

**“It felt like the final piece in the puzzle that explains my life”: A retrospective
exploration of the school experiences of women diagnosed with ADHD in
adulthood**

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Abbreviations

AAS: Attachment Aware Schools

ACEs: Adverse Childhood Experiences

ADD: Attention Deficit Disorder

ADHD: Attention Deficit Hyperactivity Disorder

APA: American Psychiatric Association

ARC: Attachment, Regulation and Competency

BPS: British Psychological Society

BPS CoHRE: BPS Code of Human Research Ethics

CASP: Critical Appraisal Skills Programme

CL: Cognitive Load

CYP: Children and Young People

DfE: Department for Education

DSM: Diagnostic and Statistical Manual of Mental Disorders (*usually combined with a number or roman numerals to reflect the different editions e.g., DSM-5*)

EBSCO-DS: EBSCO Discovery Service

EF: Executive Function

EHCP: Education, Health and Care Plan

ELSA: Emotional Literacy Support Assistant

EP: Educational Psychologist

EST: Ecological Systems Theory

GEM: Grid Elaboration Method

JS: Justice Sensitivity

LA: Local Authority

LRQ: Literature Research Question

NHS: National Health Service

NICE: National Institute for Health and Care Excellence

OCD: Obsessive Compulsive Disorder

PMDD: Premenstrual Dysphoric Disorder

PRISMA-ScR: Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews

PTSD: Post Traumatic Stress Disorder

RQ: Research Question

RSD: Rejection Sensitivity Dysphoria

RTA: Reflexive Thematic Analysis

RTC: Right To Choose

SDT: Self-Determination Theory

SEND: Special Educational Needs and Disabilities

SES: Socioeconomic Status

TA: Thematic Analysis

TEP: Trainee Educational Psychologist

UDL: Universal Design for Learning

UK: United Kingdom

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Artificial Intelligence (AI) Use declaration

AI tools (e.g., Claude) were used as copy-editing and proofreading aids during the preparation of this thesis to support language accuracy, sentence refinement and formatting. All conceptualisation, analysis, interpretation and writing presented in this thesis are my original work.

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) has long been characterised as a male condition and stereotyped as the 'hyperactive boy'. As a result, difficulties experienced by females are often overlooked and misattributed in childhood, delaying diagnosis until adulthood. Despite growing awareness of female ADHD, research into the experiences of school and support for women diagnosed in adulthood remains limited, leaving their retrospective insights largely absent from the literature.

Committed to foregrounding women's voices, this research explored how women diagnosed with ADHD in adulthood retrospectively make sense of their experiences of school and support. In doing so, this research aimed to inform educational professionals and enable them to better recognise and support females with ADHD, irrespective of formal diagnosis. Semi-structured interviews and participant drawings were conducted with ten women and analysed using Reflexive Thematic Analysis.

The findings revealed that during their school years, the women's invisible internal battles, social struggles and learning difficulties were overlooked, misattributed and consistently missed due to masking, gendered expectations and stereotypical constructs of ADHD. The women were only able to reframe their school experiences in light of their adulthood diagnosis. Their experiences pointed to fragmented, inconsistent and diagnostic-dependant support shaped by systemic barriers and limited professional understanding of female ADHD, with relational support emerging as a rare but meaningful exception.

The women's insights informed the development of a practice framework, incorporating evidence-based strategies to guide educational professionals toward

inclusive, needs-based support. The framework is grounded in relational practice, enhanced awareness of female ADHD presentation and a commitment to systemic change underpinned by a neurodiversity paradigm. In centring the voices of women whose ADHD was overlooked in childhood, this research offers insight into a population long unseen and seeks to support future generations of girls in receiving the early identification and support they deserve.

1. Introduction

1.1 Chapter Overview

Attention Deficit Hyperactivity Disorder (ADHD) has long been understood as a predominantly male condition, with a reported male-to-female ratio of 2:1 (American Psychiatric Association [APA], 2013). However, growing evidence suggests this disparity does not reflect biological reality but a male-biased diagnostic framework, rooted in male-dominated clinical research that has left generations of females overlooked (Hinshaw et al, 2022). Over the past two decades, ADHD diagnoses in the United Kingdom (UK) have risen markedly, attributable to social media and growing awareness of gendered presentations. Between 2000-2018 alone, adult female ADHD diagnoses increased 15-fold, reflecting a growing population of women receiving long-awaited diagnoses in adulthood (Karasavva et al., 2025; McKechnie et al., 2023). However, despite this rising population, their experiences of school and support as undiagnosed girls remain under-researched, leaving their retrospective insights absent from the literature. This research seeks to address this gap to inform educational practice and support for future generations of girls.

This chapter reviews ADHD terminology, symptomology and prevalence within their historical context, informing current understanding and practice. This chapter also explores ADHD in the context of gender, educational settings and adulthood diagnoses. Finally, my motivation and interest in this research area will be presented.

1.2 Terminology

Attention Deficit Hyperactivity Disorder (ADHD) is the most recent iteration in a series of diagnostic labels that have evolved since the early twentieth century (Lange et al.,

2010). The term 'ADHD' is referenced in the current Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-5) and will be used throughout this research.

Concerning gender terminology, the terms 'females', 'women' and 'girls' are employed as follows throughout this research. Participants in this research received an adulthood ADHD diagnosis and are referred to as 'women'. However, their narratives also encompass earlier experiences as 'girls' in school. 'Female' serves as an age-inclusive term spanning developmental stages and reflects the biological and clinical terminology of existing literature. These terms acknowledge both the developmental trajectory of participants' experiences and terminological variance across academic, social and clinical contexts.

This research focuses on cisgender women and the terminology throughout reflects this. However, this is not intended to exclude or erase the experiences of individuals with diverse gender identities, who may face comparable challenges regarding adulthood ADHD diagnosis and school. The terminology is intended to provide a consistent framework for this research, while remaining mindful of the broader diversity of gendered experiences and acknowledging that similar challenges may be shared across identities.

1.3 Overview of ADHD

The DSM-5 categorises ADHD as a neurodevelopmental disorder with a "persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" (APA, 2013, p.61). ADHD is among the most common neurodevelopmental conditions, typically diagnosed in childhood, with children and young people (CYP) comprising of approximately 5% of global prevalence (Musullulu, 2025; National Institute for Health and Care Excellence [NICE], 2025). Under the

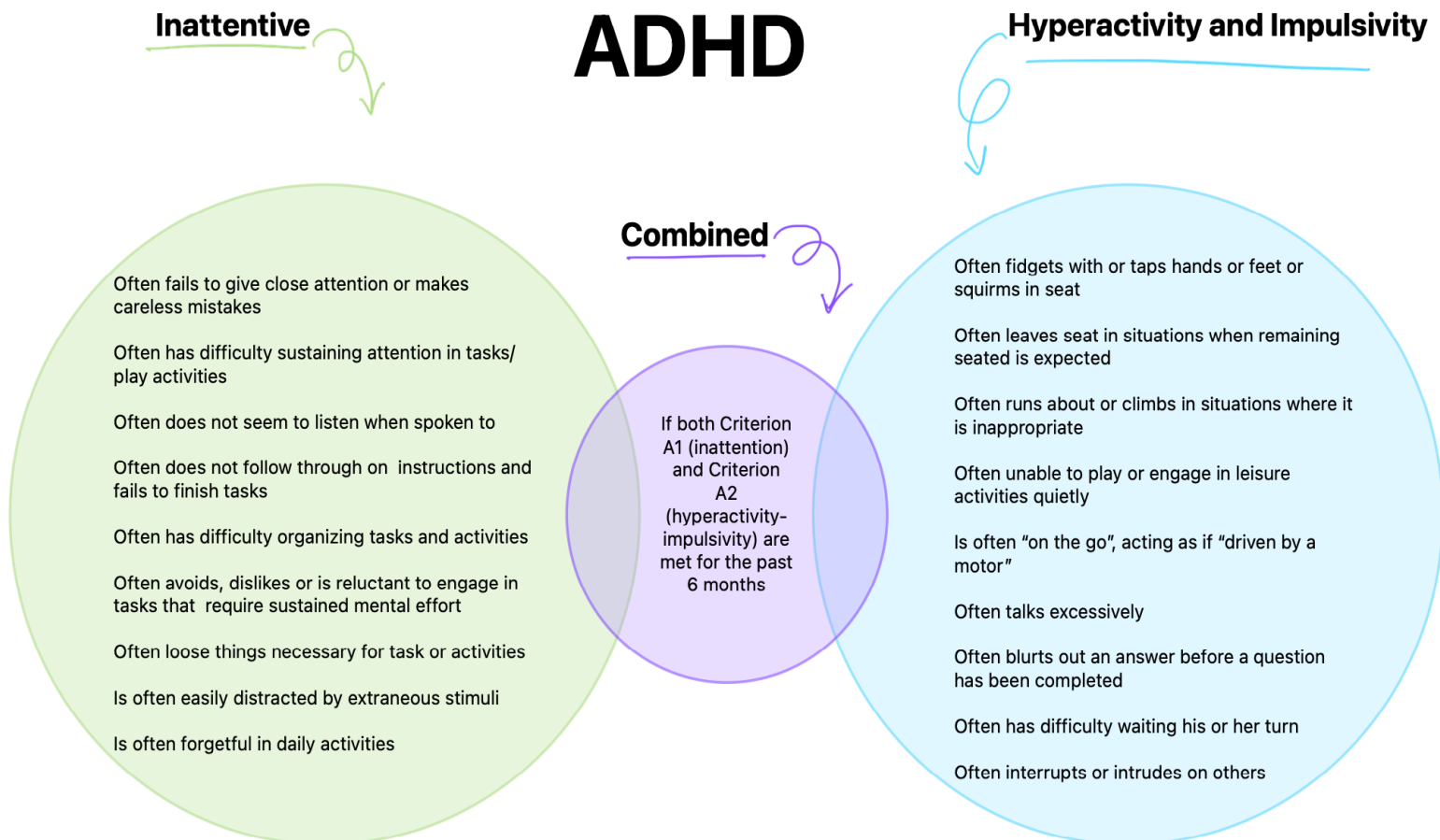
DSM-5 diagnostic criteria, several symptoms must present before the age 12 in more than one setting (APA, 2013). However, ADHD persists into adulthood and many adults undiagnosed or misdiagnosed in childhood later seek out diagnoses (Jiménez-Muñoz et al., 2025; Waite & Ramsay, 2010). When using the DSM-5 for adult ADHD diagnosis, practitioners may consult childhood informants (e.g., parents), to evidence symptom onset before age 12. The DSM-5 acknowledges that symptoms may present differently across males and females (see section 1.6) (APA, 2013).

The DSM-5 outlines three subtypes of ADHD, each characterised by a combination of symptoms (Figure 1 & Appendix A). The subtypes are:

- Combined presentation
- Predominantly inattentive presentation
- Predominantly hyperactive/impulsive presentation

Figure 1

Visual Representation of the DSM-5 Diagnostic Criteria for ADHD (based on APA, 2013)



Research has also outlined structural and functional neurological differences in the brains of those with ADHD. For example, individuals with ADHD may present with reduced grey matter and cortico-limbic circuitry dysfunction, affecting key day-to-day functions including memory, sensory perception, speech, emotional regulation and behaviour (Gehricke et al., 2017).

Gnanavel et al (2019, p.2420) described ADHD as a “clinically heterogenous condition that is typically complicated by extensive comorbid conditions¹” with 60-100% of CYP exhibiting one or more co-occurring disorders that continue into adulthood. The DSM-5 states that, ADHD may co-occur with learning difficulties, oppositional defiant disorder, mood and anxiety disorders, substance-use disorders, obsessive-compulsive disorder (OCD), autism, tic disorder and personality disorders (APA, 2013). An estimated 80% of adults with ADHD have at least one co-occurring psychiatric disorder (Katzman et al., 2017). Co-occurrence of mental health difficulties is particularly relevant to understanding delayed female diagnosis (see section 1.6 and 1.8).

1.4 Historical Context²

The history of ADHD (Figure 2) begins with early descriptions resembling the condition dating to Crichton’s (1798) account of a nervous disorder impairing sustained attention (Carlson, 2024; Crichton, 1798). Hoffman’s mid-19th century children’s books, ‘Fidgety Phil’ and ‘Johnny look-in-the-air’ later introduced inattentive and hyperactive behaviours into popular culture (Carlson, 2024). Still’s Goulstonian Lectures on ‘abnormal psychical conditions in children’ are widely regarded as foundational in ADHD history, framing impulsivity as an inability to control behaviour in accordance with societal expectations (Barkley, 2006; Lange et al., 2010; Still, 1902).

¹ The terminology surrounding comorbidities is contentious, however, research suggests that it is preferable to use the terms ‘co-occur’ and ‘co-exist’ to describe the interrelationship between developmental conditions and therefore, these terms will be used throughout this research (Kaplan et al., 2006).

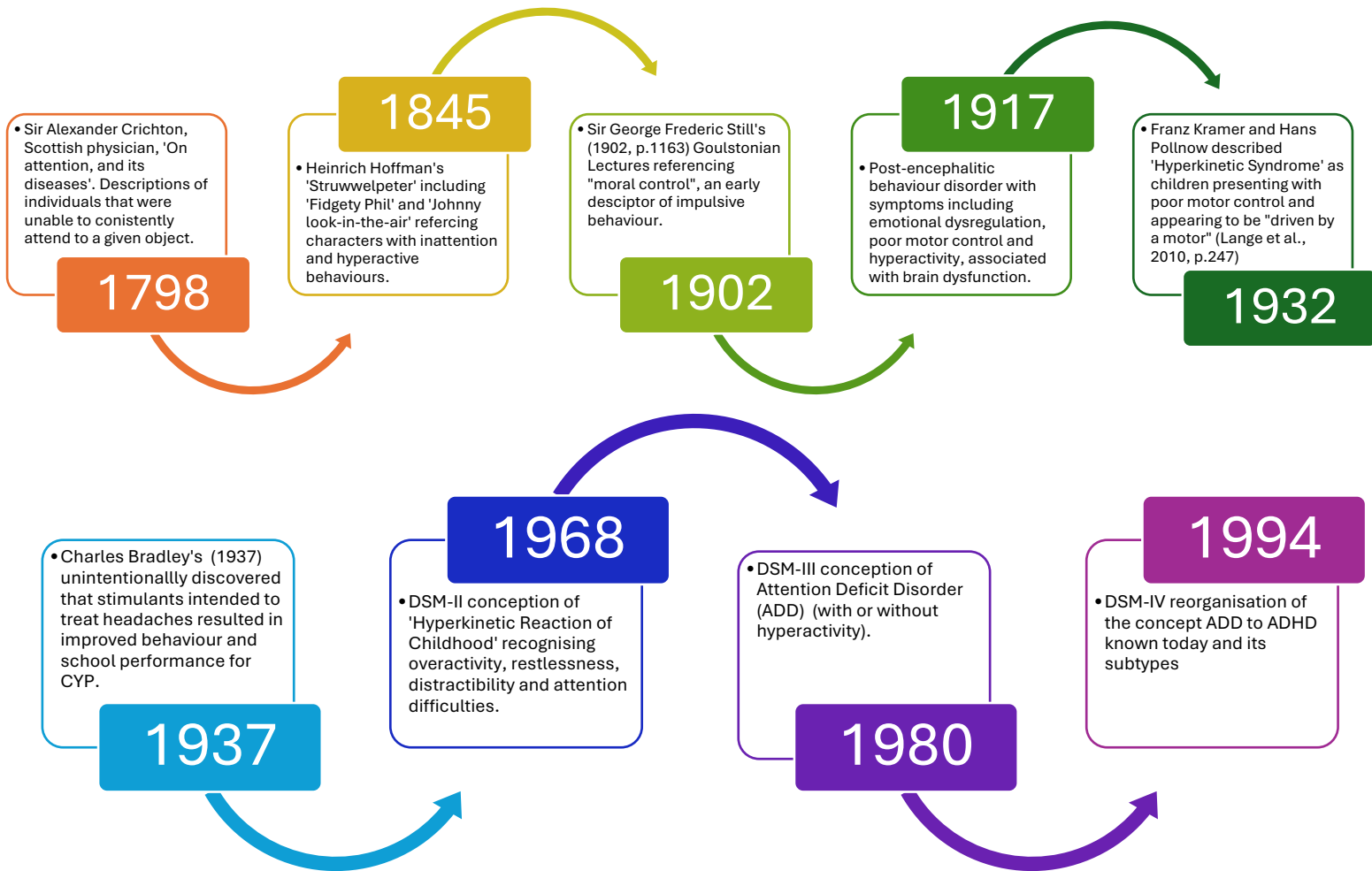
²*Disclaimer:* The present conceptualisation of ADHD and related language has evolved through years of research. Therefore, language used in section 1.4 may not represent current neuroaffirming language used today.

The early 20th century linked ADHD-like behaviours to neurological damage, following the 1917-1928 Encephalitis Lethargica epidemic and Kramer and Pollnow's description of 'Hyperkinetic Syndrome' in the 1930s attributed to 'minimal brain dysfunction' (Hoffman & Vilensky, 2017; Lange et al., 2010). This causal link was later contested as similar behavioural and emotional dysregulation occurred without structural brain injury (Lange et al., 2010).

Formal diagnostic recognition and classification evolved across successive DSM editions, from the motor-focused 'Hyperkinetic Reaction of Childhood' (DSM-II, APA, 1968; Epstein & Loren, 2013), through attention-focused 'Attention Deficit Disorder (ADD) (with or without hyperactivity)' (DSM-III, APA, 1980; Douglas, 1972), to the current ADHD framework, introduced in the DSM-IV extending recognition into adulthood and defining the three subtypes (APA, 1994) (section 1.3). The DSM-5 (APA, 2013) broadened the criteria further: the symptom threshold was reduced for those aged 17 and over, the age-of-onset criterion was raised from symptoms causing impairment before age seven to several symptoms being present before age 12, and the exclusion of co-occurring autism was removed (Abdelnour et al., 2022). The DSM-5-TR (APA, 2022) left the diagnostic criteria itself unchanged, but expanded the accompanying descriptive examples to reflect adult presentations in more detail, including in occupational contexts, and revised its treatment of sex and gender.

Figure 2

Visual Historic Timeline of ADHD (created using Carlson, 2024; Lange et al., 2010)



1.5 Current Context

ADHD diagnoses in the UK have risen markedly in recent years. Between 2000-2018, new ADHD diagnoses doubled among males under-18 and quadrupled among females (McKechne et al., 2023). New ADHD referrals have risen an estimated 13.5% since March 2024 (NHS, 2025a). A recent House of Commons briefing estimates 2.5 million people in the UK have an ADHD diagnosis, including 741,000 CYP aged 5-24

(Stiebahl, 2026). The rise, partly attributed to media influences and changes to the diagnostic criteria, contextualises the growing national, legislative and institutional focus on ADHD and its intervention outlined below.

Within the current context, advocacy has shifted from a deficit-oriented, pathologised framing towards a neurodiversity paradigm, reconceptualising ADHD as a natural variation (Pellicano & den Houting, 2022; Sonuga-Barke, 2023). This represents an epistemic reframing of ADHD itself. However, deficit-focused perspectives persist (Quintero et al., 2025), a tension that has informed my positionality (section 3.3).

1.5.1 Media Influence

Media framing of ADHD is increasingly linked to rising prevalence. Research into the ‘trend of ADHD’, shows a marked increase in media coverage, with 25,080 ADHD-related articles published between January and May 2024, compared to 5775 articles published in the same 2014 period (Martin et al., 2025). Publications rose during the COVID-19 pandemic in 2020, peaking in 2023, and increasing global awareness of ADHD. However, Cable News Network (CNN) and British Broadcasting Corporation (BBC) publications between 2020-2022 maintained a medicalised, deficit-focused narrative of ADHD rather than a neurodiverse perspective (Yücel, 2023).

Social media platforms (e.g., TikTok and Instagram) have “propelled ADHD into popular awareness”, with people more likely to raise concerns with physicians, which could in turn contribute to rising rates of diagnosis (Abdelnour et al., 2022, p.471). Furthermore, Karasavva et al (2025) tentatively suggest that women in particular may turn to TikTok for ADHD information and diagnose themselves because they are commonly under-recognised by professionals. However, while many people credit

social media with helping them realise their ADHD diagnosis, the influence of social media on diagnostic rates should be considered alongside other possible explanations including revisions to the diagnostic criteria as explored above in section 1.4. (Abdelnour et al., 2022). While social media has created a supportive community and reduced stigma around ADHD, concerns persist regarding quality control, accuracy and moderation of user-generated mental health content (Karasavva et al., 2025).

1.5.2 National and Legislative Context

Gilmore et al (2022) report that many young people are self-diagnosing ADHD after viewing TikTok content and subsequently seeking referrals to ADHD assessment services. They suggest that the impact of this on already stretched assessment waiting lists warrants consideration (Gilmore et al., 2022). ADHDUK³ (2023) reports National Health Service (NHS) assessment wait times of up to 5 years for CYP and ten years for adults. Furthermore, Stiebahl (2026) suggests that there were an estimated 2,759,626 individuals waiting for an ADHD assessment by the end of 2025. Whilst the Children and Families Act (2014) and Equality Act (2010) protect diagnosed individuals, there is no specific UK legislation to support those seeking a diagnosis. Consequently, in response to rising ADHD diagnoses and concerns about timely access to assessments and support, the NHS commissioned a government taskforce in 2023, working across health, education and local authority (LA) sectors. Findings were published in a two-part report (Thapar et al., 2025a, 2025b) evidencing assessment and treatment challenges (Part 1; Thapar et al., 2025a) and implementation of recommendations (Part 2; Thapar et al., 2025b). Key

³ An ADHD charity supporting individuals with ADHD (<https://adhd.uk/about-us/>).

recommendations included expanding capacity beyond NHS with robust regulation, a needs-led, joined-up, cross-sector approach incorporating early identification, a stepped-care model within family hubs and integrated youth systems, and strengthened school-based and mental health support. However, recommendations remain largely non-specific to females, an omission this research seeks to address. On a broader scale, The Schools White Paper, 'Every Child Achieving and Thriving' (DfE, 2026a), proposes major SEND reforms in England, prioritising early identification and inclusive mainstream provision – a direction with clear implications for better supporting CYP with ADHD.

1.5.3 Assessment and Intervention Context

In response to growing NHS waitlists, individuals are seeking assessments from private practitioners and the NHS Right to Choose (RTC) scheme. Introduced in 2018, RTC legally enables individuals to select their mental healthcare provider, with RTC-approved providers offering NHS-funded ADHD assessments to alleviate strain on NHS services (ADHDDUK, 2021; GOV.UK, 2024; NHS, 2018). Technological innovations, such as QbTest, a continuous performance test measuring motor activity, are also being explored as alternative ADHD assessments to reduce waitlists (Sanwo & Huzair, 2022). Kazda et al's (2021) review suggests that there is evidence of ADHD overdiagnosis and overtreatment in CYP, with further research required to explore the long-term benefits and harms of diagnosing and treating those experiencing 'milder symptoms'.

Post-diagnosis, NICE (2018) guidelines emphasise collaborative working with CYP and families to develop an intervention plan. Some prefer management approaches incorporating mindfulness, psychoeducation and dietary modification,

however evidence for their efficacy remains limited (Sanwo & Huzair, 2022). Stimulant medication therefore remains the most common ADHD intervention, with Methylphenidate (branded 'Ritalin' or 'Equasym') predominantly prescribed. Methylphenidate increases dopamine and norepinephrine levels, enhancing brain activity in regions governing attention and behaviour (NHS, 2025b). An 18% increase in Methylphenidate prescriptions has occurred since the COVID-19 pandemic, alongside rising ADHD diagnoses (Ahmed, 2025). While medication reduces ADHD symptomology (e.g., hyperactivity, inattention, impulsivity, executive function (EF) difficulties) potential side effects include, weight loss, cardiovascular changes, sexual dysfunction and seizures (Sanwo & Huzair, 2022).

1.6 ADHD and Gender

The DSM-5 states that "ADHD is more frequent in males than in females in the general population with a ratio of approximately 2:1 in children and 1.6:1 in adults" (APA, 2013, p.63). NICE (2025) similarly estimates ratios of 2-5:1, raising the question: why does a gender disparity exist in ADHD diagnoses? This section outlines a general understanding of ADHD and gender.

1.6.1 Diagnostic Bias and Gender Differences in Symptom Presentation

The DSM-5 acknowledges that ADHD may present differently across genders (APA, 2013), yet its diagnostic criteria is underpinned by male-dominated research. This bias reinforces male symptomology and contributes to elevated male diagnostic rates, while limiting acknowledgement of female symptomology, resulting in female underdiagnosis (Hinshaw et al., 2022; Holthe & Lagnik, 2017). NICE (2025) recognise

this male-centric bias, indicating a ratio of 10:1 (male-to-female) in clinical research informing the diagnostic criteria.

Females tend to present with more inattentive symptoms including daydreaming, distractibility, disorganisation, overwhelm and forgetfulness (Young et al., 2020). Whereas males typically exhibit hyperactive-impulsive symptoms including disruptive behaviour, fidgeting and excessive physical movement (Skogli et al., 2013). Research exploring gender differences in referrals to a child and adolescent psychiatric outpatient service found ‘emotional’ symptoms more frequently noted in female referrals than male (Klefsjö et al., 2021). This is consistent with reports of males tending to externalise difficulties while females internalise them, resulting in emotional dysregulation, low-self-esteem and social withdrawal, often misattributed to mental health conditions (e.g., anxiety, depression) obscuring ADHD recognition and delaying diagnosis (Chronis-Tuscano, 2022; Coxe et al., 2021).

1.6.2 Stigma, Gendered Expectations and Masking

The male-biased diagnostic criteria has contributed to widespread female underdiagnosis, reinforcing the gendered misconception that ADHD predominantly affects “hyperactive boys” (Visser et al., 2024, p.6). This perpetuates internalised and externalised stigma experienced by females with considerable impact on their lived experiences. Consequently, many females with ADHD engage in ‘masking’ to conceal their symptoms (Attoe & Climie, 2023). Masking, a neurodevelopmental research term, denotes behaviours suppressing aspects of the self to avoid stigma and conform to societal norms (Miller et al., 2021). Masking requires significant daily cognitive and emotional effort. Females appear to be more susceptible to masking due to societal pressures for them to remain compliant, organised and focused across domestic,

educational and professional settings (Holthe and Lagnik, 2017). Masking renders females with ADHD vulnerable to missed or delayed diagnosis (Agnew-Blais, 2024).

1.7 ADHD and School

With over 623,000 school-aged CYP diagnosed with ADHD in the UK, understanding ADHD's impact on learning is paramount (ADHUK, 2022). Academic and social demands of school may exacerbate inattentive and hyperactive-impulsive symptoms of ADHD (Staff et al., 2023). This section outlines a general understanding of ADHD and school, though research is largely-male dominated.

1.7.1 ADHD and Learning Experiences

Swedish research suggests CYP with ADHD perform below their typically developing peers and are at increased risk of lower scores and grade point averages (Jangmo et al., 2019). Academic demands place disproportionate strain on EF, a persistent area of difficulty for CYP with ADHD (Martínez et al., 2016). EF refers to higher-order cognitive processes such as working memory, inhibitory control, planning, problem solving and cognitive flexibility (Cristofori et al., 2019). Most academic tasks require EFs, therefore, EF deficits predict academic difficulties and poorer performance across core subjects (e.g., language, mathematics, literacy), cumulatively impacting CYP learning and undermining their capacity to meet academic expectations (Tamm et al., 2021).

Research demonstrates a correlation between ADHD and lower attendance, lower attainment and reduced participation in both academic and non-academic school activities (Kara et al., 2025; May et al., 2021). Reduced engagement may stem

from CYPs repeated academic setbacks, affecting self-concept and motivation. Lower grades can foster feelings of inadequacy or failure, diminishing students' willingness to participate in learning and school life (Wiener & Daniels, 2016). The interplay between attainment, self-concept, and participation underscores ADHD's pervasive influence on educational outcomes.

1.7.2 ADHD and Social Experiences

Although limited, research highlights the social challenges for CYP with ADHD in school. Wiener and Daniels (2016) found that peer difficulties experienced by CYP with ADHD hindered their school experiences. Spender et al (2023) found that CYP with ADHD had fewer and shorter-lasting friendships than their neurotypical peers, with friendship quality perceived as lower and attributed to difficulties in emotion regulation, social understanding and perspective taking. Notably, friendship quality is subjective and existing ADHD-related research adopts a neurotypical lens. Jones and Hesse (2018) note that CYP with ADHD often describe feeling “different” or “abnormal” (p.95) compared to their peers, compounded by social and academic difficulties, this can significantly undermine their educational identity.

1.8 ADHD and Adulthood

The DSM-IV formally recognised ADHD's impact beyond childhood (APA, 1994) with adulthood recognition growing considerably in recent years. Thapar et al (2025a, 2025b) contextualises the economic impact of ADHD in adulthood, frequently referencing individuals 'Not in Employment, Education or Training' (NEET) and high unemployment figures. In adulthood, ADHD symptoms frequently manifest as

difficulties with organisation, planning and impulsive decision making, contributing to unstable employment and inter-personal relationship difficulties across social, romantic and professional contexts (Williams et al., 2023). Symptom expression may also differ, with hyperactivity presenting as internal restlessness and emotional dysregulation becoming more prominent (Barkley et al., 2010).

For many women, the male-centric ADHD diagnostic criteria contributed to under-recognition in childhood, resulting in years without support and significant implications for adult daily functioning. Prolonged underdiagnosis has led many women to internalise their difficulties as personal failings rather than symptoms of a neurodevelopmental condition (Young et al., 2020). For decades, women and girls with ADHD have been overlooked or misdiagnosed with mental health conditions (e.g., anxiety, depression), though whether these represent co-occurring conditions or consequences of unmet ADHD needs remains unclear (Quinn & Madhoo, 2014). The current surge in adult diagnoses reflects both heightened awareness of ADHD and a collective movement towards recognition and advocacy for women who have lived much of their lives undiagnosed (Agnew-Blais, 2024; Chronis-Tuscano, 2022).

1.9 Researcher's Motivations

While my positionality in this research is detailed in Chapter 3, my personal and professional interest in the school and support experiences of women diagnosed with ADHD in adulthood warrants foregrounding here. To maintain reflexivity, a fundamental aspect of qualitative research, a reflective journal was used throughout this research to critically examine how my assumptions, experiences and positionality influenced the research process (Figure 3).

Figure 3

Reflective Journal Extract 1

Extract 1: Personal and Professional Interest

Personal and professional experiences have sparked my interest in exploring the retrospective experiences of women diagnosed with ADHD in adulthood.

On a personal level, in recent years, several close female friends have been diagnosed with ADHD. Their diagnoses have profoundly shaped how they reflect and 'look back' on their time at school. One friend shared that this newfound self-understanding has empowered her to consider re-sitting her GCSE's again, a time no secondary school student wants to relive! This affected me deeply, particularly since I have known her since secondary school. It also evoked feelings of disappointment and frustration on her behalf and raised critical questions: how were these difficulties overlooked? How might her experiences have differed with diagnosis at a younger age?

These reflections have strongly influenced my professional motivations as a Trainee Educational Psychologist (TEP) and driven my desire to support girls in schools who may be experiencing ADHD. In my practice, I have observed enduring gendered stereotypes that ADHD presents primarily as 'hyperactive boys' and I want to drive change. This has fuelled my commitment to enhancing understanding and awareness of female ADHD presentation among educational professionals, to promote earlier identification and needs-based support for girls who might otherwise go unnoticed.

1.10 Research Aims

"Women and girls are too often suffering in silence, being left out of the ADHD narrative; it is imperative that these women are not forgotten" (Attoe & Climie, 2023, p.653)

This notion underpinned this research and its commitment to empowering and foregrounding women's voices. This research aimed to explore how women diagnosed with ADHD in adulthood made sense of their school experiences, including

how their ADHD presented and signs that were overlooked or misunderstood. It also aimed to examine how these women interpreted the support they received in school and what they believed would have been beneficial. Together, these aims sought to generate insight into how educational professionals might better recognise and respond to ADHD-related needs in females, with particular emphasis on inclusive support strategies, irrespective of formal diagnosis.

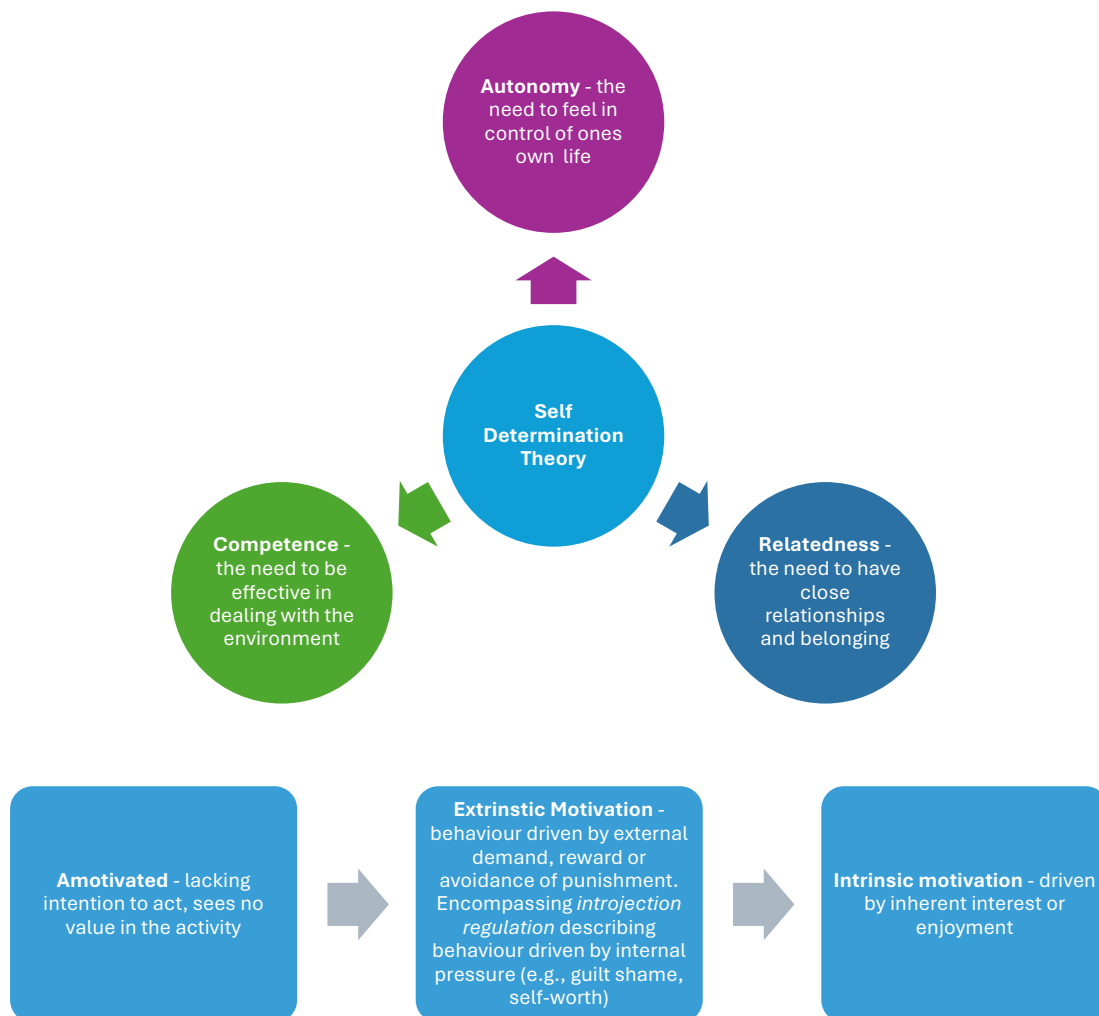
1.11 Theoretical Underpinnings

In pursuing these aims and interpreting the findings of this research, no single theory could capture the complexity of the women's experiences. I, therefore, drew on four key psychological theories and frameworks, introduced briefly here and developed further in the discussion (Chapter 5).

First, Self-Determination Theory (SDT) (Ryan & Deci, 2000) proposes that human motivation and wellbeing depend on the satisfaction of three innate psychological needs: autonomy, competence and relatedness. SDT distinguishes types of motivation along a continuum including amotivation, extrinsic (encompassing introjection regulation) and intrinsic motivation (Figure 4). In the context of this research, SDT offers a framework for understanding how the women's school experiences may have impacted their autonomy, competence and relatedness, shaping their motivation and self-concept.

Figure 4

Visual Representation of SDT (adapted from Ryan & Deci, 2000)



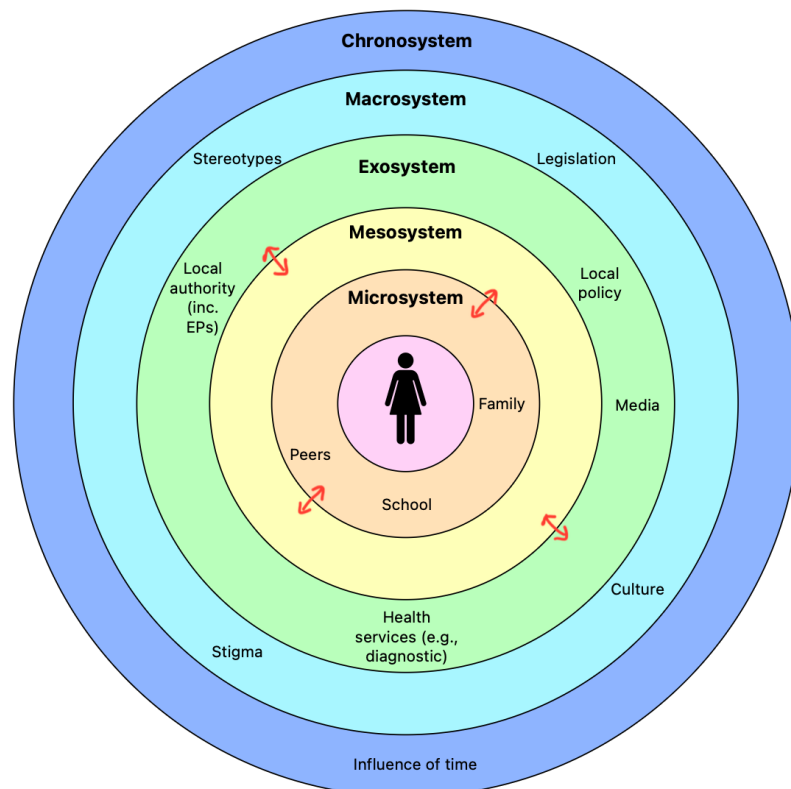
Second, Bronfenbrenner's (1979) Ecological Systems Theory (EST), describes five interconnected systems (Figure 5), which form the context in which CYP develop. First, the microsystem encompasses the immediate environment a CYP directly experiences (e.g., family, school, peer group). Then the mesosystem links elements of the microsystem together (e.g., home-school collaboration), while the exosystem refers to settings indirectly impacting development, without direct CYP participation (e.g., NHS). The macrosystem encompasses prevailing political ideologies and government policy frameworks that shape the wider context in which other systems

operate. Finally, the chronosystem considers how experiences and systems evolve over time. In the context of this research, EST offers a framework for understanding how the women's experiences were shaped across multiple levels and the systemic barriers.

Figure 5

Bronfenbrenner's (1979) EST (adapted for the purpose of this research)

Bronfenbrenner's (1979) Ecological Systems Theory



Third, Attachment Theory (Ainsworth, 1978; Bowlby, 1969) posits early relational experiences with caregivers as shaping internal working models of self and others, influencing emotional regulation, self-esteem and social functioning. In the context of this research, Attachment theory is extended to educational contexts, recognising that

positive teacher-student relationships function as a secure base, providing emotional safety from which learning and positive self-concept become possible (Verschuere & Koomen, 2012).

Finally, Intersectionality Theory (Crenshaw, 1989) provides a framework for examining how multiple overlapping social identities (e.g., race, gender, class) and systems of oppression combine to create unique experiences of discrimination and privilege. Crenshaw (1989) emphasises that these identities cannot be studied in isolation. In the context of this research, Intersectionality Theory offers a framework for understanding the women's experiences of school and support as constituted not only by gender alone, but by the convergence between gender, unrecognised neurodivergence and other social identities, specifically class.

1.12 Thesis Structure

This thesis is organised into six chapters. Chapter 1 has introduced ADHD and its intersection with gender, school and adulthood alongside my motivations, the research aims and underpinning theoretical frameworks. Chapter 2 presents a scoping, critical review of existing literature on ADHD and females, identifying the gaps this research aimed to address. Chapter 3 details the qualitative methodology encompassing researcher positionality, the data collection approach (semi-structured interviews and drawing) and the analytic framework of Reflexive Thematic Analysis (RTA). Chapter 4 presents findings thematically. Chapter 5 contextualises these findings within existing literature and psychological theory. The implications for practice are then discussed through a proposed practice framework underpinned by EST (Bronfenbrenner, 1979), SDT (Ryan & Deci, 2000), Relational Pedagogy (Hickey & Riddle, 2024) and

Attachment Theory (Bowlby, 1969) alongside directions for future research. Finally, Chapter 6 synthesises conclusions of this research.

1.13 Chapter Summary

This chapter provided a comprehensive overview of ADHD, including, historical evolution and current understanding. The male-biased diagnostic criteria was highlighted, recognising its contribution to female under-diagnosis. The influence of gender on symptom presentation and stigma has been examined alongside the impact of ADHD on academic and social experiences during schooling. Furthermore, the enduring challenges of ADHD and adulthood have been explored. My personal and professional interest was foregrounded acknowledging its intersection with the research aims. Finally, the structure of the thesis was outlined, providing a roadmap for the chapters that follow.

2. Literature Review

2.1 Chapter Overview

This chapter presents a scoping literature review, critically examining existing literature that explores the experiences of females with ADHD, with particular reference to school and adulthood diagnosis. The purpose and methodological approach of the review is outlined alongside a critical appraisal of the literature. The literature is then analysed thematically, identifying key themes, synthesising insights and illuminating research gaps that inform this research.

2.2 Literature Review Method

A scoping review is a form of knowledge synthesis using a systematic and iterative approach to map and combine existing evidence, identify key themes and recognise research gaps (Mak & Thomas, 2022; Peters et al., 2015). A systematic review was considered, but deemed unsuitable given its focus on effectiveness or outcomes, rather than mapping broad exploratory themes (Peters et al., 2021, 2022). A scoping review was therefore the most appropriate method for exploring the breadth and depth of emerging literature on females with ADHD, particularly within the under-researched domains of school experiences and adulthood diagnosis.

To ensure methodological rigour for this scoping review, I used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist aligned with the Joanna Briggs Institute (JBI) guidance for scoping reviews to identify and report appropriate literature (Tricco et al., 2018). I also used Arksey and O'Malley's (2005) proposed methodological framework,

clarified by Levac et al (2010) and Mak and Thomas (2022) (Table 1). This scoping review was conducted by a single researcher due to resource restrictions, which may introduce risk of selection bias, however, a reflective journal was used to document the review process and mitigate against bias (Mak & Thomas, 2022).

Table 1

Arksey and O'Malley (2005) and Levac et al (2010) Methodological Framework for Scoping Review

Stage	Application in this review
Stage 1: Identifying the Review Question	The review question, purpose and rationale alongside concepts, target population and outcomes of interest are considered.
Stage 2: Identifying Relevant Studies	A comprehensive search strategy using multiple sources (e.g., electronic databases, hand-searching) and varied search terms.
Stage 3: Study Selection	Application of the literature inclusion and exclusion criteria with an iterative selection process to identify the most relevant studies.
Stage 4: Charting the Data	Extraction of key information from the studies reviewed (e.g., research focus, location, participant population, methodological and analytical

	approaches, reflexivity) into a data charting table (Appendix C).
Stage 5: Collating, Summarising and Reporting the Results	Thematic analysis of the existing literature.

2.3 Stage 1: Identifying the Review Question

This scoping review aims to critically examine literature addressing the following literature review questions (LRQs):

- LRQ1: What does literature say about the experiences of females with ADHD?
- LRQ2: What does literature say about the school experiences of females with ADHD?
- LRQ3: What does literature say about females diagnosed with ADHD in adulthood?

The purpose of this scoping literature review is to summarise the available evidence on the experiences of females with ADHD, including their school experiences and adulthood diagnosis to identify gaps that inform this research.

2.4 Stage 2: Identifying Relevant Studies

2.4.1 Search Strategy

Scoping literature searches were conducted in May and July 2025 via EBSCO Discovery Service (EBSCO-DS) before the service update. EBSCO-DS is a platform of electronic databases including, ERIC, PsychINFO and Education Source. Given limited research on females with ADHD, searches were not restricted by age or specific database. This maximised the breadth of literature captured and ensured

comprehensive coverage of existing literature. EBSCO-DS searches were supplemented by manual searches via Google Scholar and snowballing techniques including, citations review and hand-searching reference lists. This hybrid search strategy, ensures identification of additional primary literature, while minimising omission of relevant sources (Wohlin et al., 2022). It is important to note that Google Scholar, while intended to be a supplementary search, led to the majority of included articles within this literature search (Table 5), which provided information central to this scoping review. The use of Google Scholar for literature searches presents limitations such as limited Boolean and field-specific functionality and the absence of a controlled vocabulary, which means that searches may not be reliably reproduced. Whilst “Google Scholar is considered unsuitable for primary review searches, it is considered a suitable supplementary source of evidence”, as utilised in this scoping review (Gusenbauer & Haddaway, 2020, p.196). A follow-up search in March 2026 identified no additional literature meeting the inclusion criteria.

2.4.2 Search Terms

Search terms for this review were derived from the key concepts underpinning each LRQ (Table 2).

Table 2

Search Terms

Search Topic	Search Terms
Females	female* OR girl* OR women

ADHD	ADHD OR "attention deficit hyperactivity disorder" OR ADD
Education	educat* OR school
Experiences	experience* OR "lived experience*"
Diagnosis in adulthood	"late diagnosis" OR "diagnosis in adulthood" OR "adulthood diagnosis"

Three literature searches were conducted aligned with each LRQ (Table 3). To ensure a comprehensive search, iterations of search terms were combined with Boolean operators. 'OR' and '*' (asterisk) were used to broaden search results and include variation of words, "" (quotation marks) to search for exact phrases and 'AND' to combine terms. On reflection, the search terms as specified were narrower than intended. Restricting keywords to titles and abstracts is likely to have excluded mixed-gender studies containing relevant data on female experience, whilst UK-specific location terms excluded studies from comparable contexts such as the Republic of Ireland. The learning from this process suggests the terms could have been broadened and the searches re-run. This is noted to aid transparency regarding the limits of the strategy as conducted.

Table 3

Searches Conducted

Literature Research Question (LRQ)	Search Conducted
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LRQ1: What does literature say about the experiences of females with ADHD?	1. female* OR girl* OR women 2. ADHD OR "attention deficit hyperactivity disorder" OR ADD 3. experience* OR "lived experience*"
LRQ2: What does literature say about the school experiences of females with ADHD?	1. female* OR girl* OR women* 2. ADHD OR "attention deficit hyperactivity disorder" OR ADD 3. educat* OR school 4. experience* OR "lived experience*"
LRQ3: What does literature say about females diagnosed with ADHD in adulthood?	1. female* OR girl* OR women* 2. ADHD OR attention deficit hyperactivity disorder OR ADD 3. experience* OR "lived experience*" 4. "late diagnosis" OR "diagnosis in adulthood" OR "adulthood diagnosis"

2.5 Stage 3: Study Selection

2.5.1 Inclusion and Exclusion Criteria

An inclusion and exclusion criteria were developed to ensure relevance of literature to the LRQs (Table 4). The following search limiters were applied: literature published after 2015, in English and conducted in the UK. Given variation in geographical indexing within EBSCO-DS (e.g., "United Kingdom" or "United Kingdom (Great Britain)" or "England"), all UK-related terms were applied. Searches were further

limited to key words included in titles and abstracts to reduce irrelevant studies and maintain focus on literature directly addressing the LRQs.

Table 4

Literature Review Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion	Rationale
Publication date	2015-2026	Before 2015	To ensure literature explored current knowledge and understanding of ADHD in females to reflect increased recognition and research on female ADHD over the last decade (Chapter 1).
Population	Studies focusing on females with ADHD (formal or self-reported diagnosis)	Studies focusing solely on males	To explore female experiences in line with this research's aims. Self-reported diagnoses were included to capture a broad range of experiences, including those potentially missed

			by diagnostic systems.
Study focus	Studies exploring ADHD	Studies unrelated to ADHD (e.g., exploring autism or co-occurring diagnoses)	To ensure direct relevance of literature to female ADHD experiences.
Location	Studies conducted in the UK	Studies conducted outside the UK	To ensure findings are contextually relevant to UK education, healthcare, and diagnostic systems, which differ from those in other countries.
Language	Studies in English	Studies not in English	I (as the researcher) am proficient only in English and there were no resources available for accurate translation.
Research methods	Peer-reviewed studies of any design (e.g., qualitative, meta-	Unpublished sources or opinion pieces	To comprehensively explore peer-reviewed research

analysis, quantitative etc.)	on females with ADHD.
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2.5.2 Selection Process

The PRISMA-ScR flow diagram (Figure 6), presents the combined and individual results from the three literature searches addressing each LRQ, conducted via EBSCO-DS, alongside supplementary searches via alternative methods (e.g., citation reviewing, Google Scholar). Table 5 provides an accompanying explanation of the selection processes.

Table 5

Literature Selection Process

Identification of Studies via Databases	Identification of Studies via Alternative Methods
Across all three EBSCO-DS searches, 560 records were identified after applying limiters and removing duplicates. Title and abstract screening yielded 18 records which were retrieved and saved to Zotero (an electronic citation manager) for full-text review. Full-text screening identified four qualitative studies meeting the inclusion criteria and therefore included in the review. One grey literature record was retrieved but did not meet the inclusion criteria.	An identical selection process for supplementary searches yielded 1262 records. Titles and abstracts of 352 records were screened, with 24 records retrieved for full-text review. Six qualitative studies (retrieved from Google Scholar) met the inclusion criteria and are included in the literature review. Seven records were identified as grey literature including theses and government documents. All grey literature records were excluded due to overlap with peer-reviewed studies,

inaccessibility of full text, or failure to meet location criteria.

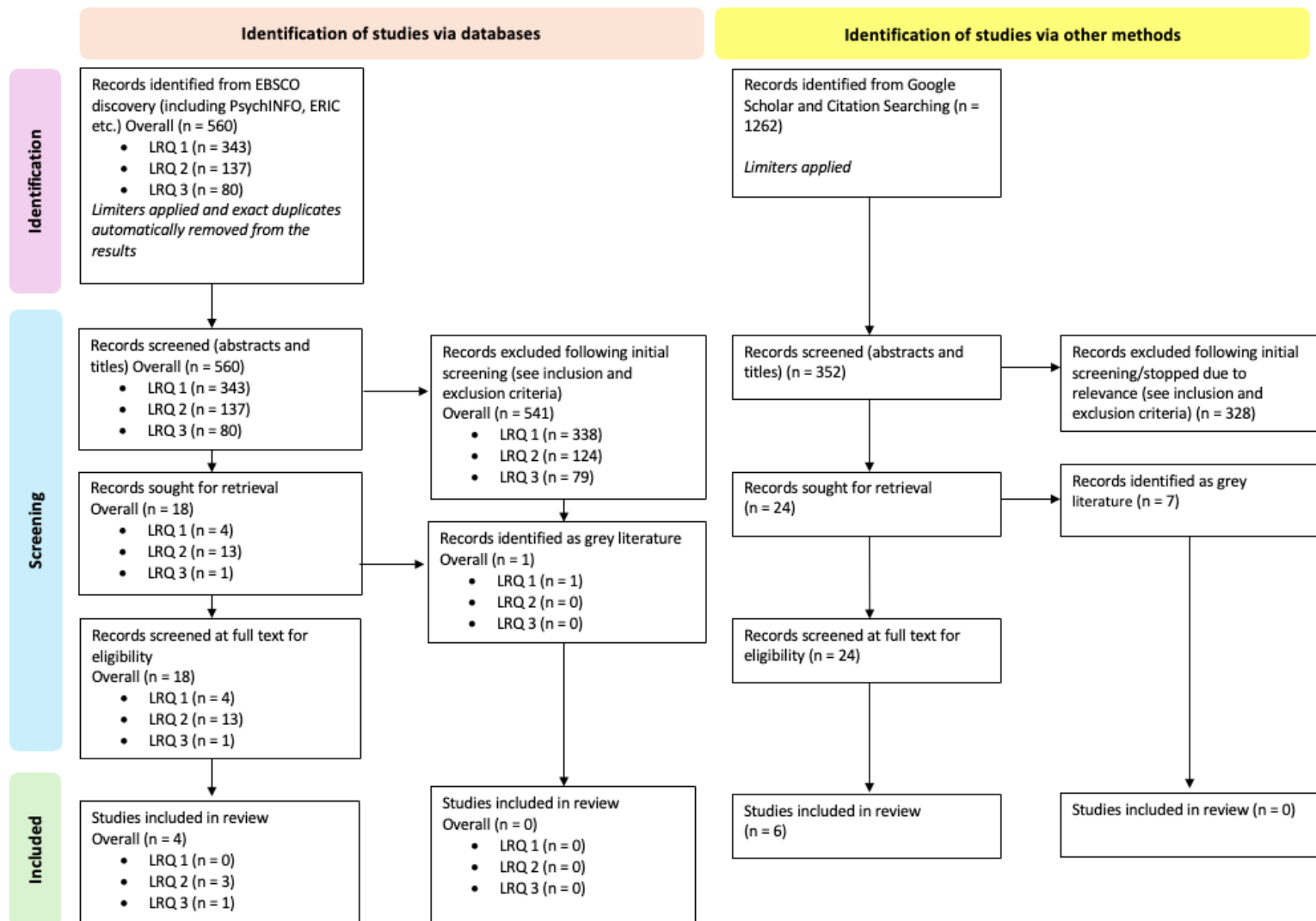
Two mixed-gender studies (Russell et al., 2023; Young et al., 2019) were retrieved despite limiters, and on review were deemed to include relevant insights on female ADHD experiences, particularly given limited research on solely female experience. Although the Republic of Ireland lies outside the UK, one study (Lynch & Davison, 2024) was retrieved and included in the review as its findings were contextually relevant to females with ADHD in the UK context. These three studies were retrieved incidentally rather than through the specified search strategy, since the limiters applied would ordinarily have excluded them. Had the search terms been broadened and the searches re-run, as noted in section 2.4.2, it is possible that further mixed gender and non-UK studies of this kind would have been identified and yielded additional data for analysis. The findings of this review therefore reflect the literature captured by this strategy.

