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Fields: journal of Huddersfield student research
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FIELDS
Journal of Huddersfield student research

What are the perspectives of late-diagnosed women with Autism Spectrum Condition (ASC) and Attention Deficit Hyperactive Disorder (ADHD), and how do the conflicting symptoms impact their experience of secondary school?

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ARTICLE INFO

Article history:
Received 25 October 2024
Received in revised form 28 March 2025
Accepted 25 June 25

Keywords:
AuDHD
ADHD
Autism
Early intervention
Women's/girls' voice
Path to diagnosis

ABSTRACT

The aims of this research were to explore the perspectives of women, late diagnosed with AuDHD, find out how they experienced secondary school and what conflicting issues their AuDHD symptoms caused. The literature review investigates the wider experiences of missed/ undiagnosed women with AuDHD and also prescriptive data on the etiology of ADHD, autism and AuDHD. This data was then compared to data found in three unstructured interviews with women who went through school without a diagnosis. The interviews found that in school, missed or undiagnosed women faced similar struggles that were echoed in the literature. The key findings in this research were that schools need to prioritise discussions around classroom sizes, with smaller classrooms and more individualised learning for all students – not just those with additional learning needs. More training for teachers is needed to help them understand children's needs better, and to support empathetic approaches to teaching. Early intervention is key to help support girls with AuDHD, and a wider understanding of how girls display symptoms is needed within the path to diagnosis. This research has highlighted the issues girls face on this path to diagnosis and why more female specific support is needed across the board.

Introduction

This research analysed the conflicting symptoms (Neff, 2023) of co-occurring ADHD and ASC, commonly referred to as AuDHD (Sainsbury et al., 2024). The research will investigate why boys are more likely to be diagnosed than girls in school (Mowlem et al., 2019), also the lack of women's voice in relation to this topic (French et al., 2023. An aim of this research is to examine the importance of early diagnosis and the focus needed on girls in particular when it comes to diagnosing AuDHD. The literature review will explore diagnostic pathways, the conflicting symptoms girls face and a more in-depth discussion of AuDHD (Sainsbury et al., 2024), also analysing the prescriptive data behind how late-diagnosed women experienced secondary school. The use of web sources are

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included alongside peer reviewed papers to incorporate a range of voices, both academic and anecdotal, into the research. There will be an analysis of three interviews. The interviews will focus on individual experiences and highlight the conflicting symptoms within AuDHD – the conflicting symptoms tend to be from ADHD symptoms clashing with autism symptoms, making certain tasks more difficult. Initially, the research was supposed to focus on academic impact rather than social impact in secondary school. However, it was impossible to look at one without the other, and this will be clarified within the findings.

Literature review

This review will break down the question being researched to focus on the definitions of ADHD, ASC, AuDHD and the problems with a dual diagnosis. It will also consider the underlying sexism which arguably leads to women receiving a late diagnosis. Finally, the impact of having late-diagnosed AuDHD on women while in secondary school will be reviewed. The issue in this research is that, like diagnostic criteria, research tends to be based on white males (MacArthur, 2021). There is a gap in the literature on AuDHD as a dual diagnosis and much of the research is based on etiology.

ASC, ADHD and AuDHD

ADHD and ASC are both neurodevelopmental disorders, and it is difficult to distinguish between them (Hours et al., 2022). However, an oversimplified and general explanation is that ADHD is seen as a deficit of attention or focus and ASC is seen as difficulties with social interaction (Leitner, 2014). Fifty to seventy per cent of girls with autism also present with ADHD (Hours et al., 2022. They often co-occur but intervention with ADHD focuses on behaviour management, whereas with autism the focus is on individual treatments (Leitner, 2014). Autism and ADHD have many shared traits like stimming, sensory difficulties, impulse control issues, interoception issues, poor emotional regulation and higher chances of substance abuse or co-occurring disorders (Neff, 2023).

The symptoms specific to ASC exhibit as: craving familiarity, finding comfort in routines and repetitive behaviours, difficulty reading allistic social cues, strict adherence to routines and a need for verbal context (National Autistic Society, 2024; Neff, 2023). Comparing this to ADHD-specific traits, it can be seen how conflicts may occur within an individual: Craving novelty, struggling to regulate and focus, struggling with social cues because of attention issues and focus, impulsivity, hyperactivity and struggles with inhibition (Middleton, 2023; Neff, 2023).

AuDHD is a relatively new understanding of how the two neurodivergences come together as a diagnosis in its own right. It was only fully accepted that both could be diagnosed in one person in the Diagnostic Statistical Manual 5th edition (DSM V) in 2013 (Ramtekkar, 2017).

Medicalised view and limited research on AuDHD

The information on ADHD, autism and AuDHD predominantly comes from a medicalised position because it is new (Liu et al., 2023). However, the best way to understand the experience of someone with ADHD, ASC or AuDHD is to understand it on a personal level.

Dr. Neff, a clinical psychologist, explores the idea that an individual only having ADHD or autism is the exception, not the rule (Neff, 2023). What actually happens is one diagnosis gets in the way of the dual diagnosis. Neff highlights the increasing detriment to women's health with undiagnosed or diagnosed AuDHD (Neff, 2023). There is a sea of journals based on boys, men and medicalised symptoms; however, Dr. Neff is an academic who has first-hand experience of being late-diagnosed AuDHD, giving weight to the argument (Neff, 2023).

Because of the lack of research on women in this field (Ofsted, 2021), the study in Japan has been included, even though culturally the outcomes may differ in terms of how and when a diagnosis is made (Umeda et al., 2018). It is one of the only research papers that has identified women in their own right, rather than included in with boys (Umeda et al., 2018). This is vital as girls do not often exhibit their symptoms in the same way as boys (Umeda et al., 2018). There is also a lack of the individual's, the parents' and the family's voice in the existing literature (French et al., 2023).

