

Psychosocial Difficulties & Bullying in Children with Learning Disabilities

Introduction

Research on peer relationships and peer victimization and bullying clearly shows that these are pervasive among children and adolescents. As the deleterious effects of peer victimization are becoming better understood, researchers have increasingly focused on identifying children at increased risk to be victimized. For various reasons, children with learning disabilities (LD) may be at risk for experiencing a wide range of psychosocial difficulties, including being victimized by their peers. However, to date few studies have examined this important issue. This précis presents the existent research on children with ADHD and LD and their psychosocial functioning, with a particular attention to victimization and bullying. The limitations and implications of this research will also be presented.

Psychosocial Functioning: ADHD

Peer difficulties constitute some of the most persistent functional problems associated with ADHD. Research indicates that in general children with ADHD are more socially withdrawn and have less stability in their friendships than their non-ADHD peers. These children are often rejected by peers even after brief interactions and are at risk of being less liked by others (Humphrey, Storch, Geffken, 2007; Hoza, 2007). Although children with ADHD have been found to like and dislike the same kinds of peers as other children, they are disliked by more popular peers and gravitate toward friendships with more deviant children. Moreover, there are no gender differences between girls and boys with ADHD in terms of these peer relationships (Hoza et al., 2005).

The mechanisms underlying these peer difficulties for children with ADHD remain poorly understood. Most discussions of these peer difficulties focus on these children's negative behavior and deficits in social skills. It is clear that the core symptoms of ADHD (i.e. inattention and hyperactivity/impulsivity) would be expected to make effective interaction with peers difficult. While problems with inattention may limit opportunities to acquire social skills through observational learning and to attend to social cues that are necessary for effective social interactions, hyperactivity and impulsivity contribute to unrestrained and overbearing social behavior that makes these children highly aversive to peers (Hoza, 2007).

Recent research proposes that children, in particular boys, with ADHD may just be poor social monitors. For instance, Hoza and colleagues (2000) found that boys with ADHD tend to be extremely poor monitors of their own social behavior. This was seen during a laboratory interaction task, where boys with ADHD, as compared to boys without ADHD (control), reported themselves as having done better in an interaction with an unfamiliar boy even though objective coders rated their performance as significantly worse. Children with ADHD, compared to children without ADHD, were frequently disruptive, domineering and noisy in their interactions with peers, intrusive in their communications, and showed less knowledge about appropriate social behavior. Moreover, this negative peer status of boys with ADHD was established by the age of 7 years. Accurate self-evaluation, self-monitoring, and appropriate response to social cues are skills necessary to effective functioning in ongoing and constantly changing interactions. Thus, it may be that boys with ADHD exhibit patterns of social-information processing that differ from their non-ADHD

peers. Perhaps boys with ADHD perceive failure accurately but react to it differently, resulting in inflated self-perceptions. Unfortunately, since this study did not examine girls with ADHD, these results relate specifically to boys with ADHD.

Psychosocial Functioning: Learning Disabilities

Similar to children with ADHD, children with LD, such as reading, writing, and mathematics, also struggle with social functioning. For instance, Estell et al. (2008) found that children with LD, as compared to children without LD, scored lower in number of best friend nominations, had marginally lower peer-nominated popularity, and were rated much lower in social preference. Moreover, these findings were consistent over 3 years (from third to sixth grade), showing that children with LD were lower in social status across childhood compared to their non-LD peers. A meta-analysis of studies examining social skills of children with LD also consistently showed that about 75% of students with LD received a more negative assessment of social skills than students without an LD (Kavale & Forness, 1996). Similar to children with ADHD, children with LD also tend to have friends that are different from their non-LD peers. Wiener and Schneider (2002), for instance, found that children with LD had proportionally more friends with learning problems and more friends who were younger than them.