2.5.3 Critical Appraisal

The Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist (CASP, 2024) was employed to critically appraise the quality and reliability of 11 qualitative studies (Appendix B). One study did not meet the required standard and was excluded, leaving a total of ten studies included in this literature review (Appendix C).

Figure 6**PRISMA-ScR Flow Diagram**

(Appendix D for individual LRQ PRISMA-ScR flow diagrams)

**2.6 Stage 4: Charting the Data****2.6.1 Research Aims and Samples**

The aims of each qualitative study included within this literature review are presented below, alongside descriptions of the participant samples. Two studies examine the impact of ADHD on female students' (aged 13 to 20) general experiences of school

(Lynch & Davison, 2024; Mansfield & Soni, 2024). More specifically, Morley and Tyrrell (2023) explore psychological, social and academic experiences through perspectives of women (aged 22 to 53), attending university and diagnosed with ADHD in adulthood. Their research highlights challenges recruiting participants with a formal diagnosis, with evidence suggesting females in academic settings remain under-recognised and underdiagnosed. Furthermore, their sample excludes those who have received a mental health diagnosis, a notable constraint to sample eligibility given the high co-occurrence and misdiagnosis of mental health difficulties in females with ADHD.

A further four studies explore experiences of women who received a diagnosis of ADHD in adulthood (Baig & Kahya, 2025; Morgan, 2023; Stenner et al., 2019; Young et al., 2019). While Morgan (2023) and Baig and Kahya (2025) explore general lived experiences, Stenner et al (2019) examines the implications for identity and Young et al (2019) examines the psychological impact of an adulthood diagnosis. For studies exploring perspectives of women diagnosed in adulthood, participants ranged from 18-56 years old. Although these studies are pertinent to understanding adulthood diagnosis of ADHD, they offer limited examination of how the women's undiagnosed ADHD retrospectively impacted their school experiences.

Keys et al (2025) provides a nuanced retrospective perspective of participants aged 18-29, aimed at identifying effective educational support strategies. Notably, Keys et al's (2025) study shares similarities with the current research, in its retrospective exploration of female school experiences with the aim of reforming educational practices. However, the study was published in May 2025, following this research's ethical approval. The study was conducted in Northern Ireland, which while in the UK, has its own distinct educational system, which may limit the generalisability

of findings across the broader UK context. Furthermore, Keys et al's (2025) study incorporates participants who received their diagnosis across childhood and adulthood (aged 2-28) and does not address only the experiences of women diagnosed in adulthood, a population central to the aims of the current research. The existing parallels between Key's et al (2025) and the current research reflects the growing scholarly recognition of females with ADHD as an evolving and increasingly prominent research area.

Although not specific to female experience, Russell et al (2023), focuses on recommendations for educational support, by examining 64 CYP and 28 parental views. By incorporating parental perspectives, Russell et al (2023) enables an alternate vantagepoint illuminating the experience of those supporting individuals with ADHD. However, this sample included twice as many males as females which may limit the generalisability of its educational recommendations. Similarly to Russell's alternate perspective, Young et al (2020) adopts a unique holistic, lifespan approach to synthesise expert views and inform professionals working with girls and women with ADHD. While Young et al (2020) references service-user involvement, the extent to which their perspectives meaningfully informed the findings remains unclear. This warrants consideration in light of the 'nothing about us without us' movement, which highlights the importance of incorporating views of those with differences including ADHD (Charlton, 1998).

Due to the studies qualitative designs, sample sizes were smaller, ranging from 5 to 17 participants per study. Stenner et al (2019, p.194) notes that small sample exploring participant experiences may not be reflective of the "*only* reality" amongst samples and wider populations, which may limit transferability. Nevertheless, the

depth afforded by qualitative methods, particularly semi-structured interviews, enables rich, contextualised insight into participants' experiences (Magaldi & Berler, 2020).

2.6.2 Data Collection and Analysis Methodology

All the literature reviewed employed qualitative methodology to explore the lived experiences of individuals with ADHD across different life stages and contexts. Data was primarily collected through interviews, including semi-structured (Baig & Kahya, 2025; Lynch & Davison, 2024; Morley & Tyrrell, 2023; Russell et al., 2023; Stenner et al., 2019; Young et al., 2019), unstructured (Mansfield & Soni, 2024) and narrative formats (Morgan, 2023). Notably, Keys et al (2025) supplemented interviews with visual research methods including participant drawing, visual timelines and diamond rankings. Young et al (2020) used expert focus groups as an alternative data collection method.

Data was analysed by each study's first author, with triangulation of findings, codes and themes conducted collaboratively where feasible (Morley & Tyrrell, 2023; Russell et al., 2023). Thematic Analysis (TA) was the predominant method of analysis used across the studies. However, Mansfield and Soni (2024) employed Interpretative Phenomenological Analysis (IPA) and Stenner et al (2019) utilised 'thematic decomposition', which enabled dialogical working between theory and data. Lynch and Davison (2024) adopted a biopsychosocial lens to critically engage with the data and move beyond the purely medicalised analysis of previous research.

2.6.3 Reflexivity and Ethics

“Qualitative research relies on nuanced judgements that require researcher reflexivity”, therefore, it is paramount that reflexivity and ethics are addressed to reduce “bias” (Olmos-Vega et al., 2023, p.241). Five studies omitted mention of researcher positionality, which leaves the degree of bias unaccounted for (Lynch & Davison, 2024; Morley & Tyrrell, 2023; Russell et al., 2023; Stenner et al., 2019; Young et al., 2020). Conversely, the remaining five studies present a transparent review and statement of researcher positionality. Young et al (2019) emphasised the critical realist epistemological position, acknowledging that, despite lived experience of ADHD, multiple perspectives exist regarding what constitutes 'truth' in response to diagnosis. Similarly, alongside adopting a feminist perspective to counter androcentric bias in ADHD research, Mansfield and Soni (2024) and Baig and Kahya (2025) position themselves as ‘insiders’ by virtue of their own ADHD diagnoses. This positionality shaped methodological decisions including language choices, facilitating a more neuroaffirming discourse.

Most of the literature included within this review detailed ethical considerations including, informed consent and confidentiality. Keys et al (2025), Stenner et al (2019) and Young et al (2019) received ethical approval from relevant bodies but did not detail the safeguards employed within their research as required by the British Psychological Society Code of Human Research Ethics (BPS, 2021a).

Overall, the studies included in this review address a range of aims through qualitative methodology. Limitations including sample size and potential bias within data collection and analysis may compromise the reliability of findings. However, notable

strengths include, foregrounding the ‘voices’ of individuals with ADHD across life stages, alongside researcher reflexivity and transparent positionality.

2.7 Stage 5: Collating, Summarising and Reporting the Results

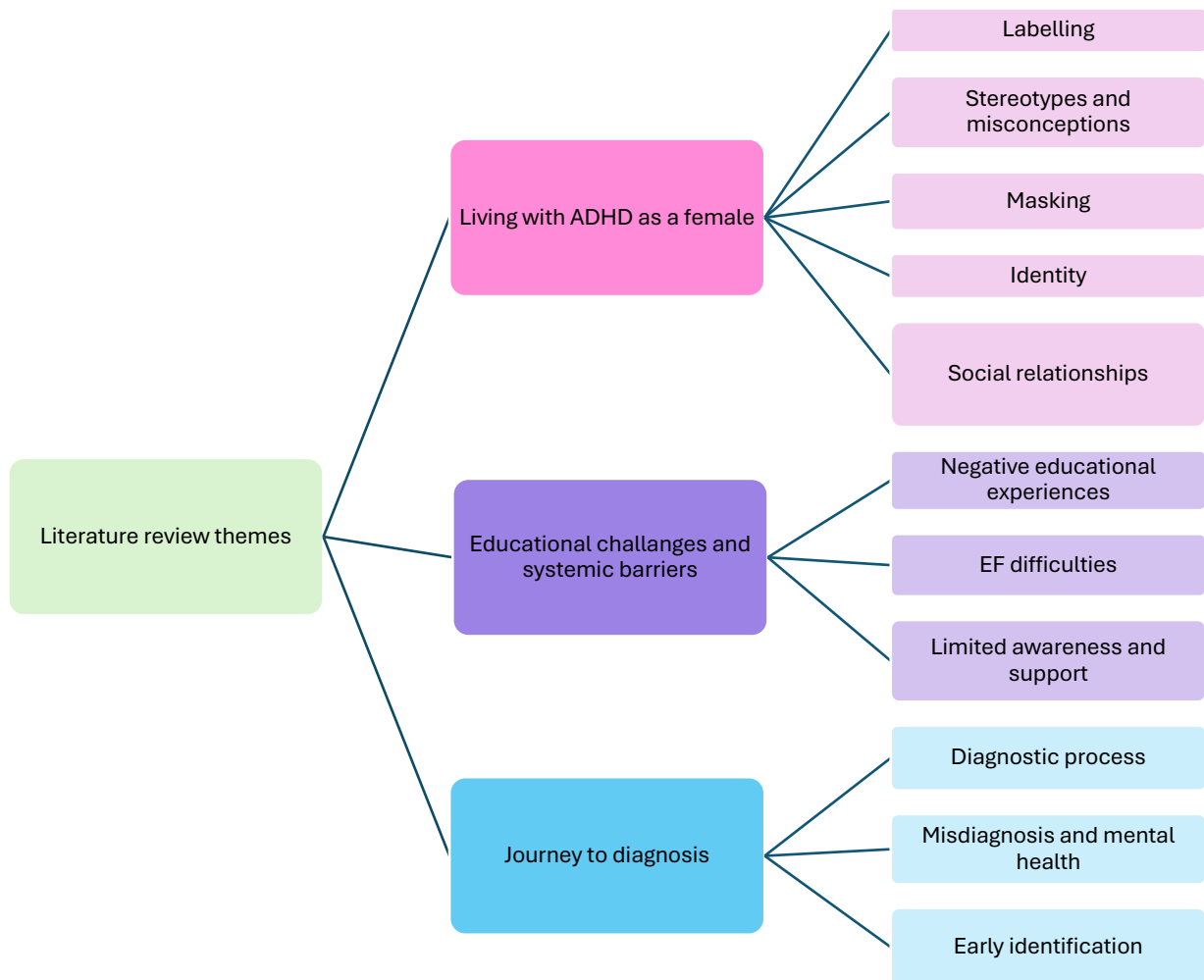
The literature evaluated above was analysed using a thematic framework, following the approach by Braun and Clarke (2006). Thematic analysis was selected as an “accessible and theoretically flexible approach to analysing qualitative data” (p.77). This rigorous method allows for the transparent identification of themes, relationships and divergences across the literature.

The findings of the ten included studies were analysed using thematic analysis (Braun & Clarke, 2006). The results and analysis sections of the literature were the primary focus of extraction and coding, as these sections present the studies qualitative insights and interpretations, however each paper was read in its entirety to ensure themes were understood within their full methodological, theoretical, and contextual framework. Each article was coded by hand, with sentences and paragraphs highlighted and significant points labelled, and was revisited three times to ensure consistency and that relevant points had not been overlooked. This generated over 100 initial codes. The codes were then clustered using a mind-map to group related points, and organised in response to the three LRQs, generating three overarching descriptive themes, each comprising subthemes developed from the grouped codes⁴ (Figure 7).

⁴ While this section provides a clear description of themes, it is important to note that some elements are interconnected and should be considered as such.

Figure 7

Literature Review Themes and Subthemes



2.7.1 *Living with ADHD as a Female*

‘Living with ADHD as a Female’ emerged as a consistent theme across the literature, encompassing social navigation and identity construction. Recurring subthemes included labelling, stereotypes and misconceptions, masking, identity and social relationships.

2.7.1.1 *Labelling*

Labelling was consistently discussed throughout the literature, explored on a continuum from medicalised labelling such as receiving a formal ADHD diagnosis, to

socialised labelling, received by peers, family members or teachers based on behaviours. Across this continuum, differing perspectives on medicalised labelling emerged, with some framing it as a pathologising narrative contributing to social exclusion. While others recognised its capacity to explain behaviour (Mansfield & Soni, 2024; Stenner et al., 2019). In particular, Young et al's (2019) participants, diagnosed in adulthood, felt their ADHD label described them well.

However, for many females without the medicalised label of ADHD, their difficulties were misattributed to hormonal changes, having English as an additional language (EAL), “being a chatterbox who doesn’t listen” or there is “stuff going on at home” (Morgan, 2023, p.583). This denotes negative socialised labelling, prominent throughout the literature, with participants describing being labelled as “moody”, “naughty”, “rude”, “aggressive”, “absolute nightmare” and “spoilt little bitch” (Stenner et al., 2019, p.188). These externally imposed labels and descriptions resulting from a lack of understanding of their difficulties rather than their personalities, shaped the female’s self-perception and self-concept. Stenner et al (2019, p.183.) utilises George Herbert Mead’s (1925) concept of “passion of self-consciousness” to describe this emotional process of evaluating oneself from others standpoint. Baig and Kahya (2025) further this in their examination of self-esteem and self-worth, demonstrating how externally applied negative labels perpetuated a cycle of self-doubt. Morley & Tyrrell (2023, p.1134) recognise how this leads to self-blame and believing “there is something wrong” with them. These internalised beliefs caused them to stop pursuing friendships and disengage academically (Stenner et al., 2019).

2.7.1.2 Stereotypes and Misconceptions

Closely intertwined with labelling were stereotypes, misconceptions and subsequent stigma, all of which pervaded participant experiences across the literature. Participants shared significant frustrations around gendered stereotypes of ADHD as a condition affecting only “hyperactive teenage boys” and the insufficient awareness of presentation differences in males and females (Keys et al., 2025; Morley & Tyrrell, 2023, p.1132). Similarly, ADHD was referred to as a “dirty word” or “a controversial media topic and subject of gossip amongst parents about disruptive boys” (Stenner et al., 2019, p.187). Such stereotypes not only frame ADHD in a negative, male-centric light, but they also contributed to the reduced likelihood of females being referred for ADHD assessments and access to support (Young et al., 2020). Stereotypes prevailed across various contexts within society, for example, participants noted GPs misconception that “girls can’t have ADHD” impeded their diagnosis (Lynch & Davison, 2024). These misconceptions persisted for females who attempted to seek a diagnosis of ADHD in adulthood. Young et al (2019, p.189) reported participants being told ADHD “doesn’t exist in adults” and “it is just naughty kids”. Even following diagnosis, stigma surrounding ADHD meant participants diagnoses were not believed, with some experiencing discrimination in the workplace (Morgan, 2023). Baig and Kahya (2025) note how the invisible nature of ADHD may prompt females to question their diagnosis, fostering imposter syndrome.

Gender intersected with other aspects of social identity, such as ethnicity to shape stereotypes experienced. Morgan (2023) explored the impact of racialised stereotypes, attributed to cultural expectations, whereby the women felt that neither they nor their mental health were prioritised. Furthermore, many identified how misconceptions framed ADHD as an ‘excuse’ for negative behaviour or a justification

for failure (Lynch & Davison, 2024; Mansfield & Soni, 2024; Young et al., 2019). Conversely, Stenner et al (2019) explored how parental understanding shifted following a CYP's diagnosis, prompting efforts to develop ADHD knowledge and dispel the negative stereotypes. Similarly, Young et al (2019) notes hope for the future and identifies a shift in recent attitudes alongside a tentative societal rejection of stigma and stereotypes as knowledge on ADHD improves.

2.7.1.3 Masking

Stereotypes and misconceptions contributed to the development of compensatory behaviours, referred to as 'masking' (defined in section 1.6.2). Keys et al (2025) explored how feeling misunderstood by peers often resulted in masking to avoid perceived judgement. One such masking strategy involved refraining from seeking help, despite experiencing challenges, to avoid being perceived as different (Mansfield & Soni, 2024). Morgan (2023, p.583) highlighted the physical and emotional exhaustion of masking and how the women's concealment of their "true self" impacted recognition of their difficulties and access to support. Young et al (2020) noted that females who mask are often overlooked and their symptoms are misinterpreted. Although reference to masking recurred across the literature, limited guidance was offered to support with identifying and recognising masking behaviours in practice.

2.7.1.4 Identity

Stenner et al (2019) foregrounds identity, making an important distinction between identity (the process of identifying oneself) and identification (the process of being labelled medically or socially). As increasing numbers of females identify with ADHD, with or without formal diagnosis, the implications of this warrant consideration. The

literature outlined mixed perceptions of an 'ADHD identity'. Some participants described their 'ADHD identity' as a problem intertwined with their 'true' identity, making it difficult to distinguish themselves from their diagnosis (Mansfield and Soni, 2024; Young et al., 2019). While others embraced their diagnosis, transforming their lives and reconstructing a more positive, accepting self-identity (Morgan, 2023). Stenner et al (2019) examined how misconceptions impact one's psychosocial identity formation, resulting in a negative loop of self-criticism. Morley and Tyrrell (2023) and Keys et al (2025) link self-criticism and identity to low self-esteem and feelings of inferiority. Baig and Kahya (2025) explored the renegotiation of identity following diagnosis, highlighting the interplay of womanhood, culture, stigma and gender stereotypes.

2.7.1.5 Social Relationships

The literature highlighted the relationship between identity and social relationships. Young et al (2019, p.186) explored the positive impact of an 'ADHD identity' on building a community, describing a "weird little club" that fosters a sense of belonging and acceptance. The breadth of this community spreads far and wide, with many highlighting the importance of social media in building such connections (Baig & Kahya, 2025). However, prior to diagnosis, the literature documents difficulties forming and sustaining friendships, social isolation and exclusion from peers (Keys et al., 2025). Some females sought connection through harmful means, including criminal activity gangs or multiple sexual partners from a young age. High levels of bullying was also a recurring experience for female students (Mansfield & Soni, 2024). Conversely, Young et al (2020) challenged the notion that social difficulties are female-specific, positioning them as characteristic of ADHD more broadly.

Collectively, the literature foregrounds the profound influence of societal narratives on the experiences of females with ADHD. Prevailing stereotypes and misconceptions underpin negative labelling, masking and social relationship difficulties. This is an interconnected cycle that educational professionals must recognise to develop more nuanced understandings of ADHD in females and mitigate its associated stigma and under-recognition. The current research seeks to contribute to this understanding.

2.7.2 Educational Challenges and Systemic Barriers

The literature consistently identified educational challenges and systemic barriers impacting females with ADHD, with recurring subthemes of negative educational experiences, executive function (EF) difficulties, limited awareness and support.

2.7.2.1 Negative Educational Experiences

Although Morgan's (2023, p.581) research focuses on women's experiences of receiving a diagnosis in adulthood, participants retrospectively recalled their school years without a diagnosis as "absolute hell", reflecting the distressing nature of school. Further research exploring retrospective educational experiences of females with ADHD is limited, instead studies predominantly focus on those currently in education, representing a notable gap. Morley and Tyrrell's (2023, p.1133) university students described being labelled as "simply just not academic" and placing immense pressure on themselves to achieve. With this, Lynch and Davison (2024, p.68) document "being plagued by inattention" and difficulties maintaining focus within academic settings. Furthermore, Mansfield and Soni (2024) explore the impact of sensory needs

associated with ADHD within classroom settings, describing environments that were either overstimulating in turn impairing focus, or under-stimulating, precipitating sensory seeking behaviours perceived to be disruptive.

Russell et al's (2023, p.947) parent participants, identified a perceived incompatibility between their CYP's ADHD needs and their mainstream education setting. Parents shared that CYP were punished rather than supported and as a result became reluctant to attend school. Similarly, Morgan's (2023) participants described secondary school as the most challenging period in their educational careers. In response to negative mainstream school experiences, the literature described transition to alternative provision as a protective factor, where CYP could pursue subjects of interest and progress their education (Russell et al., 2023). While this indicates the necessity for individualised support, it suggests that alternative provisions are the only gateway for this type of support to facilitate positive educational experiences.

2.7.2.2 Executive Function Difficulties

A key factor underpinning negative educational experiences, was executive function (EF) difficulties. The literature demonstrates that individuals with ADHD present greater EF impairment than their neurotypical peers (Martel et al., 2007; Young et al., 2020). Lynch and Davison (2024) outline the challenging impact of disorganisation and forgetfulness on female educational experiences. Mansfield and Soni (2024), similarly found that working memory and planning difficulties impacted participants anticipation of future events, generating negative self-directed feelings about their academic achievement. These findings underscore the impact of EF difficulties on

learning experiences, highlighting the need for greater educational professional awareness to be able to recognise these challenges.

2.7.2.3 Lack of Awareness and Support

A recurring theme across the literature was limited professional awareness of ADHD in females and the impact this had on educational outcomes. At a school level, Mansfield and Soni (2024) found that staff's limited understanding of female presenting ADHD, contributed to sanctions and blame for behaviours associated with ADHD symptomology, including sensory seeking behaviour. Similarly, Lynch and Davison's (2024) participants note that teacher frustration and strained student-teacher relationships stemmed from this lack of understanding, which acted as a barrier to educational achievement and support. Keys et al (2025) found that participants perceived staff understanding of ADHD to be the most important school-level support factor. However, this support was limited by pervasive misconceptions of ADHD, which influenced teachers' attitudes towards females and the support they received.

At a systemic level, within education and medical systems, limited professional awareness of female ADHD presentation resulted in many falling "through the cracks", when their presentation diverged from stereotypical traits such as, "bouncing off the walls" (Morgan, 2023, p.583). Russell et al (2023, p.946) reported that inattentive symptoms, commonly associated with female ADHD presentation, are often ignored and result in CYP being "bounced" from one service to another. Over time, this cumulative lack of understanding and awareness takes its toll on the psychological wellbeing of females with ADHD. Baig and Kahya (2025, p.8) highlighted this internal

emotional toll, with one participant reporting that she would frequently “beat myself up about it”, reflecting the shame and blame this lack of understanding produced.

Extended psychoeducation and greater awareness of female ADHD presentation is essential for improving educational outcomes and reducing systemic barriers to support (Keys et al., 2025; Young et al., 2020). The literature, although limited, begins to present ideas for how to support students with ADHD in school. Keys et al (2025, p.10) highlighted the importance of early intervention and individualised support, rejecting a “one-size-fits-all approach” to learning. With this, broad protective support factors included adapted teaching strategies and mental health support, however, they lacked specificity. Russell et al (2023) identified non-gender specific support provisions, including examination accommodations and access to specialist provisions, again suggesting that individualised support is limited within mainstream education settings.

Together, the literature demonstrates that females with ADHD face systemic barriers to support, stemming from limited professional understanding. Alongside this, the literature highlights the impact of unrecognised EF difficulties, which contribute to negative educational experiences. The current research seeks to raise awareness of female ADHD presentation among educational professionals to ensure appropriate support is accessible on a needs-based agenda, regardless of diagnostic status.

2.7.3 Journey to Diagnosis

The literature consistently explored individuals’ journey to receiving their ADHD diagnosis, across childhood and adulthood. Recurring subthemes include the

diagnostic process and associated feelings, misdiagnosis and mental health and the importance of early identification.

2.7.3.1 Diagnostic Process

Stenner et al (2019, pp.186-188) describes a “lightbulb moment” or “emergent event” that prompted participants to pursue diagnosis, often triggered by a family member or child receiving a diagnosis. This led to a retrospective reappraisal of their past through an ADHD lens. For some, this took the form of an ‘epiphany’, prompted by social media or peer observations of ADHD traits in their behaviour. While for others, it emerged from consistent experiences of not fitting in and pervasive difficulties across daily and academic life (Baig & Kahya, 2025; Morgan, 2023; Morley & Tyrrell, 2023; Russell et al., 2023). These realisations and ‘epiphanies’ often preceded formal diagnosis, with many participants self-identifying and self-diagnosing as having ADHD before clinical assessment (Lynch & Davison, 2024). The diagnostic process was rarely straightforward. Many had to employ self-advocacy strategies and provide GPs with additional information on female ADHD presentation in order to be understood (Baig & Kahya, 2025). This further reflects the lack of professional understanding as outlined in section 2.7.2.3.

Following their adulthood diagnosis, many began to reconstruct their childhood experiences, reframe previously internalised negative labels and begin to view themselves in a “positive light” through self-compassion (Young et al., 2019, p.184). Baig and Kahya (2025, p.13) describe post-diagnostic reconstruction as “the movement from a narrative filled with judgement and shame, to one encompassing understanding and compassion”. This demonstrates the inherently emotional process of receiving an adulthood diagnosis. Within the literature, adulthood ADHD diagnoses

elicited mixed emotional responses including relief alongside numbness, confusion and anger, with many expressing frustration at unnecessary hardship endured pre-diagnosis (Baig & Kahya, 2025; Morgan, 2023; Morley & Tyrrell, 2023).

Diagnosis functioned as the key to support. Baig and Kahya's (2025) participants reported that diagnosis equipped them with the language to communicate their differences. It also enabled access to pharmacological interventions, which have been shown to be effective for individuals with ADHD (Morgan, 2023). However, Young et al (2020) noted that prescriptions for ADHD medication remains uniform across males and females, despite research demonstrating the interaction between female hormones and menstruation with the effectiveness of medication. Furthermore, medication frequently constitutes the primary, and sometimes sole form of support for females with ADHD, despite evidence supporting psychosocial interventions (e.g., support groups) (Baig & Kahya, 2025).

2.7.3.2 Misdiagnosis and Mental Health

The literature demonstrates that diagnostic journeys are frequently complicated by misdiagnosis. Many females with ADHD are initially diagnosed with mental health difficulties, raising questions about whether elevated rates reflect co-occurring conditions or symptom misattribution (Keys et al., 2025). For example, Young et al (2020) notes affective ADHD symptoms such as, emotional dysregulation is commonly misattributed to depressive disorders. Morley and Tyrrell (2023) report a higher prevalence of co-occurring psychiatric disorders for females with ADHD, including anxiety and depression.

For women diagnosed in adulthood, it is wondered to what extent mental health conditions emerge as a consequence of the emotional toll of undiagnosed ADHD.

Morgan's (2023, p.583) participants reported a long history of engagement with mental health services and were frequently diagnosed with "emotional conditions", such as borderline personality disorder. Some women also engaged in self-harm during their challenging school years. Decline in mental health during adolescence was a recurring experience for females, with ADHD-related emotional dysregulation and social difficulties compounded by puberty and hormonal fluctuations (Keys et al., 2025). Baig and Kahya (2025, pp.11, 17) describe mental health difficulties as "overshadowing the underlying ADHD diagnosis", with many experiencing a "cry for help" through psychiatric symptoms.

Research indicates limited mental health support available for females with ADHD, prior to and following their ADHD diagnosis (Morgan, 2023). Whether these mental health difficulties represent co-occurrence or misdiagnosis, they remain an important consideration that requires targeted and appropriate support.

2.7.3.3 Early Identification

The importance of early identification emerged across the literature. Many expressed frustration at "why was I not picked up earlier" and noted that unless they were considered a "problem", their difficulties were overlooked (Morgan, 2023, p.583). Conversely, others did not wish for an earlier diagnosis, fearing it would leave them vulnerable to public misconceptions. This finding highlights the negative consequences of prevailing ADHD stereotypes. Young et al (2020) emphasised the need to improve professional training to enhance understanding and detection, thereby mitigating the enduring psychological, educational and social difficulties associated with delayed identification. This underscores the need to raise awareness

of ADHD in females in order to improve, early identification, educational support and outcomes – a need the current research aims to address.

2.8 Literature Review Conclusions

The literature review identified interconnected themes in response to the three LRQs. In response to LRQ1: ‘what does literature say about the experiences of females with ADHD?’, the literature reveals complex and challenging experiences, shaped by gendered stereotypes and misconceptions that frame ADHD as a male condition and contribute to the under-recognition of ADHD in females. The impact of negative labels on identity formation emerged as closely intertwined with masking, used to conceal difficulties and avoid judgement, which further obscured needs.

In response to LRQ2: ‘what does literature say about the school experiences of females with ADHD?’, the literature highlights consistently negative educational experiences shaped by EF difficulties and limited professional understanding of female ADHD presentation. While individualised support is widely advocated, it remains inconsistent and rarely female specific. Retrospective accounts of school experiences from women diagnosed in adulthood are notably absent from the literature.

Finally, in response to LRQ3: ‘what does literature say about females diagnosed with ADHD in adulthood?’, the literature describes a complex, rarely linear adulthood diagnostic process, frequently complicated by misidentification and mental health misdiagnosis. Following diagnosis, many women undergo retrospective reconstruction alongside mixed emotional responses. While the literature consistently calls for females to be identified earlier, to mitigate the enduring difficulties of delayed

diagnosis, evidence on how this might be achieved in practice remains limited. See Appendix E for Reflective Journal Extract 2.

2.9 Chapter Summary and Rationale for the Current Research

Drawing on ten studies to answer the three LRQs, this scoping review summarised the available literature exploring the experiences of females with ADHD, including their school experiences and adulthood diagnosis. Collectively, the literature demonstrates that the challenges facing females with ADHD are rooted in a persistent failure to recognise and understand the female presentation of ADHD, a deficit that shapes lived experience, undermines educational achievement and complicates the journey to diagnosis. Despite a growing body of literature, significant gaps remain, most notably the limited exploration of retrospective school and support experiences among women diagnosed with ADHD in adulthood.

It is this gap that the current research seeks to address by amplifying the voices of these women through semi-structured interviews and drawing methodology. This research explores how the women retrospectively make sense of their school experiences and the support they identify as meaningful. In examining how their ADHD presented at school, the signs that went unrecognised and how they experienced support, this research aims to raise awareness of female ADHD presentation, enabling earlier identification and advancing needs-based support, irrespective of diagnosis. In doing so, this research seeks to contribute to a more inclusive educational landscape and to mitigate the long-term consequences of the under-recognition of female ADHD.

3. Methodology

3.1 Chapter Overview

This chapter sets out this research's aims, purpose and research questions (RQs). Researcher positionality is explored, establishing the ontological and epistemological perspectives alongside paradigms shaping this research. The chapter details the research design and approaches to participant recruitment, data collection and analysis, with each decision evidenced and justified. A critical appraisal of methodological decisions is offered alongside consideration of alternative approaches and relevant ethical factors, to ensure scientific rigour. Reflexive journalling formed an integral part of the research process, with selected excerpts integrated throughout to evidence ongoing critical self-reflection and awareness.

3.2 Research Aims and Purpose

The literature review alongside background reading informing the introduction, identified a need for further exploration into the retrospective school and support experiences of women diagnosed with ADHD in adulthood (Keys et al., 2025; Lynch & Davison, 2024; Taneja Johansson, 2021). This research therefore adopted an exploratory purpose (Davies, 2006; Robson & McCartan, 2016) to explore how women diagnosed with ADHD in adulthood understand, interpret and give meaning to their experiences of school and support in light of their diagnosis.

This research pursued three interconnected aims. First, to explore how the women retrospectively interpret their school experiences and identify signs of ADHD that were missed or overlooked. Second, to understand how they experienced support during school and what they would have valued. Third, to use these insights to inform

how educational professionals can better recognise and support females with ADHD, regardless of formal diagnosis.

Braun and Clarke (2022) position RQs as underpinning research design and methodological decision making. Given the exploratory nature of this research, ‘how’ questions are most appropriate, orienting the research towards discovering and understanding lived experience by focusing on the phenomena of interest, experiences of school and support prior to receiving an ADHD diagnosis (Barroga & Matanguihan, 2022). The following RQs were developed, aligned with purpose and aims of this research:

- RQ1: How do women diagnosed with ADHD in adulthood understand and interpret their school experiences in light of their diagnosis?
- RQ2: How do women diagnosed with ADHD in adulthood make sense of the support they received and the support they would have valued in school?

3.3 Research Positionality

3.3.1 Ontology

Grix (2010, p.59) likens ontology and epistemology to the “footings” of a house, forming the “foundations of the whole edifice” of the research. Ontology is viewed as the starting point, concerned with the nature of reality and what exists in the world (Crotty, 1998; Grix, 2010). Ontological assumptions make claims about social phenomena and their existence (Blaikie & Priest, 2019).

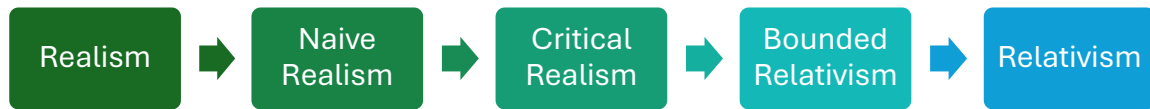
Moon and Blackman (2014) highlight the importance of acknowledging the dichotomy between core ontological positions of realism and relativism, that sit at either end of the ontological spectrum (Figure 8). A realist position understands that “one single reality exists”, suggesting that there is one truth independent of individual

experiences (Moon & Blackman, 2014, p.1170). Conversely, a relativist position suggests that “no one true reality exists”, and instead reality is based on individual's experiences relative to time, space and place. (Moon & Blackman, 2014, p.1170). Moving along the ontological spectrum from realism towards relativism, positions shift from naive realism, wherein one truth exists contingent on correct methods used, towards critical realism, a multi-layered perspective whereby a single reality exists but the understanding of it is shaped by social context (Fletcher, 2017; Stutchbury, 2022). Approaching the relativism end of the spectrum, bounded relativism argues that “shared reality exists within a bounded group (e.g., cultural, moral), but across groups different realities exist” (Moon & Blackman, 2014, p.1170).

A bounded relativist ontological position was adopted for this research. In using this position, I attempted to do two things. First, it allows for the recognition of salient, shared features and experiences amongst a group - women with an adulthood ADHD diagnosis. Second, it helps to discern ways in which women have been affected by their adulthood diagnosis and draws a sharp distinction between their experience and the experiences of their neurotypical or male peers, who have been a focal point of historical research. However, it's important to note that a commitment to bounded relativism need not imply a completely shared experience between all participants in this study. Their other social characteristics, race, class, religion and so on, often shaped their experiences too. So, although I approached this topic with bounded relativism, I did not intend to suggest it forms the whole picture. It merely informs part of an inclusive, intersectional analysis of women's retrospective experiences of school prior to receiving a diagnosis of ADHD in adulthood.

Figure 8

Visual Representation of the Ontological Spectrum (adapted from Moon and Blackman, 2014)



3.3.2 Epistemology

Epistemology, a foundational branch of philosophy, concerned with the theory and study of knowledge (Grix, 2019). It examines the nature of knowledge, its acquisition and what one can know (Moon & Blackman, 2014).

The common epistemological positions are objectivism, constructivism and subjectivism. Objectivist epistemology has a realist ontology in the background, it assumes that reality exists independent of the human mind and one can come to learn and know facts about it (Moon & Blackman, 2014). Crotty (1998, p.8) explains objectivist principles through the analogy: “a tree in the forest is a tree regardless of whether anyone is aware of its existence or not”. Constructivist epistemology by contrast, takes facts about the world to be dependent on social structure. Individuals construct their own knowledge based on interactions with their social context (Moon & Blackman, 2014). Constructivists use language as a shared medium for meaning making (Hyde, 2020). Finally, a subjectivist epistemological position outlines that knowledge is contingent upon individual perception and interpretation of reality (Crotty, 1998; Moon & Blackman, 2014).

A subjective epistemological position is adopted for this research. In order to work out the impact of adulthood diagnosis on the women, I encouraged participants

to share their experiences of education and support. The methodology of this research, then, squares naturally with the subjectivist injunction to recognise the contingency of knowledge on the individual. Crucially, recognising the importance of participants' subjective stories does not ignore the role of social structure. The women's narratives are interpreted in light of institutional structures (e.g., education systems and constraints) and broader social influences and expectations. The resulting epistemological method understands that individual experiences are an indispensable resource for understanding women with adulthood diagnoses and in shaping the reality in which they live. But, it also appreciates their narratives are also, in part, co-authored by the social structure in which they live. To focus on the individual is not to exclude the social - instead, it is to recognise the two as fundamentally interwoven.

3.3.3 Being an 'Insider-Outsider' Researcher

When considering my motivations as a researcher (as outlined in section 1.9), neither the insider researcher position (shared characteristics with the research population) nor the outsider researcher position (no membership within the research population) fully captured my experience as a woman with close, personal relationships to women diagnosed with ADHD in adulthood. Instead, Dwyer and Buckle (2009, p.60) insider-outsider position seemed more appropriate, proposing a "space between" or the "third space", denoted by a hyphen in insider-outsider. This position does not fall into the rigid division between insider and outsider, but requires adopting a dynamic, perspective in which the researcher moves fluidly between the insider and outsider position. This resonated with my own experience, reflecting a hybrid positionality, that offers both empathetic understanding and analytical distance.

3.3.4 Feminist Perspective

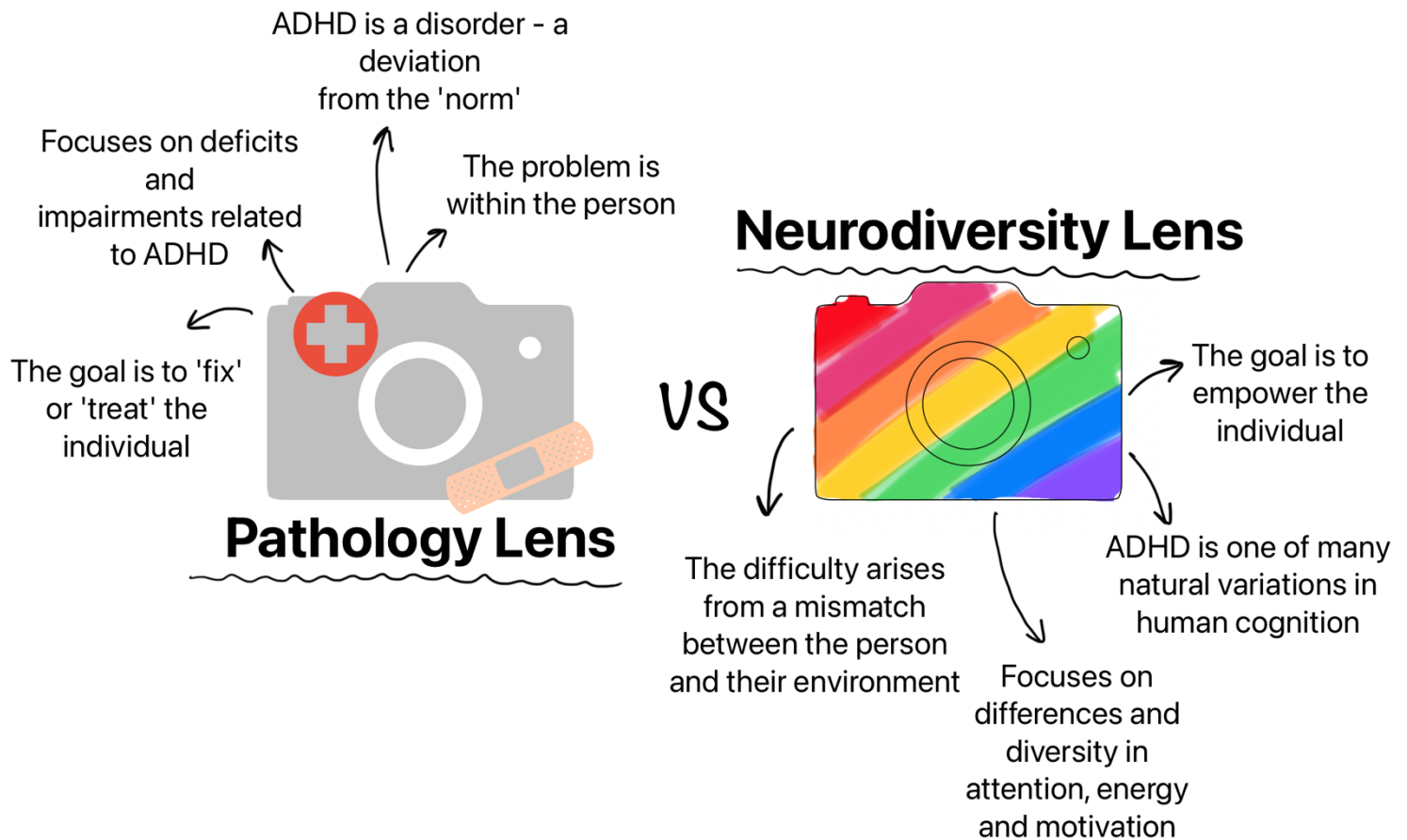
This research was underpinned by a feminist perspective, centring the voices and lived experiences of women as valuable sources of knowledge for advocacy and social change. Feminist research is characterised by placing gender at the centre, correcting the invisibility and distortion of female experience and challenging unequal social positions and marginalisation (Creswell & Poth, 2018; Lather, 1991). ADHD research has been shaped by androcentric bias, with the diagnostic criteria and educational interventions developed around male presentations. Consequently, women with ADHD have been systematically underrepresented and misunderstood (Hinshaw et al., 2022; Quinn & Madhoo, 2014). A feminist lens was therefore essential for this research, explicitly foregrounding gender as a critical variable in understanding why many women are reaching adulthood without a diagnosis or adequate support.

The feminist perspective was considered alongside my position as an insider-outsider researcher. As a woman, my gender afforded me a degree of insider identity, alongside my commitment to empowering and supporting females within educational settings. As Finlay (2002) notes, feminist positionality stresses the value of reflexivity as a means of attending to the micro- and macro-social dimensions and experiences of power. I therefore engaged in continual reflexive examination of how my identity as a woman, and the values I brought to the research, shaped my conduct and interpretations.

3.3.5 Pathology versus Neurodiverse Paradigm

Within research and society, there has been a longstanding discourse surrounding disability and the use of the 'medical model' versus the 'social model'. The 'medical model of disability', pathologises individuals, framing disability as a personal deficit

needing correction. By contrast, the 'social model of disability' emphasises that impairments are purely bodily functions that are made disabling by society's failure to accommodate diverse physical, cognitive and psychological needs (Guevara, 2021; Manago et al., 2017). Analogously to the medical model, ADHD conceptualisation, diagnostic practices and research are often situated within a pathology paradigm, centred on dysfunction and neurotypical expectations (Munn, 2024). Driven by equality, diversity and inclusion, I sought to disrupt the pathology paradigm by embodying a neurodiverse perspective (Figure 9). The neurodiverse paradigm aims to shift perspectives away from an individual-deficit model and towards an understanding of neurodivergence as natural human variation (Pellicano & den Houting, 2022). It highlights the importance of advocating for marginalised groups, amplifying underrepresented voices and centring lived experience, the core premise of this research

Figure 9**Pathology Paradigm versus Neurodiverse Paradigm****3.3.6 The Educational Psychologist (EP) Lens**

My experience as a Trainee EP (TEP) within a London borough LA highlighted the consistent trend of schools requesting EP involvement for students presenting with ADHD symptoms or females experiencing emotional difficulties that could be indicative of ADHD. This underscored the relevance of the EP lens in understanding how ADHD is identified and supported within school contexts. Notably, two studies included in the literature review, Keys et al (2025) and Mansfield and Soni (2024), were authored by practising EPs, yet neither explicitly positioned their work through an EP lens. There is limited research exploring ADHD and the EP perspective and

role. However, where research exists, EPs were found to be rarely involved in ADHD assessments, despite playing an essential role in increasing awareness of contextual factors within CYPs behaviour that may indicate ADHD (Hill & Turner, 2016). Research conducted in South Africa highlighted the importance of emotional support and reassurance provided by EPs to mothers of CYP with ADHD, alongside collaboration with educators to improve holistic support for CYP through individually tailored interventions (Mohangi & Archer, 2015).

Due to the dearth of research in relation to ADHD from the EP perspective, coupled with my experiences as a TEP, this research employed an EP lens to raise awareness of ADHD presentation in females, ultimately to equip educational professionals (including EPs) with knowledge to advocate for early identification, holistic interventions and inclusive practice.

3.4 Research Design

3.4.1 Qualitative Exploratory Design

Braun and Clarke (2013) define qualitative research as a paradigm, enabling an in-depth exploration of multiple versions of reality and meaning within specific contexts, instead of seeking objective, measurable truths.

In line with the ontological and epistemological positions underpinning this research, and in response to the gaps identified within the literature, a qualitative exploratory design was adopted. Lynch and Davison (2024, p.62) note, there remains “a deficit of qualitative research exploring the experiential aspects of ADHD through the voices and perspectives of those directly affected by the condition”, a gap particularly pronounced in relation to female experiences. A qualitative exploratory design was therefore well-suited to this research. It enabled a deep examination of a

relatively underexplored area, generating rich insight into the subjective experiences of women and how they understand and interpret their schooling in light of their adulthood ADHD diagnosis (Chronis-Tuscano, 2022).

3.4.2 Retrospective Design

Alongside a qualitative exploratory design, this research employed a retrospective design, an approach where data concerning past events and experiences are gathered using an individual's autobiographical memory, requiring them to 'look back' in time (Schwarz et al., 1994; Snelgrove & Havitz, 2010; Song, 2022). Beginning from the known outcome of an adulthood ADHD diagnosis, the design worked backwards to examine preceding school experiences. This retrospective orientation was fundamental to this research, given that this population only became visible in retrospect.

Retrospective qualitative studies yield reflective, narratively rich accounts as participants have had time to process their experiences and this may prompt sustained personal reflection. However, Schwarz et al (1994) noted the possibility of recall bias within retrospective research, whereby participants may misremember or reconstruct past events. Following the ontological and epistemological position adopted, this research aims to better understand how women reconstruct and make sense of their school experiences in light of their diagnosis, rather than have them recollect their experiences with complete accuracy. The RQs were not only concerned with what happened at school, but with how the women narrated and retrospectively reflect on those experiences, for which retrospective data was uniquely suited.

A range of qualitative approaches for data collection and data analysis aligned to an exploratory, retrospective research design were considered. Alternative methods are outlined in their respective sections (3.6 and 3.7).

3.5 Research Participants

3.5.1 Sample Size

Sample size is a complex consideration in qualitative research. Sandelowski (1995, p.183) argues that the sample should not be too large to impact management of data, nor too small, limiting “deep-case oriented analysis” and rich understanding of experience. Braun and Clarke (2022, p.28) emphasise the importance of “information power” (the richness of data in alignment with research aims) over “data saturation” (Malterud et al., 2016). Braun and Clarke (2022, p.27) further advocated for smaller but “thicker” datasets containing in-depth, rich and nuanced data. In line with information power and the value of thicker datasets, this research aimed to obtain 6-10 participants. As this research was time-bound by the constraints of a doctoral research project, this sample size was deemed feasible while still yielding rich data.

3.5.2 Participant Criteria

This research recruited women aged 18 to 25 who received a diagnosis of ADHD in adulthood. Participants self-reported their diagnosis and formal diagnostic evidence was not required. Consistent with the British Psychological Society Code of Human Research Ethics (BPS, 2021a, p.15) adulthood is defined as post-18, “at which point a person becomes legally an adult”. It is important to consider the possible limitations associated with the inclusion of participants aged 18 to 25, as this is a period

characterised as and commonly associated with active identity exploration. This may impact the women's responses as their accounts were gained at a point when their sense of self, including their understanding of themselves as women with ADHD, was still being actively constructed rather than settled. However, this may equally be regarded as analytically important and a strength as these women may be more able to offers insight into how an adulthood diagnosis shapes identity formation and self-understanding while that process is still live. This is central to this research's concern with the meaning the women make of their school experiences in light of diagnosis. This age range also carries potential merits with regards to proximity to secondary education and recency of diagnosis. It is nonetheless acknowledged that these findings may not transfer to women diagnosed later in life, for whom identity may be more consolidated and whose retrospective accounts may differ. Participant inclusion criteria and rationale are presented in Table 6.

Table 6

Participant Inclusion Criteria

Participant criteria	Rationale
Aged 18 to 25 years old	In addition to being categorised as adults (post-18), participants were required to have completed formal secondary education enabling retrospective reflection on their whole school experiences. The upper age limit of 25 ensured that reflections on school experiences remain relatively recent, while allowing

	enough temporal distance to reduce emotional toll that may occur if participants were still within the education system.
Received their ADHD diagnosis in adulthood (post-18)	This ensured participants could reflect on their school experiences without an ADHD diagnosis, highlighting the implications not having a diagnosis has on support received.
Attended a secondary school in the United Kingdom	This ensured relevance to the UK educational context and EP practice within local authorities.
Able to communicate in and understand English	I can only communicate in English and therefore, participants were required to communicate in English to ensure they were able to understand and engage meaningfully in the interview process and provide informed consent.
Assigned female at birth	This criterion reflects the research focus on ADHD as experienced by those born and socialised as female, given the distinct developmental, hormonal, and gender-related factors that shape its manifestation. This was not intended to be exclusionary.
No known co-occurring neurodevelopmental diagnoses (e.g., autism)	To ensure findings reflected ADHD specifically, rather than overlapping or interacting neurodevelopmental profiles.

3.5.3 Participant Recruitment

Purposive sampling is described by Tajik et al (2024, p.1) as a “cornerstone of qualitative research”, enabling rich, context specific insights, through the selection of individuals that are directly relevant to the RQs. Purposive sampling aligned well with the aim of exploring the retrospective school experiences of women diagnosed with ADHD in adulthood.

Recruitment via social media platforms started in April 2025, following ethical approval from the Tavistock Research Ethics Committee (TREC) in March 2025 (Appendix F). A research recruitment poster (Appendix G), outlining the research purpose, process, participant inclusion criteria and my contact details, was posted to various Facebook support groups for women with ADHD (e.g., ‘ADHD Babes’ and ‘UK women with ADHD’) and on Instagram. Following challenges with social media recruitment (see Reflective Journal Extract 3 in Appendix H), I contacted UK-based ADHD charities such as ‘ADHDUK’ and ‘ADHD Aware’ to broaden recruitment. ADHDUK posted the research recruitment poster across their social media platforms (e.g., LinkedIn, Facebook and Instagram), which generated a large influx of participants (see Reflective Journal Extract 4 in Appendix I).

Participants self-selected and volunteered their participation by contacting me as the researcher directly. Upon contact, participants were provided with an information sheet (Appendix J) and consent form (Appendix K), incorporating a ‘read aloud’ function for accessibility. An ‘easy read’ version was available upon request although none were requested. Upon completing the consent form, participants provided demographic information including their current age, age of diagnosis and ethnic group. All participants were assigned pseudonyms, used consistently throughout. Participant information is outlined in Table 7 and Figure 10 outlines my

reflections on participant diversity. Once participants details were checked against the inclusion criteria and the signed consent forms were returned, participants selected a mutually convenient interview date and time.

In total, 31 potential participants made contact; 8 participants did not respond following receipt of the information sheet and consent form, twelve participants did not meet the inclusion criteria, and 1 participant did not attend her interview on two occasions. Ten women aged 18 to 25 were subsequently recruited for this research.

Table 7

Participant Information

Name	Current age	Age at diagnosis	Ethnic group
Lily	22	22	White – English
Stella	20	19	Mixed – White and Black African
Sarah	23	18	Any other white background – Scottish, Swedish
Ellie	25	23	White - English, Welsh, Scottish, Northern Irish or British
Rachel	20	19	Any other white background

Hattie	22	18	Any other white background – white European and Roma
Amelie	21	18	White - English, Welsh, Scottish, Northern Irish or British
Natalie	22	19	White - English, Welsh, Scottish, Northern Irish or British
Alyssa	24	23	White - English, Welsh, Scottish, Northern Irish or British
Alana	24	23	White - English, Welsh, Scottish, Northern Irish or British

Figure 10**Reflective Journal Extract 5****Extract 5: Participant Diversity**

While collating participant information, I reflected on the demographic profile of the participant group, particularly that the majority identify as 'White - English, Welsh, Scottish, Northern Irish or British'. This has prompted me to reflect on whether this patterns reflects broader disparities in ADHD diagnosis across ethnic groups, given that existing literature suggests that CYP from minoritised ethnic backgrounds are significantly less likely to receive a formal ADHD diagnosis (Slobodin & Masalha, 2020). The experiences of women from minoritised ethnic backgrounds may differ considerably, and the absence of their voices from the wider literature and from this research is an important limitation to acknowledge.

This prompts a broader reflection on the equality, diversity and inclusion implications of this research. Drawing on Burnham (2012) Social GRRRAACCEEESSS, I am mindful of how race, ethnicity and other socio-cultural factors intersecting with gender, may shape both the likelihood of receiving an ADHD diagnosis and the experiences that precede and follow it. Social GRRRAACCEEESSS are not peripheral to diagnosis, but may fundamentally influence how ADHD presents, how it is perceived, and whether it is recognised and acted upon. I will hold this in mind when interpreting the findings of this research.



(Image taken from Instagram @creative.clinical.psychologist, 2022)

3.6 Data Collection**3.6.1 Semi-Structured Interviews**

In alignment with this research's aim and RQs, semi-structured interviews were selected as the most appropriate method of data collection. This qualitative data

collection method is widely used and valued for its flexibility and versatility (Kallio et al., 2016). A pre-designed interview schedule (see section 3.6.4) provided a foundation of questions to guide the interview, whilst remaining sufficiently open to follow each participants lead (Magaldi & Berler, 2020). Each participant's interview varied, shaped as much by what emerged as by what was planned. Reciprocity between me and the participant was fostered through open-ended and improvised follow-up questions central to this approach, like, "tell me more about that" (Kallio et al., 2016). This format aimed to create a safe space where participants felt comfortable to share personal reflections, enabling in-depth insight into their experiences relative to the topic of interest (Magaldi & Berler, 2020). Semi-structured interviews were particularly well-suited to the sensitive nature of this research topic. The structure provided containment, while the flexibility enabled women to articulate their school experiences in their own terms, at their own pace, allowing rapport and trust to develop.

