

ADHD in Context: Gendered Presentation, Peer Relationships, and Family Challenges

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ABSTRACT: Over the past few decades, ADHD diagnoses have increased substantially, but girls and women continue to be underdiagnosed and underrepresented in research. In this review, we synthesize the literature on ADHD's gendered presentation, its impact on peer relationships, and family dynamics, with a specific focus on the implications for diagnosis and intervention in girls and women. Understanding gender differences in how ADHD is expressed and experienced within a broader social context is important to addressing this gap. Girls are more likely to present inattentive symptoms or internalizing behaviors, such as disorganization, forgetfulness, and anxiety, whereas boys typically present hyperactive or more disruptive behaviors. This review highlights that these differences in diagnosis are not merely clinical but also have significant ramifications for girls' social experiences and family relationships. The impact of ADHD often intensifies during adolescence, especially for girls, who are more likely to experience instability in their peer relationships and lower levels of self-esteem. By emphasizing variation with regard to gender in adolescence, this review underscores the need for more inclusive diagnostic frameworks and gender-sensitive support strategies.

KEYWORDS: Behavioral and Social Sciences, Clinical and Developmental Social Psychology, ADHD, Gender Differences, Effects on Social Development.

■ Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder consisting of chronic symptoms such as inattention, impulsivity, and hyperactivity, which affect an individual's daily functioning.¹ While ADHD occurs in both genders, research has mainly focused on its presentation in boys, resulting in a limited understanding of its manifestation in girls. This gap in understanding contributes to gender disparities in diagnosis, where boys are still more likely to be identified and properly treated for ADHD than girls. Because ADHD has no specific diagnostic test, physicians rely on patient history, physical exams, and assessments based on the DSM-5-criteria.^{2,3} In the early aughts, 10% of boys and 4% of girls were diagnosed with ADHD.⁴ Since then, the rate has grown in the United States, with boys (15%) still more likely to be diagnosed than girls (8%).⁵ ADHD is most commonly treated with stimulant medications like methylphenidate and mixed amphetamine salts, which increase levels of dopamine and norepinephrine to improve focus, but are controlled substances with higher risks of misuse. Non-stimulants such as atomoxetine act more slowly by blocking norepinephrine reuptake (indirectly increasing dopamine in the prefrontal cortex). Non-stimulants are not controlled substances, so they carry a lower risk of abuse.⁶ While stimulants often work more quickly, non-stimulants can be equally effective for many individuals.⁷ Not surprisingly, both stimulant and non-stimulant medications are more prescribed for boys than girls.⁸ In fact, in the UK, boys were nearly five times more likely to be prescribed stimulants than girls, suggesting not just a diagnosis gap, but a possible reluctance to medicate affected female patients.⁹

Gender disparities in ADHD diagnosis can have broader consequences, from theoretical, social, and clinical perspectives. Girls' internalizing symptoms are often overlooked, impacting self-esteem, social competence, and leading to various academic setbacks.¹⁰ Girls and boys with ADHD both struggle with friendship, but studies have shown that girls face more friendship setbacks. This may be due to their symptoms deviating more from gender expectations when compared to boys with ADHD.¹¹ Misdiagnosis and delayed diagnosis can also impact the family unit, contributing to parental stress, stigma, and inconsistency in support strategies. These factors demonstrate the importance of viewing ADHD through a gendered lens.¹² To address these disparities, this paper will explore how ADHD symptoms manifest differently amongst genders, how these differences influence peer and family relationships, including from childhood to adulthood. By doing so, this paper will contribute to a better understanding of ADHD and highlight the need for increased awareness and support for all those affected by the disorder.

