WITH ABUNDANT INFORMATION AVAILABLE ON ADHD, we may have a false sense that we know more about the experience of girls than we really do. At last, there is ever-increasing acknowledgement that the manifestations of ADHD differ by gender. And yet, we are only beginning to appreciate the far more crucial factor—that the impact of ADHD differs significantly by gender. In fact, much about the lives of girls with ADHD is secret in that their inner world has been virtually unknown to us. Although our ability to access windows into their experience is in its infancy, we can try to make sense of the glimpses we have.

We can best understand the lens through which girls with ADHD are viewed by tracing its developmental history. Early referrals to psychiatric clinics were motivated by the difficulty of managing hyperactive, impulsive, willful children, the great majority of whom were young white boys. The research utilizing that clinic data formed the basis for the diagnostic criteria for ADHD, which reflected the assumption that the disorder primarily affected boys. Only the minority of girls exhibiting behavior most similar to hyperactive boys could potentially be diagnosed. That initial conception continues to be over-represented in the research and the media; today, ADHD remains grouped with the Disruptive Behavior Disorders of Childhood in the DSM-IV-TR. Still, the presumption is that the diagnostic criteria pertain as accurately to girls as to boys. But do they?

Our knowledge of girls with ADHD was limited to those now described as the predominantly hyperactive-impulsive type or combined type. In 1980, new diagnostic criteria allowed for the possibility of inattention without hyperactivity. Suddenly, the more easily overlooked inattentive girls, whose behavior least resembled that of hyperactive boys, could be diagnosed. Since then, we’ve witnessed an extraordinary increase in female diagnoses, which is reshaping the landscape of the disorder. However, despite nearly equal numbers of women and men with the disorder, clinics continue to report a higher prevalence of women than girls. We’re reminded that there remains a referral bias, in that girls are less frequently referred, and a diagnostic bias, in that the diagnostic criteria still exclude many girls.

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By Ellen Littman, PhD

Sex differences in neurodevelopment, such as faster maturation of the female brain, and in neuroanatomy, such as size differences in brain structures, account for some of the differential manifestations of symptoms. However, gender differences in hormones and societal role expectations may contribute to the differential impact. For example, at an early age, girls begin to internalize gender role expectations. Society still supports the feminine obligations to accommodate others’ needs, be passively compliant, work cooperatively, and be neat and organized. Young women with ADHD often feel compelled to strive for these ideals despite the fact that they call upon precisely those executive functions that perform unreliably. Conforming is far from instinctive for these girls, and they can feel like impostors. Consumed with shame, they judge themselves harshly relative to their peers.

Peer interactions and rejection
For girls, peer interactions become powerful determinations of self-worth. Unfortunately, ADHD symptoms can thwart their ability to comply with the unique demands of girls’ socialization. Daunted by the rapid verbal interplay due to slowed processing, they may retreat, ashamed of missing the punchlines. When they can’t recognize their impact or read social cues accurately, they can be ambushed by harsh negative feedback. Because their impulse-driven feelings predominate, they may appear oblivious to others’ feelings, and be judged as selfish. Craving acceptance, most girls struggle to compensate for their difficulties so as to avoid dreaded peer rejection. While boys often externalize their frustrations and blame others, girls try to hide their differences and appear to conform. To this end, internalizing their feelings becomes the defense mechanism of choice to keep their shameful confusion a secret.

While most girls with ADHD appear to internalize aspects of their suffering, it may be that inattentive girls resort to this coping skill the most. Introverted and easily overwhelmed, they tend to feel unfairly criticized and alienated from peers. Demoralized by underachievement, these passive daydreamers are reluctant to participate in class and surrender quickly when frustrated. Easily irritated, they cope with their hypersensitivities through avoidance. For these girls, a high IQ is a mixed blessing: “twice-exceptional” girls perform well in school, which boosts their self-esteem. However, believing that intellect carries an inherent worth. Unfortunately, ADHD symptoms can thwart their ability to comply with the unique demands of girls’ socialization. Daunted by the rapid verbal interplay due to slowed processing, they may retreat, ashamed of missing the punchlines. When they can’t recognize their impact or read social cues accurately, they can be ambushed by harsh negative feedback. Because their impulse-driven feelings predominate, they may appear oblivious to others’ feelings, and be judged as selfish. Craving acceptance, most girls struggle to compensate for their difficulties so as to avoid dreaded peer rejection. While boys often externalize their frustrations and blame others, girls try to hide their differences and appear to conform. To this end, internalizing their feelings becomes the defense mechanism of choice to keep their shameful confusion a secret.

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Girls with ADHD and self-harm
Stephen Hinshaw, PhD, has been in the vanguard of research on girls with ADHD. He is the lead author of a recent ten-year follow-up study utilizing the largest racially and socioeconomically diverse subject pool of girls to date. Of 140 females 17-24 years old, 93 had been diagnosed with combined-type ADHD and 47 with inattentive-type ADHD as children, although over forty percent no longer met the criteria for ADHD at the time of this follow-up. They found that these young women experienced significantly more severe psychiatric symptoms and significantly greater functional impairment than control subjects on a wide range of measures.

Most troubling was the fact that the girls with combined-type ADHD were significantly more likely to manifest self-injurious behaviors and suicide attempts than the inattentive or control group subjects. Half of the combined-type subgroup had engaged in self-injurious behaviors, and almost a fifth had attempted suicide. Since these tendencies characterized the girls with combined-type ADHD and not those with inattentive-type ADHD, it suggests that impulsivity may play a role in compelling these young women to act on their internalized pain.

These findings are a wake-up call, underscoring the fact that, even as girls with ADHD mature and appear less symptomatic, they continue to suffer secretly. While the findings do not suggest any causal relationships, they expand the continuum of potential outcomes for girls, particularly if they were sufficiently symptomatic to be diagnosed as children. Since inattentive girls compose only a third of the ADHD subjects, and since the majority of girls with ADHD seem to have the inattentive type, it is reasonable to postulate that these findings do not represent the experience of the majority of girls with ADHD. While we can conclude that the girls once diagnosed with combined-type ADHD became increasingly impaired and ultimately self-destructive, we are left with questions as to whether their ultimate diagnosis was ADHD. Nonetheless, these findings clearly highlight the importance of long-term vigilance in monitoring and treating girls as they negotiate the complex transition into adulthood.

None of these outcomes are inevitable. It is true that, unrecognized and untreated, girls can experience significant symptoms, impairment, and comorbidity across contexts. Yet there are a multitude of things that parents can do to mitigate the impact of their daught-