3.6.2 The Grid Elaboration Method (GEM) and Free Association Drawing

The GEM stems from free association methods, particularly narrative interviews, drawing on psychoanalytic principles to explore how participants make sense of their worlds. The GEM utilises verbal free association methodology alongside grid-style visuals, inviting participants to draw or write, images, words or feelings associated with a term of focus (Joffe & Elsey, 2014). While aspects of the GEM (see below) were incorporated within this research, the method was not adopted in full. This research required space for participants to narratively revisit and emotionally process their retrospective experiences in light of their adulthood ADHD diagnosis, rather than organise them into a grid-based elicitation framework. A more flexible, dialogic

approach was therefore necessary to support evolving reflections and meaning-making. Time-constraints of the doctoral training programme further precluded wholesale use of the GEM.

The principle of free association drawing and ‘draw and tell’ methodology (Goodwin et al., 2023) was incorporated in this research to initiate conversations. Brailas (2020, p.4447) outlines how drawings provide access to non-verbal meanings, facilitating the sharing of feelings, thoughts and experiences not easily communicated otherwise. Lewis et al (2024, p.14) reinforced the benefit of using creative methods (e.g., drawing) for neurodiverse CYP, repositioning them as “credible knowers”. Goodwin et al (2023) recommend the use of creative methods across most populations, reflecting that although drawing methodology is primarily used with children, it can also facilitate deep exploration and richer narratives with young adults by removing barriers to difficult conversations.

For this research, participants were invited to complete a drawing before the interview to initiate discussions around their school experiences. The prompt was to “complete a drawing depicting what comes to mind when thinking about your experiences of school prior to receiving your ADHD diagnosis”. Completion was optional, four out of ten participants completed a drawing and submitted it via email (Appendix L). Drawings were not analysed but instead served to initiate conversations. At the time of selection, I was unaware that Keys et al (2025) had similarly used drawing methods and deemed them an appropriate “stimulus for discussion” within the population of females with ADHD (Keys et al., 2025, p.5).

3.6.3 Consideration of Alternative Data Collection Methods

The following alternative qualitative data collection methods were considered before semi-structured interviews and drawing methodology were chosen as the most suitable for this research's aims and purpose.

3.6.3.1 Structured Interviews

Structured interviews were considered due to their focus on pre-determined questions. However, they did not align with the exploratory nature of this research. Although their fixed structure offers consistency across participants, this rigidity limits the depth and flexibility required by the RQs and risks foreclosing emergent themes before they surface (Lewis-Beck et al., 2004). Furthermore, the formal nature of structured interviewing can impede rapport development, reducing the open, trusting researcher-participant exchange that sensitive qualitative research requires. This was a particularly relevant concern for this research as the women were asked to revisit potentially distressing memories of their school years, a process where psychological safety was a prerequisite for meaningful reflection.

3.6.3.2 Narrative Interviews

Given the person-centred nature of this research and its commitment to sharing participants' stories, narrative interviews were considered. Narrative interviews position participants as 'storytellers' of their personal experiences (Anderson & Kirkpatrick, 2016). This research incorporated narrative elements including broad questions (e.g., tell me about when you first identified ADHD as an area of need) to compliment semi-structured interviewing and elicit rich understanding of participants' experiences. However, pure narrative interviewing prioritises linking events across

time and meaning, making it not wholly appropriate given this research's specific focus on the time-period of schooling. Semi-structured interviews with narrative elements provided greater balance between participant-led storytelling and researcher guidance, ensuring all RQs were addressed, while still allowing participants to shape their accounts.

3.6.4 Interview Schedule

As outlined in section 3.6.1, semi-structured interviews require a pre-designed interview schedule comprised of open ended, non-assumptive questions aligned to the research's RQs. A hallmark of semi-structured interviews is the researcher's flexibility to employ probes and related follow-up questions beyond the scheduled topics and questions (Magaldi & Berler, 2020). The interview schedule (Appendix M) explored participants' experiences of school, support and their adulthood ADHD diagnosis. It also included reflective questions, like, "if you could go back in time and speak to your school self, what would you tell her?".

Braun and Clarke (2013, p.240) recommend having an "opening" question that introduces the topic and initiates discussions, for example, "tell me about your academic experiences at school". Similarly, "closing" or "clean-up" questions are recommended to allow participants to raise topics that are important to them that have not been covered (Braun & Clarke, 2013, p.240). Bearman (2019) emphasises the importance of question order to optimise conversational flow and participant openness. It is recommended to have a list of question probes as optional expansions to delve deeper. The interview schedule included general probes such as "what do you mean by..." and more specific questions such as "would an earlier diagnosis have

changed your experiences?”. Unplanned follow-up questions were also used to explore participants experiences in further detail.

For participants who completed drawings, the interview schedule began with the open-ended prompt, “tell me about what you have drawn”. Beyond the questions themselves, the interview schedule outlines the purpose of the interview, time-expectations (without fixed limits, to allow participants to share as fully as they wish) and informed participants of audio and visual recording. Furthermore, it details the distress protocol and enquiries about how distress may manifest and any reasonable adjustments required. Once the interviews were completed, the schedule incorporated a debrief (see section 3.8.1.4). The interview schedule was evaluated after each interview. However, no changes were deemed necessary.

3.6.5 Online Interviews

Due to recruitment of participants across the UK, interviews were conducted online via Microsoft Teams Video Meetings, to ensure inclusion and accessibility across all locations. Online interviews were conducted in accordance with the Tavistock and Portman NHS Trust video conferencing guidelines. Braun and Clarke (2013), noted that virtual interviews were once regarded as poor substitutes for face-to-face interviews, however, this narrative appears to be changing. This is particularly relevant in a post-COVID-19 era, during which researchers were required to adapt to remote data collection. The growth of virtual interviewing also reflects technological advances enabling access to geographically-diverse and hard-to-reach populations within time and financial constraints (Deakin & Wakefield, 2014; Keen et al., 2022). Furthermore, online interviews afford participants the opportunity to participate from a confidential, comfortable, self-chosen space, supporting openness and reducing anxiety.

Notwithstanding these strengths, the limitations of online interviews warrant acknowledgement. Challenges with online interviews include building rapport with participants, identifying non-verbal cues, internet connectivity difficulties and screens acting as barriers to emotional connection (Deakin & Wakefield, 2014; Wakelin et al., 2024). Figure 11 documents the challenges I experienced using online interviews. Despite these limitations, the online interviews yielded rich, meaningful data. Enabling participants to engage from a familiar environment, supporting emotional insight and nuanced, in-depth reflections central to this research.

Figure 11

Reflective Journal Extract 6

Extract 6: Online Interview Challenges

I have started interviewing participants and noticed challenges arising with online interviews:

- Camera framing limits my ability to observe body language, fidgeting, or other non-verbal cues beyond the shoulders, leaving information about how a participant is feeling in-the-moment largely invisible. This feels significant given the sensitive nature of the topic, and I am conscious I may be missing emotional signals that an in-person setting would have revealed.
- Technological difficulties including lagging connections can make it difficult to judge whether a participant has finished speaking, and occasionally, I inadvertently interrupted someone mid-thought, leaving me wondering whether this discouraged them from further elaboration. Furthermore, silence is an important tool in qualitative interviewing, often eliciting meaningful responses, but also creating power dynamics (Bengtsson & Fynbo, 2017). I wonder whether I inadvertently overpowered the interview in those moments, filling space that belonged to the participant. This reflection has deepened my understanding of the researcher as a research instrument and informed my approach in subsequent interviews.

3.6.6 Data Collection Process

Once the information sheet was provided and informed consent was obtained, participants were offered interview dates and time slots, all within working hours (Monday to Friday 9am to 5pm). Flexible evening slots (5pm to 8pm) were available where needed. Despite low risk to myself and participants, a lone working policy and risk assessment (Appendix N) alongside a distress protocol (Appendix O) was followed (see section 3.8 for further ethical safeguards). Interviews were conducted via Microsoft Teams with my camera on and background blurred. Participants were informed of audio and video recording at the outset. Participants were then provided with a brief overview of the research purpose, invited to share how distress might manifest and what adjustments were needed to make them comfortable. Open-ended questions were then asked in line with the interview schedule, with regular check-ins and break opportunities offered throughout. Upon interview completion, I checked in with participants and where distress was noted, a follow-up email was sent. All participants received a debrief information sheet (Appendix P). Reflective Journal Extract 7 explores my reflections on the interview process (Appendix Q). The interviews lasted from 57-110 minutes (Table 8).

Table 8

Interview Information

Participant	Interview duration (minutes and seconds)
Amelie	57:33
Alana	84:12
Alyssa	88:59

Ellie	75:51
Hattie	76:30
Lily	60:15
Natalie	79:30
Rachel	110:28
Stella	65:40
Sarah	98:11

3.6.7 Transcription

The interviews were audio- and video-recorded and transcribed via my Tavistock and Portman Trust issued Microsoft Teams account. To ensure data protection and security, recordings were uploaded and stored on the University of Essex OneDrive and promptly deleted following transcript validation. Validation involved a systematic process of replaying, pausing and relistening to each participant's recording and verifying the transcript against it for accuracy and completeness. Transcriptions were anonymised with pseudonyms used to allow recognition by me as the researcher whilst maintaining anonymity.

3.7 Data Analysis

This research used Reflexive Thematic Analysis (Braun & Clarke, 2022) as it was deemed the most appropriate data analysis method to address the RQs, purpose and aim. The rationale for this and consideration of alternative methods are provided below.

3.7.1 *Thematic Analysis*

Thematic analysis (TA) is a method for “developing, analysing and interpreting” patterns across a qualitative dataset (Braun & Clarke, 2022, p.4). Previously, TA, while a foundational method was “poorly demarcated and rarely acknowledged” (Braun & Clarke, 2006, p.77). Since then, Braun and Clarke (2022) recognise that TA is not a homogeneous method but rather a theoretically flexible approach to analysis, situated within broad paradigms that shape its application. To reflect the diversity of TA, Braun and Clarke (2023, p.1) developed a “family” of methods incorporating coding and theme development, including coding reliability, codebook, reflexive TA and thematic coding.

3.7.2 *Reflexive Thematic Analysis*

Reflexive Thematic Analysis (RTA) stems from Braun and Clarke’s refinement of their TA work (Braun & Clarke, 2019, 2022). The term ‘reflexive’ is deliberate and significant, recognising that “a subjective, situated, aware and questioning researcher” is “not just unproblematic but as an asset” (Braun & Clarke, 2022, p.5-6).

RTA was selected as the analytical framework for this research as its flexibility aligns with the research’s qualitative, exploratory research design and subjectivist epistemological position, enhancing “qualitative sensibility”⁵ without imposing a fixed theoretical lens (Braun & Clarke, 2022, p.7). RTA is also well suited to experiential interview data, generating interpretative and descriptively rich analysis that moves beyond the surface description and towards participants’ embedded meaning (Braun & Clarke, 2022). The reflexive dimension of RTA is particularly important given my

⁵ A term used by Braun and Clarke (2022, p.7) to “capture the values, assumptions, orientation and skills” required for RTA.

positionality as an insider-outsider researcher working within the neurodiverse paradigm, for whom maintaining pure objectivity would not be possible nor desirable. To enhance reflexivity, I maintained a journal throughout, documenting decisions and moments of reflection on my experiences and those of the participants.

The RTA process, with reflexivity at the core, follows six phases outlined by Braun and Clarke (2022) (Figure 12). The process is not linear, with analysis moving iteratively between phases. To support reflexivity and perspective-taking, findings were shared with my research supervisor at each phase.

Figure 12

Visual Representation of Braun and Clarke (2022) Six-Phase RTA Process



3.7.3 Critique of RTA

While RTA has a multitude of strengths and is well suited to this research, it is not without limitations. With reflexivity in mind, acknowledgement of these limitations was important. Braun and Clarke (2022, p.261) acknowledge that RTA's "flexibility and wide range of potential applications can lead to 'analytic paralysis'", particularly for new researchers, given the degree of independent methodological decisions and justification required. As a relatively new researcher, I worked alongside a highly experienced supervisor, peer support network and research colleagues to mitigate 'analytic paralysis' and enhance reflexivity.

A further limitation concerns RTA's orientation towards cross-data set patterns. By focusing on themes that run across participants accounts, RTA may obscure

complexities and contradictions within individual accounts. Braun and Clarke describe this as “fragmentation of accounts” (King & Brooks, 2018 in Braun and Clarke, 2022 p.261). This is a meaningful limitation given that experiences of the participants in this research were varied and likely shaped by intersecting factors including race, socioeconomic background and their ADHD presentation. This was addressed through the inclusion of participant extracts throughout Chapter 4, to illuminate differences and contradictions within and across participant accounts.

3.7.4 Consideration of Alternative Data Analysis Methods

The following alternative qualitative data analysis methods were considered to ensure RTA was the most suitable for the research aims and focus.

3.7.4.1 Interpretative Phenomenological Analysis (IPA)

IPA is a qualitative research analysis method concerned with individual lived experiences, aimed at examining emotionally complex reactions to specific phenomena (Spiers & Smith, 2019). Although ideologically, IPA’s aims align with this research’s subjectivist epistemological position, IPA advocates for a small, homogenous sample as a “microexperiential” focus (Spiers & Smith, 2019, p.5). IPA’s focus on an exhaustive, idiographic analysis of individual meaning making is less suitable for identifying broader patterns of shared experience across accounts, as underpinned by the bounded relativist ontology of this research. Therefore, RTA offered greater analytical flexibility.

3.7.4.2 Narrative Analysis

Narrative Analysis was considered given the narrative elements incorporated within the data collection. Polkinghorne (1988 in Emden, 1998, p.13) describes a 'narrative' as "a kind of organisational scheme expressed in story form". Narrative Analysis uses individual stories as data to understand how individuals impose order and flow onto their experiences during an interview to make sense of their lives and construct reality (Huberman et al., 2002). Although a theoretically appealing method given this research's retrospective design, Narrative Analysis is more time intensive than RTA and its focus on individual narrative architecture would have complicated cross-participant comparison. RTA preserved the richness of participants' stories while enabling patterns to be identified across the dataset.

3.7.5 RTA Process

This section describes the six phases of RTA, detailing the analytic process undertaken alongside reflections from my reflective journal.

3.7.5.1 Phase 1: Familiarisation

Braun and Clarke (2022) outline phase 1 of RTA as familiarisation with the data set, involving deep engagement and intimate familiarisation with the data alongside initial note making on arising thoughts. Transcription validation supported this process as it required repeated reading of transcripts alongside listening to and watching the audio-visual recordings. Through this, I began to "identify the rich diversity of meaning, particularly interesting or intriguing elements, as well as possible patterning across the dataset" (Braun & Clarke, 2022, p.43). I also critically engaged with the data set,

questioning my own assumptions and emerging interpretations. Initial thoughts and critical reflections were noted in Table 9.

Table 9

Initial Thoughts and Critical Reflections from Phase 1

Initial thought/pattern	Critical reflection
Difficulties within the classroom environment	What could be done to make this better?
Stereotypes of ADHD	How does this impact their worldview/experience? How do they make sense of this?
Pressure placed on a girl by themselves or labels around them	How do societal expectations impact girls and women with ADHD?
Diagnosis does not define, but helps to support	What does this say about what society needs to 'accept' and support ADHD?
Self-advocating as a strength but also exhausting	Why does this she need to self-advocate until exhaustion? What is underpinning this
<i>"Beating myself up"</i>	Reflection on the language used, harsh, violent. Is this my perception of the language? What is this person's viewpoint?
Feeling like it was her <i>"fault"</i> for being that way	Strong connotations, who said it is a 'fault'? Whose standards is this based upon?

Anxious thoughts as <i>“paralysing”</i>	Reflecting on the gravity of the term ‘paralysing’. Is this my reflection on connotations of the language used? Does she have the same definition of language?
<i>“Helped to feel normal”</i>	What does ‘normal’ look and feel like for her?
<i>“Those in education don’t realise the power they have [to make a difference]”</i>	Power – the unconscious and the conscious notion of hierarchies within education and schools
<i>“Chameleon”</i>	How does my understanding of a chameleon (an animal that changes to fit into its surroundings) impact the way I am understanding her perspective? Does she feel the need to fit into one way of being? What does this say about her worldview or societal expectations?

3.7.5.2 Phase 2: Coding

Coding is defined by Braun and Clarke (2022) as a systematic process of engagement with the data, producing codes and code labels. It is an organic, evolving and subjective process, that ensures rigour and systematic engagement important for deeper analysis of meaning and patterning across the dataset. During this phase, the data was read closely and segments of the text where meaning or relevance to the RQs were noticed, were tagged with appropriate code labels using NVivo (see below). Some extracts were assigned multiple codes. Semantic codes remained close to the

language, capturing explicitly stated meaning while latent codes focused on deeper, implicit meaning. In accordance with Braun and Clarke's (2022) good practice guidelines, as a single coder, I ensured coding followed an iterative process over multiple rounds. An inductive orientation was adopted, to centre and empower women's voices. However, as Braun and Clarke (2022) recognise, it is impossible to remain purely inductive as human researchers inevitably bring perspectives and theoretical standpoints that shape what is noticed (Figure 13).

Figure 13

Reflective Journal Extract 8

Extract 8: Emotional Responses During Coding

During coding, I noticed my range of emotional responses. At times, I felt frustrated hearing the women's descriptions of experiences that could have been mitigated with greater awareness of how ADHD presents in females. Distance from the interview process brought a renewed sense of shock at the weight of certain narratives.

While coding, I noticed the women consistently referred to the education system as a 'broken system'. I am aware that as a TEP, I am part of this system (an insider), not merely an observer (an outsider). This has deepened my commitment to this research and my sense of purpose in my role as a future EP to ensure that the women's voices extend beyond the pages of my thesis and contribute to change within systems that consistently failed them.

NVivo 12, a leading qualitative data analysis (QDA) software package was used to support organisation and visualisation of the data and coding. Transcripts were imported into NVivo as single documents, analysed and coded, systematically, line-by-line (Appendix R). NVivo allowed review of previous codes before assigning new

codes, enabling pattern creation and new conceptual insights. Braun and Clarke (2022) note concerns with using QDA packages like NVivo and the potential for a realist, extractive model of research. However, while NVivo expedited the coding process, a necessity given doctoral time constraint, it did not detract from analytical rigour, instead supporting efficiency and accuracy. The data was revisited multiple times over 3 months, with coding continually evolving. Coding lists were refined and code labels altered to ensure meaningful engagement with the data. The coding process produced over 600 code labels (Table 10).

Table 10

Example Coded Data

Code	Data extract
Exhaustion	<i>"I think for me that makes sense for the masking now because I think I was just so drained and emotionally exhausted that I just didn't feel capable of doing anything else" (Lily)</i>
Look for high achievers	<i>"Pay attention to those high achievers and how that is presenting to them, particularly if they're faced with failure" (Ellie)</i>
Paralysis of overthinking	<i>"I just get like a thought in my head like an anxious thought and then it just won't go away, I've got to sort whatever it is immediately. Otherwise, I literally cannot do anything else, it's kind of sort</i>

	<i>of, I guess, yeah, paralysing really” (Natalie)</i>
Reaching crisis point	<i>“It was pretty scary to kind of be like Oh My God, this has been coming for me all this time” (Hattie)</i>

3.7.5.3 Phase 3: Generating Initial Themes

Braun and Clarke (2022, p.77) emphasise that for RTA, themes are not topic summaries but “a pattern of shared meaning organised around a central concept”. RTA phase 3 involves using codes to generate initial themes. Initial theme ideas were visually mapped with associated code clusters separated by RQ (Appendix S). Candidate themes were reworked several times and reflected on through journalling and in supervision to ensure they encapsulated the complexity of the data and provide a voice for participants. Supervision provided a space to discuss the three theme levels: overarching theme, theme and subtheme (Braun & Clarke, 2022). Braun and Clarke (2022, p.87, p.88) advise that overarching themes and subthemes should be used “sparingly”, serving the purpose of “telling the strongest story about the data”. The purpose of the theme is therefore a multifaceted manifestation of a single, central concept from the dataset. Too many subthemes risk fragmented, shallow analysis. Reflective Journal Extract 9 (Appendix T) details my reflections on the tensions that arose during phase 3.

3.7.5.4 Phase 4: Developing and Reviewing Themes

This phase required re-engagement with coded data and the dataset in its entirety, to review the viability of initial theme clusters and ensure they are organised around a

central organising concept that illustrated the richness and diversity of the data without being too multifaceted.

Braun and Clarke's (2022) question guide informed this decision making and review process (Table 11).

Table 11

Questions for Developing and Reviewing Themes (taken from Braun and Clarke, 2022, p.98-99)

Question
1. Is this pattern a viable theme – a pattern that has an identifiable central organising concept, as well as different manifestations of that idea?
2. Can I identify boundaries of this theme? Am I clear about what it includes and excludes?
3. Are there enough (meaningful) data to evidence this theme?
4. Are the data contained within each theme too diverse and wide-ranging?
5. Does this theme convey something important?

Aligned with the first question (Table 11), the central organising concept of each reviewed theme was identified. Reflections on theme level were revisited and I decided to limit subthemes to reduce fragmentation of the data and preserve analytical depth.

3.7.5.5 Phase 5: Refining, Defining and Naming Themes

This phase focuses on refining the analysis through theme definitions, described by Braun and Clarke (2022) as an “abstract” (p. 108) for the theme that clarifies the focus and central organising concept. To support with theme definitions, the following questions from Braun and Clarke (2022, p.111) were used:

- What the theme is about (central organising concept)?
- What the boundary of the theme is?
- What is unique and specific to each them?
- What each theme contributes to the overall analysis?

Final thematic maps were created for each theme and subtheme separated by RQ (Appendix U).

3.7.5.6 Phase 6: Writing Up

Braun and Clarke (2022, p.118) identify writing up as a “key component of the analytic process” for RTA. The write-up process refined and shaped the analytical story, with each theme’s central organising concept supported by participant extracts, to evidence the validity and quality of the analysis. The write-up saw the development of a particular subtheme (‘re-writing her story’) into a singular theme due to its importance in responding to the RQs. Furthermore, consideration was given to the order in which the themes were written up, to ensure they told a coherent and meaningful story.

3.7.5.7 Reflexivity

Figure 14

Reflective Journal Extract 10

Extract 10: Honouring the Data and Shouldering the Feeling of Doubt

The women's reflections were profound, nuanced, and deeply personal, capturing not only the complexity of school life undiagnosed, but the insight that accompanies an adulthood diagnosis. Each account felt meaningful and worthy of space, and the process of condensing such rich data into themes was difficult at times.

Throughout the data analysis process, I repeatedly questioned whether each code and theme conveyed something meaningful and whether they could be condensed or reduced. This, coupled with the intersecting nature of the data meant theme boundaries often felt fluid, and I questioned whether the theme distinctions I drew were meaningful or simply reflections of my own interpretations. I brought this tension to supervision, and together, my supervisor and I reflected on my role as a researcher and returned to Braun and Clarke's (2022, p.35) reminder that "theme development is an active process; themes are constructed by the researcher".

Through this process, I came to recognise that the number of themes captured the breadth and depth of the women's narratives and reflects what becomes possible when women with ADHD are finally given the space to be heard.

3.8 Ethical Considerations

Research ethics were considered throughout the research process in alignment with the principles and guidelines of the BPS Code of Human Research Ethics (BPS CoHRE) (BPS, 2021a), the BPS Code of Ethics and Conduct (BPS, 2021b) and the BPS Ethics Guidelines for Internet-Mediated Research (BPS, 2021c). This section outlines this research's ethical considerations aligned with the four core ethical principles from the BPS CoHRE and Ethics Guidelines for Internet Mediated Research. The principles are: "respect for the autonomy, privacy and dignity of individuals groups and communities, scientific integrity, social responsibility and

maximising benefit and minimising harm” (BPS, 2021a, p.6). The TREC Ethical approval for this research was granted in March 2025 (Appendix F).

3.8.1 Respect for the Autonomy, Privacy and Dignity of Individuals Groups and Communities

This research empowers women with an adulthood diagnosis of ADHD to share their stories. The following ethical considerations were made to uphold participant autonomy, privacy and dignity: informed consent, right to withdraw, respect for autonomy and dignity, confidentiality, anonymity, data protection and storage and debrief.

3.8.1.1 Informed Consent and Right to Withdraw

The BPS CoHRE outlines that “consent is not valid unless it is given from an informed perspective” (BPS, 2021a, p.12). Participants were provided with an information sheet (Appendix J) outlining the research purpose, interview process, data use, confidentiality, anonymity, recording permissions and time commitment, enabling informed decision-making about their participation. Participants were then provided with a consent form (Appendix K), that reinforced research information and required a signature and demographic details. The consent form confirmed voluntary participation and outlined the participants right to withdraw their data until point of anonymisation (three weeks after the interview).

3.8.1.2 Respect for Autonomy and Dignity

The BPS CoHRE's (2021a, p.7) urge psychologists to “have and show respect for the autonomy and dignity of persons” and insist that, in research, “there is a clear duty to participants”. Beyond informed consent and the right to withdraw, participant autonomy was upheld by reminding participants that they were under no obligation to answer any questions and were encouraged to redirect or skip questions at their discretion. This was particularly important when considering the sensitive and personal nature of the topic, ensuring participants retained agency and control over what they chose to share.

With respect to participant dignity, a non-judgemental, empathetic stance was maintained throughout to ensure participants felt respected and comfortable. Alongside the debrief process, participants were provided an opportunity to ask questions, ensuring they felt heard rather than exposed. In accordance with BPS CoHRE (2021a), this research ensured respect was upheld across all individual differences including but not limited to age, culture, race, religion, belief, sexual orientation and socio-economic status (SES) to reinforce dignity of the participants.

3.8.1.3 Confidentiality, Anonymity, Data Protection and Storage

From the outset, confidentiality and anonymity was upheld to the highest standard, as I conducted online interviews in a private and confidential space and participants were asked to do the same. Once interview transcripts were downloaded from the Tavistock and Portman Microsoft Teams account, participants were provided with unidentifiable pseudonyms. Following transcript validation, audio- and video- recordings were deleted from the secure University of Essex OneDrive that only I could access. Further identifying information within the transcripts, such as place of work or study, were

redacted. Participants were informed of limits to confidentiality in the event of risk to themselves or others in accordance with the Tavistock and Portman NHS foundation Trust's Information Governance, Data Protection and Confidentiality Policy (Tavistock and Portman NHS Trust, 2025) and the Data Protection Act 2018 (GOV.UK, 2018).

3.8.1.4 Debrief

Upon interview completion, participants were invited to share their experiences of the interview process, queries or concerns and ask follow-up questions. Participants received a follow-up debrief email containing an information sheet (Appendix P), including details of external support agencies, developed in accordance with the BPS CoHRE. Where distress was indicated, a further follow-up email was sent.

3.8.2 Scientific Integrity

The BPS CoHRE (2021a, p.8) outlines scientific integrity as a core ethical principle and that “research should be designed, reviewed and conducted in a way that ensures its quality, integrity and contribution to the development of knowledge and understanding”. Quality is identified as primarily related to the scientific design, essential when considering potential risks and how to mitigate these. Yardley (2000) characteristics of good (qualitative) research (sensitivity to context, commitment and rigour, transparency and coherence and impact and importance) are used to examine this research's quality.

3.8.2.1 Sensitivity to Context

Yardley (2000, p.220) emphasises the importance of awareness of similar research areas and existing literature utilising similar research methods to enable “vertical generalization”. Sensitivity to context was addressed in Chapter 1 and 2, which outlined the historical and clinical context of ADHD and existing literature on females with ADHD, with identified gaps informing the RQs. Yardley (2000) also highlights the importance of awareness of the socio-cultural context of research. For this research, the context of gender norms and expectations alongside their historical influence on ADHD identification were consistently considered (Visser et al., 2024).

Yardley (2000) outlines the importance of considering power dynamics inherent in research. Kaaristo (2022) notes that researchers can never be neutral, objective, data collectors as they are individuals with their own identity and experiences. Finlay (2002) recognises the power imbalances that can arise between a researcher and a participant from different social positions. While researchers may hold perceived academic power, the participants hold the power of knowledge. This was further nuanced by my positionality as an insider-outsider researcher. In line with Finlay (2002), reflexivity was used to critically examine and mitigate these power dynamics. Practical steps included adopting a curious, non-directive stance and positioning participants as the experts of their lived experiences. Furthermore, voluntary contribution was reinforced to ensure participants did not feel obligated to share.

3.8.2.2 Commitment and Rigour

Yardley (2000) describes commitment and rigour as corresponding to the “usual expectations for thoroughness in data collection, analysis and reporting” (p.221). This refers to prolonged engagement with the topic, research process and data itself. This

was upheld through use of RTA, requiring thorough engagement with the data across multiple phases of analysis. The interview process reflected a commitment to generating rich, meaningful data, with a flexible approach used to encourage participants to share their experiences. Rigour was further supported by use of a clearly defined methodology and critical reflections documented in my reflective journal throughout.

3.8.2.3 Transparency and Coherence

Transparency and coherence refers to how the research is conducted and reported (Yardley, 2000). Transparency was ensured through detailed documentation of the methodology, analytic process, limitations, positionality and underpinning paradigms (section 3.3-3.7). Incorporating reflective journal extracts served as a tool to disclose how internal processes may have shaped the research. Coherence is described by Yardley (2000, p.222) as the “fit” between the RQs and philosophical perspective adopted. The inherently subjective epistemological foundation of this research to explore women’s experiences of support and school informed the selection of RTA as the analytical method used.

3.8.2.4 Impact and Importance

Yardley (2000) identifies impact and importance as the significance of research both within the academic field and broader real-world relevance. This research amplifies the voices of a marginalised group, centring women's own narratives as a legitimate and valuable source of knowledge. This contributes new insight into how women with an adulthood ADHD diagnosis make sense of their experiences of school and the support they received prior to diagnosis. The findings illuminate practical support

strategies that participants retrospectively identified as valuable alongside indicators overlooked during their schooling, contributing to the pattern of late diagnosis. This carries significance both for the women represented within this research and future generations at risk of being unidentified and unsupported. Hopefully, this research can inform and challenge existing educational and clinical practice and policy, highlighting the urgent need for systemic change in how females with ADHD are identified, diagnosed and supported within school settings.

3.8.3 Social Responsibility

The ethical consideration of impact and importance is closely linked to social responsibility. The BPS CoHRE (2021a, p.8) outlines that “generating psychological knowledge should be to support beneficial outcomes” not just for individuals involved in the research but also for the “common good”. This is especially pertinent given this research’s focus on the experiences of a group historically misrepresented in academic literature and professional diagnostic practices (Young et al., 2020). While advocating for this group, care was taken to avoid an unintentionally deficit-focused narrative alongside stigmatisation and misrepresentation. Participants were not portrayed in ways that could cause harm or perpetuate unhelpful stereotypes.

3.8.4 Maximising Benefit and Minimising Harm

The BPS CoHRE states that “psychological research with humans varies greatly in terms of risk levels” (BPS, 2021a, p.14). It is important to identify, manage and mitigate possible risk to reduce harm, in turn maximising the benefit of the research. The primary risk of this research, although unlikely, was participant emotional distress considering the sensitivity of what they disclosed, and the impact disclosure may have

had on them. To alleviate this risk, it was acknowledged in the information sheet, consent form and at the start of each interview where participants were invited to share how distress may manifest. This enabled heightened awareness and readiness for prevention. Participants were also informed they could pause or stop at any time. This research involved no deception and all research aims were known to the participants.

3.9 Chapter Summary

This chapter outlined the research aims and purpose informing the RQs of this research. My positionality as a researcher is detailed to maintain reflexivity. The qualitative, exploratory, retrospective research design was outlined alongside participant recruitment, data collection and data analysis processes. Alternative methods of data collection and analysis were identified with the chosen semi-structured interviews, drawing methods and RTA justified. Ethical considerations were addressed across the four BPS CoHRE principles. Reflexivity was acknowledged through reflective journal extracts interwoven throughout this chapter.

4. Findings

4.1 Chapter Overview

This chapter presents an exploration of the insights from ten women gathered through semi-structured interviews, analysed using RTA. The findings address the following RQs:

- RQ1: How do women diagnosed with ADHD in adulthood understand and interpret their school experiences in light of their diagnosis?
- RQ2: How do women diagnosed with ADHD in adulthood make sense of the support they received and the support they would have valued in school?

The findings are organised by RQ into themes and subthemes and discussed further in Chapter 5. As experiences of school and support are inherently intertwined, overlap between themes may be observed. The women's illustrations are incorporated to contextualise their school experiences before receiving their ADHD diagnosis. Ellipses (...) are used to identify where words have been omitted from quotes, aimed at preserving the authenticity of the women's voices while maintaining focus.

Before immersing into the findings, it is important to acknowledge the language used throughout⁶ and a key point noted by the women, that every woman's experience is unique and shaped by her personal circumstance, there *"is not one ADHDer"* (Alyssa) nor a *"one-size-fits-all"* (Alana) support approach.

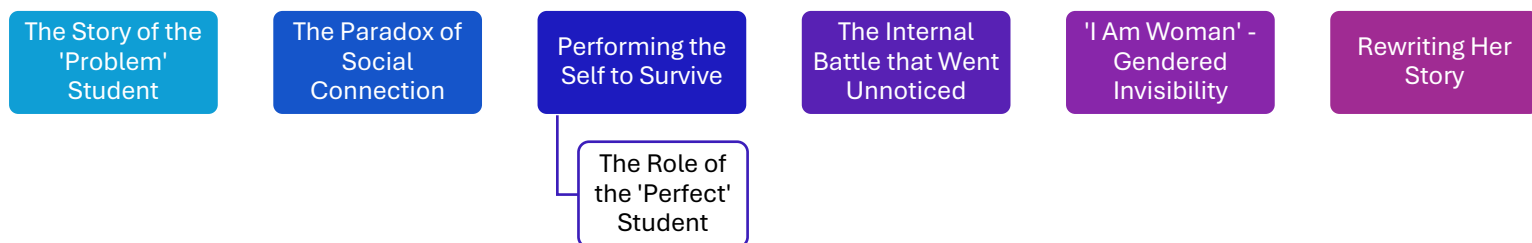
⁶*Language disclaimer:* The language used within this chapter is drawn directly from the women's own words. While it may not always reflect neuroaffirming language, it exemplifies the context of their lived experiences and the broader social landscape. The term 'the women' is used in place of 'the participants', to empower their voices and foreground the gendered nature of the research, rather than positioning them solely as research subjects.

4.2 Themes for RQ1

This section outlines each theme and subtheme in response to RQ1 'how do women diagnosed with ADHD in adulthood understand and interpret their school experiences in light of their diagnosis?' (Figure 15)

Figure 15

Thematic Map for RQ1



4.2.1 Theme 1: The Story of the 'Problem' Student

This theme examines how the women retrospectively interpret their school experiences through their positioning as the 'problem' student, a label arising from academic and behavioural challenges that did not align with prevailing ADHD stereotypes. Without a diagnosis to contextualise their difficulties, they were often misunderstood, contributing to a story shaped by stigma and misrecognition.

The women described a range of behaviours that they now understand as symptoms of ADHD including being chatty, daydreaming, fidgeting, impulsivity and distractibility. These behaviours drew attention from teachers and contributed to their positioning as disruptive or problematic.

“All my reports were like very gifted, but very chatty and distracting (...) I always thought that I was being the problem” (Sarah)

“I daydreamed so much, I'd probably daydream for hours at a time. I used to miss lessons (...) so I could daydream they'd be so vivid, it'd be like a story that I'd make up that I'd want to keep thinking about” (Natalie)

“I found it so much harder than other normal people (...) one big thing that would wind my teachers up was that I would keep like looking out the windows” (Stella)

“I actually started to physically bite my tongue, that was the only way that I could stop myself [saying things]” (Alyssa)

The women also noted the impact of EF difficulties including remembering, initiating tasks, organisation, focus and impulse control on their ability to engage in the classroom. Instead of being recognised as unmet needs, these difficulties were often attributed to insufficient effort.

“I've been on the receiving end of someone not believing, not understanding the fact that you physically can't do it, and that is the most frustrating thing in the whole wide world” (Sarah)

“Struggling just get started with tasks, getting frustrated and overwhelmed” (Amelie)

"I'd sit there and do nothing (...) it's really frustrating because I knew that I can do better" (Stella)

"It's almost like a paralysis and it's like, actually, no matter how hard I do try to focus on this, it isn't happening" (Ellie)

"Frustrated", "overwhelmed" and "paralysis" featured across the women's responses highlighting the emotional weight of these difficulties. For some, this manifested in anxiety-driven avoidance of everyday demands, which was misunderstood and attributed to defiance.

"So, for me (...) because they were telling me to do it, I just couldn't do it." (Rachel).

"Demand avoidance was the hardest thing with family, my family would often project anxieties when I was at school by being like, Hattie, are you going to revise (...) even just the act of saying that would make me not want to do it" (Hattie)

Despite their pervasive difficulties, the women's presentation failed to align with predominant stereotypes of ADHD. The women described how ADHD was largely understood through a narrow lens associated with *"hyperactive boys"* (Rachel) and other externalised behaviours. Alana shared that at school, ADHD was *"painted as this condition that boys have, where they're running around as children and that's not really what ADHD is"*. Furthermore, Hattie reflected on being told *"you're not hyper, so you don't have ADHD"* alongside her families literal understanding of 'attention-deficit' to mean an *"inability to give attention to anything at any time"*. Stella summarised the

challenges with these associated stereotypes *“if you're not a 5 year old boy who's really hyperactive, I don't think people understand what it is and its impacts”*.

Many of the women described how their presentations sat outside dominant constructs of ADHD and were overlooked. This suggests that without a recognisable framework of female ADHD, the misalignment further contributed to the women's position as the 'problem' student, with their behaviours interpreted as deliberate or oppositional, not expressions of underlying difficulty.

“It didn't suit to be ADHD because I didn't fit in the same narratives (...) That was where I was failed” (Ellie)

“My ADHD looks different than how the typical ADHD would (...) I'm the complete opposite of the constantly doing, I'd be never doing anything and neglecting myself (...) to teachers it was just more, she can't be bothered and she's lazy” (Lily)

“I was just sort of another problem” (Amelie)

Hattie shared a powerful reflection on how her SES shaped the way her difficulties were perceived and the labels she received: *“I grew up very working class and at that point I was labelled naughty very clearly, ‘get out of the classroom, you're naughty’. And then when I (...) lived with special guardianship and my family was a lot more middle class (...) it was a lot more ‘she's away with the fairies’, that was more what it was, I remember that phrase really vividly, she's away with the fairies (...) it was a lot kinder language”*.

The women also examined how negative labels like the 'problem' student, stemmed from consistent misinterpretation of their presentation, resulting in self-blame and feeling *"misunderstood all through school"* (Alana).

"Always I was the problem (...) you're bad or you're naughty (...) my brain's like, oh, she's boisterous, she's rowdy. I'm like, well, no, because those are their words that they would choose and actually, no, they were a result of being misunderstood"

(Alyssa)

"I think it's quite hard looking back and actually realising that I was being told off for the stuff that wasn't wrong" (Sarah)

"I think I really blamed myself for that and put myself down for that because I just felt different" (Lily)

This suggests, the label of the 'problem' student functioned as a form of categorisation, constructing a dominant 'story' about the women that narrowed interpretations of their behaviour and challenges.

Although this theme highlights the women's experiences of misrecognition and negative labelling, it also acknowledges moments of positivity within individual narratives. This indicates that being labelled the 'problem' student was only one aspect of their educational journey and did not define their school story.

“It's hard because I loved school, so actually I was really lucky (...) I didn't really struggle academically, I was quite sporty so, because I had such a positive experience of school I don't feel hard done by” (Sarah)

“I'm going to say a really controversial one, that completely doesn't sound like it fits from anything I've said, but (...), I was really engaged [in school life], I did everything, I was engaged in drama, I was engaged in sport (...) I did enjoy school” (Ellie)

4.2.2 Theme 2: The Paradox of Social Connection

This theme explores the paradoxical nature of the women's social connection in school, highlighting how visible social difficulties and apparent social success could coexist. While some of the women described feeling like outsiders and struggling to make and maintain friendships, others reported social confidence, popularity and positive social experiences, despite often feeling different, disconnected or misunderstood. Friendships were often described as effortful or unstable, and the most meaningful connections were formed later in life or with other neurodiverse individuals.

Stella shared *“I did struggle to make friends”*, a sentiment echoed by those who saw their school years as marked by visible difficulties in forming and maintaining stable friendships, with many describing friendships as *“chaotic” (Lily)*.

“I wanted to have friendships, real friendships and the friendships that I had were very chaotic and they were very all over the place and messy” (Alana)

“I could not keep friends. It was constant chaos all the time and looking back at it now, that was me not being able to navigate friendships” (Alyssa)

“Looking back, I see why maybe I did struggle to make friends” (Natalie). The women demonstrated self-reflexivity, exploring possible reasons why making friends was so difficult at school. Natalie reflected on the influence of her specialist interests on peer engagement, *“I wouldn’t take that as a hint and I just kept going and I think it could be quite exhausting for people because I had a lot of really, really strong interests”.* Additionally, she noted that her limited social understanding made it difficult for her to navigate peer interactions, *“I would say things that were rude and I didn’t realise they were rude, I had no filter”.* Similarly, for Stella, a barrier to forming friendships was her fast-paced speech *“I talk so much and I talk so fast, it’s just sort of like, OMG, she can talk, goodness me. So, I think I struggle to make friends”.*

For some of the women, friendship difficulties were further compounded by Rejection Sensitivity Dysphoria (RSD), intensifying the emotional stakes of peer relationships. It is important to note that RSD is not a formalised diagnostic term, however, it has been included in line with the women’s words to honour their accounts.

“I’m always putting other people before me. I’m always people pleasing and the more I read up around rejection sensitivity (...) it was at the detriment of myself” (Ellie)

“If you feel rejected, you then just cut everyone off” (Rachel)

To manage feelings of rejection, the women described *“migrating from one group to another”* (Ellie) and *“frequent change of friendship groups”* (Hattie). Natalie explained she *“felt a bit more like a floater”*, noting difficulties fitting in with one friendship group.

These reflections suggest that the women’s friendships were often experienced as fluid rather than *“stable”* (Alana), with limited opportunities for sustained connection, compounding experiences of social isolation and exclusion.

“As a group, I was probably the one who was, kind of to the side a bit” (Rachel)

“It was clear that I wasn’t really actually part of the group” (Amelie)

These friendship difficulties were emotionally significant, with feelings of being unwanted, unliked, or different from peers shaping the women’s sense of belonging and self-worth throughout school. Amelie’s reflections alongside her illustration emphasise her feeling *“on the outside (...) always looking in at everybody else”* (Figure 16). She explained, *“I think it’s something that I struggle with, always feeling as though I’m not part of something or that nobody likes me”*.

Figure 16

Amelie's Drawing



A lack of peer understanding consistently emerged across the women's narratives, frequently contributing to friendship difficulties and reflecting the broader social paradox of this theme. For example, Rachel and Sarah shared that they "*definitely [did] not*" feel understood by their peers. For Ellie, this peer misunderstanding stemmed from feeling "*like I've never really fit in, in the sense that I've always been a little, this is going to sound really up my own arse, but I feel a little bit more mature than my age range*".

For many of the women, perceived differences to peers were reinforced by social dynamics in school and peer actions including, bullying, peer unkindness and

labelling, which further entrenched a sense of exclusion. While Alyssa described experiences of physical bullying, *“it became a game of hitting me was fun”*, Lily described emotional bullying, *“I do remember the boys being quite mean and kind of taunting (...) I think that used to really get me down and (...) again made me feel more misunderstood”*. Natalie described peers’ unkind words used against her, *“she would pick on me (...) she would call me fat, she also called me weird and strange and odd”*. In response to these negative labels, Natalie employed a coping mechanism where she reclaimed the negative words, *“I claimed it so that then they couldn’t. So, I got called weird and then I called myself weird because then it’s not an insult if I’m already saying that I am, it’s not as impactful, so I kind of embraced it”*.

Conversely, some women reported markedly different and positive social trajectories, characterised by genuine friendships, which encapsulates the paradoxical nature of social connection. Sarah reflected on how she *“managed to find friends who did understand [her]”*.

Sarah and Rachel reflected on the strengths they now associate with their ADHD and how these qualities positively influenced their social interactions.

“I’ve always been a people person. I think lack of filter has its place and it can obviously be negative, but I think as a general rule of thumb, the communication skills people with ADHD have or how they’re able to engage a room is quite helpful, so I never had an issue making friends” (Sarah)

“I’m very emotionally intelligent and socially good” (Rachel)

With positive social connections came popularity. Lily and Rachel (below) described the social benefits of perceived popularity and how social appearances can be maintained by having many friends. While Sarah shared *“I think popularity is so stupid, but obviously it’s so important at school”*. This illuminates the social paradox of being perceived as popular.

“I was quite popular. I hate to call myself that, but I did have a lot of friends, I was always in a big group of girls (...) we had a lot of boyfriends” (Lily)

“The group that I was with was a bit more popular, so in my head, I was like, it’s better for me to be seen with them (...) I didn’t necessarily always enjoy it” (Rachel).

For some of the women, school was viewed solely as a space for socialising, which suggests that social connection took precedence in their school experience instead of academic work.

“Every class is kind of an opportunity for interaction so that was more on my mind than the work” (Rachel)

“I was definitely more focused on my social life at school than I ever was on the learning” (Lily)

Social connection at school supported the women’s sense of belonging and community, *“I found a lot of my sense of belonging in school” (Ellie)*. Conversely, Hattie

reflected on a different sense of belonging, *“I definitely gravitated towards people who are acting in a similar way (...) wasn't the best group of people for me to be friends with, (...) we encourage behaviours of each other, that were not good”*. This suggests that belonging may have come at the cost of positive connections.

To highlight the paradoxical nature of social connection, despite some of the women experiencing belonging and positive peer relationships, for Amelie and Alyssa, deliberate strategies were used to preserve and maintain friendships to reduce feeling at risk of exclusion.

“It's hard to admit it, but yeah, I was telling lies to be able to keep friendship, to make them feel a bit sorry for me so that I didn't lose all these friends” (Alyssa)

“I always felt different, I sort of thought that if I was to mirror them and be like them, then maybe I'd fit in with them more” (Amelie)

This positions social belonging as something to be actively worked towards, requiring emotional labour, rather than naturally achieved, highlighting the fragility of their friendships and how outward social perceptions did not match their internal insecurity. This reinforces the paradox that perceived social success could coexist with feelings of disconnection.

As evidenced, belonging at school was not a universal experience and many of the women reported only knowing what it meant to belong upon leaving school. In particular, they reflected on connecting with other neurodiverse individuals.

“There was a girl who I became quite good friends with, who very openly said she had ADHD and I just instantly got on with her really well” (Rachel)

“I didn’t really find my people until uni (...) when I got to uni, I did meet a lot of the people like me, not just in the [ADHD] support group, but I was part of theatre (...) I then became really popular again”. (Natalie)

With newfound friendships, some of the women reported distancing themselves from school peers. Ellie explained *“I am not in contact with anyone from school now (...) part of my dealing with it was just to quite literally go through and block anyone on social media and just drop all of that communication”*.

Taken together, these reflections highlight how the women’s school friendships were shaped by social difficulty and exclusion, while also being experienced as socially successful. The active strategies needed to preserve connection highlight the underlying fragility in their experiences of belonging.

4.2.3 Theme 3: Performing the Self to Survive

This theme is centred around the metaphor of school as a stage, capturing how the women learned to perform, actively modifying themselves and their behaviour to survive within school systems not designed for them. Masking and mirroring became theatrical strategies to avoid attention and maintain acceptance, often at significant emotional and physical cost. The subtheme *‘The Role of the ‘Perfect’ Student’*, explores how the women who embodied the role of the compliant, hardworking, and

high achieving student were often praised, despite this narrative concealing their struggles and contributing to delayed recognition of ADHD. The pressure and expectation to maintain the role of the 'perfect' student came at the expense of their own wellbeing.

The women retrospectively described how they adapted their behaviour as a means of survival, to avoid being perceived as *"different"* (Rachel), with the intention of fitting in.

"I didn't know I had ADHD for so long (...) I don't think I'm necessarily aware of what parts of me I've trained to be as they are versus (...) what I would be had I known"
(Sarah)

Masking emerged as a central performance strategy through which the women concealed aspects of themselves that were perceived as unacceptable or different, to fit into the perceived 'norm' at school.

"I wanted to fit in and I often morphed myself into the person that everybody wanted me to be" (Alana)

"I probably learned to hide that hyperactivity because I've seen those negative reactions" (Hattie)

Masking was often enacted through mirroring, where the women consciously modelled their behaviour on their peers to manage their differences and maintain social acceptance.

“I might have looked as though I was listening, actually I most likely wasn't. I was trying to mirror what everybody else was doing” (Amelie)

Sarah offered a broader perspective on mirroring, framing conformity as embedded within school culture itself, but the particular impact this had on her school self with undiagnosed ADHD, *“everyone's a chameleon anyway, so then my perception of what was normal was everyone around me and they were all doing this (...) it's also just dropping that mask, I don't need to pretend that I don't have ADHD because I have ADHD”*.

Mirroring and peer comparison often led to negative association with the self: *“I was always looking at everyone else, I wasn't good enough or I was stupid and I was dumb, whereas everyone else was perfect and everybody liked them” (Amelie)*. Similarly, Lily reflected on her experiences of comparison at school, *“Why am I feeling this way? Nobody else feels this way and I'm trying to hide that I feel this way”*.

Encapsulating the performance element of this theme, for several women, school became a stage, a space where they felt compelled to perform a version of themselves rather than exist as their authentic self.

“At the time I realised I'm literally acting all the time, so I don't know what myself is (...) I was good at drama but then I said to my friend (...) I'm acting all the time anyway, so when I'm doing drama and I'm meant to be acting in this certain way, I can't fully get into it because I'm just used to doing this anyway” (Rachel)

“They were like how's she doing that (...) but I'm actually not doing it, I'm pretending to do it” (Sarah)

“I was always performing all the time” (Natalie)

Natalie reflected on her inability to sustain her 'act' into secondary school, highlighting the effort required to continuously adapt herself. This suggests that while masking and mirroring enabled the women to navigate school expectations and 'fit in', the performance came at considerable emotional and physical cost (e.g., burnout).

“I gradually realised that I actually couldn't sustain being this outward person. I was just so exhausted, so I just needed to go inward” (Hattie)

“I'd just try and hide it and mask it. So then when I'd come home, I'd be physically and mentally exhausted from it” (Amelie)

Ellie and Alyssa commented on the experience of unknowingly removing their mask after school, once in a safe place and the impact this had on their loved ones. Alyssa shared *“I was coming home, as soon as I walked through the door blowing up absolutely everything (...) I look back at that now and I'm like, well, that makes sense*

if I was masking all day because as soon as I've got into my safe place, I've let it all out". Ellie reflected on similar experiences "when I did have those moments at home, it was because my guard was slightly down, I was in a safe space".

Post-diagnostic, conscious unmasking emerged across the women's accounts, highlighting the pivotal role of diagnosis in enabling the women to embrace their authentic selves after hiding for so long.

"I do unmask at work now to an extent" (Alyssa)

"But that took so many years (...) feeling comfortable unmasking again" (Hattie)

4.2.3.1 Subtheme: The Role of the 'Perfect' Student

For some of the women, academic achievement positioned them within the *"ideal"*, *"highflyer"*, *"high achiever"* (Ellie) student role, which obscured their underlying difficulties and reduced the likelihood of concern or recognition.

"Because I didn't struggle academically, I did really well at school I was never put into that bracket of actually does she need any help? And realistically I would have"
(Sarah)

"What do we consider to be struggling? Is it the absenteeism? Is it the low grades? The low attendance? The low records? The low contributions? No one looks at the high and that polar opposite" (Ellie)

Rachel noted that being perceived as a high achieving student provided leniency amongst teachers: *“the teachers would automatically allow a bit more from you rather than the children who were, like, less clever and badly behaved”*.

The women described the internal pressure to maintain performance of the ‘perfect’ student, driven by perfectionism and a fear of failure, often resulting in working to extremes at detriment to themselves.

“Being overly perfectionistic and striving to meet almost impossible goals, it did take a really big toll on me” (Alana)

“Not necessarily always recognise for the pressure I've put on myself (...) It's never been a celebration of success, it's been a fear of failure” (Ellie)

Teacher labelling reinforced this internal pressure. For Ellie and Alana, positive labels deflected teacher attention away from their underlying difficulties and consolidated their drive to work to their own detriment.

“My teachers often say to me, Alana, you're going to go a long way in life, which was really nice, but I often felt I had to put in so much effort (...) people are being labelled gifted and talented, it's all seen as this amazing thing, but actually have you considered that person is really struggling?” (Alana)

“Don't think teacher labelling helped at all because (...) in year 11 I got the Genius award, year six, I got the most likely to get a Nobel Peace Prize” (Ellie)

External pressure extended beyond school and Rachel described a fear of disappointing her parents, *“I had this thing that I couldn’t disappoint my parents in like a school sense”*.

This suggests that academic success became a powerful form of masking, hiding the women’s struggles. Ellie reflected that her struggles would only have been recognised had they disrupted the ‘perfect’ student role, *“The only way that I would have been picked up is if (...) I’d gone from an A* to a D (...) then yeah, they would have recognised it, but that was because that was a detriment to their narrative, not mine”*.

The ‘perfect’ student role both protected and constrained the women, validating their achievement while simultaneously rendering their needs invisible, with masking and adapting to expected behaviours sustaining this ideal at cost to their wellbeing.

4.2.4 Theme 4: The Internal Battle that Went Unnoticed

This theme captures the hidden cognitive and emotional effort of growing up with undiagnosed ADHD. The women reflected on the impact of constant thinking, overwhelm, emotional intensity, self-criticism, and mental health difficulties. While perceived to be coping externally, the women faced an *“internal battle”* (Lily) with challenges often attributed to mental health. Stella’s reflection embodies this hidden struggle: *“I don’t think you realise how hard things are until someone’s like (...) you’re not actually meant to struggle that much”*.

