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Dismissed as just a "chatterbox": Examining Childhood Symptomatology, Educational Costs and the Effects on Mental Health of Delayed Diagnosis of ADHD in Women

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Abstract

The diagnostic criteria for ADHD were historically constructed on male, cis gender, presentations that make female symptoms atypical in comparison. This has contributed to a poor understanding of female presentations of ADHD and underpins the diagnostic gender gap varying from 2:1 to 16:1 in childhood. Semi-structured interviews with ten late-diagnosed women, aged 25-64 (M = 41.70; SD = 11.26). were conducted. Using Interpretative Phenomenological Analysis, this study examined the lived experiences of women diagnosed with ADHD in adulthood to retrospectively explore childhood symptomatic ADHD behaviours and how gender influenced delayed diagnosis. Findings indicated participants exhibited symptoms from early childhood and struggled with feelings of otherness and shame. Hyperactive tendencies were reported as objectionable in females from an early age leading to concealment and internalisation of perceived flaws. Adolescence was marked by mounting scholastic difficulties, low self-esteem and poor mental health. Participants remembered suffering from overwhelm, rumination and incessant mental activity as well as a structural inability to sustain attention and maintain composure; symptoms highly indicative of ADHD but missed. ADHD medication, post-diagnosis, brought mental clarity and focus. Future research should investigate female specific indicators of ADHD and how hormonal fluctuations escalate symptoms.

Keywords: ADHD, Gender Bias, Female Symptomatology, Delayed Diagnosis, Consequences

Data availability statement: The data supporting the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions

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Introduction

Female health remains underrepresented in medical research (Academy of Medical Sciences, 2021). Historically, clinical trials have relied on cis-male samples, embedding male-centric symptom profiles into diagnostic frameworks that have created persistent data and knowledge gaps and health systems that disadvantage women and girls (Alvaro, 2025; Allegra et al., 2023; Patalay & Demkowicz, 2023; Shansky & Murphy, 2021). These structural biases are particularly evident in the under- and misdiagnosis of attention deficit hyperactivity disorder (ADHD) in females.

ADHD is a prevalent, lifelong neurodivergence characterised by difficulties with inattention, hyperactivity and/or impulsivity and associated with dysregulated dopamine and norepinephrine transmission (Eng et al., 2023; Hinshaw et al., 2021; Metha et al., 2019; Nigg et al., 2020). The Diagnostical and Statistical Manual for Mental Disorders, 5th ed. ([DSM-5] American Psychiatric Association [APA], 2013), groups ADHD in three core categories, (1) predominantly hyperactive/impulsive, ADHD-H/I; (2) predominantly inattentive. ADHD-I and (3) combined ADHD, ADHD-C. Although ADHD generally represents the same biological syndrome across sexes, diagnostic ratios before age 18 range from 2:1 to 16:1 in favour of males (Martin et al., 2024; Quinn & Madhoo, 2014; Walters, 2018; Williamson & Johnston, 2015; Young et al., 2020), indicating substantial gender bias in identification rather than true prevalence differences.

A key contributor to the systemic underdiagnosis of girls is the reliance on the male-centric diagnostic criteria of the DSM-5 (APA, 2013). These criteria are largely derived from research containing samples of elementary school-aged boys and highlight overt hyperactive and impulsive behaviours which are less likely to be expressed or expressed differently by girls (Hinshaw et al., 2022; Mowlem et al., 2019; Murray et al., 2018). Girls tend to experience symptomatology later, particularly during puberty, and rarely display problematic or disruptive classroom behaviours that prompt referral (Ayano et al., 2023; Eng et al., 2023; Nigg et al., 2020). As a result, parents and teachers frequently overlook ADHD in girls or misattribute symptoms to personality traits or hormonal changes (Klefsjö et al., 2020; Lynch & Davison, 2022; Meyer et al., 2020; Patalay & Demkowicz, 2023).