Understanding Gender Differences in ADHD Diagnosis and Presentation:

Compared to boys, girls with ADHD are underdiagnosed, with reported ratios ranging from 2:1 to 10:1.¹³ This could be attributed to the fact that girls with ADHD are more likely to present inattentive symptoms (e.g., inattention, disorganization, low self-esteem), rather than the more disruptive behaviors typically seen in boys. These internalizing symptoms also draw less concern from teachers and parents, making them easier to overlook.¹⁰ In fact, research has found that girls often need to present more severe symptoms to be referred for

treatment compared to boys.¹⁴ Although girls may meet fewer diagnostic criteria, they can still be just as impaired by their symptoms. However, girls are often left misdiagnosed or underdiagnosed, especially in childhood, despite facing academic, emotional, and social challenges in the long term.¹⁰

In addition to exhibiting more internalizing symptoms, many girls with ADHD have learned to adopt coping strategies and ways to mask their behaviors. These can include perfectionism, over-preparing, and staying quiet in a classroom setting to hide their struggles. A recent study on camouflaging in neurodivergent girls (age 11-14) found that while both neurotypical and neurodivergent girls engaged in some form of camouflage (similar results in masking and compensation), neurodivergent girls showed higher levels of camouflaging in the form of assimilation (pretending to fit in).¹⁵ Camouflaging occurs when an individual realizes that a certain expressed symptom is “undesirable.” It involves active mimicry of others’ actions in both a conscious and unconscious manner.¹⁶ Many girls also mimic their peers’ social cues, suppress behavior, or overcompensate for their weakness in an effort to appear “normal.” The higher rates in girls with ADHD make them more susceptible for burnouts.¹⁷ Girls with ADHD often also develop perfectionism as a coping strategy to hide what they perceive as their internal flaws, usually as a form of self-compensation.¹⁸ Perfectionism is a common “cognitive distortion” in ADHD, usually used as a form of self-compensation.¹⁸ However, constantly maintaining nearly impossible standards can result in higher stress and self-criticism.¹⁹

While these coping strategies help neurodivergent girls avoid negative attention, they also lead to less accurate identification and diagnosis of ADHD. Instead of recognizing these symptoms as signs of ADHD, girls exhibiting anxiety, social withdrawal, and peer rejection may receive an incorrect diagnosis of depression or anxiety instead.^{13,20,21} Interestingly, girls with hyperactivity or emotional instability are sometimes inaccurately diagnosed as having bipolar disorder because their mood swings and impulsivity are mistaken for signs of a more severe mood disorder.²² Furthermore, these inaccuracies significantly delay proper ADHD care. Girls are also more likely to be prescribed antidepressants prior to receiving an official ADHD diagnosis than boys.²³ At the same time, girls under the age of 18 are less likely to be prescribed medication than boys, even when diagnosed.^{23,24}

Apart from the difficulties caused by their symptoms, girls with ADHD often encounter barriers because of how parents, teachers, and clinicians respond to their behaviors.¹⁰ Based on the results of a case study, parents and teachers who read the same behavioral descriptions labeled with a girl's name were considerably less likely to classify the displayed behaviors as ADHD symptoms than when they were labeled with a boy's name.²⁵ Others have similarly found that teachers and parents frequently fail to recognize ADHD in girls, resulting in fewer referrals for ADHD assessment and longer delays to treatment.¹⁰ These biases are influenced by broader gender expectations in diagnostic systems.²⁶

These gaps in proper recognition and diagnosis help explain, in part, how ADHD presents in girls, but there are also bi-

ological factors that contribute to this difference. Hormonal fluctuations during puberty or in various phases of the menstrual cycle can also play a role in the severity of symptoms as well as in how well medications work in girls with ADHD.¹⁰ Estrogen, in particular, affects the development and functionality of many dopamine-dependent neurons in the brain that are crucial for attention and memory.²⁷ Since estrogen levels naturally change through puberty and menstrual cycles, girls with ADHD are likely to have fluctuations in mood, attention, and regulation.²⁸ For example, the effects of stimulant drugs such as amphetamine may be perceived to be stronger during the follicular phase of the menstrual cycle (when estrogen levels are greater).^{29,30} These findings suggest that hormonal factors could be an important consideration in the expression and treatment of ADHD in girls.