Now, with ADHD medication, the women retrospectively described the relentless internal monologue they previously experienced, characterised by constant thinking and an inability to switch off, which disrupted sleep, focus and emotional regulation.

“My brain is constantly like a hamster on a wheel running around” (Alana)

“Thoughts aren't actually meant to be like this, like tight coils that overlap one over the other, speaking over each other (...) almost two parts constantly battling (...) I was constantly trying to break myself out of that headspace in order to be able to focus” (Hattie)

“It's the excessive thoughts (...) your brain's always loud” (Sarah)

Alongside constant thinking, the women reflected on their tendency to overanalyse, which significantly impacted their daily functioning.

“I'd be overthinking every single conversation and was like, what does it mean by that?” (Alyssa)

“I just get a thought in my head (...) and then it just won't go away, I've got to sort whatever it is immediately otherwise, I literally cannot do anything else, it's (...) paralysing really” (Natalie)

Overanalyses, particularly in social situations was commonly coupled with an increased awareness of justice and sensitivity to fairness. Alyssa explained “justice

sensitivity that's a big, big, big one. Why I couldn't let things go? It makes so much sense now". Similarly, Lily remembers *"not feeling like things were fair and being really frustrated"*.

Rachel reflected on two coping mechanisms she employed to manage her cognitive intensity and constant overthinking. Firstly, catastrophising, which in turn intensified her anxiety, *"I would think of the worst possible thing so that I'm not surprised and I guess that affected me"*. Secondly, she used alcohol to silence the noise of her thoughts, as depicted by vodka bottles in her illustration (Figure 17). Rachel shared, *"I start in secondary school, I think I was probably 13 or 14 when I started drinking and for me that's the only time my brain felt normal"*. This highlighted that what appeared to be a way of 'coping', negatively impacted Rachel's wellbeing and physical health, which could have had long-lasting consequences.

[illegible]

Lily recognised the disconnect between internal experience and outward appearance, *“how people present isn't always how they feel”*, highlighting how ADHD is often invisible for women.

“You don't necessarily see how restless women can be because a lot of it is mental, a lot of it is the constant thoughts going round your head, not being able to shut off”

(Alana)

“I wasn't disruptive, it was the fact that my heart was pounding out my chest when I put my hand up to answer a question” (Ellie)

For others, the cognitive intensity did not remain purely internal, it shaped outward emotional behaviours that they found challenging to manage.

“The anger was so, so bad, it was uncontrollable” (Alyssa)

“I would often find myself breaking down in my tutor's office” (Alana).

“I went to boarding school, so there was one time I ran back to my room and hid in my wardrobe and just cried (...) I hid for the rest of the day” (Natalie)

As the internal battle of cognitive intensity and emotional overwhelm persisted with limited explanation, many of the women developed self-critical narratives centred on self-blame. They interpreted their difficulties as personal failings rather than unmet

needs, believing there was something fundamentally *“wrong with me and I just didn’t know what it was”* (Rachel).

“I was always the explosive one and very reactive (...) I always looked like such the bad, horrible person” (Alyssa)

“I did feel like it was my fault (...), I was the reason why I was naughty or that I was I couldn’t concentrate, it was all a me thing” (Natalie)

“I just always give up and then be really down on myself and then beat myself up for it and feel guilty, it was just quite a negative cycle really” (Lily)

Self-blame appeared to reinforce the women’s internal battle, by lowering their self-esteem and many expressed feelings of not being *“good enough”* (Rachel).

“I was actually feeling that I wasn’t good enough” (Amelie)

“I was inadequate because I couldn’t do these things” (Stella)

“I was trying my best and it got to a point where actually that best wasn’t good enough” (Ellie)

The internal battle was further sustained through the internalisation of others negative perceptions, undermining the women’s self-esteem and self-belief.

“Because they were telling me I was a problem, I was bad, so I genuinely believed that” (Alyssa)

“That’s another insecurity that I’ve carried forward (...) I don’t put much effort in and that I can’t be bothered and that I’m lazy” (Lily)

Without recognition of ADHD, the women’s low self-esteem and internal battles were often interpreted through a mental health lens, with anxiety, depression, PTSD or OCD offered as explanations for internal experiences that felt deeper and more pervasive.

“I was diagnosed with OCD and struggled quite a lot with that” (Ellie)

“I always thought I was depressed when I was in school (...) I was diagnosed with depression and anxiety when I was 19” (Lily)

Medication prescribed for these mental health difficulties appeared ineffective, suggesting that the women’s mental health diagnoses were not representative of their internal experiences, now more accurately explained through an ADHD lens.

“The symptoms that I was expressing from OCD could have been a crisis point of ADHD, but no one recognised that either, that was a misdiagnosis” (Ellie)

“I got put on medication for depression and anxiety (...), but for me that was completely useless” (Rachel)

“I was diagnosed with PTSD, so I think they thought that it was just an extension of that trauma” (Hattie)

The picture of mental health challenges was twofold. Whilst some of the women felt misdiagnosed, others now understand their psychological difficulties as a direct consequence of unrecognised ADHD. Hattie reflected, *“I think a lot of these mental health things are a result of ADHD being (...) not picked up”*. Amelie shared similar reflections, *“I question would my mental health have gotten so bad if I'd have had the [ADHD] diagnosis (...) and understood myself earlier”*.

The women's internal battles remained largely invisible, hidden by external coping and reframed through mental health diagnoses that failed to fully account for their internal lived experiences.

4.2.5 Theme 5: 'I Am Woman' – Gendered Invisibility

This theme is inspired by Helen Reddy's song *'I Am Woman'*⁷, an anthem of female empowerment, visibility and recognition in the face of marginalisation. Whilst the song asserts a proud, collective female identity, in context of this theme, it carries a double meaning. It highlights the tension between visibility and invisibility, capturing how gendered expectations, female ADHD presentation, and hormonal influences contributed to women's difficulties being misunderstood or minimised.

⁷ Helen Reddy – I Am Woman: <https://www.youtube.com/watch?v=ZrVLL7soS1U>

The women reflected on how gendered expectations of compliance and quietness shaped interpretation of their behaviour at school, contributing to being overlooked.

“The social expectation is that you're the more academic ones, the quieter ones, the ones that are less disruptive (...) there were a few girls at school whose behaviour was more challenging for teachers (...) but looking back on it now, they were the ones who were down for the one-to-one support” (Ellie)

“Girls are (...) socialised to just get on with it” (Stella)

These gendered expectations intersected with prevailing stereotypes of ADHD (section 4.2.1) rooted in male, externalised presentations, rendering the women's internalised difficulties less recognisable.

“The criteria is more outwardly obvious in men, but for women (...) it's very hard to see” (Alana).

“This is what it looks like when (...) it's not your typical male presenting, low socio economic status, boy who has shouted out in class, has thrown a few chairs, is getting up all the time and is disrupting everyone else's learning (...) that stereotype is not only damaging for the wider impact and the individual at the time, but also for that professional development aspect of being able to recognise where ADHD does present. It doesn't always look as disruptive as mainstream made media will describe it to be and that's I think where one of the biggest challenges for my educational experience came” (Ellie)

Hormonal changes and menstruation emerged as significantly influencing the women's attention, emotional regulation and functioning, yet the resulting fluctuations in presentation were rarely acknowledged within school or diagnostic settings. Ellie specifically reflected on the intersection between ADHD and Premenstrual Dysphoric Disorder (PMDD) a severe form of pre-menstrual syndrome that causes debilitating emotional (e.g., burnout) and physical symptoms each month.

"In that luteal phase is when I get the most significant symptoms (...), very erratic mood, high and low energy levels. It's very intense (...) it seems to be when my ADHD burnout is as well, so I have a real exacerbation of my symptoms. I struggle with focus a lot more and brain fog (...) they really present quite intensely at that time (...) [hormones] *it's a whole side that is completely ignored".*

Social media supported Ellie to recognise the link between PMDD and ADHD, *"I didn't realise that ADHD and PMDD had that comorbidity until I joined a Facebook group and it was purely by chance (...) that was where the PMDD came up as quite a prominent factor for a lot of women"*. This connection is absent from formal diagnostic pathways and during her ADHD diagnosis, *"nobody asked about the PMDD aspect of things"*, which emphasises a profound flaw in the diagnostic process, ignoring female related factors. Lily also reflected on the exacerbation of her ADHD symptoms during puberty *"I do think that puberty definitely played a bit of a part because it did kind of calm down towards my later teenage years"*.

Collectively, this theme emphasises how gendered expectations, male-oriented diagnostic frameworks, and hormonal factors converged to obscure the women's ADHD experiences, contributing to delayed recognition and misunderstanding.

4.2.6 Theme 6: Rewriting Her Story

Bringing together the experiences described in the preceding themes, this theme offers a direct response to RQ1, exploring how the women's diagnostic journeys have enabled them to reauthor their personal narratives and past experiences, reshaping their identity using ADHD as a framework.

Before rewriting their stories, the women reflected on their journey to diagnosis, characterised by persistent misunderstanding that left their ADHD undiagnosed until adulthood. Many described being dismissed and “*misunderstood by doctors*” (Stella).

“It puts you off going and trying to get the diagnosis (...) they have been a doctor for however long, they're a GP, they see so many people (...) it feels like they don't believe you because you're telling them what you struggle with” (Stella)

This emphasised how repeatedly feeling unheard and invalidated by medical professionals proved demoralising, frequently complicating the path to diagnosis.

For Ellie, her diagnostic journey and exploration of ADHD emerged unintentionally “*it was literally on the off chance that a nurse who was giving me a contraceptive injection said, ‘have you thought about this?’ and that was how the process began*”. However, for others, recognition followed reaching crisis point. Prior to her diagnosis, Alyssa

experienced *“crisis after crisis, I never came out of it (...) that was really really debilitating”*. Rachel similarly described a turning point where she recognised that her challenges required a new explanatory framework, *“this was kind of the point where I was like, if I don't change something then I don't know what, (...) there's nothing (...) I just started crying”*.

COVID-19 and lengthy NHS waitlists complicated the diagnostic process, with many women receiving their diagnoses remotely through RTC. Hattie captured the impersonal and surreal nature of an online diagnosis, *“it almost didn't feel real because it was online. It was 40 minutes and she was like yeah, you have ADHD”*. This reflects the absence of personalised support at a profoundly significant moment.

Upon receiving their adulthood ADHD diagnoses, the women experienced a range of complex, interwoven emotions. Hattie described it as *“shock to the system”*, while others reflected on feelings of frustration, grief and anger at having gone unidentified, and the impact this had on their childhood experiences. Moments of questioning, *“how was this missed?”* (Alyssa) reoccurred throughout.

“It's so frustrating, I think back and it's like, are you serious, no one thought to say anything” (Natalie)

“There's a sense of grief as well (...) you've gone through all these experiences in life and things could have been very different if it had been spotted” (Alana)

Others reflected on feelings of relief, validation and gratitude at finally being able to understand their struggles in context of ADHD, allowing them to begin rewriting their story. Alana metaphorically described her diagnosis as *“the final piece in the puzzle that explains my life”*.

“For me it was a flipping relief, like thank god it’s that and it’s not nothing” (Alyssa)

“Very validating. I was right” (Natalie)

“A relief and feeling as though someone had finally listened and understood me and it was sort of an explanation for my whole life, why I did things, and why I was the way I was”. (Amelie)

“I’m still really grateful that I’ve finally got the diagnosis, everything makes sense to me” (Alana)

The recognition of ADHD as an explanatory framework enabled the women to rewrite their past experiences, moving away from previous negative labels. Following her diagnosis, Stella phoned her best friend *“crying because it makes you just think, this whole time, I wasn’t lazy, I wasn’t rude, I wasn’t this, I wasn’t that (...) I just struggled with things and I can help myself”*.

“I really could have gone without beating myself up for years about something that I didn’t understand, and I think getting the diagnosis (...) really helped having a reason” (Hattie)

“It was that validation that what I thought was wrong with me (...) it was actually for a reason, and there was now this name to it” (Sarah).

Alongside this reshaping of their difficulties, some of the women have begun to recognise strengths they now associate with their ADHD, including divergent thinking, hyperfocus and problem solve.

“It is easier to think out of the box (...) your brain works differently, so you go about problems differently” (Sarah)

“There are times where I will be hyper focused and I'll get a day's work done in two hours and it's great” (Ellie)

“My ability to do really quick, adaptable problem solving” (Hattie)

With recognition of their strengths and a newfound understanding of their difficulties, the women have begun rewriting their identity, moving towards self-acceptance and becoming their *“true self and becoming comfortable”* (Alyssa).

“I know now why I am the way I am and (...) it's easier for me to understand and accept myself” (Amelie)

“Fully embracing being myself and who I am (...) I think it's definitely opened up, a lot more experiences as well because I can just sort of accept who I am and bring

(...) [my] full self to anywhere (...) because you feel so much more comfortable"

(Stella)

Despite an ADHD diagnosis providing many with the "vocabulary to explain" (Hattie) their difficulties and rewrite their story, Lily reflected on the ongoing challenges posed by ADHD stereotypes and misconceptions, making it difficult for her to identify with her diagnosis and reconcile this new story.

"I don't really feel like I identify with it still even though when I'm alone and I read about it, I'm like this is me, but then as soon as I talk to people, I kind of talk myself out of it (...) I haven't told many people (...) If I told them and they were like, 'oh, didn't think you'd have that', then I think that would again make me [think] 'I definitely don't have it then do I?'"

This highlights how pervasive ADHD stereotypes undermine women's confidence in their diagnoses, perpetuating self-doubt.

Despite increased awareness of ADHD over the past decade, many of the women reflected on consistent negative perceptions of the diagnosis, particularly the notion of ADHD as an excuse, resulting in many deliberating over whether to 'risk' disclosing their diagnosis to others.

"Sometimes I get really in my head, I find myself assessing is this a safe environment to tell someone that I have this? (...) My family tell me not to tell them

about ADHD until you've got the job, which even that is just a bit crazy isn't it?"

(Hattie)

"When you try and explain yourself and how your challenges affect you, I think

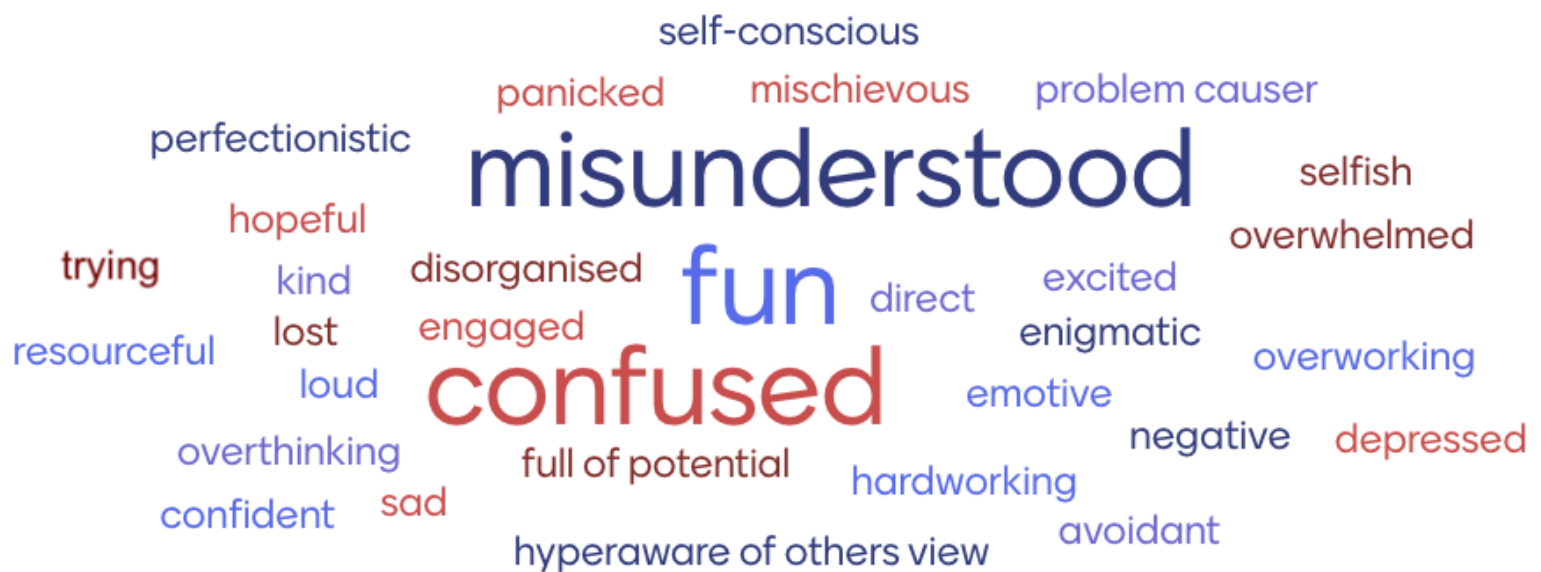
people do just see it as a big excuse" (Stella)

This emphasises the need for greater awareness and a more accurate understanding of female ADHD, to reduce the impact of harmful stereotypes (see section 4.3.2).

Finally, the word cloud (Figure 18) shows the women's word descriptions of their school selves in light of their ADHD diagnosis. These words encapsulate the cumulative impact of the empowering and adverse experiences explored across themes 1-6 on their sense of identity.

Figure 18

School Self Descriptions

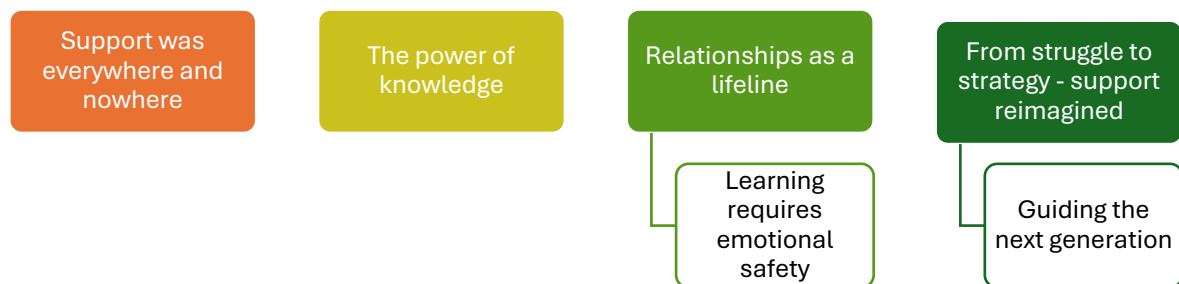


4.3 Themes for RQ2

This section outlines each theme and subtheme in response to RQ2 'how do women diagnosed with ADHD in adulthood make sense of the support they received and the support they would have valued in school?' (Figure 19).

Figure 19

Thematic Map for RQ2



4.3.1 Theme 7: Support was Everywhere and Nowhere

This theme captures the women's experiences of fragmented, inconsistent, and diagnosis-dependent support in school. They reflected on how systemic barriers including neurotypical expectations and funding limitations, created rigid environments in which support was shaped by institutional capacity rather than individual need.

The women described school environments structured around neurotypical expectations of attention, organisation and behavioural regulation, positioning difference as something to be managed rather than accommodated and supported.

“Especially at school, they expect everyone to work the same way at the same time”

(Sarah)

“Undivided attention for more than 45 minutes (...) asking you to focus on three different things for more than 45 minutes. I just think it’s a crazy ask” (Hattie)

The women also reflected on how fixed teaching methods and standardised assessments left little room for flexibility, reinforcing the rigidity and inadequacy of the education system in supporting those with additional needs or diverse ways of thinking.

“Even with exams, they’re very neurotypical based and actually what are you really testing with an exam? (...) you’re testing how someone survives under pressure, how somebody experiences anxiety and is able to perform and that isn’t necessarily helpful” (Alana)

“If someone has a different method that’s not the method that the teachers taught us but is still correct, I’ve never understood why they can’t use that” (Sarah)

The women explored how rigidity often stemmed from funding constraints that shaped access to support. For example, Alana shared *“some people have an EHCP⁸. I never had that”*. Similarly, Stella described her schools limited budget for students with additional needs, *“it was a state school so they’re very limited in what they can do for*

⁸Education, Health and Care Plan

funding (...) they did their best as much as they could with the resources that they had”.

Within financially constrained, normatively-defined school systems, access to tailored support was frequently described as diagnosis-dependent, with formal identification functioning as both a gateway to resources and a gatekeeper for those whose difficulties remained unrecognised.

“They did seem to think the kind of help that I was asking for I wasn’t entitled to because, you know, as far as they thought, I didn’t have any kind of neurodivergence” (Hattie)

“I think my school did have that but for kids who were diagnosed with things, but I wasn’t.” (Natalie)

“If you’ve not got that formal letter of diagnosis, then it’s a lot harder to have the resources to support you, so I don’t think there was any sort of like specific support that the school could have given me” (Stella)

Without a formal diagnosis at school, the women sought alternative avenues for support. Hattie used mental health challenges as a “guise” to receive emotional support, *“I would hide behind the guise of being panicked (...) I found that the word panic would help them kind of go, ‘ok she needs to leave’”.*

Despite limitations placed on schools, Hattie and Rachel shared how their settings provided exam support without a diagnosis, suggesting individual accommodations were possible. Hattie explained *“I got rest breaks in exams. I got to take my exams in a smaller room because (...) I used to get really overwhelmed in mocks”*. Natalie described a particular teacher that enabled her to access exam support. *“Mr O, he actually begged me to use a computer for my exams, so I was the only person using word processing in my school, who was not diagnosed with anything”*.

Even when diagnoses were sought, many of the women felt lost within broken systems that failed to provide clear pathways to ADHD assessments.

“Lost within the system and there was just so many other people (...) I was just another number, and it was just sort of brush it under the carpet kind of thing.”

(Amelie)

“They sent me a letter, and it was like NHS waiting list is five years long.” (Stella)

Even following diagnosis, the women described how identification did not consistently translate to structured support, especially with prescriptions for medication. Stella described the lengthy process of receiving medication: *“You're really, really asking for help. You're doing the right thing getting a diagnosis, and then you don't get help until like three years later”*. Hattie also shared her challenging experiences with Psychiatry UK. *“They tied me up in so much paperwork that I just couldn't have my meds (...), she was like, ‘oh, you have to wait like a year for medication’ and I was [...] just sitting with no follow up support, it's just like ok, what do I do? Where do I go?”*.

However, not all the women's post-diagnostic support experiences were negative. Although adulthood diagnoses meant no opportunity to access school-based support, many reflected on support received in higher education settings, where greater systemic flexibility produced markedly more positive experiences.

"I had a lot of support from the department, I was able to really focus on it. I did amazing at uni so it's been different." (Alana)

"I had study sessions when I was at uni and a mentor (...) who'd helped me, plan out my essays (...) so it's quite helpful." (Natalie)

Overall, support was experienced as both present and absent. For some, support emerged through individual goodwill, informal adjustments and post diagnostic provision. However, ultimately, support was drastically limited by systems design, funding thresholds and diagnostic gatekeeping.

4.3.2 Theme 8: The Power of Knowledge

This theme captures how lack of ADHD awareness, within schools and families, directly shaped interpretations of the women's behaviour and the support they received. Increased knowledge, particularly of female presentation, is identified as crucial for early identification, effective support and ultimately systemic change.

"Especially at school, that was what ten years ago, they didn't really understand it (...) I don't think they still really know how to support people with ADHD" (Sarah)

"I don't think people understand that it does impact girls in a different way" (Stella)

The women emphasised the need to raise awareness of ADHD presentation in females, to enhance knowledge and challenge common misconceptions (as outlined in section 4.2.1).

"People need to learn about it (...) especially in females (...) you need to look wider than what you think ADHD is. I think we need to kick this stereotype of boys screaming and throwing to the curb" (Sarah)

"Everything that you think you know about ADHD isn't necessarily true, you might be looking for this boisterous person that's running around the classroom and constantly getting in trouble and actually, that's not always the case" (Alana)

"If there was an awareness around it, then it would have probably got picked up on" (Amelie)

"Education is probably the only way that it can be challenged and just people understanding that it can look so many different ways" (Lily). Lily and others explored how providing professionals, parents and carers with explicit training on gender differences in ADHD could support females on a needs-based agenda.

"Basic training on the symptoms and having a comparison between the boys and girls" (Alyssa)

“It all stems back to the idea of the CPD⁹, I’m a qualified teacher myself, so the training that takes place there isn’t a recognition of ADHD, particularly presenting in girls” (Ellie)

“I think if somebody was to have actually just sat me down and (...) they’d have known the signs and things then I think that’d have definitely helped” (Amelie).

Amelie’s sentiment was shared across the women, with many emphasising the importance of enhancing knowledge to aid recognition of more subtle indicators of ADHD, rather than dismissing these as personality traits. Table 12 collates the signs the women describe as essential for professionals to be aware of to support recognition of future generations of girls with ADHD.

“All teachers should have (...) a checklist of what to look out for” (Rachel)

Table 12

Signs To Look For

Sign	Quote
Challenges managing workload	<i>“Struggling with the load of work and the amount given” (Amelie)</i>
Self-esteem	<i>“A big thing with ADHD and girls is a lot of self-negative talk (...) someone who</i>

⁹ Continuing Professional Development.

	<i>has a low opinion of themselves, that's a big thing to notice" (Rachel)</i>
Overworking and high achievers	<i>"Pay attention to those high achievers" (Ellie)</i> <i>"Even if they're doing well and they're getting A*, the end product that's not what matters, it's the build up towards that and how they're working before that" (Natalie)</i>
Perfectionists	<i>"Wanting to do the absolute best with everything" (Sarah)</i>
Constant/overthinking	<i>"Girls who (...) they're thinking a lot" (Rachel)</i>
Quietness	<i>"It can be the really noisy ones that get noticed, but actually the really quiet ones (...) are swept under the rug" (Alana)</i> <i>"I would say to really look out for the quiet girls" (Hattie)</i> <i>"Keep an eye out for the quiet (...) that also could be ADHD" (Sarah)</i>
Substance abuse	<i>"Anyone who it's obvious that they're using other things to help them, so whether that's like alcohol or substances or an eating disorder (...) I</i>

just think people need to notice things more.” (Rachel)

“The earlier you notice things, the better I would say” (Rachel). With these signs in mind, the women positioned early identification as a critical protective factor for future generations, suggesting that timely recognition could have reduced their academic struggles, and self-blame.

“We’ve all gone through experiences of education where people have missed our diagnosis and then we’ve come into later life and we finally got this term that makes so much sense to us, I think it’s important that it’s recognised early on (...) if people were more aware of all of these conditions and how to support them, then hopefully people would have a better academic experience” (Alana)

The women described the shared responsibility amongst teachers and EPs to recognise signs, disseminate knowledge, and support earlier pathways to needs-based assessments and interventions. Rachel exemplified this responsibility: *“people working in education don’t really realise the power they have”*

“I think there needs to be increased awareness of ADHD (...) from a school perspective because then people can go through the screening experiences, whether that’s with an Educational Psychologist, psychiatrist, but I really think it’s important that schools are more aware of that” (Alana)

“I think just having that knowledge that it's OK to signpost a child to a service about ADHD, it's OK to (...) say, have you thought about this?” (Hattie)

Overall, this theme highlights the power of knowledge to drive change. Where awareness of ADHD and female presentation was absent, misinterpretation and missed identification was commonplace. Education and a shared responsibility for enhancing knowledge offers future generations of girls the opportunity for earlier identification and needs-led support that the women themselves were denied.

4.3.3 Theme 9: Relationships as a Lifeline

This theme captures how relationships with school staff and teachers served as a critical source of support for the women in the absence of formal ADHD recognition. Consistent and compassionate relationships functioned as a lifeline, while inconsistent or punitive relationships exacerbated distress and disengagement at school. The subtheme *‘Learning Requires Emotional Safety’* explores how emotional safety shaped the women’s capacity to learn, with acceptance and security enabling engagement and fear of judgement undermining participation and confidence.

Individual teachers often became relational anchors, providing time, patience and understanding that enabled the women to navigate school more effectively. Hattie’s reflection *“all it takes is one person”* highlights the importance of individual relationships.

“Whenever I needed help, (...) she gave me the time and that allowed me to trust in her (...) my last head of year (...) she genuinely cared you could see that.” (Alyssa)

“My English teacher in Year 10 (...) she's probably what kind of turned around my whole English experience, definitely those feelings connection and support” (Lily)

Stella reflected on her relationship with a female teacher, who herself had ADHD – a connection that despite lacking a diagnosis herself, offered Stella a rare sense of feeling understood. *“She taught in a way that she would understand (...) she adapted really well (...) she would do extra sessions for me to help me catch up and understand things in a different way.”*

Lily emphasised the importance of positive student-teacher connections for future generations of girls regardless of formalised diagnostic status, *“protected one-on-one time is probably the most important thing”*. Similarly, Sarah noted the importance of *“teachers actually putting in the effort and getting to know their students well enough to be able to flag that [ADHD] up”*.

The women highlighted the importance of consistent and collaborative relationships with staff and the challenges developing supportive relationships if these aspects were not present.

“When I went through some quite difficult challenges (...) they were always the consistent” (Ellie)

“You’re meant to have a head of year who’s supposed to support you (...) we never had a set one, constantly kept changing my whole time being there, so I’d build a rapport and then they’d go and some of them really didn’t understand me” (Alyssa)

“It was like we’re all working together to get you where you need to be and I just felt more seen by her and not kind of put down” (Lily)

Amelie shared that relationships with teachers “sort of depended on which teacher I had and how they react to things.” The women similarly reflected on how unsupportive teacher responses shaped classroom dynamics, with negative consequences on their wellbeing and engagement.

“I remember her just telling us off a lot and being quite down on us. I think it was when I didn’t feel that support that was when I did really struggle” (Lily)

“He [maths teacher] constantly just made me wait outside (...), he wouldn’t give me any of my work (...) this was a constant reoccurrence (...) so I would just sit in a toilet cubicle on my own, I didn’t have any service on my phone, so (...) I was literally sat in silence for an hour until the bell went (...) it never got flagged up and I’m like, yeah, because you lot don’t want me there” (Alyssa)

The impact of relationships extended beyond individual teachers. The women highlighted the importance of collaboration between home and school, with positive communication between adults strengthening support available to them.

“A close connection between home and school (...) they'd contact home if I wasn't doing so good at school (...) if I wasn't doing so good at home (...) then my mum let school know and just there being that crossover” (Amelie)

Ellie's reflections on home-school communication were multifaceted. In her current role in early years, the importance of home-school connection is continually emphasised, *“the curriculum is around ensuring effective parent partnerships (...) yet when we get to secondary (...) it doesn't hold the same kind of importance”*. Whereas, when Ellie was at school, the lack of home-school *“partnership”* resulted in challenges. *“Those conversations didn't take place at school, there was no parent-carer partnership to support an ongoing facilitation of that joined-up thinking and that triangle of trust, none of that existed”*.

Across these experiences, relationships operated not merely as background features of schooling, but as central to whether women experienced school as containing or destabilising.

4.3.3.1 Subtheme: Learning Requires Emotional Safety

It was not simply the presence of relationships that mattered, but whether those relationships created the emotional safety that enabled learning. Women described the value of one-to-one academic support from trusted adults that enabled them to feel seen and understood, creating the emotional conditions necessary for learning and participation.

“He was able to really spend that time with me to ensure that I understood it (...) the emotional support I had from different teachers, I feel like I was understood” (Ellie)

While Rachel shared *“a lot of it is about feeling seen”*, Hattie reflected on the internal dilemma between *“really wanting to be understood and really not wanting to be understood (...) from I don't want to be understood to (...) I do want to be seen and heard”*. It can be suggested that this battle relates to her previous challenging experiences of being *“seen”* in a negative light by adults around her.

Emotional safety and regulation emerged as a pre-requisite for learning, with the women highlighting the need for emotional support before learning can take place.

“Finding more ways for me to stay in the classroom in a regulated state would have been really beneficial” (Hattie)

“it's all about regulating emotions (...) everyone needs to learn how to regulate themselves” (Alyssa)

Prior to and post-diagnosis, where therapeutic or emotionally attuned support was available, the women described it as both containing their distress and supporting the conditions necessary for learning.

“When I first started struggling, I spoke to school about it and I was seeing a counsellor” (Amelie)

“It was just like counselling [...] and it was brilliant” (Alyssa)

Furthermore, the women highlighted the value of embedding emotional support within schools to support the learning of all students, not just those with identified needs.

“I think there's so much stigma around therapy and actually it is really beneficial and if everyone had a little bit of therapy the world would probably be a better place”

(Alana)

“In an ideal world in the future if everyone could like have maybe half an hour wellness session a week with the therapist at school just to chat (...) I think everyone needs just one person that understands them” (Sarah)

Overall, with emotional safety at the foundation, relationships functioned as a bridge, shaping not only women's learning experiences but also their retrospective understanding of what meaningful support should look like.

4.3.4 Theme 10: From Struggle to Strategy – Support Reimagined

This theme captures the women's retrospective insights into what would have helped, emphasising the value of flexible, multisensory, needs-based, and emotionally informed approaches to support. The subtheme ‘*Guiding the Next Generation*’ explores how the women drew on their retrospective lived experiences to offer advice to their younger selves and future generations of girls with ADHD, transforming personal struggle into guidance and advocacy.

Central to the women's reflections was the need to redefine support not as a marker of deficit, but as a typical and enabling aspect of learning. Hattie and Rachel emphasised the need for a systemic shift, removing the negative perception that surrounds support. Hattie explained additional support was often viewed *"as a negative thing, but I think it's a positive thing"*. Furthermore, Rachel *"didn't want to seem different"*, underscoring the importance of embedding support holistically in the classroom, rather than singling out individual differences.

Universal, inclusive support begins with a shift in language and attitude towards neurodiversity. The women reflected on the importance of removing negative and non-neuroaffirming labels.

"Something that's really hard about the labelling is I think they then give you less attention and more criticism, which obviously it's just so not logical is it? Like if you're highlighting an issue to then do the opposite of what's needed, it just feels crazy"

(Hattie)

"Because then I wouldn't have just been a naughty kid I would have been a kid with something that affects the way that they learn" (Natalie)

The women explained how meaningful support starts with school environments that enable regulation and acknowledge sensory experiences. Many of the women reflected on the challenges their own school environments presented, suggesting the power of environmental factors.

“I never knew where to go, it was too busy, it was always crowded” (Alyssa)

“The transition between lesson to lesson (...) it was quite loud (...) with everyone pushing and shoving that made me more full of energy and more bouncy” (Amelie)

“Being overly sensitive and overly reactive to things at school just because the environment is so chaotic” (Hattie)

With experience of environments in mind, the women reflected on the importance of having a quiet space and alone time.

“Quiet spaces in every classroom (...) quiet spaces that are normalised” (Hattie)

“School just doesn't allow any space for that [alone time] when you're spending all day speaking to people” (Lily)

“When you have that quiet room, you can just sort of breathe, like, no one's watching me or thinking that I'm not listening to them anymore, which was really nice” (Stella)

The women explored sensory integration and regulation support they would have valued in the form of sensory toys, allowance for fidgeting and acceptance of ‘stimming’ behaviours.

“It was actually banned, but I did have fidget spinners and fidget toys (...) it was helping me do something at the same time” (Stella)

“Stimming’s actually really good. You need to kind of lean into it” (Alyssa)

“On a very base level, it is the sensory items because it's so easy and it's just something they don't do (...) having multiple sensory items in classrooms and normalising it (...) that would be so helpful for everyone” (Hattie)

Alongside environmental support and sensory resources, the women reflected on the importance of scaffolding learning to reduce EF burden and translate potential into performance. This includes breaking down tasks to reduce overwhelm, task initiation and organisation support and exam access arrangements.

“Teachers that broke things down and made it into smaller manageable chunks, it was so much easier to understand and see why maybe I wasn't doing the best as I could” (Stella)

“Just help people to start [tasks] because that was always the thing for me, just starting it (...) At the end of the day, if a teacher sat down with me and was like, ok, what piece of homework do you have to do? When are they due? Let's actually help you sort it out” (Natalie)

“Obviously extra time in exams would have been great” (Sarah)

Hattie reflected on her use of assistive technology at university and how beneficial introducing supportive technology into the classroom would be. *“The assistive technology, I really could have used that at school”.*

The women also reimagined classrooms and learning that embraces movement and multi-sensory learning rather than stillness and uniformity.

“Maybe having some more interactive learning lessons where maybe you stand up to answer this question or something” (Alyssa)

“I hated being sat in a chair all day at school, I found it really, really hard (...) I switched to an arts degree (...) everyone is neurodiverse (...) they let us sit on exercise balls during our lectures and it's a laptop free environment so we actually engage with the work and we're moving our bodies” (Hattie)

“[Lessons where] the content was more engaging or interactive I got like A (...) I just thought it really reflected if it wasn't engaging to me I just wouldn't engage and also just find it a lot of mental effort” (Lily)*

Ultimately, the women's reflections pointed beyond individual accommodations toward the need for adaptive teaching practices that anticipate diversity rather than react to crisis. Lily reflected on how consistent support would have enabled her to thrive. *“I think mainly that consistent support would have been really nice (...) it was there if I was doing really badly, whereas it would be nice to have it when I'm doing well as*

well". The women described support that was embedded rather than additional, focusing on a flexible, needs-based agenda regardless of diagnosis.

"Obviously it's needed more with ADHD maybe, but actually it does apply to everyone, as in if someone needs more flexibility, I don't see why it matters" (Sarah)

"Ultimately you shouldn't have to have a diagnosis to be able to access support"
(Alana)

"It's about recognising when that child needs that support and that intervention being provided at a time when it's recognised as a need" (Ellie)

In moving from struggle to strategy, the women transformed retrospective difficulties into forward-looking insight, offering a vision of educational practice grounded in flexibility and inclusion.

4.3.4.1 Subtheme: Guiding the Next Generation

It felt analytically and ethically important to provide a dedicated space in a subtheme at the close of the findings section to present the women's advice to their younger selves. Their advice captures the distance they have travelled on their diagnostic journey, the insight and self-understanding developed through their lived experience and the knowledge they now possess about female presentation of ADHD. This highlights not only personal growth and meaning making, but also the forward-looking significance of their reflections as vital guidance for future generations of girls.

"School isn't everything" (Alana)

"You're not alone and things do get better" (Alyssa)

"Everything's going to be ok and it's ok to be me and I don't necessarily need to be any different" (Amelie)

"Trust my instincts more (...) the cliché of everything will work out in the end (...) I do make sense" (Ellie)

"Do the thing that feels right in your body, not in your brain (...) there is a way to get through this that isn't painful, but you can't do it by yourself, you do need to ask for help" (Hattie)

"It's ok to feel how you're feeling and you're not weird or abnormal or against the norm (...) there's no right or wrong to it (...) everyone is there to support and make sure you get the best experience that you can" (Lily)

"It's not just you, there is a reason for it and you shouldn't feel bad about it and you shouldn't feel shame, you shouldn't feel bad about not handing in things on time and not being able to meet those deadlines, there is a reason for it and it's OK and also having ADHD is really cool" (Natalie)

"Stop living based on other people's perception," (Rachel)

"I think in a world where people aren't necessarily nice to everyone and in a world where you don't feel understood, it's really important that you are brave enough and courageous enough to maybe not fit in with the flow and to be kind or try and be considerate at least of everyone" (Sarah)

"You are trying your best and you can see that and you understand that it doesn't matter that other people can't really see that (...) don't worry if things don't always go exactly to plan, you have to be different to achieve things. Accept who you are and try and find your strengths and play to them" (Stella)

Alana summarised her overall hopes for needs-based support within schools for all future generations of girls.

"An environment where they are supported, where everybody is accepted for who they are and that you don't need a diagnosis to get the support that you need".

5. Discussion

5.1 Chapter Overview

This research extends existing UK literature, providing a unique, meaningful contribution through its retrospective exploration of the school and support experiences of women diagnosed with ADHD in adulthood.

This chapter presents an interpretation of this research's findings in the context of existing literature, as summarised in Chapter 2, and the key psychological theories outlined in section 1.11: SDT (Ryan & Deci, 2000), Attachment Theory (Bowlby, 1969), and EST (Bronfenbrenner, 1979). Additional literature, theory and frameworks are introduced where relevant to contextualise this research's unique findings. This chapter addresses the RQs:

- RQ1: How do women diagnosed with ADHD in adulthood understand and interpret their school experiences in light of their diagnosis?
- RQ2: How do women diagnosed with ADHD in adulthood make sense of the support they received and the support they would have valued in school?

This chapter then explores the implication of the findings and novel contributions for educational professional practice, spanning teachers, school staff and EPs, through the introduction of a needs-based practice framework and toolkit grounded in the women's voices and informed by literature and psychological theory. A critical appraisal of the strengths and limitations of this research are presented, alongside future research opportunities. Finally, a dissemination strategy is outlined.

Guided by the bounded relativist ontology and subjectivist epistemology, discussion of the findings recognises that a shared reality exists among the bounded group of women with ADHD. Though these are shaped by systemic and gendered

contexts, discussion acknowledges that this reality is contingent upon each woman's individual circumstance, social identity, perception and meaning making. This positioning enables the identification of shared patterns across the women's accounts without collapsing the distinctiveness of their individual experiences.

5.2 Findings in Context

RQ1: How do women diagnosed with ADHD in adulthood understand and interpret their school experiences in light of their diagnosis?

Before exploring each theme¹⁰ in context, the principal findings of this research are outlined in response to RQ1. Collectively, the findings reveal that the women's school experiences were shaped by pervasive invisibility, with their difficulties unrecognised and overlooked, obscured by stereotypical constructions of ADHD and gendered expectations. Critically, this research highlights the women's hidden internal battle of cognitive intensity and emotional overwhelm, often leaving an indelible mark on their self-worth. Extending existing masking literature, this research adds a nuance by framing masking as 'an act', while underscoring the profound personal cost for the women that felt compelled to change themselves to survive environments not designed for them. Social experiences were similarly complex, shaped by genuine difficulty and the deliberate effort required to belong. For many, adulthood diagnosis has enabled them to reframe these experiences, initiating a process of identity reconstruction and self-understanding. Together, these findings underscore the urgent

¹⁰Although the findings are explored in themes, it is noteworthy that human experience is not linear and therefore there may be overlap within and across themes.

need for greater awareness, earlier identification, and more inclusive educational practices for females with ADHD.

5.2.1 Theme 1: The Story of the ‘Problem’ Student

The women’s reflections revealed consistent experiences of misrecognition. The nuanced ways their ADHD manifested (e.g., behavioural and EF difficulties, avoidance of everyday demands and associated emotional impact) went unidentified, allowing the narrative of the ‘problem’ student to take hold.

The differences in how females with ADHD present is a growing area of research interest. Aligned with existing literature, this research highlights the prominence of inattentive presentations (e.g., daydreaming, distractibility) (Lynch & Davison, 2024; Young, et al., 2020). Young et al (2020, p.21), however, note it is “erroneous” to think that females with ADHD do not present with hyperactive-impulsive symptoms, suggesting instead that these may be less “overt”. This is consistent with the women’s reflections, which showed that while their symptoms sometimes aligned with expected manifestations of hyperactive-impulsive ADHD presentations (e.g., fidgeting or getting up in class), they also manifested differently (e.g., excessive, fast talking or speaking without thinking). It is therefore important not to position inattentive ADHD as the only female ‘type’, but to acknowledge that hyperactive-impulsive symptoms may present differently from their stereotype.

Extending existing literature, this research highlights the impact of EF-associated cognitive and academic difficulties for females with ADHD. Mansfield and Soni (2024) note difficulties with working memory, planning, organisation and forgetfulness, consistent with this research’s understanding of challenges initiating tasks, a core requirement of independent learning. For the women in this research and

females in existing literature (Keys et al., 2025), these difficulties often led to frustration and learning challenges that were misinterpreted as a lack of effort rather than unmet needs. Drawing on SDT (Ryan & Deci, 2000), these experiences can be understood as undermining the women's psychological needs for competence and autonomy¹¹, as genuine capability was obscured by assumptions of low effort and EF difficulties constrained their capacity for self-directed learning.

A novel contribution of this research was the recognition that the emotional impact of unrecognised difficulties heightened the women's avoidance of everyday demands. Pathological or extreme demand avoidance (PDA/EDA) (Newson et al., 2003) is a controversial label typically associated with autistic individuals and refers to an “obsessive resistance of everyday demands” (O’Nions et al., 2016, p.407). Egan et al (2020) challenged the traditional positioning of PDA within autism literature, demonstrating that attentional difficulties and emotional instability associated with ADHD were stronger predictors of PDA than autism. This understanding provides a possible alternate lens to view the women’s demand avoidance. Further research into the correlation between PDA and ADHD, and its specific impact on female school experience is warranted (Egan et al., 2020).

In this research, the women’s diverse manifestations of ADHD did not align with prevailing stereotypes of ADHD as a “predominantly male condition” (Baig & Kahya, 2025, p.1) only impacting “naughty boys” (Stenner et al., 2019, p.187). This led to the women in this research being overlooked, under-recognised and often negatively labelled as a ‘problem’. This negative labelling, and the resultant self-blame is

¹¹As outlined in section 1.11, competence refers to an individual's inherent desire to feel effective when interacting within their environment, to experience mastery and develop skills. Autonomy refers to an individual's inherent desire to experience a sense of choice and freedom when carrying out a task (Ryan & Deci, 2000; Van Den Broeck et al., 2010).

consistently noted in existing literature (Baig & Kahya, 2025; Morgan, 2023; Stenner et al., 2019).

A noteworthy finding from this research was the role of SES and class, both core elements of Social GRRRAACCEEESSS model (Burnham, 2012), in shaping the women's experience of labelling. Hattie noted that lower SES compounded the likelihood of being cast as a 'problem' and labelled negatively (e.g., *"naughty"*), whereas higher SES elicited more neutral language (e.g., *"away with the fairies"*). Existing literature presents a mixed picture on the relationship between SES and ADHD. Thompson et al (2021) suggests that females from low SES backgrounds are less likely to receive an ADHD diagnosis, while Diener et al (2025) found that lower SES students were rated by teachers as exhibiting more ADHD symptoms. Perinetti Casoni and Barg (2026) also suggest that teacher perceptions of CYP effort may be influenced by SES, with lower SES CYP more likely to be rated negatively regardless of their actual behaviour. Whilst acknowledging the relationship between SES and ADHD identification, existing literature stops short of addressing how SES shapes the tone of teacher-labelling itself. This research extends existing literatures and suggests that SES not only influenced recognition of the women's difficulties but actively shaped how they were interpreted and the moral judgement underpinning the language used to described them. This can be understood through an Intersectionality Theory lens (Crenshaw, 1989). This suggests that overlapping systems of disadvantage and multiple social identities, like gender, undiagnosed ADHD, and SES do not operate in isolation but converge and compound to create heightened vulnerability to misrecognition and negative labelling. This intersectional dimension, only partially addressed in existing literature, underscores the need for a more nuanced

understanding of how social and economic context shape the identification and experience of ADHD in females.

Collectively, these findings demonstrate how an adulthood ADHD diagnosis enabled the women to reinterpret their school experiences. For the first time, they recognised that their behavioural, academic and emotional difficulties, and the negative labels and self-blame they had carried, were not reflections of who they were but consequence of an ADHD nobody had known to look for amidst prevailing male-biased stereotypes.

5.2.2 Theme 2: The Paradox of Social Connection

This research captures the complexity of the women's social relationships in school and how they are grappling with this paradox in light of their ADHD diagnosis. Consistent with existing literature (Morley & Tyrrell, 2023), this research acknowledges the women's challenges in making and maintaining friends. Upon retrospective reflection, the women in this research associated their friendship difficulties with their newly identified ADHD traits such as, hyperfocus on specific interests, limited social understanding and a lack of 'filter'.

This research extends Morley and Tyrrell's (2023) understanding of sensitivity to rejection impacting social experiences of women with ADHD. RSD, although not a formalised diagnostic term it was described by the women in this research in reference to an aspect of emotional dysregulation impacting social relationships, which remains relatively underexplored and unrecognised. RSD is induced by perceived, anticipated or real rejection and/or criticism. It results in intense emotional responses (e.g., pain and anxiety) and mood shifts, which may be internalised and appear to be depressive episodes or externalised as rage (Dodson et al., 2024; Rowney-Smith et al., 2026).

Whilst the source of RSD is disputed, it has been viewed through an Attachment Theory (Bowlby, 1969) lens, with childhood interpersonal trauma, including caregiver rejection, proposed as a contributing factor (Rowney-Smith et al, 2026). Other proposed causes of RSD include teasing, criticism and self-rejection following perceived failure (Dodson et al., 2024). RSD can result in social withdrawal for individuals with ADHD, reflected in this research through the women's movement between friendship groups (Rowney-Smith et al, 2026).

The women in this research note experiences of social isolation, bullying and peer unkindness, consistent with existing literature (Baig & Kahya, 2025; Keys et al., 2025; Mansfield & Soni, 2024; Morgan, 2023). In this research, the women now reflect on how challenging social experiences impacted their sense of belonging in school. Baumeister and Leary's (1995, p.497) belongingness hypothesis proposes that humans have an innate and "pervasive drive to form and maintain at least a minimum quantity of lasting, positive and significant interpersonal relationships". Viewed through an SDT (Ryan & Deci, 2000) lens, the women's peer difficulties compromised their ability to satisfy a fundamental need to belong and relate¹².

Young et al (2020) notes that females with ADHD are more likely to experience unpopularity, fewer friendships, difficulties in peer functioning and social skill challenges. A unique contribution of this research diverging from Young et al (2020) is the women's recognition of positive social experiences and popularity, that embodies SDT's relatedness (Ryan & Deci, 2000). Some of the women reflected on

¹²As outlined in section 1.11, relatedness refers to an individual's inherent desire to feel connected to others, belong as a member of a group and develop close, intimate relationships with others (Ryan & Deci, 2000; Van Den Broeck et al., 2010).

social strengths they now attribute to their ADHD such as being confident and a 'people person', which enabled them to be socially successful.

Some of the women in this research noted a sense of community and belonging at school, gravitating to those who appeared to "act in a similar way". This community extended beyond school and was consolidated following their diagnosis, echoing existing literature (Mansfield & Soni, 2024; Young et al., 2019). Alongside SDT's (Ryan & Deci, 2000) relatedness, the women's sense of community can be understood through Social Identity Theory (SIT) (Tajfel & Turner, 1979). SIT proposes that people derive part of their self-concept from groups they belong to and are motivated to view these groups favourably, through in-group favouritism and social comparison. This aligns with Young et al (2019) application of labelling theories, which suggest that group labels (i.e. a group of women with ADHD) enable individual's to reject stigma and promote group cohesion amongst those sharing the same label.

Overall, the women's social experiences in school were multifaceted. Challenges with RSD, social understanding, isolation, bullying and peer difficulties often sat alongside strengths including confidence and popularity, all self-attributed to the women's ADHD. Adulthood diagnosis enabled the women to reframe their social experiences, moving away from deficit focused narratives and towards a community of like-minded women.

5.2.3 Theme 3: Performing the Self to Survive

In light of their diagnosis, the women in this research reflected on their previous need to modify and conceal aspects of themselves, to fit into a school environment not designed for them. Masking, a common strategy used by the women to hide their authentic self, is corroborated by existing literature. Morgan (2023) and Young et al

(2020) describe how women are socialised into normative feminine behaviours with an emphasis on pleasing others, resulting in employment of masking strategies akin to compensatory behaviours, used to ‘fit in’. Keys et al (2025) further argues that masking contributes to a perpetual cycle of ADHD in females being overlooked and misunderstood. The women in this research extended the understanding of masking, describing it not as situational adjustment, but a wholesale adaptation of the self, metaphorically reframed as performing or acting. Alana captured this, *“I morphed myself into the person that everyone wanted me to be”*, offering a unique insight into how masking may be experienced by females with ADHD.

With masking came mirroring of peer behaviours, particularly in social situations. Sarah compared her experiences of mirroring to being a *“chameleon”*. This references social camouflaging, a coping strategy commonly associated with autism, incorporating masking and compensation techniques. This contribution extends upon recent literature by Mylett et al (2026, p.1), who describes camouflaging as a transdiagnostic phenomenon across ADHD and autism, often used to “survive in a neurotypical society”. Mylett et al’s (2026) research used a mixed-gender sample and therefore, the specific impact of camouflaging for females remains unclear. As research into ADHD and camouflaging remains emerging, further exploration of lived experiences, like this research has pursued here, is important.

The performance of masking and mirroring as a daily, unrelenting act took a significant toll on the wellbeing of the women in this research. Unlike an actor afforded time to ‘break character’ offstage, the women in this research were required to sustain their performance across the school day, resulting in physical and emotional exhaustion. Exhaustion linked to masking is reflected within existing literature. Morgan (2023) describes how women often pay the price of masking through emotional

outburst when returning home to a safe place - a familiar experience for the women in this research. The women in this research extended this, linking physical and emotional exhaustion from masking to burnout. More commonly explored in autism research, autistic burnout is defined as a “long-lasting pervasive state of exhaustion, loss of function, and reduced tolerance to stimulus that is conceptualized as resulting from chronic life stress and a mismatch of expectations and abilities without adequate supports” (Raymaker et al., 2020). This definition closely mirrors the experiences of burnout described by the women in this research. Whilst autism research acknowledges that other neurodivergent populations, including those with ADHD, experience burnout, little empirical research explores ADHD burnout (Miller et al., 2021.). This represents a novel contribution of this research, offering new insight into the possibility of ADHD burnout, requiring further research.

Following their ADHD diagnosis many of the women in this research described unmasking, as their diagnosis provided them with a framework to understand themselves and their difficulties. With this, the women have begun to reconstruct their past experiences, replacing their troubled sense of self with one more accepting and enabling unmasking (explored further in section 5.2.6).

Overall, this theme presents masking, social camouflaging and mirroring not as conscious choices but as a response to a school environment that demanded adaptation, culminating in burnout. An adulthood ADHD diagnosis provided the women with a framework to reinterpret the emotional and physical toll of their daily performance and for many, marked the beginning of a journey towards unmasking and a more authentic sense of self.