Diagnosis is further impeded by the widespread assumption that girls suffer overwhelmingly from inattentive ADHD and do not present with hyperactivity/impulsivity. Clinical research however does not support greater inattentiveness in girls than boys (Ayano et al., 2023), nor the absence of hyperactivity or impulsivity when female symptomatology is appropriately contextualised (Waschbusch & King, 2006). Female symptomatology of hyperactivity/impulsivity, such as interrupting and talking over others, taking things a bit too far, being too loud, or generally being "too much" (Morgan, 2023; Walters, 2018) violate gender norms (Glaser-Holthe & Langvik, 2017; Loyer-Carbonneau et al., 2021; Morgan, 2023) and are often heavily sanctioned, especially by same sex peers (Attoe & Climie, 2023; Blum et al., 2017; Kok et al., 2016). Girls quickly learn to suppress and internalise their hyperactive impulses to maintain normalcy, often at great expense to themselves (Nussbaum, 2012; Young et al., 2020). Externalising ADHD behaviours are undesirable in society across genders (Beaton et al., 2020), but this is magnified for girls. Female hyperactive tendencies must present within the strict bounds of gender mandates for feminine behaviours such as, pleasing others, being prosocial, cohesive and compliant (Blum et al., 2017; Patalay & Demkowicz, 2023; Vinagre-González et al., 2020; Williamson & Johnston, 2015). Lacking gender compliant opportunities to express ADHD-associated restlessness, ADHD in girls frequently manifests in emotion dysregulation/hyperactivity (De Ronda et al., 2024), rumination and racing thoughts (Lynch & Davison, 2022).

Missed or delayed diagnosis of ADHD in girls is associated with enduring adverse outcomes including chronic low self-esteem (Beaton et al., 2020; Çelebi & Unal, 2021), academic underachievement (Birchwood & Daily, 2012; Koirala et al., 2024), problematic peer functioning (Kok et al., 2016), recurrent somatic complaints, such as head- and stomach aches (Bozhilova et al., 2018; Young et al,. 2020) and an elevated risk of developing comorbid conditions, notably anxiety and depression (Martin et al., 2024; Sarwar & Vitetta, 2024), making a timely ADHD diagnosis for girls a critical public health concern.
Although a growing body of literature acknowledges systemic gender bias in ADHD diagnosis (Attoe & Climie, 2023; Glaser-Holthe & Langvik, 2017; Lynch & Davison, 2022; Morgan, 2023), female presentations remain insufficiently recognised. This study aims to advance understanding of how

ADHD-related hyperactivity and restlessness manifest in girls and how parents, educators and primary care clinicians can better identify ADHD in female populations. Using a qualitative design, semi-structured interviews with late-diagnosed women with ADHD were conducted to explore childhood symptomatology, gendered misrecognition and compensatory coping strategies.

> **Research Question 1:** What symptoms were present in childhood? Are female symptoms not recognised and what was the perceived role of gender in delayed diagnosis?
> **Research Question 2:** What coping and compensatory behaviours were used in childhood and how did this affect them?

Method

Design

Interpretative Phenomenological Analysis (IPA) was used to gather data from late-identified women with ADHD about their subjective experiences and retrospections of ADHD in childhood. Primary, person-centred accounts of late-diagnosed women with ADHD were captured verbatim through semi-structured interviews, guided by an Interview Schedule (Appendix A) (Tong et al., 2007).
Ethical approval for this study, based on a full review submission, was granted (#2024-205) by the Ethics Committee of the University of Portsmouth.

Participants

A homogenous, purposeful sampling method was deployed to recruit participants. The study was advertised in various female-only WhatsApp groups inviting late diagnosed women with ADHD, aged 18 or over, with access to a computer, good command of the English language and the ability to provide consent, to contact the researcher. Participants consisted of 10 (n = 10) women, aged 25 to 64. Participants completed a survey to gather basic demographic and psychiatric data and to obtain consent. Participants were purposely not asked about their category of ADHD as not to frame their answers or create bias for the researchers. See Table 1.

