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THE UNIVERSITY OF YAOUNDE I
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POST GRADUATE SCHOOL FOR THE SOCIAL AND EDUCATIONAL SCIENCES
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RESEACH AND DOCTORAL TRAINING UNIT FOR SCIENCE OF EDUCATION AND EDUCATIONAL ENGINEERING

RÉPUBLIQUE DU CAMEROUN
PAIX-TRAVAIL- PATRIE
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UNIVERSITE DE YAOUNDE I
******
CENTRE DE RECHERCHE ET DE FORMATION DOCTORALE (CRFD) EN « SCIENCES HUMAINES, SOCIALES ET EDUCATIVES »
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UNITE DE RECHERCHE ET DE FORMATION DOCTORALE EN SCIENCES DE L'EDUCATION ET INGENIERIE EDUCATIVE

VICTIMIZATION AND SELF-ESTEEM OF SOME EMPLOYEES WITH DISABILITIES: CASE STUDY EMPLOYEES WITH DISABILITIES IN THE CITY OF YAOUNDE

A dissertation submitted and defended on the 20th July 2023 in fulfilment of the requirements for the award of a master's degree in education.

Masters in Specialized Education
Option: Social Handicap and Counseling

By
Magdaline SMIDHT ASSENI
Matricule: 20V3003

B.A. in Philosophy
University of Yaounde I

Jury

Qualities	Names and grade	Universities
President	MGBWA Vandelin, Pr	UYI
Supervisor	NJENGOUE NGAMALEU Henri Rodirgue, MC	UYI
Member	WIRNGO TANI Ernestine, CC	ENS

SUMMARY

DEDICATION

To my beloved parents

Shey Helena, Shey Grace and Shey Hannah

ACKNOWLEDGE

This work could never have been a success if not of the following people:

My profound gratitude gooes to my supervisor, professor Henri Rodrigue NJENGOUÉ NGAMALEU, whom despite his many responsibilities, took out time to guide me through out this research: he was very encouraging and always available.

I equally thank the Dean of the Faculty of Educational Science of the University of Yaound1, professor Bela Cyrille Bienvenu and the head of the Specialized Education Department professor MGBWA Vadeline.

My heartiest gratitude also goes to the FOMUNJONG'S family for their support, availability and encouragement.

My appreciation also goes to my two loving sisters, Marie Jiselle Afoni, Che Myra Ndum and Bama Odette who have been my anchor in Education and my personal life.

I equally thank my very encouraging friends, Ndikum John, Sowiekeh Ronald and Egoh Cyprian Abah who have been there from the start to the end.

LIST OF ABBREVIATIONS

ASD - Autism Spectrum Disorder.

CF- Cystic Fibrois

CRPD- Convention on the Rights of Persons with Disabilities.

DRR- Disaster risk reduction

EWDs- Employees with Disabilities.

ILO- International Labour Organization.

IQ- Intelligent Quotient

MFIs- Micro Finance Instructions

NGO - Non - governmental organization

PTSD- Post-traumatic stress disorder

PWS - prayer Willi syndrome

RSES- Rosenberg Self-Esteem Scale.

SCI- Spinal Cord Injury.

SESCR- Committee on Economic, Social and Cultural Rights.

UN- United Nation

UNICEF- United Nation of International Children's fund.

WB-World Bank

WHO - World Health Organization

LIST OF TABLES

ABSTRACT

This study is entitled "victimization and self-esteem of some employees with disabilities in the city of Yaoundé'". This study stems from the victimization experienced by employees with disabilities at their job sites which affect productivity. The main objective of our research is to show that improved self-esteem can reduce the victimization of employees with disabilities. This research is a qualitative study and we made use of the semi-structured interview, the interview guide and the Rosenberg Self -Esteem scale to collect relevant data. To carry out this study, we formulated the main question; how can victimization affect the self-esteem of employees with disabilities? We discovered that, employees with disabilities experience the following victimization at their job sites: isolation, humiliation, discrimination, intimidation, rape, social exclusion and harassment, just to name a few. Our study used thematic content to analyze the data obtained. This study found out that, most employees with disabilities have a negative view of themselves due to daily victimization and as a result of this; their performance or participation is negatively affected. To better discuss the findings on victimization, we made use of the victim precipitation theory of Marvin Wolfgang which holds that, victims play a direct role in the occurrence of a crime. The precipitation act can be passive or active, we also made use of the Routine theory which states that, three conditions must be met for a crime to occur, which are; the availability of the desirable targets, the presence of the willing offenders and the absence of a capable guardian (Pratt and Turanovic 2015), the absence of one will delay victimization from occurring. To discuss the findings on self -esteem we made use of self -theories that throw light on the good self-feeling which serves as a motivation for hard work and the labelling theory of Stager and colleagues (1983) which pinpoints the importance of family support that helps in improving self-esteem. This study concluded that, victimization affects the self-esteem of employees with disabilities negatively which slows down work performance and output. The way forward is that, every disabled worker should strive to build and maintain a positive self-esteem with the support of family and friends. W ith this, they will experience great performance and quality output at work.

Keywords: *Victimization, Self-esteem, Employees with disabilities.*

RESUME

Cette étude est intitulée "victimisation et estime de soi de certains employés handicapés dans la ville de Yaoundé". Cette étude découle de la victimisation vécue par les employés handicapés sur leur lieu de travail, ce qui affecte la productivité. L'objectif principal de notre recherche est de montrer que l'amélioration de l'estime de soi peut réduire la victimisation des employés handicapés. Cette recherche est une étude de qualité et nous avons utilisé l'entretien semi-structuré, le guide d'entretien et l'échelle d'estime de soi de Rosenberg pour collecter les données pertinentes. Nous avons découvert que les employés handicapés subissent les victimisations suivantes sur leur lieu de travail : isolement, humiliation, discrimination, intimidation, viol, exclusion sociale, harcèlement et ainsi de suite. Pour mieux discuter des résultats sur la victimisation, nous avons utilisé la théorie de la précipitation de la victime de Marvin Wolfgang qui soutient que les victimes jouent un rôle direct dans l'occurrence d'un crime. L'acte de précipitation peut être passif ou actif, nous avons également utilisé la théorie de la routine qui stipule que trois conditions doivent être réunies pour qu'un crime se produise, à savoir ; La disponibilité des cibles désirables, la présence des délinquants volontaires et l'absence d'un tuteur capable (Pratt et Turanovic 2015), l'absence d'un retardera la victimisation et pour discuter des résultats sur l'estime de soi, nous avons utilisé les théories de soi qui jettent la lumière sur le bon sentiment de soi qui sert de motivation pour le travail acharné et la théorie de l'étiquetage de Stager et ses collègues (1983) qui souligne l'importance du soutien familial qui aide à améliorer l'estime de soi. Cette étude a conclu que la victimisation affecte négativement l'estime de soi des employés handicapés, ce qui ralentit leur performance et leur rendement au travail. La voie à suivre est la suivante : chaque travailleur handicapé doit s'efforcer de construire et de maintenir une estime de soi positive, avec le soutien de sa famille et de ses amis, et nous obtiendrons de meilleures performances et un rendement de qualité au travail.

Mots clés : *Victimisation, Estime de soi, employésen situation de handicap.*

0. GENERAL INTRODUCTION

0.1.Context and Justification

Disability has always been a great puzzle for researchers over the years. About 15% of the world's population lives with some form of disability, of which 2 to 4% experience significant difficulties in functioning. The global disability prevalence is higher than previous World Health Organisation (WHO) estimates, which dates from the 1970s and suggested a figure of around 10%. This implies that disabled people keep increasing and their problems as well, they keep facing different forms of challenges every day, this global estimate for disability is on the rise due to population ageing and the rapid spread of chronic diseases, as well as improvements in the methodologies used to measure disability.

WHO/World Bank (WB) World in their first report on disability presented evidence about the condition of people with disabilities world wide (WHO, 2011). Across the world, people with disabilities have poorer health outcomes, lower educational achievements, less economic participation and their level of poverty is high as compared to people without disabilities. This is because, people with disabilities experience barriers in accessing services that many do not find vital or they take it for granted, this includes health services, Education, as well as information. These challenges are exacerbated in less developed communities.

Disability is a human rights issue and people with disability are being subjected to multiple violations of their rights. This include: acts of violence, abuse, prejudice and disrespect. Thsese violations intersects with other forms of discrimination based on age and gender among other factors. People with disability also face barriers, and stigmatization, that is, they are regarded as people worthy of disgrace, ones without essence and thus are discriminated when accessing health and health-related services. Disability is a development priority because of its higher prevalence in lower-income countries and because disability and poverty reinforce and perpetuate one another.

Furthermore, disability is extremely diverse. While some health conditions associated with disability result in poor health and extensive healthcare needs, others do not. In this light, people with disability have equal general health care needs as everyone else, and therefore need access to mainstream healthcare services. Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) (2006) reinforces the right of persons with disability to attain the highest standard of health, without discrimination. This is not the same because the reality is different from what is expected. Few countries provide adequate quality services for people with disability and to worsen the situation, these rights are not implemented. To get a broader understanding, disability falls under three categorie: physical, mental and social disability. In

order to eplore disability, it also necessary to see how it affects people. Some people face stigmatization, some depression, difficulty to interact in the society and difficulty to interact even in the family because some families do not accept disabled persons, so they feel very isolated.

On this note, a concept that stems from disability is victimization. Disabled persons are easily victimized because of their looks and behavoiur. For instance, a person with an amputated leg will easily be victimized than someone who has all his legs. It is important to note that, disability itself constitutes a direct path way to victimization. Impairment has a direct effect on the risk of being a victim of crime. People with disabilities are always at a high risk for victimization and it comes down to offenders making a rational choice about whom to target based on their intended victim's characteristic. Individuals with disability are members of the marginalized and or deficient groups which place them at an increased risk of victimization and this affect their self-esteem. Finkelhor and Asdigian's (1996) assert that disability is a direct pathway to victimization. Disabled individuals are plagued with the fact they are always victims of rape, neglect, war, bulling and this affects their self-esteem negatively.

In Cameroon, disable people face a lot of challenges because the society has not been able to meet with the needs of this deficient group. They are also faced with a lot of challenges because the Government has put forth laws but the laws have not been implemented. That is, the laws are just in papers but we find the contrary in the field. This is because, disabled people still face a lot of challenges and their families have also failed to give them the support they need in order to properly fit in the society, they are continually victimized, stigmatized and abandoned in abject situation and as a result, they begin to hate and blame themselves for how they are. It is worth noting that when one lacks self-esteem or when it is not is not fully developed, the individual and those around him or her are bound to suffer.

Despite the fact that victimization might result in low self-esteem amongst many individuals with disabilities, there are still a few who have accepted themselves for who they are and have built their self-confidence and are no longer victimized. They serve as a motivation to other disabled people. The challenge of individuals with disabilities is not something of today, it's a long-aged struggle that people have been trying to solve, we realize that the Government has set laws to protect people with disabilities, to enable fit in the society but despite these measures put in place, there are still some individuals who have low self-esteem and are continually victimized.

0.2.Statement of the problem

According to the human right declaration, every human has the right to life and none should deprive the other of that right whether disabled or not. These rights are; access to resources, rights to participation, socialization and equality. With the emergence of modern society communal values towards persons with disability have changed as individuals with disability suffer from inequality, denial of resources, labeling stigma and above all degradation of self-esteem by the society. In this light, the classify them under the deficient group. As a deficient group, society turns to allocate limited resources for their wellbeing and upkeep there by making their lives miserable which greatly affect their self-esteem. We ask ourselves if being a disabled person is an abomination or a crime. This is worsened by the fact that government has failed to fully implement laws for people living with disabilities. Living in a society where social stigmatization is the order of the day and no law coverage makes one to wonder how an individual with disability will be able to over victimization, rebuild his or her self-esteem, by pass the stigmatization and the derogratory words use on them daily and be able to fully reintegrate into the society. Victimization is a crucial issue that need not looked down on. Turner and colleagues (2011) compared several forms of disability and found out that every form of disability was significantly associated with higher risk of victimization than their non-disabled counterpart.

Victimization puts victims at the state of confusion, frustration and anger. They want to know why the offense occurred, and why it happened to them. Victims often have no knowledge of whom or where to turn to in the aftermath of crime. They feel insecure and do not know who to trust or rely on for support, understanding, and help. Disabled people do not only suffer physically, emotionally, psychologically and financially from their victimization, they are also often burdened by the complexity of the criminal justice system.

There is a need to look at how victimization impacts or modifies the way a person sees his/ herself. In order words, we will try to understand self-esteem (self-confidence, self-worth and subjective appraisal) of employees with disabilities and its relation to victimization. Victimization may come from the boss or from colleagues. Employees with disabilities experience victimization on a daily basis and this hinders their productivity at work. It will be very difficult for an employee to fully maximize his potentials if he or she doesnot see his or herself as a complete human being. This is because individuals with disabilities often suffer from the way people react and relate with them. All these reduce their self-esteem which affects

their productivity at work. The rate at which victimization keeps increasing amongst employees with disabilities is a call for concern.

0.3.Research questions

The research questions have two components: the main question and the specific research questions.

0.3.1. Main question

- How can victimization impact the self-esteem of employees with disabilities?

0.3.2. Specific research questions

- How does victimization affect the subjective appraisal of employees with disabilities?
- How does victimization affect the self-confidences of employees with disabilities?
- How does victimization affect the Self-worth of employees with disabilities?

0.4.Objective of the study

Objective of this study consist of the general and specific objectives.

0.4.1. Main objective

- This study aims to show that, improved self -esteem can reduce victimization of employees with disabilities.

0.4.2. Specific objectives

- To improve subjective appraisal of employees with disabilities that will help to reduce victimization at work.
- To build the self-confidence of employees with disabilities which will serve as positive effect on the rate of victimization they experience at work daily.

0.5.Significance of the study

To add to what other researchers have done, this study will increase scientific literature which help to widen the scope of understanding when one comes across the concept, bringing forth factors that will help build a positive self-esteem of employees with disabilities and enabling the society to know how to relate with this deficient group of individuals. This study will increase scientific power and add knowledge on disability and employment. The key to greatest achievements and well-being is self-confidence needed by everyone including disabled

workers, this is the great knowledge that this study will add to science. Socially, this study wants to portrait the fact that disability is not inability despite the level.

PART ONE:

CONCEPTUAL DOMAIN AND THEORITICAL STUDIES

CHAPTER 1:

VICTIMIZATION AMONGST INDIVIDUALS WITH DISABILITY

PARTIAL INTRODUCTION

The section is focused on the victimization amongst individuals living with disability, it equally explores the different aspects of victimization and how it affects individuals living with disability. Global perspective on victimization will also be expatiated and types of victimization. Focus will equally be laid on the types of disabilities, the vulnerability of individuals living with disabilities; factors that increase victimization amongst individuals with disabilities and lastly, the researcher will equall writeon the theories on Victimization. In order to understand what victimization is all about and how it affects individuals with disabilities, it is important to start with the definition of victimization.

1.1.Victimization

Victimization is a situation where a person is being made into a victim by someone else and it can take a psychological as well as physical form, which are both damaging to the victim. According to Vornholt et al (2018) victimization refers to the experience of being discriminated, harassed or bullied at work because of one's disability status. Forms of victimization include; bullying, physical abuse, sexual abuse, verbal abuse, robbery and assault. Some of these forms of victimization are commonly connected with certain populations, but they can happen to others as well. For instance, bullying is most commonly viewed in children and adolescents but also takes place amongst adults. Although, anyone may be victimized, particular groups such as children, the elderly, individuals with disabilities may be more open to certain types of victimization and as a result they are bound to suffer the consequences. Individuals respond to victimization in a wide variety of ways, and as such the symptoms of victimization differ from person to person. These symptoms may take on several different forms for instance, psychological, behavioral, or physical and maybe associated with specific forms of victimization, and be moderated by individual characteristics of the victim and/or experiences after victimization.

With the current estimate of the world's population that suffer from a disability between 15 and 19%, the demand for research examining this population in general and their victimization experiences in particular is a call for concern (Emerson & Roulstone, 2014; Petersilia, 2001). Researchers assessing risk have indicated that individuals with disabilities are roughly two times more likely to experience some forms of Victimization more than those without disabilities (Fisher, Moskowitz, & Hodapp, 2012). In order to better understand this substantial increase in victimization, research regarding potential predictors of risk unique to

the disabled need to be investigated. Victimization breeds fear and creates an atmosphere of insecurity.