5.2.3.1 Subtheme: *The Role of the 'Perfect' Student*

For some of the women in this research, the role of the 'perfect' student was adopted throughout their school experiences. This positioning obscured underlying difficulties, perpetuated misunderstanding and reduced the likelihood of recognition. The women in this research described perfectionism as one of the internal drives behind maintaining the 'perfect' student role. Morley and Tyrrell (2023) and Young et al (2020) acknowledge perfectionism and the search for validation through academic work. Extending this, the women in this research described how maintaining the 'perfect' student role often led to overworking to their detriment. In addition to perfectionism, a fear of failure and disappointing others also drove maintenance of the 'perfect' student role, relating to RSD discussed in section 5.2.2. This was exacerbated by positive teacher labels (e.g., *"gifted and talented"*). Existing literature predominantly frames teacher labelling through negative descriptions (e.g., moody, rude, naughty) (Mansfield & Soni, 2024; Stenner et al., 2019). However, this research offers an alternate perspective: the pressure to sustain the positive labels prevented the negative labels from resurfacing. This relates to Morgan (2023) reflection on gendered expectations and the pressure on females to be 'perfect' (explored further in section 5.2.5).

Perfectionism and the maintenance of the 'perfect' student role can be viewed through an SDT (Ryan & Deci, 2000) lens. Behaviour driven by external validation (e.g., teacher praise) or an internal fear of consequences (e.g., punishment or negative labels) reflects extrinsic motivation and introjection regulation. This is associated with poorer wellbeing outcomes, consistent with the women's descriptions of burnout following sustained performance. SDT argues that intrinsic motivation leads to better

outcomes, highlighting the importance of genuine enjoyment of learning and minimising pressure (Ryan & Deci, 2000).

Overall, in light of their diagnosis, the women are now able to reinterpret their perfectionism and the exhausting maintenance of the 'perfect' student role as a failure-avoidant response to an environment that neither recognised nor accommodated their underlying difficulties. The women's reflections on the 'perfect' student role speaks to the gendered expectations of achievement embedded in school systems, whereby female students appearing to succeed are consistently overlooked despite the significant cost to their wellbeing.

5.2.4 Theme 4: The Internal Battle that Went Unnoticed

ADHD in females is often characterised by an internalised presentation (Young et al., 2020). This research extends this by exploring the invisible "*internal battle*" (Lily) experienced by the women, understood following their adulthood ADHD diagnosis and medication prescriptions. One nuanced aspect of the internal battle explored within this research is 'cognitive intensity': the impact of constant thinking, over-analysing and mental restlessness. Lynch and Davison (2024) note that overthinking impacts one's ability to sustain focus in classroom setting. However, less is known about how this is truly experienced for women. The women in this research use analogies including a "*tight coil*" of thoughts and their brain as a "*hamster on a wheel*" to describe the 'cognitive intensity' they experienced.

To combat these constant invisible internal processes, some of the women employed coping strategies including alcohol dependence. This aligns with Young et al's (2020) explanation that young people with ADHD are more likely to engage in higher rates of substance abuse, with females at higher risk than males. For many of

the women in this research, coping mechanisms allowed their internal difficulties to remain hidden. However, for some overwhelming external emotional experiences emerged, consistent with Morgan (2023) finding that women are more likely to present with emotional dysregulation.

Another unique internal experience described by the women in this research is sensitivity to justice. Justice sensitivity (JS) involves perceiving injustice more frequently and intensely, with stronger cognitive, emotional and behavioural responses (Bondü & Esser, 2015; Schäfer & Kraneburg, 2015). Emerging research explores the connection between females with ADHD and JS (Kelly et al., 2024). Women exhibit high rates of JS and may assume the role of protector of victims, a tendency associated with RSD. Further exploration of JS in females with ADHD is required.

Without explanation for their difficulties, cognitive intensity and emotional overwhelm led the women in this research and Baig and Kahya's (2025) research to develop self-critical narratives driven by self-blame. Furthermore, the women in this research described internalisation of others negative perceptions, for example, being described as "*lazy*" and frequently receiving negative feedback. Mansfield and Soni (2024) describe how lack of teacher understanding often resulted in negative labelling and sanctions. Internalisation of others negative perceptions can be viewed through the psychodynamic lens of introjection. Introjection refers to the unconscious process by which individuals internalise others thoughts, feelings, values and attitudes (Ferenczi, 1916; Guasto, 2011). In the context of this research, repeated external criticism was absorbed into the women's self-concept, shaping a negative internal narrative, reinforcing shame and self-doubt.

Consistent self-blame and internalisation of criticism led the women in this research to believe they were not ‘good enough’, significantly affecting their self-esteem. Late-diagnosed participants in Stenner et al (2019), Morley and Tyrrell (2023) and Morgan’s (2023) reported similar experiences of self-doubt and self-pathologisation, resulting in low self-esteem and reflecting the “the passion of self-consciousness” (Stenner et al, 2019, p.183). Low self-esteem was often “framed as mental health” (Baig and Kahya, p.9), with many of the women in this research receiving mental health diagnoses. Young et al (2020) and Keys et al (2025) highlight how women with ADHD are at a higher risk of co-occurring mental health difficulties. While Morgan (2023) highlights, that many late-diagnosed women are often misdiagnosed with mental health disorders. It remains difficult to disentangle whether these mental health disorders co-occur with ADHD or whether unrecognised ADHD and low self-esteem led to them. Puberty is also increasingly recognised as a phase of high risk for mental health difficulties (Young et al, 2020). Keys et al (2025) illustrates this, linking heightened emotional dysregulation and overwhelming feelings of sadness, anger and confusion to mental health decline in secondary school.

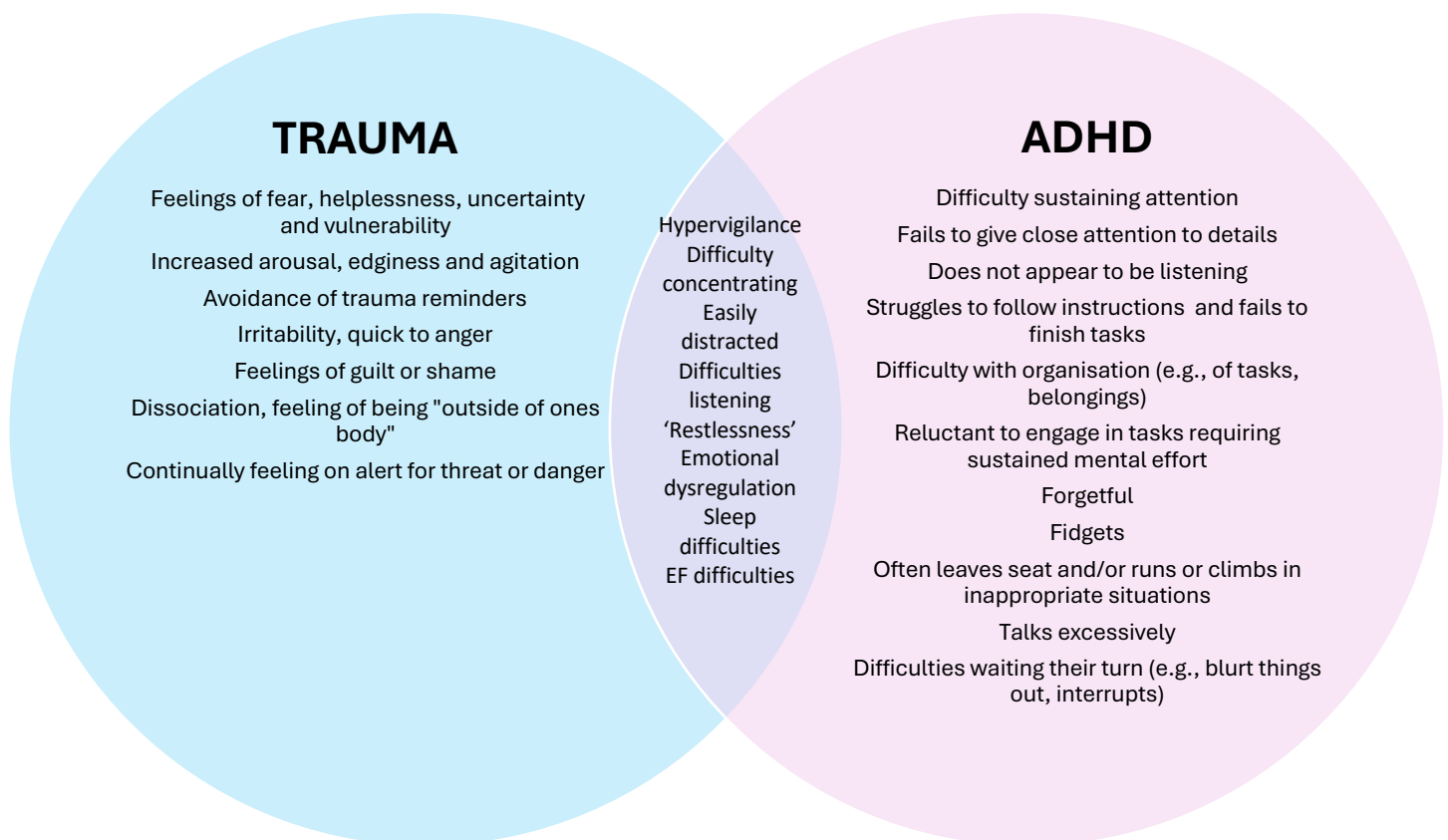
Some of the women in this research noted having experienced Adverse Childhood Experiences (ACES), which resulted in their internal battles understood through a trauma-informed lens. It is important to consider the symptom overlap between ADHD and trauma as demonstrated in Figure 20 (Boodoo et al., 2022). For example, trauma-related hypervigilance and ‘Fight or Flight’ responses¹³ may mimic ADHD-related hyperactivity and distractibility, whilst inattention and daydreaming in females with ADHD may reflect dissociation or subconscious avoidance of trauma

¹³ The Fight or Flight response is a survival mechanism, designed to protect humans in dangerous situations. When a threat (physical, emotional or physiological) is perceived, the brain triggers a response to help the individual either *fight* the threat head on or *flee* to safety (Trauma Research UK, 2026).

reminders. Considering ACEs, trauma and ADHD together are essential when identifying female students presenting with these difficulties.

Figure 20

Overlap between ADHD and Trauma (adapted from The National Child Traumatic Stress Network (2016) based on the DSM-5 Criteria for ADHD)



Overall, it remains difficult to disentangle co-occurring mental health conditions from those arising as a consequence of undiagnosed ADHD. However, what is most salient is how adulthood diagnosis enabled the women in this research to reinterpret their invisible internal battle through a more compassionate lens, recognising cognitive intensity and emotional challenges not as personal failings but as manifestations of an unmet need. This highlights the importance of school support in fostering positive self-esteem and self-concept (Morgan, 2023; Young et al., 2019).

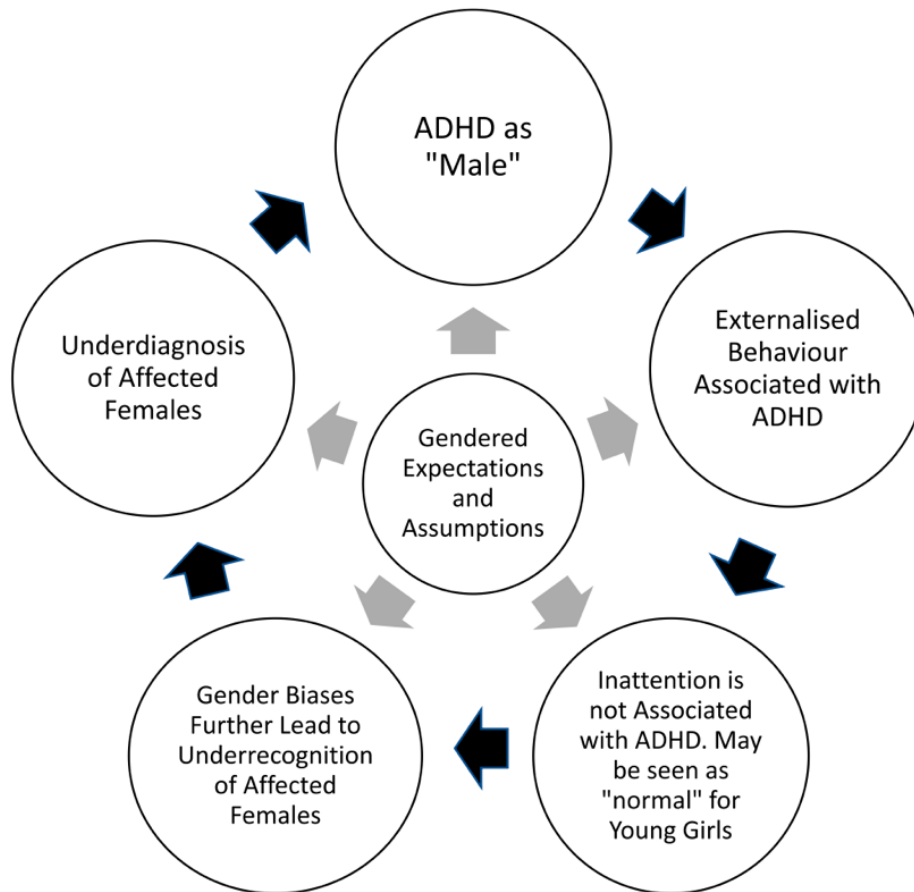
5.2.5 Theme 5: *'I Am Woman' – Gender Invisibility*

Gender inherently underpins this research by nature of its focus and feminist position. However, the women's reflections revealed an invisibility of gender so pervasive that it warranted dedicated thematic exploration. Gender, a key social identity outlined in Social GGRAAACCEEESSS (Burnham, 2012), impacted the women's school experiences and their post-diagnostic reflections.

Many of the women in this research described gendered expectations of their behaviour such as, to be quiet and compliant. Morgan (2023, p.583) similarly noted that "girls are always expected to be perfect and not a problem". To remain congruent with these expectations, the women in this research internalised their behaviour and when combined with prevailing stereotypes of ADHD as 'hyperactive boys', this left the women's difficulties unrecognised (Baig & Kahya, 2025). Lynch and Davison (2024) acknowledge this alongside a multitude of other gendered expectations and assumptions (Figure 21).

Figure 21

The Inequitable Gendered Cycle of ADHD (taken from Lynch & Davison, 2024, p. 73)



Research is emerging exploring the impact of female hormones, puberty and menstruation on ADHD symptoms. It recognises that neuroendocrine factors can influence the expression of ADHD traits, explaining why symptoms are exacerbated during hormonal change (e.g., menstruation, pregnancy, menopause) (Baig & Kahya, 2025; Keys et al., 2025; Osianlis et al., 2025; Young et al., 2020). This also presents an explanation for why the women's difficulties went unnoticed, with symptom exacerbation during puberty often attributed to hormonal changes rather than underlying ADHD. A unique contribution of this research, presented by Ellie, highlighted the relationship between ADHD and PMDD. Ellie shared that as a result of

PMDD, her ADHD symptoms are often exacerbated at various points during her menstrual cycle. Research shows that women with ADHD have a higher prevalence of PMDD (Broughton et al., 2025; Dorani et al., 2021). This gender-specific interaction highlights the importance of recognising how hormonal fluctuations can intensify cognitive and emotional difficulties, further complicating school experiences and compounding misunderstanding. As female-specific research remains emerging, further understanding of hormonal interactions and neurodiversity is required.

Taken together with existing literature, the gendered expectations, biological influences, and systemic male-biases shaped the women's school experiences. Their adulthood diagnosis enables them to reframe past struggles not as personal shortcomings, but as consequences of being misunderstood within educational and diagnostic frameworks not designed to recognise the complexity of female ADHD.

5.2.6 Theme 6: Rewriting Her Story

This research captures the women's journey to receiving an ADHD diagnosis in adulthood after years of being misunderstood and mislabelled. This new diagnostic lens has enabled the women to begin rewriting the story of their school experiences and reconstructing their life narrative

Stenner et al (2019, p.183) described an “emergent event”, a pivotal moment of self-recognition that reframes past experiences and initiates the pursuit of a formal diagnosis. This concept resonated with several women in this research, with many reaching crisis point before seeking diagnosis. The crisis itself may thus function as the “emergent event”, with ADHD becoming an explanation for unrecognised struggles, demonstrating the reactive nature of diagnosis-seeking. The women in this research reported repeatedly being dismissed by professionals, which aligns with

Morgan's (2023, p.580) participants reflections that "GPs blocked the diagnostic pathway". Baig and Kahya (2025, p.9) similarly noted GPs failure to explore the underlying causes of women's difficulties, often dismissing them as "psychosomatic".

Once access to diagnostic pathways was gained: privately, through the NHS or via RTC, disparities in assessment experience emerged for the women in this research. Some described receiving their ADHD diagnosis via online appointments that felt surreal and impersonal. Such inconsistency raises questions about the standardisation of diagnostic pathways, a disparity the NHS taskforce acknowledged in calling for consistent quality assurance across UK services (Thapar et al., 2025a, 2025b).

This research corroborates existing literatures descriptions of adulthood ADHD diagnoses eliciting mixed emotions, with the women reflecting on feelings of denial, grief, frustration, relief and validation (Baig & Kahya, 2025; Morgan, 2023; Young et al., 2019). These emotions often emerged when reflecting on how different earlier life and school experiences could have been had their diagnosis come earlier. ADHD as an explanation, also recognised in wider literature, offered the women a new framework for making sense of their past experiences and difficulties (Baig & Kahya, 2025). Alongside reframing of their difficulties, a recognition of their strengths emerged. This is consistent with Keys et al (2025, p.10) whose participants identified strengths such as, "creativity, empathy, the ability to hyperfocus and divergent thinking skill assets". Holthe and Langvik (2017, p.8) uniquely describe the women's strengths as "the silver linings of ADHD".

With recognition of their strengths and a greater understanding of what underpinned their difficulties, the women in this research explored their post-diagnostic identity. Placing ADHD at the centre of narrative reconstruction enabled

them to move from deficit-focused narratives towards a more nuanced understanding of neurodiversity. Stenner et al (2019) and Mansfield and Soni (2024) describe how an ADHD diagnosis can transform a prior identity, often shaped by difficult experiences, into a new 'ADHD' identity informed by greater self-understanding. This can be understood through narrative identity: "the internalized and evolving story of the self that a person constructs to make sense and meaning out of his or her life" (McAdams, 2011, p.99). As a psychosocial construct, narrative identity is co-authored between the individual and the culture in which they act. This psychosocial dimension illuminates the divergence in the women's experiences. For some, diagnosis offered the transformative identity shift that Stenner et al (2019) describes, enabling them to reframe their past and embrace a new sense of self. However, for others, societal perceptions and prevailing ADHD stereotypes complicated their acceptance and identification with their diagnosis, prompting careful decisions about disclosure, consistent with Young et al (2019). This demonstrates that the reconstructive potential of adulthood diagnosis is not experienced equally and may be constrained by the broader social environment in which reconstruction takes place.

Ultimately, reinterpreting school experiences in light of an adulthood ADHD diagnosis was neither immediate nor straightforward. It was characterised by the emotional weight of adulthood identification, inconsistent diagnostic pathways and the psychosocial constraints of a society whose stereotypes had first rendered these women invisible. Despite this, for many, this diagnostic lens finally enabled them to rewrite the story of their school experiences and reauthor a narrative with compassion rather than self-blame.

RQ2: How do women diagnosed with ADHD in adulthood make sense of the support they received and the support they would have valued in school?

As with RQ1, before exploring each theme in context, the principal findings in response to RQ2 are reflected upon. The women's reflections reveal that support was experienced as simultaneously present and absent, mediated by broken systems, diagnostic gatekeeping and a pervasive lack of professional understanding of female ADHD. Where support was experienced, it resided in individual teacher relationships built on emotional safety and genuine attunement. Unfortunately, these experiences were the exception rather than the rule. Where support was absent, the women drew on their lived experiences to construct a compelling account of what meaningful support for girls with ADHD in school should look like: a consistent, needs-led, environmentally responsive provision, underpinned by a systemic shift in how ADHD in girls is understood and identified. These insights carry direct implications for educational practice and policy.

5.2.7 Theme 7: Support was Everywhere and Nowhere

This theme captures the systemic barriers to support described by the women in this research across multiple levels and is therefore, structured explicitly by EST (Bronfenbrenner, 1979).

5.2.7.1 Microsystem

Within the microsystem, the women's challenges stemmed from school environments defined by neurotypical expectations. The women in this research described the rigidity of school and using standardised assessment practices with

limited flexibility. Existing literature acknowledges the limitations of support within mainstream education settings, particularly for CYP with ADHD in secondary school, where increased academic, social and emotional demands led to frequent placement changes and, for some, SEND school placements (Russell et al., 2023). Even after diagnosis, the women in this research reflected on how a lack of understanding within the microsystem, impacted their access to support. Research suggests that a student's ADHD diagnosis impacts teachers perceived confidence in their ability to support the pupil, as a result of lacking knowledge (Mansfield & Soni, 2024). However, for the women in this research support within the microsystem was not wholly unavailable. Many reflected on individualised academic support including exam access arrangements, extra time and movement breaks during GCSE and A levels, which aligns with Russell et al's (2023) comment on flexible exam accommodations as effective support.

5.2.7.2 Exosystem

The women in this research also reflected on constraints within the exosystem, namely the 'broken' UK diagnostic system, with many having to wait years to be assessed by the NHS. Research describes access to adult ADHD services as a "postcode lottery" (Young et al., 2021, p. 5), a systemic challenge the NHS taskforce is aiming to mitigate against (Thapar et al., 2025a, 2025b). Without a diagnosis at school, the women perceived support to be diagnosis-dependant, with local services functioning as gatekeepers to formalised intervention and support. A familiar experience within existing research, with Lynch and Davison (2024) exploring diagnosis-dependant support available within Irish health and education systems. Russell et al (2023) emphasises the difficulty with diagnosis-dependant support,

stating that challenges with ADHD do not begin on the day of diagnosis. Therefore, resources and individualised support should be accessible for students awaiting diagnosis. This research extends upon this thought and acknowledges that support should be available to *all* students presenting with difficulties, with or without diagnosis.

A further barrier limiting access to support for the women within the exosystem was funding constraints and school budgets. The lack of EHCPs due to absence of diagnosis or limited recognition of difficulties further constrained provision. Russell et al (2023) acknowledges the ‘cost’ of ADHD falls on schools and the effectiveness of school-based interventions is reliant upon the investment of money alongside time.

5.2.7.3 Macrosystem

The women’s reflections on funding constraints in this research also reveals systemic barriers within the macrosystem. The women’s experiences were shaped by national decisions around school funding and inclusive education, which determines the resources available to support neurodiverse students. An Intersectionality Theory (Crenshaw, 1989) lens illuminates how the intersection of gender, neurodivergence, and socioeconomic factors compounds systemic barriers to the women accessing adequate educational support, with disadvantage varying across school settings depending on the resources available within their local authority.

More broadly, the rigidity of the education system, exemplifies the ‘social model of disability, whereby disability arises not from the condition but from the environment and societies failure to accommodate a variety of physical, cognitive and psychological divergences (Guevara, 2021; Manago et al., 2017). This underpins the rationale for this research. Rather than locating difficulty within the individual, a neurodiverse paradigm shifts focus to acceptance, systemic understanding, and structural

accommodation, reorienting educational support away from deficit-based thinking (Pellicano & den Houting, 2022).

Overall, the women in this research made sense of their educational experiences through a collective narrative of systemic challenges across all levels of the EST (Bronfenbrenner, 1979). Alongside the proposed changes by the NHS taskforce (Thapar et al., 2025a, 2025b), the women's reflections illuminate a clear path forward. Meaningful support does not require a diagnosis, but rather a shift toward inclusive, flexible, and individually responsive educational systems, that recognise and accommodate neurodiversity from the outset.

5.2.8 Theme 8: The Power of Knowledge

This research extends existing literature, examining how lack of awareness and knowledge of ADHD in females resulted in the women's difficulties being overlooked and misunderstood (Keys et al., 2025; Morgan, 2023). Through Bronfenbrenner's (1979) EST, this lack of knowledge perpetuates across all systems, with particular impact within the microsystem. Whilst Russell et al (2023) suggests that teachers generally have poor knowledge of ADHD, Lynch and Davison (2024) acknowledge that, even when broader awareness exists, it rarely extends to the specific impact on females. Morley and Tyrrell (2023) highlight how professional lack of awareness around ADHD and gender differences perpetuates stereotypes of ADHD as a 'male disorder', resulting in female challenges going unrecognised. The women in this research alongside existing literature suggests that *"education is the only way"* (Lily) to challenge these stereotypes and enhance professionals' knowledge around presentation of ADHD in females (Keys et al, 2025). Young et al (2020) and Morgan

(2023) suggest that all educational professionals should be trained to screen females for ADHD. This requires recognition of more 'subtle' signs (e.g., overworking, overthinking, perfectionism) as outlined by the women in this research and used to create a framework for educational professionals (see section 5.3), to make difficulties experienced by female students visible.

Whilst the women in this research focused on systemic change within the microsystem, they also acknowledged the importance of wider destigmatisation within the exo- and macrosystems. This aligns with Young et al's (2019) call for public awareness campaigns to reduce stigma surrounding ADHD, women and adulthood. Baig and Kahya (2025) recognise that increased societal and governmental awareness and knowledge will ultimately lead to systemic understanding, change and provisions of adequate support. The women in this research reflected on the responsibility of all educational professionals (e.g., teachers, school staff, EPs) across their respective systems to enhance their knowledge of ADHD in females, campaign for change, and shift the narrative towards a neurodiverse paradigm.

The women in this research emphasised that the support they would have valued most began with knowledge. For them being seen, understood, and accurately identified as a female with ADHD would have been transformative. This highlights that systemic change must begin with challenging gendered assumptions and equipping all those within the educational ecosystem with knowledge to enable them to recognise and provide appropriate support for females with ADHD.

5.2.9 Theme 9: Relationships as a Lifeline

The women in this research highlighted the importance of positive student-teacher relationships as a protective factor and form of support. Whilst relational pedagogical

practice is not novel, the importance it held for the women in this research was profound. Within Bronfenbrenner (1979) EST, this aligns with the microsystem as the primary supportive system. The women described individual teachers as relational anchors, understood through an Attachment Theory (Bowlby, 1969) lens. Research suggests that in school, teachers can serve as ‘ad-hoc’, but consistent, attachment figures, providing a safe haven and secure base for their students, without constituting a ‘fully-fledged’ attachment figure (Verschueren & Koomen, 2012). Similarly to the women in this research, Russell et al (2023) highlights the importance of building positive relationships with trusted adults, describing this as an investment in support. However, no specific framework for how this can be achieved is provided, an omission this research aims to fill with its own framework (see section 5.3). Research outlines the positive impact of consistent, student-teacher relationships on engagement in school, long-term outcomes and enhanced academic and socio-emotional resilience (Iznardo et al., 2023; Rushton et al., 2020). Beyond Attachment Theory, the importance of relationships can be understood through SDT (Ryan & Deci, 2000), which positions positive student-teacher relationships as essential to meeting the basic human need for relatedness. Relatedness, however, cannot be sustained where foundational relationships were absent or strained. Within the women’s microsystem, challenging student-teacher relationships had considerable consequences. This aligns with existing literature that recognised strained teacher relationships often resulted in a repetitive cycle of negative labelling and being punished, which impacted academic achievement (Lynch & Davison, 2024). A meta-analysis exploring student-teacher relationships outlined that teachers experience less emotional closeness and more conflicts with students with ADHD, resulting in less positive relationships (Ewe, 2019).

Beyond student-teacher relationships, the women reflected on the importance of the microsystem connections that form a supportive mesosystem. In particular, importance was placed on home-school collaboration as a means of holistic support, which aligns with Russell et al's (2023) emphasis on working together with CYP and families to understand their strengths and difficulties.

Overall, the support the women in this research valued most was relational, rooted in consistent, attuned connections with trusted adults and collaborative partnerships between home and school. This suggests that meaningful support is less about formal intervention and more about the quality of relationships within the microsystem and mesosystem.

5.2.9.1 Subtheme: Learning Requires Emotional Safety

This women in this research emphasised the importance of emotional safety within the microsystem (e.g., school) as a pre-requisite for learning. Through an SDT lens, emotional safety and meaningful learning emerge when the core psychological needs of autonomy, competency and relatedness are met (Ryan & Deci, 2000). Regardless of additional need, emotional safety is considered a defining component of a positive learning environment, linked to wellbeing alongside positive social and academic outcomes (Shean & Mander, 2020).

The women in this research explained that feeling seen and understood by their teachers enabled learning to take place. Keys et al's (2025, p.10) participants similarly noted that being understood on a "human-level" enhanced motivation to learn. The women in this research explained that positive student-teacher relationships brought increased understanding of individual learning requirements and one-to-one academic support, grounded in emotional safety, enabling them to access learning. Russell et

al's (2023) exploration of effective one-to-one tutoring provided at alternative provisions supports this. However, when considered alongside the systemic barriers (as outlined in section 5.2.7.2), this raises the question of whether funding constraints within mainstream provisions limit access to such individualised support.

Alongside adult-led academic support, the women in this research reflected on the importance of emotional support, particularly therapeutic support from trusted adults to aid emotional regulation and safety. Existing literature places high value on emotional and mental health support in schools (Keys et al., 2025). Targeted emotional support is not always situated within the microsystem (e.g., school staff or teachers) and therefore, additional adults from the exosystem (e.g., mental health professionals) are called upon. Whilst non-gender specific, a Greek research study highlights the importance of counselling interventions focused on emotional regulation for students with ADHD (Giannakopoulos, 2025). Giannakopoulos (2025) argues that such support enables students to manage emotions, reduce stress and achieve both academic and personal success.

Overall, the women in this research demonstrated how academic and emotional support are intertwined, with emotional safety as the foundation upon which meaningful learning is built. Their reflections suggest that schools which invest in trusted relationships, therapeutic support and individualised academic provision are best placed to meet the needs of neurodiverse students, with or without a formal diagnosis.

5.2.10 Theme 10: From Struggle to Strategy – Support Reimagined

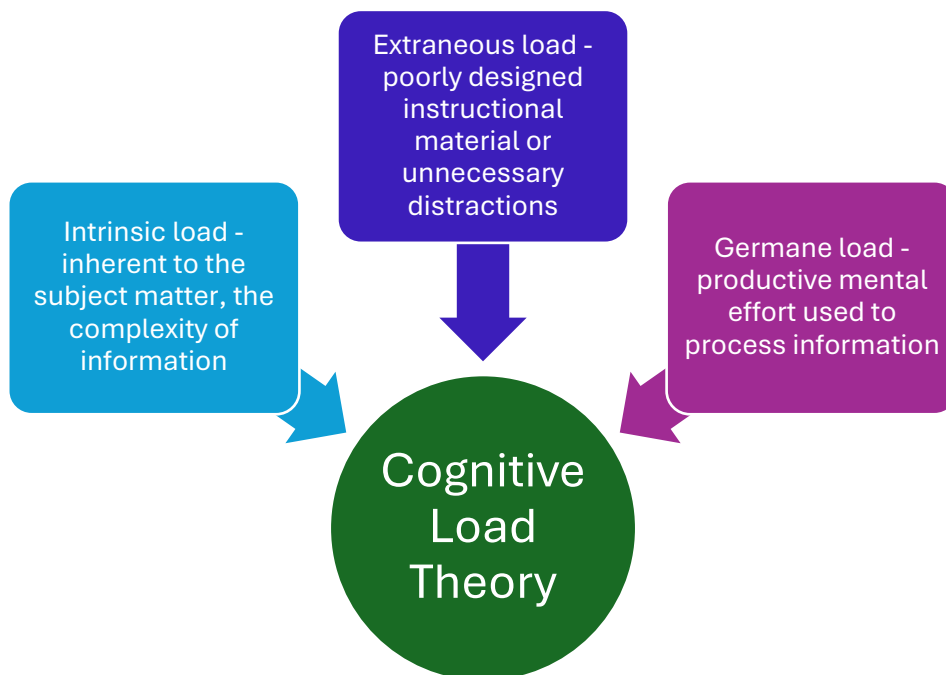
This research empowered the women to share their story and drew on their lived experiences to redefine support for females with ADHD. Above all, a shift in systemic

attitude situated within the macrosystem and filtered down, is essential to move away from a pathology paradigm and towards a neurodiverse paradigm (Pellicano & den Houting, 2022). Baig and Kahya (2025) alongside Bradley et al (2025), reflected on the necessity of a shift in language from 'wrongness' and 'deficit' to 'difference'. This shift helps empower individuals with ADHD to harness their achievements and recognise their strengths.

This macrosystem-level shift translates into microsystem-level practice, with the women reflecting on the importance of individualised learning support in school. Support and adaptations are often recommended for male students more readily than female students, reflecting male-biased stereotypes (Keys et al., 2025). This research disrupts this pattern by highlighting the learning adaptations the women believe they would have valued. The women noted the value of scaffolded learning and repetition for females with ADHD, aligned with cognitive load (CL) theory (Sweller, 1988) (Figure 22). In accordance with CL theory (Sweller, 1988) effective learning requires managing intrinsic load, minimising extraneous load and maximising germane load. This in turn supports EFs, an area of difficulty for the women in this research.

Figure 22

Cognitive Load Theory (adapted from Clark & Kimmons, 2023; Sweller, 1988)



The women described feeling empowered when recognising their strengths in light of their ADHD diagnosis. This highlights the importance of individualised strength-based support within schools. Keys et al (2025) similarly emphasised the importance of using individualised teaching approaches that capitalise on females' strengths to meet their needs. This is grounded in positive psychology (Seligman & Csikszentmihalyi, 2000) ensuring support harnesses the strengths of each student, fostering confidence, self-understanding and a sense of agency within the learning environment.

The women in this research required support to mitigate challenges experienced within the physical and sensory school environment. Russell et al (2023) acknowledges that the same sensory environment does not suit every student and adaptations are required. This research extends upon Mansfield and Soni's (2024) identification of the physical school environment as sensorily stimulating, leading to distraction. The women in this research reflected upon hypo- and hyper-sensitivity to

the environment, for example, low stimulation environments that allowed for sensory seeking behaviour such as stimming¹⁴. Whilst stimming is more commonly associated with autism (Oroian et al., 2024), some of the women in this research reflected on how stimming supported their attention and concentration within the classroom. Furthermore, when considering the sensory learning environment, the women in this research reflected on the importance of multi-sensory learning, learning that enables movement and difference. Keys et al (2025) support this and note the benefits of immersive and practical learning experiences.

Overall, a needs-based support agenda emerged as central to the women's reimagined vision of school support. Rather than being contingent on diagnosis, support must be grounded in each student's specific sensory, cognitive and emotional needs, moving beyond standardised provision and towards a commitment to each student as an individual. This is particularly relevant for those whose needs have been historically rendered invisible by gendered assumptions and systemic oversight.

5.2.10.1 Subtheme: Guiding the Next Generation

Existing literature (Keys et al., 2025) calls for the exploration of the lived experiences of women with ADHD to inform appropriate school support and mitigate challenges for future generations of female students – a call this research answers. The women in this research drew on their experiences to offer advice to their younger selves and by extension, the girls who will follow them. Their messages, encompassing togetherness, self-acceptance, forgiveness and the embrace of unique strengths and differences, speak to a collective vision for change. This forward-looking significance

¹⁴ Stimming refers to self-stimulating behaviours.

frames the next section (5.3), which presents a needs-based practice framework and toolkit for educational professionals, grounded in the women's voices, literature and psychological theory.

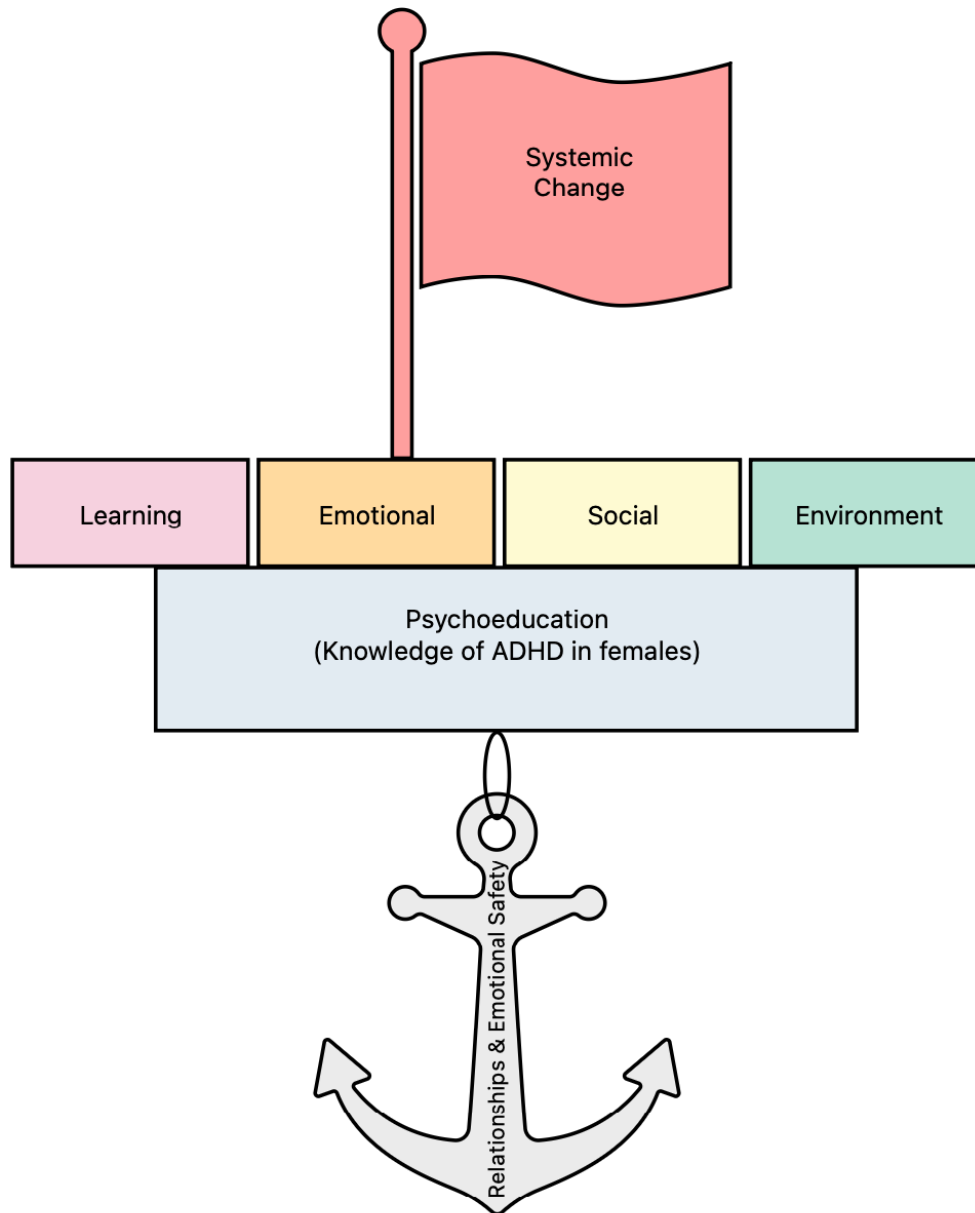
5.3 Implications of Findings for Practice

The findings of this research alongside existing literature, highlight the need for increased awareness of ADHD presentations in females and inclusive support in schools. This research draws out implications for future practice of educational professionals (e.g., teachers, school staff and EPs) and provides a framework for better identification, understanding and support for females in school who may be experiencing difficulties associated with ADHD, independent of diagnosis. To achieve this, a needs-based practice framework (Figure 23) and accompanying toolkit (Appendix V) was developed (hereafter referred to collectively as 'the framework'). The framework draws on and brings together the women's lived experiences alongside existing literature, Attachment Theory (Bowlby, 1969), SDT (Ryan & Deci, 2000), EST (Bronfenbrenner, 1979) and Relational Pedagogy (Hickey & Riddle, 2024). Additional theories and frameworks are also drawn upon where relevant. It is also consonant with the bounded relativist ontological and subjectivist epistemological positions in this research: recognising that by listening to the women's stories, a shared reality within a bounded group of women with ADHD can be extracted and used as a starting point to support future generations.

The framework is designed to be used by educational professionals as a starting point for responsive, individualised support for female students of all ages, with or without an ADHD diagnosis. It adopts a 'bottom-up' approach, with relationships and emotional safety anchoring positive school experience and inclusive

support. Then it outlines, targeted psychoeducation around how ADHD can present in females, to help mitigate prevailing stereotypes and reduced the invisibility of female experience. Four key domains: learning, emotional, social and environmental are then presented, each with signs to look out for and clear, actionable strategies as described by the women in this research and existing literature. Whilst each domain is presented separately, they are inherently interrelated. More than a set of tools, the framework 'flies the flag', advocating for meaningful systemic change, promoting greater awareness, understanding, and support within educational environments. The remainder of this section explores each aspect of the framework in turn and should be read in conjunction with Appendix V.

Disclaimer: The framework is not a diagnostic checklist. It is a lens for viewing difficulties that female students may experience. As it is grounded in the experiences of the women in this research, it is not exhaustive of all female experiences and should be adapted to individual need, age, developmental stage and cultural context at the discretion of educational professionals.

Figure 23**Needs-Based Practice Framework****5.3.1 Relationships and Emotional Safety**

Relationships and emotional safety are positioned as the anchor of this framework, reflecting a consistent and significant finding of this research. Often, for the women, meaningful support was not based on formal provision but rather the quality of relationships with trusted adults. Within SDT (Ryan & Deci, 2000) relatedness is a core

psychological need and thus a condition for educational engagement. This is consistent with an Attachment Theory (Bowlby, 1969) informed understanding of teacher-student relationships, in which a trusted adult functions as a secure base, providing emotional safety from which learning and positive self-concept become possible (Verschuere & Koomen, 2012).

Relational pedagogy is therefore incorporated into this framework. Hickey and Riddle (2024) propose a conceptual framework “that positions the pedagogical relationship at the centre of classroom teaching and learning encounters” (p.3271). Crucially, relational pedagogy must be undertaken as a whole-school approach rather than employed by individual teachers. This aligns with Attachment Aware Schools (AAS) framework (Figure 24), which identifies a whole-school ethos as a key element of effective implementation. AAS promotes nurturing relationships to support socio-emotional development, learning and behaviour, recognising students’ innate need to feel a sense of belonging (Rose & Gilbert, 2017). The framework incorporates elements of AAS framework including the attachment-aware checklist, highlighting the importance of safety, consistency, predictability and being seen (recognition), alongside essential home-school collaboration.

Figure 24

Attachment Aware Schools (adapted from Rose & Gilbert, 2017, p.67)



The framework also incorporates elements of the Attachment, Regulation and Competency (ARC) framework (Blaustein & Kinniburgh, 2010, 2017). Whilst the ARC is a trauma-informed approach developed to address the complex needs of children and families exposed to “multiple, chronic and ongoing adversity” (Blaustein & Kinniburgh, 2017, p.300), elements of it were deemed appropriate for this frameworks relational approach. The ARC outlines ‘building blocks’ required to support CYP including, attunement, responsiveness, identification, expression, self and identity - all of which are incorporated within the framework.

The women's reflections, supported by Attachment Theory (Bowlby, 1969), AAS (Rose & Gilbert, 2017), ARC (Blaustein & Kinniburgh, 2010) and relational pedagogy (Hickey & Riddle, 2024), position positive teacher-student relationships as the foundation for support, enabling emotional safety, learning and belonging.

5.3.2 Psychoeducation

The women in this research highlighted the need for increased knowledge and awareness of the females ADHD presentation, with particular emphasis on educational professionals. This is essential to dispel prevailing androcentric stereotypes that suggest ADHD only impacts hyperactive boys and enable identification of and support for female students that may be struggling. The women in this research alongside existing literature, advocate for increased training to equip teachers and wider educational professionals with knowledge of ADHD in females, to enable earlier identification (Baig & Kahya, 2025; Keys et al., 2025; Lynch & Davison, 2024; Young et al., 2020).

Psychoeducation refers to “a systematic and didactic approach” to informing patients, parents, relatives and educational professionals of an individual's illness or diagnosis and its treatment, thereby promoting understanding and personal management (Dahl et al., 2020, p.258). Psychoeducation is often recommended as an effective intervention for CYP with ADHD, supporting understanding of the diagnosis, co-occurring challenges and management. Within this framework, the term psychoeducation extends beyond the individual female to include the understanding of parents, peers and educational professionals too.

The framework outlines key areas of knowledge related to ADHD in females, including their internalised presentation, the impact of masking, hormonal influences

on symptom exacerbation, the importance of recognising intersectionality and co-occurring mental health challenges.

5.3.3 Learning

This research foregrounded the impact ADHD can have on female experiences of learning and academic success within a neurotypical education system. Difficulties experienced with EF and inattention aligned with existing literature (Mansfield & Soni, 2024). This also aligns with recent SEND reforms consultation, which recognises the challenging impact of EF difficulties, acknowledging it as a separate, new area of development (DfE, 2026b). Further difficulties including a fear of failure, masking through academic perfectionism and avoidance of everyday demands (commonly associated with autism), extend existing literature, providing new insight into challenges that may go unnoticed. Signs of unmet learning needs may be subtle, internalised and misread and therefore, this framework encourages professionals to look beyond typical indicators and attend to these quieter signs.

Whilst existing literature has begun to explore these learning needs and outlined the importance of providing individualised needs-based support and inclusive whole-school approaches (Russell et al., 2023), there is limited research outlining specific strategies and interventions for females with ADHD. This framework collates evidence-based learning strategies alongside strategies the women in this research found supportive.

Universal Design for Learning (UDL) was outlined by Lynch and Davison (2024, p.76) as an “effective method for promoting more inclusive and flexible education settings”. UDL is an instructional design framework aimed at creating accessible learning environments through three core principles: engagement, representation,

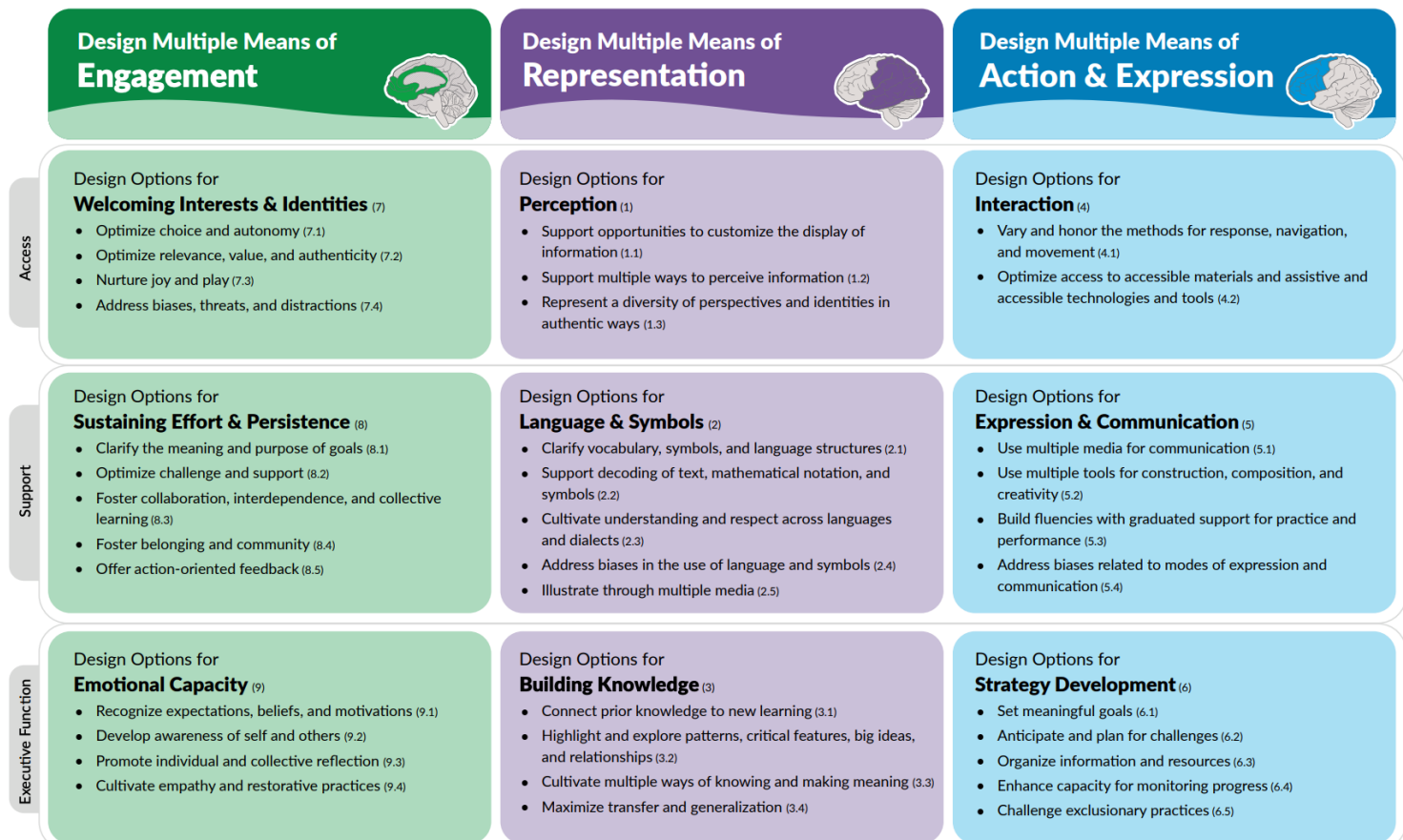
action and expression (Figure 25) (CAST, 2024). An Italian study found UDL more effective than traditional personalised teaching strategies for basic learning skills in CYP with ADHD (Frolli et al., 2023). This framework outlines strategies aligned with each core principle of UDL: engagement through meaningful choice, representation through alternative presentations of learning information (e.g., graphics, multi-media) and action and expression through alternative methods for acquiring and practicing knowledge and skills (e.g., assistive technology). These strategies align with SDT (Ryan & Deci, 2000). They support females' autonomy through meaningful choice and competency via differentiated access to learning. Additional strategies include: the use of alternative technology (Young et al, 2020), multi-sensory active learning incorporating movement, breaking down tasks with repetition and reminders to reduce CL (Sweller, 1988), scaffolded learning to promote independence, visual aids (e.g., timetables, cue cards) and consistency.

Figure 25

CAST Universal Design for Learning (UDL) Guidelines (taken from CAST, 2024)

CAST Universal Design for Learning Guidelines

The goal of UDL is **learner agency** that is purposeful & reflective, resourceful & authentic, strategic & action-oriented.



The framework employs a strengths-based approach to learning, grounded in positive psychology, recognising that sustainable learning progress is best achieved by identifying and building on what learners do well. Seligman and Csikszentmihalyi's (2000), positive psychology shifts the focus from fixing deficits to nurturing strengths and the conditions for individuals to flourish. With this, Seligman (2011) introduced the PERMA model, recognising the importance of positive emotion, engagement, relationships, meaning and accomplishment for enhancing wellbeing and learning.

This is particularly significant for females with ADHD, who often internalise narratives of failure and self-doubt (Hinshaw et al., 2022; Quinn & Madhoo, 2014). By aligning learning support with each student's existing strengths, the framework fosters intrinsic motivation, helping meet SDT's (Ryan & Deci, 2000) core psychological needs, and long-term resilience.

5.3.4 Emotional

The most consistently invisible dimension of the women's school experiences was the emotional. The internal battle of cognitive intensity, masking, emotional dysregulation, overwhelm and self-blame, often went unnoticed in the absence of a framework for understanding. Existing literature details how females present with more internalised symptoms, emotional dysregulation and co-occurring mental health difficulties that are challenging to disentangle from unmet ADHD need (Keys et al., 2025; Lynch & Davison, 2024; Morgan, 2023; Young et al., 2020). Given this complexity, professionals are encouraged to hold in mind the relationship and overlap between ADHD, mental health and trauma presentations. For example, the framework suggests that signs of low mood or anxiety should prompt an exploration of underlying need rather than defaulting to mental health explanations. The framework identifies further signs that are easily misattributed including constant thinking, substance misuse, emotional dysregulation, emotional exhaustion or burnout and low self-esteem. Educational professionals are encouraged to attend to these signs with curiosity.

As established, relationships underpin emotional safety, supporting the basic human need for relatedness leading to positive self-esteem (SDT, Ryan & Deci, 2000). Therefore, strategies incorporating AAS (Rose & Gilbert, 2017), ARC (Blaustein &

Kinniburgh, 2010) and relational pedagogy (Hickey & Riddle, 2024), are central to supporting the emotional needs of females in school. The women in this research reflected on strategies including check-ins with trusted adults enabling validation of emotional experiences, building self-esteem and explicit emotion regulation support, for example, Emotion Coaching (Gottman et al., 1996, 1997). Extending upon the women's reflections, the framework recommends Emotional Literacy Support Assistants (ELSA), an intervention that increases schools' capacity to provide emotional support. Hills' (2016) evaluation of ELSA from the perspective of primary school children, foregrounds the effective therapeutic relationship and provides a space to talk about feelings enabling resilience, confidence and self-esteem - all strategies incorporated within the framework.

The methodological combination of aspects of the GEM (Joffe & Elsey, 2014) and 'draw and tell' (Goodwin et al., 2023) used in this research, provided the women with an alternative outlet for emotional expression and meaning-making, a strategy that may be similarly applied and effective in school contexts.

5.3.5 Social

This research emphasised the paradox within the women's social experiences and the complexity of their social relationships. SDT (Ryan & Deci, 2000) alongside the belongingness hypothesis (Baumeister & Leary, 1995) highlight social belonging and positive connection as a fundamental human need, an area of difficulty experienced by the women in this research. The framework outlines signs of friendship difficulties including challenges making and maintaining friendships, bullying and social isolation, based on evidence from the women in this research and existing literature (Baig & Kahya, 2025; Keys et al., 2025; Mansfield & Soni, 2024; Morgan, 2023; Morley &

Tyrrell, 2023). The women in this research extend these social difficulties by noting experiencing of RSD¹⁵. While this is an emerging research area, it is an important consideration for professionals identifying female social difficulties in school (Dodson et al., 2024; Rowney-Smith et al., 2026).