Table 1

Participant baseline demographic and psychiatric data (N = 10)

	M (SD)	*N*
Age	41.70 (11.26)	
Age of diagnosis	35.20 (10.46)	
Employed		7
Not employed/ homemaker		3
Married/relationship		6
Single		4
Diagnosis before ADHD assessment total		7
- Anxiety		5
- Depression		2
ADHD medication		9
Currently in psychotherapy		5
Resident in the Netherlands		6
Resident in the UK		4
Identified as white		10

Materials

Other than collecting basic data, the online survey presented participants with a 17-item, multiple-choice, ADHD symptom checklist (Appendix B) derived from both the diagnostic criteria of the DSM-5 and existing literature on the presentation of ADHD in females with a focus on racing thoughts and

emotion dysregulation (De Ronda et al., 2024; Lynch & Davison, 2020). Participants were asked to choose descriptions of ADHD symptoms applicable to them in childhood and adolescence, ranging from inattentive symptoms "forgetful-dreamy-scatty/ being accused of being lazy" to hyperactive symptoms "being told to calm down/being on an emotional rollercoaster". This list included two common ADHD coping mechanisms, such as following a "strict daily schedule and/or being excessively organised". There was an option to answer with "prefer not to say". The results of the survey are presented in Table 2.

Table 2
ADHD symptoms as self-indicated by participants (N = 10) in the pre interview survey

Symptoms	Type	% survey
Scatty, dreamy, forgetful	Inattentive	60%
Feeling overwhelmed	Inattentive	60%
Being told off by parents/teachers	Combined	70%
Accused of being lazy	Inattentive	70%
Feeling misunderstood	Combined	100%
Feeling different	Combined	100%
Talkative	Hyperactive	60%
Racing thoughts	Hyperactive	80%
Being on an emotional rollercoaster	Hyperactive	60%
Having a mind like a bolting horse	Hyperactive	40%
Being impulsive	Hyperactive	80%
Trouble sleeping	Hyperactive	70%
Told to 'calm down'	Hyperactive	40%
Always busy with something	Hyperactive	70%
Following a strict daily schedule	Coping response	<1%
Being excessively organised	Coping response	<1%

Interview Procedure

Interviews were conducted via Zoom and lasted from 45 to 133 minutes. Each interview started with describing the research objectives and confidentiality, before commencing the interview schedule. The researcher kept notes of all interviews and wrote a short reflection after each interview on topics and emotions that were initially notable.

Procedure for Data Analysis and Interpretation

The analysis of the raw interview data followed a 6-step analysis. Participant accounts were transcribed verbatim (1) from the audio and video recordings and, where necessary, directly translated from Dutch into English. Transcripts were (2) then re-read multiple times and checked for accuracy against the recordings, before (3) being analysed inductively and ideographically and summarised into descriptive notes, highlighting relevant verbatim quotes and grouping these around the broader research questions. The notes and isolated quotes were subsequently (4) submitted to a deductive analysis and expanded linguistically and conceptually, allowing for repeating ideas and experiential themes to emerge before being clustered and categorised to identify themes and codes (5) in each individual account separately. Lastly (6), the notes were read holistically across all ten summarised accounts, looking for thematic communalities and differences in participants' experiences. IPA analysis of the ten interviews revealed 42 thematic codes, which were finally grouped into 3 overlapping super-ordinate themes and 5 sub-ordinate themes based on co-occurrence and common meaning. Participants' identities were replaced by pseudonyms. See Table 3.

Table 3

Themes from semi-structured interviews with (N = 10) late diagnosed women with ADHD

Superordinate Themes (3)	Subordinate Themes (5)
The Gender Paradigm	Missed Childhood Diagnosis Despite Obvious Symptoms
	Compliance with Gender Expectations: Early Years
Otherness	Compensating and Coping
Getting Stuck in Adolescence	Scholastic Consequences
	Missed Opportunities

Analysis and Discussion

The Gender Paradigm

Missed Childhood Diagnosis Despite Obvious Symptoms

Participants shared hyperactive and impulsive symptomatology from childhood and demonstrated various levels of externalised hyperactivity/impulsivity throughout the interviews (despite having been diagnosed with 'inattentive' ADHD). All participants recalled being reprimanded "all the time" for what they now understood to be manifestations of ADHD and being recipients of constant criticism for being "too much", "too loud", "too excitable" or for "coming across as bored in conversations", for talking over- and interrupting others.