1.2.Global perspectives on Victimization

Many individuals with disability are vulnerable to victimization because of their real or perceived inability to fight or run or to signal others and testify about their victimization. Due to the fact that a person with a disability may be more physically weak, the victimization may exacerbate existing health or mental health problems. Some individuals think that their disability may protect or save them from criminal victimization but it is baffling to learn that many criminals do not act upon a perceived "desirability" of the intended victim given the fact that not every disability is visible. It is pathetic to know that many offenders are motivated by zeal to obtain control over the victim and measure their potential prey for vulnerabilities and so many people with disabilitie are seen as unable to physically defend themselves, or identify the attacker, or call for help, are perfect targets for these offenders. Individuals with disability get easily victimized because most of them do not have the ability to fight back.

In some cases, individuals with disabilities are also victimized by the very professionals and other caregivers who provide them with services. In one survey, virtually half 48.1 percent of the perpetrators of sexual abuse against people with disabilities had gained access to their victims through disability services. People who are victimized are vulnerable to experiencing suffering, they become very weak, traumatized and stigmatized. Most people who become victims experience a sense of shock, or denial that the crime occurred, which is often followed by cataclysmic emotions, which are; fear, anger, confusion, guilt, humiliation and grief etc. Individuals with disabilities are likely to have amplified reactions due to the fact that they may already feel stigmatized which can lead to low self-esteem resulting from societal attitudes. At this point, sense of self-blame, confusion, vulnerability, and loss of trust may be magnified. Denial and avoidance of the need to cope with the aftermath may complicate the identification of crime victims with a disability. This will cause some victims and those with developmental disabilities, to portray the need for services designed to enhance a feeling of safety and security regarding future victimization. It is very evident that individuals with disabilities are amongst some of the most vulnerable people in our society today, reason being that, they depend on others for care and support or because of social isolation, their place of residence or the nature of their disabilty

Events associated with Victimization tend to be of high vigor and a brief duration. For instance; robbery, assault serious accident and sudden death. All these incidents usually happen

within a short period of time or within a twinkle of an eye but cause a lot of damage to the victim's present state. It leaves the victim traumatized for a long period of time before recovery. It is worth noting that victimization is associated with shock, aggression, one's feeling, later loneliness, and depressive feelings. At the heart of victimization experience is the damage done to the victim's sense of trust and his or her ability to create a safe attached relationship due to fear. Victimization goes as far as affecting one's relationship with his/herself and even those around him or her.

1.3.Types of victimization

1.3.1. Personal Victimization

Personal victimization occurs when one party experiences some harm that is as a result of interacting with an offending party. Personal victimizations can be homicide, nonlethal, assault or sexual and rape. This victimization can be violent robbery or nonviolent psychological/emotional abuse. Other examples of personal victimization are; domestic violence, stalking, kidnapping, child or elder maltreatment/abuse/neglect, torture, human trafficking, and human rights violations.

1.3.2. Property Victimization

Property victimization involves loss or destruction of private or public possessions. Property victimization can be committed against a person or against a specific place like residence object, car or institution, business. Enclose offenses include; burglary, arson, motor vehicle theft, shoplifting, and vandalism. Embezzlement, money laundering, and a variety of computer/Internet offenses, software piracy are also property victimizations.

1.3.3. Peer Victimization

Haoran, X., (2022) postulates that peer victimization has to do with children's exposure to aggressive, intentional and repeated acts of victimization bullied by their peers. Inoredr words, Peer victimization can be described as a physical, verbal or relational aggressive experience of negative or aggressive act by peers. It is intentional and repeated versus to a victim who cannot protect his or herself. This implies that the offenders always plan the act and also set a target. The most severe manifestation of victimization is bulling (the behavior to hurt or make someone who is smaller or less powerful than one scared, this often goes with forcing someone to do what he or she doesn't want to do). There is high prevalence of peer victimization and its psychological relationship as regarding individuals with disabilities. Peer victimization mostly takes place at the school milieu and as usual people with disabilities tend to experience peer victimization at an increased rate as compared to those without disabilities.

Some of the reasons why students with disabilities experience victimization at a higher rate have been expatiated by Rose et al. According to Rose et al (2017), students with visible disabilities such as physical disabilities or sensory lost, are at higher risk of experiencing victimization with regards to their visible difference from peers. For instance, a person with an amputated leg will experience more victimization than his peer who is an orphan. Moreover, by virtue of their disability status itself, students or individuals with disabilities are part of the vulnerable group which put them at an increased risk for peer victimization. An example is a disabled student who can be easily abused in school because his peers know that he cannot fight back, this cannot happen to another student who is physically fit.

According to Deron et al, about 15% of the students reported being bullied in the first year after leaving school. This implies that peer victimization does not only end at school but it continues even when one most has left school. This makes students to be stigmatized and might not do well in school. Peer victimization may have a long-term impact on one's physical, psychological and social well-being. It affects the way the victim behaves and relates or interacts with others in the society. This goes as far as heightening or increasing the risk for suicidal thoughts and odd behaviors. Individuals with disabilities are always victims of isolation, hey experience relational victimization at times, that is, the manipulation of the social relationship such as excluding peer from a group on purpose, damaging or threatening to end friendship and spreading negative rumors. Orpinas et al (2015). Peer victimization leaves the victim burdened and pained, this also applies to the workplace or job site, a situation where colleagues will not allow the disabled worker to work quietly, always insulting, criticing and mocking. Most disabled worker are more often than not unproductive at the work place due to victimization from colleagues which is a major set back.

1.3.4. Violent Victimization

Moreover, violent victimization has long been identified as a significant health issue for individuals with disabilities. Horner Johnson and Drum (2006) in most of their writings on disability and violence demonstrated that, there is always a greater risk of victory amongst individuals with disabilities (Brownridge, 2009; Hoolgins, Aiderton, Cree, Aboud &Make, 2007). Children with disabilities are faced with the plaque that they always experience violence more than children without disabilities. In this light, a recent meta -analysis on studies where researchers from WHO revealed prevalence of child victimization with 27% for any abuse. This implies that children with disabilities always experience violent victimization of all forms (physical abuse and sexual abuse) some samples are rape, sexual assault, robbery and

aggravated assault or simple assault. Having a weapon pulled on an individual, being hit, slapped, kicked or choked. In this light, the increased rate of victimization can be attributed to visible signifiers of disability. This further explains why motivated offenders are more likely to select individuals they perceive as vulnerable (Bones, 2013). Individuals with disabilities keep experiencing violent victimization on daily basis.

According to Lucy, B. & Jon, R., C. (1990) look on the victim's view point and with this knowledge come up with preventive methods and protection from future abuse. To them, victimization process which might differ from victim to victim can share common grounds. Thus, the first step to understanding the victimization process is to sort the general characteristics among victims. Thus, the process is in 3 phases; sexualization, justification and cooperation. The study makes use of 23 children within the 10-18 age range, who are each interviewed to get information. The general characteristics noticed are as follows: victimization doesn't happen at random as vulnerable children are often picked, after careful selection, the offender begins "grooming" which will make room for abuse.

Also described in the victimization process was that half the victims were abused more than once. It equally looked at the relationship quality between victims and offenders which was in three categories: positive relationship, negative relationship and neutral relationship. Most of the victims missed the warning signs such as; treating a kid differently from another, telling one not to tell mother about things that happen between you, accidentally on purpose come in bedroom/bathroom when undressed, look at you in funny or sexual way, want to spend time alone with you, accidentally or on purpose touch your private parts, not respect privacy, come in the room, not let close doors, say you are special/different, only one who understands amongst many. This is the justification phase.

The last characteristic of the process involved ensuring the cooperation of the victim to always consent to the abuse. This cooperation involved the use of bribe or threats. The offenders by all means ensured the victims did not say a word. It could be gifts, promises, or threats to kill victim or loved one. The offender was filling up a space in the victim's life, or in the second category threatened to take away an important thing or figure from the victim. This paved the way for them into the victim's life. It was noticed that eventually the victims disclosed their abusers. Although a majority experienced a delay in the time of report. After having established the basics of the victimization process, an attempt at preventive measures was made. The prevention of victimization capitalizes on the power of knowing about abuse, sensitization of kids and a chance to identifying potential offenders. Also, as preventive method, the study

encouraged the discouraging of touching of genitals by adults. This would prevent sexualization of potential victims by offender. The last preventive method was to report immediately, as the interviews showed proof early disclosure had a good chance at putting a stop to the process altogether. This was confirmed by offenders. In all, victimization is quite tricky as it could be subtle to go unnoticed, but this study has given a clear-cut idea on the characteristics to watch out for. One is encouraged to be on guard of potential offenders, while keeping an eye on our kids. This would go a long way in preventing victimization

1.4.Disability

According to WHO, disability is an umbrella term covering impairments, activity barriers and participation restrictions. Impairment is a problem in body structure and function, an activity limitation is a difficulty encountered by an individual in executing a task or action on daily basis like other people. A participation restriction is a problem experienced by an individual in the involvement of life situations or activities. Disability is therefore a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he/she lives in. There are around 1 billion people with disability in the world and are always described as, the poorest of the poor. The stigma and discrimination individuals with disabilities suffer are common in all societies. People with disability are often denied chances to work, attend school and participate fully in society like other people. This creates barriers for their prosperity and well-being.

1.5.Types of disability

Disability is classified under three categories, which are; physical, mental and social disability.

1.5.1. Intellectual disability

An intellectual disability has to do with difficulty communicating, learning, and retaining information. If someone has an IQ below 70, this means that, the person is intellectually disabaled. This is due to the fact; the median IQ is 100. This individual also faces challenges with daily living such as self-care, safety, communication, and socialization. People with an intellectual disability turn to process information more slowly, perceiving that community and daily living is not a task and also having difficulty with abstract concepts such as money and time. When we look at intellectual disability in Cameroon, we come to the knowledge that, individuals with intellectual disability face many barriers to daily functioning and social participation, they find it hard to let a person know about their wants and needs which increases the risk of discouragement leading to depression. An intellectual disability may be caused by a

genetic condition, problems during pregnancy and birth, health problems or illness, and environmental factors.

1.5.1.1.Types of intellectual disabilities

Fragile X syndrome

Fragile X syndrome is the most common known cause of an inherited intellectual disability worldwide. It is a genetic condition caused by a mutation (a change in the DNA structure) in the X chromosome. People born with Fragile X syndrome may experience a wide range of physical, developmental, behavioral, and emotional difficulties; however, the severity can be very varied. Some common signs include a developmental delay, intellectual disability, communication difficulties, anxiety, ADHD, and behaviors similar to autism such as hand flapping, difficulty with social interactions, difficulty processing sensory information, and poor eye contact.

Down syndrome

Down syndrome is not a disease or an illness but a genetic disorder which occurs when someone is born with a full, or partial, extra copy of chromosome 21 in their DNA. Down syndrome is the most common genetic chromosomal disorder and cause of learning disabilities in children (Mayo Clinic). In Cameroon, children with Down syndrome may have specific challenges with attain span, verbal memory and aslso expressive communication. You are also likely experience behavroiral problems such as, stubbornness, impulsivity and temper tantrums in individuais with Down syndrome. People with Down syndrome can have a range of common physical and developmental characteristics as well as a higher than normal incidence of respiratory and heart conditions.

Developmental delay

When a child develops at a slower rate compared to other children of the same age, they may have a developmental delay. One or more areas of development may be affected including their ability to move, communicate, learn, understand, or interact with other children. Sometimes children with a developmental delay may not talk, move or behave in a way that’s appropriate for their age but can progress more quickly as they grow. For others, their developmental delay may become more significant over time and can affect their learning and education.

Prader-Willi Syndrome (PWS)

Prader-Willi syndrome (PWS) is a rare genetic disorder which affects around 1 in 10,000 – 20,000 people (Better Health Channel). This disability is quite complex and it's caused by an abnormality in the genes of chromosome 15. One of the most common symptoms of PWS is a constant and insatiable hunger which typically begins at two years of age. People with PWS have an urge to eat because their brain (specifically their hypothalamus) won't tell them that they are full, so they are forever feeling hungry. The symptoms of PWS can be quite varied, but poor muscle tone and a short stature are common. A level of intellectual disability is also common, and children can find language, problem solving, and math's difficulty.

1.5.2. Physical disabilities

Physical disability means, a limitation on a person's physical functioning, mobility dexterity or stamina which has a significant and long-term negative effect on the individual's ability to carry out normal daily activities like other people. Physical disabilities have the tendency to affect either temporarily or permanently, a person's physical capacity and/or mobility. There are many different causes' of physical disabilities which may include inherited or genetic disorders, serious illnesses, and injury**.**

1.5.2.1.Types of physical disabilities

Acquired brain injury

Acquired brain injury is a disability that occurs as a result of the damage that happens to the brain after birth. It can be caused through a wide range of factors including a blow to the head, stroke, alcohol or drugs, infection, disease such as AIDs or cancer, or a lack of oxygen. It is common for many people with a brain injury to have trouble processing information, planning, and solving problems. They may also experience changes to their behaviour and personality, physical and sensory abilities, or thinking and learning.

Spinal cord injury (SCI)

The spinal cord can become injured if too much pressure is applied on it or if the blood and oxygen supply to the spinal cord is cut. When the spinal cord has been damaged, it leads to a loss of function such as mobility or feeling. For some people, a spinal cord injury results in paraplegia (loss of function below the chest), for others it leads to quadriplegia (loss of function below the neck). In Cameroon, many individuals suffer from; cervical spinal cord injury, traumatic spinal cord injury and other causes include cancer, arthritis, infections, blood clots, and degenerative spinal conditions. As well as affecting the ability to move through paralysis, it may affect many areas of a person's body such as the cardiovascular and respiratory systems, bladder and bowel function, temperature, and sensory abilities.

Cerebral palsy

Cerebral palsy is typically due to an injury to the developing brain before or during birth, caused by a reduced blood supply and lack of oxygen to the brain. Illnesses during pregnancy such as rubella (the German measles), accidental injury to the brain, meningitis in young children, and premature birth can all be causes. Most at times, cerebral plasy is due to a brain injury while the mother was pregnant, or before one month of age, however, some people develop the disability later in life, usually as a result of infections such as meningitis or encephalitis, stroke, or a severe head injury (Cerebral Palsy Alliance). People with Cerebral palsy may experience weakness, difficulty walking, lack of muscle control, and problems with coordination, involuntary movements, and other symptoms.

Cystic fibrosis (CF)

Cystic fibrosis (CF) is an inherited genetic condition, which affects the body's respiratory, digestive, and reproductive systems. It specifically affects the mucus and sweat glands in the body, causing mucus to be thick and sticky. In the case of the lungs, this can clog the air passages and trap bacteria causing lung damage and recurrent infections. Only a few cases of this disability have been recorded in Africca. A range of other symptoms are caused by the effects of CF on other parts of the body, including sinus infections, liver damage, diabetes, poor growth, diarrhea, and infertility.

Epilepsy

Epilepsy is a neurological condition where a person has a tendency to have recurring seizures due to a sudden burst of electrical activity in the brain. Seizures can cause unusual movements, odd feelings or sensations, a change in a person's behaviour, or cause them to lose consciousness. The causes of epilepsy are not always known, however, brain injuries, strokes, cancer, brain infection, structural abnormalities of the brain, and other genetic factors can all cause epilepsy. There are many different types of epilepsy and the nature and severity of seizures experienced by people can vary widely. Some people can control their seizures with medication and the condition is not life long for every person.

1.6.Types of mental illness

Mental illness is a general term that refers to a group of illnesses that significantly affects how a person feels, thinks, behaves, and interacts with other people in the society. Mental illnesses can be very difficult and debilitating to those experiencing them, as well as their

families and friends. Different mental illness affects a person's thinking, emotional state and behaviour which can be permanent or temporary.

1.6.1.1.Types of mental disabilities

Depression

Depression is a mental illness which significantly affects the way someone feels, causing a persistent lowering of their mood and feelings of dejection and loss. Depression has a variety of symptoms and will affect everyone in different ways. Some of the symptoms may include feeling extremely sad, disturbed sleep, loss of interest and motivation, feeling worthless, loss of pleasure in activities, changes in appetite or weight, physical aches and pains, and impaired concentration. While the exact cause of depression isn't known, it is generally due to a combination of recent events, personal factors, family history, drug and alcohol use, as well as changes within the brain itself.

