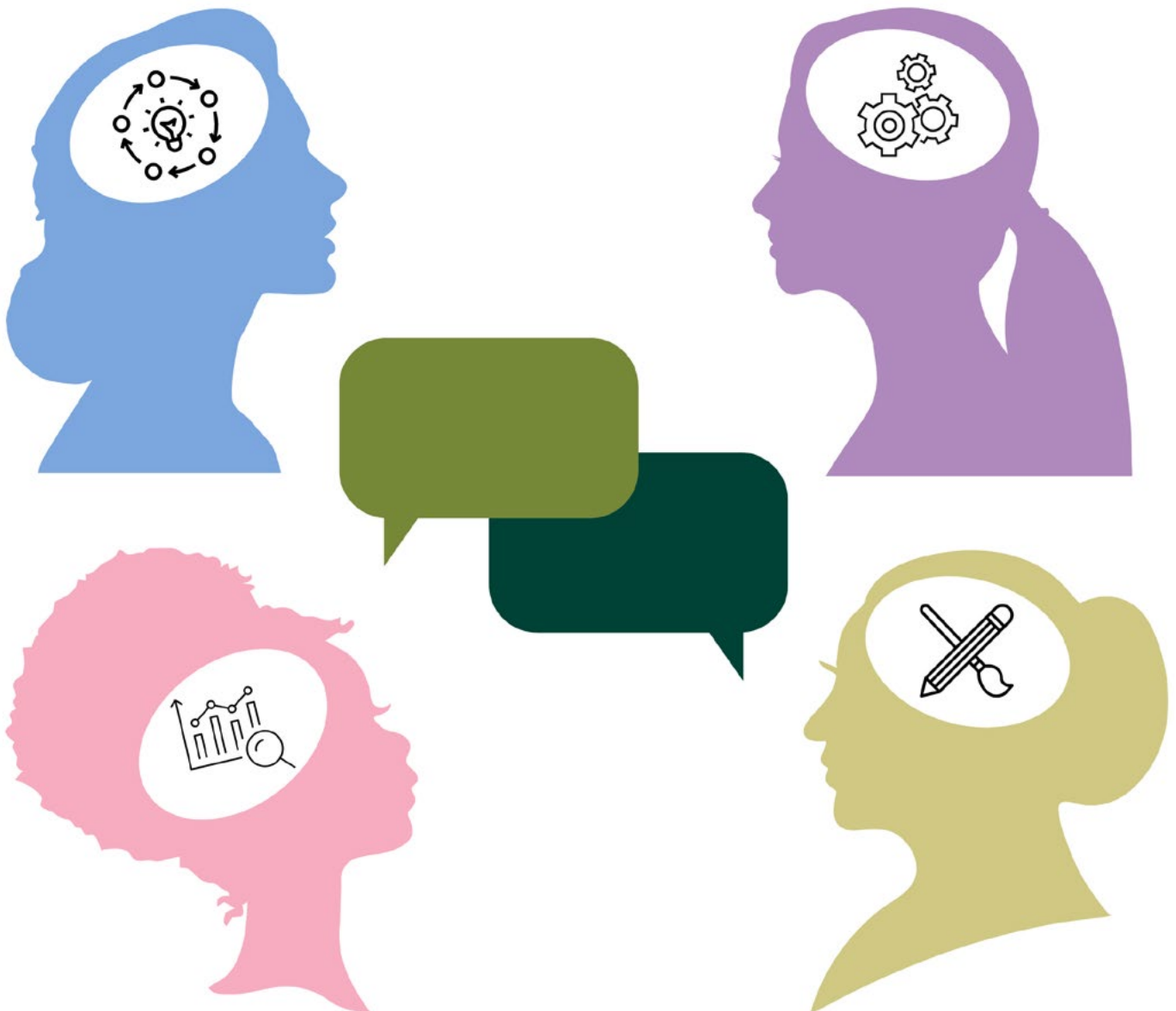


# Understanding the Experiences of Autistic and ADHD Women

2024



## About the NFWI

The WI is a unique organisation shaped by its members. In 1915, we set out to give women a voice and to be a force for good in the community. Since then, our members and our ambitions alike have grown tremendously. Today, we are the largest women's organisation in the UK and we pride ourselves on being a trusted place for all women of all generations, to share experiences and learn from each other. A WI membership offers the opportunity to meet women in your local area in-person and virtually, to make friends and make a difference in your community. We campaign nationally on a wide range of issues and provide life-long learning and self-development opportunities for women in England and Wales.

In 2023 we introduced WI Supporters Options as another way to engage with the WI movement without being a WI member. This is an alternative way to engage with our work.

## About the research

This report presents the findings of the NFWI's research into the experiences of autistic and ADHD women. It is based on personal experiences from women with lived experience of autism or ADHD, or those who have supported a friend or family member, obtained through an online survey, with a total participant figure of 512, and 7 telephone interviews. Not all questions were completed by all respondents, so completions are included for each finding within the report. The report is designed to be a snapshot of the experiences of this group of women, and we place these in the context of the wider policy environment and other research where appropriate.

