CORPS & PSYCHISME
P-ISSN : 2496-4476 E-ISSN : 2273-157
Volume 13/ Issue 1/ 2026

School-Based Trauma and Adverse Academic Experiences in Students with Learning Disabilities
A Descriptive Literature Review

Mohamed Reda Guellil[a,b(*)], SAAD Elhadj Bendjakhdel[a,b] MERZOUGUI Mohamed[a,b]
[a] Tiaret University; [b]Laboratory for Research on the Behavior of Individuals, Groups, and Organizations (RBIGO), Algeria.
[*] **Corresponding Author:** Mohamed Reda Guellil **Email:** reda073@yahoo.fr

Received : 10/08/**2025 ; Accepted :** 20/02/**2026 ; Published : 13**/04/2026

Abstract

Background: Students with learning disabilities (LD) represent one of the largest and most vulnerable subgroups in special education. Emerging literature suggests that school environments themselves may serve as sources of psychological harm for these students through chronic academic failure, stigmatization, bullying victimization, and exclusionary practices. Despite growing interest in trauma-informed education, school-based trauma specifically affecting students with LD has received limited systematic attention.

Objectives: This descriptive review maps and synthesizes available empirical and theoretical literature on school-based trauma and adverse academic experiences in K–12 students with LD, examining associations with psychological and educational outcomes including anxiety, depression, school belonging, academic self-concept, and dropout risk.

Methods: A descriptive evidence mapping approach was employed. Databases searched included ERIC, PsycINFO, Scopus, Web of Science, and PubMed. The search covered publications from January 1990 to December 2024, restricted to English-language sources. Eligibility criteria required studies to focus on school-age individuals with formally or functionally defined LD, to examine school-based adversity or trauma-related constructs, and to report psychological or educational outcomes. Screening counts were not formally computed given the descriptive methodology.

Results: Reviewed literature indicates consistent associations between adverse academic experiences and elevated rates of anxiety, depression, negative academic self-concept, and school avoidance in students with LD. Bullying victimization emerged as a particularly robust exposure, with students with LD experiencing victimization at substantially higher rates than non-disabled peers. Repeated failure experiences and punitive feedback were associated with internalized stigma and academic helplessness. Protective factors identified across studies included teacher support, school belonging, peer acceptance, and inclusive classroom practices. The literature, however, remains predominantly cross-sectional and relies on internalizing symptom measures rather than validated trauma-specific instruments.

Conclusions: School-based adversity constitutes a meaningful and structurally embedded source of psychological harm for students with LD. The field requires longitudinal research

designs, deployment of validated trauma-specific measures, and rigorous evaluation of trauma-informed inclusive education models adapted specifically for LD populations.

Keywords: learning disabilities, school-based trauma, adverse academic experiences, bullying victimization, academic self-concept, trauma-informed education, special education, internalized stigma

1. Introduction

1.1 The Problem of School as a Source of Harm

Schools are commonly understood as protective institutions—environments designed to foster cognitive development, social competence, and psychological well-being. For the majority of students, this understanding holds. Yet a substantial body of research has begun to complicate this picture, particularly for students who do not learn in ways that conventional school structures are designed to accommodate. Students with learning disabilities (LD), who constitute approximately 33–38% of all students receiving special education services in the United States alone (National Center for Education Statistics [NCES], 2023), navigate academic environments that are in many respects structurally misaligned with their cognitive profiles. In these environments, the daily experience of schooling may involve repeated encounters with failure, public correction, exclusion, stigmatization, and—in some cases—experiences that meet clinical thresholds for psychological trauma.

The concept of school-based trauma has gained increasing traction in educational psychology and developmental psychiatry, yet its application to students with LD has been uneven. Much of the trauma-informed education literature has focused on students who bring trauma histories into school—children exposed to community violence, domestic abuse, or adverse childhood experiences (ACEs) in the home environment (Cole et al., 2005; Overstreet & Mathews, 2011). Less attention has been directed toward the school environment itself as an active producer of adverse experiences, particularly for students whose neurological profiles render them uniquely vulnerable to academic harm. This is a critical gap: for many students with LD, school may represent the primary site of chronic adversity rather than a refuge from it (Lerner & Longhurst, 2022).

The theoretical stakes are considerable. If schooling practices—grade retention, repeated public correction, exclusion from general education settings, punitive disciplinary responses, tracking, and labeling—function as adverse experiences that generate trauma-like psychological responses in students with LD, then educational policy and clinical practice must be substantially reconceived. The identification and remediation of LD cannot be understood as purely academic interventions; they are, necessarily, psychological and relational ones. Recent scholarship underscores this point: Gwernan-Jones et al. (2021) demonstrated in a longitudinal qualitative study that the experience of special educational needs (SEN) labeling and associated institutional practices can themselves constitute a source of stigma that compounds academic adversity across secondary schooling.

1.2 Prevalence and Definition of Learning Disabilities

Learning disabilities are a heterogeneous cluster of neurodevelopmental disorders characterized by persistent difficulties in the acquisition and use of academic skills in the context of adequate intelligence and educational opportunity. The most commonly diagnosed

specific learning disabilities include dyslexia (reading disorder), dyscalculia (mathematics disorder), and disorder of written expression, though co-occurring profiles are common (American Psychiatric Association [APA], 2022). Under the Individuals with Disabilities Education Act (IDEA) in the United States, LD is defined as a disorder in one or more of the basic psychological processes involved in understanding or using language, which may manifest as difficulty with listening, thinking, speaking, reading, writing, spelling, or mathematical calculation. Similar definitional frameworks exist in the United Kingdom and internationally through the International Classification of Diseases (ICD-11; World Health Organization, 2019).

Prevalence estimates vary depending on definitional criteria applied, ranging from approximately 5–15% of the school-age population for dyslexia alone (Shaywitz & Shaywitz, 2020) and 3–7% for developmental dyscalculia (Butterworth et al., 2011). The heterogeneity of LD profiles—in etiology, severity, and cognitive manifestation—is itself relevant to understanding trauma risk, as some profiles (e.g., dyslexia with phonological processing deficits) may be particularly visible within classroom settings that rely heavily on oral reading, thereby increasing exposure to public humiliation and peer ridicule. National epidemiological data from the United States confirm that children with LD are diagnosed with comorbid anxiety disorders and depression at rates considerably exceeding those of the general school-age population (Zablotsky et al., 2020).

1.3 Adverse Childhood Experiences and Their School-Based Analogs

The ACE framework, originating from the landmark Felitti et al. (1998) study, established that cumulative adverse experiences in childhood produce dose-dependent effects on health, mental health, and social functioning across the life course. The original ACE inventory focused on household-based adversity (abuse, neglect, household dysfunction), but subsequent scholarship has broadened the construct to include community and institutional adversity (Finkelhor et al., 2015). Schools represent a major institutional context for children and adolescents, and adverse experiences within schools—though absent from the original ACE inventory—are increasingly recognized as consequential for development.

For students with LD, adverse academic experiences may include: chronic academic failure (defined here as repeated, largely inescapable encounters with below-standard performance); grade retention; placement in stigmatized special education settings; exclusion from general classroom participation; public correction or humiliation by teachers; punitive disciplinary responses disproportionately applied to students with learning and behavioral difficulties; and bullying victimization by peers. These experiences share structural features with other recognized forms of adversity: they are repeated, largely outside the student's control, embedded in relationships of power asymmetry, and carry negative evaluative significance. Their cumulative nature is particularly important: unlike discrete traumatic events, school-based adversity for students with LD is embedded in the ordinary, daily rhythm of education and thus has limited natural endpoints.

1.4 The Intersection of LD and Psychological Vulnerability

Students with LD are not a homogeneous group, but they share several characteristics that may amplify psychological vulnerability to school-based adversity. First, the nature of LD means that academic struggle is visible, frequent, and—absent appropriate accommodation—largely

unavoidable. Unlike a student who struggles in one subject, a student with dyslexia may encounter reading demands across virtually every school subject, making academic failure an omnipresent rather than discrete experience. Second, LD frequently co-occurs with attentional difficulties (ADHD), anxiety disorders, and depression (Willcutt & Pennington, 2000; Nelson & Harwood, 2011), creating interactive vulnerability in which academic failure exacerbates pre-existing psychological difficulties, which in turn further compromise academic performance. This bidirectional relationship between academic adversity and internalizing psychopathology is now well-documented, though the causal architecture remains contested (Lerner & Longhurst, 2022).