Anxiety disorders

People with anxiety disorders frequently have intense, excessive, and persistent worry and fear about everyday situations. These feelings interfere with daily activities, are difficult to control, are out of proportion to the actual danger, and can last a long time (Mayo Clinic). Examples of anxiety disorders include generalized anxiety disorder, social anxiety disorder (social phobia) and specific phobias (Mayo Clinic). Other symptoms of anxiety disorders can include panic attacks, trembling, sweating, difficulty breathing, feeling faint, rapid heartbeat, nausea, or avoiding certain situations.

Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder (PTSD) can develop after someone experiences or witnesses a traumatic event which threatened their life or safety, or that of others around them. For example, events which can trigger PTSD include a physical or sexual assault, an accident, natural disasters, or war. Someone with PTSD may experience feelings of intense fear, panic, helplessness, or horror. They can re-live the traumatic event and feel intense emotional or physical reactions when reminded of the event such as sweating and heart palpitations. Other symptoms include sleeping difficulties, lack of concentration, being easily startled, being constantly on the lookout for danger, avoiding reminders of the event, and feeling emotionally numb.

Autism spectrum disorder (ASD)

Autism spectrum disorders are a lifelong developmental disability. They affect the way someone interacts with the world around them, as well as with other people. Around 1 in 200 Aussies have autism (Australian Bureau of Statistics (ABS), 2012), and boys are four times more likely to have autism than girls. The effects of autism are wide ranging and can include difficulties in social interaction and communication, restricted and repetitive interests and behaviors, and sensitivity to sensory experiences like noise, light and touch. As autism can be very variable, the word 'spectrum' describes the range of difficulties that someone with autism may experience. Autism is a complex disability and cause is not well understood. As far as we know there's no single cause. Instead, it's likely to be due to a combination of environmental and genetic factors.

Blindness and low vision

A person is considered legally blind if they cannot see at six meters what someone with normal vision can see at 60 meters or if their field of vision is less than 20 degrees in diameter. A person is said to have low vision when they have permanent vision loss which affects their day to day and cannot be corrected with glasses. Blindness and low vision can occur as a result of a number of different diseases, conditions, or accidents. Some eye conditions are congenital (present at or near birth), while others are caused later in life. Some specific causes of vision loss can include an injury to the eye, eye defects, albinism, macular degeneration, diabetes, glaucoma, cataracts, and tumors. While some forms of vision loss can be prevented and even reversed, others may develop as people age it is more common in those over the age of 65.

Hearing loss and deafness

Hearing loss, also known as a hearing impairment, is the partial or total inability to hear. The term 'deaf' may be used if someone hears very little or if the person does not hear at all. Damage to any part of the external, middle, or inner ear can cause hearing loss which can range from being mild to profound. Causes of hearing loss can be quite varied and can include problems with the bones within the ear, damage to the cochlear nerve, exposure to noise, genetic disorders, and exposure to diseases in age, trauma, and other diseases.

Sensory processing disorder

Sensory processing disorder is a condition where a person has trouble receiving and responding to information that comes in through the senses. This may mean they misinterpret everyday sensory information, such as touch, sound, and movement. When someone has

sensory processing disorder, they are able to sense the information, however, the brain perceives and analyses the information in an unusual way. It may affect one sense only or it may affect multiple senses. Some people with sensory processing disorder are oversensitive to things in their environment. Common sounds may be painful or overwhelming, and the feel of certain textures on the skin may be very uncomfortable to them.

1.7.Factors that contribute to increasing victimization amongst individuals with disabilities.

1.7.1. Stigmatization and discrimination

Disability has always been a big problem since its existence. Physically disabled people are familiar to every class, culture and society. The number of moderately and severely disabled persons was 250 to 300 million in 1990 (Helander, 1993). People with disabilities have always been discriminated upon and stigmatized across cultures for thousands of years. Research has proven that Persons with physical disabilities do not face only physical problems in life but they also face social and psychological problems due discrimination (Bodgan & Biklew, 1993; Neglar, 1993). For instance, the attitude of non-disabled people is sometimes stigmatizing and discriminating towards disabled ones, the case where disabled people are being isolated from groups or important community activities. Negative attitudes of peers have a great impact on the life of an individual with a handicap.

A person's self-concept, cognitive and social development, academic performance, and general psychological health may be greatly affected midst of stigmatization and discrimination It should be noted that, when an individual is not wholly accepted by his/her peers, the individual's self-esteem, educational environment and social opportunities in the school, community, workplace and at home may greatly suffer (Woodard, 1995). Stigmatization and discrimination is clearly explained in a report on violence against physically disabled persons by UNICEF at UN Headquarters in New York. This report demonstrated that, disabled people are among the most stigmatized and marginalized of the entire world's population. While all people are at risk of being victims of violence, disabled people find themselves at significantly increased risk because of stigma, negative traditional beliefs, negligence and ignorance. Looking at way people perceive disability in other countries like Pakistan, they have many negative attitude, cultural myths and superstitious beliefs towards Person with disabilities. In Pakistan the disabled persons are generally insulted and are hardly permitted to function as useful members of society which is a clear sign of discrimination, even the educated ones are not being offer jobs. Most of the public places like shopping malls, railway stations, Hotels,

and cinemas, educational institutions, in the country do not cater to the mobility and access needs of the physically disabled persons, ramps for wheel chairs are absent are the gradient is too steep for PWDs to use independently;

Prejudice and discrimination are negative manifestations of integrative power. Instead of bringing or holding people together, prejudice and discrimination push them apart. Community attitude had always been stigmatizing and discriminating towards disabled people. Stigmatization is the characterization or branding of an individual or a group of people as deviant, inferior, disgraceful or having a defect (Scambler, 2009). The term to `discriminate' means to distinguish between or to differentiate, positively or negatively, between people or things. Discrimination is negative behaviors directed towards members of social groups who are the object of prejudice (Baron & Byrne, 2009). Discrimination also results in social isolation of individuals with disabilitie. In a nutshell, stigmatization and discrimination increases vitimizaton by its continuous misery and depression that it brings upon disabled people in our society, there is low or bad feeling about the self, asking rhetorical questions and soliloquizing.

1.7.2. Social exclusion

The attitude of society towards person with disabilities is a pathetic one and a call for concern. Murphy (1990) explains disability as a ‘disease of social relation’ and social relations between disabled and able persons are always tense and problematic, this situation is even known to every person with disabilities. They face a lot of questions from others out of curiosity and they are unable to answer them. Individuals with disabilities also face social hurdles in the form of prejudice, discrimination and avoidance. They always object of pity while they are in a group, always being avoided leading to self-rejection.

There are many factors that influence and determine inter-personal relationship between individuals with disabilities and their able counterpart. One of the most significant factors is concerning the extent and nature of disablement. A common man’s reactions to gross physical deformities, like cerebral palsy, the victim of which presents and ghastly appearance, with constant jerky movements of the limbs, incoherent speech and saliva dripping down the mouth, are at one’s indicative of repulsion apprehension and avoidance. In contrast a leg amputee wearing an artificial limb may not cause such an embarrassment to the onlooker, for his deformity is not that visible to the eye.

An individual is part and parcel of his social environment and so is a person with disability. His relationship, attitude and behaviour patterns can be affected by the nature and

extent of the harmony or disharmony of his relationship with the family members, relatives, friends, community members, workplace colleagues and employers. Tragically enough, the persons with disabilities are "less handicapped by their own disability than by the social attitude" meted out to them in every walk of life (Shrivastava, 1970; Silver, 1957). More than physical disability the individual disabled face more problems in the societal attitude and behaviour.

A disabled person, like every other person, is a 'social being' and therefore, not different from other able-bodied persons. It is an irony, however, that he is not accepted by the society as he is, for it invariably focuses its attention on his disabilities rather than on his abilities, victims of disease, accident or negligence, they have been further victimized by their peculiar and irrational prejudice of the society. Social Scientists have known for decades that able people tend to avoid interacting with people with disabilities, because they are uncertain about how to behave in their presence.

Microcredit has become a popular instrument to promote economic empowerment among poor entrepreneurs in developing countries. Less than 10% of the adult populations in many African countries have bank accounts, and this acts as a brake on growth and opportunity. The UN and the World Bank are developing indicators on access to microfinance, and to support national governments to maximize the productive use of remittances. They perceive microfinance as a powerful tool in reaching the Millennium Development Goals. Microcredit is a part of microfinance. Apart from microcredit, microfinance includes savings, micro insurance and other financial services. The UN launched 2005 as international year of microcredit and in 2006 Mr. Muhammad Yunus, whose imaginative microcredit scheme among poor rural women became a model for the world, received the Nobel Peace Prize.

Microcredit is increasingly recommended to improve the economic situation of people with disabilities and is promoted as an intervention that contributes to social and economic empowerment. However, people with disabilities continue to be an excluded group when it comes to socioeconomic interventions like microcredit, People with disabilities are expected to benefit from microcredit to the same extent and even more than others. Research studies looking into benefits and barriers and supporting factors on microcredit and disability are scarce. There appears to be a general concern that people with disabilities do not access microcredit to the same extent as non-disabled peers. Simanowitz described four mechanisms leading to marginalization and exclusion of the poorest of the poor from microcredit which are; self-exclusion, exclusion by others, exclusion by staff and exclusion by design. Poor people's lack

of confidence constrains their capacity to believe the programmers can be beneficial to them, which leads to self-exclusion. Exclusion by other members is the second excluding mechanism.

Exclusion particularly in group lending (Micro Finance Institutions (MFI's), self-help groups, solidarity groups, village banking) serves as a barrier where there is an incentive for stronger people in the community to exclude the poorer ones. A core element is that all members are jointly liable for each individual's loan, which creates an increased likelihood, which the poorest of the poor and more vulnerable tend to be excluded from such groups. The third exclusion mechanism is exclusion by staff. Loan and credit officers may have explicit or implicit incentives to exclude the poorest, as a result of the perception that the poorest are problematic and will create increased work burden. Sustainability is prioritized over reaching the poor, leading to exclusion of the poorest due to perceived higher risks. Exclusion by design is the last excluding mechanism. To access microcredit programs, they often demand entry fees and prior business experiences. The poorest of the poor are not able to save and have no prior business experience, so they tend to be excluded from microcredit. It is estimated that 82 per cent of the people with disabilities live below the poverty line. People with disabilities are amongst the poorest of the poor especially in developing countries. People in developing countries are poor largely due to external factors outside of their control.

Conflict, low economy growth, unfair trading agreements, a narrow industrial base, high inflation, low levels of tax collection, poor standards of health care and education, inadequate infrastructure and corruption, all combine to drive a vicious circle of poverty. People with disabilities face as many difficulties in breaking out of poverty as others but have the added disadvantages of low access to education, training, employment and credit schemes. In the microcredit world there are several schemes. Marshland makes distinction between self-helping schemes, institutional schemes and ad-hoc schemes. People set up self-helping schemes themselves without the support from an organization. A group of 1-30people pool savings weekly or monthly. These savings are distributed as loans amongst the members. Group lending minimizes administrative and transaction costs for lenders by replacing credit checks and collateral processing with self-selection of groups borrowers.

Borrowers, who are jointly liable for the loans of their group, have a vested interest in choosing trustworthy partners. Joint liability also discourages default because group members exercise peer pressure to repay. The MFIs are the institutional schemes, which have higher interest rates and high repayment expectations. Most microcredit initiatives for people with disabilities are ad-hoc schemes, which are special programs for people with disabilities. High

repayment rates are often not a major issue and interstates are often subsidized. The focal point is more on empowerment of people with disabilities than sustainability of the organization. Microcredit is only one of many components like training, health services, all aiming on empowerment of people with disabilities. The specific characteristics of each scheme relate to different social excluding mechanisms and different outcomes reached. To promote inclusion of people with disabilities in microcredit schemes it is important to gain insight into the existing barriers

1.7.3. Inequality

According to the WB & WHO World Report on Disability, "*people with disabilities experience inequality – for example when people with disabilities are denied equal access to health care, employment, education or political participation because of their disability*." (p. 9) In addition, persons with disabilities, due to the nature of impairment, age, gender, geographical location, socio-economic and cultural background experience significant levels of discrimination and exclusion. There is wide recognition that progress within the existing MDG framework has not been equitable and that persons with disabilities are disproportionately represented among those left behind by recent development gains. The human rights of persons with disabilities as enshrined in the UN Convention on the Rights of Persons with Disabilities (UN CRPD) need to be realized into the new sustainable development framework.

Intra-country inequalities have widened, of which persons with disabilities are disproportionately represented. An estimated 80 per cent of persons with disabilities live in developing countries, often representing 15-20 per cent of the most vulnerable and marginalized poor in such countries.1 In order to leave no one behind, the UN Secretary-General now calls for actions to promote equality of opportunity. The High Level Panel identifies persons with disabilities as one of the groups frequently excluded from development. To ensure equality of opportunity, relevant indicators should be disaggregated with respect to disabilities. This has been suggested by the High Level Panel, which states "Targets will only be considered 'achieved' if they are met for all relevant income and social groups." The Outcome Document of the High-Level Meeting". There is no equality amongst persons with disabilities and their able counterpart which continous to widen the gap leading to self-blame and low productivity.

1.8.Vulnerability of people living with disability

The heightened vulnerability of people with disabilities stems from interrelated factors, including high rates of poverty, social exclusion, and lack of access to basic services, such as healthcare and education. For example, in many developing countries, children with disabilities

are prevented from attending school for financial, social or cultural reasons, or simply because schools that cater for the needs of children with disabilities don't exist in many places. Therefore, children with disabilities miss out not only on basic education, but also on their first Disaster Risk Reduction lessons, which often start in the classroom. Many people with disabilities are subject to socio-cultural stigmatization, which causes some families to keep their family members with disabilities at home which is very risky. This may be done to protect them from discrimination, or in other cases, to avoid causing shame or embarrassment to the family in public spaces. The prevailing physical and social isolation of many people with disabilities limits their access to networks and information, and excludes them from community activities, including those related to DRR. This leaves many people with disabilities without knowledge on how to prepare for disasters, and unaware of the important roles they could play in DRR.

The vulnerability of people with disabilities is magnified when a disaster strikes. For example, shelters may not be accessible to wheelchair users, and hearing-based early warning systems exclude people who are deaf. Furthermore, sexual abuse against women and girls with disabilities increases in disasters and other crisis situations. People with disabilities are vulnerable because of the many barriers they face, some of which are; attitudinal, physical, and financialbarriers. Addressing these barriers is within our reach and we have a moral duty to do so. Beyond that moral duty we would do well to remember the many other reasons to act. Legislation introduced to assist the disabled today will benefit nearly everyone at some point: almost all of us will be impaired at some time in life or care for someone who is. Inventions, such as optical character recognition and brain controlled technology, have many other benefits beyond helping people with disabilities

In line with Fred, S., Emma, J. & Elena S. (2012) inclusive approach to Vulnerability and Social Capital, this structural approach to examining the vulnerability of disabled persons to disasters. Vulnerability is defined as exposure to environmental hazards, which is usually a result of individual and structural hazards. Individual hazards are determinants solely dependent on the disabled person, while structural hazards range from poverty, limited access to power, poor knowledge and information; a lack of social networks and disability-related limitations. Disability according to this study is the inability to access services and community assets independently. For the sake of this study, focus is placed on physical disability which involves the loss of hands, arms, legs, old aged persons, and sensory disability linked to the loss of any of the 5 human senses. All of the above are a barrier or limit day to day activity. Thus emphasis is laid on the relationship between disabled persons and their vulnerability to disasters. There

is evidence of such especially in poor countries where structural hazards are very much present and play a big role in increasing vulnerability of disabled persons to disasters. These structural factors or hazards are identified as a means to propose inclusive approaches and as such a reduction to vulnerability levels of disabled persons.