**Author:** Aanchal Mann

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We also thank the WI Thinking Differently campaign Advisory group for their support in shaping and developing the research project.

And finally we thank all the women who took the time to share their own experiences of autism and ADHD, or their experiences of supporting a loved one.

**Contact details:**

The National Federation of Women's Institutes (NFWI)  
104 New Kings Road London,  
SW6 4LY.

Incorporated in England & Wales as a Company Limited by Guarantee No. 251 7690

Charity Registration No. 803793

## Foreword from Ann Jones, Chair of NFWI:



In 2022, WI members voted to pass a resolution shining a spotlight on an issue that was all-too often unrecognised or ignored: the experiences of autistic and ADHD women and girls. Like all our resolutions, it came directly from the concerns of our grassroots movement of 190,000 women.

The resolution was developed, proposed and seconded by WI members with lived experience of autism and ADHD who were prompted to act by the failure of our society to recognise, support and accept them. It called for more research into the female presentation of these conditions as well as improvements to the diagnosis process for women and girls.

Resolution proposer Alison Long, urging delegates to support the resolution at the WI Annual Meeting said “For too long women and girls have been an afterthought in thinking about autism and ADHD.” It is this lack of attention to the experiences of women and girls that our campaign seeks to change.

Our Thinking Differently campaign is therefore a call for society, healthcare, and employers to accept, understand and support autistic and ADHD women and girls in all their diversity.

As our research, and that of others, shows, there is an urgent need for change. Women told us in our survey how difficult it was to get a diagnosis for their condition with a serious lack of understanding from health professionals. All too often women are being dismissed or discouraged, making getting a diagnosis a battle. With increasing numbers of women seeking diagnosis later in life, we need effective diagnostic tools that can recognise the female presentation of these conditions that can be applied to women of all ages.

We know that across the country people are facing very long waiting times to access diagnosis, and our survey reflects this picture, with women facing waits of months or even years. Too many women also told us they faced discrimination or felt they had to ‘mask’ or hide their autism or ADHD at work, in education and in society.

It is clear there is much more to be done to build a society that celebrates and welcomes autistic and ADHD women and girls. In a world where diversity is our strength, these survey findings serve as a poignant reminder that true inclusivity requires a re-evaluation of societal norms.

The voices of neurodivergent women are a unique and valuable symphony, echoing the need for workplaces, educational institutions, and communities to embrace neurodiversity with empathy and understanding. It is imperative that we work to dismantle barriers, cultivate an environment of acceptance, and champion the individual strengths that neurodivergent women bring to the table.

I hope the recommendations set out in this report, and the powerful first-hand experiences of autistic and ADHD women, will inspire tangible change for the future.

*Ann M. Jones*

## Summary of recommendations:

### For healthcare professionals:

1. We need enhanced training and awareness amongst GPs, nurses and other primary care professionals so that they properly understand and can recognise the female presentation of autism and ADHD.
2. We must reduce waiting times for diagnosis so they are in line with NICE guidelines to end the scandal of women and girls waiting months or even years for diagnosis.
3. We need consideration of updates to diagnostic tools and criteria to better recognise female presentation of autism and ADHD.
4. We need improved information and better signposting to groups and charities that can support women following a diagnosis, as well as improved, consistent access to medication supply (ADHD).

### Employers should:

1. Provide training to managers and colleagues on autism and ADHD in order to improve awareness and make their workplaces open and supportive to neurodivergent staff.
2. Offer flexible working arrangements to employees who need it.
3. Create a supportive environment where women with ADHD or autism can openly feedback, without prejudice, or fearing a negative outcome.

## Background to the Campaign

**June 2022:** WI members vote to pass a resolution calling for more research into the experiences of autistic and ADHD women and girls with a majority of 96.5%.

**September 2022:** The WI Thinking Differently campaign is launched and an advisory group is formed of neurodivergent WI members, and members who work in the field, to shape and guide the development of the campaign.

**October 2022:** NFWI hosts two webinars- one focusing on the experiences of autistic women and one focusing on ADHD women and girls, bringing together experts in the field to share their insights with members.

**November 2022:** NFWI publishes guidance for WIs and federations on being inclusive and welcoming to neurodivergent women, and encourages them to demonstrate their commitment by completing a pledge as a group.

**March 2023:** Campaign toolkit is published.

**July 2023:** Survey is launched to capture women's experiences of autism and ADHD and runs for 7 weeks.

**November 2023:** WI launches campaign craft project encouraging members to craft an 'infinity symbol' to send to their MP/AM alongside a template letter, calling for support for our campaign.