Since there are different subtypes of LDs, it is important to consider whether some subtypes have more deleterious effects on children's social skills than others. Children who have perceptual motor problems may also have difficulties with social skills. Due to their perceptual deficits, these children have difficulties making sense out of a social situation. Moreover, they may have difficulties screening out other distracting stimuli in the environment, particularly visual stimuli. Thus, when these children find themselves in social situations, they may often be distracted by a lot of other things going on and unable to tell what they are supposed to be paying attention to. Since these children are bombarded by a lot of visual stimuli, they tend to withdraw in social situations (Forness, 1996).

Children with verbal organization difficulties have difficulties with subtle, underlying language processing. Social or emotional problems can occur when these children do not feel comfortable with the language process and get frustrated in social situations. These children often act out their frustrations and, as such, may be at risk for aggressive behaviors and be eventually diagnosed as having conduct disorders as well (Forness, 1996).

Research indicates that when children have disorders in both the perceptual and verbal areas, they tend to have pervasive problems in making friends, keeping friends, and knowing what to do in a social situation (Forness, 1996).

Similar to research on ADHD, it remains unclear why children with LDs have social skill deficits. Various possible hypotheses have been proposed to explain this link, including the possibility that LD leads to low self-concept and peer rejection, that poor social relationships lead to underachievement and LD, that both LD and social skill deficits come from a common neurological origin, or that LD places children at greater risk for various psychiatric disorders and, thus, this comorbidity accounts for most instances of social deficits in LD samples (Forness & Kavale, 1996). Among these perspectives, the most dominant perspective is that the same neurological deficit causes both academic and social problems (Mishna, 2003). As discussed above, there are numerous such deficits,

including difficulties with language, attention, and information processing, and problems interpreting social information, such as facial expressions.

Learning Disabilities & Treatment

These social skill deficits in children with LDs appear to be highly resistant to treatment. In Forness and Kavale's (1996) meta-analysis of over 50 studies, for instance, training effects were very poor. Moreover, although children with LD seemed impressed with their social skills after training and ranked their social status as the most improved of all deficits, peers rated their status as least improved. Thus, once again, the children with LD seemed to struggle with their social perception.

Victimization & Bullying

In addition to having a lower social status and poor peer relationships, rejection by peers leaves children with LD unprotected and susceptible to further victimization. Peer relationships are considered to be critical for all aspects of children's development and are strong predictors of adult adjustment. Peer relationship difficulties may contribute to victimization (Mishna, 2003). Peer victimization is quite detrimental to development as it has been found to be linked with children's reports of withdrawal, anxiety, depressive symptoms, social problems, attention problems, and disruptive behavior (Baumeister, Storch, & Geffken, 2008; Humphrey et al., 2007).

Although little research has been conducted on the link between LDs and bullying, existent research indicates that children with LDs are at a greater risk of being teased and physically bullied (Mishna, 2003). Moreover, children with LDs who have a comorbid psychiatric disorder have been found to report a significantly higher amount of peer victimization than children without a comorbid psychiatric condition. In particular, researchers have found that children with LD and ADHD report greater peer victimization (Baumeister et al., 2008), are less accepted by peers, and have fewer developed social skills (Bryan, Wong, & Donahue, 2002) than children without this comorbidity.

The type of comorbidity plays a role in the degree of peer victimization. Humphrey and colleagues (2007), for instance, found that children diagnosed with ADHD and an externalizing psychiatric disorder experienced slightly higher rates of peer victimization than those with a comorbid internalizing disorder. This may be because children with internalizing disorders often exhibit subtle symptoms, while children with externalizing disorders display obvious symptoms, such as aggressive outbursts. These overt manifestations, combined with the problematic nature of ADHD, may instigate peer aggression at higher rates than for those with ADHD and internalizing problems.

Children who have LDs with a comorbid psychiatric condition may stand out as targets to bullies more so than children without the comorbid diagnosis. For instance, children with attention problems may be bullied because of social skill deficits or academic difficulties secondary to attention difficulties. Likewise, children who are overtly anxious or distressed in addition to their LD may be targeted due to some observable symptoms (Baumeister et al., 2008; Humphrey et al., 2007).