Tabb explains a missed diagnosis as like living in a paradox (Tabb, 2022). Because of Tabb's late diagnosis, she struggled her whole life with mental health issues, rejection-sensitive dysphoria and low self-esteem (Tabb, 2022). Once she received a diagnosis, Tabb found she could self-support with coping mechanisms like mini routines that were loosely structured and acted as strategies to help her on a daily basis. It also helped with understanding in her friends and family; but more importantly in herself, and which manifested as support rather than 'fixing' (Tabb, 2022).

This was similar to MacArthur's experience (MacArthur, 2022) of having three teenage girls with diagnosed ADHD, and most likely ASC. MacArthur points out how all their symptoms overlap, they exhibit hyperfocus, have difficulty making eye contact and have trouble understanding expressions of speech or verbal instructions (MacArthur, 2022). This means they have trouble in school because they do not always understand what is going on. One of the daughters gets angry and in trouble a lot because of it. Moreover, it is no less troubling for the other two, but because they are quiet they do not draw as much attention (MacArthur, 2022). The mother has highlighted that guidance from medical professionals is key in their support, and finding specialists who have experience specifically with girls (MacArthur, 2022). These experiences echo the information from Neff (2023), who highlighted the issues behind late diagnosis in women and how a single diagnosis can get in the way of a dual diagnosis (Neff, 2023). These findings show the cruciality of this research in expressing the woman's voice within literature.

Sexism

What is acknowledged in the literature is that many late or missed diagnoses are due to sexism (Umeda et al., 2018). Even with studies of ADHD, which are more established, there is very little research into women's experiences (Umeda et al., 2018). More boys than girls are detected as having SEND in schools because the basis for diagnosis is how a boy exhibits symptoms (Ofsted, 2021). Boys make up 73.1% of pupils with an Education Health Care (EHC) plan, with ASC being the most common EHC plan in primary schools in 2020 (Ofsted, 2021. Chapter Two of The Equality Act 2010 states that schools need to make sure they are not treating one sex in school differently or with less favourable treatment. However, with numbers like boys making up 73.1% and the higher numbers of women being diagnosed with AuDHD later in life (Neff, 2023), this means there is underlying sexism within the path to diagnosis, showing girls getting less favourable treatment.

These findings are pertinent to the research into women's experience of secondary school when undiagnosed with AuDHD; because it is important to understand the discrimination being experienced on an intersectional level, when women are being missed for diagnosis in school (Council of Europe, 2024; Yang, 2024).

Women and girls: Missed diagnosis

Girls with AuDHD face additional issues in secondary school, because they struggle to mask or hide behaviour they feel is abnormal (MacArthur, 2021). Also, they are led to believe their feelings are irregular as they do not fit into the diagnostic criteria based on a male experience (Leitner, 2014).

Aside from the discrimination girls face, the conflicting attributes within AuDHD should be considered. Women struggle with rising mental health issues when undiagnosed (Neff, 2023). This is to be expected when considering attributes from ADHD like fighting impulsivity, conflicting with guilt from ASC yearning for stability which the ADHD side fears (Neff, 2023).

Since the official recognition in the DSM V (American Psychiatric Association, 2013) of a dual diagnosis and a wider understanding of symptoms differing to men, women being diagnosed later in life has risen by 80% (MacArthur, 2021), although paradoxically the number of girls being diagnosed in school has not changed too much when compared with boys getting diagnosed (Umeda et al., 2018). Being able to get a diagnosis for AuDHD in time for secondary school would mean positive changes for girls getting the support they need (Tabb, 2022. They could receive support in class, have individualised plans to help academically and socially, which would then lead to a better quality of life and more secure mental health (Ofsted, 2021). This section highlights the high demand for female-focused early intervention to be more prevalent within schools (Liu et al., 2023).

Treatment, interventions and early identification

In the literature, whether prescriptive or personal, the need for early intervention has been discussed consistently (Hamandi, 2023). Research has advanced over the last 30 years, but because of the limited understanding of the etiology and interventions, more time needs to be spent on finding effective interventions that are clinical for AuDHD (Liu et al., 2023). The SEND Code of Practice 0-25 Years supports this by indicating the need for early identification, and early intervention. There is a need within early identification for more in-depth assessment, including interviewing parents, caregivers and teachers using validated rating scales, cognitive assessments and in-depth observations of behaviour (Hatch et al., 2023). This can lead to a more specific treatment for behaviour management, with school-based interventions using the development of social skills and medication to help balance out moods (Hatch, et al., 2023). Standardised evaluations will miss things, or even exacerbate the wrong symptoms, children and adults need more accuracy and specificity in diagnosis and treatment (Scarselli et al., 2022). It is clear from this, along with early intervention, more time and nurture needs to happen on the path to diagnosis.

Negative outcomes – short and long term

Coupling together the lack of information on AuDHD and the underlying sexism within the diagnosis path, this has a major impact on girls in secondary school. They are not getting the support they need in lessons (MacArthur, 2021). Also, understanding social and educational situations while masking means they are mentally overworked and constantly being overlooked (MacArthur, 2021), meaning girls cannot be at their best academically, and those with undiagnosed AuDHD are at a higher risk of being expelled from school and having a lower quality of life (Leitner, 2014). Masking is when someone mimics, copies, hides or changes their behaviour to fit in, or act how they feel they are supposed to be acting. This indicates the detriment to a girl's academic outlook by having undiagnosed AuDHD, and the adversity being faced due to not receiving sufficient support (Tabb, 2022).

In the Japanese study they examined the sociodemographic factors and AuDHD within adults, comparing women and men with an early and late diagnosis (Umeda et al., 2018). They found that those with ADHD had an increased risk of mental disorders and those with ASC had increasing social phobias, with a high risk of drug abuse (Umeda et al., 2018). They found that women with ADHD had a higher chance of mental disorders and struggles with alcohol abuse, while people of any gender with ADHD had a higher risk of mental health issues (Umeda et al., 2018. From this, it can be surmised that women with AuDHD have a high risk of mental health issues, which include mood and anxiety disorders and suicide ideation (Umeda et al., 2018).