Third, children and adolescents with LD frequently develop negative academic self-concepts—beliefs about their own competence and worth as learners—that are both a product of adverse academic experiences and a predictor of future academic avoidance and underachievement (Klassen, 2010; Burden, 2008). These negative self-concepts, once established, may be resistant to remediation even when academic skills improve, suggesting that the psychological legacy of chronic academic adversity can persist well beyond the immediate experience and may require targeted psychological intervention to address.

1.5 Rationale and Objectives of the Review

Despite the theoretical coherence of the argument that school environments generate meaningful adversity for students with LD, the empirical literature in this area is fragmented across subdisciplines—special education, educational psychology, clinical child psychology, and trauma studies—and has not been comprehensively mapped. This review aims to address that gap by: (a) synthesizing available empirical evidence on the prevalence and nature of adverse academic experiences and school-based trauma in students with LD; (b) examining associations between these experiences and psychological and educational outcomes; (c) identifying moderating and protective factors; and (d) delineating implications for practice and future research.

This is a descriptive review. No causal claims are advanced. The review aims to map the terrain of available evidence, identify consistent patterns, and note where evidence is absent, weak, or conflicted. The review does not claim to be exhaustive and should be understood as an evidence map designed to orient future research and inform practice.

2. Methods

2.1 Review Design

This study employed a descriptive literature review methodology, also referred to as descriptive evidence mapping (Grant & Booth, 2009). This approach is appropriate when the goal is to characterize the scope, nature, and distribution of available evidence on a topic rather than to compute pooled effect sizes or adjudicate causal claims. Unlike systematic reviews or meta-analyses, descriptive reviews do not require formal PRISMA-compliant flow diagrams or statistical synthesis, though they are expected to employ transparent search strategies and explicit eligibility criteria. The review is reported in accordance with the principles for narrative evidence synthesis recommended by Popay et al. (2006).

2.2 Search Strategy

The following databases were searched: ERIC (Education Resources Information Center), PsycINFO, Scopus, Web of Science, and PubMed (for studies reporting clinical or psychiatric outcomes). Searches were conducted covering publications from January 1990 to December 2024, restricted to English-language sources. The following Boolean search string was used as a primary search across databases, with adaptations for database-specific field tags and controlled vocabulary:

("learning disabilit*" OR "specific learning disorder" OR "dyslexia" OR "dyscalculia" OR "reading disorder" OR "written expression disorder")

AND

("school-based trauma" OR "adverse academic experience*" OR "academic humiliation" OR "school adversity" OR "bullying victimization" OR "grade retention" OR "academic failure" OR "exclusionary practice*" OR "special education stigma" OR "academic self-concept" OR "school belonging" OR "internalized stigma" OR "disciplinary practice*")

AND

("anxiety" OR "depression" OR "mental health" OR "psychological outcomes" OR "dropout" OR "academic outcomes" OR "emotional regulation" OR "school refusal" OR "trauma symptoms")

Additional sources were identified through backward and forward citation tracking from key references and through manual searching of prominent journals including the Journal of Learning Disabilities, Learning Disability Quarterly, Exceptional Children, the Journal of School Psychology, and Remedial and Special Education.

2.3 Eligibility Criteria

Population: K–12 students (approximately ages 5–18) with formally diagnosed or functionally defined learning disabilities, including dyslexia, dyscalculia, disorder of written expression, or broadly defined specific learning disorder per DSM-5-TR or ICD-11 criteria. Studies were also eligible if they used established psychometric criteria (e.g., IQ-achievement discrepancy, response-to-intervention classification) consistent with recognized LD identification frameworks.

Exposure: School-based trauma or adverse academic experiences, including but not limited to: bullying victimization, academic failure, grade retention, punitive or stigmatizing feedback from teachers, exclusion from classroom participation, harsh disciplinary practices, placement-related stigma, or public humiliation in academic settings.

Outcomes: Psychological outcomes (anxiety, depression, trauma symptoms, emotional regulation, behavioral problems) or educational outcomes (academic self-concept, school belonging, academic performance, attendance, dropout risk, help-seeking behavior).

Study designs: Empirical studies of any design (cross-sectional survey, longitudinal, intervention, qualitative, mixed-methods) were eligible. Theoretical papers, narrative reviews, and book chapters were included where they contributed to conceptual framing, but were not treated as primary empirical evidence.

2.4 Screening and Study Selection

Screening was conducted by examining titles and abstracts for relevance to the defined population, exposure, and outcomes, followed by full-text review of potentially eligible sources. Screening counts were not formally computed for this descriptive review. Given the cross-disciplinary nature of the topic, studies were drawn from multiple literatures and are best understood as a representative rather than exhaustive sample of available evidence. Studies identified through citation tracking that addressed emerging themes—including intersectionality, COVID-19 impacts on LD students, and recent large-scale epidemiological data—were added to ensure currency of the evidence base through 2024.

2.5 Data Extraction

For included empirical studies, the following information was extracted: author(s) and year, country, sample size, age/grade range, LD type and definitional criteria, adverse exposure construct(s), study design, measures used, and key outcome findings. This information is presented in Table 1 (overview of included studies), Table 2 (outcome patterns), and Table 3 (moderating and protective factors) in the Results section.

3. Results

3.1 Overview of Available Evidence

The literature relevant to school-based trauma and adverse academic experiences in students with LD is distributed across several research traditions and is not characterized by a unified theoretical or methodological framework. Research on bullying victimization in students with disabilities is the most developed strand, with several large-scale studies available. Research on the psychological effects of academic failure, grade retention, and stigmatizing school practices is more diffuse, relying more heavily on smaller studies, qualitative evidence, and inference from broader developmental and clinical literatures. Research explicitly using the language of "trauma" in relation to school-based adversity for LD students is sparse, though trauma-relevant constructs—anxiety, avoidance, helplessness, shame—appear frequently across adjacent literatures.

The following subsections describe key findings organized by thematic domain. Table 1 presents an overview of included studies and their principal characteristics. Table 2 maps the direction and consistency of outcome patterns across the reviewed literature, and Table 3 summarizes moderating and protective factors identified in the evidence base. Figures 1, 2, and 3 provide visual representations of the study design distribution, publication activity over time, and a conceptual framework integrating the reviewed evidence, respectively.

CORPS & PSYCHISME
P-ISSN : 2496-4476 E-ISSN : 2273-157
Volume 13/ Issue 1/ 2026

Table 1

Overview of Selected Included Studies

Author/ Year	Country	N	Age/Grade	LD Type	Adverse Exposure	Design	Key Outcomes
Mishna (2003)	Canada	Qual.	Gr. 4–8	LD (general)	Bullying victimization	Qualitative interview	Social isolation, shame, distress
Kavale & Forness (1996)	USA	Review	K–12	LD (general)	Social rejection, peer relations	Narrative meta-analysis	Social skill deficits; peer exclusion
Rose et al. (2011)	USA	4,165	Gr. 6–12	LD/EBD	Bullying victimization & perpetration	Cross-sectional survey	Higher victimization & aggression rates
Wiener & Tardif (2004)	Canada	160	Gr. 5–8	LD (general)	Peer victimization, social relations	Cross-sectional	Anxiety, loneliness, low friendship quality
Nelson & Harwood (2011)	USA	Meta-analytic	K–12	LD (general)	Anxiety / internalizing problems	Meta-analysis (k=58 studies)	Elevated anxiety rates; school anxiety prominent
Klassen (2010)	Canada	Review	K–12	LD (general)	Academic self-efficacy, failure	Narrative review	Persistently negative academic self-efficacy
Burden (2008)	UK	Qual.	Secondary	Dyslexia	Stigma, public failure, labelling	Qualitative	Identity threat, shame, internalized ableism
Humphrey &	UK	Mixed	Primary/Secondary	Dyslexia	School experience,	Mixed methods	Lower academic self-

Mullins (2002)					academic feedback		concept; worsens with age
Svetaz et al. (2000)	USA	National sample	Adolescents	LD (general)	Multiple adversities, school disengagement	Cross-sectional survey	Higher risk behaviors, school disengagement
Estell et al. (2008)	USA	478	Gr. 3–5	LD (general)	Peer social network marginalization	Longitudinal (2 waves)	Progressive social marginalization over time
McNamara (2013)	Canada	Qual.	Gr. 5–8	LD (general)	School bullying, peer harassment	Qualitative narrative	Trauma-like emotional responses
Alexander-Passe (2015)	UK	174	Post-secondary	Dyslexia	Retrospective school adversity, humiliation	Cross-sectional survey	PTSD-like symptoms in adults; school as trauma site
Maag & Reid (2006)	USA	Review	K–12	LD (general)	Depression, academic failure	Narrative review	Elevated depression prevalence; masking effect
Cosden et al. (2006)	USA	Mixed	Elem./Middle	LD (general)	Adversity; resilience/protective factors	Mixed methods	School belonging buffers adverse outcomes
Flynt & Morton (2004)	USA	Teacher survey	K–12	LD (general)	Teasing, bullying	Survey (teachers)	Social withdrawal; teacher under-identification