Girls not being diagnosed until adolescence or adulthood can have serious long-term consequences for their overall development.^{12,31} For instance, young girls with ADHD tend to under-achieve academically and socially-emotionally, leading to emotional challenges such as internalizing problems, poor self-esteem, and frustration. As the symptoms persist beyond childhood, it generally results in diminished self-esteem affecting the person throughout education and social dynamics.³² Increasing awareness of the typical presentation in girls amongst parents, caregivers, and clinicians, translated into appropriate early interventions, would prevent much of the silent suffering these girls must go through.³³

Friendship Challenges in Children with ADHD:

Children with ADHD, particularly girls, face unique challenges in forming and maintaining friendships. Inherently, certain symptoms can result in missing key social cues while simultaneously leading to an overestimation of one's social competence.^{34,35} Research consistently highlights that children experience these challenges differently between genders, even though both have significantly fewer friends compared to their neurotypical peers, with lower friendship quality and poorer friendship interactions.³⁶ Relationships tend to be shorter in duration.³⁴ For example, one study revealed that the friendships of children with ADHD are, on average, 9.6 to 14.4 months shorter compared to those of neurotypical children.³⁷

A shorter length of friendship may be due to instability and challenges associated with friendships. These factors of instability differ between genders. For instance, boys often rely on humor to build and maintain friendships, using it as a bonding tool. In contrast, girls tend to prioritize emotional discussion and view serious conversations as essential to their friendships.³⁸ Consequently, girls who struggle with emotional regulation and communication face particular challenges because these skills are central to how female friendships function.^{38,39} The intersection of social biases, gendered expectations, and inattentive symptoms may therefore intensify the social challenges faced by girls with ADHD, making them especially vulnerable to conflict and instability in their friendships.⁴⁰

Research indicates that girls with ADHD experience rejection sensitivity, an intense emotional reaction to perceived rejection, differently and more often severely than boys. They

tend to internalize social rejection more deeply, leading to heightened anxiety, depression, and social withdrawal.⁴⁰ Rejection sensitivity uniquely affects their social interactions: while both boys and girls may struggle to differentiate between peer acceptance and true friendship, girls are more likely to ruminate on perceived social mishaps and develop anticipatory anxiety about future rejection.¹¹ This can lead girls to avoid social situations or respond defensively, which, unfortunately, can increase peer rejection and reduce opportunities to form genuine friendships. The social expectation that girls are emotionally attuned and reciprocal only intensifies this effect and feeds into a negative spiral of social isolation and emotional distress. In contrast, boys with ADHD may respond to rejection with more externalizing behaviors such as aggression, leading to entirely different social dynamics. Gender, therefore, shapes not only how children with ADHD experience rejection sensitivity but also how they perceive and respond to the complex social signals distinguishing peer acceptance from true friendship.^{11,40}

Adolescence and adulthood introduce new and distinct challenges for those with ADHD, as peer interactions become more nuanced, demanding advanced emotional regulation, perspective taking, and conformity to social norms, all areas where ADHD symptoms interfere significantly.⁴¹ While childhood social difficulties often revolve around emerging social skills and peer acceptance, adolescent and adult ADHD impairments extend into complex areas of life such as intimate relationships, family roles, work, and mental health.¹⁰ Research shows that women with ADHD, despite having fewer of the more noticeable hyperactive symptoms, experience more severe and multifaceted impairments in social functioning, emotional regulation, and overall quality of life compared to men.⁴³ Having already struggled with internalized stigma and underdiagnosis their entire lives, social impairments persist and may even intensify in adulthood as women struggle with forming and maintaining close relationships and balancing multiple psychosocial demands, including family and occupational stress.⁴⁴ Men, more likely to have been treated and medicated since childhood, experience less intense social-emotional distress compared to women. These divergent trajectories emphasize the need for gender-sensitive approaches in ADHD diagnosis, treatment, and social support extending beyond childhood.^{14,42,45}

ADHD in the Context of Family and Caregiving:

ADHD not only impacts diagnosed individuals but also affects those around them, particularly parents and caregivers. The symptoms of ADHD may contribute to frequent misunderstandings and conflicts between parents and their children. Indeed, evidence shows parents with children with ADHD usually experience greater stress compared to those with neurotypical children.⁴⁶ Inherent difficulties with emotional regulation further exacerbate the negative relationship between the child and parents.⁴⁷ Unsurprisingly, research on how family dynamics are impacted differentially between genders is extremely limited.⁴⁸