The study employs the use of comprehensive literature in health and development data bases to effectively establish its goals on reducing vulnerability of disabled persons to disasters. It employs websites, online libraries of over 20 international and Non-Govermental Organisations (NGOs) that work in the fields of Disaster Risk Reduction (DRR) otherwise known as disability-inclusive development were also searched for literature meeting these criteria. Data from all these sources is extracted and analyzed using narrative synthesis approaches. Information gotten from the various viable sources presented the many ways in which persons with disability were increasingly vulnerable to disasters. There are principally 4 situations that are proof of vulnerability of disabled persons to disasters in very disturbing ways. There are;

This situation therefore creates an inequality in the treatment of disabled persons. Four case studies were presented where natural disasters occurred and disabled persons due to the absence of information on them were vulnerable to these disasters while being simultaneously ignored. These happened in Asia, India, Indonesia and Sri Lanka. Persons suffering from disability have special needs which can only be effectively handled through possession of knowledge on their situation.

The lack of knowledge which is responsible for exclusion from disaster management also presented a situation of increased vulnerability to disasters amongst persons suffering from disability. The absence of apt understanding of disability led to an exclusion of the needs of disabled persons in policy making governing disaster management. It equally signified exclusion from planning and execution of disaster management programs from disabled persons who are in greater need. This increases vulnerability to disasters. Physical inaccessibility was also among the factors contributing to increased levels of vulnerability to disasters amongst persons with disability. This was highly linked to limited knowledge on persons with disabilities and exclusion in disaster management programs. At this stage their limitations posed a major barrier to accessing shelter, warning and evacuation messages. Case studies of natural hazards in Sri Lanka and Bangladesh proof that persons with disability are exposed to more disaster as they struggle with accessibility to shelter and help.

The Fourth factor responsible for vulnerability amongst disabled persons was stigma and discrimination. Faced with the 3 grave situations above, persons with disability tend to receive a cold shoulder from the rest of the society. They are viewed as dead weight in disaster situations and as such little or no care is given. This increases the risk of exposure to disasters. The study effectively examined the DRR approach which attempted to respond to the concerns raised in increasing vulnerability of disabled persons. The DRR approach according to the sources used encouraged recognition of vulnerability to disaster amongst persons with disability. Also this approach employs inclusion of disabled persons in risk management process, the recruitment of disabled persons in implanter teams to raise the status of disabled persons.

Partial conclusion

In a nutshell, loking at the various forms of disabilities which lead to much vulnerability, we see why many disabled people are victims to more tha a type victimization world wide. The precarous life situations of these disabled people are more of a result of the poor treatment they receive than their actual diabilities. This treatment affects them negatively, both socialy and individually. The vicitmisation does not only make their life difficult as they go by their day-to-day activities, since they either lack the adequate and necessary mens to live or they are being denied basic facilitie, but it also renders them less performant due to the way they feel about themselves and the way they relate with others. The disabled, for the most part, tend to gradually look down on themselves, like their oppressors do, and this leads to them having low esteem for others, the society and most particularly for themselves. Self esteem is a necessary ingredient to a happy and fulfilled life, but many of them end up in the pit of despair due to the cruelty of the human society.

CHAPTER 2

DISABILITY AND SELF ESTEEM

This chapter outlines the theoretical framework. First, this chapter describes the evolution of thinking about disability, focusing on how disability is perceived in society. Second, it discusses the relation between disability, poverty and exclusion. This section highlights the internalization of the victimized consequences of having a disability, which affects internal and external outcomes. In the final section of this chapter disability and self-esteem of individuals living with disability will be discussed and conceptualized. Together, these sections provide the theoretical framework that is used to discuss the data in the following chapters.

2.1 Global perspectives on disability

Globally, some 180 million young people between the ages of 10-24 live with a physical, sensory, intellectual or mental health disability significant enough to make a difference in their daily lives. The vast majority of these people, some 150 million (80%) live in the developing world. They are among the poorest and most marginalized of all the world's people. Young adults are grouped together and discussed jointly because they share common characteristics: they are often bypassed both by the programs and policies designed for disabled persons and left out of advocacy initiatives and employment schemes targeted for adults with disability. Nor are their unique social, psychological, education and economic needs addressed by programs designed to reach their non-disabled age-mates. Disability is the lost or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. In addition, for UNCRPD, the term disability is a long-term physical mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in the society on an equal basis with other (Garaiairiate, 2015).

More so, statistics of youths and person living with disability in 2005, the UN estimates that there were roughly 1 billion persons in the developing world. If one uses the UNICEF and WHO estimates that one in every ten of these persons is disabled, then by 2005, the developing world will have 100 million 10-19 year olds. If a more conservative estimated rate of 5% is used, this still means 50 million disabled persons by 2005. To this number must be added the number of disabled youth between the ages of 19 and 24. Again, specific global figures must be extrapolated on the basis of general population estimates. It is estimated that there are 500 million youth between the ages of 19 and 24 living in the developing world. Assuming 10% of this population is disabled, there would be 50 million individuals between the ages of 19-24. Combining the statistics on adolescents and young adults from the developing world yields as

many as 150 million people who live with a significant disability. Using the lower calculation of only 5%, still yields a global population of 75 million young people.

To this number can be added 30 million adolescents and young adults with disability. They represent the 20% of young people who live in developed nations, assuming a 10% prevalence rate. Using the lower estimate of 5% yields 15 million individuals in developed nations. The overall total globally for this age range, assuming a 10% prevalence, is 180 million, (assuming a 5% prevalence rate, the number still remains a very significant 90 million young people). Moreover, with half of the world's population below 15, the number of young people with disability can be expected to rise markedly over the next decade, particularly in the developing world. This will not simply reflect a rising birth rate. Better medical interventions, both in developing and developed countries, will allow growing numbers of disabled infants and children, who previously would not have survived childhood, to grow into adolescence. Young people are also at increased risk due to work-related injuries, risk-taking behavior (including motor vehicle accidents, experimentation with drugs, and risk of violence). Many chronic disabling illnesses and mental health conditions appear only during adolescence.

2.2. Policies on disability

The following are policies that guides people living with disability, some of which are; Non-discrimination, the right to live independently, the right to decision making, equality before the law, the right to standard of heath. Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability, under CRPD Article 25. In this context, health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or illness." It is crucial to note that the CRPD establishes that disability is not necessarily a medical condition and emphasizes the role of environmental and attitudinal barriers, rather than an impairment (if it exists at all) in hindering full and effective participation in society on an equal basis with others. While persons with disabilities may at times need to access health services for medical conditions related to their disabilities, this should not be presumed to be their primary need for health services.

2.2.1. Progressive Realization and Non-Discrimination

The right to health established in Article 25 must also be read in light of Article 4(2) which requires States to progressively realize economic and social rights. Progressive realization means that "States parties have a specific and continuing obligation to move as expeditiously and effectively as possible" towards the full realization of the right to health. The

Committee on the Rights of Persons with Disabilities recognizes that no State is able to realize the right to health immediately.

2.2.2. Access to Health Services

The CRPD requires that States Parties "take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation." Persons with disabilities face a range of barriers in accessing health care services, including cost, accessibility, stigma and discrimination and lack of or inadequacy of services and resources. Without equal access to health care, "people with disabilities are at serious risk of delayed diagnoses, secondary co-morbidities, persistent abuse, depleted social capital, and isolation." Both the CRPD and the Committee on Economic, Social and Cultural Rights (CESCR) provide guidance on what accessibility means and how it should be understood in the context of health. The CRPD broadly defines accessibility in Article 9 as "access, on an equal basis with others, to the physical environment, to transportation, to information and communications … and to other facilities and services open or provided to public, both in urban and rural areas." CESCR explains in General Comment 14 on the right to health that the four components of accessibility are non-discrimination, physical accessibility, economic accessibility, and information accessibility.

2.2.3. Non-discrimination – Equal Access to Health Care

Non-discrimination is a central principle to the CRPD and is critical for ensuring equal access to health care for persons with disabilities. The CRPD defines in Article 2 that:

"Discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. (p.4)

All persons with disabilities have the same general health care needs as everyone else and require access to mainstream health care services on an equal basis as everyone else. Also, with the move away from institutionalized living towards community living, it is crucial that health care services and facilities are developed and accessible to all persons with disabilities.

2.2.4. National policies on disability

Disability is part of the human condition. Globally over 1 billion persons, or 15 percent of the world's population, live with some form of disability. When the family members of

persons with disabilities are taken into account, an even greater number of people are affected by disability. As a result of global trends in population ageing and an increase in chronic health conditions, the incidence of impairment and disability among the general population is expected to increase. Although persons with disabilities are often said to constitute the world's largest minority, in Africa, as in all regions of the world, persons with disabilities face exclusion, discrimination and challenges to the enjoyment of their fundamental rights and their inclusion in development. Persons with disabilities are disproportionately likely to live in poverty and, too often across Africa, do not have equal access to education, health care, employment opportunities, housing, social protection systems, justice, and cultural expression and participation in political life. The ability of persons with disabilities to participate in society is often frustrated because physical environments, transportation and information and communications systems are not accessible. In many cases discrimination results, at least in part, from negative attitudes and perceptions, misunderstandings, and lack of awareness. For example, the misconception that persons with disabilities are not productive members of the workforce may lead employers to discriminate against applicants with disabilities, even if they are highly qualified to perform the work. Derogatory attitudes and discrimination from external sources also have an impact on the self-perceptions of persons with disabilities, creating additional barriers to participation in society and development.

In many communities the language used to describe or refer to an individual with a disability may serve to reinforce oppression. Very often, offensive terminology makes its way into laws and policies. Misconceptions surrounding disability may also impact on the design and implementation of development programs in a way that presents barriers to participation, as both agents and beneficiaries, bypass persons with disabilities. Heightened levels of exclusion are often faced by individuals with specific types of disabilities, such as mental health, intellectual or psychosocial disabilities, as well as by those experiencing multiple discrimination on the basis of disability coupled with other aspects of identity, including gender, age (children, youth and older persons), ethnicity, race, indigenous or minority status or other categories. For example, in some society's customary laws or attitudes toward women may prohibit them from owning property or fully participating in public life. Members of racial or ethnic minorities are often prohibited from speaking their own language or practicing their religion. A person with a disability who also belongs to another marginalized group may therefore face several layers of discrimination and barriers to his or her human rights. For instance, a woman with a disability who belongs to an ethnic minority. At the international

level, governments have worked together to try to address the situation of persons with disabilities. In 2006 these efforts resulted in the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The Convention recognizes that disability is both a development and a human rights issue, requiring different action at different levels by multiple stakeholders.

Disability is both a Development and a Human Rights Issue. Disability is a development issue because of the strong bidirectional link between poverty and disability. Disability can cause poverty by preventing full participation of persons with disabilities in the economic and social life of their communities, particularly where appropriate support and accommodation are not available. Indeed, there is a growing consensus that the most pressing issue faced globally by persons with disabilities is not their specific impairment, but rather their lack of equitable access to resources, including education, employment, health care and social and legal support systems, resulting in persons with disabilities experiencing disproportionately high levels of poverty. Poverty may also cause disability through malnutrition, poor healthcare, and precarious working or living conditions. The multitude of barriers that limit access by people with disabilities to education, employment, housing, health care and rehabilitation, transportation, and recreation also serve to limit their participation in developments or enjoyment of development processes that could improve their lives. Ensuring full participation by people with disabilities in the planning, design, implementation, and evaluation of development programs is critical to their success. The Convention recognizes this, underscoring the importance of the right to participate in decision-making, including in development. It thus sees persons with disabilities as essential actors in development processes. It is also the first Convention to include a specific article focused on the role of international cooperation in supporting implementation.

Governments working at international level have also recognized that it is impossible genuinely to achieve development goals without the inclusion and integration of the rights, well-being and perspectives of persons with disabilities in development efforts at national, regional and international levels. Disabled people’s organizations and their allies are working to ensure that international development becomes more inclusive of the voices and needs of persons with disabilities. Disability is a human rights issue because, even though persons with disabilities have the same human rights as other populations, historic disadvantages and discrimination present numerous barriers in realizing these on an equal basis. Harmful attitudes, myths, prejudices and stereotypes regarding disability reinforce and perpetuate disability

discrimination, and persons with disabilities, in all regions of the world, face a range of violations of their fundamental rights. These include, among many others, lack of equal access to public services and social protection, lack of access to justice and denial of the right to live independently in the community. The Convention does not create new rights for persons with disabilities. Rather, it applies human rights affirmed in earlier instruments in the context of disability, setting out measures to address more comprehensively the specific challenges facing persons with disabilities.

The Convention does not explicitly define disability. However, elements of its preamble and article 1 provide guidance to clarify the Convention's application. The preamble recognizes that "*disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others*" (p. 4). In this light, Article 1 states that "*persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.*" (p. 4)

2.3. Approaching disability issues

Older models historically, disability has been seen as a charity or medical issue. Under the charity model, disability has been seen in terms of tragedy. Persons with disabilities have been seen as helpless, to be pitied and in need of care. This perspective has viewed disability as a burdensome condition and persons with disabilities as passive, not active, members of society.

2.3.1. The charity approach

The charity approach treats persons with disabilities as passive objects of kind acts or of welfare payments rather than as empowered individuals with rights to participate in political and cultural life and in their development. What characterizes this approach is that persons with disabilities are not considered able to provide for themselves because of their impairment. Consequently, society provides for them. No environmental conditions are considered under this approach; disability is an individual problem. From this perspective, persons with disabilities are the target of pity and they depend on the goodwill of society. In addition, persons with disabilities depend on duty bearers: charity houses, homes, foundations, churches, to which society delegates policies on disability and responsibility towards persons with disabilities. Under this model, persons with disabilities are disempowered, not in control of their lives and have little or no participation. They are considered as burden to the society.

Because charity comes from goodwill, the quality of "care" is not necessarily consistent or even important. If society's responses to disability are limited to care and assistance for persons with disabilities through charity and welfare programs, opportunities for advancement are very limited. The risk as with the medical approach is that, persons with disabilities will remain at the margins of society. This approach does not support their participation.

2.3.2. Medical model

Under the medical model, disability has been understood as a medical problem that needs medical or rehabilitation attention in order to cure an individual. This perspective has viewed a person with disabilities as having a condition that sets him or her apart from the rest of society, or as broken or sick and needing to be made normal if they are to participate in society. To be sure, persons with disabilities require medical care like all people. Moreover, disability may require certification from a medical doctor. However, defining disability simply as a medical situation or in terms of charity overlooks the many barriers that prevent persons with disabilities from enjoying full participation in society and this contributes to the marginalization and disempowerment of persons with disabilities

In the medical model, the focus is very much on the person's impairment, which is represented as the source of inequality. The needs and rights of the person are absorbed or identified with the medical treatment provided to or imposed on the patient. In the medical model, individuals can be cured through medicine or rehabilitation to get back to society. Particularly for persons with mental impairments, the medical treatment can be an opportunity for a bad patient (persons with mental disabilities are often considered dangerous) to become a good patient. To be considered able to provide for themselves, persons with disabilities have to be cured of the impairment or at least the impairment has to be reduced as much as possible. No environmental conditions are considered under this approach and disability is an individual problem. Persons with disabilities are sick and have to be fixed to reach normality. If disability is handled primarily as a medical problem, experts such as doctors, psychiatrists and nurses have extensive power over persons with impairments; the institution's staff take decisions for the patients, whose aspirations will be dealt with within a medical framework. If complete rehabilitation is not possible, persons with disabilities will not be able to go back to society and will remain in institutions. Achievements and failures experienced within the walls of the institution will be understood as related to the impairment and, as a result, justified. In the worst cases, such an approach can legitimate exploitation, violence and abuse. This model is often mixed with the charity approach.

2.3.4. The social model of disability

Under the social model, the society limits the participation of persons with impairments by creating obstacles. The social model of disability impairments and chronic illness often pose real difficulties but they are not the problems, disability is caused by physical, sensory, mental impairment is impaired is the problem focus of the medical profession cure alleviate the effect impairment traditional view the individual environment buildings language prejudice organizations inflexible procedures social 'barriers 'attitudes practices stereotyping discrimination inaccessible services communication.

The social approach introduces a very different thinking: disability is recognized as the consequence of the interaction of the individual with an environment that does not accommodate that individual's differences. This lack of accommodation impedes the individual's participation in society. Inequality is not due to the impairment, but to the inability of society to eliminate barriers challenging persons with disabilities. This model puts the person at the center, not his/her impairment, recognizing the values and rights of persons with disabilities as part of society. Moving from the medical to the social model does not in any way deny the importance of care, advice and assistance, sometimes prolonged, provided by medical experts and medical institutions. In many cases persons with disabilities require medical treatment and care, exams, constant monitoring and medicines.