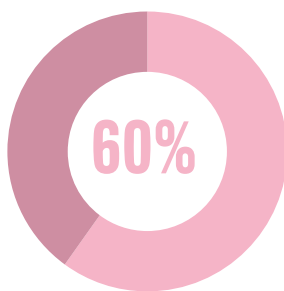
# Autism

## 1 Experience of diagnosis

### Waiting times

NICE (National Institute for Health and Care Excellence) guidance states that no-one should wait longer than three months between being referred and first being seen, and the target for suspected autism is for an assessment to take place within 13 weeks - 91 days - of referral.

However, the latest data from the NHS shows that the average wait for an autism diagnosis in England has hit 300 days, up 53% from the 12 months prior<sup>1</sup>. This means that as of September 2023, 157,809 people were waiting for an autism assessment in England.



*Our data shows that 60% of respondents had been waiting a year or more between being referred and their first appointment, or at the time of completing the survey were still waiting for their first appointment.*

*Number of completions 48*

Many respondents shared with us their experiences of very long waits to access diagnosis:

“Wait listed for 3 years and referred to a private scheme”

“There were cancelled appointments due to staff illness or absence. I saw a number of people before I was finally referred to Dr D---- who diagnosed me. Whole process took around 2 years.”

“I got referred by my GP after a mental health crisis. Seven months later received a letter with questions as to whether I’d be referred based on them. And now six months later I’m still waiting to hear back whether I was even referred.”

Some were forced to seek private diagnosis as the waiting times on the NHS were prohibitively long:

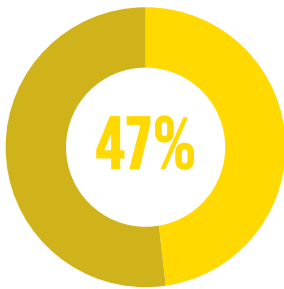
“I didn’t even consider the NHS, as I knew waiting lists were over two years. I was in a position to pay privately. My initial motivation [for getting a diagnosis] was because to support my daughter was struggling, and as I recognised some of her behaviours in my own....”

And for some women, the waiting times on the NHS, and the cost of pursuing diagnosis privately have left them unable to access diagnosis altogether:

“Too awkward to do on NHS (i.e. long wait etc) but too expensive to do privately so haven’t bothered getting a proper diagnosis.”

## Referral process

NHS guidance on obtaining an autism diagnosis outlines the following process. Firstly, individuals will need to speak to their GP or healthcare professional in order to be referred for an autism assessment, carried out by an assessment specialist team. At the assessment, adults will be asked to complete a questionnaire about themselves. The assessment team may also ask to speak to someone who knew you as a child, to find out about your childhood. At the end of the assessment, individuals will receive a report to say if they are autistic or not, as defined by the NHS criteria.



*Our data shows that almost half (47%) of respondents said obtaining a diagnosis was either somewhat or very difficult.*

*Number of completions 51*

The comments shared by respondents to the survey illustrate the challenges they faced in getting a diagnosis, often having to battle to be referred to start the process:

“I had to write a letter to my GP explaining why I thought I was autistic before they would consider making a referral.”

“I had to be referred by 2 doctors because the first referral was refused. My 12-year-old daughter has been waiting 3 years and has her first assessment next week.”

Our survey highlighted a particular challenge for women seeking diagnosis in adulthood or later life in the need for someone who knew them as a child to take part in the process:

“Had to try twice. On both occasions could not get 3rd Q filled in as everyone who knew me as a child was either deceased or no longer in contact with.”

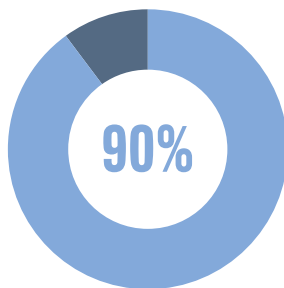
“I was told by the Integrated Autism Service that I could not be diagnosed because they could not verify my childhood behaviour. This was a real blow as I know I am autistic with ADHD and they would not believe my lived experience, instead wanting to hear from an estranged family who abused me because I was so different to them.”



## Information about autism in women and girls

According to the National Autistic Society, healthcare professionals, including doctors, may have limited understanding regarding the distinct presentation of autism in women and girls, and lack the knowledge about how autism may present differently in women and girls.

Furthermore, diagnostic tools for autism may primarily focus on identifying traits prevalent in autistic men and boys, potentially neglecting characteristics more typical in autistic women and girls. Research suggests the Diagnostic and Statistical Manual (DSM-5) continues to have a gender bias (Hartung and Lefler, 2019).



*Our data shows that a huge majority (90%) of respondents felt that there is not enough awareness of autistic women and girls from healthcare professionals.*

*Number of completions 93*

Women shared the impact of the lack of understanding from medical professionals:

“I work as a therapist and also have autistic traits, I can confidently say that within the field there is not enough awareness in how autism presents in women and girls and challenge these stereotypes and outdated views in work all the time. I also find that when seeking views of medical professionals personally, I often know much more about it than they do, but unfortunately they are the gatekeepers.”

