: it takes two’

An autistic child or young person in school (whether they have a diagnosis or not) may present as:

Compliant

Hard working

Quiet or talkative

Joining in with conversations/giving eye contact

May have a friend or be on the periphery of a group of friends

They may talk, engage, answer questions, give eye contact

Children may also mask their executive functioning challenges at school, not able to express their challenges with being organised and flexible, remembering everything expected of them, regulating their emotions, tolerating stress and focussing on everything.

Social situations (such as school) can be very noisy, busy, unpredictable environments, with a lot of demands, expectations and lead to what we call social hangovers. Masking uses up a lot of psychological, emotional and physical energy, meaning they have less and less capacity. It can mean that when they get home from school they experience meltdowns and shutdowns. Prolonged masking can also lead to burnout, which can be very serious, leading to significant mental health challenges for many.

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