This study looks at drug and alcohol abuse which is common in those with ADHD, ASC, AuDHD and the mental health issues they face in their life (Umeda et al., 2018). However, it fails to address a key issue mentioned in a lot of the literature, which is criminality due to lack of support. One reason for this could be because Japan's crime rate when compared with Western countries is substantially lower. This means there will be other factors to consider (Mclaren, 2023).

The mixed method review of undiagnosed ADHD and/or ASC (French et al., 2023), took a forensic sample from criminal males, whereby over half were found to have undiagnosed ADHD (French et al., 2023). The same was done in a prison in Lithuania in which they found 17% of the males had undiagnosed ADHD (French et al., 2023). This is key in understanding the rates of criminality in those who have, and are undiagnosed with, ADHD, but once again it does not show the effects for women as each sample was taken from men (French et al., 2023). Therefore, the personal experiences of women must be relied upon along with the Japanese study (French et al., 2013). It appears that in the long term, women's mental health is negatively affected when a diagnosis is not made (French et al., 2023). The current research will compare and contrast these experiences with women's personal experience of secondary school without the diagnosis they later received.

Methodology

Approach

This research took an interpretive phenomenological approach, meaning the philosophical study of analysing certain phenomena to help understand the world from a multitude of perspectives (Crossley, 2023). This gained a first-hand knowledge of the participants' honest experience of AuDHD (Smith, 2013). Interpretation of qualitative data was used as it is more personal and in-depth (Cohen et al., 2017). Interviews were chosen for the study as the research on women with AuDHD is very limited, so the data collected needed to be from first-hand experiences. Interviewing women who had been diagnosed later in life means that the study was able to illustrate their experience of secondary school without a diagnosis (Neff, 2023; Tabb, 2022).

A limitation of this approach was the time-consuming nature (Blaxter et al., 2010). However, interviews were most appropriate because the design of the question was central to discovering how women feel about being undiagnosed in secondary school settings, and how they found a lack of diagnosis affected them (Blaxter, et al., 2010).

Methods

The interviews were semi-structured to avoid leading the participants, to ensure it was the participants' raw experience being heard. A question was planned in advance, then depending on the participants' response, there were various prompts to follow up, keeping the participants on track. This was needed as the issue of the interviewer and the interviewees both having AuDHD meant there were many distractions. The prompts kept the dialogue focused.

The interviews were structured as an informal conversation (Cohen et al., 2017). To make sure the interviewees were happy they were asked which forum or location would suit them best. They had to feel they were in a safe space to be able to talk about sensitive experiences, like if being diagnosed earlier could have changed things for them. This can be quite emotional for some as it is difficult knowing things could have been easier (Tabb, 2022). The format of the interviews meant things could progress naturally (Cohen et al., 2017); however, an element of direction was required (Cohen et al., 2017), and this was addressed with the prompts.

Sampling

Non-probability sampling was used, as specific participant experiences were needed (Crossley, 2023). To advertise for participants a post was shared on Instagram, asking women who were diagnosed later in life with AuDHD to take part in an interview. One participant was gained through convenience sampling (Crossley, 2023); as the interviewer was talking about their research, she offered to be an interviewee.

The participants that were chosen for the study were most appropriate as they were all female and had gained either a dual diagnosis of AuDHD, or were self-diagnosed. The latter was later included as due to five-to-eight-year waiting lists and private assessments costing almost £1,000 (Topping, 2023), it was difficult to find people who had been officially diagnosed with both conditions. However, the running theme in the data is that people know themselves and self-diagnosis is no less valid (MacArthur, 2021).

Positionality

Positionality is important to address in interpretative research as the researcher needs to be aware of how their experience could influence the interpretation of the data (Wilkinson & Wilkinson, 2024). Reflexively, I needed to assess my relationship with a late diagnosis of AuDHD. I have an underlying bias against schools and institutions because I was treated negatively in my teenage years. I received no support from home and was labelled disruptive, angry and distracted in school. I was punished for not understanding what I was doing wrong, and for questioning why I had to follow rules that made no sense to me. This is a brief overview of my experience. To make sure the interviews were not leading, I reacted neutrally, while still allowing unbiased empathy to support the participants' well-being. Finally, the positive side effects of my position include that I am extremely compassionate and have a lot of understanding towards those being interviewed.

Ethics

The participation of the interviewees was voluntary in line with the British Educational Research Association (BERA) guidelines (BERA, 2024). Informed consent was obtained for participation, and participants were reminded regularly in a verbal manner that they could withdraw at any time and all their data would be destroyed in line with the General Data Protection Regulation (GDPR) (Intersoft Consulting, 2016). Keeping in line with the BERA guidance 2024, all participants' identities remained anonymous (BERA, 2024).

Discussing a diagnosis of any kind with past experiences at school can be a sensitive subject, so if it ever became too overwhelming for an interviewee, the interview would have been paused. The individual would have been reminded of their right to withdraw and assured that they were under no pressure to continue. If they were happy to do so, the interview would have continued because no outside person has the right to shut another person down for becoming emotional, keeping in mind they were never to be persuaded or pushed either way (BERA, 2024).

Data analysis

To analyse the data, thematic analysis and Interpretive Phenomenological analysis (IPA) were applied (Alase, 2017). IPA for the recorded interview because there was a chance to listen to it multiple times and analyse what it meant (Crossley, 2023). The focus was on the way the participant told the story, what they said and what emotion could be sensed as they spoke (Noon, 2018). How they told the story as well as the story itself was considered important, although a weakness with this analysis is that it was time-consuming and would be difficult to reproduce in subsequent studies, so it is difficult to test the conclusions (Alase, 2017). This is a subject-centred analysis fully focused on their experience and avoids reducing everything to code (Crossley, 2023).