“Despite the assessor being a woman, I do not believe she had enough of an insight into autistic women or girls in order to make a diagnosis.”

“GPs still don’t understand how autism presents in women and girls very well, so they don’t pick up on it and you get told you have anxiety and depression, also GPs have a lot of prejudices about who has autism and how it presents.”

“I thought my doctors would understand me better, but they don’t. One of the reasons I sought a diagnosis was because I thought it would help my doctors communicate with me about my chronic health problems, and understand my needs. In every case they’ve ignored suggestions. One even had a poster about how to talk to autistic patients on the wall of his waiting room. I feel like he must never have looked at it.”

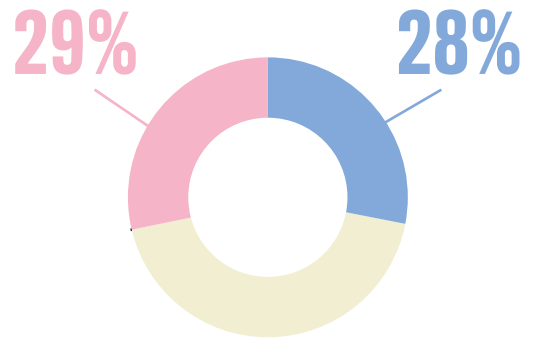


## The importance of assessment and diagnosis

Obtaining an autism diagnosis serves as a means to understand oneself better, and it can also be essential to access support like state benefits and Access to Work.

*Our research revealed that respondents felt a range of emotions on diagnosis, with 28% of respondents to the survey telling us they felt relieved whilst 29% felt validated.*

*Number of completions 165*



Women shared their feelings on diagnosis with us:

“I have a mixed AuDHD diagnosis. When I spoke to my GP I was told I just wanted extra time in my exams. At the time I was in my 30’s having already obtained my degree and working full time in a stable career. I was disgusted and disheartened.”

“I taught - and was ultimately a headteacher - for many years in specialist education...But it was through the WI that I was inspired to seek a diagnosis after attending an online talk from an autistic woman, facilitated by a regional WI and it included a talk from a private company, whom I used in the end. It has been very emotional for me. I decided to use some – not insubstantial – money for a private diagnosis, and the result has led to me...finding me. It was about understanding why I do certain things, but also that that’s fine – that’s part of me; who I am. My friends were a little shocked, but supported me [when I received my diagnosis]”.

“My son and husband were both diagnosed in the last three years, and my own diagnosis was last December. I went private. There has been lots of relief, and it explained a lot to me. I’ve come to realise too what I need to do to help my mental health. I sit on my local WI Committee, but I can’t always guarantee I will be there. I certainly need to disconnect from everything and re-energise after spending a lot of time in environments with others.”

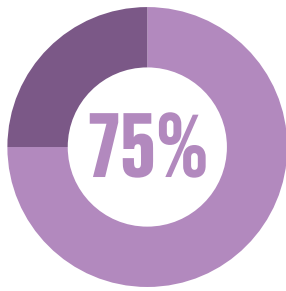


## 2 Accessing support

### Support available

Autistic adults can have a wide range of needs and experiences. However, a 2023 review<sup>2</sup> of government services found that autistic people are being failed in health, education, employment, poverty and housing.

According to a further report published by Autism Alliance in 2023, over 10,000 autistic people are not receiving the care they are legally entitled to, putting them at risk of family breakdown, admission to mental health hospitals and worsening life chances<sup>3</sup>. Their analysis shows that the cost of closing the gap in specialist care provision for autistic adults is likely to be £70 million and £140 million, equating to between just 0.4% and 0.7% of current adult social care spend in England.



*75% of respondents to our survey felt there was not enough support available for autistic people and their families.*

*Number of completions 109*

*Furthermore, over half of respondents said it was somewhat or very difficult to access information specifically about autism in women and girls.*

*Number of completions 108*

“There was no follow-up support after diagnosis so wondered “where do I go from here?”

“I was in a haze for a long time and had no idea what it actually meant for me. Not enough post-diagnostic support.”

“There has been no support offered since the diagnosis. You just have to deal with it by yourself.”

“I’ve just been told that there isn’t any help.”

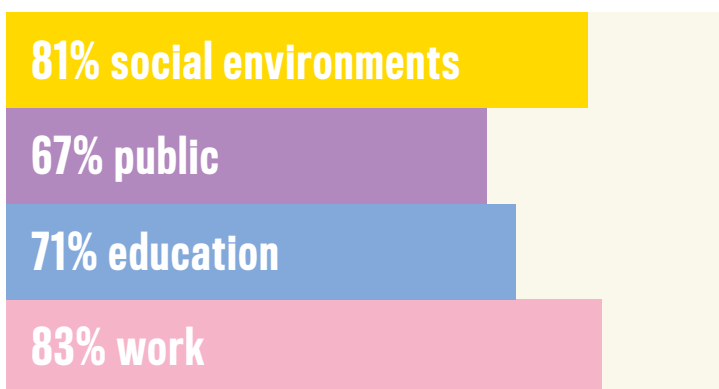


### 3 Attitudes and understanding in society

#### Masking

Autistic masking involves the conscious or subconscious suppression of aspects of an individual's identity. Research into masking is still limited, yet it is believed that 94% of autistic adults have engaged in masking behaviours at some point in their lives<sup>4</sup>.