In the social model, they continue going to hospitals and centers providing specific treatment if required. What is different is the overall approach to treatment: it responds to the expectations of the patient, not those of the institution. The social model attributes to nurses, doctors, psychiatrics and administrator's new roles and identities. Their relation with persons with disabilities will be based on a dialogue. The doctor will not be on a pedestal, but on the side of the person with disabilities. Equality starts in the hospital, not outside. Freedom, dignity, trust, evaluation and self-evaluation are all features of the social model.

2.3.5. The human rights model of disability

As reflected in the CRPD, builds on the social model, placing it within a framework of rights and responsibilities. Under the human rights model, persons with disabilities are identified as rights holders and subjects of human rights law on an equal basis with all other persons. A person's disability is recognized and respected as an element of natural human diversity on the same basis as race or gender, and the human rights model addresses disability specific prejudices, attitudes and other barriers to the enjoyment of human rights. The human rights model further places the responsibility on governments and society for ensuring that the

political, legal, social, and physical environments support the human rights and full inclusion and participation of persons with disabilities. The social and human rights models of disability highlight the responsibility of countries to identify and remove barriers that inhibit human rights realization for persons with disabilities. Together the two models offer a holistic and progressive framework for promoting and protecting the rights and inclusion of the many persons with disabilities across Africa in all aspects of society and development.

The human rights approach to disability builds on the social approach by acknowledging persons with disabilities as subjects of rights and the State and others as having responsibilities to respect these persons. It treats the barriers in society as discriminatory and provides avenues for persons with disabilities to complain when they are faced with such barriers. Consider the right to vote. A person who is blind has the right to vote just as anyone else in society. Yet, if voting material is not in accessible formats such as Braille and the person cannot take a trusted individual into the voting booth to help indicate her preferred candidate, the person who is blind cannot vote.

A human rights approach to disability recognizes the lack of voting material and the inability to have assistance in voting as discriminatory, and places a responsibility on the State to ensure that such discriminatory barriers are removed. If not, the person should be able to make an official complaint. A rights-based approach to disability is not driven by compassion, but by dignity and freedom. It seeks ways to respect, support and celebrate human diversity by creating the conditions that allow meaningful participation by a wide range of persons, including persons with disabilities. Instead of focusing on persons with disabilities as passive objects of charitable acts, it seeks to assist people to help themselves so that they can participate in society, in education, at the workplace, in political and cultural life, and defend their rights through accessing justice.

The human rights approach is an agreement and a commitment by with disabilities, States and the international human rights system to put into practice some primary aspects of the social approach. This approach is binding on all States that have ratified the Convention on the Rights of Persons with Disabilities. States must eliminate and prevent discriminatory actions. The human rights approach establishes that all policies and laws should be designed with the involvement of persons with disability, mainstreaming disability in all aspects of political action. Following this model, no special policies should be designed for persons with disabilities, notwithstanding the particularities needed to comply with the principle of full participation. The main duty bearer under this model, in which society delegates the policies on

disability, is the State involving all of its ministries and branches. There are certain provisions that involve the private sector and there is a specific role for civil society, in particular persons with disability and the organizations that represent them. Under this model, persons with disabilities have rights and instruments that can empower them to claim their rights. They have the tools to be in control of their lives and fully participate on equal terms with others. The human rights approach provides that persons with disabilities are closely involved in policymaking by law.

2.4. Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities was adopted unanimously by the United Nations General Assembly in 2006. It is the first legally binding international human rights convention to specifically address the human rights of persons with disabilities. Persons with disabilities from around the world participated in its drafting, as representatives of government, civil society and national human rights institutions. The CRPD therefore reflects the actual experience of persons with disabilities and covers civil, political, economic, social and cultural rights. In addition, the CRPD underscores that persons with disabilities very often live in poverty. As a consequence, the CRPD emphasizes state obligations in the area of international cooperation. It sets forth the principle that development programs must be inclusive of persons with disabilities and their representative organizations. The basic structure and major components of the CRPD are set forth in the sections that follow. The purpose of the CRPD under Article 1 is to: 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity'. CRPD Article 3 (General Principles) sets forth the following general principles of the Convention:

(a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons.
(b) Non-discrimination.
(c) Full and effective participation and inclusion in society.
(d) Respect for differences and acceptance of persons with disabilities as part of human diversity and humanity.
(e) Equality of opportunity.
(f) Accessibility.
(g) Equality between men and women.

(h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Specific Rights set out in the CRPD The body of the Convention sets out the standards the rights and obligations elating to persons with disabilities. While the Convention does not aim to establish new rights for persons with disabilities, it applies existing rights as appropriate to persons with disabilities, and outlines the specific responsibilities of Governments and other actors in relation to those rights. Human Rights defined in the CRPD Human Rights defined in the Convention are as follows:

- Article 5 – Equality before the law and non-discrimination Article 10 – Right to life, liberty and security of the person.
- Article 12 – Equal recognition before the law and legal capacity.
- Article 13 – Right of access to justice on an equal basis with others.
- Article 14 – Liberty and security of the person.
- Article 15 – Freedom from torture or cruel, inhuman or degrading treatment or punishment.
- Article 16 – Freedom from exploitation, violence and abuse.
- Article 17 – Protecting the integrity of the person.
- Article 18 – Liberty of movement and nationality.
- Article 19 – Living independently and being included in the community.
- Article 21 – Freedom of expression and opinion, and access to information.
- Article 22 – Respect for privacy.
- Article 23 – Respect for home and the family.
- Article 24 – Right to education.
- Article 25 – Right to health.
- Article 27 – Right to work and employment.
- Article 28 – Right to an adequate standard of living and social protection.
- Article 29 – Right to participate in political and public life.
- Article 30 – Right to participate in cultural life, recreation, leisure and sport.

2.5. Individuals with disability and self-esteem

Schwalbe & Staples (1991) properly defined self-esteem as the feelings an individual has about him or herself that affect the way he/she views him herself. These views include self-observations, perceived feelings of himlherself and lastly self-knowledge. High self-esteem is

dependent on attitudinal factors. This differs from self-concept in that self-esteem addresses feelings and emotions. Additionally, while self-concept tends to be a construct that varies little over time, self-esteem can change and flow throughout an individual's lifetime. This change can be influenced by varying circumstances and life events. It is crucial to understand these differences between self-concept and self-esteem, but it is also important to realize that self-esteem is manufactured through self-concept. When an individual has a positive self-concept, high self-esteem falls into place much more easily (Trautwein, Ludtke, Koller, & Baumert, 2006). Trautwein et al. (2006) also found that self-esteem in and of itself is not a strong predictor of academic achievement. They do indicate, however, that academic self-concept is a strong predictor of high self-esteem and future academic achievement.

Self-esteem is evaluation of the self by the self, the inner core of how we feel about ourselves. Coppersmith (1967) defines it as:

> The evaluation which the individual makes and customarily maintains with regard to himself; it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short, self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself. It is a subjective experience which the individual conveys to others by verbal reports and other overt expressive behavior (pp. 4-5).

Self-esteem is learned, developing within the individual gradually as the self-concept forms. Self-esteem reflects our cognitive appraisal of both our competence and adequacy in areas important to us and to society, and the support and regard we receive from our significant others (Varni et al, 1989). Appraisals may be favorable or unfavorable. The social environment influences the possibilities for an individual's efficacious action and shapes the contexts of one's action, thus influencing evaluative.

The dimensions of the self which form the self-concept and are evaluated in the formation of self-esteem are the physical, cognitive, social, emotional, sexual, and moral (Juhasz, 1988). Each self-dimension is perceived and evaluated by the individual in the judgment of his or her own worthiness. The individual, family, community, and culture may differentially value certain competencies and contexts of action, and the individual chooses those which she or he considers salient to the sense of self-worth, thus actively participating in the self-esteem formation process. The experience of success influences one's judgments of worthiness. Several

different types of experiences may be employed to define success, each with its own criteria for evaluation of attainment. Coopersmith (1967) identified four types of experience to be sources of self-esteem: competence, significance, power, and virtue. The relative weight given to each area varies with the internalized values of the individual and with the psychological defenses operating to protect the central sense of self-esteem from damaging assault of a sense of failure (Coopersmith, 1967; Juhasz, 1988).

2.5.1. Effects of High or Low Self-Esteem

A positive opinion of oneself is high self-esteem, which is associated to good mental health and resilience at managing stresses of daily living (Coopersmith, 1967). Valuing one's own opinion of oneself, and knowing that one is valued to significant others enables one to shrug off negative experiences and evaluations of others. In this light, an individual can defend his/herself against devaluation. The confidence that one is competent encourages one to take risks, which may develop greater competence. If one risks and the venture is unsuccessful, high self-esteem allows one not to internalize a sense of failure. Feather (1988) describes "the rosy glow of self-esteem" permitting external attribution of negative outcomes and internal attribution of positive ones. High self-esteem provides a defense in giving the individual confidence in his or her own judgment and abilities, a sense of capability in dealing with adversity. He or she can approach situations with the expectation of success and not feel threatened at the outset, nor destroyed by failure. Negative self-appraisal is low self-esteem. Coopersmith (1967) found out that, low self-esteem is associated with limited psychological defense abilities, fearfulness, and expectations of failure. When one is critical of oneself, one is quite ready to believe the criticisms of others, real or imagined. By dwelling on personal incompetencies and inadequacies, a person low in self-esteem sabotages his or her own morale and chances for success. Such a person does not trust her/himself, is not willing to expose the self by taking risks or standing out in a crowd. Withdrawal into social isolation often occurs, further removing her/him from potential friendly relationships. Thus it can be seen that the evaluation one has of oneself vitally affects and directs the way one responds to the self, to the outside world, and to the opportunities one may encounter.

2.5.2. Self-Esteem and Disability

This section will review theory and research findings about the self-esteem of disable persons, to identify factors shared with non-disabled perosn and factors unique to disability. Theory Kashani (1986) and Schlieper (1985) indicated that development of high self-esteem may be at risk for children whose health, growth, or development does not proceed as is

normally expected due to physical disability. The vulnerability in self-esteem formation stems from their physical differentness, the psychological and social consequences of being different, and the meaning of the child's problem to the family. Kashani presents a number of aspects of the handicap which affect the individual and his or her relationships with others. He notes that their differentness makes them vulnerable to rejection by others, provoking feelings of not belonging. The child may assume he is handicapped because he/she is bad or evil, which may lead to guilt feelings. Kashani points out society's intellectual tolerance of handicaps, with repugnance and abhorrence beneath the surface. The child thus experiences self-rejection based on society's norms. Parents react to the disability with self-blame, feelings of inadequacy and embarrassment. The child feels s/he fails the parents' expectations of her/him. During adolescence, according to Blos (1967), a normal developmental task is to diminish family dependencies, which is usually enhanced through greater involvement with peers (Strax & Wolfson, 1985). Shulman and Rubinroit (1987) point out that adolescent with locomotor difficulties cannot easily separate physically from dependence on their families. Dependence may also interfere with the psychosocial task of consolidating the sense of individuality of the self as separate from the parents. Disabled adolescents face special difficulty in forming their self-concept.

The authors point out that the task of coping with and incorporating the various perceptions of the self, including the disability, constitutes a higher level of the developmental task of consolidation of individuality. Reiss (1985) proposed four different conceptual attitudes regarding integration of the handicap into the self-concept:

Integrators: the disability is realistically integrated into the self-concept

- Separators: disability is perceived as separate and outside the self.
- Disowners: the disability is not part of the self but the individual is less successful in distancing the disability from the self.
- Overwhelmed: constant awareness of the disability which is perceived as bad and a contaminant of their existence.

Many authors discuss the effect of disability on significant others, and the changed attitudes toward the disabled child. Resnick (1984) has found overprotectiveness a common pattern in parents of adolescents with cerebral palsy. Some parents have feelings of disappointment that this child is not the perfect dreamed-of child (Gordeuk, 1976). Other parents may be exhausted or resentful that the disabled adolescent is still so dependent on the

family (McAnarney, 1985; Resnick, 1984b; Shulman & Rubinroit, 1987). Brown (1988) studied adults with congenital physical disabilities who reported problems in family (of origin) openness and ability to discuss the disability.

Some of these adults also reported that they experienced abuse, hostility, denial, and avoidance by parents unable to cope with raising a disabled child. Kashani (1986) and MacKeith (1973) indicated that family members may be embarrassed in public about the visibly-evident disability, often resulting in the family's withdrawal and social isolation. Physical disability qualifies for deviant social labeling, as described by Stager and associates (1983). Toward disabled person's society may convey negative reflected appraisals, discrimination and social stigma; they also may be seen as having deviant social behavior. Any of these mechanisms may result in lowered self-esteem. While theory pre diets that the outcome of the deviant label is lowered self-esteem in labelled individuals (Crocker & Major, 1989; Stager et al., 1983), Rosenberg (1979) identified four conditions which must be met before self-esteem is lowered in socially devalued groups:

- Awareness of society's negative views toward the group (eg., disabled),
- Agreement with the negative views,
- Personal relevance of these views to the self, and
- Significance of larger society's views to oneself.

If an individual is not aware of society's negative views of the group, or disagrees with the standards of society and maintains a positive evaluation of the group, self-esteem is not lowered. Crocker & Major (1989) provided another perspective on threats of stigma to self-esteem.

They reviewed a considerable body of research regarding self-esteem in stigmatized populations, finding usually no diminution. They proposed three mechanisms by which membership in a stigmatized group can have self-protective properties: attribution for negative feedback to prejudice against the group rather than the self's inadequacies, selective social comparisons to members of the stigmatized group, and selective adjustment of values, to devalue personal dimensions on which the group fares-poorly, and to place emphasis on dimensions in which the group excels. This specifically illustrates the concept of salience of values in self-esteem formation (Juhasz, 1988). The process of values modification has been observed in adults acquiring a disability, in studies by Schulz & Decker (1985) and Taylor (1983). They found the tendency to change totally the personal value structure: the subjects

come to de-emphasize physical attractiveness or accomplishments, and change their perspective about what is really important in life. The physically disabled child is vulnerable to judging the self as bad because he or she may believe the disability is punishment for past real or imagined misdeeds (Kashani, 1986).

A disabled child may also experience social rejection by others and infer their judgment of his or her badness. Brewster's (1982) research with hospitalized children found that they often perceive threatening or painful medical procedures as punishment. A physical disability affects the quality of struggles for self-realization for it may restrict physical autonomy and skill competence, negatively affecting perceptions of the value of the self (Resnick, 1984; 1986). The identity crisis in adolescence, combined with greater intellectual capacity for abstract thinking and abstract judgment, creates an opportunity for revising the concept. Shulman and Rubinroit (1987) indicated that the attainment of higher level of thinking, a hallmark of adolescence, is very helpful in dealing with the dilemma of consolidation of individuality in the presence of a handicap. The new self-concept can be based on re-evaluation of personal strengths and characteristics, not limited to physical inadequacies or social stigma.

The family of a physically disabled person may accept and cherish this individual out of parental love, responsibility or guilt, and provide the requisite support and nurturance (Gordeuk, 1976; Mattsson, 1972; Minde & al, 1972). Strangers who become peers have less responsibility and motivation to accept a person who is different (Richardson, 1971). They may or may not convey an attitude of belongingness and acceptance. Their reflected appraisals may or may not be positive. Finding a way to belong at school, work milue is a challenge to the developing self-esteem of any person, especially that of the child who is different (McAnarney, 1985; Abramson, 1979). Two microsystems with which most persons have minimal contact are the special education and health care systems of hospitals, physicians, special teachers, therapists, and other specialists. Cherry (1989) pointed out that these systems are relatively benign or unknown to most individual, but they might be a persistent influence in the life of a physically disabled person. The hospital setting may be a fearful place for a disabled person and family because of the seriousness of the individual problems, the physical and emotional pain felt, and the physician's inability to make the child whole (Cherry, 1989; Chodoff & al., 1964).