Thematic analysis was also used to compare each participant's experience (Rutten, 2021). This worked well with IPA (Crossley, 2023), because each interviewee experienced similar adversities which manifested in different ways. Thematic analysis was key in supporting the IPA analysis, by giving a more extensive range of information to dissect within the scope of the research paper (Rutten, 2021).

This is the data analysis of three interviews with late-diagnosed women, who have AuDHD. Each were analysed separately, then all three interviews were compared and contrasted. Participant A has a dual diagnosis of AuDHD. Participant B is diagnosed with ADHD and self-diagnosed with ASC. Participant C is self-diagnosed and mentioned it had been confirmed in therapy.

Thematic analysis (Crossley, 2023) was used to track trends, in coordination with IPA (Rutten, 2021). This was integral to the analysis as participant C expressed as much with her tone of voice and physical actions as she did with her words.

Interview One

Throughout the interview with AA, three major themes were identified. These were: boredom, confusion/being misunderstood and anxiety. Initially, she stated that boredom was ‘skin crawlingly painful’ and she missed a lot of school or classes because she could not stand the idea of being sat at a desk. This is a common ADHD trait among women and men, but women are better at masking the fidgeting tendencies (MacArthur, 2021). AA said she loved learning but school was too boring, which demonstrates her school’s failure to adapt correctly in order to be able to address everyone’s individual needs (Unravel, 2022). When discussing the social side she mentioned trying to ‘fake my way through’ to fit in, but could not focus on what people were saying, and would find situations boring, which ‘made me a hard friend to have’. The boredom in social situations made AA want to – what she now understands as – stim, fidget or jump around to release energy, which was ‘weird’ and she could not do that. It felt to AA like all these emotions were being kept inside, creating more distractions and more frustration for herself. These are common traits within AuDHD which tend to conflict with each other, with one side craving the routine of any situation and the other trying to burst out of it and find the novelty (Neff, 2023).

The second key theme that came out in the interview was confusion. AA mentioned that she would get confused a lot and teachers, parents or peers would not understand her – which meant she could also not understand herself. A common thread throughout each interview is the participants being overlooked or ignored in school because of various traits stemming from similar symptoms. For AA she got good grades so teachers did not give her the help she needed, and got angry in class if she got confused. This led to her missing school, which was not picked up on much because in the classroom she would have angry outbursts. ‘I think they were just happy that I wasn’t there because I was difficult’. This is common with people with AuDHD and many other divergences, when they get confused: they cannot regulate (MacArthur, 2021), and as AA describes it: ‘when I was put on the spot I just wanted to cry, so instead would lash out to cover the embarrassment’. This confusion that is mentioned throughout the interview, along with being misunderstood, is fixable with more knowledge on the teacher’s part, and more access for children with different needs (Hatch et al., 2023). AA mentioned that using technology to ask and answer questions would have greatly benefitted her, as she wanted to ask and answer but she was too embarrassed to do so. This would stem back to the feeling AA found in social and academic settings, where it felt like everyone else found everything so easy, and she did not. This is a common feeling for those with AuDHD, and a major cause of this is because the nervous system is a lot more vulnerable than neurotypical types (Neff, 2024).

Anxiety is a common feeling across the board, not only in the interviews included, but also in the literature (Umeda et al., 2018), personal experiences and interestingly enough in the two neurotypical people the interviewer practised the interviews on. AA mentioned anxiety consistently throughout the interview: ‘It tainted my social life, my school life, and my home life.’ This as seen in the literature review can have detrimental effects on women’s mental health as they grow older (Umeda et al., 2018). AA said that: ‘worrying about where to sit, who would make fun of me or having to answer questions in class would bring me to tears’. She had ended up in anger management which did not help because she was not angry; she had a lot of feelings but anger was the outcome not the problem. She explained: ‘It felt like they did not understand what was wrong with me so just put me in the nearest “help group”’. She would always get told off for not: ‘blindly following rules’, which made it seem as though she was trying to act up, but she clarified: ‘I didn’t want to be naughty, getting in trouble made me anxious – but I don’t do things if I don’t understand the point, I still don’t today’. Early on, she explained she would rather be seen as naughty than just do what she was told for no reason. However, later on she explained that it was more about seeming stupid and weak because even though she got good grades she always felt it was just luck, that she was not smart and just a bit pathetic. ‘I would hide this feeling with acting out and being the naughty kid.’ This feeling is echoed by many people with AuDHD as imposter syndrome (Young, 2011). Imposter Syndrome is when someone feels like they do not deserve what they have got, they have faked their way in and feel like everyone will find out they are not good enough. This condition is found predominantly in women (Young, 2011).

Interview Two

In the second interview, three main themes surfaced when talking about secondary school: BB felt anxious and isolated, she felt 'dumb' but wanted to learn and she needed outside intervention. BB mentions she felt anxious mostly because of large groups of people. She could not speak if she felt like there was an audience, which held her back from asking questions in class and talking to people in social situations. The only time she felt comfortable was one-on-one with two friends. However, that was a small 'respite from constantly being anxious'. Anxiety is a common side effect of AuDHD and can be exacerbated when someone is undiagnosed (Mollon, 2018). As with AA, BB found anxiety debilitating, describing it as being in 'constant fight or flight mode, and being like that means my pre-frontal cortex can't have been engaged enough to learn anything'. A diagnosis would have helped because teachers would get very angry because BB could not concentrate in lessons, which would then make her more anxious. She explained: 'They acted as if I was doing it on purpose as if it was a personal vendetta.' So as with AA, a diagnosis could have brought more understanding, space to be themselves and helped to lessen the anxiety they both felt (Mollon, 2018).

