

# ADHD IN GIRLS

*Presentation, diagnosis barriers, undiagnosed impact, and the hidden cost of high achievement*

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## OVERVIEW

ADHD in girls is one of the most consistently underidentified presentations in clinical and educational settings. The condition is real, documented, and carries the same neurological profile as ADHD in boys, but it frequently looks different on the outside. Because diagnostic criteria and clinical awareness were built almost entirely on the study of boys, girls with ADHD have been measured against a standard that was never designed to capture them. The result is a generation of girls who struggle quietly, compensate exhaustively, and arrive at adulthood carrying the weight of years without answers.

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## THE DIAGNOSIS GAP: BY THE NUMBERS

**15% vs. 8%** Boys are diagnosed with ADHD at nearly twice the rate of girls among U.S. children ages 3–17 (CDC, 2022 National Survey of Children’s Health).

**~4 years** Girls receive an ADHD diagnosis approximately 4 years later than boys on average, at age 23 versus age 19, in studies of large clinical populations (Skoglund et al., 2023; Charlie Health, 2024).

**1 in 4** Only 1 in 4 adolescent girls with ADHD received a prescription for ADHD medication in a systematic review of over 20 studies, compared to approximately 3 in 4 adolescent boys (Charlie Health / Fuermaier et al., 2020).

**55.8% vs. 74.8%** Among children and adolescents studied, girls were less likely than boys to be prescribed methylphenidate (Ritalin/Concerta) for ADHD (Fuermaier et al., 2020).

These numbers do not reflect a difference in the underlying prevalence of ADHD. They reflect a difference in who gets recognized, referred, and treated.

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## HOW ADHD PRESENTS DIFFERENTLY IN GIRLS

The most important distinction is not that girls have milder ADHD, it is that their ADHD tends to be less visible externally. Research consistently finds that girls with ADHD show more internalizing symptoms while boys show more externalizing ones. This difference in presentation is one of the primary drivers of the diagnosis gap.

### Girls vs. Boys, Common Presentation Differences

#### Girls, more likely to show:

- Predominantly inattentive symptoms: daydreaming, forgetfulness, difficulty sustaining focus, losing items, zoning out in class (Slobodin & Davidovitch, 2019; Quinn & Madhoo, 2014)
- Internalizing emotions: anxiety, low self-esteem, sadness, self-blame, and emotional dysregulation that is felt intensely but expressed quietly
- Hypersensitivity to social dynamics: heightened sensitivity to peer rejection, social exclusion, and interpersonal criticism
- Hyperactivity expressed internally as racing thoughts, restlessness felt but not seen, and chronic overwhelm rather than physical disruption
- People-pleasing and compliance in public settings, masking the internal chaos through socially “acceptable” behavior

#### Boys, more likely to show:

- Externalizing behaviors: physical hyperactivity, impulsivity, disruptiveness in the classroom, rule-breaking, and conduct problems
  - Symptoms that are more visible to teachers and parents, triggering referrals and evaluation at earlier ages
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- Externalizing frustration outward, blaming others, acting out, rather than inward

**A critical clinical note:** Satisfactory academic achievement does not rule out ADHD in girls. A girl who is performing adequately in school may be doing so at enormous cost, spending extra hours, relying on parent support at home, or working far harder than peers to produce the same result. Performance in the classroom is not an accurate proxy for the presence or absence of impairment (Quinn & Madhoo, 2014).

Research confirms that parents under-rate hyperactive and impulsive symptoms in girls compared to more objective clinical interview measures, while teachers are more likely to perceive the same behaviors as problematic in boys. This rater bias compounds at every step of the referral-to-diagnosis pipeline (Mowlem et al., 2019).

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## BARRIERS TO DIAGNOSIS

- **Diagnostic criteria built on male samples:** The DSM-5-TR criteria were developed predominantly from studies of boys. Symptoms that are more characteristic of girls, inattention, emotional dysregulation, social difficulties, low self-esteem, are not as explicitly centered in criteria that emphasize disruptiveness and hyperactivity (Martin, Lancet Psychiatry, 2024).
  - **Referral bias at school:** Teachers are significantly more likely to refer boys for ADHD evaluation than girls displaying comparable symptom levels. Girls who are quiet, compliant, and not disrupting the classroom are rarely flagged, even when they are struggling (Sciutto et al., 2004; Quinn & Madhoo, 2014).
  - **Masking and compensation:** Girls develop compensatory strategies early: working harder, asking fewer questions, copying peers, over-preparing, and suppressing impulses to appear “normal.” These strategies hide impairment from clinicians and teachers, often until the demands of adolescence or young adulthood overwhelm them (Quinn, 2010).
  - **Co-occurring conditions cloud the picture:** Anxiety, depression, and eating disorders, which are more common in girls with ADHD, frequently receive clinical attention before ADHD does, or instead of it. The co-occurring condition is treated; the underlying ADHD is missed (Attoe & Climie, 2023).
  - **Parental and clinician perception bias:** Studies show that both parents and teachers perceive “feminine” ADHD behaviors as less problematic than “masculine” ones. The same level of impairment in a girl is less likely to be seen as requiring intervention than in a boy (Ohan & Johnston, 2005; Graetz et al., 2005).
  - **Delayed crisis point:** For many girls, ADHD goes undetected until a transition point, moving to secondary school, starting university, or taking on adult responsibilities, when existing coping strategies collapse under increased demand. By this point, the window for early intervention has closed.
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## THE IMPACT OF UNDIAGNOSED ADHD IN GIRLS

When ADHD goes unidentified in girls, the consequences are not invisible, they show up in mental health, self-concept, relationships, and long-term outcomes. Because girls are more likely to internalize their struggles, these effects are often attributed to personality, character, or emotional fragility rather than to a neurological condition that was never identified.