In both work and hospital environments the individual’s experiences frequent, intense, and often highly charged interpersonal relationships with many adults. For the most part, the professionals in these settings are well educated and supposedly aware of the individuals and

family's needs. Often their major role is to provide support and assistance, and many do it well. Some professionals may become significant others to the person, offering reflected appraisals of acceptance and respect for the individual worth. Yet experiences are not always favorable. MacKeith (1973) reported that medical professionals may feel revulsion at the abnormal: doctors may reveal feelings of inadequacy by brusque dismissal of the child and parents. Support offered brusquely can feel like an insult. Prejudice and insensitive behavior can occur. Thus, both positive and negative influences on a disabled person self-esteem may occur within the work milue and health care microsystems. Coleman (1983) studied learning disabled persons in different settings, fully mainstreamed to completely separate with comparable collegues. He found, as predicted by Festinger (1953) that children use peers as reference groups 52 for social comparisons, and tend to select a group toward which comparisons can be favorable, if possible. In the absence of a comparable disabled social reference group, the comparisons a physically disabled child makes of himself or herself with other children may always be unfavorable to his or her self-esteem.

Also, Stager & colleagues (1983) pointed out that the reflected appraisals of a nondisabled peer group may be negative or ambiguous. Coleman (1983) recommended that a disabled child should have available a peer group of similar values and experiences. A similar peer group can provide a more accurate frame of reference for a disabled child's self-evaluations and a source of reflected appraisals by others who are less threatened or confused by the disability. Another perspective on influences on self-esteem is the development of coping mechanisms. Effective coping utilizes personal resources and competencies to gain mastery of a problem situation (Newman & Newman, 1981). If the problem cannot be eliminated, appraisal-focused coping may buffer the stressful impact by modifying the meaning attached to the problem (Moos & Billings, 1982). Pearlin and colleagues proposed that successful encounters coping with problems may enhance the self; thus, learning to cope effectively with the disability may enhance self-esteem. Jacobson & associates (1984) present a more outcome-oriented relationship between self-esteem and coping: "*Self-esteem may be an important measure of success or failure in the coping process*" (p. 492). A physically disabled child encounters early experience with many stressors and opportunities to learn to cope. Mattsson (1972) described chronically ill children's coping by accepting their limitations and assuming responsibility for their own care.

Also, Adams and Weaver (1986) proposed that the social connections established through support groups and contact with health care professionals may enhance the coping resources

available for the child and family. In sum, theoretical predictors are mixed regarding the effect of a physical disability on the developing child's self-esteem. Possible negative influences are increased dependence and reduced physical autonomy, unhealthy family responses, perceiving the disability as punishment and the self as bad, and social rejection by peers. Possible positive influences are finding a comparable social comparison group and learning to cope effectively with the stress of a disability. Several factors are mixed in their potential effects: stigma labeling can be perceived as negative but can also have a self-protective property, contact with educators and health-care specialists can be supportive or rejecting, and a family may be fully accepting and loving, or embarrassed and rejecting, or ambivalent. Specific studies of self-esteem in disabled children or adolescents are discussed in the next section.

2.6. Different approach to improve self-esteem of individuals living with disability

2.6.1. Social justices and social protection of youths living with disability

Social justice is the ability of people; have to realize their potentials in the society where they live. Also, social justice is defined as justice that conforms to a moral principle, such as that all people are equal. It is a theory which advocates for egalitarianism in the way persons are treated. John Rawls considered social justice to be a group of people who are free and equal in a society. He advocated for liberty and equality to be applied in a society. He stated that each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others. Allan Bloom criticized Rawls for failing to account for the existence of natural rights in his theory of justice. According to him, he stated that Rawls' failure in accounting for the existence of natural rights in his theory of justice made it an incomplete theory. As per the view of the researcher, social justice should be free and equal rights which people possess and respect towards one another in a society. The International Labour Organization (ILO) affirms that universal and lasting peace can only be established if it has as its basis, social justice. The preamble to the constitution of Cameroon alludes to social justice in these terms "all persons shall have equal rights and obligations".

2.6.2. Resilience's and coping strategies amongst youths living with disability

Resilience is a key factor in children's ability to cope with and survive adversity (Grotberg, 2003). Promoting resilience is therefore critical as this may contribute to the prevention of negative outcomes for youths challenged by significant stressors Knowledge of these factors is needed to inform prevention and intervention programs aimed at fostering resilience in children affected by the epidemic. The effects of disability is devastate the lives of millions of children, and the anticipated extent of the mounting crisis is enormous (Cluver &

al., 2007; Mangoma & al., 2008). Almost all other risk factors (for example, neglect or poor care, violence and substance abuse) that make poor developmental outcomes more likely are found disproportionately among impoverished children (Schorr, 1988). Factors such as school failure, school-aged childbearing and violent crime have frequently been shown to correlate with poverty (Mastropieri & Scruggs, 2000; Schorr, 1988; Williams, 2002). Growing up in violent circumstances is often accompanied by a cluster of feelings, including depression, guilt, hopelessness, low self-esteem, and a sense of danger, or worries about injuries and death (Das Eiden, 1999; Greene & al., 2002).

Several studies (cf. Cluver & al., 2009; Huntington & Bender, 1993; Jensen & al., 1993; Prior & al., 1999;) indicate the co-existence of anxiety, depression, post-traumatic stress or emotional problems on the one hand, and learning disabilities in children on the other. Rates of school drop-out, substance abuse and subsequent delinquency have also been found to be significantly higher in children with learning disabilities than in those without learning disabilities (Cameron & Dent, 2003; Morrison & Cosden, 1997). Therefore, the threat and potentially devastating impact of poverty not only encompass deprivation of resources, capabilities, choices, security and power necessary for the enjoyment of a satisfactory standard of living, but also extend across the physical, emotional and intellectual components of children's development.

In addition to the biological events of puberty, enormous social, emotional and cognitive transitions take place during this period which may hold many difficulties and challenges for children (Cowie & Smith, 1988; Papalia & Olds, 1992). Similar to risk factors, protective factors or inner strengths tend to co-occur in a specific population, e.g. children in poverty, or within a certain period of development, e.g. adolescence. According to Werner (2005), 'the presence of a certain cluster of (interrelated) variables that buffer adversity at one point in time also makes it more likely that other protective mechanisms come into play at later stages of development'. The child shows the tendency to achieve 'wholeness not as a static state, but as a dynamic, flexible balance that permits recoil or regression and rebound or progress' (Murphy, cited in Kaplan, 1999). In order to provide a holistic conceptualization of the term, resilience was investigated as a process consisting of various related processes and constructs, organized within a dynamic framework. This framework comprises four main categories considered as determinants of resilience (Grotberg, 1995; Kumpfer, 1999; Zimmerman &Arunkumar, 1994), external realities that function as stressors and challenges and which initiate risk and resilience processes; external supports or support networks that promote resilience, inner strengths that

develop over time and sustain children who are dealing with adversity, and interpersonal, problem-solving skills that help the child to deal with the actual adversity and also refers to protective factors that help children to resist or ameliorate risk and increase their resilience.

2.7. Theoretical frame work

2.7.1. Self-theories

Self-theories emphasize the sources of and influences on feelings about the self (Juhasz, 1988). Adler (1927) formed theories based on the child's sense of inferiority, self-despising, and powerlessness. Bandura's (1982) self-efficacy theory stresses the positive self-feelings gained from mastery of tasks and threats in the environment. Gecas and Schwalbe (1983) strongly argue that self-esteem is self-efficacy-based. The theories of Rogers (1951) and Maslow (1970) emphasize the child's need for unconditional positive regard by the significant others in the child's life, especially family and friends. Each of these theories underscores the importance of significant others providing positive reflected appraisals which affirm the child's developing sense of self. Each also anticipates a potentially devastate in effect of poor quality support on the developing self. Taken together, the self-theories emphasize the importance of good self-feelings; they indicate some of the processes which an individual might use to acquire them, and point to the importance of social influences which impact on self-feelings.

2.7.2. Developmental theories

Developmental theories attempt to explain growth and behavior change as a function of time. While self-esteem is not usually a focus of such theories, the changing characteristics and abilities of the child may influence the process of self-esteem formation differently at different ages. Rosenberg (1979) found that children emphasize the physical and active aspects of the self, while early adolescents refer to the self's psychological aspects, and consider social personality characteristics increasingly important during adolescence. Damon & Hart (1982) proposed a developmental model of self-understanding as a necessary first step in assessment and study of children's self-esteem. They found that younger children's self-concepts are physical, and older children see themselves as active agents. Early adolescents stress the social psychology characteristics and physical with active attributes pertinent to social interactions. In older adolescents, the shift is toward a psychological self with inner awareness, and the self-concept now incorporates personal philosophy and belief systems.

Thus, as self-concept forms and changes, self-esteem, as the affective component of the self-concept, also evolves. The bases upon which it is formed are dynamic, changing with the child's development from a physical to a psychological self. The cognitive and moral judgment

abilities of children also change from childhood into adolescence, and these evolving cognitive abilities influence their self-esteem evaluations. Piaget (1963) and Kohlberg (1967) present parallel theories about the limited moral and cognitive abilities of young children, characterized by magical thinking and moral rigidity. The perception-dominated magical thinking of preschoolers undergoes qualitative changes in the transformation to concrete logical thinking of the school-ager. different components are likely to be considered as the bases of self-esteem (Jacobson & al, 1984). Ego development theories also pertain to self-esteem formation (Loevinger, 1976). Jacobson and colleagues (1984) found that ego development level (pre-conformist, conformist, and post-conformist) exerts a strong shaping effect on the self-esteem of healthy and ill adolescents. One aspect of ego development is movement from dependence on external sources for evaluating situations to a greater reliance on internalized standards and beliefs. The preconformist tends

Erikson's (1963) psychosocial theory identifies stages of childhood during which particular issues are dealt with and resolved, and awareness about the self is gained. The younger child's struggles with physical autonomy and competence gradually shift to the adolescent's concern for identity and a place in the world. The bases of self-esteem judgments may evolve with the changing nature and concerns of the developing child. The child's developing self-esteem is influenced by the maturational process of changing physical and cognitive abilities and by his or her changing psychosocial needs. Self-esteem is an estimation of self-worth, which requires self-understanding, and cognitive and moral judgment. The bases upon which children make evaluative judgments change over time with their growing ability to understand; thus, their evaluations of themselves may also change (Damon & Hart, 1982; Dickstein, 1977).

2.7.3. Social-ecological Theories

In this section, ecological, social comparisons, labelling, and social support theories will be discussed. A child's age-related changes occur within and will reflect the influence of the environment. The values, attitudes and beliefs of the child and the family are influenced by the people and contexts around the family. Bronfenbrenner's (1977) ecological theory identified hierarchical, reciprocally interchanging, and interconnected systems of influence between the child and the environment. The most intimate system level is the microsystem, which consists of the people and places in the child's immediate environment (eg., home and school). The child's daily reality is most influenced by these microsystems, within which the child may find ways to get his or her needs met, fulfilling the essential elements of belongingness, love and

acceptance. Here also are the significant others whose reflected appraisals constitute a large portion of the evaluations on which self-esteem is based. The family is the major influence for the young child, with the peer influence gradually increasing to become quite important during adolescence. Peer values and attitudes, acceptance, and appraisals compete with the family influence. social comparison theory (Festinger, 1954) identifies the use of other persons who are reference groups as a basis for forming estimates of self-worth during the self-evaluation process.

Self-concept is a social phenomenon, arising and developing in a social context. It is likely developmental in nature, operating from somewhat different mechanisms at different points in time. During the preadolescent period self-concept appears to be primarily a function of reflected self-appraisals (or social comparisons) of others significant to the child. In the absence of objective standards of comparison, children seem to use their primary reference group (often classmates) for evaluative purposes (Coleman, 1983, pp. 43-44).

2.7.4. Labeling theory

It is a type of social theory concerned with people who are labelled as socially deviant. Stager and colleagues (1983) applied two theoretical principles of reflected appraisals and social comparisons and predict that the self-esteem of persons acquiring a socially deviant label is likely to be low. Physical disability is visible, stigmatized, and usually labelled. Thus, labeling theory is particularly relevant for this population. Social support for the child and family is an important variable affecting perceived stress as well as self-esteem (Unger & Powell, 1980). Boyce (1985) stated that mutual interactive social support emerges from a child's earliest experiences in the context of family. That support provides a sense of permanence and continuity for the child.

Family and friends provide positive experiences which support good self-esteem. In addition, their continued presence and maintained relationship infers valuing and acceptance. Absence of social support for the child and family can have a devastating and far-reaching impact on self-esteem. In the child's view it implies unworthiness. Lack of social support also reduces the number of accurate reflected appraisals for self-esteem formation. Taken together, the social-ecological theories underscore the vital link between self-esteem and social influences. stress and Coping Theories Pearlin & Schooler (1978), Pearlin & al., (1981), and Moos & Billings (1982) discussed the relationship between stress, coping, and self-esteem. They indicated that the perception of stress tends to threaten self-esteem, forcing the individual to embark on activities to lessen the impact of the stress. Coping is behavior which people do

to protect themselves from being psychologically harmed by problems or stresses. Self-esteem is an important psychological resource for coping but is in turn influenced by evaluation of effectiveness of the coping behaviors. Being able to cope effectively with stress is a positive influence on self-esteem, associated with a sense of mastery and lessened perception of stress.

Victim Precipitation Theory

The term "victim precipitation" was coined in the late 1950s by Marvin Wolfgang to define the direct role of a victim in the occurrence of a crime (Petherick 2017). This means that, victims are deemed to have provoked or initiated events that ultimately lead to a crime. The precipitation acts can be passive or active. In passive precipitation, a victim may unknowingly manifest some characteristics that can provoke an attack. In most cases, such precipitation of crimes is a result of power struggles. Therefore, minority groups, sex inequalities and orientations, job status and promotion, love interests, and political activism may be predisposing factors to the precipitation of a crime.

In both active and passive precipitation, there is a glaring link showing that victims contribute in one way or the other to the ultimate victimization leading to the occurrence of a crime. However, in some cases, it is difficult to establish the role of a victim in a crime due to incomplete information or lack of the information. Looking at the case of murder for example, it may be hard to establish whether the victim provoked the offender due to the lack of corroborating evidence from both sides. However, in homicide cases whereby the person who becomes a victim or an offender is a matter of chance, this theory is applicable (Muftic& Hunt, 2013). In a nutshell, the precipitation theory emphasizes that victims of a crime have a role to play especially by provoking the offender which leads to victimization.

Lifestyle-Exposure Theory

In 1978, three scholars, Michael Hindelang, Michael Gottfredson, and James Garofalo, developed the lifestyle-exposure theory of victimization (McNeeley and Stutzenberger 2013). This theory explains that, victims are exposed to crimes based on their lifestyle choices. Therefore, an individual’s lifestyle plays a vital role in determining the possibility of exposure to a crime or victimization. In this context, lifestyle is taken to cover all routine daily activities whether vocational or leisure.

This theory underlines the fact that, people’s activities naturally bring them closer or into contact with crime. This implies that, if someone remains indoors, the probability of him or her encountering a crime will be lessening and on the other hand, spending time in public places

increases the chances of being a victim of crime. For instance, going out alone at night exposes someone to victimization as well as associating with known convict or keeping the wrong company increases the probability of being victimized in the occurrence of crime (Rokven, De Boer, Tolsma, & Ruiter, 2017). Therefore, one's lifestyle will determine the rate and frequency of Victimization.

Routine Activity Theory

The routine activity theory has many common characteristics with the lifestyle-exposure theory. They both explain the role of routine Patterns or lifestyles in creating an opportunity for the occurrence of a crime. The routine activity theory holds that for a crime to occur, three conditions must be met, which are, the availability of desirable targets, the presence of willing offenders, and the absence of capable guardians (Pratt & Turanovic, 2015). These three factors put together at the right time will facilitate the occurrence of a crime, and thus the targets that are caught in the process become victims. In a nutshell, the lack of any of these conditions will be enough to delay the occurrence of criminal activity. Based on this argument, the rate of a given crime may go up even in the absence of a proportionate increase in the number of willing offenders. If there is an increase in the number of attractive and unguarded targets, the existing willing offenders can commit multiple crimes because the opportunity has been presented to them. This means that, the offenders explore the least opportunity presented to them. For example, crime rates may increase even with decreasing economic inequality, racial segregation, and unemployment, which are deemed to foster criminality at the time.

In the light of this understanding, it is enough to conclude that the best way to avoid becoming a victim of criminal activities under this theory is to stay away from crime-prone areas. However, some individuals do not have the privilege of choosing where to stay due to economic constraints. The best that one can do is to be vigilant and take personal precautionary measures, albeit as argued earlier, this strategy may not contribute significantly to stopping criminals from executing their goals.