An important theme to raise here is that AA mentioned 'feeling stupid' in her interview, but it was more prevalent with BB. This was consistent throughout. Not only had she felt dumb, but she had wanted to learn and was being prevented from doing so: 'I had been placed in all the bottom sets which was confirmation, that I was dumb.' Also, she was very interested in some subjects 'but wasn't allowed to advance'. This links back to the imposter syndrome (Young, 2011) and how schools actually ingrain this feeling of being stupid and not good enough into children by rating them in sets and not allowing them to do better (Education Endowment Fund, 2024). In school, BB talked about how she would keep up, up to a point, but then she would start getting lost and the anxiety would prevent her from asking a question; which made it impossible to understand once she was lost so she just gave up. This is similar to AA in which technology like Nearpod (Unravel, 2022), means they could have interacted without having to talk. This would have benefitted BB unequivocally. BB pointed out the bottom sets were a lot of fun, 'like a constant comedy show because all the people who mess around were in them'. But she explained that you got taught a lot less, and when you were taught things it was really hard to concentrate (Education Endowment Fund, 2024).

Finally, throughout the interview BB talked about needing outside intervention. The interviewer mentioned a safe space which AA had suggested. BB said that would not help as she would be worried she would get bullied for using it or, 'other kids would exploit it'. BB claimed counselling would have been better as she would be one-on-one, with no peers around. She explained that she did not just need a space to talk, she needed someone to 'draw it out'. This links back to the idea of early intervention echoed across the literature (Hatch et al., 2023; Liu et al., 2023; Neff, 2023; Scarselli et al., 2022; Tabb, 2022) and within The SEND Code of Practice 0-25 years,which all identify the enormous importance of early identification and intervention. BB had a very public traumatic childhood. The events that happened to her were in the newspaper but she explained not once did any adult come up to check on her, see if she was okay or needed support. While there is validity in the fact that classrooms are overcrowded and teachers are overstretched (Walden University, 2024), there is still a lack of training, as shown in the case of BB whereby the trauma she endured through secondary school was common and public knowledge. As mentioned earlier, each interviewee was overlooked due to different reasons resulting in similar outcomes. For BB she believes she was overlooked and left alone because she was the 'quiet daydreamer, I didn't make a fuss so they just left me alone'. The symptoms of AuDHD present in different ways for women but with the same core issues (Neff, 2023). For AA confusion and anxiety led to lashing out and defiance, whereas with BB it led to daydreaming or zoning out and turning more inward.

Interview Three

In her interview CC was very expressive through her actions, movements and tone. These are worth including in this analysis as some of the information about CC's experience may have been missed or overlooked by just focusing on her words. As with the previous interviewees, anxiety played a big part in CC's experience of secondary school. She opened up about how: 'I feel nervous when I think about secondary school but then I have to consider why.' At this point CC was cooking, calmly moving around the kitchen as she started describing what she liked: 'activities, clubs, drama and art'. Then she moved on to how she had loads of friends, she started tapping a spoon on the side and talks slower as she explained, 'I liked having lots of friends but on my birthday they all came together and nobody got on with each other.' CC laughed, making it seem funny but agitation showed in her tone and action. Later on, she mentioned: 'I am different around different people' which could explain her agitation at being confronted with her masking (Tabb, 2022). When CC talks about unmasking, her body is relaxed again, she is cooking, and talking faster, showing signs of comfort that in later life she understands as masking and has been able to unmask (Tabb, 2022).

Throughout the interview, CC's anxiety seems to rise when talking about what she did not like at school by talking slower, zoning out in places and at some points tapping or moving things around the kitchen but not doing anything with them. Comparing this to when she is talking about socialising, drama, art or anything she had enjoyed she talks faster, she is more upbeat and less distracted.

This links to what she explains about her school experience as she was labelled 'absent-minded', or teachers would ask, 'Why can't you just get it?'. An example of this in the interview is when CC talked about wanting more time in class to learn the same things in two types of ways, she slowed down a lot and started to zone out. The interviewer suggested smaller classrooms, to which CC replied a very slow 'yeah' – but did not seem to be listening, so the interviewer waited while CC said a few disconnected words, and then CC said brightly and fully aware: 'But if you did versions of learning in smaller classes for everyone, then you wouldn't be giving special treatment to everyone would you? Because you'd be doing the same thing for everyone.' The pause shows the 'absent-mindedness' teachers had labelled CC, but with space to think she then replied with an interesting remark on the system. These interviews show that mislabelling someone as absent-minded, daydreamer or the naughty kid is harmful as they are missing the point of what is going on with an individual (Neff, 2023).

Another running theme through CC's interview is the belief at school age that she was 'dumb'. She was also put in some bottom sets, finding teachers would not let her learn. Because 'I was a good kid, they would put the naughty kid next to me'. This would only distract CC and make her more anxious – especially in classes she already struggled in. There were many signs that CC was not learning in the same way as everyone else. This was shown by what she described as being a 'riddle for the teachers in English'. She was in the top set because of what she had to say, and the content she wrote; however, she could not spell or structure the work. This leads us back to the need for more in-depth teacher training on individualised learning, and smaller classrooms (Walden University, 2024). While CC talked about 'feeling dumb' she became slower, louder and more expressive. For instance, talking about children with a classroom assistant she said that was the only experience she had of someone with additional needs; and if that were to happen: 'I would feel more isolated and stupid.' CC then held a whisk in the air and said in a loud booming voice, 'It's true you are an idiot' and laughed.

As we talked CC laughed, raised her voice, danced and moved around consistently. The more in-depth she spoke about things that she was annoyed by, the more expressive she became. When she spoke of being sad, 'maths made me want to cry', she became despondent and slow speaking. When she spoke of happy things she was more clear and active with her movements. This is important because it links to the idea brought up with AA, about being 'painfully bored' having to sit at a desk. CC pointed out that she would not have spoken as easily if we had just sat on a couch and talked. She also mentioned that if she could have done an activity at school while learning the lessons she did not like, it would have worked better. By letting CC express herself physically and tonally in the interview she was more comfortable, less anxious and happier to be herself. This is what the literature when looking at the personal experiences of Neff, Tabb and MacArthur (MacArthur, 2021; Neff, 2023; Tabb 2022) agree would support not only neurodivergent children, but all children in taking away their anxieties: by taking away the social stigma of normalisation.