Autistic masking can be considered a response to stigma and trauma<sup>5</sup>. This adaptive behaviour is often described as a social survival strategy, used to adhere to societal expectations, navigate challenging situations or environments, or to avoid expressing anxiety. The fact that autistic people may need a social survival strategy suggests that society is currently not meeting their needs.



*Respondents of our survey told us they masked or camouflaged their autism all or most of the time in a huge range of settings – 83% masked in work, 71% in education, 81% in social environments, and 67% in public.*

*Number completed: Work 96, Education 99, Social 102, Public 102*

Women who completed the survey shared with us the impact of masking:

“The masking goes so deep that it’s automatic and I don’t even know I’m doing it. I’ve become better at spotting myself doing it now. I can say, “I need it to be quiet now.” Or, “I have to leave, there’s too much going on.” Masking is trying to be someone you’re not. It’s trying to be okay when you’re suffering. That’s the difference between masking and being polite. You mask when something is wrong. If you don’t know you’re doing it, you think feeling distressed is normal. It can destroy your sense of safety and all of your boundaries.”

“It was eventually reaching overwhelm from masking and sensory overload that prompted me to get diagnosed”

“As an older female I am now learning which bits are masking and which are actually my personality. It can be hard to separate these, as I have been masking for decades.”

“You wear so many masks that you have no idea who you are underneath.”

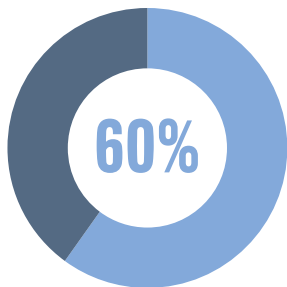


However, not all respondents felt that masking was a negative for them:

“I don’t think masking is a bad thing per se and I think all people regardless of neurotype do it to some degree. I do think ASD girls mask more though in my experience. I am lucky that I can speak to colleagues or have my manager speak to them for me about my inability to be talkative at times and phone calls being very draining at times as I’m masking and trying to be “normal” and respond “normally” which is taxing on my brain...Not liking change in ASD can be a big thing, as we get used to people and situations which are predictable and psychologically safe.”

### Acceptance in society

Whilst awareness of autism is growing, understanding and acceptance needs to improve. Research from the National Autistic Society found that 79% of autistic people felt socially isolated because of a lack of public understanding of autism.



*A large majority (60%) of respondents also said they feel that society does not understand and accept autistic people.*

*Number completed: 109*

And survey respondents reflected this in their comments:

“It’s hard to keep the mask on but hard to take it off and be yourself due to judgemental people and a lack of understanding from others and how you are perceived. ADHD and autism is misunderstood a lot and presented differently.”

“As a health professional myself, my colleagues have always said [name redacted] isn’t wired right. I took it as a joke but felt betrayed.”

“[There is] misinformation, stereotypes, stigma, misogyny and life quality measures create barriers for autistic women and girls.”



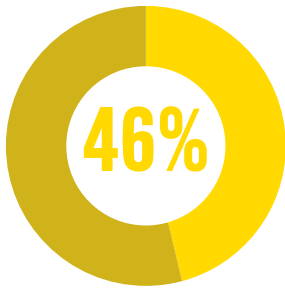
# ADHD

## 1 Experience of diagnosis

### Waiting times

In October 2023, ADHD UK published their report looking at NHS ADHD assessment waiting times<sup>6</sup>. The report found that there are significant variations across the country and appallingly long waiting lists across the country. They found that, for adults, assessment waiting times varied from 12 weeks to 550 weeks (10 years). According to the ADHD Foundation, 50-75% of the women in the UK with ADHD are undiagnosed, and as a result may be experiencing poor health and socio-economic outcomes<sup>7</sup>.

There are currently no NICE guidelines for ADHD assessment in the UK. According to ADHD UK, the majority of NHS commissioning services don't know how long ADHD patients are waiting.



*Our data shows that almost half (46%) of respondents were waiting a year or more between being referred and their first appointment, or were still waiting for their first appointment.*

*Number of completions 103*

“I was in a position to be able to go private, once I saw the long NHS waiting lists, for a diagnosis [of ADHD]. What I did do was choose a psychiatrist firm that was affiliated / endorsed by the NHS – so knew they were reliable. It took about three months to get my ADHD diagnosis – and in between I read lots more about the condition. But there was a reluctance (because of my ADHD!) to attribute the symptoms to me. But of course many were...!”