The women also noted that masking and social camouflaging can result in presentations of social confidence and popularity. Professionals should resist assumptions that confident or 'popular' female students have no unmet social needs, as surface performance, shaped by years of mirroring and masking, may conceal difficulties (Adamou, 2026; Mylett et al., 2026).

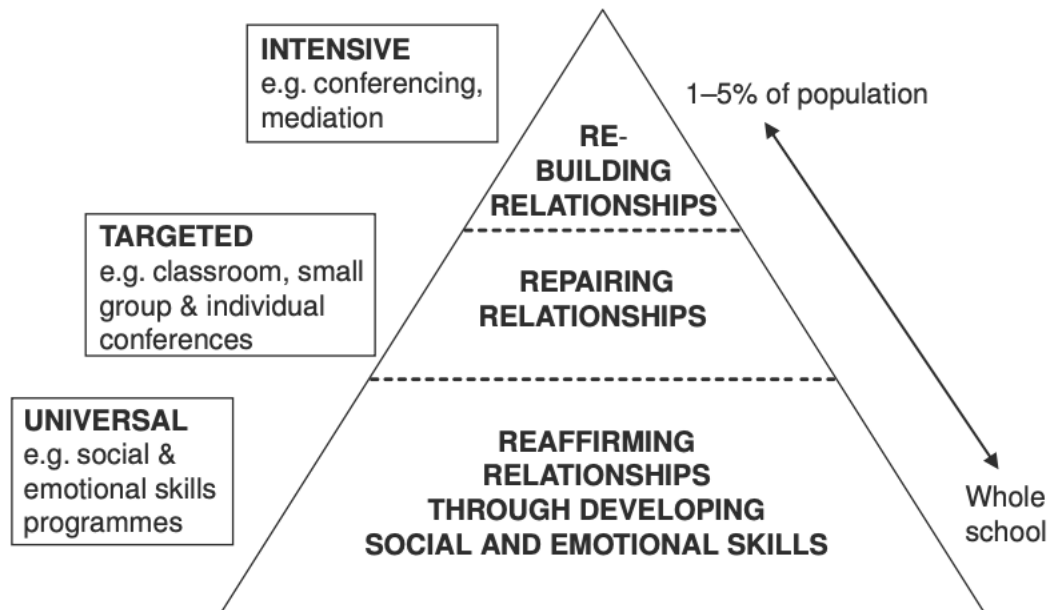
The framework outlines strategies to support social difficulties experienced by females in schools. For RSD, research highlights the importance of a shared understanding, how and why it may manifest and recognition of supportive versus unhelpful feedback (Sandland, 2025). Furthermore, given the prevalence of bullying and peer unkindness alongside JS experienced by the women, professionals are encouraged to employ Restorative Approaches (RA)¹⁶. RA is a whole-school approach, underpinned by a relational model, used to manage behaviour including bullying (Hopkins, 2011). RA reframes wrongdoing from "breaking the school rules" to "harm done to the well-being of one person" (Hopkins, 2011, p.199). Hopkins (2011) draws on (Morrison et al., 2005) three levels of intervention model (Figure 26), emphasising RA as proactive rather than reactive which aligns with the framework.

¹⁵ It is important to note that RSD is not a formalised diagnostic term, however, it has been incorporated to reflect and honour the women's words.

¹⁶ Also known as Restorative Justice (RJ) within the Youth Justice Services.

Figure 26

Morrison's (2005) Three levels of restorative intervention (taken from Hopkins, 2011, p.203)



5.3.6 Environmental (including Sensory)

The school environment, its physical design, sensory qualities and neurotypical expectations, functioned as a barrier for the women in this research as much as the absence of individualised support. The women described being failed by systems and spaces that were not designed with them in mind. Framed through the 'social model of disability', the difficulties experienced by the women in mainstream schools are not solely a product of ADHD, but are compounded by environments that do not accommodate the full range of cognitive and sensory experience (Manago et al., 2017). The women in this research highlighted overlooked signs of their environmental and sensory challenges in school. Especially, they noted distress following breaktime

or lunchtime due to the sensory overload, difficulties transitioning between lessons, distractibility in the classroom, challenges sitting for prolonged periods of time, avoidance of particular areas of the school and the stigmatisation of sensory seeking or self-stimulating behaviours.

Russell et al (2023) alongside Mansfield and Soni (2024) emphasise the importance of adapting the physical and sensory school environment for CYP with ADHD, recognising that it is not a 'one-size-fits-all' approach with variability in environmental factors. The National Council for Special Education (NCSE, 2024) auditing tool, developed in Ireland, can be used by educational professionals with students to ensure their voices are heard. Further environmental and sensory strategies include: minimising visual distractions, structure and routine, quiet space outside the classroom, workspace flexibility, fidget or focus tools, movement breaks and additional time (Betker, 2017).

5.3.7 Systemic Change and the Role of the EP

Individual support strategies, however, carefully designed, will be insufficient in the absence of systemic change. Central to this research is the shift from the pathology paradigm to the neurodiversity paradigm. This recognises that ADHD is a natural variation in human cognition, reframing the goal of support from 'fixing' individual difficulties to creating systems that accommodate the full ADHD experience (Pellicano & den Houting, 2022).

The women in this research reflected on broken systems, diagnostic gatekeeping, professionals' lack of awareness and educational structures misaligned with their needs. Meaningful change must therefore be pursued at every level of the system. To understand changes needed at each level, Bronfenbrenner's (1979) EST

has been adapted (Figure 27). EPs are well-positioned to drive organisational change across system levels through training, systemic work, consultations and individual assessments (BPS, 2022). Each EST (Bronfenbrenner, 1979) system level and the EP's role within it is explored below.

At the microsystem, change focuses on the individual's' immediate relationships and environments (e.g., family, school, peers). For females with ADHD, this includes increasing awareness of less visible presentations (e.g., inattentiveness, masking), fostering emotionally safe and supportive relationships, and implementing responsive, individualised teaching practices. When those closest to females understand ADHD and respond with empathy and consistency, shame is reduced, enabling confident engagement in learning and social contexts. EPs can bring knowledge of female ADHD presentations to the forefront, challenge referral bias and ensure ADHD is considered when females present with internalised difficulties.

The mesosystem involves connections within the microsystem. Systemic change at this level requires strong communication and collaboration between families, schools and can include professionals such as EPs. Effective partnerships between school staff and EPs support shared understanding through training, building schools capacity, informing assessment, and coordinating interventions. This joined-up approach ensures support is consistent across settings (e.g., home and school) and creates a more stable network around the individual.

At the exosystem, change relates to wider systems indirectly impacting the individual, such as education policies (e.g., (DfE, 2026) SEND reforms) and healthcare services. Improving timely access to ADHD diagnosis for females (Thapar et al., 2025a, 2025b), adapting school behaviour policies to be more inclusive, and ensuring reasonable adjustments are all key. These structural changes remove barriers that

prevent females with ADHD from receiving appropriate recognition and support. Equipped with knowledge of females' ADHD presentation and effective support strategies, EPs can work with schools and local services to ensure inclusive needs-based practices at individual, group and system levels.

The macrosystem reflects broader cultural beliefs, values, and societal norms. Change here involved acknowledging intersectionality (Crenshaw, 1989), challenging gender stereotypes that frame ADHD as a male condition and addressing societal expectations that encourage females to mask difficulties. EPs can promote awareness of neurodiversity and tell inclusive narratives of ADHD to reduce stigma, support earlier identification and ultimately shape more equitable systems.

For females with ADHD, the chronosystem includes recognising the impact of delayed or missed diagnosis and how symptoms may shift across life stages (e.g., puberty, menopause). Systemic change requires a lifespan approach (Young et al, 2020), with ongoing support that adapts to changing needs and enhances societal awareness, improving identification and intervention over time.

Figure 27

Adaptation of Bronfenbrenner's (1979) Ecological System's Theory to reflect systemic change

Bronfenbrenner (1979) Ecological Systems Theory

Adapted to reflect systemic change required to support females with or without a diagnosis of ADHD

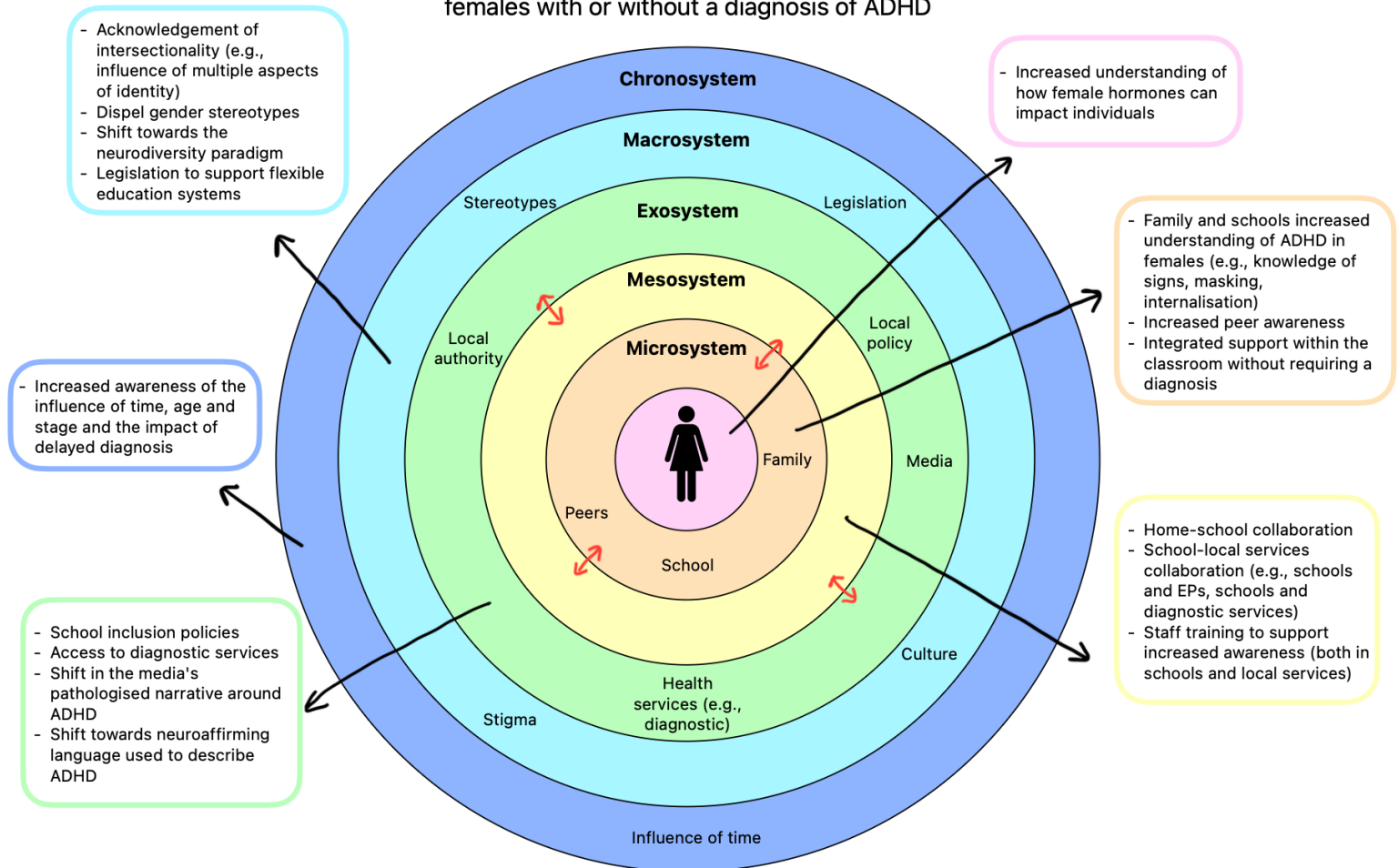


Figure 28

Reflective Journal Extract 11

Extract 11: Reflections on Creating the Framework

Creating the framework has been an incredibly meaningful piece of work. The women whose voices informed it, so often described experiences of being misunderstood, missed and dismissed by schools and professionals. I felt a genuine weight of responsibility to disseminate what they had shared in a practical and useful way with the hopes of creating real change. The tension between honouring the depth and complexity of their experiences whilst producing something schools could use drove every decision I made. It is why relationships served as the foundation and emotional, social, and environmental factors were considered alongside learning strategies. Females with ADHD are so often exhausted by masking and navigating environments never designed for them, therefore, a framework that addressed only academic support would have misunderstood the picture this research helped me to draw.

As a trainee EP, there are moments when the systemic barriers feel immovable. But alongside that discomfort grew a quiet and sustaining sense of hope, that this framework might reach a practitioner who had not previously considered how differently ADHD presents in girls, prompting earlier identification and helping make the classroom a safer place for a girl silently struggling. This hope has clarified the kind of EP I want to be - an advocate, carrying the voices and lived experiences of the women in this research into every school, a privilege and responsibility I am glad to hold.

5.4 Evaluation of This Research

5.4.1 *Strengths*

The key strengths of this research lie in the coherence between its bounded relativist ontology, subjectivist epistemology and methodological decisions. By recognising the women's knowledge as shaped by their subjective experiences yet forming a shared pattern within a bounded group (women with ADHD), this position is well-suited to the population, whose experiences have been historically overlooked and misunderstood.

This research's qualitative design represents a further strength. An in-depth qualitative methodology was best placed to capture the women's lived experiences of navigating school with undiagnosed ADHD. Semi-structured interviews empowered the women to tell their stories, balancing flexibility with consistency, allowing meaningful and unexpected threads to be followed whilst responding to the RQs. The incorporation of drawings also provided a creative means of eliciting experiences that may be difficult to verbalise.

The retrospective nature of this research is also a strength. By focusing on the school experiences of women with an adulthood ADHD diagnosis, it redirects exploration towards how women now interpret and make sense of their school experiences in light of their diagnosis, including how the diagnosis itself reshapes their narrative. These insights provided meaningful and novel contributions relevant for identifying and supporting future generations of females with ADHD in school.

Braun and Clarke's (2022) RTA provided a strong analytic framework, facilitating reflexivity and allowing my positionality as an insider-outsider, feminist researcher to be acknowledged and part of the analytic process. Reflexivity was maintained throughout the research process through my reflective journal and regular supervision sessions.

5.4.2 Limitations

The diversity of the sample is a limitation of this research, with various intersecting factors. Firstly, limited ethnic diversity meant that the experiences of women from minority ethnic backgrounds were underrepresented. This mirrors wider patterns of limited female ethnic minority voices in existing ADHD literature (Baig & Kahya, 2025). Without these voices, the findings risk reflecting a predominantly White, Western perspective and overlooking how cultural context shapes both ADHD experience and recognition. Secondly, self-recruitment may have skewed the sample towards women with more negative experiences, motivating them to tell their stories. This limits representation of women still processing or ambivalent about their diagnosis. Thirdly, given the underdiagnosis of females with ADHD, this sample of formally diagnosed women may not be representative of all females impacted by the condition, especially those whose difficulties remain unrecognised (Lynch & Davison, 2024). Finally, some of the women held a psychology background or worked with neurodiverse individuals, which may have shaped the sophistication and framing of their reflections. Whilst this enables psychological insight into lived experiences, it may produce narratives that differ from the wider population of females with ADHD.

The online interview format, whilst increasing accessibility, may have introduced challenges for the women with ADHD, including environmental distractions and difficulties sustaining attention. These difficulties could have impacted the depth or consistency of some accounts.

Retrospective recall bias also presents as a limitation. The women were asked to reflect on past school experiences that may be reconstructed and shaped by subsequent experiences, the diagnosis itself, therapy, and cultural narratives around ADHD. Within the existing literature, adulthood diagnosis is frequently described as

enabling a profound reinterpretation of one's life story (Stenner et al., 2019). The women may have unconsciously narrated their school experiences through a post-diagnostic lens, potentially amplifying some memories and diminishing others. Whilst this is acknowledged as a limitation, it is also analytically essential to the RQ, exploring the meaning women make of their past in light of their diagnosis.

5.5 Directions for Future Research

This research highlights several avenues for future investigation. Firstly, whilst this research produced a framework for supporting females with ADHD in school, evidence for the effectiveness of the strategies for female populations remains limited. Future research should seek to evaluate their impact for females through empirical investigation.

Second, several under-researched areas emerged from the women's experiences and warrant further exploration to understand their nuanced contribution. These include but are not limited to, relationships between ADHD and demand avoidance, RSD, JS, burnout, social camouflaging, self-regulatory behaviour and stimming.

Thirdly, the relationship between female hormones (e.g., puberty, PMDD, menstruation, menopause) and ADHD symptom presentation requires further investigation. From the women's reflections the impact is significant, yet it remains under-researched.

Fourth, diversifying perspectives should be considered. Future research incorporating ethnic minority voices and other dimensions of Social GGRRAAACCEEESSS (Burnham, 2012) should be considered. Such intersectional

research would enable a more comprehensive understanding of how other dimensions of identity shape the support, experience and recognition of ADHD in females.

Collectively, deeper investigation into these areas would significantly advance understanding of the female ADHD experience and inform more responsive, inclusive educational provision.

5.6 Dissemination Strategy

The dissemination strategy is grounded in my commitment to ensuring the findings achieve wide-ranging impact and real-world application. ADHD charities who supported recruitment and demonstrated an interest in this research alongside participants, will receive a summary of the findings and framework. Their commitment to change will enable the findings and framework to be shared widely, fostering greater understanding and more responsive support across educational settings.

As a TEP and future EP within a LA, wide dissemination amongst the EP community is a priority. The findings and framework will first be shared with fellow TEPs and tutors on my doctoral training course at an end-of-year event to raise awareness and hopefully inspire future research. I will then present my findings to the EP service where I am employed, to support understanding of ADHD in females and disseminate the framework to enable support strategies to be implemented across the borough. I also aim to develop and deliver CPD training for educational professionals to raise awareness of signs to look for and how to implement a needs-based support strategy in accordance with the framework.

More widely, I hope to publish this research in professional journals specialising in ADHD (e.g., Journal of Attention Disorders) or SEN (Journal of Research into Special Educational Needs) to support broader awareness and systemic change.

6. Conclusions

In conclusion, grounded in a commitment to empowering and foregrounding women's voices, this research aimed to understand how women diagnosed with ADHD in adulthood retrospectively make sense of their experiences of school and support. It ultimately generated insight into how educational professionals might better identify and respond to ADHD in girls, irrespective of diagnostic status. These aims were achieved through semi-structured interviews and drawings, which captured the lived experiences of women with an adulthood ADHD diagnosis and were analysed using RTA.

The findings of this research illuminate how invisibility shaped the women's school experiences, as their internal battles, social struggles and learning difficulties were consistently overlooked or misattributed and further obscured by masking, gendered expectations and stereotypical constructions of ADHD. These experiences were only reframed in light of their adulthood diagnosis. The findings further reveal how support was experienced as simultaneously present and absent, hindered by systemic barriers, diagnostic gatekeeping and a pervasive lack of professional understanding of female ADHD. This left meaningful support to depend on individual teacher relationships grounded in emotional safety. Together these findings underscore the urgent need to enhance awareness of the invisibility of female ADHD, to challenge prevailing male-dominated constructs of ADHD and to support females through earlier identification and inclusive, needs-led educational practice.

The implications of these findings are both practical and systemic. Drawing directly on the women's insights, a practice framework was developed. It incorporates evidence-based strategies to guide educational professionals towards a needs-based,

individualised approach, grounded in relational practice and strengthened by a deeper understanding of how ADHD presents in females. It is attentive to the signs so often overlooked and committed to driving systemic change that is long overdue.

Despite its valuable contributions, this research is not without limitations. The lack of ethnic diversity within the sample may restrict the transferability of the findings. Despite this, this research lays the foundations for future research, which should seek to explore diverse experiences and evaluate the contribution of the needs-based practice framework in educational practice.

This research addresses a gap within the existing literature by centring the voices of women diagnosed with ADHD in adulthood and illuminating their experiences of school and support in the absence of a diagnosis. Their insights offer a powerful starting point for meaningful change towards more inclusive, supportive school environments for a group whose experiences have, for too long, gone unseen and unheard.

“My biggest wish is that someone had noticed earlier” (Alana)

“This could have been so different” (Rachel)

References

- Abdelnour, E., Jansen, M. O., & Gold, J. A. (2022). ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis? *Missouri Medicine*, 119(5), 467–473.
- Adamou, M. (2026). Camouflaging in ADHD: The need for construct validation before clinical adoption. *The British Journal of Psychiatry*, 1–4.
<https://doi.org/10.1192/bjp.2026.10577>
- ADHDUK. (2021, April 17). *Right to Choose - ADHD UK*. <https://adhduk.co.uk/right-to-choose/>
- ADHDUK. (2022, September 20). *ADHD Incidence - Childhood and Adult ADHD incidence rates*. <https://adhduk.co.uk/adhd-incidence/>
- ADHDUK. (2023, November 17). *NHS ADHD Assessments Waiting Lists Report*.
<https://adhduk.co.uk/nhs-adhd-assessments-waiting-lists-report/>
- Agnew-Blais, J. C. (2024). Hidden in plain sight: Delayed ADHD diagnosis among girls and women – a commentary on Skoglund et al. (2023). *Journal of Child Psychology and Psychiatry*, 65(10), 1398–1400.
<https://doi.org/10.1111/jcpp.14023>
- Ahmed, H. (2025). *Yearly 18% rise in ADHD prescriptions in England since COVID-19 pandemic - BMJ Group*. <https://bmjgroup.com/yearly-18-rise-in-adhd-prescriptions-in-england-since-covid-19-pandemic/>
- Ainsworth, M. D. S. (Ed.). (1978). *Patterns of attachment: A psychological study of the strange situation*. Routledge.
- Anderson, C., & Kirkpatrick, S. (2016). Narrative interviewing. *International Journal of Clinical Pharmacy*, 38(3), 631–634. [https://doi.org/10.1007/s11096-015-0222-](https://doi.org/10.1007/s11096-015-0222-0)

- APA. (1968). *Diagnostic and statistical manual of mental disorders. 2nd edition (DSM-II)* (2nd edn).
- APA. (1980). *Diagnostic and statistical manual of mental disorders. 3rd edition (DSM-III)* (3rd edn).
- APA. (1994). *Diagnostic and statistical manual of mental disorders. 4th edition (DSM-IV)* (4th edn).
- APA. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™, 5th ed* (pp. xliv, 947). American Psychiatric Publishing, Inc.
<https://doi.org/10.1176/appi.books.9780890425596>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders. 5th edition, text rev.*
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Attoe, D. E., & Climie, E. A. (2023). Miss. Diagnosis: A Systematic Review of ADHD in Adult Women. *Journal of Attention Disorders*, 27(7), 645–657.
<https://doi.org/10.1177/10870547231161533>
- Baig, S. K., & Kahya, H. H. (2025). 'I felt like a broken person': The experiences of women navigating a late ADHD diagnosis in the UK. *Advances in Mental Health*, 0(0), 1–25. <https://doi.org/10.1080/18387357.2025.2524513>
- Barkley, R. A. (2006). The Relevance of the Still Lectures to Attention-Deficit/Hyperactivity Disorder: A Commentary. *Journal of Attention Disorders*, 10(2), 137–140. <https://doi.org/10.1177/1087054706288111>
- Barkley, R. A., Murphy, K. R., & Fischer, M. (2010). *ADHD in Adults: What the Science Says*. Guilford Press.

- Barroga, E., & Matanguihan, G. J. (2022). A Practical Guide to Writing Quantitative and Qualitative Research Questions and Hypotheses in Scholarly Articles. *Journal of Korean Medical Science*, 37(16), e121.
<https://doi.org/10.3346/jkms.2022.37.e121>
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529. <https://doi.org/10.1037/0033-2909.117.3.497>
- Bearman, M. (2019). Focus on Methodology: Eliciting rich data: A practical approach to writing semi-structured interview schedules. *Focus on Health Professional Education A Multi-Professional Journal*, 20(3).
<https://doi.org/10.11157/fohpe.v20i3.387>
- Betker, C. (2017). Environmental Strategies for Managing Attention Deficit Hyperactivity Disorder. *Journal of Childhood & Developmental Disorders*, 03(04). <https://doi.org/10.4172/2472-1786.100062>
- Blaikie, N. W. H., & Priest, J. (2019). *Designing social research: The logic of anticipation* (Third edition). Polity.
- Blaustein, M. E., & Kinniburgh, K. M. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency* (pp. xii, 372). The Guilford Press.
- Blaustein, M. E., & Kinniburgh, K. M. (2017). Attachment, Self-Regulation, and Competency (ARC). In M. A. Landolt, M. Cloitre, & U. Schnyder (Eds), *Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents* (pp. 299–319). Springer International Publishing.
https://doi.org/10.1007/978-3-319-46138-0_14

- Bondü, R., & Esser, G. (2015). Justice and rejection sensitivity in children and adolescents with ADHD symptoms. *European Child & Adolescent Psychiatry*, 24(2), 185–198. <https://doi.org/10.1007/s00787-014-0560-9>
- Boodoo, R., Lagman, J. G., Jairath, B., & Baweja, R. (2022). A Review of ADHD and Childhood Trauma: Treatment Challenges and Clinical Guidance. *Current Developmental Disorders Reports*, 9(4), 137–145. <https://doi.org/10.1007/s40474-022-00256-2>
- Bowlby, J. (1969). *Attachment and loss* (2nd ed). Basic Books.
- BPS. (2021a). *BPS Code of Human Research Ethics*. BPS. <https://www.bps.org.uk/guideline/bps-code-human-research-ethics>
- BPS. (2021b). *Code of Ethics and Conduct*. BPS. <https://www.bps.org.uk/guideline/code-ethics-and-conduct>
- BPS. (2021c). *Ethics guidelines for internet-mediated research* (p. bpsrep.2021.rep155). British Psychological Society. <https://doi.org/10.53841/bpsrep.2021.rep155>
- BPS. (2022). *The role of educational psychology in promoting inclusive education*. BPS. <https://www.bps.org.uk/news/role-educational-psychology-promoting-inclusive-education>
- Bradley, S., Parzych, I., Platts, J., & Powell, L. (2025). Understanding and harnessing differences in women with ADHD: A qualitative study. *Neurodiversity*, 3, 27546330251317199.
- Brailas, A. (2020). Using Drawings in Qualitative Interviews: An Introduction to the Practice. *The Qualitative Report*, 25(12), 4447–4460. <https://doi.org/10.46743/2160-3715/2020.4585>

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
<https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful Qualitative Research: A Practical Guide for Beginners*. 1–400.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597.
<https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher. *International Journal of Transgender Health*. (world).
<https://www.tandfonline.com/doi/abs/10.1080/26895269.2022.2129597>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Broughton, T., Lambert, E., Wertz, J., & Agnew-Blais, J. (2025). Increased risk of provisional premenstrual dysphoric disorder (PMDD) among females with attention-deficit hyperactivity disorder (ADHD): Cross-sectional survey study. *The British Journal of Psychiatry*, 226(6), 410–417.
<https://doi.org/10.1192/bjp.2025.104>
- Burnham, J. (2012). Developments in Social GRRRAAACCEEESSS: Visible—invisible and voiced—unvoiced 1. In *Culture and Reflexivity in Systemic Psychotherapy*. Routledge.

- Carlson, G. A. (2024). Commentary: Who gets the credit for “discovering” ADHD and what is the question, really? *Child and Adolescent Mental Health*, 29(4), 388–390. <https://doi.org/10.1111/camh.12730>
- CASP [Critical Appraisal Skills Programme]. (2024) *CASP Qualitative studies checklist*. <https://casp-uk.net/casp-checklists/CASP-checklist-qualitative-2024.pdf>
- CAST. (2024). *CAST Universal Design for Learning Guidelines version 3.0*. <https://udlguidelines.cast.org>
- Charlton, J. I. (1998). *Nothing About Us Without Us: Disability Oppression and Empowerment* (1st edn). University of California Press. <https://www.jstor.org/stable/10.1525/j.ctt1pnqn9>
- Children and Families Act 2014*. (2014). King’s Printer of Acts of Parliament. <https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- Chronis-Tuscano, A. (2022). ADHD in girls and women: A call to action – reflections on Hinshaw et al. (2021). *Journal of Child Psychology and Psychiatry*, 63(4), 497–499. <https://doi.org/10.1111/jcpp.13574>
- Clark, C., & Kimmons, R. (2023). (PDF) *Cognitive Load Theory*. ResearchGate. <https://doi.org/10.59668/371.12980>
- Coxe, S., Sibley, M. H., & Becker, S. P. (2021). Presenting problem profiles for adolescents with ADHD: Differences by sex, age, race, and family adversity. *Child and Adolescent Mental Health*, 26(3), 228–237. <https://doi.org/10.1111/camh.12441>
- Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and

Antiracist Politics. *University of Chicago Legal Forum*, (1).

<https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design:*

Choosing Among Five Approaches (4th edn). SAGE.

https://pubhtml5.com/enuk/cykh/Creswell_and_Poth%2C_2018%2C_Qualitative_Inquiry_4th/

Crichton, A. (1798). An Inquiry Into the Nature and Origin of Mental Derangement:

On Attention and Its Diseases. *Journal of Attention Disorders*, 12(3), 200–204.

<https://doi.org/10.1177/1087054708315137>

Cristofori, I., Cohen-Zimmerman, S., & Grafman, J. (2019). Chapter 11—Executive

functions. In M. D'Esposito & J. H. Grafman (Eds), *Handbook of Clinical*

Neurology (Vol. 163, pp. 197–219). Elsevier. [https://doi.org/10.1016/B978-0-](https://doi.org/10.1016/B978-0-12-804281-6.00011-2)

[12-804281-6.00011-2](https://doi.org/10.1016/B978-0-12-804281-6.00011-2)

Crotty, M. (1998). *The foundations of social research: Meaning and perspectives in*

the research process (Vol. 1). SAGE Publications.

Dahl, V., Ramakrishnan, A., Spears, A. P., Jorge, A., Lu, J., Bigio, N. A., & Chacko,

A. (2020). Psychoeducation Interventions for Parents and Teachers of

Children and Adolescents with ADHD: A Systematic Review of the Literature.

Journal of Developmental and Physical Disabilities, 32(2), 257–292.

<https://doi.org/10.1007/s10882-019-09691-3>

Davies, P. (2006). Exploratory Research. In *The SAGE Dictionary of Social*

Research Methods (pp. 110–111). SAGE Publications, Ltd.

<https://doi.org/10.4135/9780857020116>

- Deakin, H., & Wakefield, K. (2014). Skype interviewing: Reflections of two PhD researchers. *Qualitative Research*, 14(5), 603–616.
<https://doi.org/10.1177/1468794113488126>
- DfE. (2026a). *Every child achieving and thriving (HTML version)*. GOV.UK.
<https://www.gov.uk/government/publications/every-child-achieving-and-thriving/every-child-achieving-and-thriving-html-version>
- DfE. (2026b). *SEND reform: Putting children and young people first (HTML version)*. GOV.UK. <https://www.gov.uk/government/consultations/send-reform-putting-children-and-young-people-first/send-reform-putting-children-and-young-people-first-html-version>
- Diener, T.-S. L., Jackson, M., Lee, M. A., Grové, C., & Nguyen, V. (2025). Cross-cultural disparities in teachers' reports of ADHD symptoms and behavior: A scoping review. *Social Psychology of Education*, 28(1), 135.
<https://doi.org/10.1007/s11218-025-10092-y>
- Dodson, W. W., Modestino, E. J., & Ceritoğlu, H. T. (2024). *Rejection Sensitivity Dysphoria in Attention-Deficit/Hyperactivity Disorder: A Case Series*.
- Dorani, F., Bijlenga, D., Beekman, A. T. F., van Someren, E. J. W., & Kooij, J. J. S. (2021). Prevalence of hormone-related mood disorder symptoms in women with ADHD. *Journal of Psychiatric Research*, 133, 10–15.
<https://doi.org/10.1016/j.jpsychires.2020.12.005>
- Douglas, V. I. (1972). Stop, look and listen: The problem of sustained attention and impulse control in hyperactive and normal children. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, 4(4), 259–282. <https://doi.org/10.1037/h0082313>

- Dwyer, S. C., & Buckle, J. L. (2009). The Space Between: On Being an Insider-Outsider in Qualitative Research. *International Journal of Qualitative Methods*, 8(1), 54–63. <https://doi.org/10.1177/160940690900800105>
- Egan, V., Bull, E., & Trundle, G. (2020). Individual differences, ADHD, adult pathological demand avoidance, and delinquency. *Research in Developmental Disabilities*, 105, 103733. <https://doi.org/10.1016/j.ridd.2020.103733>
- Emden, C. (1998). Conducting a narrative analysis. *Collegian*, 5(3), 34–39. [https://doi.org/10.1016/S1322-7696\(08\)60299-1](https://doi.org/10.1016/S1322-7696(08)60299-1)
- Epstein, J. N., & Loren, R. E. A. (2013). Changes in the Definition of ADHD in DSM-5: Subtle but Important. *Neuropsychiatry*, 3(5), 455–458. <https://doi.org/10.2217/npv.13.59>
- Equality Act 2010*. (2010). [Text]. Statute Law Database. <https://www.legislation.gov.uk/ukpga/2010/15/contents>
- Ewe, L. P. (2019). ADHD symptoms and the teacher–student relationship: A systematic literature review. *Emotional and Behavioural Difficulties*, 24(2), 136–155. <https://doi.org/10.1080/13632752.2019.1597562>
- Ferenczi, S. (1916). Introjection and Transference. In E. Jones (Ed.), *Contributions to psycho-analysis* (pp. 30–79). Richard G. Badger. <https://doi.org/10.1037/10925-002>
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209–230. <https://doi.org/10.1177/146879410200200205>

- Fletcher, A. J. (2017). Applying critical realism in qualitative research: Methodology meets method. *International Journal of Social Research Methodology*, 20(2).
<https://doi.org/10.1080/13645579.2016.1144401>
- Frolli, A., Cerciello, F., Esposito, C., Ricci, M. C., Laccone, R. P., & Bisogni, F. (2023). Universal Design for Learning for Children with ADHD. *Children*, 10(8), 1350. <https://doi.org/10.3390/children10081350>
- Gehricke, J.-G., Kruggel, F., Thampipop, T., Alejo, S. D., Tatos, E., Fallon, J., & Muftuler, L. T. (2017). The brain anatomy of attention-deficit/hyperactivity disorder in young adults – a magnetic resonance imaging study. *PLoS ONE*, 12(4), e0175433. <https://doi.org/10.1371/journal.pone.0175433>
- Giannakopoulos, G. (2025). Adolescents with ADHD in the school environment: A comprehensive review of academic, social, and emotional challenges and interventions. *Journal of Clinical Images and Medical Case Reports*, 6(3).
<https://doi.org/10.52768/2766-7820/3528>
- Gilmore, R., Beezhold, J., Selwyn, V., Howard, R., Bartolome, I., & Henderson, N. (2022). Is TikTok increasing the number of self-diagnoses of ADHD in young people? *European Psychiatry*, 65(Suppl 1), S571.
<https://doi.org/10.1192/j.eurpsy.2022.1463>
- Gnanavel, S., Sharma, P., Kaushal, P., & Hussain, S. (2019). Attention deficit hyperactivity disorder and comorbidity: A review of literature. *World Journal of Clinical Cases*, 7(17), 2420–2426. <https://doi.org/10.12998/wjcc.v7.i17.2420>
- Goodwin, J., Savage, E., & O'Donovan, A. (2023). Using the draw and tell method with adolescents as part of an interpretive descriptive study. *Qualitative Research Journal*, 23(3), 273–286. (world). <https://doi.org/10.1108/QRJ-08-2022-0105>

- Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, 10(3), 243–268. <https://doi.org/10.1037/0893-3200.10.3.243>
- Gottman, J. M., Katz, L. F., & Hooven, C. (1997). *Meta-emotion: How families communicate emotionally* (pp. xviii, 366). Lawrence Erlbaum Associates, Inc.
- GOV.UK. (2018). *Data Protection Act*. GOV.UK. <https://www.gov.uk/data-protection>
- GOV.UK. (2024). *NHS Choice Framework—What choices are available to you in your NHS care*. GOV.UK. <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>
- Grix, J. (2010). *The Foundations of Research* (2nd edn). Palgrave Macmillan. <https://web-p-ebshost-com.uniessexlib.idm.oclc.org/ehost/ebookviewer/ebook/bmxlYmtfXzE1MjI5NDhfX0FO0?sid=dc04bb25-ac3a-4158-91e8-7494ffdf82e@redis&vid=0&format=EB&rid=1>
- Grix, J. (2019). *The foundations of research* (Third edition.). Macmillan International Higher Education.
- Guasto, G. (2011). Welcome, Trauma, and Introjection: A Tribute to Sandor Ferenczi. *ResearchGate*. <https://doi.org/10.1521/jaap.2011.39.2.337>
- Guevara, A. (2021). The Need to Reimagine Disability Rights Law Because the Medical Model of Disability Fails Us All. *Wisconsin Law Review*, 2021, 269.
- Gusenbauer, M., & Haddaway, N. R. (2020). Which academic search systems are suitable for systematic reviews or meta-analyses? Evaluating retrieval

- qualities of Google Scholar, PubMed, and 26 other resources. *Research synthesis methods*, 11(2), 181–217. <https://doi.org/10.1002/jrsm.1378>
- Hickey, A., & Riddle, S. (2024). Proposing a conceptual framework for relational pedagogy: Pedagogical informality, interface, exchange and enactment. *International Journal of Inclusive Education*, 28(13), 3271–3285. <https://doi.org/10.1080/13603116.2023.2259906>
- Hill, V. C., & Turner, H. (2016). Educational psychologists' perspectives on the medicalisation of childhood behaviour: A focus on Attention Deficit Hyperactive Disorder (ADHD). *Educational & Child Psychology*, 33(2), 12–29.
- Hills, R. (2016). An evaluation of the emotional literacy support assistant (ELSA) project from the perspectives of primary school children. *Educational and Child Psychology*, 33(4), 50–65. <https://doi.org/10.53841/bpsecp.2016.33.4.50>
- Hinshaw, S. P., Nguyen, P. T., O'Grady, S. M., & Rosenthal, E. A. (2022). Annual Research Review: Attention-deficit/hyperactivity disorder in girls and women: underrepresentation, longitudinal processes, and key directions. *Journal of Child Psychology and Psychiatry*, 63(4), 484–496. <https://doi.org/10.1111/jcpp.13480>
- Hoffman, L. A., & Vilensky, J. A. (2017). Encephalitis lethargica: 100 years after the epidemic. *Brain*, 140(8), 2246–2251. <https://doi.org/10.1093/brain/awx177>
- Holthe, M. E. G., & Lagnik, E. (2017). *The Strives, Struggles, and Successes of Women Diagnosed With ADHD as Adults*. <https://journals.sagepub.com/doi/full/10.1177/2158244017701799>
- Hopkins, B. (2011). Restorative Approaches in UK Schools. In C. Hayden & D. Martin (Eds), *Crime, Anti-Social Behaviour and Schools* (pp. 192–211). Palgrave Macmillan UK. https://doi.org/10.1057/9780230306295_11

- Huberman, M. A., B. Miles, M., & Riessman, C. K. (2002). Narrative Analysis. In *The Qualitative Researcher's Companion* (pp. 216–270). SAGE Publications, Inc. <https://doi.org/10.4135/9781412986274>
- Hyde, B. (2020). Constructivist and constructionist epistemologies in a globalised world: Clarifying the constructs. In *Globalisation, ideology and education reforms: Emerging paradigms* (pp. 125-138). Dordrecht: Springer Netherlands.
- Iznardo, M., Ryan, J., Rogers, M., McKibbin, S., Piers, L., & Hogan, T. (2023). Examining Resiliency in Children with Learning Disabilities and Co-Occurring ADHD Symptoms: The Protective Role of a Close Teacher-Student Relationship. *Learning Disabilities: A Contemporary Journal*, 21(1), 1–16.
- Jangmo, A., Stålhandske, A., Chang, Z., Chen, Q., Almqvist, C., Feldman, I., Bulik, C. M., Lichtenstein, P., D'Onofrio, B., Kuja-Halkola, R., & Larsson, H. (2019). Attention-Deficit/Hyperactivity Disorder, School Performance and Effect of Medication. *Journal of the American Academy of Child and Adolescent Psychiatry*, 58(4), 423–432. <https://doi.org/10.1016/j.jaac.2018.11.014>
- Jiménez-Muñoz, L., Lopez-Fernandez, O., Peñuelas-Calvo, I., Delgado-Gómez, D., Miguélez-Fernández, C., López-González, S., González-Garrido, C., Baca-García, E., Carballo, J. J., & Porras-Segovia, A. (2025). Persistence of ADHD into adulthood and associated factors: A prospective study. *Psiquiatría Biológica*, 32(2), 100529. <https://doi.org/10.1016/j.psiq.2024.100529>
- Joffe, H., & Elsey, J. W. B. (2014). Free association in psychology and the grid elaboration method. *Review of General Psychology*, 18(3), 173–185. <https://doi.org/10.1037/gpr0000014>

- Jones, S., & Hesse, M. (2018). Adolescents With ADHD: Experiences of Having an ADHD Diagnosis and Negotiations of Self-Image and Identity. *Journal of Attention Disorders*, 22(1), 92–102.
<https://doi.org/10.1177/1087054714522513>
- Kaaristo, M. (2022). Everyday power dynamics and hierarchies in qualitative research: The role of humour in the field. *Qualitative Research*, 22(5), 743–760. <https://doi.org/10.1177/14687941221096597>
- Kallio, H., Pietilä, A.-M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 72(12), 2954–2965.
<https://doi.org/10.1111/jan.13031>
- Kaplan, B., Crawford, S., Cantell, M., Kooistra, L., & Dewey, D. (2006). Comorbidity, co-occurrence, continuum: What's in a name? *Child: Care, Health and Development*, 32(6), 723–731. <https://doi.org/10.1111/j.1365-2214.2006.00689.x>
- Kara, K., Kara, O. K., Kose, B., Doğan, M., Cetin, S. Y., Sahin, S., & Anaby, D. (2025). School participation, supports and barriers of children with and without attention deficit hyperactivity disorder. *BMJ Paediatrics Open*, 9(1).
<https://doi.org/10.1136/bmjpo-2024-002917>
- Karasavva, V., Miller, C., Groves, N., Montiel, A., Canu, W., & Mikami, A. (2025). A double-edged hashtag: Evaluation of #ADHD-related TikTok content and its associations with perceptions of ADHD. *PLOS ONE*, 20(3), e0319335.
<https://doi.org/10.1371/journal.pone.0319335>
- Katzman, M. A., Bilkey, T. S., Chokka, P. R., Fallu, A., & Klassen, L. J. (2017). Adult ADHD and comorbid disorders: Clinical implications of a dimensional

- approach. *BMC Psychiatry*, 17(1), 302. <https://doi.org/10.1186/s12888-017-1463-3>
- Kazda, L., Bell, K., Thomas, R., McGeechan, K., Sims, R., & Barratt, A. (2021). Overdiagnosis of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *JAMA Network Open*, 4(4), e215335. <https://doi.org/10.1001/jamanetworkopen.2021.5335>
- Keen, S., Lomeli-Rodriguez, M., & Joffe, H. (2022). From Challenge to Opportunity: Virtual Qualitative Research During COVID-19 and Beyond. *International Journal of Qualitative Methods*, 21, 16094069221105075. <https://doi.org/10.1177/16094069221105075>
- Kelly, C. A., Kelly, C., & Taylor, R. (2024). Review of the Psychosocial Consequences of Attention Deficit Hyperactivity Disorder (ADHD) in Females. *European Journal of Medical and Health Sciences*, 6(1), 10–20. <https://doi.org/10.24018/ejmed.2024.6.1.2033>
- Keys, Z., Kieran, A., & Burns, S. (2025). “You are all on motorbikes and I’m on a bicycle”: Exploring the retrospective school experiences of females with ADHD through a systemic lens. *Emotional and Behavioural Difficulties*, 0(0), 1–19. <https://doi.org/10.1080/13632752.2025.2505829>
- King, N., & Brooks, J. (2018). Thematic analysis in organizational research. In C. Cassell, A. L. Cunliffe & G. Grandy (Eds.), *The SAGE handbook of qualitative business management research methods: Methods and challenges* (pp. 219–236). London: SAGE.
- Klefsjö, U., Kantzer, A. K., Gillberg, C., & Billstedt, E. (2021). The road to diagnosis and treatment in girls and boys with ADHD - gender differences in the

diagnostic process. *Nordic Journal of Psychiatry*, 75(4), 301–305.

<https://doi.org/10.1080/08039488.2020.1850859>

Lange, K. W., Reichl, S., Lange, K. M., Tucha, L., & Tucha, O. (2010). The history of attention deficit hyperactivity disorder. *ADHD Attention Deficit and Hyperactivity Disorders*, 2(4), 241–255. <https://doi.org/10.1007/s12402-010-0045-8>

Lather, P. (1991). *Getting Smart: Feminist Research and Pedagogy within/in the Postmodern*. Routledge. <https://doi.org/10.4324/9780203451311>

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science : IS*, 5, 69. <https://doi.org/10.1186/1748-5908-5-69>

Lewis-Beck, S. M., Bryman, A., & Liao, T. F. (2004). Structured Interview. In *The SAGE Encyclopedia of Social Science Research Methods* (pp. 1095–1096). Sage Publications, Inc. <https://doi.org/10.4135/9781412950589>

Lewis, K., Hamilton, L. G., & Vincent, J. (2024). Exploring the experiences of autistic pupils through creative research methods: Reflections on a participatory approach. *Infant and Child Development*, 33(3), e2467. <https://doi.org/10.1002/icd.2467>

Lynch, A., & Davison, K. (2024). Gendered expectations on the recognition of ADHD in young women and educational implications. *Irish Educational Studies*, 43(1), 61–81. <https://doi.org/10.1080/03323315.2022.2032264>

Magaldi, D., & Berler, M. (2020). Semi-structured Interviews. In V. Zeigler-Hill & T. K. Shackelford (Eds), *Encyclopedia of Personality and Individual Differences* (pp. 4825–4830). Springer International Publishing. https://doi.org/10.1007/978-3-319-24612-3_857

- Mak, S., & Thomas, A. (2022). Steps for Conducting a Scoping Review. *Journal of Graduate Medical Education*, 14(5), 565–567. <https://doi.org/10.4300/JGME-D-22-00621.1>
- Malterud, K., Siersma, V., & Guassora, A. D. (2016). Sample Size in Qualitative Interview Studies. *Qualitative Health Research*, 26, 1753–1760. <https://doi.org/10.1177/1049732315617444>
- Manago, B., Davis, J. L., & Goar, C. (2017). Discourse in Action: Parents' use of medical and social models to resist disability stigma. *Social Science & Medicine*, 184, 169–177. <https://doi.org/10.1016/j.socscimed.2017.05.015>
- Mansfield, E. M. G., & Soni, A. (2024). 'I have it, so I understand it, I feel it': The secondary school experiences of adolescent females with ADHD in England. *Journal of Research in Special Educational Needs*, 24(3), 681–695. (2024-67603-001). <https://doi.org/10.1111/1471-3802.12660>
- Mansfield, E. M. G., & Soni, A. (2024). 'I have it, so I understand it, I feel it': The secondary school experiences of adolescent females with ADHD in England. *Journal of Research in Special Educational Needs*, 24(3), 681–695. <https://doi.org/10.1111/1471-3802.12660>
- Martel, M., Nikolas, M., & Nigg, J. T. (2007). Executive Function in Adolescents With ADHD. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(11), 1437–1444. <https://doi.org/10.1097/chi.0b013e31814cf953>
- Martin, A. F., Rubin, G. J., Rogers, M. B., Wessely, S., Greenberg, N., Hall, C. E., Pitt, A., Logan, P. E., Lucas, R., & Brooks, S. K. (2025). The changing prevalence of ADHD? A systematic review. *Journal of Affective Disorders*, 388, 119427. <https://doi.org/10.1016/j.jad.2025.119427>

- Martínez, L., Prada, E., Satler, C., Tavares, M. C. H., & Tomaz, C. (2016). Executive Dysfunctions: The Role in Attention Deficit Hyperactivity and Post-traumatic Stress Neuropsychiatric Disorders. *Frontiers in Psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.01230>
- May, F., Ford, T., Janssens, A., Newlove-Delgado, T., Emma Russell, A., Salim, J., Ukoumunne, O. C., & Hayes, R. (2021). Attainment, attendance, and school difficulties in UK primary schoolchildren with probable ADHD. *The British Journal of Educational Psychology*, 91(1), 442–462. <https://doi.org/10.1111/bjep.12375>
- McAdams, D. P. (2011). Narrative Identity. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds), *Handbook of Identity Theory and Research* (pp. 99–115). Springer. https://doi.org/10.1007/978-1-4419-7988-9_5
- McKechnie, D. G. J., O’Nions, E., Dunsmuir, S., & Petersen, I. (2023). Attention-deficit hyperactivity disorder diagnoses and prescriptions in UK primary care, 2000–2018: Population-based cohort study. *BJPsych Open*, 9(4), e121. <https://doi.org/10.1192/bjo.2023.512>
- Mead, G. H. (1925). The Genesis of the Self and Social Control. *International Journal of Ethics*.
- Miller, D., Rees, J., & Pearson, A. (2021). “Masking Is Life”: Experiences of Masking in Autistic and Nonautistic Adults. *Autism in Adulthood: Challenges and Management*, 3(4), 330–338. <https://doi.org/10.1089/aut.2020.0083>
- Miller, D., Rees, J., & Pearson, A. (2021). “Masking Is Life”: Experiences of Masking in Autistic and Nonautistic Adults. *Autism in Adulthood*, 3(4), 330–338. <https://doi.org/10.1089/aut.2020.0083>

- Mohangi, K., & Archer, K. (2015). Mothers' reflections on the role of the educational psychologist in supporting their children with attention deficit hyperactivity disorder. *South African Journal of Education*, 35(1).
<https://doi.org/10.15700/201503070010>
- Moon, K., & Blackman, D. (2014). A Guide to Understanding Social Science Research for Natural Scientists. *Conservation Biology*, 28(5), 1167–1177.
<https://doi.org/10.1111/cobi.12326>
- Morgan, J. (2023). Exploring women's experiences of diagnosis of ADHD in adulthood: A qualitative study. *Advances in Mental Health*, 0(0), 1–15.
<https://doi.org/10.1080/18387357.2023.2268756>
- Morley, E., & Tyrrell, A. (2023). Exploring Female Students' Experiences of ADHD and its Impact on Social, Academic, and Psychological Functioning. *Journal of Attention Disorders*, 27(10), 1129–1155.
<https://doi.org/10.1177/10870547231168432>
- Morrison, B., Blood, P., & Thorsborne, M. (2005). Practicing Restorative Justice in School Communities: Addressing the Challenge of Culture Change. *Public Organization Review*, 5(4), 335–357. <https://doi.org/10.1007/s11115-005-5095-6>
- Munn, A. (2024). The Normal and the Neurodivergent: Moving Past the Pathology Paradigm. *Kennedy Institute of Ethics Journal*, 34(2), 255–282.
- Musullulu, H. (2025). Evaluating attention deficit and hyperactivity disorder (ADHD): A review of current methods and issues. *Frontiers in Psychology*, 16.
<https://doi.org/10.3389/fpsyg.2025.1466088>

- Mylett, M. L., Boucher, T. Q., & Iarocci, G. (2026). "I wish I could just be myself": Experiences of social camouflaging in adults with ADHD. *Research in Neurodiversity*, 2, 100018. <https://doi.org/10.1016/j.rin.2026.100018>
- NCSE. (2024). *Classroom Sensory Screening Tool*. National Council for Special Education.
- Newson, E., Maréchal, K. L., & David, C. (2003). *Pathological demand avoidance syndrome: A necessary distinction within the pervasive developmental disorders*. <https://doi.org/10.1136/adc.88.7.595>
- NHS. (2018, August 14). *Your choices in the NHS*. <https://www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/>
- NHS. (2025a). *ADHD Management Information—August 2025*. NHS England Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/mi-adhd/august-2025>
- NHS. (2025b, March 27). *About methylphenidate for adults*. Nhs.Uk. <https://www.nhs.uk/medicines/methylphenidate-adults/about-methylphenidate-for-adults/>
- NICE. (2018, March 14). *Recommendations | Attention deficit hyperactivity disorder: Diagnosis and management | Guidance | NICE*. NICE. <https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#medication>
- NICE. (2025). *Prevalence | Background information | Attention deficit hyperactivity disorder | CKS | NICE*. <https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/background-information/prevalence/>

- Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher*, 45(3), 241–251. <https://doi.org/10.1080/0142159X.2022.2057287>
- O’Nions, E., Gould, J., Christie, P., Gillberg, C., Viding, E., & Happé, F. (2016). Identifying features of ‘pathological demand avoidance’ using the Diagnostic Interview for Social and Communication Disorders (DISCO). *European Child & Adolescent Psychiatry*, 25, 407–419. <https://doi.org/10.1007/s00787-015-0740-2>
- Oroian B.A., Costandache, G, Popescu, E, Nechita, P., & Szalontay, A. (2024). Comparative analysis of self-stimulatory behaviors in ASD and ADHD - ProQuest. *European Psychiatry*, 67(1).
<https://doi.org/DOI:10.1192/j.eurpsy.2024.471>
- Osianlis, E., Thomas, E. H. X., Jenkins, L. M., & Gurvich, C. (2025). ADHD and Sex Hormones in Females: A Systematic Review. *Journal of Attention Disorders*, 29(9), 706–723. <https://doi.org/10.1177/10870547251332319>
- Pellicano, E., & den Houting, J. (2022). Annual Research Review: Shifting from ‘normal science’ to neurodiversity in autism science. *Journal of Child Psychology and Psychiatry*, 63(4), 381–396.
<https://doi.org/10.1111/jcpp.13534>
- Perinetti Casoni, V., & Barg, K. (2026). Student Socioeconomic Status and Teacher-Student Perceptual Discrepancies of School Effort and Enjoyment. *The British Journal of Sociology*, 77(1), 52–73. <https://doi.org/10.1111/1468-4446.70035>
- Peters, M. D. J., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *International*

Journal of Evidence-Based Healthcare, 13(3), 141–146.