> *"I was dismissed as just a 'chatterbox', as if talking a lot is not a symptom of ADHD, 'oh no, she just talks a lot" (Mila).*
>
> *"My entire childhood I have been told that I was too much, too hyper, and I was punished for talking back, not sitting still, never finishing anything" (Chris).*
>
> *"I was often, if not always, told to 'calm down' as a child. I was told to be 'normal' both at home and at school; told to sit down, to calm down. I felt that my behaviours were undesirable, and certainly for a girl" (Mila).*
>
> *"You are often rejected, because you interrupt people, you talk too much, you blurt… or because you find it hard to stay focused in a conversation. And when you don't conform, because you find it very difficult to conform, there are consequences, it is the social punishment" (Amalia).*

Compliance with Gender Expectations: Early Years

Participants mentioned noticing gender behavioural expectations first in elementary school, illustrating how gender norms shape girls' behaviour from a young age (Blum et al., 2017). At school, participants were discouraged from seeking attention - labelled "drama queens" if they did - and expected to be quiet and obedient (Hinshaw et al., 2022). Most women reported generally behaving well at school, certainly better than their male peers (Bozhilova et al., 2018; Waschbusch & King, 2006) and described covertly managing restlessness during lessons through doodling, hair-twirling, frequent bathroom breaks, tapping feet, or mentally "switching off".

> *"Girls are expected to sit still and behave well at school. Any other type of behaviour is disapproved of. I could never sit still at school but tried very hard…. I often asked to go to the toilet, just to stretch my legs and I would rock in my chair. There are different expectations for*

girls, and we must adapt to that. Girls are judged on feminine qualities. A bit by everyone, but especially at school" (Dora).

"I had restless leg syndrome…..I remember shaking my leg all the time during my school years… I still believe I have the hip pain that I have right now… I still believe it is because of that" (Francesca).

Otherness

Compensating and Coping

Undiagnosed ADHD in females often lead to mental health challenges due to feelings of otherness and not fitting in with neurotypical peers (Morgan, 2023; Walters, 2018). Participants indeed recalled feeling different and misunderstood as children as their perceived character "flaws" were a cause for frequent parental- and peer criticism, leading to feelings of shame and low self-esteem (Attoe & Climie, 2023; Beaton et al, 2020; Kok et al., 2016).

"*I was always scared and stressed as a child because I did things wrong, and I just wanted to do them right. I think my cortisol levels were always high as I wanted to be a good child, and I tried really hard. I had to concentrate very hard to do small things right; like not leaving a mess, to be on time and to not be distracted by so many things" (Sarah.)*

"I felt I was wrong… that something was wrong with me. Missing something that others had. It really affected my self-esteem, as if what I was, was not allowed. I was not allowed to be different. I was not normal. It summarises my childhood, that I am not normal" (Mila).

Masking, a known compensatory strategy to conceal ADHD symptoms (Morgan, 2023; Quinn & Madhoo, 2014), became routine for participants as they believed that others disliked their authentic selves, making them "outsiders" in their own worlds. Masking was described as exhausting, as "ADHD chaos turning inwards", and a cause for "racing thoughts" and overwhelm (Lynch & Davison, 2022). Half of the participants were diagnosed with an anxiety condition many years before receiving an ADHD diagnosis, illustrating how internalised ADHD in females is frequently missed, misdiagnosed (Klefsjö et al., 2021; Martin et al., 2024; Patalay & Demkowicz, 2023) or not diagnosed as co-occurring (Michelini et al., 2015; Sarwar & Vitteta, 2024).