“Waiting for an appointment when Covid-19 hit. Afterwards the waiting list was still long so paid almost £1000 for a private appointment with an ADHD nurse who I feel didn't have the experience to fully diagnose this condition given the potential for co-morbidities such as OCD”

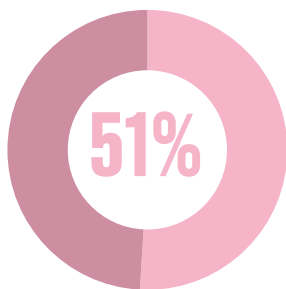
“I am trying to access via the NHS but the process and wait is impossible.”



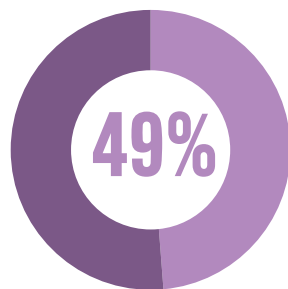
## Referral process

NHS guidance on obtaining an ADHD diagnosis outlines the following process. Firstly, individuals will need to speak to their GP or healthcare professional in order to be referred for an ADHD assessment, carried out by an assessment specialist team. As part of the assessment, the specialist will ask about your present symptoms. However, under current diagnostic guidelines, a diagnosis of ADHD in adults cannot be confirmed unless your symptoms have been present from childhood.

ADHD assessment referral



Process of obtaining diagnosis



*The majority of respondents to our survey (51%) found getting a referral for an ADHD assessment somewhat or very difficult, and 49% said the whole process from getting referred to obtaining a diagnosis was somewhat or very difficult.*

*Number of completions 66*

The difficulty of going through the diagnosis process in the face of a lack of understanding from health professionals can have a big impact:

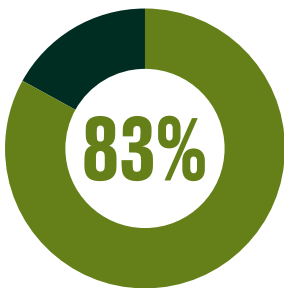
“I independently obtained a questionnaire from my local NHS Partnership...my GP was eager to refer me for an assessment. I eventually got a rather strange document asking me why I was asking for an assessment. I had expected a questionnaire. I scribbled my thoughts and worries on the document and returned it. I later got a terse reply informing me that I obviously hadn't got ADHD...So for the moment I've given up trying....”

“I gave up on the NHS process as it was the opposite of ADHD friendly. I got a private diagnosis with just a short wait.”

“NHS would not refer me for assessment due to my agoraphobia. They informed me that they would not refer me because they would have to see me face to face, even though the waiting list was estimated to be 2+ years.”

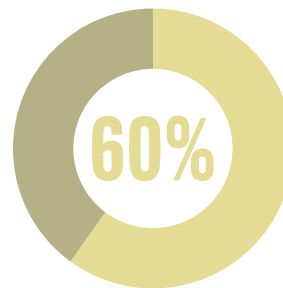
## Information about ADHD in women and girls

According to ADHD specialist Dr Amanda Kirby, the lack of knowledge by teachers and health professionals about the presentation of ADHD in females means they can be missed altogether until adulthood<sup>8</sup>. Furthermore, the ADHD Foundation suggests that there is a lack of awareness and training for health professionals about ADHD and its impact on physical and psychological health. This is especially the case for women who are more likely to be identified late or misdiagnosed, and given the wrong medical treatment.



*Our data shows that 83% of respondents felt there was a lack of awareness of ADHD in women and girls*

*Number completed 124*



*and 60% felt that obtaining information specifically on this was somewhat or very difficult.*

*Number completed: 118*

Women shared with us the impact this lack of understanding had on them:

“It would make a difference if people took me seriously, “Oh everyone thinks they’ve got ADHD these days...” At least I could ask for help and guidance”

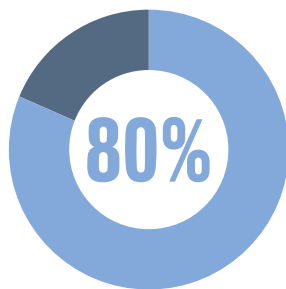
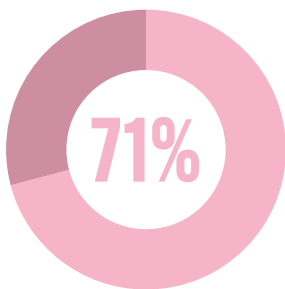
“When I first spoke to my GP about getting an ADHD diagnosis based on the research I had done into ADHD in women and how it perfectly described me the GP said he didn’t think I had ADHD because I got good grades in school and was very reluctant to refer me because of this despite the list of symptoms I explained I had been struggling with my whole life”

“There was a huge validation after getting my diagnosis [of ADHD]. Suddenly I could ‘forgive myself’ - by that I mean I had always told myself I was stupid, or lazy or procrastinating. Why did others find things so easy that I didn’t? There was now a huge pressure off how I treated myself – I could stop beating myself up, about things that were caused by my having ADHD.”