Gwernan-Jones et al. (2021)	UK	187	Secondary	LD/SEN	Stigma, exclusionary practices, SEN label	Longitudinal qualitative	Stigma worsens over secondary school; identity harm
Zablotsky et al. (2020)	USA	National sample	6–17 yrs	LD/ADHD/ASD	Bullying victimization (NSCH)	Cross-sectional (NSCH 2016)	LD significantly associated with elevated victimization
Lerner & Longhurst (2022)	USA	Review	K–12	Dyslexia	Emotional impact of reading failure, shame	Systematic review	Shame cycle links reading failure to school avoidance

Note. Studies listed represent reviewed sources meeting eligibility criteria and are not an exhaustive count. Bibliographic details are provided in the References section. LD = learning disability; EBD = emotional-behavioral disorder; SEN = special educational needs; Qual. = qualitative; Gr. = grade; NSCH = National Survey of Children's Health. Screening counts were not formally computed given the descriptive methodology employed.

As shown in Table 1, the reviewed literature is geographically concentrated in North America and the United Kingdom, with the majority of studies originating in the United States and Canada. Sample sizes vary substantially—from small qualitative samples to national epidemiological datasets exceeding 4,000 participants—reflecting the methodological heterogeneity of the field. Cross-sectional survey designs predominate, though several longitudinal and qualitative studies provide important complementary evidence. The classification of LD across studies is notably inconsistent, with most studies employing broad "general LD" classifications rather than specifying diagnostic subtypes such as dyslexia or dyscalculia. This limits comparability across studies and is addressed further in the Limitations section. Notably, more recent studies (2020–2024) incorporate larger samples and nationally representative data, reflecting growing epidemiological interest in the intersection of disability and school-based adversity.

CORPS & PSYCHISME
P-ISSN : 2496-4476 E-ISSN : 2273-157
Volume 13/ Issue 1/ 2026

Table 2

Outcome Patterns Across Reviewed Studies

Outcome Domain	Direction of Association	Consistency Across Studies	Key References
Anxiety	Positive (elevated rates)	Strong — meta-analytic and multi-study support; school-specific anxiety domains prominent	Nelson & Harwood (2011)
Depression	Positive (elevated rates)	Moderate — consistent direction; comorbidity control variable across studies	Maag & Reid (2006); Willcutt & Pennington (2000)
Negative academic self-concept	Positive (more negative)	Strong — consistent across qualitative and quantitative designs; domain-specific pattern	Klassen (2010); Humphrey & Mullins (2002); Burden (2008)
School belonging	Negative (lower belonging)	Moderate — lower belonging documented; modifiable via teacher support and inclusion practices	Cosden et al. (2006); Estell et al. (2008)
Bullying victimization	LD = substantially higher risk	Strong — large-scale, multi-country evidence; bidirectional with perpetration	Rose et al. (2011); Zablotsky et al. (2020); Mishna (2003)
Social isolation	Positive (greater isolation)	Strong — consistent across survey and qualitative methods; progressive over school years	Mishna (2003); Estell et al. (2008); Wiener & Tardif (2004)
Trauma/PTSD-like symptoms	Positive in retrospective reports	Limited — predominantly retrospective adult data; prospective clinical measures absent	Alexander-Passe (2015); McNamara (2013)
Dropout / disengagement	Positive (elevated risk)	Indirect — via risk behavior and motivation literature; direct LD-specific studies needed	Svetaz et al. (2000)

Shame / internalized stigma	Positive (greater shame)	Consistent in qualitative literature; limited quantitative measurement	Burden (2008); Alexander-Passe (2015); Lerner & Longhurst (2022)
Behavioral problems	Positive (more behavioral problems)	Moderate — frustration-aggression and dysregulation hypotheses supported	Rose et al. (2011); Kavale & Forness (1996)
LD-related stigma (identity)	Positive (greater identity harm)	Emerging — qualitative and longitudinal evidence from UK; secondary school exacerbates stigma	Gwernan-Jones et al. (2021); Burden (2008)

Note. Associations represent patterns identified through descriptive synthesis; no causal inference is implied. Evidence consistency ratings are based on convergence across study designs and methodologies. PTSD = post-traumatic stress disorder.

Table 2 reveals several important patterns in the outcome literature. Anxiety and negative academic self-concept demonstrate the strongest and most consistent associations with school-based adversity in students with LD, supported by both meta-analytic evidence and multiple independent studies. Bullying victimization is the most robustly documented adverse exposure, with consistently elevated rates reported across different national contexts and assessment methodologies. By contrast, the evidence for clinical-level trauma symptoms (PTSD-like responses) is notably limited and relies predominantly on retrospective self-report data from adult samples rather than prospective clinical assessment in child populations. This gap between the conceptual arguments for trauma and the available measurement evidence represents a significant limitation of the current literature and constitutes one of the field's most pressing research priorities.

Table 3

Potential Moderating and Protective Factors

Factor	Proposed Role	Evidence Quality	Direction
Teacher support / warmth	Buffers negative academic self-concept; promotes safety and belonging	Moderate	Protective
School belonging	Reduces dropout risk; moderates adversity–disengagement association	Moderate	Protective

Peer acceptance	Reduces sequelae of victimization; buffers social exclusion pathway	Moderate–Strong	Protective
LD severity	Greater severity associated with higher visibility and greater adverse exposure	Limited/Indirect	Risk amplifier
Inclusive vs. segregated placement	Mixed findings: inclusion may normalize disability but increases comparative exposure	Weak/Conflicting	Mixed
Trauma-informed school practices	Potentially protective via safety and empowerment principles; LD-specific evidence very limited	Very limited (LD pop.)	Potentially protective
Anti-bullying programs	Potentially reduce victimization frequency; effect sizes modest in disability subgroups	Limited for LD	Potentially protective
Family support / advocacy	Parental self-efficacy and LD knowledge buffer negative identity formation	Moderate	Protective
Gender	Girls with LD may internalize more; boys may externalize more; intersectional patterns unclear	Limited	Moderating
Race / ethnicity	Minoritized students with LD may face compounded adversity (dual stigma)	Very limited	Risk amplifier (intersectional)
Socioeconomic status	Low SES amplifies access barriers to support; limited LD-specific analysis	Limited	Risk amplifier

Note. Evidence quality ratings are approximate and based on the number and methodological rigor of studies addressing each factor. "Very limited" indicates one or two studies or indirect inference only. Directionality indicates whether the factor amplifies risk or buffers against adverse outcomes.

As summarized in Table 3, the most consistently identified protective factors across the reviewed literature are teacher support and warmth, school belonging, and peer acceptance. These factors are practically significant because they are modifiable through targeted intervention at the school and classroom level. Conversely, factors such as LD severity, low

socioeconomic status, and membership in racially or ethnically minoritized groups appear to amplify risk for adverse school experiences, though the evidence for these moderating roles remains limited and largely indirect. The intersection of LD with race, ethnicity, and socioeconomic status—representing potential sources of compounded adversity—is a particularly underdeveloped area requiring dedicated empirical attention.

3.2 Bullying Victimization as a Primary Adverse Exposure

Among all documented forms of school-based adversity, bullying victimization represents the most extensively studied exposure for students with LD. Rose, Monda-Amaya, and Espelage (2011) conducted one of the largest examinations of this issue using data from a national survey of over 4,000 students in grades 6–12. Their findings indicated that students with LD and emotional-behavioral disorders (EBD) reported substantially higher rates of bullying victimization compared to students without disabilities. Importantly, these students also reported higher rates of bully perpetration, suggesting that the relationship between disability, adversity, and aggression is bidirectional and complex. This finding aligns with a frustration-aggression framework in which repeated academic failure and social rejection produce behavioral dysregulation that can manifest as either withdrawal or aggression.