Interviews combined

Each participant chose to be able to move or do an activity while being interviewed, and talked about being bored at a desk or not being able to concentrate sitting still, meaning that conventional ways of learning from the outset are wrong for women with AuDHD (Rotz & Wright, 2024). They all talked about how their anxiety stopped them from fully engaging socially and academically because of symptoms of their AuDHD, which conflicted with each other. For instance, CC being in top sets but not being able to spell, or being in bottom sets but yearning to learn. AA spoke about feeling anxious in social situations, needing to connect with people and not being able to. These both link to Neff's discussion on conflicting symptoms of autism and ADHD (Neff, 2023). Among other things it highlights the internal opposition of missing social cues for autism, while talking over people and not listening properly with ADHD which can alienate an individual (Neff, 2023). This makes social situations more difficult and nonsensical to someone who experiences both traits. For BB the conflicting symptoms shone as with CC for wanting to learn but not being allowed to, because teachers thought she did not care when actually, she cared so much she was too anxious to share. This is highlighted in the experiences of MacArthur's daughters all with some combination of ADHD, autism or AuDHD, who struggled in different ways in school – but were similarly always misunderstood (MacArthur, 2021).

Women face additional issues in secondary school when undiagnosed with AuDHD because they mask (Tabb, 2022) as CC, AA and BB all mentioned in different ways in their interviews. 'I've started to unmask' – CC, 'When I was alone with them, I could relax a bit' – BB talking about a friend, 'I kind of emulated characters on TV, so people would think I was normal' – AA. Masking for anyone uses up a lot of energy which then distracts from learning (Tabb, 2022), meaning girls in school going undiagnosed are missing out on parts of school academically and socially. When asked about having a diagnosis in school CC said she would not have wanted it because it would have been embarrassing. When asked whether she thinks it would be the same if she were a boy, she laughed and said no. She explained that boys were getting diagnosed, and they were the misbehaving boys: 'boys held it as a badge of honour'. When asked a similar question, AA said: 'it was easier for boys, they were allowed to get diagnosed, it felt'. She explained that the boys who acted the same way as her had ADD or ADHD and got sent to another classroom, but she would get detention or 'sent to the head'. BB found that being a girl she was expected to 'act better' than the boys, she needed the help but the 'loud boys' got it. This is repeated in the literature in the few places where studies were done on women (Umeda et al., 2018, that women face additional issues not only due to the conflicting symptoms found within AuDHD, but also having their diagnosis missed because they are not acting as boys would. Girls are being directly taught they have to act better than boys (Ofsted, 2021; Umeda et al., 2018). This links back to Neff's experience of sexism within diagnosis (Neff, 2023).

The DSM V (American Psychiatric Association,

2013) now recognises AuDHD as a dual diagnosis. Each of the interviewees attended secondary school before this date, which could explain their not getting a dual diagnosis; however, it does not explain not getting one for either ADHD or autism. It seems the acceptance of the dual diagnosis is reactive to people, rather than proactive. Having this accepted in the DSM V (American Psychiatric Association, 2013) has helped women akin to those being interviewed in understanding their symptoms, rather than changing the diagnostic statistics (Leitner, 2014).

Each interviewee was asked how getting an early diagnosis would have changed things for them. AA said it would have changed her life to have people understand her, understand herself more and get the help she needed to comprehend lessons and social situations better. This is contrary to CC and BB who both said they would have found it harder as they were worried about bullying, people thinking they were stupid or being isolated. However, they did both comment that it would be good for teachers to know so they could help them, and not get angry at them. Each participant said that different, immersive ways of learning would be beneficial for everyone. This comes back to the labelling theory (Norwich, 2009) which is steeped in the stigma of how being labelled with a diagnosis can negatively affect a person, determining how they will act but also distorting others' views and reactions to them. However, the issue is not the label, but people creating the stigma – this means it is the narrative that needs to be challenged, not the process of diagnosis (Norwich, 2009).

AA was the only one not put into bottom sets, while she still worried about not being clever enough; BB and CC were placed in bottom sets so had their self-idea of being 'dumb' confirmed. This is one reason why they were more worried about the stigma from being labelled. Another issue is that while BB and CC struggled with different things socially, when they were with their groups or one-on-one with friends they did feel more relaxed, while AA commented that she never really connected with anyone. This meant that once again AA was less worried about the stigma as she did not have as much to lose socially. BB and CC had more to lose socially, so were worried about being alienated from their friendship groups. However, they all agreed academically they would have been better off if the teachers had understood their diagnosis better, and if they had received individual learning styles without being singled out.

Finally, a common thread through each interview was the impact of the names they had been called when growing up: 'over-emotional', 'dramatic', 'absent-minded', 'silly', 'stupid', 'naughty', 'daydreamer', 'lazy', 'attention seeker' and so on. These names led the women to mask more, and as all three explained they truly believed these things about themselves. Even now with the knowledge of their diagnoses they cannot completely disconnect from growing up being told these things constantly. Hamandi (2023) highlights that being repeatedly mislabelled, insulted and misunderstood causes an individual with ADHD to create a false narrative about themselves, which leads them to not trusting themselves, not being able to evaluate themself and finding it hard to hold a positive vision of themself. This is echoed in AA's interview: 'Not having my AuDHD diagnosis caused me a lot of trauma I don't think I can fully heal from'. Also, CC is still worried about getting her official autism diagnosis because of the stigma that continues to surround it. The constant swinging between self-doubt embedded since childhood (Hamandi, 2023) and the self-confidence the women interviewed are trying to build is described by them and Hamandi as tiring and exhausting.