PART TWO:
METHODOLOGICAL AND EMPIRICAL FRAMEWORK OF THE STUDY

CHAPTER 3: RESEARCH METHODOLOGY

This chapter defines what methodology is, brings us back to the research problem and research, it presents the dependent and independent variables, the synoptic table, presentation of the study site, what our population of study is characterise of, the method we will use to collect relevant data, identification of respondents, tools for data collection and lastly, the tool for data analysis.

To begin with Grawitz (2001) defines methodology as the science of method, the branch of logic which studies the principles and the patterns of scientific investigation. It is a systematic way to solve a problem, how research is to be carried out and the procedures and technique by which the researcher goes about the work of describing, explaining and predicting phenomena. Firstly, we shall begin by recalling the problem, the research questions, the research hypothesis presentation of the research site the methods, the techniques for collecting data, the instruments for collecting data and the method for analyzing data. However, before we begin this methodological presentation, we going to recall the problem of the study.

3.1. Recall the problem, research question and the general hypothesis

3.1.1. Recall of the problem

The quest for social inclusion of persons living with disabilities has been an unending struggle. The attempt to empower, strengthen, build and protect persons of this deficient group has failed due to inadequate inventory actions on diverse stakeholders. Social exclusion, victimization and discrimination is alarming from children to adults living with disabilities. The government has equally tried to put these people on the land map through it laws but the social problem is still at its peak because it is a threat to the physical, mental and social functioning of these people which renders them less performant and less productive at work. Employees with disabilities experience victimization at work on a daily and this hinders them from giving their best. It will be very difficult for an employee to fully express his potentials if the self-esteem is negatively affected. Individuals with disabilities often suffer from how people react to them and this continue to reduce their self-esteem which affects the productivity at work. The rate at which victimization keeps increasing amongst employees with disabilities is a call for concern.

3.1.2. Recall of research question

How can victimization impact the self-esteem of employees with disabilities?

3.2. Operationalization of the general hypothesis

3.2.1. Dependent Variable

A dependent variable is that which undergoes the effects of the independent variable. It is the answer or the behaviour observed, it corresponds to the phenomenon explained or measured by the researcher. The dependent variable of our study is victimization.

VD: victimization

3.2.2. Independent variable

The independent variable is the one that the researcher manipulates. It is said to be independent when it constitutes the presumed cause of a studied phenomenon. It is also any variable that we study to find out whether it influences behaviour (Lemaire, 1969). It designates the cause, the origin in a cause-and-effect relationship. The variable that we are going to manipulate in this study is:

VI: self esteem

Table 1: synoptic table

Variables	Modalities	Indicators	Indices
IV: Self esteem	Self-observations Self-knowledge Personal judgment	Perceived feeling of him/herself Perceived attitudinal factors Subjective experience of him/herself	Mood (emotions) Presentation of him/herself (the way of talking) Dress code (the color of the clothes) Verbal reports Expressive behaviour Non-verbal reports The individual believes to be capable / incapable The individual believes to be significant / insignificant The individual believes to be successful / unsuccessful The individual believe to be worthy / not worthy
DV: Victimization	Peer victimization Violent victimization Property victimization	Hurt from disabled people Hurt from relatives Destruction of belongings	Physical harassment Insult Social manipulation Rape Aggravated assault Kidnapping Intimidation Teasing Arson Vandalism Robbery

3.3. Operating Framework of the Study variables

Before going down to the field for the collection of data. We demonstrate a large number of methods in education. The objective of this part of the study is to specify the approach used in the context of this research, including the data collection procedure. It is precisely a question of presenting the data collection instrument, the study population and the sample, of the research as well as how we are going to start the survey in the field, and also the presentation of the procedure of data analysis.

3.3.1. Presentation of the study site

Our site of study is Yaoundé and we will talk about it historical background and it geographical location.

3.3.2. The historical background of Yaoundé

Cameroon is a country which has several major towns amongst them, Yaoundé also called Yaounde is the capital with more than 1million inhabitants.

The city was founded in 1888, during the period of the German Protectorate, Yaoundé was occupied be Belgian troops in 1915 and was declared the capital of French Cameroun in 1922.

The city has grown as an administrative service and commercial center and a communication center for road, rail and air transport. Yaoundé is rich and it provides a lot of job opportunities because the city contains several small manufacturing and processing industries. These industries are; a cigarette factory, a brewery, sawmills and a printing presses. This city also has the market for one of the richest agricultural areas in Cameroon. Yaoundé has so many schools of education, the university founded in 1962, agriculture health, engineering, journalism, administration and international relations. The biomedical research institute is also found in Yaoundé, the national library and archives are located in the city.

3.3.3. Geographical location of Yaoundé

Yaoundé is located on a hilly, forested plateau, between the Nyong and Sanaga rivers in the South-central part of the country.

3.3.4. Justification for the choice of the site of study

The city of Yaoundé was chosen because it has many workers including employees with disabilities.

3.4. Characteristics of the population

Tsafack (2004) defines the population as any selection of individuals grouped by a common feature or defined elements to which observations relate. The population refers to all the individuals concerned by the study, it represents the target population also called the reference population according to Evola (2013). The study population is also called the "universe" which presents the number of units or individuals who can enter the field of the investigation. For Grawitz (2001), the term population designates a set of elements chosen because they have the same property and are of the same nature. From this target population, the sample for this study will be chosen.

The population of our study is employees with disabilities in the City of Yaounde'

3.4.1. The type of the study

Research is the systematic investigation and study of materials and sources to establish facts and reach new conclusions, so it shapes people's understanding of the world around them. Through research findings, researchers can explain individuals' behaviors', including how people think and act in certain ways. There are different types of research studies, some of these studies include; fundamental and applicative.

We will use applicative research. It is known as action research, operations research, social research, and decision-linked research. This is a type of research that covers a wide range of social science areas. Applied research is inspired by the need for social action and aims to find a practical solution for an immediate problem of the sociality thereby making optimal use of the available resources. The problem-solving nature of the applied research means it is conducted to reveal answers to specific questions related to action, performance or policy needs. This explains why our study will use the applicative approach because we aimed at solving the problem of victimization of employees with disabilities. We will use theories developed by different authors in order to better understand a phenomenon, the problem and bring in practical solutions.

3.5. The method of the study

Methods are the specific tools and procedures you use to collect and analyze data (for instance, experiments, surveys, and statistical tests). Our study is a qualitative exploratory study that necessitates the collection of data and the understanding of their contents. We, therefore, use the semi directive interview which is a verbal interaction animated by the researcher from a list of which he wishes to discuss with a person on a precise subject (Faustin, 2010). Therefore, the

different types of interviews will be used in this study to help to better explore the different sides of the person's personal experience.

3.6. The sample method

A sampling method is a procedure for selecting sample members from a population. Three common sampling methods are simple random sampling, stratified sampling, and cluster sampling. There are several different sampling methods available, and they can be subdivided into two groups: probability (random) sampling and non-probability sampling.

The sample is the representative set of individuals from a study population with a specialized set of characteristics. This is the proportion of individuals over which the researcher, for lack of power to cover the entire population, carries out his investigations to verify his which the information will be collected". To do this, the sample must be represented as the target population, that is to say, which must constitute a population of a smaller nature.

3.6.1. Non-probability sampling

With this sampling, some individuals have no chance of being selected. Consequently, you cannot estimate the effect of sampling error and there is a significant risk of ending up with a non-representative sample that produces non-generalizaled results.

3.6.2. Criteria for collecting participants

This study examined the victimization that employees with disabilities experience at work daily. This implies that, our criteria for selection was persons or individuals with disabilities who have been working for some time. That is,employees with disabilities who have experience at their job milieu.It could be a blind, an amputated leg person, hearing impairment and so on.

Table 2: Identification

Respondent	Gender	Age	Status	Profession	Type of handicap
1	Male	48	Married	Administrative agent	Amputated (partial blindness)
2	Female	31	Married	Receptionist	Amputated leg
3	Female	27	Single	Artist	Blind
4	Male	37	Single	Mechanic	Leg infirmity
5	Female	35	Single	Cleaner	Hearing impairment
6	Male	25	Single	Teacher	Amputated leg
7	Male	30	Married	Accountant	Left hand amputation

3.6.3. Tools for data collection

There exist different types of instruments for data collection in social science which are: interviews, rating scales, tests, questionnaires, and discussions. In this study, we are going to focus on rating Scale and the interview throughout our investigations.

A rating scale is a common method of data collection that is used to gather comparative information about a specific research subject. This method of data collection enables survey respondents to measure their feelings, perceptions, interests, and preferences. There are different types of rating scales including numerical scales, heart rating scales and Likert scales, and each of these scales has specific features that differentiate one from the other.

3.6.4. The Rosenberg self -esteem scale

To begin with, the Rosenberg Self-Esteem Scale is a widely used self-report instrument for assessing individual's self-esteem. It is a 10- item scale that measures global self-worth by measuring both positive and negative feeling about the self. The scale is believed to be uni-dimensional, which implies that all items are answered using a 4point likert scale format ranging from strongly agree to strongly disagree. The 10- items of the Rosenberg Self-Esteem are not discriminating and are differentially related to self-esteem.

3.6.5. Administration

The RSES consists of statements that a respondent could possibly apply to him/ herself that he or she must rate on how much they agree with each other, the items should be answered quickly without over - thinking to avoid lies, respondent's first inclination is he or she should put down.

3.6.6. Scoring

To score the items, a value is assign to each of the 10 items as follows:

1) For items 1, 2, 4, 6, 7: Strongly Agree=3, Agree=2, Disagree= 1 and strongly=0

2) For items 3, 5,8,10 (which are reversed in valence and noted with the asterisk ✳✳ below) Strongly Agree = 0, Agree: 1, Disagree=2, and Strongly Disagree= 3.

The scale ranges from 0-30, with 30 indicating highest score possible.

Examples of other scoring are; one can assign 1-4 rather than 0-3; then scores will range from 10-40. Some researchers use 5- or 7- point likert scales ranges would vary based on the addition of " Middle " categories of the agreement.

3.6.7. Psychometric properties

The original sample for which the scale was developed in the 1960s consisted of 5, 024 high school juniors and seniors from 10 randomly selected schools in the New York state and was scored as a Guttman scale.

The scale generally has high reliability: test -retest correlations are typically in the range of 82 to 88 and Cronbach' s alpha for various samples are in the range of 77 to 87 (see Blascovich and Tomaka, 1993 and Rosenberg 1986 for further details).

Studies have demonstrated both a uni-dimensional and two-factor (self-confidence and self - depreciation) structure to the scale. To obtain norms for a sample similar to your own, you must search the academic literature to find research using similar samples.

3.6.8. Factors for analysis

The RSES was investigated using item response theory. Factor analysis identified a single common factor, contrary to some previous studies that extracted separate Self -Confidence and Self-Depreciation factors. A uni-dimensional model for graded item responses was fit to the data. A model that constrained the 10 items to equal discrimination was contrasted with a model allowing the discrimination to be estimated freely. The test of significance indicated that the unconstrained model better fit the data, that is; the 10 items of the RSES are not equally discrimination and are differentially related to self -esteem.

A varied selection of independence studies each using such samples as parents, men over 60, high school students, and civil servants - showed alpha Coefficient renging from 0.72 to 0.87).

Test -retest reliability for the 2-week interval was calculated at 0.85, the 7-months interval was calculated at 0.63 (Silber and Tippet, 1965, Shirley and Whiteman, 1978).

3.6.9. The scale

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

		1	2	3	4
		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	I feel that I'm a person of worth, at least on an equal plane with others.	C	A	D	SD
2	I feel that I have a number of good qualities .	C	A	D	SD
3	All in all ,I am inclined to feel that I am a failure .	C	A	D	SD
4	I am able to do things as well as most other people.	C	A	D	SD
5	I feel I do not have much to be proud of.	C	A	D	SD
6	I take a positive attitude towards myself.	C	A	D	SD
7	On the whole, I am satisfied with myself.	C	A	D	SD
8	I wish could have more respect for myself.	C	A	D	SD
9	I certainly feel useless at times.	C	A	D	SD
10	At times I think I am no good at all.	C	A	D	SD

3.7. An interview

An interview is essentially a structured conversation where one participant asks questions, and the other provides answers. In other words, the word "interview" refers to a one-on-one conversation between an interviewer and an interviewee. There exist three types of interviews

Non-directive or unstructured interview refers to an interview concept without any set format in which questions are not predetermined. This implies that the lack of structure enables the interviewer to ask questions which come to his/her mind on the spot. This type of interview resembles an open minded, informal, friendly conversation.

Structured or directive interviews are interviews that strictly adhere to the use of an interview protocol to guide the researcher. It is a more rigid interview style, in that only the questions on the interview protocol are asked. Here questions are planned or arranged.

A semi-structured interview refers to a data collection method that relies or is based on asking questions within the predetermined thematic framework. The questions are not set in order or in phrasing. This implies that, semi-structured interviews are a mix of structured and unstructured interviews. That is, a few questions are predetermined while the other questions are planned. To Tsala Tsala (2006) semi-structured interview is an “interview constructed from an interview guide, during whom the interviewer interviews freely and in the order to seem right to him, questions proposed to him". A semi-structured interview is open, flexible and will help you gather the right information.

Our study is a qualitative exploratory study that necessitates the collection of data and the understanding of their contents. Therefore, we are exploring the different types but we will focus more on semi directive interviews which are based on different theme.

3.6. The validity of the data collection instrument

This validity was done at two levels: The internal validity and the external validity of the interview guide must have these two validities to measure what is supposed to be measured. The validity and the ability to produce discoveries that are in agreement with theoretical or conceptual values

3.6.1. Internal validity

The internal measures the consistency between variables and data collection instruments. In other terms, it implies the congruence between the research problem, the research questions, objectives of the study, the variables, and the indicators of the variables. It is the consistency that exists between the variables and the theme to be developed. It is important to mention that a question that is not related to the theme is not valid.

The study started from the problem of victimization experienced at work daily by disabled employees in the City of Yaoundé 6 and low self-esteem that they develop as a result of constant rejection, humiliation and discrimination. This makes most of them to be lazy at work leading to low deliveries.

This problem generated the factors that constitute the victimization of some employees with disabilities. The ope-rationalization of this main factor permitted us to identify the secondary factors. As a result, the questions that constitute our interview grid are formulated from the variables of the present study. The modalities of the independent variable permitted us to generate sentences that were subsequently used with the dependent variable to form or formulate the question.

3.6.2. External validity

It consists of submitting the data collection instrument to a group of subjects who have the characteristics of the sample but were not part of the study sample. It consists of verifying the comprehension of the instrument to avoid misunderstandings and invalid answers. External validity also helps to test the sensibility through the form of questions formulated. This is to introduce duplicates of respectable distant questions while changing the terms of certain words. It is also about testing the order of questions.

It is the one that provides the understanding of our interview guide, in particular by pre-test technique, also known as the per-survey, which is the first phase of the field whose aim and objective is to test the data collection instrument. This step makes it possible to establish a better knowledge of the cause, and the precise objectives, both final and partial, that the researcher will have to achieve.

In addition to this study, the per-survey, in general, made it possible to review the semantic and syntactic difficulties, the arrangement of the questions, and even the number of indicators and the number of questions.

3.7.1. The different phases of the interview

This part of the work is a question of specifying how we are going to proceed with our interview.

Phase 1: Introduction

In the introduction phase, the interviewer introduces him/her self and builds a rapport with the interviewee. Once the interviewee joins you, create an atmosphere of comfortability, explain the purpose of the interview to the interviewee, which entails presenting the topic or theme you will cover during the interview. In other words, it is the phase of observation and making contact in order to get acquainted with the interviewees.

Phase 2: Elaboration of the interview guide

Here, the interviewer has a job to make the interviewees feel as ease in order to express themselves freely as regards the subject matter. In this light, the guide is elaborated according to the objectives of the survey, moving toward our objective.

To explore the impacts of victimization on the self – esteem of employees with disabilities. There exists a relationship between the self –esteem of employees and their productivity level at the work place. Employees that suffer from victimization may suffer from low self-esteem and this may impact their productivity or out comes at the work place.