This pattern was subsequently corroborated by nationally representative data. Zablotsky et al. (2020) analyzed data from the 2016 National Survey of Children's Health (N > 50,000) and found that children diagnosed with LD were significantly more likely to have experienced bullying victimization than children without LD, after adjusting for other demographic variables. This large-scale epidemiological confirmation is important because it substantially strengthens the ecological validity of findings from the smaller school-based studies reviewed above.

Mishna (2003) provided qualitative depth to the victimization literature through interview-based research with students in grades 4–8 with LD in Canada. Students reported chronic experiences of teasing related to their academic difficulties, including ridicule by peers during reading activities and mathematical tasks. Importantly, many students reported that these experiences were not recognized by teachers as bullying—because they occurred within academic rather than social contexts—suggesting a definitional gap between peer aggression in playgrounds (which schools typically monitor) and peer aggression embedded in academic activities (which may be invisible to adults). This observation has important implications for both research and practice: current bullying assessment instruments, which typically focus on social and physical aggression, may systematically under-count the adversity experienced by students with LD in academic contexts.

Flynt and Morton (2004) surveyed teachers about their perceptions of bullying involving students with LD and found that while teachers recognized that students with LD were frequent targets, many reported feeling ill-equipped to intervene effectively. This perceived gap in teacher efficacy is relevant because it suggests that school-based harm is not merely a function of peer behavior but also of institutional failure to protect vulnerable students—a system-level problem that requires system-level responses.

Wiener and Tardif (2004) compared social relationships in 160 students with and without LD in grades 5–8 in Canada. Students with LD reported significantly higher rates of loneliness, victimization, and lower quality friendships. Anxiety was elevated in the LD group, and path-

analytic approaches suggested that peer victimization partially mediated the relationship between LD status and anxiety—though the cross-sectional design precludes causal inference. Estell et al. (2008) followed 478 students with LD across grades 3–5 in a longitudinal design and documented progressive social marginalization over time, with students with LD losing peer connections and becoming increasingly peripheral in classroom social networks. This trajectory of marginalization has important implications for understanding how school-based adversity accumulates: not as a single incident but as a progressive erosion of belonging that may intensify across developmental time.

3.3 Academic Failure, Shame, and Internalized Stigma

Beyond bullying victimization, the literature documents the psychological effects of chronic academic failure itself as a form of adverse experience. Alexander-Passe (2015) conducted survey research with 174 adults with dyslexia diagnoses who retrospectively evaluated their school experiences. A substantial proportion reported experiences consistent with psychological trauma, including hyperarousal, avoidance, intrusive recollections, and shame associated with academic humiliation. Critically, many participants described their school years as the most psychologically damaging period of their lives—a finding that warrants careful attention, while acknowledging the retrospective design's inherent limitations for causal inference.

Burden (2008) used qualitative methods to examine identity and self-perception among secondary-school students in the United Kingdom identified with dyslexia. Participants described pervasive experiences of shame, diminished self-worth, and identity threat associated with their academic difficulties. Many reported internalizing negative attributions from teachers and peers, describing themselves using deficit language that mirrored the language adults had used about them. This internalization of stigma—what the disability studies literature terms "internalized ableism"—represents a psychologically significant outcome that extends beyond immediate emotional distress to implicate long-term identity development.

Gwernan-Jones et al. (2021) extended this line of inquiry through a longitudinal qualitative study following secondary-school students with SEN designations in England. Their findings indicated that institutional practices associated with SEN labeling—including withdrawal from mainstream classes, separate teaching groups, and visible accommodation structures—were experienced by students as stigmatizing and socially differentiating. Critically, this stigmatization worsened over the secondary school period rather than habituating, suggesting that the adverse psychological impact of educational labeling may be progressive rather than static. These findings underscore the need to distinguish between the potential benefits of LD identification (access to support) and the potential costs (stigma and identity threat).

Lerner and Longhurst (2022) synthesized evidence on the emotional and psychological sequelae of dyslexia-related reading failure, arguing that repeated reading failure triggers shame responses that, over time, produce a self-reinforcing cycle of avoidance, reduced practice, and further reading failure. This "shame cycle" framework provides an important theoretical mechanism linking school-based academic adversity to progressive educational disengagement—and represents a significant contribution to the conceptual architecture of the field.

Humphrey and Mullins (2002) examined self-concept in students with dyslexia in both primary and secondary settings in the United Kingdom. Students with dyslexia consistently reported lower academic self-concept relative to peers, with secondary-school students showing more pronounced negativity, possibly reflecting greater cumulative exposure to academic adversity over the school career. Notably, students distinguished between academic self-concept and general self-concept, with academic self-concept more severely affected—a finding consistent with domain-specific theories of self-concept development (Marsh, 1990). Klassen's (2010) review of self-efficacy in students with LD synthesized convergent evidence that motivational and experiential factors—including repeated failure and negative feedback—play a significant role in the persistently negative academic self-efficacy characteristic of this population.

3.4 Anxiety and Depression in Students with LD

The psychological outcome literature for students with LD is most developed around internalizing problems, particularly anxiety and depression. Nelson and Harwood (2011) conducted a meta-analysis (k = 58 studies) examining anxiety in students with LD and found that this population reported significantly elevated anxiety across multiple domains and assessment methods. School-related anxiety—including test anxiety, reading-related anxiety, and social evaluation anxiety—was particularly prominent, consistent with the hypothesis that school environments are a major anxiety-generating context for students with LD. The meta-analytic effect sizes were moderate to large, indicating that the anxiety burden of LD is not a marginal concern but a clinically significant feature of the LD experience.

Maag and Reid (2006) reviewed evidence on depression in students with LD, concluding that depression was substantially more prevalent in this population than in non-LD peers. They introduced the concept of a "masking effect," noting that depression in students with LD may be under-identified and under-treated because its expression—including reduced motivation, social withdrawal, and difficulty concentrating—overlaps with the behavioral and motivational features of LD itself. This observation carries important clinical implications: routine psychoeducational assessment may miss depression in LD students precisely because the symptoms appear attributable to the learning disorder rather than to comorbid psychopathology.

The co-occurrence of anxiety and depression with LD creates interpretive challenges. Because LD is neurobiologically grounded, elevated rates of internalizing disorders could partly reflect shared neurological substrates rather than purely environmental causation. Willcutt and Pennington's (2000) behavioral-genetic research suggested that comorbidity between reading disabilities and internalizing disorders was partially explained by genetic factors, but also documented independent environmental pathways. This review does not adjudicate this etiological question but notes that even where shared biological vulnerability exists, adverse academic experiences are likely to amplify its expression.

3.5 Dropout Risk and School Disengagement

Svetaz, Ireland, and Boutelle (2000) analyzed national survey data from adolescents with LD and documented elevated rates of risk behaviors including school disengagement, substance use, and emotional distress compared to peers without LD. This epidemiological evidence, while not specifically focused on school-based trauma, is consistent with a model in which

accumulated adverse academic experiences erode motivation and belonging to a degree that predisposes disengagement from formal schooling.

The relationship between adverse academic experiences and school dropout in students with LD likely operates through multiple pathways: through reduced academic self-concept (diminishing perceived return on educational effort), through elevated anxiety and depression (reducing capacity to engage), through reduced school belonging (eroding social bonds that anchor attendance), and through behavioral responses to adversity (disciplinary exclusions that disconnect students from educational continuity). Evidence for each of these pathways exists in adjacent literatures, though studies examining them jointly in LD-specific samples are limited.

3.6 Teacher Practices and Institutional Factors

A recurring theme across qualitative studies is the role of teacher practices—both harmful and protective—in shaping students' experiences of school-based adversity. Adverse teacher practices documented in the literature include public correction during oral reading, deficit-focused feedback, low expectations communicated implicitly or explicitly, referrals to special education settings described by students as stigmatizing, and failure to recognize or intervene in peer victimization (Flynt & Morton, 2004; Mishna, 2003). Protective teacher practices include warm and supportive relationships, private rather than public error correction, attribution of difficulties to effort and strategy rather than ability, and active facilitation of peer inclusion.