<https://doi.org/10.1097/XEB.0000000000000050>

Peters, M. D. J., Godfrey, C., McInerney, P., Khalil, H., Larsen, P., Marnie, C., Pollock, D., Tricco, A. C., & Munn, Z. (2022). Best practice guidance and reporting items for the development of scoping review protocols. *JBIM Evidence Synthesis*, 20(4), 953. <https://doi.org/10.11124/JBIES-21-00242>

Peters, M. D. J., Marnie, C., Colquhoun, H., Garritty, C. M., Hempel, S., Horsley, T., Langlois, E. V., Lillie, E., O'Brien, K. K., Tunçalp, Özge, Wilson, M. G., Zarin, W., & Tricco, A. C. (2021). Scoping reviews: Reinforcing and advancing the methodology and application. *Systematic Reviews*, 10(1), 263. <https://doi.org/10.1186/s13643-021-01821-3>

Quinn, P. O., & Madhoo, M. (2014). A Review of Attention-Deficit/Hyperactivity Disorder in Women and Girls: Uncovering This Hidden Diagnosis. *The Primary Care Companion for CNS Disorders*, 16(3), PCC.13r01596. <https://doi.org/10.4088/PCC.13r01596>

Quinn, P. O., & Madhoo, M. (2014). A Review of Attention-Deficit/Hyperactivity Disorder in Women and Girls: Uncovering This Hidden Diagnosis. *The Primary Care Companion for CNS Disorders*, 16(3). <https://doi.org/10.4088/PCC.13r01596>

Quintero, J., Rodríguez-Quiroga, A., Medina, J., Galvez-Fernandez, M., Nuevo, J., Ruiz, C., Sánchez, E., Alonso, V., & Pérez Domínguez, A. (2025). A survey of knowledge and perceptions of ADHD and autism spectrum disorder in the workplace at a large corporation. *Scientific Reports*, 15(1), 34424. <https://doi.org/10.1038/s41598-025-17470-8>

- Raymaker, D. M., Teo, A. R., Steckler, N. A., Lentz, B., Scharer, M., Delos Santos, A., Kapp, S. K., Hunter, M., Joyce, A., & Nicolaidis, C. (2020). "Having All of Your Internal Resources Exhausted Beyond Measure and Being Left with No Clean-Up Crew": Defining Autistic Burnout. *Autism in Adulthood*, 2(2), 132–143. <https://doi.org/10.1089/aut.2019.0079>
- Robson, C., & McCartan, K. (2016). *Real World Research*. John Wiley & Sons, Incorporated. <http://ebookcentral.proquest.com/lib/universityofessex-ebooks/detail.action?docID=6488354>
- Rose, J., & Gilbert, L. (2017). Attachment Aware schools. In *Attachment and emotional development in the classroom. Theory and practice edited by David Colley and Paul Cooper*. Jessica Kingsley Publishers. (tavi.41529). <https://research.ebsco.com/linkprocessor/plink?id=2123cdf4-6771-3199-b141-00b40603845f>
- Rowney-Smith, A., Sutton, B., Quadt, L., & Eccles, J. A. (2026). The lived experience of rejection sensitivity in ADHD - A qualitative exploration. *PLOS ONE*, 21(1), e0314669. <https://doi.org/10.1371/journal.pone.0314669>
- Rushton, S., Giallo, R., & Efron, D. (2020). ADHD and emotional engagement with school in the primary years: Investigating the role of student–teacher relationships. *British Journal of Educational Psychology*, 90(S1), 193–209. <https://doi.org/10.1111/bjep.12316>
- Russell, A. E., Benham-Clarke, S., Ford, T., Eke, H., Price, A., Mitchell, S., Newlove-Delgado, T., Moore, D., & Janssens, A. (2023). Educational experiences of young people with ADHD in the UK: Secondary analysis of qualitative data from the CATCh-uS mixed-methods study. *British Journal of Educational Psychology*, 93(4), 941–959. <https://doi.org/10.1111/bjep.12613>

- Ryan, R. M., & Deci, E. L. (2000). Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being. *American Psychologist*, 55(1), 68–78. <https://doi.org/10.1037/110003-066X.55.1.68>
- Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health*, 18(2), 179–183. <https://doi.org/10.1002/nur.4770180211>
- Sandland, B. (2025). Neurodivergent Experiences of Rejection Sensitive Dysphoria Expose the Environmental Factors too Often Overlooked. *Neurodiversity*, 3, 27546330251394516. <https://doi.org/10.1177/27546330251394516>
- Sanwo, O., & Huzair, H. (2022). What's new in attention-deficit/hyperactivity disorder: Updates on assessment and management. *Paediatrics and Child Health*, 32(8), 282–289. <https://doi.org/10.1016/j.paed.2022.05.002>
- Schäfer, T., & Kraneburg, T. (2015). The Kind Nature Behind the Unsocial Semblance: ADHD and Justice Sensitivity—A Pilot Study. *Journal of Attention Disorders*, 19(8), 715–727. <https://doi.org/10.1177/1087054712466914>
- Schwarz, N., Sudman, S., Brewer, W., Herrmann, D., Back, K., Ross, M., Buehler, R., Banaji, M., Hardin, C., Salovey, P., Sieber, W., Jobe, J., Willis, G., Means, B., Swan, G., Esposito, J., Smith, A., Schaeffer, N., Menon, G., & Gaidys, V. (1994). *Autobiographical Memory and the Validity of Retrospective Self-Reports*.
- Seligman, M. E. P. (2011). *Flourish: A Visionary New Understanding of Happiness and Well-being*. Simon and Schuster.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, Positive Psychology*, 55(1), 5–14. (2000-13324-001). <https://doi.org/10.1037/0003-066X.55.1.5>

- Shean, M., & Mander, D. (2020). Building Emotional Safety for Students in School Environments: Challenges and Opportunities. In R. Midford, G. Nutton, B. Hyndman, & S. Silburn (Eds), *Health and Education Interdependence: Thriving from Birth to Adulthood* (pp. 225–248). Springer.
https://doi.org/10.1007/978-981-15-3959-6_12
- Skogli, E. W., Teicher, M. H., Andersen, P. N., Hovik, K. T., & Øie, M. (2013). ADHD in girls and boys – gender differences in co-existing symptoms and executive function measures. *BMC Psychiatry*, 13, 298. <https://doi.org/10.1186/1471-244X-13-298>
- Snelgrove, R., & Havitz, M. E. (2010). Looking Back in Time: The Pitfalls and Potential of Retrospective Methods in Leisure Studies. *Leisure Sciences*, 32(4), 337–351. <https://doi.org/10.1080/01490400.2010.488199>
- Song, D. (2022). Retrospective Study. In *Sage Encyclopedia of Research Design* (2nd edn, Vol. 4, pp. 1433–1434). SAGE Publications.
<https://doi.org/10.4135/9781071812082.n531>
- Sonuga-Barke, E. J. S. (2023). Paradigm ‘flipping’ to reinvigorate translational science: Outlining a neurodevelopmental science framework from a ‘neurodiversity’ perspective. *Journal of Child Psychology and Psychiatry*, 64(10), 1405–1408. <https://doi.org/10.1111/jcpp.13886>
- Spender, K., Chen, Y.-W. R., Wilkes-Gillan, S., Parsons, L., Cantrill, A., Simon, M., Garcia, A., & Cordier, R. (2023). The friendships of children and youth with attention-deficit hyperactivity disorder: A systematic review. *PLOS ONE*, 18(8), e0289539. <https://doi.org/10.1371/journal.pone.0289539>
- Spiers, J., & A. Smith, J. (2019). *Interpretative Phenomenological Analysis*. SAGE Publications Ltd. <https://doi.org/10.4135/9781526421036813346>

- Staff, A. I., Oosterlaan, J., van der Oord, S., van den Hoofdakker, B. J., & Luman, M. (2023). The Relation Between Classroom Setting and ADHD Behavior in Children With ADHD Compared to Typically Developing Peers. *Journal of Attention Disorders*, 27(9), 939–950.
<https://doi.org/10.1177/10870547231167522>
- Stenner, P., O'Dell, L., & Davies, A. (2019). Adult women and ADHD: On the temporal dimensions of ADHD identities. *Journal for the Theory of Social Behaviour*, 49(2), 179–197. <https://doi.org/10.1111/jtsb.12198>
- Stiebahl, S. (2026). *FAQ: ADHD statistics (England)*.
<https://commonslibrary.parliament.uk/research-briefings/cbp-10551/>
- Still, G. F. (1902). The Goulstonian Lectures ON SOME ABNORMAL PSYCHICAL CONDITIONS IN CHILDREN. *The Lancet, Originally Published as Volume 1, Issue 4104*, 159(4104), 1163–1168. [https://doi.org/10.1016/S0140-6736\(01\)74901-X](https://doi.org/10.1016/S0140-6736(01)74901-X)
- Stutchbury, K. (2022). Critical realism: An explanatory framework for small-scale qualitative studies or an 'unhelpful edifice'? *International Journal of Research & Method in Education*, 45(2).
<https://doi.org/https://doi.org/10.1080/1743727X.2021.1966623>
- Sweller, J. (1988). Cognitive Load During Problem Solving: Effects on Learning. *Cognitive Science*, 12(2), 257–285.
https://doi.org/10.1207/s15516709cog1202_4
- Tajfel, H., & Turner, J. C. (1979). Social comparison and group interest in ingroup favouritism. *European Journal of Social Psychology*, 9(2), 187–204.
<https://doi.org/10.1002/ejsp.2420090207>

Tajik, O., Noor, S., & Golzar, J. (2024). Purposive Sampling. *International Journal of Education and Language Studies*.

<https://doi.org/10.22034/ijels.2025.490681.1029>

Tamm, L., Loren, R. E. A., Peugh, J., & Ciesielski, H. A. (2021). The Association of Executive Functioning With Academic, Behavior, and Social Performance Ratings in Children With ADHD. *Journal of Learning Disabilities*, 54(2), 124–138. <https://doi.org/10.1177/0022219420961338>

Taneja Johansson, S. (2021). Looking back on compulsory school: Narratives of young adults with ADHD in Sweden. *Emotional and Behavioural Difficulties*, 26(2), 163–175. <https://doi.org/10.1080/13632752.2021.1930904>

Tavistock and Portman NHS Trust. (2025, May). *Information governance, data protection and confidentiality policy – Tavistock and Portman*.

<https://tavistockandportman.nhs.uk/publications/data-protection-policy/>

Thapar, A., Bailey, C., Choudhury, J., Clement, L., Crook, T., Fraser, K., Guldberg, K., Harris, D., James, A., D'Souza, R., Ansari, L., & Stein, T. (2025a). *Report of the independent ADHD Taskforce: Part 1* [NHS Task Force].

<https://www.england.nhs.uk/wp-content/uploads/2025/06/PRN02031-interim-report-of-the-independent-adhd-taskforce-part-1.pdf>

Thapar, A., Bailey, C., Choudhury, J., Clement, L., Crook, T., Fraser, K., Guldberg, K., Harris, D., James, A., D'Souza, R., Ansari, L., & Stein, T. (2025b). *Report of the independent ADHD Taskforce: Part 2* [NHS Task Force].

<https://www.england.nhs.uk/wp-content/uploads/2025/06/PRN02228-report-of-the-independent-task-adhd-taskforce-part-2.pdf>

The National Child Traumatic Stress Network. (2016). *Is It ADHD or Child Traumatic Stress? A Guide for Clinicians*.

https://www.pacesconnection.com/g/Parenting-with-ACEs/fileSendAction/fcType/5/fcOid/521213030407948020/fodoid/521213030407948014/Is%20It%20ADHD%20or%20Child%20Traumatic%20Stress%20_%20A%20Guide%20for%20Clinicians%20_%20August%202016%20_%20NCTSN.pdf

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1), 45. <https://doi.org/10.1186/1471-2288-8-45>

Thompson, M., Wilkinson, L., & Hyeyoung Woo. (2021). Social Characteristics as Predictors of ADHD Labeling across the Life Course. *Society and Mental Health*, 11(2). <https://doi.org/https://doi.org/10.1177/2156869320916535>

Trauma Research UK. (2026). *The Fight or Flight Response*.

<https://traumaresearchuk.org/the-fight-or-flight-response/>

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>

Van Den Broeck, A., Vansteenkiste, M., De Witte, H., Soenens, B., & Lens, W. (2010). Capturing autonomy, competence, and relatedness at work: Construction and initial validation of the Work-related Basic Need Satisfaction scale. *Journal of Occupational and Organizational Psychology*, 83(4), 981–1002. <https://doi.org/10.1348/096317909X481382>

- Verschueren, K., & Koomen, H. M. Y. (2012). Teacher–child relationships from an attachment perspective. *Attachment & Human Development*, 14(3), 205–211. <https://doi.org/10.1080/14616734.2012.672260>
- Visser, M. J., Peters, R. M., & Luman, M. (2024). Understanding ADHD-related stigma: A gender analysis of young adult and key stakeholder perspectives. *Neurodiversity*, 2, 27546330241274664. <https://doi.org/10.1177/27546330241274664>
- Waite, R., & Ramsay, J. R. (2010). Adults with ADHD: Who Are We Missing? *Issues in Mental Health Nursing*, 31(10), 670–678. <https://doi.org/10.3109/01612840.2010.496137>
- Wakelin, K. J., McAra-Couper, J., & Fleming, T. (2024). Using an Online Platform for Conducting Face-To-Face Interviews. *International Journal of Qualitative Methods*, 23, 16094069241234183. <https://doi.org/10.1177/16094069241234183>
- Wiener, J., & Daniels, L. (2016). School Experiences of Adolescents With Attention-Deficit/Hyperactivity Disorder. *Journal of Learning Disabilities*, 49(6), 567–581. <https://doi.org/10.1177/0022219415576973>
- Williams, O. C., Prasad, S., McCrary, A., Jordan, E., Sachdeva, V., Deva, S., Kumar, H., Mehta, J., Neupane, P., & Gupta, A. (2023). Adult attention deficit hyperactivity disorder: A comprehensive review. *Annals of Medicine and Surgery*, 85(5), 1802–1810. <https://doi.org/10.1097/MS9.0000000000000631>
- Wohlin, C., Kalinowski, M., Romero Felizardo, K., & Mendes, E. (2022). Successful combination of database search and snowballing for identification of primary studies in systematic literature studies. *Information and Software Technology*, 147, 106908. <https://doi.org/10.1016/j.infsof.2022.106908>

Yardley, L. (2000). Dilemmas in qualitative research. *Psychology & Health - PSYCHOL HEALTH*, 15, 215–228.

<https://doi.org/10.1080/08870440008400302>

Young, S., Adamo, N., Ásgeirsdóttir, B. B., Branney, P., Beckett, M., Colley, W., Cubbin, S., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Hollingdale, J., Kilic, O., Lloyd, T., Mason, P., Paliokosta, E., Perecherla, S., Sedgwick, J., Skirrow, C., ... Woodhouse, E. (2020). Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/ hyperactivity disorder in girls and women. *BMC Psychiatry*, 20(1), 404. <https://doi.org/10.1186/s12888-020-02707-9>

Young, S., Asherson, P., Lloyd, T., Absoud, M., Arif, M., Colley, W. A., Cortese, S., Cubbin, S., Doyle, N., Morua, S. D., Ferreira-Lay, P., Gudjonsson, G., Ivens, V., Jarvis, C., Lewis, A., Mason, P., Newlove-Delgado, T., Pitts, M., Read, H., ... Skirrow, C. (2021). Failure of Healthcare Provision for Attention-Deficit/Hyperactivity Disorder in the United Kingdom: A Consensus Statement. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.649399>

Young, S., Hollingdale, J., Absoud, M., Bolton, P., Branney, P., Colley, W., Craze, E., Dave, M., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Liang, H., Murphy, C., Mackintosh, P., Murin, M., O'Regan, F., Ougrin, D., Rios, P., ... Woodhouse, E. (2020). Guidance for identification and treatment of individuals with attention deficit/hyperactivity disorder and autism spectrum disorder based upon expert consensus. *BMC Medicine*, 18(1), 146. <https://doi.org/10.1186/s12916-020-01585-y>

Young, Z., Tickle, A., Gillott, A., & Groom, M. (2019). *Psychological impact of an adult ADHD diagnosis: 'A blessing and a curse?'* ResearchGate.

<https://doi.org/10.13140/RG.2.2.36110.72006>

Yücel, A. (2023). Online News Media Portrayal of ADHD on the Websites of BBC and CNN International during the COVID-19 Pandemic. *Perspectives in Psychiatric Care*, 2023(1), 4338593. <https://doi.org/10.1155/2023/4338593>

Appendices

Appendix A: DSM-5 Diagnostic Criteria for ADHD

Diagnostic Criteria

- A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):
 1. **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

 - a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
 - b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
 - c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
 - d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
 - e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
 - f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
 - g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
 - h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
 - i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).
 2. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is

inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

- a. Often fidgets with or taps hands or feet or squirms in seat.
 - b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
 - c. Often runs about or climbs in situations where it is inappropriate. (**Note:** In adolescents or adults, may be limited to feeling restless.)
 - d. Often unable to play or engage in leisure activities quietly.
 - e. Is often “on the go,” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
 - f. Often talks excessively.
 - g. Often blurts out an answer before a question has been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).
 - h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
 - i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people’s things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).
- B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.
- C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
- D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Specify whether:

314.01 F90.2 Combined presentation: If both Criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) are met for the past 6 months.

314.00 F90.0 Predominantly inattentive presentation: If Criterion A1 (inattention) is met but Criterion A2 (hyperactivity-impulsivity) is not met for the past 6 months.

314.01 F90.1 Predominantly hyperactive/impulsive presentation: If Criterion A2 (hyperactivity-impulsivity) is met and Criterion A1 (inattention) is not met for the past 6 months.

Specify if:

In partial remission: When full criteria were previously met, fewer than the full criteria have been met for the past 6 months, and the symptoms still result in impairment in social, academic, or occupational functioning.

Specify current severity:

Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.

Moderate: Symptoms or functional impairment between “mild” and “severe” are present.

Severe: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning

[illegible]

Appendix C: Studies Included in the Literature review

Author/Year	Title	Research Focus/Aim	Location	Participants	Research Method/Approach	Key Findings
Morley & Tyrrell (2023)	Exploring Female Students' Experiences of ADHD and its Impact on Social, Academic, and Psychological Functioning	The personal experiences of adult, female university students with ADHD and the impact of these experiences on their social, academic and psychological functioning	Nottingham, UK	8 women aged 22-53 with formal diagnosis of ADHD in adulthood.	Qualitative research using semi-structured interviews, analysed using thematic analysis	• Outlines what ADHD is, ratio between boys and girls, more women receive diagnosis in adulthood. • Potential explanation for gender difference = difference in symptoms, research bias to men, comorbidities cloud diagnosis • Women's experiences of stigmatization before getting a diagnosis and following diagnosis • Exploration of their experiences within education currently "e.g., you are doing a degree you can't have ADHD" • Impact on self-esteem • Experiences that the disorder is not taken seriously when talking about females
Young et al (2020)	Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-	The aim of the consensus is to provide better understanding of females with ADHD in order to improve recognition and referral and to create practical guidance for professionals	UK	The UK ADHD partnership hosted a meeting of experts. Experts included: healthcare specialists, academic, educational	Qualitative - Synthesis of consensus report	• ADHD symptoms – greater prevalence in combined type ADHD, symptom severity may be lower in females, pervasive symptoms, exacerbation at hormonal times, gender bias, vulnerable to bullying, sexually active earlier, internalising symptoms, compensatory behaviour • Triggers for referral – vulnerabilities at times of transition, difficulties maintaining friendships • Assessment – rigidity of rating scales may result in false negative → further explanations on how the clinical interview is conducted

	deficit/ hyperactivity disorder in girls and women			and occupational experts as well as service users and ADHD charity workers		• Treatment of ADHD with medication and non-pharmacological behavioural interventions → different interventions for different age spans • Educational considerations – those with specific learning difficulties should be screened for ADHD
Mansfield & Soni (2024)	'I Have It, so I Understand It, I Feel It': The Secondary School Experiences of Adolescent Females with ADHD in England	To place the voices of people with ADHD at the centre, understand the lived experiences of female-only sample of adolescent with ADHD	Birmingham, UK	5 girls aged 13-14.	Unstructured interviews analysed using Interpretative Phenomenological analysis (IPA)	• Reported challenges in education due to EF differences and sensory seeking behaviour • ADHD label impact's identity and self-understanding – 'ripple effect' • Societal pressures impact a student's ADHD experience in schools • Feeling embarrassed and ashamed • Academic disadvantage • ADHD one of the most talked-about health topics on Tik Tok • Themes: EF impairments, impact of sensory difference on self-control, use of sanctions, understanding identity • Learning about ADHD has been the key to acceptance
Russell et al (2023)	Educational experiences of young people with ADHD in the UK: Secondary	The aim is to better understand the educational experiences of young people with ADHD in the UK and	Exeter, UK	64 young people (20 females and 44 males) and 28 parents.	Qualitative research – secondary analysis of data related to the experiences of 64 young people	• Talks about the influence of ecological systems theory. • Educational practitioners' views of ADHD influence the support offered to YP • Teachers feel they have a lack of understanding of ADHD

	analysis of qualitative data from the CATCh-uS mixed-methods study	make reasonable actionable recommendations for schools			with ADHD and 28 parents who participated in the Child and Adolescent with ADHD in transition between children and adult services (CATCh-us). Data was analysed using thematic analysis.	• Problematic provision loop – noticing difference, mismatch between YP needs and mainstream provision and impacts on YP due to ADHD in school context • Progression out of problematic provision loop – change of school, fit between new provision and YP, impact of time on improving educational experiences, leveraging strengths and interests • Experiences of bounding between medical professionals • Punitive measures taken • Mental health problems associated with ADHD • Some experiences positive support
Young et al (2019)	Psychological impact of an adult ADHD diagnosis: “A blessing and a curse?”	The aim of this study was to explore the psychological impact of receiving a diagnosis of ADHD in adulthood.	Nottingham, UK	12 adults (seven male, five females) aged 18-54	Qualitative research, semi structured interviews analysed using thematic analysis.	• More recognition that ADHD symptoms continue into adulthood and the impact that this may have e.g., substance misuse, divorce rates higher, frequent job changes • Themes – looking back (different, relief/regret and reframing, looking inwards (with acceptance) and looking outwards (labelling, stigma, social comparison) • Descriptions of “stupid” before diagnosis • Changes vs unchanged following diagnosis – accepting of a new identity
Morgan (2023)	Exploring women’s experiences of diagnosis of ADHD in	To fill the gap within research and document the lived experiences of women with a	London, UK	52 female participants age 19-54	Narrative qualitative interview analysed using coding (Charmaz, 2014)	• Six main themes: ADHD as a possibility – previously diagnosed with MH, prompted by children’s diagnoses • Seeking ADHD referral – feeling disregarded by GPs, blocked pathways

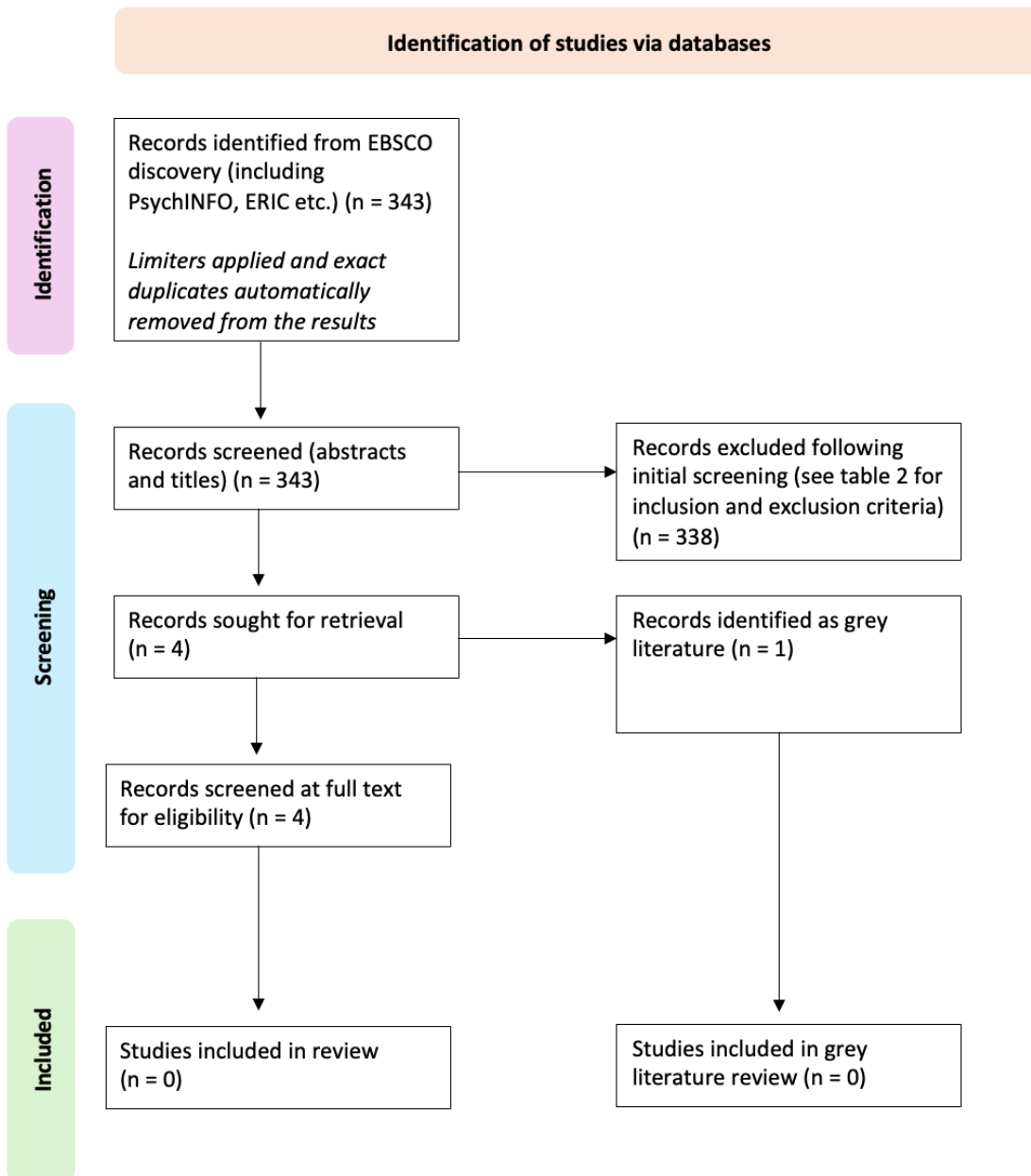
	adulthood: a qualitative study	diagnosis of ADHD in childhood.				• Impact of ADHD diagnosis - some felt empowered and validated but others in denial • Trauma associated with late diagnosis – sadness about childhood, difficulties with parent relationships, quote about schooling but simply stated “depressed and anxious during the whole of secondary school”. • Medical, MH and psychological support after - lacking • “Why was it not picked up earlier”
Keys et al (2025)	“You are all on motorbikes and I’m on a bicycle”: exploring the retrospective school experiences of females with ADHD through a systemic lens	This research aims to explore the school experiences of females with ADHD. Aims to fill the gap of the emerging picture of how females with ADHD perceive their compulsory schooling with current research stating that there is lack of professional knowledge and lack of informed support.	Belfast, Northern Ireland	Women aged 18-30 with a formal diagnosis of ADHD	Qualitative research using semi structured interviews and Visual research methods (drawings to aid discussion) as well as a diamond ranking exercise. Analysed using reflexive thematic analysis.	• Females with heightened impairment in educational, familial and peer relationship domains and school settings potentially exacerbate these difficulties • Systemic misunderstanding and lack of awareness • lack of identification for those that were diagnosed in adulthood • Feeling misunderstood leads to masking • Individualised teaching approaches • Reframing self-perception and difference (separation) • Decline of mental health in adolescence • Typical teaching approaches did not work
Lynch & Davison (2024)	Gendered expectations on the recognition of ADHD in	The aim of this research is to understand females experiences living	Dublin, Ireland	17 young women (ages 13–20 years) who	Qualitative research using semi-structured interviews and	• Impact of inattention in the classroom, struggles with EF • Socio-emotional difficulties e.g., bullying etc led to clinical experiences

	young women and educational implications	with ADHD as relevant to the education system.		were medically diagnosed with ADHD	online questionnaires. Analysis method is uncertain.	• Gendered cycle of ADHD recognition and diagnosis • Reference to the new model of inclusion in Irish schools → “viewed as a more equitable method of providing timelier support by allowing teachers and schools to respond to student needs as they arise, without requiring medical diagnosis. This move away from situating special education within the medical model is a positive step forward, as the model could make ‘teachers and other educational professionals feel inapt’”
Stenner et al (2019)	Adult women and ADHD: On the temporal dimensions of ADHD identities	Aims to provide a theoretically informed empirical understanding of the processual complexities of identity formation and change. The interest is in examining how women make sense of ADHD from their own perspective, but with particular attention to the situated temporal dynamics of identity change. A main	Buckinghamshire, UK	16 women with formal and self-diagnosis of ADHD.	Qualitative research using semi-structured interviews, analysed using thematic decomposition.	• ADHD as product of emergent event - light bulb moment • Transformation of the meaning of the ‘object’ called ADHD - ADHD as a social object → ‘dirty word’ or looked at ADHD in a new light • New identity of ADHD allowed individuals to reinvent themselves and reconstruct the past • Transformation of the subject: ADHD as pivotal to a new identity with newly irrevocable past - emergent event can be the becoming of a new identity • The deeply troubled nature of the old identity - self-consciousness, self-hatred, experiences of profound injustice, resentment, negative thinking • Giving oneself some slack by letting oneself off the hook - reconnection to a more accepting, proud and positive self-concept

		point of interest is thus in deepening knowledge of the temporal aspects of ADHD identities.				• With the benefit of hindsight - the misunderstanding of ADHD acts as an ingredient into their psychosocial formation e.g., may not have developed negative loop
Baig & Kahya (2025)	'I felt like a broken person': the experiences of women navigating a late ADHD diagnosis in the UK	Aim is to explore the experiences of women diagnosed with ADHD in adulthood in the UK.	London, UK	8 women, aged between 28 and 53, with an ADHD diagnosis in adulthood.	Non-probability purposive sampling was used to select participants. Qualitative research using semi-structured interviews, analysed using reflexive thematic analysis	• Women experienced lifelong low self-esteem and feelings of being "broken" • Professionals dismissed their distress and provided misdiagnoses (depression, anxiety, BPD) that led to ineffective treatments. • Learned about female ADHD through other women's stories online → had to self-advocate and provide evidence to convince GPs to refer them for assessment. • Feelings of validation and relief but also anger and grief → diagnosis enabling self-compassion and reframing of past experiences, though support was limited mainly to medication. • Diagnosis triggered identity renegotiation → ("Who am I?"), intersected with motherhood challenges and hormonal symptom changes → additional cultural stigma for South Asian women. • Systemic barriers: Long NHS waiting times, inconsistent regional support, stigma about adult ADHD validity → discrimination due to the condition's invisible nature

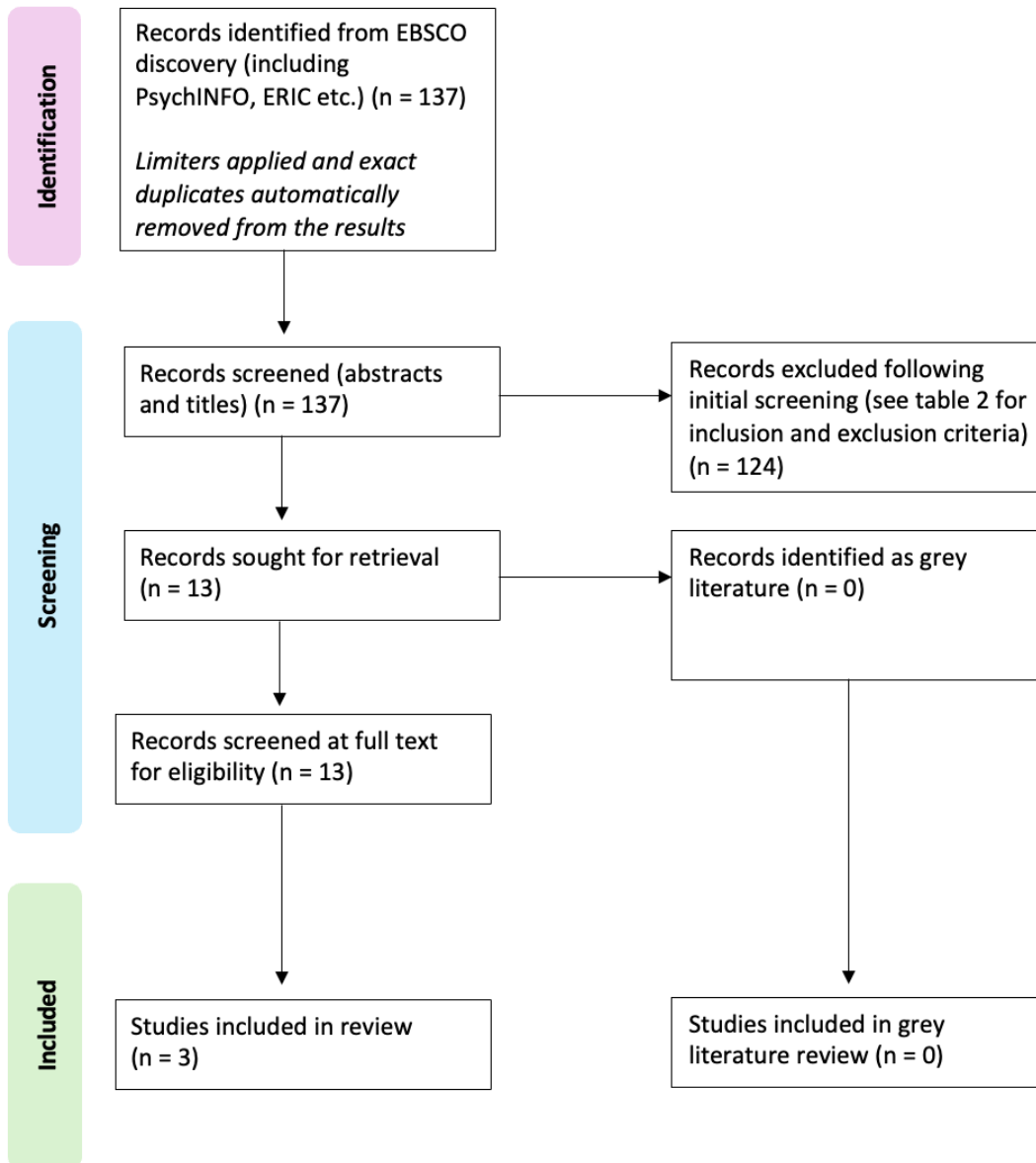
Appendix D: LRQ 1,2 and 3 PRISMA Flow Diagrams

LRQ 1: What does the literature say about females with ADHD?

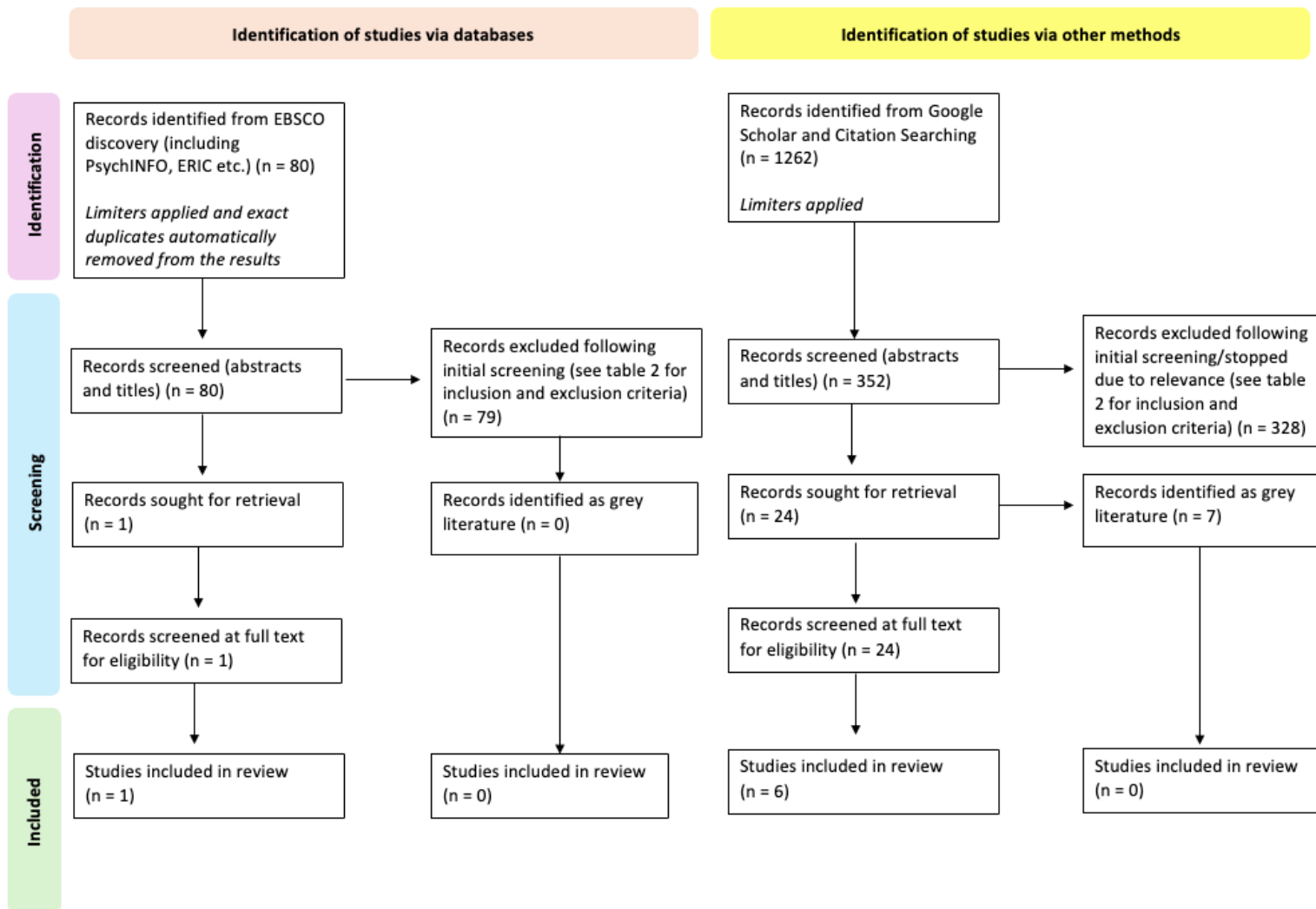


LRQ 2: What does the literature say about females with ADHD and their experiences of school?

Identification of studies via databases



LRQ 3: What does the literature say about females with a diagnosis of ADHD in adulthood?



Appendix E: Reflective Journal Extract 2**Extract 2: Reflections on the Literature Review Process**

Undertaking this literature review has been both illuminating and challenging. Even since the inception of this research, the volume of published work exploring the experiences of females with ADHD has grown. While this is genuinely encouraging, signalling that the voices of this long-overlooked population are increasingly being heard, this expansion prompted me to reflect on my own research. I questioned whether my study meaningfully fills a gap or whether it risks duplicating existing literature. This concern was felt most upon encountering Keys et al. (2025), whose retrospective exploration of school experiences closely parallels mine. Although initially disconcerting, critical appraisal clarified important distinctions, notably its lack of focus on women solely diagnosed in adulthood, which reinforced the rationale for my research on the retrospective experiences of women with an adulthood ADHD diagnosis. This experience shaped my selection process, driving careful scrutiny of each study to identify genuine gaps in the literature. Having synthesised the literature, I feel motivated to move into the interview phase of this research. The gaps identified feel meaningful, and I am eager to hear from participants whose voices remain underrepresented.

Appendix F: TREC Ethical Approval Letter

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699

<https://tavistockandportman.nhs.uk/>

Daniella Levy

By Email

20 March 2025

Dear Daniella,

Re: Trust Research Ethics Application

Title: *'Looking Back: A Retrospective Exploration of the School Experiences of Women Diagnosed with ADHD in Adulthood'*

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please be advised that any changes to the project design including modifications to methodology/data collection etc, must be referred to TREC for review.

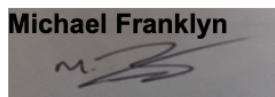
Failure to obtain prior approval for such changes may result in academic and/or research misconduct.

If you have any further questions or require any clarification, please do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Michael Franklyn


Academic Governance and Quality Officer

T: 020 938 2699

E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Research Lead

Appendix G: Research Recruitment Poster



The Tavistock and Portman
NHS Foundation Trust

LOOKING BACK: A RETROSPECTIVE EXPLORATION OF THE SCHOOL EXPERIENCES OF WOMEN DIAGNOSED WITH ADHD IN ADULthood



Hello! I am Daniella, a trainee Educational Psychologist at The Tavistock and Portman NHS Trust. I am conducting this research study for my doctorate in Child, Community and Educational Psychology.

WHAT IS THE AIM OF THIS RESEARCH?

The aim of this research study is to explore the impact of undiagnosed ADHD on females' school experiences. The purpose of this research is to empower women with ADHD to share their voice, while raising awareness of the unique presentations of ADHD in females to inform future professional practice and support.

WHO CAN TAKE PART IN THIS RESEARCH?



Women aged 18 to 25 who:

- Received a diagnosis of ADHD in adulthood (post-18)
- Attended secondary school in the United Kingdom.

WHAT WILL THIS RESEARCH INVOLVE?



You will be invited to complete a drawing (if you wish) that reflects your experiences of school followed by an hour online interview via Microsoft Teams.



If you would like to take part in this research or have any further questions, please don't hesitate to get in touch with Daniella.

 dlevy@tavi-port.nhs.uk

Appendix H: Reflective Journal Extract 3**Extract 3: Social Media Recruitment Challenges**

Having received ethical approval from TREC, I felt an immediate drive to begin recruitment. In retrospect, however, this eagerness to 'get going' quickly left me underprepared for the recruitment challenges ahead.

My initial recruitment attempts revealed a significant obstacle - many support groups for women with ADHD operate strict membership criteria, restricting access to researchers and those without an ADHD diagnosis. This was an unanticipated challenge, and brought my outsider positioning into sharp reality, both practically in gaining access and in the deeper sense of not sharing the lived experiences of the women I sought to research.

In the groups I did access, responses were limited, and any that did respond fell outside my recruitment criteria or did not respond at the follow-up stage. This was disheartening. I brought this to supervision, where I reflected on the experience and explored alternative recruitment routes, including approaching ADHD charities with established connections to this population. Whilst apprehensive about this shift in approach, my passion towards my research and commitment to providing women with a space to be heard remains the driving force to persist through these early challenges.

Appendix I: Reflective Journal Extract 4**Extract 4: Recruitment Success!**

After several weeks of communication, AHDUK have posted my research recruitment poster across all their social media platforms, and I have received so many enquiries and expressions of interest which is brilliant! After the difficulties with initial recruitment, I am shocked and overwhelmed by the number of women willing and keen to take part in my research. Several individuals who did not meet the inclusion criteria nonetheless expressed gratitude for the research, recognising it as an underexplored and much needed area of inquiry.

While it is heartwarming to know the research resonated within this community, I feel a growing sense of responsibility to do these women proud.

The enthusiasm demonstrated by participants has renewed my own motivation. I have arranged for the interviews to be conducted within the next two weeks as I would like to sustain this momentum as well as ensure continued participant engagement.

For an audio version of this information sheet, please double click here or email dlevy@tavi-port.nhs.uk

Appendix J: Information Sheet



Participant Information Sheet

Looking Back: A Retrospective Exploration of the School Experiences of Women Diagnosed with ADHD in Adulthood

Researcher: Daniella Levy
dlevy@tavi-port.nhs.uk

Research Supervisor: Sarah Sivers
ssivers@tavi-port.nhs.uk

What is the aim and purpose of this research?

I am a Year 3 Trainee Educational Psychologist studying on the M4 Doctorate in Child, Community and Educational Psychology at the Tavistock and Portman NHS Trust. As part of my course, I am required to conduct a piece of research. The aim of this research study is to explore the impact of undiagnosed ADHD on women's school experiences and how a 'late' diagnosis has shaped their retrospective perceptions. The purpose of this research is to: raise awareness of the unique presentations of ADHD in women, to inform the practice of educators, professionals and Educational Psychologists (EP), to promote early identification, to encourage a 'needs first' agenda for support and empower women to share their story and voices.

What are the participant requirements?

In order to take part in this research it is important to ensure you meet the following criteria:

- A woman aged 18-25
- Received an ADHD diagnosis in adulthood (post-18)
- Attended secondary school in the United Kingdom
- Able to speak and understand English
- Assigned female at birth (*This is not intended to be exclusory but rather because the aim of this research is to explore the unique ways in which ADHD manifests and is experienced by those born and socialised as female due to the distinct developmental, hormonal, social and gender-related factors*)

What is the research process?

1. You will be required to complete the consent form below and send this back to the researcher.
2. You will be offered the opportunity to complete a drawing prior to the interview, if you would like, to aid the conversation. This drawing will be whatever comes to mind when thinking about your experiences of school before your ADHD diagnosis. If you would like to complete a drawing, you can send the researcher a picture of your drawing via email prior to the interview.
3. Once consent has been gained, you will be sent 3 interview date/time 'slots' via email and you are required to select your preferred date/time.
4. A week before the interview is due to take place, you will be sent an invite to join a Microsoft Teams Video Meeting and a reminder that you may complete a drawing to support the discussion. All interviews are conducted online via the link sent to your email address.





5. The online interview will take approximately 1 hour. At the beginning of the interview, the researcher will go through the distress protocol to outline the steps the researcher will take if emotional distress/discomfort is experienced. Interview audio and video will be recorded, and Microsoft Teams transcription will be enabled.



6. Following the interview, you will be provided with an opportunity to discuss your experiences of the interview and ask any follow up questions. Once the interview has terminated, you will receive a debrief information sheet via email.



7. The information shared in the interview will then be transcribed, anonymised and you will be given a pseudonym to ensure your data remains confidential and anonymous. It is important to note that your participation is entirely voluntary, and you may withdraw your data at any point until anonymisation of data (3 weeks after the interview).



8. If you wish, you may request a written summary of your data or access to the full write up of the thesis.

What are the ethical considerations? *(Ethical approval granted by the Trust Research Ethics Committee on 20.03.25)*

While this research is not expected to involve any risks, aspects of the discussion may be that of a sensitive nature. As these discussions may be more emotive than those typically encountered in everyday conversations, there may be a risk of distress or emotional discomfort. You will be invited to reflect on and discuss past school experiences, which may bring up a range of emotions or memories — including some that may have been forgotten or not fully processed. Multiple precautionary measures have been put in place to safeguard you and ensure emotional safety and containment. The distress protocol that will be discussed at the beginning of the interview, will outline the steps the researcher will take if any distress arises.

How is my data stored?

Data generated in the course of the research will be retained in accordance with the Tavistock and Portman NHS Trust's Data Protection Policy and Privacy Policy ([Tavistock and Portman - Data Protection Policy](#)) ([Tavistock and Portman - Privacy Policy](#)). Data will be encrypted and anonymised with sole researcher access and stored for a maximum of 6-10 years.

Who do I contact for further information?

If you have any queries, questions or concerns prior to the interview, please don't hesitate to get in touch with Daniella (dlevy@tavi-port.nhs.uk).

If you have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, please contact Head of Academic Registry (academicquality@tavi-port.nhs.uk)

Thank you very much for taking the time to read this information and consider your participation — your contribution is invaluable. If you are happy to participate in this research project, please complete the consent form below.

For an audio version of this consent form,
please double click here or email
dlevy@tavi-port.nhs.uk

Appendix K: Consent Form



Consent form

Research Project Title: Looking Back: A Retrospective Exploration of the School Experiences of Women Diagnosed with ADHD in Adulthood

Researcher: Daniella Levy
dlevy@tavi-port.nhs.uk

Research Supervisor: Sarah Sivers
ssivers@tavi-port.nhs.uk

Please answer the following questions:

How old are you? _____

At what age did you receive your ADHD diagnosis? _____

Please tick the box that best describes your ethnic group (these options are in accordance with Census 2021 ethnic groups. You are not required to answer but the information provided helps to ensure the research includes a range of diverse perspectives)

☐ Prefer not to say

Asian or Asian British

- ☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background _____

Black, Black British, Caribbean or African

- ☐ Caribbean
☐ African
☐ Any other Black, Black British or Caribbean background _____

Mixed or multiple ethnic groups

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed or multiple ethnic background _____

White

- ☐ English, Welsh, Scottish, Northern Irish or British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Roma
☐ Any other White background _____

Other ethnic group

☐ Arab

☐ Any other ethnic group _____

Please read each statement and write 'yes' in the boxes below if you agree with them:

	Statement	Consent (Yes)
	I have read and understood the information sheet.	
	I have been given the chance to ask questions.	
	I understand that this research project is part of a doctorate degree, and findings will be written up as part of a thesis.	
	I understand that involvement in this project is voluntary, and I am able to withdraw my data until point of anonymisation (3 weeks after the interview).	
	I understand what this research is about and the procedures it will involve including the interview process, data analysis and ethical considerations.	
	I understand that my data will be anonymized using pseudonyms to maintain confidentiality, except in cases where the information shared indicates a risk of harm to myself or others. Only the researchers involved in this study will have access to my data.	
	I understand that my interview will be audio and visually recorded and transcribed.	
	I understand that any drawings completed as part of this project will be used in the write up of the research.	
	I understand how my data will be stored and for how long.	
		



I understand that I can terminate the interview at any point if I do not feel comfortable to continue.	
I understand the possibility of distress and am aware there is a distress protocol.	
I have been made aware of and provided links for the Tavistock and Portman NHS Trust data protection and privacy policy	

I hereby provide **full informed consent** for my participation in this research study.

Participant Name (BLOCK CAPITALS)

.....

Participant Signature

.....

Date

.....

Researcher name (BLOCK CAPITALS)

.....

Researcher Signature

.....

Thank you very much for taking part in this research study!

Appendix L: Participant Drawings

Note: these drawings are in addition to those presented in Chapter 4



Appendix M: Interview Schedule

Opening script: Hello, how are you today? Firstly, I just wanted to say a huge thank you for agreeing to take part in this research project. During our conversation we will be talking about your experiences of school. I am aware this may feel like quite some time ago, but any aspects of school life that you remember would be very helpful.

This interview is scheduled to be an hour long, but I want you to feel you have time to think and discuss your experiences, so please explore as much as you feel able to and we can extend the time as necessary.

Before we begin, I just wanted to let you know that this interview is being audio and video recorded and transcribed. We may move from one topic to another but please let me know if you would like to go back to a particular topic and delve in further.

Although this research is not intended to incorporate any risks, we may discuss things that may be sensitive, if you were to experience any distress, how would this manifest and what should I look out for? I want to ensure this is a comfortable experience, what can I do to ensure you feel comfortable in this space?

[For participants that chose to draw an image before the interview] You have drawn a picture of whatever came to mind when you thought about your experiences of school before your ADHD diagnosis. Would you like to talk about what you have drawn and why?

Proposed Semi-Structured Interview Questions	Potential follow-up prompts
Experiences of school	
Tell me about when did you first identified ADHD as an area of need?	How old were you when you made this realization? Are there any specific incidents that you can remember from school that made it apparent you may have ADHD?
Tell me about your academic experiences in school	Were there specific subjects that you preferred/found more challenging? How did your teachers respond to your challenges?
Tell me about your social experiences in school	Did you feel understood by your peers? Did your relationships with peers change over the course of your schooling? How similarly or different do you think your experience is compared to your peers?
Tell me about feelings you may have had/still have in regard to school.	Do you think your school experiences shaped your perceptions of education/further education?

What challenges do you retrospectively identify as related to your undiagnosed ADHD?	How did these challenges manifest daily? Looking back, do you think these challenges were misunderstood by others?
What strengths do you retrospectively identify as related to your undiagnosed ADHD? What strengths did you have in school that you identify as being related to your undiagnosed ADHD?	How did these strengths help you to overcome obstacles in school? Do you still identify these as strengths today?
Support in school	
Did you have any coping strategies in school?	Did you develop strategies on your own or with the help of others? Do you still utilize these strategies today?
Did your school provide you with support?	If there was support, what did you find most helpful? If there wasn't, what kind of support would have made the biggest difference? Is there anything you didn't have in school that you wish you had?
What support would have been useful for you in school? How could schools better support girls/women with ADHD – with or without a diagnosis?	Anything that you could implement independently or schools could implement?
Experiences of 'late diagnosis'	
Tell me about your experience of being diagnosed 'late'/in adulthood?	Did this diagnosis change the way you view your past experiences? Do you wish you had received your diagnosis earlier?
What prompted you to seek a diagnosis?	What feelings are associated with this late diagnosis?
Do you think there were any implications of not having a diagnosis at school?	Would an earlier diagnosis have changed your experiences?
Reflective questions	
Tell me what you think is important for professionals to know about girls/women with ADHD?	Are there any misconceptions about ADHD in girls/women that you feel should be addressed?
If you could describe your school self in 3 words, what would they be?	Why did you choose these words? Do these words still apply to you today?

	If not, what words would you use to describe yourself today?
If you could go back in time and speak to your secondary school self, what would you tell her?	What advice do you think would have made the biggest difference to her?
What would you tell future generations of girls that may have been in the same position as you in school?	If you could pass on one piece of advice to future generations of girls with ADHD, what would it be?
General prompts How did this make you feel? What does that mean for you? What do you mean by...?	

Closing script: Thank you so much for providing such incredible insights and experiences.
How did you find the interview? Do you have any follow up questions?