“My mother tried to get a referral from her GP. I prepared her because I knew the odds of them not recognising it as an adult disorder. She went to her GP practice with a copy of my official diagnosis for ADHD and 4 pages of answers and examples to the DSM5 criteria for ADHD we’d written the night before to prepare her. The doctor looked at my diagnosis and refused to refer her - he told her she couldn’t have ADHD as only male children had it.”

## The importance of assessment and diagnosis

According to the ADHD Foundation, the scientific evidence relating to the negative impact of undiagnosed, untreated ADHD on physical health, psychological health, employment and economic independence is unequivocal. Diagnosis is essential for individuals to access support and medication for their ADHD.



*71% of respondents to the survey felt relieved after receiving an ADHD diagnosis, whilst 80% said they felt validated.*

*Number completed: 85*

Women shared the importance of diagnosis to them:

“Women and girls present differently – my daughter was 16 when she was diagnosed, and we went private because she was a critical point in her schooling...I was in the process of being diagnosed with ADHD and I recognised the same symptoms (for example impulsiveness, attention deficit, and things related to executive function). Initially she was stressed about the diagnosis, and since then she is glad to have had it confirmed and takes medication for it; as I do.”

“Once I started taking the meds my life transformed and I attained a first class university degree.”

“I was happy to understand what was happening and why but grieving for the lost chances of education/wasted time.”

“The head spinning stuff came later as I realised that the abuse I had received and the labels of lazy, stupid etc had affected my whole life and there was a grieving process to go through. I have turned it into an academic career as part of my coping mechanism.”

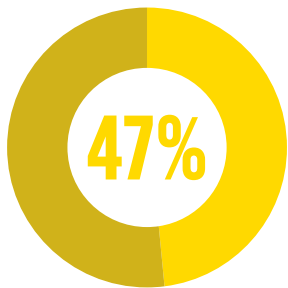
“Angry that I’ve been struggling this whole time and not knowing why, validated that my experience is real and other people are with me in this, happy that I now know more about myself and understand myself better.”



## 2 Accessing information and treatment

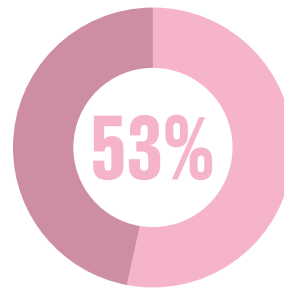
### Accessing treatment and support

Treatment for ADHD includes using medicine or therapy, but the NHS states that using a combination of both is often best. In September 2023, a patient safety alert warning of drug shortages was published. A survey by ADHD UK found that more than a quarter of ADHD patients in the UK have had no medication since. Furthermore, they also found that 70% of respondents had rationed their own medicine as a result of the shortages.



*47% of respondents found getting access to treatment difficult.*

*Number completed: 80*



*53% of respondents were waiting more than a year to access treatment.*

*Number completed 47*

Women told us:

“Easy to get prescribed medication, sometimes horrifically difficult to obtain said medication due to processes and supply issues.”

“There was no follow-up support after diagnosis so wondered “where do I go from here?”

“The problem is you’re limited to one months supply - causing extra admin each month, particularly with the drug shortages and pharmacy issues we’ve been having lately. Each month I go without medication for 3-4 days due to a mixture of me forgetting to order 4 days in advance, one type of stimulant being out of stock, delivery failures, genuine pharmacy mistakes, GP surgery repeat prescription authorisation delays”

“Medicine , it helps but you need other support too, and strategies , and if you end up having lack of sleep, no exercise, poor nutrition etc then the meds work less due to worse traits , the titration nurse said that in stressful and highly stress and overwhelming environments the meds work less and can potentially have negative effect”

“I am now medicated. It has totally changed my life. I understand how people can just do things. I wish I had been diagnosed years ago.”



“On the day, I was extremely relieved and happy. A few weeks later I encountered one of my usual problems and thought about how it was related to ADHD and autism. It suddenly hit me that I wasn’t going to be able to “learn” my way out of these issues. That was a shock. It wasn’t the diagnosis itself. It was this realisation afterwards about the practical implications for my life. There has been no support offered since the diagnosis. You just have to deal with it by yourself.”

“ I now can’t afford to have my meds titrated or changed.”

“I have dealt with my ADHD with a small amount of help but a lot of knowledge.”

“My GP actually said ‘there’s no treatment for ADHD anyway’ which is completely untrue!”



### 3 Attitudes and understanding in society

#### Masking

Masking, otherwise known as camouflaging, occurs when people with ADHD hide their symptoms or ‘mask’ their feelings until they are in a safe environment before they release their emotions. Masking may be a way for some people to fit in socially, avoid being stigmatised, or feel more accepted.