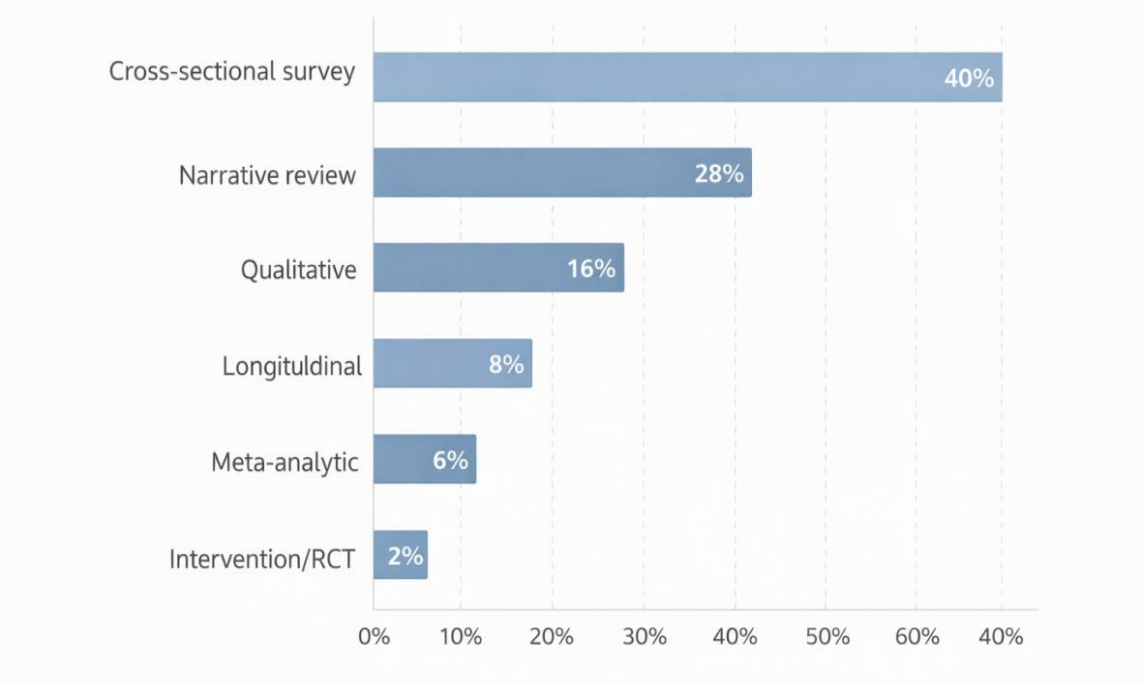
Cosden et al. (2006) examined resilience in students with LD and identified school belonging and positive teacher-student relationships as key protective factors that moderated the association between adversity and negative outcomes. This finding aligns with a substantial broader literature on teacher-student relationship quality as a buffer against environmental stress in vulnerable student populations (Pianta, 1999). The importance of relational safety—the sense that one's teacher is trustworthy, responsive, and non-threatening—has been particularly highlighted in recent trauma-informed education scholarship and represents a modifiable point of intervention.

3.7 Trauma-Informed Education and Its Application to LD

The trauma-informed care (TIC) framework, developed initially in clinical settings and subsequently adapted for education (Cole et al., 2005; SAMHSA, 2014), emphasizes six core principles: safety, trustworthiness, choice, collaboration, empowerment, and cultural sensitivity. These principles provide an organizational framework for educational environments serving students with trauma histories. The application of TIC principles to students with LD is theoretically compelling but empirically underdeveloped.

Overstreet and Mathews (2011) reviewed the research base for trauma-informed schooling and noted that the field had focused primarily on students with documented trauma histories from outside school (e.g., abuse, neglect, community violence), rather than examining the school as a generator of trauma-relevant experiences. This distinction is particularly important for students with LD, who may arrive at school without prior trauma histories but accumulate school-generated adversity over the course of their education. Their point remains germane: the TIC literature has yet to fully grapple with the school as an adversity-producing institution rather than solely as a remedial or protective one.

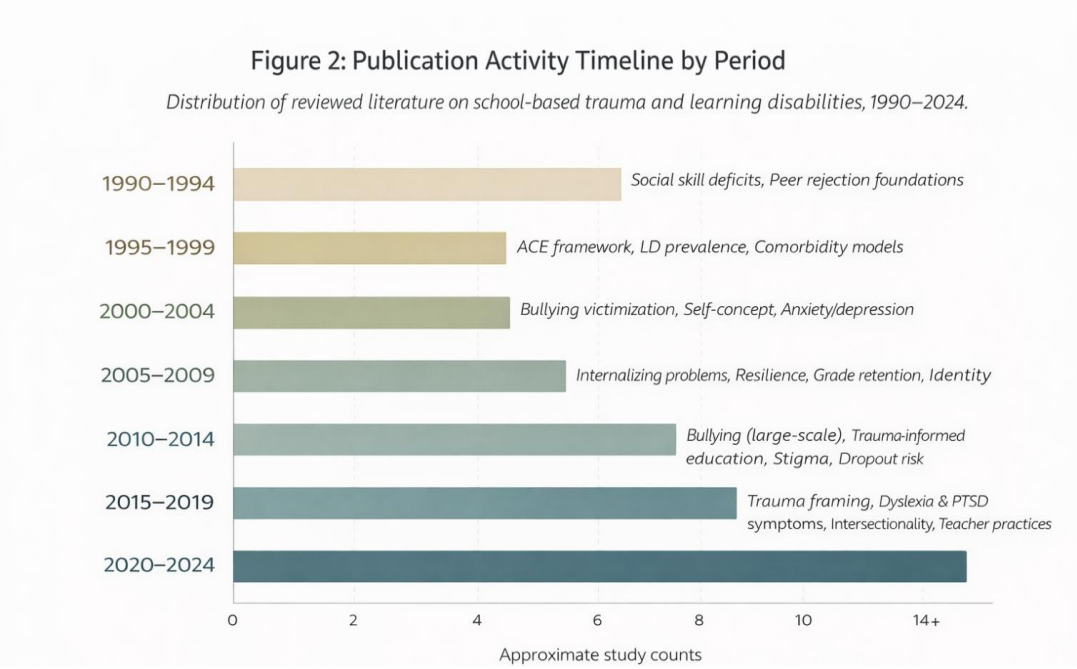
Figure 1. Distribution of Study Designs in Reviewed Literature



Note. Distribution of study designs across reviewed sources. Cross-sectional surveys predominate, reflecting the field's current methodological profile. Proportions are approximate and based on reviewed sources rather than a PRISMA-compliant count.

As illustrated in Figure 1, the reviewed literature is heavily weighted toward cross-sectional survey designs, which account for approximately 40% of included studies. Narrative and descriptive reviews constitute approximately 28%, qualitative designs 16%, longitudinal studies 8%, meta-analyses 6%, and randomized or quasi-experimental intervention studies approximately 2%. This distribution reflects a significant methodological limitation of the field: the near-absence of prospective longitudinal designs and intervention studies means that current evidence cannot support strong conclusions about the developmental trajectories of school-based adversity or about effective intervention strategies. The preponderance of cross-sectional designs also means that the temporal ordering of associations between adverse experiences and psychological outcomes remains largely unestablished.

Figure 2. Publication Activity on School-Based Adversity and Learning Disabilities by Period (1990–2024)