In a qualitative study, parents described their experiences as “coping with the war at home” or their child as “a wrecking ball.”⁴⁹ Parents also attributed their high levels of stress to the social issues and behaviors of their children, along with a lack of sufficient support and social stigma.^{50,51} However, it is worth noting that most of these studies specifically focus on boys. In fact, all but one of the studies cited had samples made up exclusively of families with boys.^{49,52} The single study that did include families with girls had an overall sample of ten, of which six were boys, leading to concerns of how these findings may greatly differ between children exhibiting internalizing or externalizing symptoms.⁵³ It is, however, reasonable to hypothesize that girls would contribute less to parental stress, given that their symptoms are less disruptive. In fact, this internalizing behavior is precisely what goes unnoticed in the first place, and the reason why boys are more likely to be diagnosed. With the lack of current studies considering such differences, research must be done on comparing the impact of diagnosis on family dynamics between genders.

Parents may have to adjust their approaches to better fit their child’s needs.⁵⁴ Studies show that children’s behavior directly influences parental approaches, which can create inconsistent discipline and have a significant impact on family and marital relationships overall.⁵⁵ Specifically, mothers tend to use a stricter, authoritarian parenting style with their daughters, regardless of factors such as age, subtypes, medication, or comorbidities. By contrast, the style parents tend to use for sons is dependent on subtype and age. Conversely, other studies have found no differences in parenting styles. In terms of parents in a gendered context, mothers’ affection and communication are typically warmer compared to fathers’.⁴⁸

Positive parenting interventions, including behavioral parent training, are particularly indicated for families with parenting difficulties.⁵⁶ Curiously, studies tend to show that the same methods work well regardless of the gender of the child. Behavioral parent training (BPT) appears to result in better parenting styles and positive changes concerning the child and the parent-child relationship for both genders.⁵⁷ Most BPT programs teach parents positive skills and consequences (such as praise and token economies) to encourage appropriate child behavior.⁵⁶ For example, parents are taught to praise their child for starting homework on time or to implement a token chart where children earn points for completing specific activities, which can later be redeemed for additional playtime or for small rewards. Other programs, such as the nurse-led “Parent-to-Parent Support Group” (PPSG), show benefits for parents with psychoeducation, problem solving, and social support, which could contribute to a significant reduction in parental stress for families.⁵⁸ Furthermore, the Family-School Success (FSS) program may provide families with better ways to help improve their child’s academic and behavioral needs and overall engagement, as well as support families in overall knowledge of ADHD. However, the effectiveness of this approach was investigated in an unbalanced sample where only 32% of participants were female.⁵⁹ Generally, these types of interventions provide parents with specific strategies and support to manage their child’s ADHD appropriately, and can

be used to improve the home environment. However, before these programs can be recommended to all families, research must first provide convincing evidence that they are effective in families with girls as well. The development of gender-specific treatments should also be considered.

■ Conclusion

ADHD is a complex neurodevelopmental condition that affects nearly every part of a person's life, from attention span and emotions to friendships and family dynamics.^{1,4,34} This paper explored how ADHD impacts both social and emotional development from childhood to beyond, highlighting how girls are often overlooked and underdiagnosed because of their internalizing symptoms. Research has shown that children with ADHD constantly face difficulties in maintaining friendships, experience peer rejection, and struggle with emotional regulation and communication.^{34,37,60} With ADHD affecting daily function, family life is also shaped by the disorder, leading to parental stress and often requiring additional training and conscious adjustment of parenting styles. To address these issues, better training for teachers and support systems, the addition of more accurate diagnostic tools designed for girls, and overall awareness of the impact of ADHD on one's social abilities and emotions are crucial. Nevertheless, to identify effective methods for supporting girls with ADHD, research must move beyond prioritizing boys. Otherwise, our understanding remains limited and forces us to rely on speculations rather than evidence. This would greatly improve social experiences of children with ADHD, especially girls, leading to healthier family relationships, while increasing self-esteem and confidence.

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