The key themes that appeared in these interviews are the running stream of anxiety and isolation each individual felt. Boredom cropped up as an issue causing tangible discomfort. Feeling stupid while still wanting the opportunity to learn was prevalent, with the idea that they were being barred by the school or teachers. Two of the participants talked about wanting adults to actively intervene to help, while they all mentioned wanting teachers to be more understanding. They all felt they were overlooked for different reasons: forgotten because they were quiet, unsupported because they were naughty, or left alone because they were good. Finally, they all agreed that the repetitive name calling or mislabelling they grew up with has deeply affected them, and negatively followed them into adulthood.

Conclusion

This study is important because it has highlighted the detriment to girls' academic prospects, their mental health and ongoing outcomes in life, with a late diagnosis of AuDHD. In the literature it can be observed that the voices of women are hard to come by, so it is key to put the experience of individual women into the narrative.

This research has added to the body of knowledge by not only making the women's voices heard, but documenting their experience of AuDHD. The symptoms girls experience are commonly displayed differently from the symptoms boys experience. The literature review backed this up with medicalised analysis, but the interviews were key in displaying how women have experienced the symptoms of AuDHD. Each woman spoke of feelings of anxiety, shame and self-doubt and how it manifested in their lives. They explained that when they did struggle teachers in school tended to act as if they were doing it on purpose, in opposition to how the boys were treated. Having this knowledge moving forward means teachers and other professionals can receive more training in how to support girls specifically.

This research has benefitted the participants in the knowledge they are being heard, and that they are not alone as they understood that multiple interviews were being conducted – not just them. This research will also benefit educators; if they were to implement the recommendations, they would greatly improve the academic and social life of girls in school.

The key findings are that girls in schools have been overlooked for diagnosis leading to support. The struggles they face are internalised, and hidden with masking. Women's voices are not being heard in the literature which is very prescriptive. This research has shown that mental health projections for being undiagnosed as a woman are negative. The interviews will help add to the data on women in this subject.

There are common symptoms in AuDHD in conflict with each other which add to women's struggles. For instance, masking which is tiring, time-consuming and can include being too anxious to ask for help, therefore being left behind. With more recognition, they would have been able to understand themselves earlier and have a better academic experience.

The DSM V (American Psychiatric Association, 2013) recognising AuDHD as a dual diagnosis does not seem to have affected girls' diagnosis in school. However, it has helped support dual diagnoses later in life. The diagnostic pathway with women and girls in mind needs to be changed to be more individual so as to help everyone equally. Early support is needed to make a difference to women academically and socially.

The data shows two paths. Path one says an early diagnosis makes the difference, and with it comes the support and help that girls need in school. Path two says that a diagnosis per se is not what is needed. Schools and educators need an overhaul and to treat every child as an individual, to give everyone the support you would give any child with AuDHD. This reasoning is that children with AuDHD may *need* more stimulating lessons to stay engaged. Neurotypical children may not *need* the same stimulation, but they will benefit from it.

Overall, the outcome of the research is that earlier, more specific help and guidance are needed. The question that has arisen now is whether an early diagnosis is necessary, or whether schools should be more willing to change with individualised learning for everyone.

From the interviews, it can be surmised that in schools teachers need more training to identify individual needs with or without a diagnosis. Classes need to be smaller to allow teachers to do this. However, teachers and schools face limitations in this capacity, where they may want to reduce classroom sizes but resources are often too tight to allow for it, and this is an issue that would need to be addressed at governmental level. There needs to be a multitude of different ways to learn, varying activities and stimulation within a lesson. What can be seen here in comparison with the literature is that the diagnosis is not as important as the understanding that comes with it. Also labelling, like bottom/top sets, should not be used, as in the literature and participants' experience they have negatively affected not only those placed in the bottom set, but those in the top also. Counselling in school is needed for children and needs to be structured in a way they can access it, easily and privately.

Acknowledgements

I would like to thank Nicole, for without her support I would never have made it through to the end. Thank you Nicole for helping me find my love of learning again, by letting me do it my own way.
Thank you Benjamin for putting up with all the meltdowns while writing this. Thank you to the participants for their time and honesty.
Finally, I need to thank my mum Jackie who for better or for worse brought me up to care so much that I want to change the world and make a positive difference.

References

Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education & Literacy Studies*, *5*(2), https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Blaxter, L., Hughes, C., & Tight, M. (2010). *How to research.* McGraw-Hill Education.

British Educational Research Association [BERA]. (2024). Ethical Guidelines for Educational Research (5th ed.). https://www.bera.ac.uk

Cohen, L., Manion, L., & Morrison, K. (2017). *Research methods in education.* Taylor & Francis Group.

Council of Europe. (2024). *Intersectionality and Multiple Discrimination.* Council of Europe. https://www.coe.int/en/web/gender-matters/intersectionality-and-multiple-discrimination

Crossley, J. (2023). *How To Write The Methodology Chapter.* GRADCOACH. https://gradcoach.com/how-to-write-the-methodology-chapter/

Education Endowment Fund. (2024). *Setting and streaming.* Education Endowment Fund. https://educationendowmentfoundation.org.uk/education-evidence/teaching-learning-toolkit/setting-and-streaming

French, B., Daley, D., Groom, M., & Cassidy, S. (2023). Risks associated with undiagnosed ADHD and/or autism: A mixed-method systematic review. *Journal of Attention Disorders, 27*(12), 1393–410. https://doi.org/10.1177/10870547231176862

Hamandi, S. (2023). *Self-care for people with ADHD.* Simon & Shuster Audio.