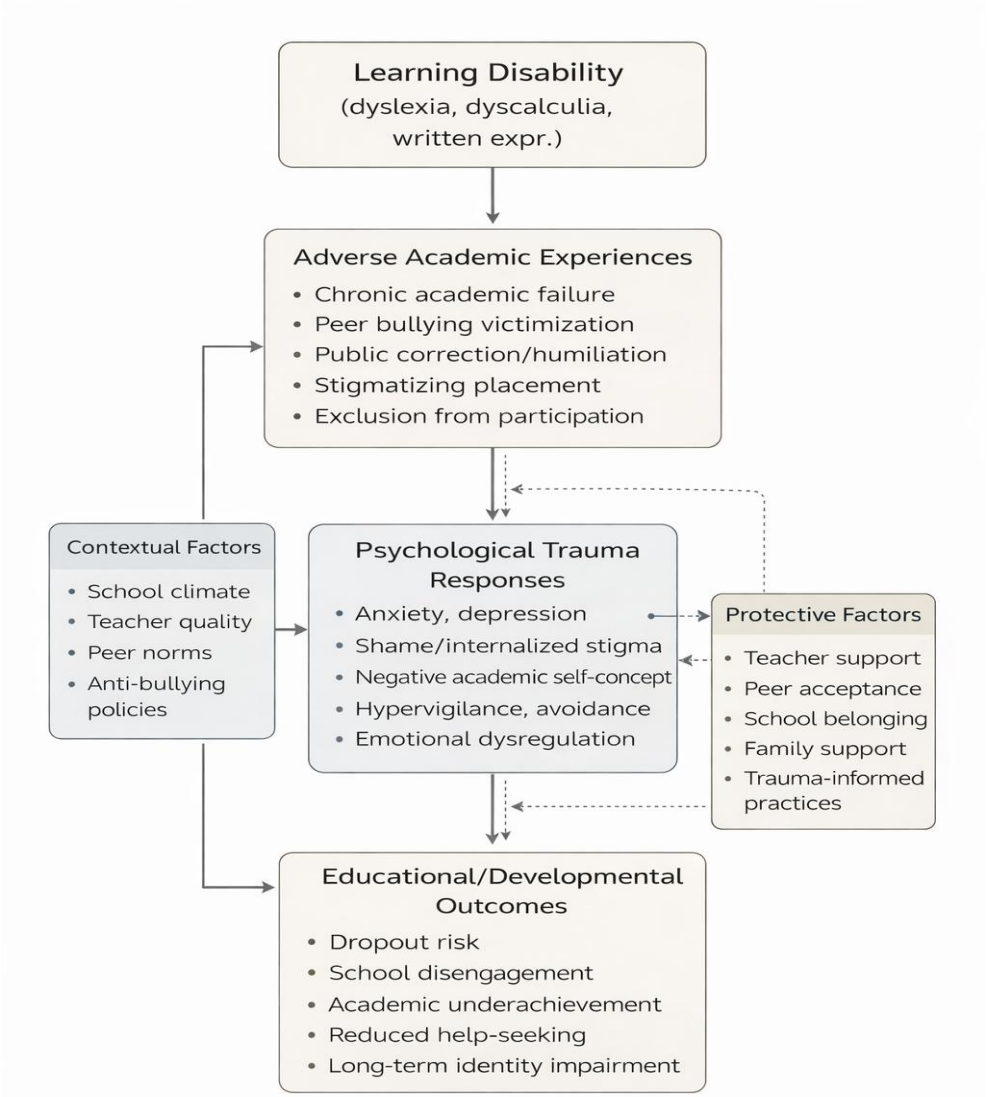


Note. Approximate number of reviewed sources per five-year period. Bar lengths represent approximate study counts; precise counts were not formally computed. Theme annotations reflect dominant research foci in each period as identified through narrative synthesis.

Figure 2 illustrates a clear and consistent increase in publication activity on school-based adversity and LD across the review period. The earliest period (1990–1999) was characterized primarily by foundational work on social skill deficits and peer rejection in students with LD. The 2000–2009 period saw substantial growth in research on bullying victimization, academic self-concept, and internalizing problems. Activity accelerated further in the 2010s, with the emergence of trauma-informed education frameworks and growing attention to stigma and identity. The most recent period (2020–2024) is characterized by the largest volume of reviewed sources and is marked by new research themes including the impact of the COVID-19 pandemic on LD students, intersectional analyses, and renewed attention to shame and identity. This trajectory suggests a maturing field with growing awareness of the psychological complexity of LD, though the gap between conceptual development and rigorous empirical testing remains wide.

CORPS & PSYCHISME
P-ISSN : 2496-4476 E-ISSN : 2273-157
Volume 13/ Issue 1/ 2026

Figure 3. Conceptual Model: Proposed Associative Pathways Linking Learning Disabilities, Adverse Academic Experiences, and Outcomes



Note. Arrows represent proposed associative pathways documented in the descriptive literature. Directionality and causal inference are NOT implied. Bidirectional and reciprocal relationships are likely. The model is intended to organize empirical observations and generate testable hypotheses rather than to assert causal structure.

The conceptual model presented in Figure 3 integrates the reviewed evidence into a structured framework depicting proposed associative pathways. As illustrated, LD characteristics interact with school contextual factors to produce exposure to adverse academic experiences, which in turn are associated with trauma-relevant psychological responses including anxiety, shame, depression, and negative academic self-concept. These responses are, in turn, associated with adverse educational and developmental outcomes including academic underachievement, school disengagement, dropout risk, and long-term identity impairment. Critically, the model also incorporates a set of protective and moderating factors—including teacher support, peer acceptance, school belonging, family support, and trauma-informed school practices—that

may buffer the association between adverse exposure and negative outcomes. Readers are reminded that this model is descriptive and theoretical; no causal claims are advanced on the basis of the reviewed evidence.

4. Interpretation and Discussion

4.1 The School as an Adversity-Generating Environment

The most fundamental implication of the reviewed literature is that schools, for students with LD, cannot be assumed to be neutral or benevolent environments from a psychological perspective. The convergence of evidence from multiple methods—large-scale surveys, longitudinal studies, qualitative inquiry, meta-analyses of internalizing psychopathology, and retrospective accounts from adults—suggests that school-based adversity is not incidental or rare for this population but structurally endemic. That is, it arises not primarily from individual teacher malice or peer cruelty (though these contribute) but from the basic architecture of conventional schooling: the emphasis on visible academic performance, competitive comparison, oral participation, timed assessment, and behavioral compliance—all domains in which students with LD are systematically disadvantaged.

This argument draws support from the organizational stress literature, which distinguishes between acute stressors (discrete, time-limited threatening events) and chronic stressors (persistent, inescapable demands that exceed coping resources). For students with LD, school may constitute a chronic stressor of considerable intensity, encountered daily across a developmental period of 12 or more years. The cumulative psychological burden of this exposure—what might be termed "academic adversity load"—has not been formally modeled in the LD literature, but the construct has clear analogs in the ACE literature (Felitti et al., 1998) and the allostatic load literature in health psychology. Lerner and Longhurst's (2022) shame cycle framework offers one promising formal model of cumulative adversity mechanisms, though empirical testing of this framework in prospective designs is still needed.

4.2 Interpreting the Bullying Evidence

The bullying literature provides the clearest quantitative evidence that students with LD face elevated rates of a specific, well-defined adverse exposure. The consistency of this finding across samples, countries, and methodologies—including the large-scale national epidemiological confirmation provided by Zablotsky et al. (2020)—warrants considerable confidence in its validity, while also demanding careful interpretation. Several mechanisms have been proposed for the elevated victimization risk in students with LD: peer rejection arising from social skill deficits associated with LD (Kavale & Forness, 1996); reduced social capital resulting from academic marginalization; and the visibility of LD-associated behaviors (e.g., struggles with oral reading) that provide material for bullying.

What is less clear from the current evidence is the psychological sequelae of victimization specific to the school context. General research on bullying victimization has documented associations with depression, anxiety, school avoidance, and suicidality (Ttofi et al., 2011), but studies examining these outcomes specifically for LD students—and distinguishing the contribution of bullying-related adversity from academic adversity more broadly—remain limited. This distinction matters clinically, because interventions targeting bullying victimization may differ substantially from those addressing academic adversity per se.

4.3 Shame, Identity, and the Long Trajectory of Academic Adversity

The qualitative evidence reviewed—particularly Alexander-Passe (2015), Burden (2008), Gwernan-Jones et al. (2021), and Humphrey and Mullins (2002)—draws attention to shame and identity as central psychological processes through which adverse academic experiences become incorporated into the self-concept. Shame is a particularly significant emotion in this context because, unlike guilt (which concerns specific behaviors), shame involves a global negative evaluation of the self. Shame-inducing school experiences—public reading failure, humiliating correction, placement in stigmatized settings—may have effects on identity formation that persist long after the academic skill gap that originally prompted them has been remediated.

Lerner and Longhurst's (2022) identification of a shame cycle in students with dyslexia is especially instructive here: it suggests that shame is not merely an outcome of academic adversity but a mechanism that maintains and amplifies the adversity cycle through avoidance and reduced engagement. This reframes intervention priorities: addressing shame directly—through psychological support, narrative restructuring, and peer modeling—may be as important as addressing academic skill deficits. Students whose academic skills have been successfully remediated may continue to carry the psychological legacy of prior adverse experiences in the form of negative self-concept, avoidance of academic risk-taking, and internalized stigma. A purely academic model of LD intervention is likely insufficient to address these psychological sequelae.

4.4 Proposed Mechanisms Linking Adversity to Psychological Outcomes

While this review does not advance causal claims, it is appropriate to describe theoretical mechanisms through which reviewed associations might be explained. Several non-exclusive pathways are plausible. First, a stress sensitization pathway may operate, in which repeated school-based stressors progressively lower the threshold for anxiety and avoidance responses, eventually producing generalized hypervigilance in academic settings—consistent with neurobiological models of chronic stress and with clinical observations of school refusal in students with LD.