### Mental Health

- Girls with ADHD are significantly more likely than girls without ADHD to experience major depression, anxiety disorders, and eating disorders (Hinshaw et al., Child Mind Institute, 2025).
- Girls with combined-type ADHD show significantly higher rates of attempted suicide and self-harm, even among those who have outgrown hyperactive symptoms in adolescence (Hinshaw et al., 2022).
- Women with ADHD are 5 times more likely to experience anxiety and 2.5 times more likely to develop major depression than women without ADHD, consequences that frequently trace back to childhood years of undiagnosed struggle (ADDitude, 2023 review).
- 93% of women with ADHD report at least one related psychiatric diagnosis, a figure reflecting cumulative, often untreated co-occurring conditions that began developing in girlhood (ADDitude survey, 2023).

### Self-Esteem & Identity

- Low self-esteem is more prominent in girls with ADHD than in boys with ADHD or girls without ADHD. In population-based studies, girls with ADHD score lower on mental well-being, relationship to parents, and relationship to others (Quinn & Madhoo, 2014; PMC review).
- Girls without a diagnosis are likely to internalize the explanation for their difficulties as personal failure, concluding they are lazy, stupid, broken, or “not good enough” rather than understanding they are living with an unrecognized neurological difference (Attoe & Climie, 2023; Morgan, 2023).
- In qualitative studies, women consistently describe their undiagnosed years as marked by shame, self-blame, and a painful sense of being fundamentally different without understanding why. Many describe the experience of diagnosis, even in adulthood, as profound relief, followed by grief for the girl they might have been (Scientific Reports, 2025; Morgan, 2023).

### Social & Academic Functioning

- Girls with ADHD commonly experience difficulty forming and maintaining friendships due to emotional dysregulation, fear of rejection, and social misreading, compounding feelings of isolation alongside academic strain (Morley & Tyrrell, 2023).
- Undiagnosed girls often miss out on academic accommodations, support services, and interventions that could meaningfully improve their outcomes. The absence of a diagnosis is not neutral, it is a closed door to support.

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## THE HIGH ACHIEVER PATTERN & ITS TOLL ON WELLBEING

One of the most consistently overlooked profiles of ADHD in girls is the high achiever: the girl who performs well academically, appears organized and capable, is liked by teachers and praised for her effort, while privately spending far more energy than her peers to sustain that appearance. This profile is frequently cited as evidence that a girl “cannot” have ADHD. In fact, it is one of its most demanding expressions.

### What the High Achiever Pattern Looks Like

- Re-reading assignments multiple times because the content did not register the first pass, without anyone knowing the extra effort is required
- Arriving over-prepared to every situation as a defense against the fear of being found inadequate or unprepared
- Using elaborate organizational systems, reminders, and routines, not because they are naturally organized, but because without them, everything falls apart
- Earning strong grades while privately feeling like an imposter: performing competence while feeling fundamentally incapable
- Being praised for being “such a hard worker”, a recognition that is accurate, but that misses the reason the extra work is necessary
- Appearing emotionally regulated and socially skilled in public while experiencing significant overwhelm, emotional sensitivity, and exhaustion privately

### The Cumulative Toll

The high achiever pattern is not a sign that ADHD is mild or manageable without support. It is a sign that the girl is working significantly harder than her peers to reach the same outcomes. That gap, between effort and ease, is invisible from the outside and cumulative over time.

- Many high-achieving girls with ADHD first show visible signs of struggle at major life transitions: moving to secondary school, sitting standardized exams, or leaving home for university. These transitions increase executive demand, disrupt established routines, and expose the limits of compensatory strategies that were barely sustainable before (Morley & Tyrrell, 2023; Quinn, 2005).
- The internal experience of sustained high performance without recognition of its true cost, and without appropriate support, is strongly associated with chronic anxiety, exhaustion, perfectionism, and eventual burnout (Kelly et al., 2024; Attoe & Climie, 2023).
- Girls in this pattern frequently receive the message “you’re doing fine” from the adults around them, a message that, however well-intentioned, reinforces the idea that nothing is wrong. For the girl who is

privately struggling, this can deepen the sense that her difficulties are a personal failure rather than an unmet clinical need.

- Crucially: receiving a diagnosis does not undermine a girl's achievements. It contextualizes them. Understanding that high performance was achieved alongside a neurological difference, rather than in the absence of one, is often experienced as both validating and freeing (Scientific Reports, 2025).

**What early identification changes:** Research consistently shows that earlier diagnosis and treatment is associated with better long-term outcomes across academic, social, and mental health domains. For girls in particular, whose symptoms are less likely to trigger spontaneous referral, awareness among parents, teachers, and faith communities may be the most important factor in closing the gap.

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**The Society for ADHD and Co-Occurring Conditions** serves as a bridge between faith communities and the evidence-based resources families need. We are here to equip you.

For resources, training, or speaking inquiries: [info@societyforadhd.org](mailto:info@societyforadhd.org) | [www.societyforadhd.org](http://www.societyforadhd.org)

*References available upon request. All content is science-backed and evidence-based.*