"Masking doesn't feel right, as if I don't fit, as if I am not good enough. It is exhausting. But if I don't, people say I am too much, too dominant, but I don't mean it" (Dora).

"I had to learn to mask just to get by. Going to school made me physically sick in the morning. I felt nauseous with anxiety because I knew I had to mask and control all of these things. And I punished myself for social transgressions and making mistakes" (Amalia).

"I always had these racing thoughts and many thoughts at the same time. I can't stop my mind. I get overwhelmed by my own thoughts. I am always 'on' and I can't stop" (Mila).

Getting Stuck in Adolescence

Scholastic Consequences

ADHD symptoms in girls often intensify during puberty, when oestradiol's effects on dopamine coincide with rising gender expectations and academic demands (Nigg et al., 2020; Nussbaum, 2012). Entering adolescence with undiagnosed ADHD can significantly impair scholastic outcomes and participants indeed reported encountering increasing difficulties in secondary school, including problems with attention, focus, memorisation, organisation, and completing exams on time. Chronic lateness was common, and many described uneven academic performance, excelling in some subjects while failing others, a performance described as "Marmite".

> *"School was a patch job: I did everything last minute because I could not remember things for long. I would cram for tests the night before, do the exam the next day and then forget. School was a struggle, like slow death" (Chris).*

Participants felt punished for difficulties they did not know how to resolve and were demoralised by teachers and parents who labelled them "lazy" or "unmotivated" for not finishing tasks, leaving them feeling "stupid" or treated as such at school.

> *"All my school reports said 'shame', you know, 'she has such potential, such a shame she never finishes her exams and never gets her prep in on time', I mean I did get my prep in on time, but then life gets more complicated, and the work get more complicated and it takes longer to do it, and I can't do it...." (Agnes).*

> *"My teacher said I was not making an effort. But is not that I didn't do my best, it is just that my effort wasn't fruitful. I would try to memorise. But I'm not able to focus. No focus. There is nothing I can do" (Francesca).*

School experiences were described as negative, with participants often "spending more time outside the classroom than in it" and frequent detentions were common (Young et al., 2020). One participant described school as a "repellent" and refused to attend altogether. Disruptive behaviour was not intentional but recalled as a compensatory response to difficulties sustaining focus, a core DSM-5 indicator of ADHD.

> *"I was always messing around in the classroom, but this was because I was frustrated about being unable to pay attention. Not to be able to do it" (Sophie).*

Missed Opportunities

All participants completed secondary school, although narrowly and with intensive parental oversight, yet collectively lost ten school years. This underscores the academic impact of undiagnosed and unmedicated ADHD (Johnson et al., 2021).

> *"I mean, I still have nightmares about these awful finals, um, and that stopped me,*
>
> *you know, I intended to go and read Law or something, but my inability to memorise stuff or to do the exams... and I just said, I can't be doing something that is going to require me to take endless more exams." (Agnes).*

Earlier diagnosis affords boys timely access to ADHD support and medication, positioning girls with undiagnosed ADHD at a structural disadvantage. Participants' accounts suggest that delayed identification not only constrained academic attainment but also shaped long-term decision-making and life trajectories. Retrospective regret centred on missed potential, with post-diagnosis medication, used by most participants, described as restoring cognitive calm and clarity, combating the abundance of intrusive thoughts. These findings highlight medication as a critical moderating factor (Johson et al. 2021) in mitigating the cumulative educational and psychological costs of undiagnosed ADHD.

> *And...before it vanishes because I, I never, I don't remember, you know, I'm constantly having flashes of brilliant thought and then I, which, you know, if I don't write it down there and then, or say it, you know, it vanishes.....never to return." (Agnes)*

Limitations

A limitation of this study was the homogeneity of the sample group, consisting of white cisgender females only. Despite the wide age range (24-64) of participants, all had comparable childhood experiences. This is likely different for women from different ethnic groups, who in health-matters often face racial bias in addition to gender bias. The potential effect of the difference between cis and

non-cis females on delayed diagnosis of ADHD was outside the scope of the study. More research is needed to study the role of biological sex, gender-identification and ethnicity on the underdiagnosis of women with ADHD.