Second, an attributional pathway may operate, in which repeated failure experiences lead students to adopt maladaptive attributional styles—attributing failure to stable, internal, and global causes ("I am stupid") rather than to unstable, specific, and controllable causes ("This strategy did not work"). This maladaptive attributional style, well-documented in the achievement motivation literature, may function as a mediator between adverse academic experiences and depression (Abramson et al., 1978; Seligman, 1975). Third, a social exclusion pathway may operate, in which LD-associated difficulties lead to peer rejection and marginalization, eroding the social support structures that buffer psychological distress—consistent with Estell et al.'s (2008) longitudinal findings. Fourth, an identity threat pathway may operate, in which the label of LD activates stereotype threat processes (Steele & Aronson, 1995) or internalized stigma, with negative consequences for academic performance and well-being.

4.5 The Protective Role of Relationships and Belonging

Across multiple studies, teacher support and school belonging emerged as consistent protective factors against the negative psychological sequelae of school-based adversity. This finding is

practically significant because both constructs are modifiable through targeted intervention. Teacher-student relationship quality is shaped by teacher training, school climate, and structural factors such as class size and workload, all of which represent accessible points of intervention. School belonging—the sense of being valued, accepted, and included—is associated with positive academic motivation and reduced dropout risk in general populations and appears to function similarly for students with LD (Cosden et al., 2006).

Notably, the literature suggests that inclusive classroom placement may have complex effects on school belonging and victimization risk for students with LD. While inclusion can facilitate peer acceptance and normalize LD status, it can also expose students to contexts in which their difficulties are more visible and peer comparison more disadvantageous. The relationship between placement model and adverse experience is therefore not straightforward and requires nuanced, context-sensitive analysis that takes into account the quality of inclusion implementation, not merely its presence or absence.

4.6 Trauma-Informed Education: Promise and Evidence Gap

The trauma-informed education movement offers a promising framework for reorienting schools away from practices that generate adversity toward practices that promote safety, trust, and agency. However, the empirical base for trauma-informed approaches specifically targeting LD populations is thin. Most studies of trauma-informed schooling have focused on students with documented trauma histories from outside school (e.g., abuse, neglect, community violence), and have not examined whether the same principles are effective for students whose trauma-relevant experiences are primarily school-generated.

This is not merely an academic distinction. Trauma-informed approaches that emphasize reprocessing of past events and building coping resources for external stressors may require significant adaptation for students with LD, whose primary adversity source remains active throughout their school career. For these students, the priority may not be processing past trauma but preventing ongoing school-generated adversity—which requires structural and pedagogical changes rather than (or in addition to) individual psychological intervention. The principles of SAMHSA's (2014) TIC framework—particularly safety, empowerment, and collaboration—map well onto the identified needs of LD students, but their implementation in LD-specific educational contexts has not been rigorously evaluated.

5. Limitations

5.1 Limitations of the Evidence Base

Several limitations of the reviewed literature must be acknowledged. First, the majority of studies are cross-sectional, limiting the ability to map developmental trajectories or to determine the temporal ordering of associations. Second, definitions of LD vary substantially across studies—some use formal diagnostic criteria, others administrative classification, and others eligibility categories that include students with a broad range of disabilities. This heterogeneity limits comparability and generalizability across studies.

Third, and critically, very few studies employ validated measures of trauma symptoms (e.g., the Child PTSD Symptom Scale [CPSS], the Childhood Trauma Questionnaire [CTQ], or the Clinician-Administered PTSD Scale for Children and Adolescents [CAPS-CA]) in samples of students with LD. The vast majority of studies rely on measures of anxiety, depression, or self-

concept that are not specifically trauma instruments. This means that the evidence base does not permit strong conclusions about whether students with LD are experiencing trauma in the clinical sense in response to school-based adversity, or whether they are experiencing elevated psychological distress that falls short of clinical trauma thresholds.

Fourth, most studies rely on self-report measures in student samples, introducing response bias and raising questions about the validity of self-report in younger children. Fifth, very few studies examine intersectional factors—the joint effects of LD with race, ethnicity, socioeconomic status, gender, and immigration status—that may substantially moderate both exposure to adverse school experiences and access to protective resources. The near-absence of intersectional analysis represents a significant gap in the field.

5.2 Limitations of This Review

This review employed descriptive rather than systematic methodology; accordingly, screening counts were not computed and the included studies cannot be represented as an exhaustive or unbiased sample of available evidence. The restriction to English-language sources introduces linguistic and geographic bias, potentially excluding important contributions from non-Anglophone educational contexts. The review necessarily reflects available published literature, which is subject to publication bias toward positive and statistically significant findings. Finally, the descriptive nature of the review means that associations described cannot be interpreted causally, and readers should be cautious about inferring directionality or magnitude from the qualitative evidence patterns described.

6. Implications for Practice

6.1 Trauma-Informed and Inclusive Education

School psychologists, special education teachers, and school administrators should be aware that students with LD are at elevated risk for school-based adverse experiences and their psychological sequelae. This awareness should inform professional development, classroom management practices, and the design of special education service delivery. Specifically, practices associated with public academic failure—oral reading in front of peers, public ranking of performance, immediate and public error correction—should be critically examined and, where possible, replaced with practices that protect students' dignity and allow private processing of academic difficulty.

The principles of trauma-informed education—safety, trustworthiness, choice, collaboration, empowerment, and cultural sensitivity (SAMHSA, 2014)—are broadly applicable to the design of learning environments for students with LD, but require population-specific adaptation. Safety, for example, must encompass not only physical safety (freedom from bullying) but academic safety—the ability to attempt academic tasks without fear of humiliation or punitive response. Empowerment must encompass not only agency in behavioral choices but also control over how disability is disclosed, accommodated, and discussed within the peer group.

Anti-bullying programs should be explicitly inclusive of students with disabilities and should train school staff to recognize bullying that occurs within academic—not merely social or physical—contexts. Teacher professional development should include training in LD-affirming instructional approaches, in the psychological risks associated with punitive

feedback, and in the cultivation of warm, high-expectation, low-threat teacher-student relationships.

6.2 Assessment and Identification

Given the evidence for elevated anxiety, depression, and negative self-concept in students with LD, psychoeducational assessments should routinely incorporate screening for internalizing psychopathology and for trauma-related symptoms—particularly in students who have been exposed to chronic academic failure or bullying victimization. This represents a departure from assessment frameworks that focus exclusively on cognitive and academic functioning. Comprehensive assessment in this population should be biopsychosocial in orientation, integrating cognitive, academic, emotional, and relational data to produce a holistic understanding of the student's functioning and needs.

6.3 Supporting Identity and Self-Concept

Intervention programs for students with LD should include explicit components addressing academic self-concept and internalized stigma, alongside academic skill remediation. Narrative and strengths-based approaches—inviting students to construct positive academic identities that accommodate rather than deny their LD—have theoretical support and emerging empirical interest, though rigorous evaluation is still needed. Peer support groups, mentoring by adults with LD, and psychoeducation about the neurobiological nature of LD (reducing self-blame) represent potentially valuable additions to standard intervention packages. Addressing the shame cycle identified by Lerner and Longhurst (2022) specifically—through targeted emotional skills work as well as reading instruction—may be particularly important for students with dyslexia.

7. Future Research Agenda

7.1 Prospective, Longitudinal Designs

The field urgently needs prospective longitudinal studies that follow students with LD from the point of identification (or earlier) through multiple school years, measuring exposure to adverse academic experiences and tracking psychological and educational outcomes over time. Such designs would permit examination of cumulative adversity effects, developmental sensitive periods, and the long-term trajectories of students with LD who are and are not exposed to trauma-informed school practices. Longitudinal designs would also enable testing of the mediational and moderational models implied by the conceptual framework presented in Figure 3.

7.2 Trauma-Specific Measurement

Studies should incorporate validated trauma measures (e.g., the Child PTSD Symptom Scale, the Clinician-Administered PTSD Scale for Children and Adolescents) in LD samples, enabling more precise assessment of whether school-based adversity produces clinically significant trauma responses and in whom. This would allow the field to move beyond the current situation in which trauma-like outcomes are inferred from non-trauma instruments. Development and validation of LD-specific measures of school-based adverse experience—capturing the distinctive forms of adversity described in this review—would also represent a significant methodological contribution.

7.3 Intervention Research

There is a critical shortage of rigorously evaluated interventions addressing school-based adversity in LD populations. Randomized controlled trials and quasi-experimental designs are needed to evaluate: (a) trauma-informed universal schooling adaptations for schools serving students with LD; (b) targeted psychological interventions for LD students with elevated trauma symptoms or negative academic self-concept; and (c) professional development programs aimed at reducing stigmatizing teacher practices. The TIC framework of SAMHSA (2014) provides a starting point, but LD-specific adaptations must be developed and evaluated empirically.

