ative self-feelings and loss of self-esteem."⁷⁴ From the time it enters kindergarten it may be faced with a kind of daily work not appropriate to its abilities. The dyslexic child, for example, cannot compete in the class where reading and writing are stressed. It experiences failures often; it is admonished constantly; it may be teased by its peers; it feels rejected, inferior and frustrated. It may "retire into total defeat or apathy, into the non-motivated child. Therefore, early recognition is very important to institute proper remedial help."⁷⁵

129. Are learning disabilities in childhood a possible cause of later criminal behaviour? Certain social features of the school environment frustrate and embitter these children and foster the "rebellious process which, when combined with the early childhood rejection, turns this individual to antisocial behaviour."

"Children with learning disabilities are at considerable risk: they are at risk for academic failure, at risk for anti-social behaviour, and at risk for psychopathology in adolescence."

130. There has not been sufficient research to estimate accurately the incidence of reading problems among criminal offenders or to determine whether reading disability is a cause of an effect of crime.

"If reading disability is a cause of crime it is likely neither a necessary nor a sufficient one. The notion that delinquency can be prvented or anti-social behavior ameliorated by remedial reading programs finds little support in the research literature."

This view appears to support findings in the United States. "The existence of a casual relationship between learning disabilities and delinquency has not been established; the evidence for a causal link is feeble." The 1977 interdepartmental Report to the United States Congress found that although one-fourth of the juvenile delinquents tested had learning disabilities it was not certain whether these disabilities had caused delinquency. It is obvious that further research, of a longitudinal nature, is needed.

131. In considering the possible relationship between learning disabilities, minimal brain dysfunction and criminal behaviour, special attention should be given to hyperactivity (or hyperkinesis), which is sometimes treated as a symptom of the disability/dysfunction syndrome. Hyperactivity itself is a problem and can exist even where there is not discernible brain damage and no perceptual problem. It is not a disease, but rather a common, chronic childhood problem for which there is no specific definition.⁸¹

"Although there is no clear association between brain damage as such and hyperactivity, the usual clinical pattern is one where there is overactivity, distractibility, impulsivity, and excitability, often associated with anti-social behaviour." 82