Hatch, B., Kadlaskar, G., & Miller, M. (2023). Diagnosis and treatment of children and adolescents with autism and ADHD. *Psychology in the Schools, 60*(2), 295–311. https://doi.org/10.1002/pits.22808

Hours, C., Recasens, C., & Baleyte, J. M. (2022). ASD and ADHD comorbidity: What are we talking about?. *National Library of Medicine,* , https://doi.org/10.3389/fpsyt.2022.837424

Intersoft Consulting. (2016). *General Data Protection Regulation.* Intersoft Consulting. https://gdpr-info.eu/

Leitner, Y. (2014). The co-occurrence of autism and attention deficit hyperactivity disorder in children – What do we know?. *Frontiers in Human Neuroscience, 8*(268), https://doi.org/10.3389/fnhum.2014.00268

Liu, A., Lu, Y., Gong, C., Sun, J., Wang, B., & Jiang, Z. (2023). Bibliometric analysis of research themes and trends of the co-occurrence of autism and ADHD. *Neuropsychiatric Disease and Treatment, 19,* 985–1002. https://doi.org/10.2147/NDT.S404801

MacArthur, B. (2021). *ADHD vs autism in girls – A parent's perspective.* ADHD Supergirls. https://adhdsupergirls.com/adhd-vs-autism-in-girls/

Mclaren, M. (2023). *Why Japan is one of the world's safest countries.* New Thinking. https://www.newthinking.com/culture/why-japan-is-one-of-the-worlds-safest-countries

Middleton, E. (2023). *Unmasked: The ultimate guide to ADHD, autism and neurodivergence.* Penguin Life.

Mollon, P. (2018). *The disintegrating self: Psychotherapy of adult ADHD, autistic spectrum, and somato-psychic disorders.* Taylor and Francis.

Mowlem, F., Agnew-Blais, J., Taylor, E., & Asherson, P. (2019). Do different factors influence whether girls versus boys meet ADHD diagnostic criteria? Sex differences among children with high ADHD symptoms. *Psychiatry Research*, *272*, 765–73. https://doi.org/10.1016/j.psychres.2018.12.128

National Autistic Society. (2024). *What is autism.* National Autistic Society. https://www.autism.org.uk/advice-and-guidance/what-is-autism

Neff, M. A. (2023). *ADHD vs autism.* Neurodivergent insights. https://neurodivergentinsights.com/misdiagnosis-monday/adhd-vs-autism

Neff, M. A. (2024). *The autistic and ADHD nervous system.* Neurodivergent Insights. https://neurodivergentinsights.com/blog/autistic-adhd-nervous-system

Noon, E. J. (2018). Interpretive phenomenological analysis: An appropriate methodology for educational research?. *Journal of Perspectives in Applied Academic Practice*, *6*(1), https://doi.org/10.14297/jpaap.v6i1.304

Norwich, B. (2009). Dilemmas of difference and the identification of special educational needs/disability: International perspectives. *British Educational Research Journal*, *35*(3), 447–67. https://doi.org/10.1080/01411920802044446

Ofsted. (2021). SEND: Old issues, new issues, next steps. GOV.UK. https://www.gov.uk/government/publications/send-old-issues-new-issues-next-steps/send-old-issues-new-issues-next-steps

Ramtekkar, U. P. (2017). DSM-5 changes in attention deficit hyperactivity disorder and autism spectrum disorder: Implications for comorbid sleep issues. *National Library of Medicine*, *4*(8), https://doi.org/10.3390/children4080062

Rotz, R. & Wright, S. (2024). *The body-brain connection: How fidgeting sharpens focus.* ADDitude. https://www.additudemag.com/focus-factors/

Rutten, L. (2021). Toward a theory of action for practitioner inquiry as professional development in preservice teacher education. *Teaching and Teacher Education*, *97*, https://doi.org/10.1016/j.tate.2020.103194

Sainsbury, W. J., Whitehouse, A. J. O., Carrasco, K. D., & Waddington, H. (2024). Parent-reported areas of greatest challenge for their

ADHD and/or autistic children. *Advances in Neurodevelopmental Disorders.* https://doi.org/10.1007/s41252-024-00417-x

Scarselli, V., Martucci, M., Novelli, M., Galosi, S., Romani, M., & Sogos, C. (2022). Diagnostic and therapeutic challenges of comorbid ASD, ADHD and psychosis: A case report. *Behavioural Sciences, 12*(10), https://doi.org/10.3390/bs12100382

Smith, D. W. (2013). *Phenomenology.* Stanford Encyclopedia of Philosophy. https://plato.stanford.edu/entries/phenomenology/

Tabb, E. (2022). *Autistic and ADHD life as a paradox: A personal perspective.* National Autistic Society. https://www.autism.org.uk/advice-and-guidance/professional-practice/autism-adhd

Topping, A. (2023, July 17). UK children waiting 16 months on average for ADHD and autism screening – study. *The Guardian.*

Umeda, M., Shimoda, H., Miyamoto, K., Ishikawa, H., Tachimori, H., Takeshima, T., & Kawakami, N. (2018). Comorbidity and sociodemographic characteristics of adult autism spectrum disorder and attention deficit hyperactivity disorder: Epidemiological investigation in the World Mental Health Japan 2nd Survey. *International Journal of Developmental Disabilities, 67*(1), 58–66. https://doi.org/10.1080/20473869.2019.1576409

Unravel. (2022). *Why our education system needs to adapt more than it ever has.* Unravel. https://unravelsupport.co.uk/why-our-education-system-needs-to-adapt-more-than-it-ever-has/

Walden University. (2024). *5 ways that overcrowded classrooms affect education.* Walden University. https://www.waldenu.edu/online-masters-programs/ms-in-education/resource/five-ways-that-overcrowded-classrooms-affect-education

Wilkinson, S., & Wilkinson, C. (2024). The role of positionality in research 'gone wrong': Critical reflections on research involving young people. *Children's Geographies, 22*(2), 234–40. https://doi.org/10.1080/14733285.2023.2227598

Yang, K. (2024). *Analysing intersectionality: A toolbox of methods.* Sage.

Young, V. (2011). *The secret thoughts of successful women: and men: Why capable people suffer from the impostor syndrome and how to thrive in spite of it.* Crown Business.