Once we finish the interview, I will send you a debrief sheet which outlines support services available for you if you require them.

Appendix N: Lone Working Policy and Risk Assessment

Tavistock & Portman Trust Research Ethics Committee (TREC)

FIELDWORK RISK FORM

Guidance Notes

It is recognised that fieldwork can pose risks to the health and safety of individuals and have implications for the academic project that is being undertaken, as well as risks to the institution's reputation. There are risks associated with any field work undertaken in one's own country, as well as additional risks associated with field work abroad. In this category there can be greater or fewer risks depending on the country involved – its geographical features and political climate, as well as familiarity of the researcher with the locality.

From hereon it will be necessary for Schools where there is a likelihood of such work being conducted by staff, paid researchers and postgraduate students to utilise the Code contained in this document; to include health and safety and risk awareness in induction to provide necessary training; and to undertake risk assessment prior to fieldwork being undertaken.

The Code has been derived from two main sources (used by many other academic institutions in developing their own policy and protocols).

The Social Research Association Code of Practice for the Safety of Social Researchers, freely available on <http://www.the-sra.org.uk>
Craig, C.; Corden, A., and Thornton, P. Safety in Social Research, *Social Research Update*, No 20 www.soc.surrey.ac.uk/sru/SRU29.html

Identifying Responsibilities

For employers of researchers safety in fieldwork is an aspect of 'duty of care' enshrined in Health and Safety at work legislation. Institutions also have such a duty in relation to postgraduate students' welfare in the field. In this context there is a duty to eliminate or minimise risk by ensuring that these are adequately assessed and control measures put in place. As safety is the dual responsibility of employer/employee and supervisor(s)/students, all parties will need to be aware of the code and its requirements.

Budgeting for Safety

Ensuring the health and safety of fieldworkers can result in additional initial costs and this will impact on the funding of fieldwork and on institutional infrastructure costs. In the former this might entail such things as taking taxis, safe accommodation, ensuring communication (mobile phone or radio phone for example) while the latter will include insurance; training needs etc. However, it is also clear that any costs are necessary to ensure safety of staff and students, and that unplanned costs are not incurred at a later stage.

Planning for Safety in Designing the Research

This includes a consideration of the safety and potential risks in the following:

1. Choice of methods e.g. undertaking face to face interviews in risky sites or undertaking participant observation in particular situations.
2. Choice of interview or observation sites. These will vary for example according to degree of privacy/seclusion, home v public sites, environment surrounding interview/observation sites; time of day work undertaken; transport availability.
3. Staffing. In particular the risks of lone working need to be evaluated and if essential, control mechanisms put in place. Consider whether it is possible to work in teams or interview other people in household or setting at the same time.

4. Researcher skills involves assessing whether the researcher is well equipped in terms of attributes and experience to undertake the work. Are there issues of 'race' or gender or other personal characteristics to consider?
5. Negotiation of access to site or sample and sample or respondent recruitment. Consider alternatives to 'cold-calling' and preferably recruit initially via telephone, email or letter. Consider opportunities for assessing individuals and/or their circumstances.
6. Time management. It is important to consider that fieldwork can be tiring and sometimes stressful. A timetable should allow for sufficient rest, reflection and assessment. People are less alert to risks when they are tired and are better able to handle situations when they are alert.

Some of these areas of potential risk then require further assessment as the planning of fieldwork progresses.

Setting up and Assessing Risk in the fieldwork site

It is important to be as familiar as possible with the area, territory or specific site where the fieldwork is to be conducted. This might include prior visits and investigation. Things which might be important are:

- Whether there is reliable public transport.
- Access to a licensed taxi company.
- Could there be a local rendezvous or contact point?
- Are there local tensions and/or social divisions to be aware of?
- Assessing whether there might be hostility to researcher's presence.
- What do local sources say about risks in the area? This might include checking with police.
- Look at routes, means of escape as well as where there are hubs of activity.

Risks can be minimised by preparing for the presence of a researcher in the area, by informing significant local community leaders, and/or statutory or community organisations.

Consider how you are going to conduct the administration of interviews or survey questionnaires and or sites for observation.

- You should get as much information as you can about potential respondents, their housing and living environments.
- Avoid cold-calling if at all possible, and assess situation thoroughly before hand. In some research projects it is possible to work in pairs or have backup. . If design permits, arrange interview times and venues in advance and let someone know the details of where you will be when. Telephoning in advance also allows some assessment of respondent and whether others will be at home.
- Plan routes in advance and mode of transport.
- Avoid looking out of place and dress inconspicuously, keeping valuable items out of sight.
- Think about potential risks in multi-storey buildings.
- If you are interviewing in households remain in communal rooms.
- Let interviewee know you have a schedule and that others know where you are.
- You should consider carrying a personal screech alarm and a mobile phone which you leave on.
- Carry identification that will provide authentication of your status/role.

Conducting the Interview or Observation

Despite taking precautions risk situations may arise during the course of the interview. Issues of 'race' gender, culture, and topic or questions pursued can provoke hostility. Training may be necessary in inter-personal skills and to enable researchers to handle threats.

In advance consider:

- Your awareness of cultural norms e.g. some cultures are hostile to lone females, others to lone males.
- Could any issues arise with the use of voice recorders or camera (where these are involved in the design)?

- What would be appropriate body language?
- How to keep the right social distance – neither over familiar or too detached.
- Carry some money and means of contact in case of emergencies.

Risks to Respondents

Many topics in social research interviews may provoke strong feelings or prompt anger. Researchers should be alert to any effects of the interview on respondents and have strategies to deal with them. Often strong feelings can be acknowledged and contained but very rarely it may be necessary to cease the interview and leave.

Some respondents are chosen because they have a particular characteristic or behaviours and it is important that any risks associated with these are assessed in advance

Maintaining Contact

It is important that some means of maintaining contact with others is established and that others know where you are and when. This might be a co-researcher; a project manager for larger projects; or supervisors in the case of post-graduate students. Members of your own household should also be kept informed and on a day to day basis this might be the main way of keeping contact and someone knowing where you are. You should thus have some means of telephoning in when you are entering and leaving the fieldwork site.

A log for available contacts which provides a schedule of appointments, interview times and venues should be prepared and this should be lodged with your supervisor/manager.

Support and Debriefing after fieldwork

It is helpful for researchers to have the opportunity to debrief with managers/supervisors after periods of fieldwork. This enables reflection on both the success of the planning and fieldwork itself and an assessment of whether there are issues which need to be dealt with.

If any incident occurs during fieldwork these need to be dealt with immediately. A full report needs to be written. If it is serious, such as a threat of violence, harassment or assault, then these need to be reported to appropriate personnel (including the police) who are responsible to health and welfare, and there needs to be available counselling or support for the victim.

Incident reporting and debriefing can help to ensure that health and safety codes are adequate, and enable revision if necessary.

Additional Risks for Fieldwork outside the UK

Those doing fieldwork abroad should also look at the guidelines provided by the international office on international travel and contact the relevant person re university insurance. You should ensure that you have met any requirements that are laid down in this guidance.

Many of the risks outlined above will also apply to those undertaking fieldwork in other countries. But fieldwork abroad can often entail additional risks associated with the locality of the fieldwork, and/or the researchers lack of familiarity with the research setting.

Among the factors researchers need to consider are:

1. Obtaining adequate travel and medical insurance
2. Having the correct health precautions- injections, malaria prevention etc and whether knowledge of first aid would be advisable.
3. Do they have appropriate language skills?
4. Will they have to encounter any hazardous terrain and if so what equipment is required?
5. Are they aware of what knowledge and skills are required for food preparation and obtaining good drinking water?
6. What documents are required?
7. Leave your Director of Studies, research or line manager with a record of next of kin/home GP contacts.
8. Evaluate local conditions as well as local codes of practice and standards as they might impinge of fieldwork

9. Have some means of communication and a logging of itineraries and return times. If lone working is involved what strategies will you use to ensure someone knows where you are at all times?
10. Evaluate means of travel as these can be more risky than at home (vetted drivers, maintenance of vehicles etc).
11. If you are driving ensure you are equipped to drive in the terrain, know what to do in case of breakdown; be aware of conditions after dark; and do not leave valuables in car.
12. Ensure you have suitable secure accommodation available.
13. Could your research be affected by the potential for severe weather conditions and do you know how to deal with them.
14. Do you know what to do should there be an emergency and/or if evacuation is required.

It should be noted that this document does not lay down all the potential risks for any one piece of fieldwork, and that researchers should consider what other ones could arise in their own specific project.

All researchers/ postgraduate students undertaking fieldwork should complete the Risk Assessment Proforma (attached).

Ensuring Guidelines

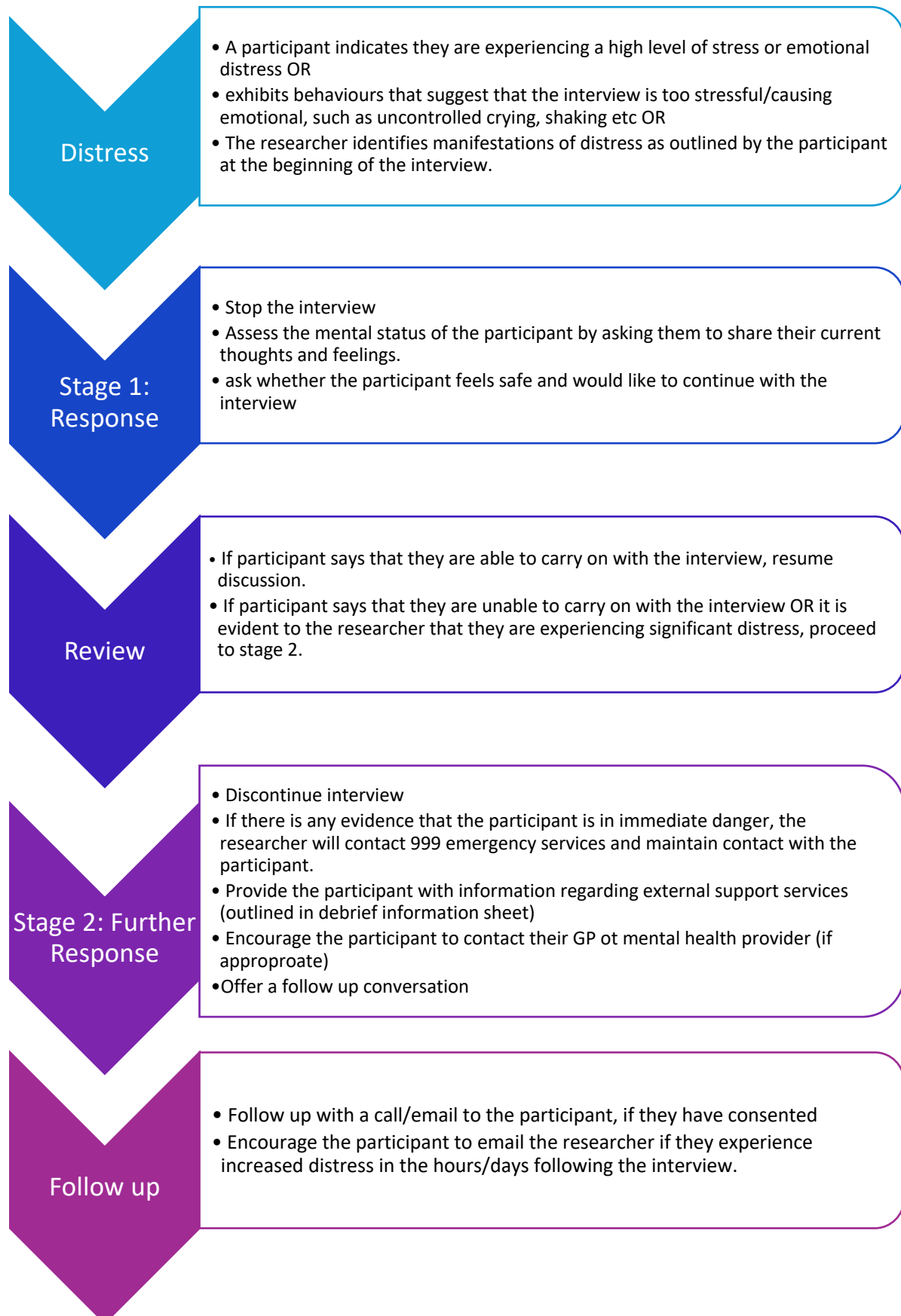
- Include guidelines in Induction programmes and in Staff and Postgraduate Handbooks.
- Have some centralised database of information sites in particular for those planning fieldwork abroad.
- Provide training in aspects of fieldwork planning, in strategies for minimising risk and also in dealing with threats and risks. For some of this it may be necessary to use outside facilitators who have built up experience and expertise (eg Suzie Lamplugh Trust).

Drafted by Professor Barbara Harrison
 School of Humanities and Social Sciences
 University of East London
 June 2010

Name: Daniella Levy	School: Tavistock & Portman NHS Foundation Trust
Student number: 23002651	Supervisor / Director of Studies: Sarah Shivers
Thesis Title: Looking Back: A Retrospective Exploration of the School Experiences of Women Diagnosed with ADHD in Adulthood	
Fieldwork location: Online via Tavistock and Portman Microsoft Teams	Type of Fieldwork: Virtual Interviews
Proposed dates or periods of Fieldwork: June 2025 – September 2025	
Potential hazards or risks: <i>(rate high medium or low)</i>	
1. Participant distress/ emotional impact (medium)	2. Technical difficulties e.g., loss of internet connection (medium)
3. Safeguarding concerns (medium)	4. Data security and protection (medium)
5. Privacy and confidentiality (medium)	6. Online interview dynamics (medium)
7. Informed consent (medium)	8. Researcher safety (low)
9.	10.
Potential Consequences for each hazard: <i>(please continue on a separate sheet if necessary)</i> - Participant distress/emotional impact although unlikely, poses as one risks of this research. As this research will be exploring the lived experiences of women, there is uncertainty as to what their experiences are and how revealing their perspectives may impact them. - Technical difficulties may pose risks to the integrity of the interview. For example, the internet connection (both researcher or participant) and glitches in the speed. - Safeguarding concerns pose a risk when completing studies regarding challenging topics that may cause emotional distress. Participants may share current or previous safeguarding concerns. - Due to the online nature of the interviews, data security and protection risks are unlikely but possible. Online platforms may be vulnerable to hacking and risk of breaching sensitive participant information. - Due to the online nature of the interviews, privacy and confidentiality risks are unlikely but possible. Online platforms may be vulnerable to hacking and risk of breaching sensitive participant information. - When conducting interviews online this may pose risk to the interview dynamics. It may be harder to detect non-verbal cues which may impact the depth of the interview. - It will be essential that participants are able to provide informed consent, as without this it may be argued that they do not understand the objective of the research and how their data will be used. - Although the interviews will be conducted online, the researcher will be conducting the interviews alone and potentially outside of working hours, therefore, it is important to	

consider researcher safety and the emotional impact that these interviews may have on the researcher.	
Controls in place for each hazard in order of likely risk: <i>(please continue on a separate sheet if necessary)</i>	
1. Participant distress/emotional impact - It will be important to acknowledge this risk in the initial information package and consent form received by participants. Prior to completing the interview, the researcher will outline the distress protocol to acknowledge the possible risk of emotional distress, address how they may approach it and provide the participant with a chance to share how this may manifest allowing the researcher to have a heightened awareness for prevention. The researcher will also reiterate that participants can take a break or stop the interview whenever they feel it necessary and can remove their data up until it is anonymized (3 weeks after the interview). The participants will also be provided with a debrief and further support if required. 2. Technical difficulties – The researcher will pilot the interview process to identify and mitigate any potential technical difficulties. On the day of the interview, the researcher will try to ensure a strong, fast internet connection to the best of her abilities, to ensure there is no delay. The researcher will also ask participants to do the same, to the best of their ability. 3. Safeguarding concerns - if safeguarding concerns are raised, the researcher will log the concern and report to their research supervisor. If there is immediate risk or danger, the researcher will contact 999 emergency services. The researcher will share the details for external support agencies following completion of the interview. 4. Data security and protection – Interviews will take place on the secure Tavistock and Portman provided Microsoft Teams which incorporates end-to-end encryption. Interview transcripts and research write-up will be anonymised and participants will be provided with pseudonyms to ensure that they are unidentifiable. Anonymised data collected will be stored in a secure online file with sole researcher access. 5. Privacy and confidentiality - (as above) 6. Online interview dynamics – while it may be difficult to identify non-verbal cues, the researcher will do her utmost to ensure awareness of subtle dynamics that may be at play during the interview. It will be recognized upon beginning the interview that non-verbal cues may be at play and if possible, to name them when they feel they are emerging. 7. Participants will be provided with a clear and accessible consent form which has been altered to support a variety of different needs and requirements. 8. The researcher's supervisor will be informed of all interview times. Interviews will be conducted virtually in a private room within the researchers EPS, to ensure the researcher is able to speak to someone following the interview, to enable researcher safety and reduce the emotional impact.	
<i>By signing this document, you are indicating that you have consulted the policy and have fully considered the risks.</i> Signature of Student:  Date: 30.01.25	I agree to the assessment of risk in relation to this project. Signature of Supervisor of Studies: Date:

Appendix O: Distress Protocol



Appendix P: Debrief Information Sheet

Interview Debrief

Thank you very much for taking part in this research study. The insights and experiences you shared have been invaluable, and hopefully they will enable necessary support and provision to be implemented for future generations. I hope this research has allowed you to feel empowered by your experiences.

If you have experienced any distress or would like to speak to an external agency, here are the details for support services around the UK:

Support Service	What they do	How to get in touch
Samaritans Helpline and Email Service	A 24/7 helpline offering emotional support for anyone in distress, feeling overwhelmed, or struggling to cope. Their email service provides written support for those who prefer not to call.	Call: 116 123 Email: jo@samaritans.org for a reply within 24 hours
Shout Crisis Text Line	A free, confidential 24/7 crisis text service. Individuals can text "SHOUT" to a designated number to speak with a trained volunteer who provides immediate mental health support.	Text: "SHOUT" to 85258
Mind Helpline	A helpline offering advice and support to people experiencing mental health issues. They provide guidance on accessing local services and understanding mental health conditions.	Call: 0300 102 1234 Open from 9am-6pm Monday to Friday
SANEline	An out-of-hours mental health helpline for individuals and their families. It offers emotional support and practical advice, especially during evenings and weekends when other services might not be available.	Call: 0300 304 7000 Open every day of the year from 4pm to 10pm
Hub of Hope	An online search tool that helps users find local mental health and support services in their area. It connects individuals with relevant organizations based on their needs and location.	Website: https://hubofhope.co.uk/

For more information and charities/services specifically related to ADHD, please see:

Service	What they do	How to get in touch
ADHD UK	A charity dedicated to supporting people with ADHD. They provide resources, advocacy, and advice for individuals and their families. They also campaign for better ADHD awareness and services.	Website: https://adhduk.co.uk/
Centre for ADHD and Autism	A specialized centre providing assessments, therapies, and support for	Website: https://adhdandautism.org/services/adults/

	individuals with ADHD and autism. Services may include diagnostic evaluations and tailored interventions.	Email: adults@adhdandautism.org Call: 02045684629
ADHDadultUK	Focuses on supporting adults with ADHD through educational content, advocacy, and peer support groups. Their work also includes raising awareness of ADHD in adulthood.	Website: https://www.adhdadult.uk/ Community Forum: https://discord.com/invite/458smEgfUS
ADHD Girls	A platform specifically supporting girls and women with ADHD. They provide resources, community support, and advocacy to address the unique challenges faced by this group.	Website: https://adhdgirls.co.uk/
Young Minds ADHD Support Resources	Offers resources and information for young people with ADHD, their families, and professionals. Provides guidance on coping strategies, understanding ADHD, and accessing support.	Website: https://www.youngminds.org.uk/young-person/mental-health-conditions/adhd-and-mental-health/
ADHD Babes	A support group for Black women and Black non-binary people of African-Caribbean descent with ADHD	Website: https://www.adhdbabes.com/
Unstoppable Girls	Offers online and local support groups, coaching, and courses tailored to the unique challenges faced by girls with ADHD	Website: https://unstoppablegirls.org.uk/about-unstoppable-girls-cic/
ADHD Aware	An organisation offering support for adults impacted by ADHD and ADD, including information, news, and events.	Website: https://adhdaware.org.uk/about-us/

Appendix Q: Reflective Journal Extract 7**Extract 7: Reflections on the Interview Process**

During the interviews a tension arose from my positionality as a researcher without personal lived experience of ADHD. After one interview, I felt daunted by the participants depth of knowledge, recognising that my outsider role introduced a layer of unanticipated insecurity. This was compounded when another participant asked "do you have ADHD?" I felt flustered and wondered whether the participants felt I was prying into something outside my experience.

To build rapport, I noticed myself adopting a 'friend' role rather than a 'researcher' role. While this supported more in-depth discussions, I was conscious of bias, particularly in moments when I became less structured. I brought this concern to supervision, where my supervisor noted "*you are not a robot*" - a reminder that my investment in the topic and emotional attunement are human qualities to be held reflexively.

I frequently reflected on the emotional weight of the interview process. Many of the participants shared deeply personal experiences and I found myself navigating the challenging boundary between empathetic researcher and emotional supporter. One participant described the experience as "emotionally draining", which prompted a strong sense of personal responsibility for me. Collectively, these reflections affirmed the methodological importance of ensuring a period of distance from the data before analysis.

Appendix R: Example NVivo Coding Extract

The screenshot shows the NVivo software interface with the following components:

- Top Menu Bar:** Home, Create, Data, Analyze, Query, Explore, Layout, View. A search bar is located on the right.
- Left Sidebar:** A tree view showing the project structure:
 - DATA
 - Files
 - File Classifications
 - Externals
 - CODES
 - Nodes
 - CASES
 - NOTES
 - SEARCH
 - MAPS
- Main Window:** Displays a text excerpt from 'Hattie Thesis Interview - Participant H'. The text is:

Daniella

Can you tell me a little bit about when you first identified ADHD as an area of need?

Hattie 4:03

I think I was about 15 and I started to wonder whether I had ADHD and I have a very distinct memory of going to tell my grandparents who were my guardians at the time, "I think I might have ADHD" and it's interesting they both work in healthcare and they were both like nope I don't think so, your not hyper, no kind of thing. Obviously, they just wanted to do their best and now they have explained that for the generation that they were these labels were such a negative stigmatised thing that just meant the opposite of the kind of accommodations that you, that you know I do get. Um so I think they were trying to protect me from that, but it did mean that it was, you know I did shut it off and okay I don't have it. Um and then when I was 18, I left, when I was at school they were giving me the A-level accommodations that you would give someone for ADHD but under the guise of anxiety. I was diagnosed with PTSD, so I think they thought that it was just an extension of that trauma or that kind of thing. Um but then when I left, when I left sixth form and started working, that is when I was working in a health and social care environment and they were like you seem to be able to relate a lot to the symptoms of ADHD that people are having and I was like, oh, yeah, maybe I should get that looked at.
- Right Sidebar:** A list of codes applied to the text:
 - Developing coping mechanisms
 - Teachers actions
 - Negative impact of ADHD medication
 - Not fitting with the ADHD stereotype
 - ADHD prescriptions - a broken system
 - Stigma associated with ADHD
 - Impact of language used to describe her
 - Coding Density
 - Mental Health diagnosis

[illegible]

THE POWER OF KNOWLEDGE

- lack of understanding of ADHD
- lack of parent - carer understanding
- importance of differences in presentation
- being able to help others with new knowledge (post diagnosis)
- supported by current work of Psychology
- lack of understanding of social issues
- lack of understanding of ADHD
- advice for younger self?
- knowledge of ADHD stuff but finding it hard to use

IMPORTANCE OF RAISING AWARENESS

- managing workload
- self esteem
- overworking
- hyperactivity
- forgetting
- anxiety
- emotional RH
- EP role in raising awareness
- enhancing positive behaviour
- awareness of strategies available
- explanations why these strategies may help
- importance of teachers understanding about of intervention support
- providing teacher training
- on gender
- importance of understanding on presentation of ADHD + differences
- + in girls
- negatives of social media
- importance of understanding how to support ADHD
- teacher understanding
- teachers recognising difficulties
- social media + general media supporting to raise awareness
- combine?
- time to take of individuality

COMMUNICATION IS KEY

- positive home - school communication
- lack of home - school communication
- removing negative language
- impact of language used to describe her
- community
- sense of community of school
- sense of belonging at school
- relationships with teachers
- positive teacher relationship as protective factor
- positives of staff consistency
- importance of relationship with adults
- being given time by adults
- adult academic support
- having a trusted adult to confide in
- not wanting one-to-one support
- staff doing reading work
- teachers trying to understand underlying difficulties
- teachers actions
- parent/carer support
- postoral support
- supportive teachers
- importance of praise

BEING SEEN CHANGED EVERYTHING

RELATIONAL SUPPORT

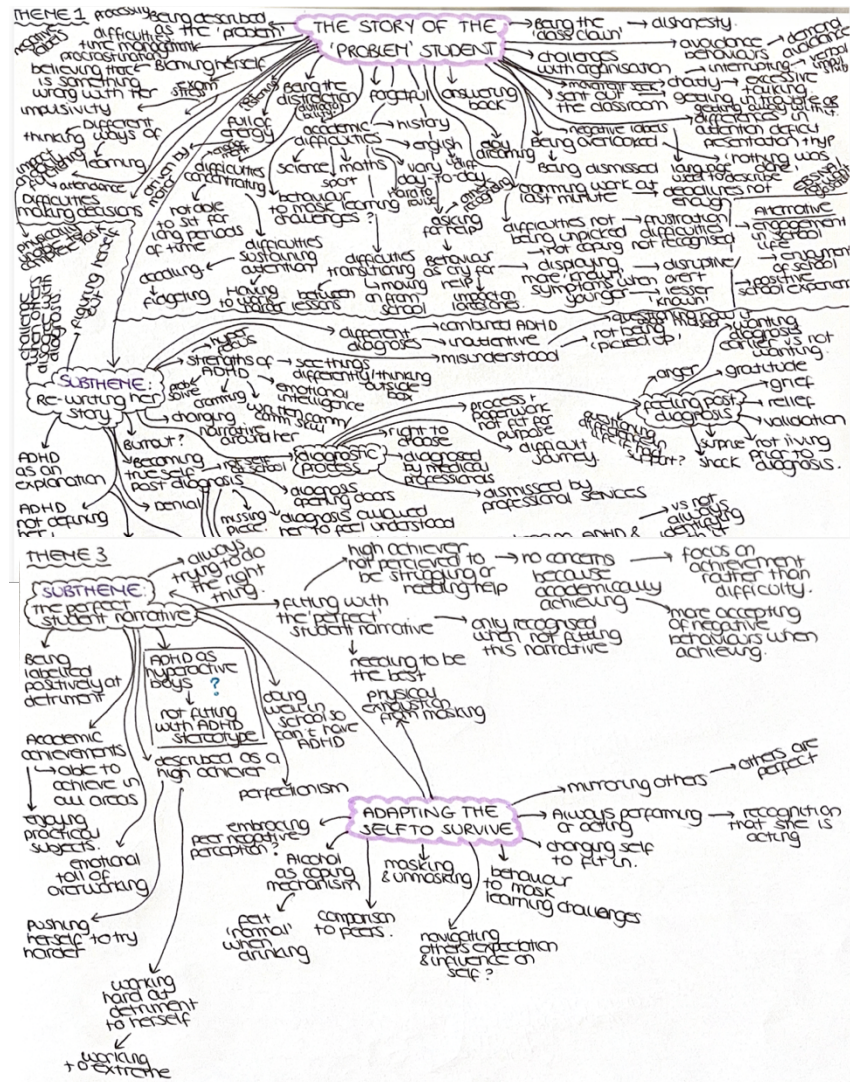
Appendix T: Reflective Journal Extract 9**Extract 9: Will you marry... my initial themes!**

As I develop my initial themes, I find myself consciously resisting the urge to 'marry' themes and settle for the first idea generation. Braun and Clarke (2022, p.89) recognise this concern and specifically note "don't get too attached!"

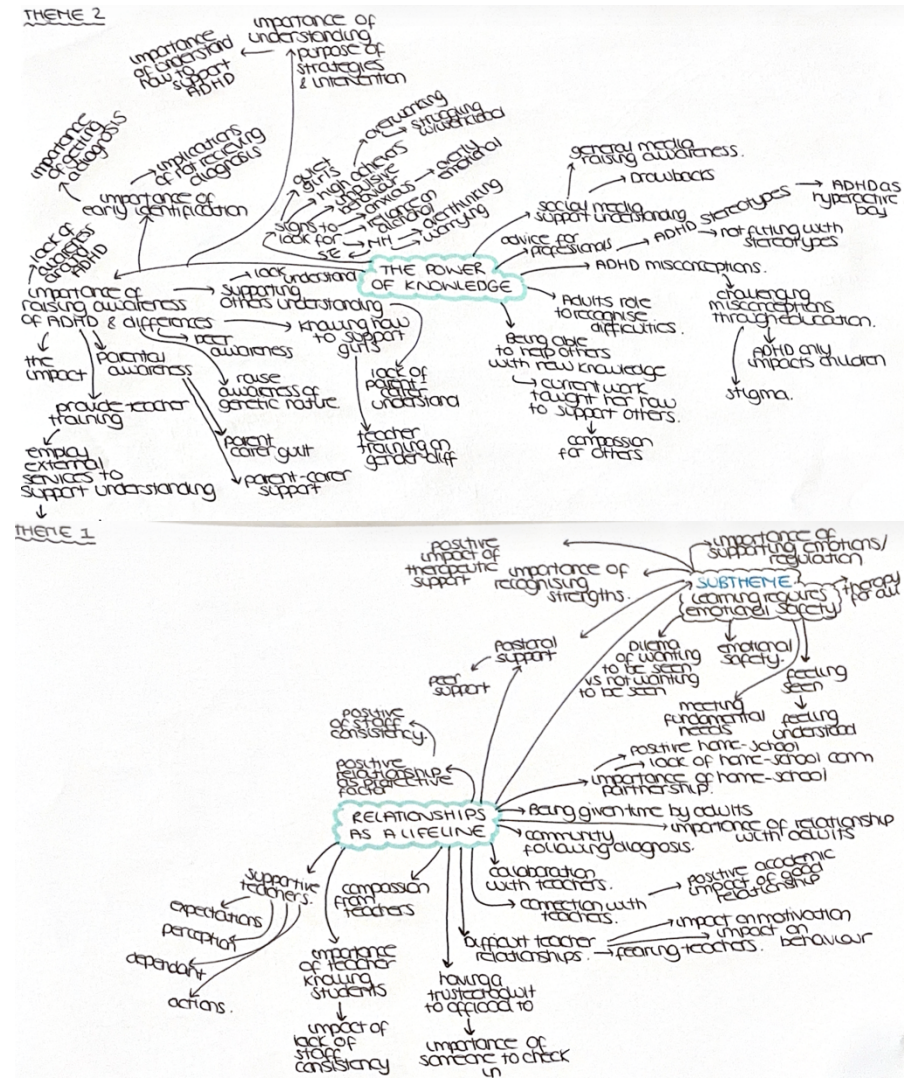
I also noticed a protective instinct to capture every detail each participant shared, perhaps driven by a fear that narrowing and refining might lose something important. These women trusted me with their stories, and I feel the weighted responsibility of that. I have to remind myself that RTA is an interpretive process rather than an exhaustive record.

Appendix U: Example Mapping for RTA Phase 5

RQ 1



RQ 2

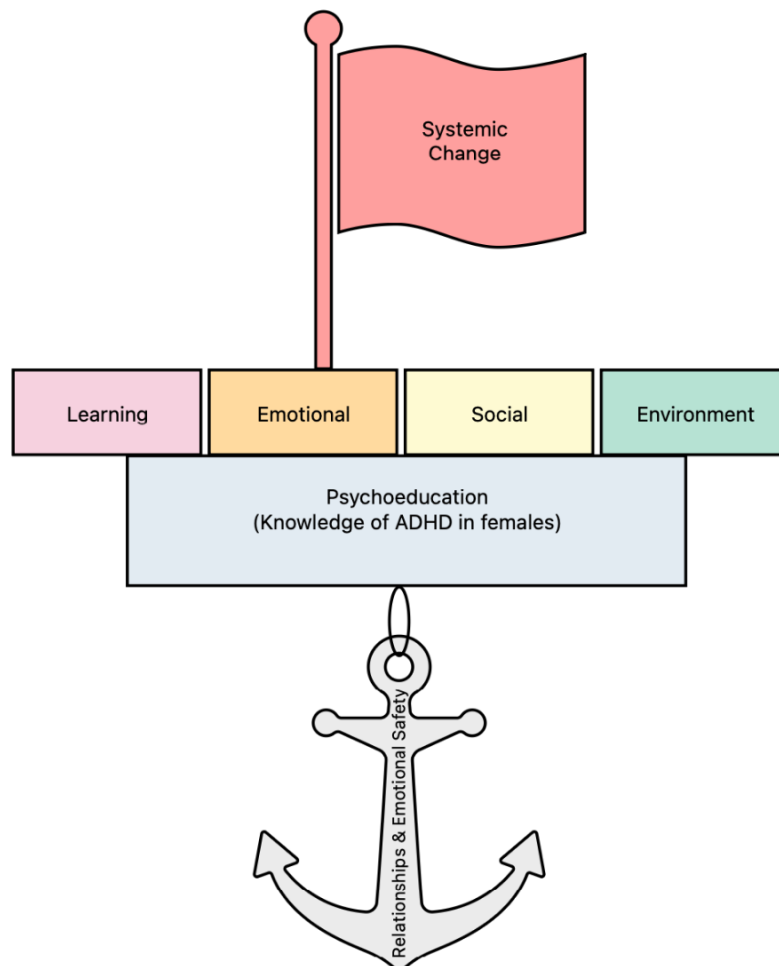


Appendix V: Needs-Based Practice Toolkit

Framework and Toolkit

This needs-based practice framework (Figure 1) and accompanying toolkit have been developed from the lived experiences and insights of women diagnosed with ADHD in adulthood. Together, they offer a practical resource for educational professionals supporting female students who may be experiencing challenges in school, with or without a formal ADHD diagnosis. Grounded in the central importance of strong, supportive relationships, the framework includes targeted psychoeducation around how ADHD may present in females. Across key domains (learning, emotional, social, and environmental), it identifies subtle signs that may have previously been overlooked, misattributed or missed. Each is paired with clear, actionable strategies tailored to individual needs. This list of strategies is by no means exhaustive, but to be viewed as a starting point for support. More than a set of tools, this work advocates for meaningful systemic change, promoting greater awareness, understanding and support for females within educational environments.

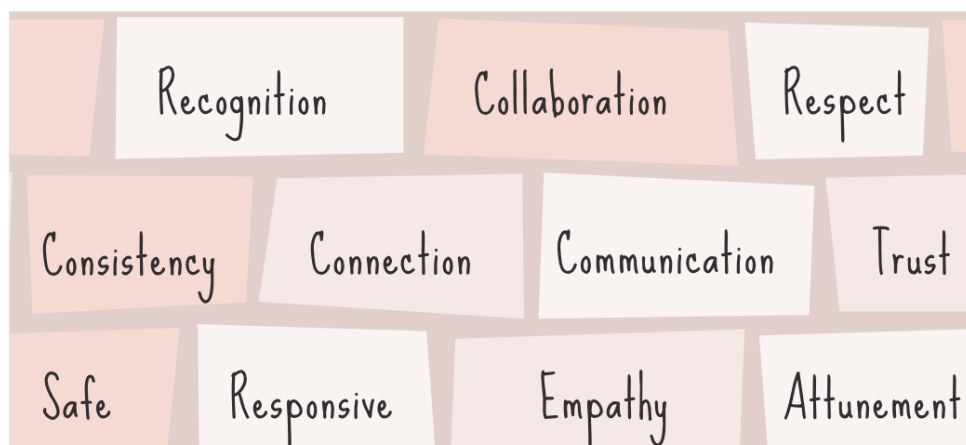
Figure 1. Needs-Based Practice Framework



Relationships and Emotional Safety

This research highlighted relationships as the foundation for positive school experiences and meaningful support for females with ADHD, a notion grounded in psychological theory (e.g., Attachment Theory by John Bowlby, 1969). Within the school environment, teachers can be understood as attachment figures, providing students with a safe base from which they can explore, learn and develop. While relationships are essential for supporting emotional safety in *all* students, the focus of this framework is the experience of female students. The following features of positive teacher-student relationships (Figure 2) are grounded in relational pedagogy (Hickey, 2024), an understanding of Attachment Theory (Bowlby, 1969), Attachment Aware Schools (Rose & Gilbert 2017; Geddes, 2006) and aspects of the ARC (Attachment, Regulation and Competency) framework (Kinniburgh & Blaustein, 2004; 2010).

Figure 2. Features of positive teacher-student relationships



What are these features and why are they important for female students?

- **Safety and trust:** Feeling safe and able to trust others creates the foundation for open, secure, and supportive relationships.
- **Responsiveness and attunement:** Being responsive and attuned means noticing and appropriately responding to a student's needs, helping them feel understood and valued.
- **Empathy and recognition:** Showing empathy and recognising a student's experiences helps validate their feelings and strengthens emotional connection ensuring students feel 'seen'.
- **Consistency:** Consistent actions and responses build reliability, helping students feel secure and know what to expect.
- **Connection and communication:** Open communication supports meaningful connection, allowing relationships to develop through shared understanding. Communication also acknowledges behaviour as a form of communication.
- **Collaboration and respect:** Working collaboratively and showing respect encourages mutual value, shared responsibility, and positive, balanced relationships. Collaboration also refers to working together with a student's parents/carers/families, a crucial aspect of holistic support.

Positive relationships enable emotional safety at school

Checklist

Rose and Gilbert (2017, in Colley & Cooper, 2017, p.74-75) provide an attachment-aware checklist. This checklist has been adapted for the purpose of this research incorporating the features of positive teacher-student relationships for females as outlined above.

Being Seen - Empathy and Recognition



- ☐ Greeting the student by name at the door or in the corridor
- ☐ Acknowledging and praising specific efforts, not just outcomes (e.g., "I noticed how hard you worked on that today")
- ☐ Remembering and asking about things the student has previously shared (e.g., a hobby, a pet, an upcoming event)
- ☐ Noticing when a student seems quieter, more unsettled or different from usual and checking in privately
- ☐ Displaying the student's work visibly in the classroom
- ☐ Making eye contact, smiling and using warm, open body language during interactions
- ☐ Offering the student meaningful choices (e.g., where to sit, how to present work, which task to start with)
- ☐ Actively seeking and acting on the student's feedback about what is and is not working for them
- ☐ When a student is dysregulated or acting out, asking yourself "what is this behaviour telling me?" before responding
- ☐ Adapting tasks, instructions and expectations to reflect the student's individual needs rather than applying a one-size-fits-all approach

Feeling Safe - Safety, Trust and Communication



- ☐ Identifying and providing a specific, quiet space the student can access when feeling overwhelmed
- ☐ Communicating expectations clearly and explicitly at the beginning of each lesson rather than assuming understanding
- ☐ Ensuring the student has a named, trusted adult they can go to at any point during the school day
- ☐ Noticing and following up on shifts in the student's friendship group or signs of peer conflict
- ☐ Addressing unkind, teasing or bullying behaviour promptly and consistently
- ☐ Ensuring all staff who interact with the student are briefed on their needs and use a consistent approach
- ☐ Holding regular, informal conversations with parents and carers (not just when there is a problem) to share what is going well and discuss any concerns early

Feeling Soothed - Responsiveness and Attunement



- ☐ Scheduling brief, regular check-ins with a key staff member (e.g., a five-minute conversation at the start or end of the day)
- ☐ When a student is distressed, sitting with them calmly rather than immediately problem-solving or reprimanding
- ☐ Using a low, calm tone of voice during difficult moments rather than raising volume or increasing urgency
- ☐ Listening fully before responding - allowing the student to feel heard before offering a solution
- ☐ Noticing and naming what you observe (e.g., "You seem frustrated today, is that right?") to help the student feel understood
- ☐ Finding small, genuine ways to show the student they are liked (e.g., brief positive comment, a joke, a moment of connection)
- ☐ Explaining the reasoning behind a request rather than simply enforcing it (e.g., "I'm asking you to move seats because I think it will help you focus, not because you're in trouble")
- ☐ Having a clear, agreed plan for what the student can do when they feel dysregulated (e.g., a movement break, leaving the room with a pass)
- ☐ Modelling calm, regulated behaviour

Feeling Secure — Consistency and Connection



- ☐ Keeping the structure of lessons and the school day predictable (e.g., sharing the plan for the lesson at the start)
- ☐ Using the same tone, boundaries and expectations every lesson so the student knows what to expect from you
- ☐ Explicitly including the student in whole-class activities and discussions so they feel part of the group and can develop their sense of belonging
- ☐ Noticing when the student appears left out socially and taking practical steps to address this (e.g., adjusting seating, facilitating group work)
- ☐ Being available and approachable - letting the student know they can come to you with a problem
- ☐ Following through on what you say you will do, whether that is a reward, a consequence or a conversation
- ☐ Working with the student to identify strategies that help them (e.g., sitting near the front, having instructions written down, being given extra processing time)
- ☐ Keeping parents and carers regularly updated so that support at home and school feels joined up and consistent

Psychoeducation: ADHD and females

"ADHD is painted as this condition that boys have, where they are running around and that's not really what ADHD is"

ADHD is not just 'hyperactive boys'. Prevailing male-dominant stereotypes of ADHD has left female presentations overlooked and misunderstood.

Key knowledge for educational professionals*

- **Internalised and inattentive presentations are easily missed** - Daydreaming, overthinking, emotional overwhelm, cognitive intensity and perfectionism are all aspects of female presenting ADHD that do not fit the 'hyperactive boy' stereotype.
- **Masking hides the struggle** - Many girls learn to mask their difficulties in order to 'fit in' socially and academically. They may mirror their peers and hide aspects of the self by performing an act, which causes emotional and physical exhaustion.
- **Unmet needs, not lack of effort** - Difficulties with executive function skills (e.g., working memory, task initiation and organisation) and emotion regulation can often be negatively labelled as personality traits or a lack of trying, rather than underlying need, which can negatively impact self-esteem.
- **Hormones matter** - Puberty, the menstrual cycle, and hormone related changes can exacerbate ADHD symptoms in females. What may look like emerging emotional or behavioural difficulties during puberty could be unrecognised ADHD becoming harder to mask.
- **Intersectionality** - A girl's socioeconomic background, race, and other identities can compound the likelihood of being missed or mislabelled. The language used to describe her difficulties may carry biased judgement.
- **Mental health, trauma and ADHD** - Mental health difficulties such as anxiety and depression can often co-occur with ADHD or develop as a result of undiagnosed ADHD. Similarly, symptoms of ADHD and trauma can look alike (e.g., hypervigilance and distractability).
- **Diagnosis should not be a gateway to support** - Difficulties do not begin the day a diagnosis is received. Needs-based support should be accessible for all female students showing signs of struggle.
- **It is not 'one-size-fits all'** - ADHD is experienced differently by everyone. Therefore, understanding of how it presents for each person is needed to tailor support to the individual's needs.

* Knowledge for educational professionals collated from the experiences and insights of women who received a diagnosis of ADHD in adulthood

Signs and Support - Learning

This page outlines the signs to look for with regards to learning needs for female students and the practical strategies to support. It is important to note that some signs may be more internalised and therefore, this page can also be used as a guide to support conversations to unpick difficulties.

Signs

- Executive function difficulties:
 - Difficulties initiating tasks independently
 - Organisation and planning
 - Appearing forgetful (e.g., difficulties remembering tasks or instructions)
 - Appearing overwhelmed by tasks presented and difficulties managing their workload
 - Struggling to finish work on time or meet deadlines
- Fidgeting or movement seeking (e.g., rocking on their chair, playing with their hair)
- Appearing to be daydreaming
- Distracted (e.g., looking out the window) or distracting others (e.g., chatting)
- Difficulties sustaining attention for prolonged periods of time
- Hyperfocus - the ability to focus on areas of interest for prolonged periods of time, sometimes to the point of not completing daily living activities (e.g., not eating or sleeping). Hyperfocus may also make it difficult to shift attention to other activities.
- Avoidance of everyday demands (e.g., not able to complete tasks they have been asked to complete)
- Appearing to be 'overthinking' or at times over-complicating task completion.
- Overworking at the expense of their wellbeing. Individuals that are performing well in school, but this comes at a personal and emotional cost (e.g., late nights, lots of extra work)
- Inconsistent performance - appearing 'able' to complete tasks some days but not others
- Quiet girls
- Individuals that appear to be 'perfectionists' and 'high achievers'. Those that may appear to have a 'fear of failure'
- Interrupting or appearing to 'blurt things out' with 'no filter'.

Strategies

- Proactively incorporate the core principles of Universal Design Learning (UDL):
 - Engagement - allow meaningful choice within learning
 - Representation - present information in diverse ways (e.g., visual, videos, diagrams, interactive technology)
 - Action and Expression - flexible methods to demonstrate knowledge (e.g., oral presentations, graphics or technology)
- Break tasks into manageable chunks (e.g., start with question one or start by reading this...) to avoid task overwhelm
- Pre-teaching of key vocabulary
- Provide clear, short instructions. Build in repetition of instructions and learning content
- Check for understanding of task instruction and learning
- Provide visual structure/task planners (e.g., step-by-step task completion guide or checklists)
- Scaffold how to begin tasks (e.g., model completing the first step or provide a framework for reference "start by doing...")
- Provide to-do lists or support (one-to-one) with prioritising completion of tasks and rank them by importance (e.g., using colour coding)
- Provide visual timetables and timers to support planning and time management
- Build in independence by supporting with labelled folders, colour coded subjects, check-in systems for homework and materials. Use prompts like "what do I need to do next?"
- Ensure consistent, predictable daily timetables with clear routines and expectations outlined. Visual timetables can support.
- Build in additional processing and task completion time (e.g., for answering questions or completing homework).
- Incorporate multi-sensory learning where possible (e.g., hand on activities, interactive and movement based-tasks)
- Quick prompts and reminders (agreed with student) to support refocusing attention
- Ensure a **strengths-based approach** to support. Celebrate individuals strengths, incorporate praise and rewards.

Signs and Support - Emotional

This page outlines the signs to look for with regards to emotional needs for female students and the practical strategies to support. It is important to note that some signs may be more internalised and therefore, this page can also be used as a guide to support conversations to unpick difficulties.

Signs

- Internalised symptoms which may be impacting day-to-day functioning as well as emotional responses
 - Constant thinking or a constant flow of overlapping thoughts (described as “mental restlessness” or “internal hyperactivity” or “racing thoughts”)
 - Overthinking or overanalysing
- Negative coping mechanisms for cognitive intensity and emotional overwhelm:
 - Substance abuse
 - ‘Worst case scenario’ thinking
- Emotional dysregulation, difficulties managing emotions
- Appearing to experience emotional overwhelm including emotional responses that may appear to be disproportionate to the cause
- Sensitivity to justice and fairness (e.g., strong reactions to perceived unfairness in themselves or others)
- Signs of emotional exhaustion or ‘burnout’ (e.g., physical exhaustion, appearing ‘flat’, difficulties with daily functioning, loss of motivation, reduced tolerance to stimulus)
- Presenting with low self-esteem
- Self-critical language or narrative around them (e.g., “I am stupid”, “there is something wrong with me”, “I am not good enough”)
- Distress around perceived failure, criticism or disappointing others
- Signs of anxiety/low mood or a history of mental health diagnosis/difficulties (e.g., anxiety, depression, PTSD)
- Mismatch between emotional presentation at home (or safe place) and school may be as a result of masking difficulties when at school

Strategies

It is important to note that many of these strategies are dependant upon strong, trusting teacher-student relationships at their foundation.

- Regular daily check-ins or one-to-one time with a trusted adult and opportunities to share how they might be feeling. An Emotional Literacy Support Assistant (ELSA) may be well placed for this. This is especially important before academic demands are placed on them. Ensuring she feels seen, heard and understood.
- Collaboration between home and school to understand emotional experiences in both settings
- Validating how she may be feeling “that sounds very frustrating”
- Consistent and predictable routines, give notice when changes arise
- Autonomy increases psychological safety, allow her to have a voice (e.g., collaboration)
- Watch for emotional signals (e.g., changes in behaviour, frustration) - be proactive not reactive
- Provide explicit emotion regulation support (e.g., naming emotions, building shared vocabulary and teaching regulation strategies)
 - Use Emotion Coaching (a communication strategy by John Gottman aimed to guide and teach about emotion regulation)
 - Use tools such as emotional scales (e.g., incredible 5-point scale) or drawing to support conversations around emotional experiences
- Consider referral for school counsellor or mental health support where appropriate (i.e. if their emotional difficulties are having a significant impact on their mental health)
- Build self-esteem through recognition of strengths (not only focused on academic achievements)
- Create opportunities for praise and reward

Signs and Support - Social

This page outlines the signs to look for with regards to social needs for female students and the practical strategies to support. It is important to note that some signs may be more internalised and therefore, this page can also be used as a guide to support conversations to unpick difficulties.

Signs

- Friendship difficulties:
 - Making friends
 - Maintaining friendships over time (despite forming them easily)
 - Moving between friendship groups without appearing to experience sustained belonging
 - Social withdrawal
- Appearing to experience Rejection Sensitivity Dysphoria (RSD) - have heightened responses to rejection (real or perceived) or criticism
- Appearing socially confident or 'popular' but internally struggling
- Employing masking strategies:
 - Mirroring others to fit in (social camouflaging)
 - Engaging in an 'act' or seemingly performing
 - Presenting differently at home versus at school
 - Constant negative comparison to peers
- Masking strategies may lead to emotional and physical exhaustion when returning home from school
- Saying things without thinking, appearing to not have a 'filter'
- Hyperfocusing on a particular topic or interest to the exclusion of other conversations
- Experiences of bullying, unkindness or isolation/exclusion from peers

Strategies

- Support for RSD:
 - Supporting to understand what RSD is, how and when it may present
 - Staff should be conscious of language used and how feedback is communicated. A communication approach designed in collaboration with the student may be beneficial
 - Support her to 'catch and name the narrative' as it unfolds - recognising and acknowledging that the thoughts are constructs in her mind and naming it (e.g., "the rejection friend has taken over")
 - Supporting her to write down or draw her thoughts and feelings (e.g., emotions journal)
 - Teach emotion regulation strategies that can be employed when the "rejection friend" arrives (e.g., deep breathing, progressive muscle relaxation, grounding techniques)
- Create opportunities for positive peer connection and social skill development, these can be structured or unstructured depending on the individuals needs
- Support development of social understanding and perspective-taking
- Proactively address bullying or peer unkindness. Employ restorative approaches as a whole school approach, to support with peer difficulties and promote the development of social responsibility and learning. Please see Hopkins (2011) and/or <https://www.educ.cam.ac.uk/research/programme/s/restorativeapproaches/RA-in-the-UK.pdf> for more information. Utilise the following themes and guiding questions as outlined by Hopkins (2011):
 - Unique perspectives - What happened? (everyone's story is heard and equally valued)
 - Thoughts, emotions and actions - What were you thinking at that point... and how were you feeling?
 - Empathy and consideration - Who has been affected and how?
 - Needs - What do you need now in order to move forward?
 - Ownership and empowerment - What needs to happen now, bearing in mind your needs and the needs of others?
- Support her to identify and establish communities of belonging (e.g., outside school, those with shared interest)

Signs and Support - Environmental (& Sensory)

This page outlines the signs to look for with regards to environmental and sensory needs for female students and the practical strategies to support. It is important to note that some signs may be more internalised and therefore, this page can also be used as a guide to support conversations to unpick difficulties.

Signs

- Heightened distress or dysregulation when in or after having been in busy, noisy environments (e.g., lunch hall, playground, open-plan classrooms)
- Difficulties transitioning between lessons, activities or environments
- Appearing to be distracted by environmental stimuli (e.g., looking out the window or at displays)
- Finding it difficult to sit for prolonged periods of time
- Strong preference for or avoidance of particular places within school
- Engaging in sensory seeking and self-stimulating, repetitive behaviours to support regulation (e.g., fidgeting, humming, tapping foot)

Strategies

- Audit the sensory environment of the classroom with her (e.g., looking at the lighting, noise levels, seating and visual complexity and distractions) and make adjustments where possible
 - The National Council for Special Education in Ireland have created a Classroom Sensory Screening tool which may be a useful starting point (please see <https://ncse.ie/wp-content/uploads/2024/10/Classroom-Sensory-Screening-Tool.pdf>)
- Provide alternative spaces for environments that may be particularly overwhelming e.g., a quiet space for lunch.
- Offer a quiet, low-stimulating space for regulation. Noise cancelling headphones or Loop earplugs may also support. This may be particularly supportive during break/lunchtimes or after these times in the day
- Allow regular movement breaks incorporated throughout the day. These can be coupled with a role or responsibility (e.g., handing out the books or taking a note to another teacher) to support a sense of responsibility and belonging within the classroom
- Encourage focused fidgeting using fidget tools to support concentration. This will in turn support sensory seeking behaviour
- Offer flexibility in seating and workspace arrangements where possible (e.g., standing desk, wobble cushions)
- Ensure structure and routines are adhered to and prepare her for transitions and changes in routine.
- Consider environmental adaptations for exams (e.g., quiet room with minimal distractions, additional time)

Systemic Change

The needs-based practice framework 'flies the flag' for systemic change. Without systemic change, females with ADHD will continue to be overlooked, undiagnosed or misdiagnosed. Figure 3 uses the voices and stories of the women diagnosed with ADHD in adulthood alongside Bronfenbrenner's (1979) Ecological Systems Theory, to identify key areas where systemic change is required. This list is by no means exhaustive, but to be viewed as a starting point for change.

Figure 3 Adaptation of Bronfenbrenner's (1979) Ecological Systems Theory

Bronfenbrenner (1979) Ecological Systems Theory

Adapted to reflect systemic change required to support females with or without a diagnosis of ADHD