Masking is mentally exhausting and isolating, and has been shown to be linked to a heightened risk of depression, anxiety and suicide in women with ADHD. Several research studies have demonstrated the link between masking in women and mental health issues – rather than being related to the severity of ADHD traits, mental health issues appeared to be most strongly related to the degree to which a women masks.

72% social environments

58% public

63% education

75% work

*Respondents told us they masked or camouflaged their ADHD all or most of the time in a huge range of settings - 75% masked in work, 63% in education, 72% in social environments and 58% in public.*

*Number completed: Work 105, Education 111, Social 114, Public 110*

Women shared with us the impacts of masking on their lives:

“Masking is EXHAUSTING both physically, mentally and emotionally. In our house now we have a saying “Be you. The world will adjust.” and we live by that and encourage others to.”

“I was marvellous at masking! I got very skilled at it. I was so used to doing it that now I have stopped, when I see old friends that knew me before [diagnosis], they aren’t sure about how to take me. Whereas friends I have made in the last few years – many of them also have ADHD or neurodiversity and we are just ourselves, talking away at each other!”

“It took so long for anyone to notice my ADHD as I masked...even though I struggled in school, had to stay late and work on homework and coursework until the teachers sent me home because I couldn’t work or focus, the zoning out and not hearing what the teacher said, and having to ask my friend constantly or suffer in silence, and not know what work I was doing or what page number I was on, getting told off for talking or for looking out the window.”

“I have become aware that I have spent my entire life masking my condition and am starting to realise how the stress of this has impacted my ability to relax and switch off. It is constantly there, even when I’m on my own which has led me to be very self-critical and am constantly beating myself up about things I feel unable to change. I have spent almost my whole life feeling inadequate and unable to express myself which has been very wounding.”



### Conclusion

The urgency for change is evident, as echoed by our research and that of others. Women shared details about the arduous journey to diagnosis, encountering a distressing lack of understanding from healthcare professionals. Many face dismissal or discouragement, turning the diagnostic process into a battle. With a growing number of women seeking diagnosis later in life, there is a pressing need for effective diagnostic tools tailored to the female presentation of these conditions, applicable across all ages.

Moreover, the distressingly long waiting times for diagnosis across the nation, spanning months or even years, exacerbate the challenges faced by women. Discrimination and the pressure to mask one's neurodivergence in various facets of life further compound these difficulties.

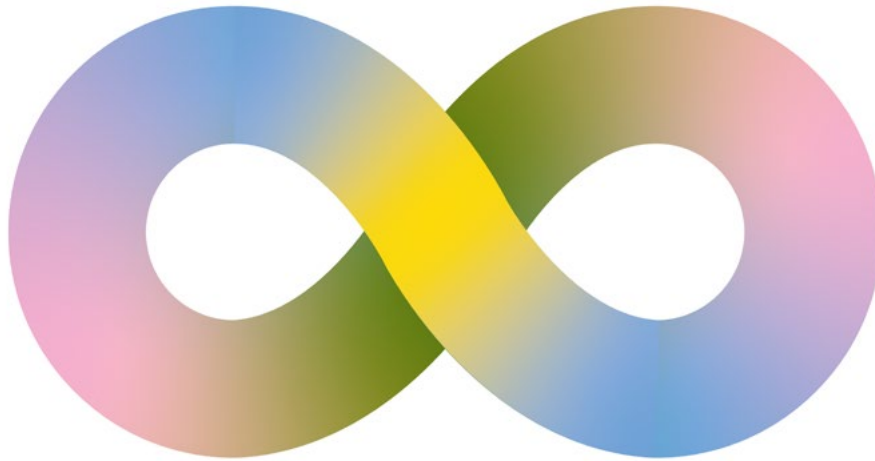
It is clear that much remains to be done to cultivate a society that embraces and celebrates autistic and ADHD women and girls. The WI will continue to advocate for workplaces, healthcare professionals, educational institutions, and communities to embrace neurodiversity with empathy and understanding. It is imperative that we dismantle barriers, foster an environment of acceptance, and champion the individual strengths neurodivergent women bring to the fore.

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7. <https://www.ADHDfoundation.org.uk/wp-content/uploads/2021/10/Women-With-ADHD-Call-To-Action.pdf>
8. ADHD Foundation: [www.adhdfoundation.org.uk](http://www.adhdfoundation.org.uk)

### Resources:

- National Autistic society: <https://www.autism.org.uk/advice-and-guidance/topics/diagnosis>
- <https://www.gov.uk/access-to-work>
- <https://ADHDgirls.co.uk/category/neurodiversity-at-work/>
- <https://autisticgirlsnetwork.org/workplace-corporate/>



# Thinking Differently:

## Autistic and ADHD Women and Girls

### Contact us

National Federation of Women's Institutes  
Public Affairs Department  
104 New Kings Road,  
London,  
SW6 4LY

Tel: 020 7371 9300 ext 2002

[www.thewi.org.uk](http://www.thewi.org.uk)  
[pa@nfwi.org.uk](mailto:pa@nfwi.org.uk)

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