Although many participants mentioned how hormonal effects plagued their ADHD symptom severity, from worsening symptoms during the luteal phase of the menstrual cycle, around pregnancy and in perimenopause and menopause, there is limited research on how oestrogen interacts with neurotransmitters, specifically dopamine. This is an important research direction as hormonal influences were reported as also interfering with the otherwise positive effects of ADHD medication.

Conclusion

This study investigated the reasons for delayed diagnosis of ADHD in females, focusing on whether hyperactivity and impulsivity are absent or expressed in gender-appropriate ways, and how coping mechanisms develop and influence outcomes. Retrospective interviews were conducted with ten women diagnosed later in life (N=10) to explore experiences of ADHD in childhood. Findings showed that ADHD in girls often goes unnoticed despite the presence of clear symptoms. Participants described hyperactivity and impulsivity from an early age, although these behaviours were frequently criticised by parents and rejected by peers. Such responses contributed to feelings of otherness, loneliness, and shame, and encouraged the development of maladaptive coping strategies. Many participants reported high levels of anxiety during adolescence and early adulthood, and several received anxiety diagnoses prior to recognition of ADHD. Educational experiences were largely negative. Persistent difficulties with attention, organisation, and task completion resulted in frequent reprimands from teachers and parents, who often interpreted these struggles as laziness or lack of motivation. Although all participants completed formal schooling, many did so narrowly, and collectively lost ten school years. In adulthood, participants expressed regret over missed opportunities and unrealised academic potential, particularly when reflecting on the later positive effects of ADHD medication aiding clarity of thought and daily functioning. Overall, the study demonstrates the significant impact of undetected ADHD on the wellbeing, trajectories, and life-outcomes of females, highlighting the need for earlier recognition and gender-sensitive assessment within educational and clinical settings.

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Appendix A

Interview Schedule

4. How are gender stereotypes perpetuated by diagnostic constructs?

- What age were you diagnosed?
- Why did you seek diagnosis?
- How did you feel once you were diagnosed?
- Did you experience symptoms of hyperactivity? What were they?
- What support have you received – medication and/or counselling.
- Did this help with your daily functioning?

5. What socio-adaptive behaviours were/are used to compensate for and camouflage ADHD symptoms?

- Looking back at your younger self - with what you know now - what symptoms were present? From what age? Do you think your symptoms were obvious?
- Why do you think your symptoms were not recognised as ADHD at school or at home?
- Girls and women with ADHD often mask ADHD symptoms well. Did you develop coping mechanisms to cover or manage your symptoms? What were they?
- Do you think gender norms played into how you dealt / coped with ADHD symptoms? How?
- Do you feel you could be you 'ADHD' self?

6. Are anxiety-disorders a result of undiagnosed ADHD / misdiagnosed ADHD?

- Did coping with ADHD without a diagnosis and support cause you anxiety or stress?
- What situations created symptom spikes?
- Were you diagnosed with an anxiety disorder?

- What effect did this (mis) diagnosis have on you and how do you feel about this now that you know it is ADHD?

Appendix B

17 item list of ADHD Symptoms

Looking back on your childhood and your adolescent self, which of the following descriptions applied to you?

ADHD symptoms		Coping responses
Inattentive	Hyperactive/impulsive	
Scatty, dreamy, forgetful	Talkative	Being excessively organised
Feeling different from peers[a]	Racing thoughts	Following a strict daily
Being told off by parents and	Being on an emotional	schedule
teachers	rollercoaster	
Feeling overwhelmed	Mind like a bolting horse	
Being accused of being lazy	Trouble sleeping	
Feeling misunderstood	Being impulsive	
Often late	Being told to calm down	
	Always busy with something	

[a] feeling different and feeling misunderstood are strongly associated with ADHD in general.