In contrast, there are no consistent findings to indicate that children with LDs are significantly more likely to bully others (Mishna, 2003). Martlew and Hodson (1991), for instance, compared children with LD and children without LD on their peer relationships and bullying and victimization. They collected data in an England school based on

playground observations and on interviews with a subset of children to obtain these children's perceptions of friendship and teasing at school. The results showed that the children with LD had fewer friends and were teased significantly more than the children without LD. These children were not more likely to bully.

Conversely, other researchers argue that children with LDs may harbor resentment engendered by their isolation, which may contribute to the development of antisocial behavior. These children may join antisocial groups because it provides them with friends, which they might never have had (Gardner, 1994). Thus, these children may be victims as well as bullies, also described as "provocative" or "aggressive" victims. These provocative victims exhibit provocative behaviors that peers and adults find irritating, such as disruptiveness, hyperactivity, and aggression. These children also share characteristics with victims, however, such as depression, social anxiety, and feeling disliked by peers (Olweus, 1994). It appears that reading and writing problems may be more common among provocative victims than among both passive victims and pure bullies (Olweus, 2001, as cited in Mishna, 2003).

Research Limitations

The existent research examining LD and bullying has some important limitations. For instance, this research has typically looked at samples of special education students that are a mix population of children with identified disabilities. That is, the sample of children may include those with LD as well as those with physical disabilities, such as cerebral palsy and spina bifida. Furthermore, studies have looked at integrated and mainstream classes in which students with LD were included (Mishna, 2003). Thus, this research is limited in that it does not necessarily separate the various LDs in its examination.

Conclusions

The existent research on bullying and victimization among children with LD seems to suggest that children with LD are vulnerable to being victimized. However, it should be noted that not all children who have LDs are at risk for being bullied (Forness, 1996), just like not all children who are victimized are rejected and not all rejected children are victimized (Mishna, 2003). Nevertheless, children with LD and, more so, children with LD and another psychiatric condition combined, seem at risk of being rejected and experience victimization from their peers. The low social skills and problematic characteristics of many of these children with LD resemble those used to describe victimized children (Mishna, 2003) but may also resemble the provocative or aggressive victims (Olweus, 1994).

The existent research clearly points out that children with LD are particularly at risk for being socially isolated and victimized. As such, it is important for clinicians and teachers to be well advised and to identify children with LDs (and those without) who are victimized, particularly since children with LDs are less likely to ask for help than children without LDs. It is important to note that victimized children, regardless of comorbidity, may avoid experiences with social or educational benefits, thus clinicians and teachers need to be aware of this and find ways to encourage these children to participate in social programs (Baumeister et al., 2008). Finally, it is important to continue research in this area of LD and its link to psychosocial difficulties, such as bullying and victimization, since research is currently lacking in providing a clear conception of this relationship and its causation.

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Case Study: Peer Relationships of Learning-Disabled Children

Dale was a 10 year old boy who was disliked by his peers in school. He was a boy with average intelligence, but he could not read at the level of his classmates, nor could he perform well at math. Dale had been identified as learning disabled through educational testing after his teacher's referral. He received special resource help in both reading and math. Dale tended to ask for help in class more often than other children. When he did not get the teacher's attention immediately, he often "goofed-off" or made the other students laugh. Dale disliked school, felt "dumb," and was perceived that way by most of his peers. One way he fought against this stigma was to play well at sports, for which he achieved some notoriety. However, Dale's teacher noticed that he was socially immature – he seemed more comfortable with boys who were younger or with boys who were equally unpopular. With boys and girls alike, Dale had attempted to participate in popular groups and was largely met with rejection or ignored. His attempts to join groups of popular boys playing board games, for example, seemed awkward. He seemed to try to "move in" too quickly and sounded negative and bossy. Sometimes, he withdrew and gave up. At other times it seemed as if the children would not allow him to enter their games, no matter what he did.

Anecdotal evidence such as this, and research evidence as well, suggest that learning disabled children in general have experiences very similar to the experiences of Dale.