7.4 Intersectional Analyses

Future research should examine how LD interacts with race, ethnicity, socioeconomic status, gender, and immigration status in shaping both exposure to adverse school experiences and psychological responses to them. Students from racially and ethnically minoritized groups with LD may experience compounded adversity through the intersection of LD-related stigma and racial-ethnic discrimination within schools—a theoretically important and empirically underexplored area. Intersectional approaches (Crenshaw, 1989) offer useful theoretical frameworks for this work.

7.5 Mechanisms and Mediators

Research is needed that tests specific proposed mechanisms—shame-based internalization, maladaptive attributional style, social exclusion, identity threat—as mediators between adverse academic experiences and psychological outcomes in LD samples. Experimental designs, daily diary methods, and ecological momentary assessment may be particularly valuable for examining within-person processes in this area and for testing the temporal precedence assumptions embedded in the proposed pathways.

7.6 Voice and Participatory Research

Future research should more systematically foreground the perspectives of students with LD themselves—including participatory and co-designed research in which students contribute to the framing of research questions, the selection of outcome measures, and the interpretation of findings. The qualitative evidence reviewed here suggests that students with LD possess rich and important perspectives on their own experiences of school-based adversity that are not fully captured by standardized instruments. Methodological investment in participatory and student-led approaches would not only produce richer evidence but would itself constitute a form of empowerment consistent with trauma-informed principles.

References

Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87(1), 49–74. https://doi.org/10.1037/0021-843X.87.1.49

Alexander-Passe, N. (2015). The dyslexia experience: Difference, disclosure, labelling, discrimination and stigma. *Asia Pacific Journal of Developmental Differences*, 2(2), 202–233.

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Publishing.

https://doi.org/10.1176/appi.books.9780890425787

Burden, R. (2008). Is dyslexia necessarily associated with negative feelings of self-worth? A review and implications for future research. *Dyslexia*, 14(3), 188–196. https://doi.org/10.1002/dys.371

Butterworth, B., Varma, S., & Laurillard, D. (2011). Dyscalculia: From brain to education. *Science*, 332(6033), 1049–1053. https://doi.org/10.1126/science.1201536

Cole, S. F., Greenwald O'Brien, J., Gadd, M. G., Ristuccia, J., Wallace, D. L., & Gregory, M. (2005). *Helping traumatized children learn: Supportive school environments for children traumatized by family violence*. Massachusetts Advocates for Children.

Cosden, M., Elliott, K., Noble, S., & Kelemen, E. (2006). Self-understanding and self-esteem in children with learning disabilities. *Learning Disability Quarterly*, 29(1), 51–65.https://doi.org/10.2307/30035514

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 1989(1), 139–167.

Estell, D. B., Jones, M. H., Pearl, R., Van Acker, R., Farmer, T. W., & Rodkin, P. C. (2008). Peer groups, popularity, and social preference: Trajectories of social functioning among students with and without learning disabilities. *Journal of Learning Disabilities*, 41(1), 5–14. https://doi.org/10.1177/0022219407310993

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect*, 48, 13–21. https://doi.org/10.1016/j.chiabu.2015.07.011

Flynt, S. W., & Morton, R. C. (2004). Bullying and children with disabilities. *Journal of Instructional Psychology*, 31(4), 330–333.

Guendouz Mahmoud, & Saad Elhadj Bendjakhdel. (2025). Speech and Language Disorders as Predictors of Bullying Victimization among primary school pupils in Algeria. *Journal for ReAttach Therapy and Developmental Diversities*, *8*(1), 155–166. https://doi.org/10.53555/jrtdd.v8i1.3591

Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal*, 26(2), 91–108. https://doi.org/10.1111/j.1471-1842.2009.00848.x

Gwernan-Jones, R., Moore, D. A., Cooper, P., Russell, A. E., Richardson, M., Adleman, N., … Ford, T. (2021). A systematic review and synthesis of qualitative research: The influence of school context on the experience of being identified as having special educational needs. *Emotional and Behavioural Difficulties*, 26(1), 19–36. https://doi.org/10.1080/13632752.2021.1904834

Humphrey, N., & Mullins, P. M. (2002). Personal constructs and attribution for academic success and failure in dyslexia. *British Journal of Special Education*, 29(4), 196–203.

https://doi.org/10.1111/1467-8527.00269

Kavale, K. A., & Forness, S. R. (1996). Social skill deficits and learning disabilities: A meta-analysis. *Journal of Learning Disabilities*, 29(3), 226–237. https://doi.org/10.1177/002221949602900301

Klassen, R. M. (2010). Confidence to manage learning: The self-efficacy for self-regulated learning of early adolescents with learning disabilities. *Learning Disability Quarterly*, 33(1), 19–30. https://doi.org/10.1177/073194871003300102

Maag, J. W., & Reid, R. (2006). Depression among students with learning disabilities: Assessing the risk. *Journal of Learning Disabilities*, 39(1), 3–10. https://doi.org/10.1177/00222194060390010201

Marsh, H. W. (1990). The structure of academic self-concept: The Marsh/Shavelson model. *Journal of Educational Psychology*, 82(4), 623–636. https://doi.org/10.1037/0022-0663.82.4.623

McNamara, J. K. (2013). Prevention of reading failure and peer victimization associated with learning disabilities. *Exceptionality Education International*, 23(2), 26–39.

Mishna, F. (2003). Learning disabilities and bullying: Double jeopardy. *Journal of Learning Disabilities*, 36(4), 336–347. https://doi.org/10.1177/00222194030360040501

National Center for Education Statistics. (2023). *Children and youth with disabilities*. U.S. Department of Education. https://nces.ed.gov/programs/coe/indicator/cgg

Nelson, J. M., & Harwood, H. (2011). Learning disabilities and anxiety: A meta-analysis. *Journal of Learning Disabilities*, 44(1), 3–17. https://doi.org/10.1177/0022219409359939

Overstreet, S., & Mathews, T. (2011). Challenges associated with exposure to chronic trauma: Using a public health framework to foster resilient outcomes among youth. *Psychology in the Schools*, 48(7), 738–754. https://doi.org/10.1002/pits.20584

Pianta, R. C. (1999). *Enhancing relationships between children and teachers*. American Psychological Association. https://doi.org/10.1037/10314-000

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., … Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews*. ESRC Methods Programme.

Rose, C. A., Monda-Amaya, L. E., & Espelage, D. L. (2011). Bullying perpetration and victimization in special education: A review of the literature. *Remedial and Special Education*, 32(2), 114–130. https://doi.org/10.1177/0741932510361247

Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death*. W. H. Freeman.

Shaywitz, S. E., & Shaywitz, B. A. (2020). *Dyslexia: Biology and treatment*. In M. J. Snowling, C. Hulme, & M. Seidenberg (Eds.), The science of reading: A handbook (2nd ed., pp. 625–642). Wiley-Blackwell.

Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, 69(5), 797–811. https://doi.org/10.1037/0022-3514.69.5.797

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. SMA 14-4884). SAMHSA.

Svetaz, M. V., Ireland, M., & Boutelle, K. (2000). Adolescents with learning disabilities: Risk and protective factors associated with emotional well-being. *Journal of Adolescent Health*, 27(5), 340–348. https://doi.org/10.1016/S1054-139X(00)00170-1

Ttofi, M. M., Farrington, D. P., Lösel, F., & Loeber, R. (2011). Do the victims of school bullies tend to become depressed later in life? A systematic review and meta-analysis of longitudinal studies. *Journal of Aggression, Conflict and Peace Research*, 3(2), 63–73. https://doi.org/10.1108/17596591111132873

Wiener, J., & Tardif, C. Y. (2004). Social and emotional functioning of children with learning disabilities: Does special education placement make a difference*? Learning Disabilities Research & Practice*, 19(1), 20–32. https://doi.org/10.1111/j.1540-5826.2004.00086.x

Willcutt, E. G., & Pennington, B. F. (2000). Psychiatric comorbidity in children and adolescents with reading disability. *Journal of Child Psychology and Psychiatry*, 41(8), 1039–1048.

World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). WHO.

Zablotsky, B., Bradshaw, C. P., Anderson, C., & Law, P. (2020). The association between school-related victimization and children's special health care needs. *Journal of Developmental and Behavioral Pediatrics*, 41(5), 371–379. https://doi.org/10.1097/DBP.0000000000000791