Phase 3:

During this phase, the interviewer tries obtain as much information as possible from the interviewee, starting with the simplest question to the more complex. It involves allowing the respondent to express himself freely, giving the interview method to the participants .it also important to specify the duration of the interview which is not supposed to last longer than 45minutes to 1hour. This does not mean that an interview should take that long, the interviewer can end the interview whenever he feels that he has obtained detailed answers to the questions he asked.

Phase 4

This is the last phase where the actual interview is conducted, it involves writing and recording. It is important to record giving the fact that the interviewer will not be able to recall everything.

3.7.2. The tool of data analysis in the study.

The thematic content analysis (TCA) is a descriptive presentation of qualitative data.

CHAPTER 4:

PRESENTATION AND DISCUSSION OF RESULTS

This chapter interprets the primary sources of data from qualitative interviews of interviewee in the city of Yaoundé who have one disability or the other and are either employed by private institutes or employed by the government. This chapter is going to give you a vivid presentation of how this individual work, employment challenges, productivity rates and possible coping strategies they have put in places to bypass societal stigma, victimization and maintain a very positive self-esteem. Also, we are going to be exploring the different experiences of these individuals and how each person becomes helpful to themselves and their families. In the last phase we will be exploring the findings through the theoretical framework and applied literature on the topic “Victimization and self-esteem of some employees with disabilities" Hence, these contents are derived from the themes and subthemes mentioned in the previous chapter.

4.1. Presentation and analysis of the results of the study

4.1.1. Presentation and analysis of the results of Respondent 1

4.1.1.1. Presentation of the case

Respondent 1: Respondent 1 is a male who is 48years of age and he is a catholic by faith. He is from the central region of Cameroon, a well-educated individual with a degree in contractual framework of administration. An amputated leg that later became a blind due to accident, his wife died as a result of accident which also contributed to making him partially blind. This alone has affected his personality and his performance at work.

4.1.1.2. Presentation and analysis of the results on interview guide

Table 3: Experience of victimization

Subject	Peer victimization	Psychic / body mind victimizations
Respondent 1	- I don't have friends at the workplace, my Job is my friend. - My colleagues treat me a type we are three of us in the office but I am never included in anything even discussion and benefits, so I decided to delicate myself to my work, they did not also sympathize with me when my wife died, you cannot understand how hard life has been to me. - I don't feel happy amongst my colleagues at work not because they do bad things to me but because they do not recognize my presence and this alone disturbs me from working well. - I am already used to insults and it's no longer an issue to me.	- I have been working here since 2006 which makes it exactly 16years ins service. - I have not worked in other places before but I intend to stop working very soon. I am from a family of 8 ,3 are dead so just 5 of us are Left. - I don't have friends at the workplace because none of colleagues show me love, so I am not close to anyone. - I face a lot of difficulties which I can't enumerate but the most two are mobility and the absence of my wife who died in car accident, someone who accepted my disability without looking at the responsibilities that it brings. -. I have been a victim so many times, if anything goes wrong in the office then it's Emmanuel, victim of discrimination, there's so much discrimination in this workplace, the boss doesn't give us equal opportunities, I am always treated as the last but where will I leave and go to.

From the data obtained, respondent one faces a lot of victimization at his workplace from his boss and colleagues. There is peer victimization, humiliation from friends and maybe some client, respondent 1 works in an office where he does not have friends which already tells a lot about his working environment and how it affects his self-esteem which intends affect his personality. He is a victim of direct discrimination which is the unfair treatment due age, race, status religion and many other reasons; he is not allowed to work in a higher position because he is disabled, this does not tie with any working conditions, if a worker is recruited, it means that the employer saw him/her competent enough, which implies that, he should not be stripped off working advantages or ranks that are given to other employees of the same job. With the level of victimization, he is left devastated and lost.

Table 4: Results on self esteem

Subjects	Subjective appraisal	Self-confident	Self-worth
Respondent 1	I know myself, I get angry so easily, that why I do not like associating with people. I am choleric, so I try to avoid problems as much as possible. -I express myself properly and with so much respect, what is there to be harsh when life has presented the worse situations to me. Leaving from amputated leg to being partially blind is a whole burden to me - I do not evaluate myself at all but if a client complains, I will do adjustments but to tell you the truth, I have never done personal evaluation. - My work is to work on people's documents and I always do my best but I have never been appreciated, too many insults, sometimes I feel like leaving the job but where will I leave and go to. - Now that my situation has worsened, I will only have to manage the conditions here before I lose this job ,I might not take it , if it happens	I see myself to be down there, put in the world, I thought this work will make me complete but it's the reverse. My family and friends do not show me love, see I am just on my own. The last time you came I told you about my family, nobody cares, even to visit for a second. I can be sick for one month and no family member will know because they do not check on me. Christmas passed, nobody called me. - The fact that I don't see well makes life very boring and unbearable for me. I can't remember when last my mother visited me, nobody checks up on me and I am becoming very tired of life, is this how it hurts to be a disabled person? - I'm sure I will die some day without know body knowing	I feel very bad about myself, what is there to feel good about when I can no longer see the beautiful world or carry my activities as I used to carry before. I keep thinking of how to go to work and how to come back to my children. - I feel incomplete, I wish I could get my sight back, if not I'll never be satisfied for the rest of my life. - I have fell to have so many opportunities because of my condition and it makes me cry daily, my colleagues were even sent on a mission last week and I was not chosen because I no longer see well. something added in their accounts but I didn't experience that, how do you expect me to be happy. - Seriously I feel so bad about this blindness and I have lost myself trying to find happiness again, please help me. - I didn't talk about my leg the last time because I am already okay with it, my problem now is my eyes .

He does not have self-esteem in himself because of his surrounding and other troubling aspects. There is no self-evaluation due to constant shouting and aching words from the boss and from colleagues. Self –evaluation is a very important tool in every area of work, it helps you to do adjustment and ameliorate where need be in order to experience success and advantages that comes with it. This respondent does not evaluate himself because of issues coming from his boss and colleagues. He does not have confidence which stems from the family right up to the work place. The family is a basic unit of the society which is there to protect and encourage one another. The way a person project hiss/herself tells a lot about his background, this respondent does not experience love which affect his self-esteem negatively. Without trust in the self, the best can never be produced. His self –worth is already affected because he cannot see as before and because of degradation from colleagues

4.1.1.3. Presentation and analysis of the results with the scale

		1	2	3	4
		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	I feel that I'm a person of worth, at least on an equal plane with others.	C	A	D	✓ SD
2	I feel that I have a number of good qualities.	C	✓ A	D	SD
3	All in all, I am inclined to feel that I am a failure.	C	✓ A	D	SD
4	I am able to do things as well as most other people.	C	A	✓ D	SD
5	I feel I do not have much to be proud of.	✓ C	A	D	SD
6	I take a positive attitude towards myself.	C	✓ A	D	SD
7	On the whole, I am satisfied with myself.	C	A	✓ D	SD
8	I wish could have more respect for myself.	✓ C	A	D	SD
9	I certainly feel useless at times.	C	✓ A	D	SD
10	At times I think I am no good at all.	✓ C	A	D	SD

4.1.1.4. Self- esteem on the scale and on the interview guide

The scale rate 10/30 which indicates a low self-esteem.

Comparing the results from the interview guide and that of the scale we realize that it is the same, this confirms to the fact respondent one has a very low self-esteem due constant victimization at the workplace, societal and self-stigma, degradation by family members and other external factors. This affects his performance and productivity at the workplace.

4.1.2. Presentation and analysis of the results of respondent

4.1.2.1. Presentation of the case Respondent:

Respondent 2 is Female from the eastern region of Cameroon, a catholic by faith, she works as a receptionist in the ministry. She is married with two kids and she has a very supportive family. Got a job by God's intervention. Amputated leg and she has decided to love herself the way she is, this helps her to overcome psychological challenges but, she is baffled at the way the society treats disabled people.

4.1.2.2. Presentation and analysis of the results on the interview guide

Table 5: Experience of victimization

Respondent 2	- I have just one friend at the workplace, Judith and she is very nice I can't tell for the other colleagues because everybody cannot be my friend. You can't be friends with everybody, there must be people who will hate you for no reason. - I can't say I feel that happy amongst my colleagues but I don't feel bad either, I am just okay with my job. - I used to feel very bad when I get insulted but ever since I accepted my disability the insults become nothing to me and with my family and Judith I am very complete. -They always tell being alive is already a great blessing and that I should be grateful. My husband appreciate every effort I make with this I am very okay.	-I work here as a receptionist and I have been working here since 2012; I have not work in other places before because I am okay with this job, so there is no need to change. - There is a lot when talking about my family, I come from a family of many people, we are 10 of us in number, many brothers and sisters, mom died a long time ago, I am married with two kids. - My family gives me so much joy and I must say I am very blessed to have them. They are also there whenever I need them, my sisters even came and assisted me on Christmas. - I am a very simple person who smiles always, I take life very simple and I have chosen not to bother about challenges, there will always be there, I am also able to put food on my table which is a great success to me. - I face difficulties going to work but my supportive husband is always there to help me when he is free because he goes to work too. - Yes I have been a victim of so many circumstances but that cannot change my personality, I believe things like hate and discrimination can happen, so I am okay with it and it I don't let it steal my joy completely. - I have experience victimization at the workplace from customers not from my boss and colleagues.	- I can really say someone has taken my thing without my permission but they have stolen many of my belongings

Respondent 2 works as a receptionist in the ministry, she does not experience peer victimization at work because she does not associate with everyone, she is just close to one person who is true to her. It is often said that, the lesser friends you have equals to the lesser problems you will have. It is very obvious that she will feel very lonely at work if she comes and don't find this particular person. Her boss also appreciates her; this increases her level of self-confidence which pushes her to work harder. This respondent has been working in the ministry for quite a long time which speaks something positive. A client might intimidate her but it does not come from the boss.

Table 6: Results on self-esteem

Respondent 2	Yes, I do have knowledge about myself. I am somebody very cheerful, so loving, always smiling when life gives me hard lessons on a daily, I still remain very positive my dear. - I express myself with so much love and respect. - Ever since I accepted my disability and my husband loves me the way I am, I told myself that I'll do all it takes to be a better version of myself and since then I always do self-evaluation to see where I am failing in order to ameliorate and to better and be a better person. - I also evaluate myself because I don't want to lose my job because it was not easy to get it, in fact it is part of those things that have restored my happiness. - I get satisfied all the times, I always work on what is lacking whenever I discover it and this pushes me to better. - Working here as a receptionist is a very important and fulfilling thing to me .	- I see myself as someone who has happily accepted her situation and I have decided to be happy while hoping for the best. -I have confidence in myself now unlike before, I have a great family that keeps me going, they shower me with so much love. Even my friends at work, they are so kind towards me and I am so grateful to God for blessing me with them. Also, at the workplace, my boss gives all employees equal opportunities, the fact that I am not left out is a big gain for me and it makes me feel very complete especially at the workplace. - I doubted my capabilities when I was still going through trauma as a result of my disability but I have become very confident and okay since I accepted my disability. -Acceptance is the key my dear	- I feel good about myself, being alive is already a blessing for me. - Clinging to God has made me feel even more than enough, I am okay with myself. - Here, equal opportunities are given to employees and this prevents me from looking down on myself. If I miss any opportunity, then it's my fault. - I wish something could be done about the way the society sees disabled people, it's so painful. - I know what I went through when I was still suffering from this disability trauma and another disabled person might go through it. - The insults and avoidance by the society can make one feel less.

Respondent 2 keeps striving to do better which has enable her to build a positive or high self-esteem, not letting any opportunity pass her by, this same respondent was very traumatized at first but she decided to accept herself, became very confident and appreciative. There is a lot people do not understand about acceptance especially individuals with disabilities, when you learn to accept yourself the way you are, you set the pace for a positive new beginning and this comes by not judging yourself and asking unnecessary questions. Self -esteem rises the moment we stop being very hard on ourselves. This respondent invest so much on herself, she evaluates herself always because she wants to keep doing better. She has successfully build a positive self-esteem with the help of her family and friends and this gives a better version of herself. When you constantly evaluate yourself, you will ameliorate and do better, self -confidence and a positive self-worth entails a high or positive self-esteem which is necessary in every domain in life especially for disabled workers.

4.1.2.3. Presentation and analysis of the results with the scale

		1 STRONGLY AGREE	2 AGREE	3 DISAGREE	4 STRONGLY DISAGREE
1	I feel that I'm a person of worth, at least on an equal plane with others.	✓ C	A	D	SD
2	I feel that I have a number of good qualities.	✓ C	A	D	SD
3	All in all, I am inclined to feel that I am a failure.	C	A	✓ D	SD
4	I am able to do things as well as most other people.	C	✓ A	D	SD
5	I feel I do not have much to be proud of.	C	A	D	✓ SD
6	I take a positive attitude towards myself.	✓ C	A	D	SD
7	On the whole, I am satisfied with myself.	C	✓ A	D	SD
8	I wish could have more respect for myself.	C	✓ A	D	SD
9	I certainly feel useless at times.	C	A	D	✓ SD
10	At times I think I am no good at all.	C	✓ A	D	SD

The scale rates 24/30 which indicates a high self –esteem.

The results on the interview guide and that of the scale matches, this truly indicate that respondent two has positive or high self –esteem and she experience less victimization at the workplace. Her personal efforts make her out standing at the workplace.

4.1.3. Presentation and analysis of the results of respondent 3

4.1.3.1. Presentation of the case

She is a born blind who does not know how the world looks like; she takes people for their words. A 27-year-old ambitious woman who does drawing and painting for living. A gift from God that sustains her. She has a loving family. She admits the fact that, she has mixture of good and bad friend who influence her either negatively or positively. She lost her virginity through rape, which alone gives her so much depression.

4.1.3.2. Presentation and analysis of the results on the interview guide

Table 7: Experience of victimization

Respondent 3	- I don't have friends, I have only two colleagues and I don't trust any of them, my friend is my family who have accepted my disability and are helping me to accept too and overcome certain challenges. - I do not associate too much with my colleagues because I don't want anyone to say something that will make me feel bad, so when I come to work I just greet and look for a place and sit and wait for my patron. - they have insulted me many times but that is no longer an issue to me - We can draw and paint in a school and the proprietor decides to give us Cardeaux for job well down but my colleagues will not share the money equally and I don't really like this aspect about them, so the rest of my colleagues and I do not really have a good relationship because, they do not see me as part of them and I do not know why	- I just started working here since last year, I do drawing and painting and I have been working alone but last year I decided to apply here and I was taken because I know my job but the way things are going I think I will go back to the way I was, too much discrimination and social manipulation in this workshop. - We are three of us in our family, I am 27 and the first child, a blind who has decided to embrace life but the challenges are too much to withstand. Going to work, waiting for a day to pass, trying to meet my daily needs, trying to provide for my younger ones. My mom still looks up to me too, since my siblings are still very young and are not working yet. This is a huge burden for me. - I am not married because I don't want any man to add to my stress that I already have. - I experience victimization at the workplace and the one quarter is something I see on daily basis, victim of discrimination, my patron does not give us equal opportunities and I was raped as a result of this, he takes me out for work only when it concerns long distance, which I will have to spend like half of what I'll work for transport and I know he does that to me because of my condition. So one day he took me out for work, we worked and he gave me some money to go back home and we'll settle the rest at the workshop the next day, I took a bike but I can't explain what happened I was raped by the very bike rider who carried me and because of this, I'm planning to go back to the way I was the pain is too much for me. I still very bad about it and I always cry each time I look at my son who came as a result of rape, I'm really sad. I don't know when this pain will go .	- Colleagues take my things without my permission because I am a blind, like now I don't have all my paint brushes and paint rollers and nobody has accepted to have taken it, why should I not be angry, very soon my boss will say I can't keep simple tools properly, I am not happy about this aspect of talking my painting tools and not owning up. -It keeps happening like that here and it's no longer funny to me.

Respondent 3 has experienced and is still experiencing a lot of victimization at the workplace. The types of victimization are; isolation, property victimization, colleagues taking working tools and not returning them, bulling, she is never given a chance to say a word. Bulling is highly prevalent amongst individuals with visual impairment and it may have considerable impact on the health and wellbeing including higher risk of depression, suicidal ideation, headache and sleep problems that comes as a result of accumulated challenges and responsibilities. This respondent has once been a victim of rape and the trauma of it still affects her till date. With all these, there is bound to be low performance, negative output and low quality life.

Table 8: Results on self-esteem

Respondent 3	I am an industrious woman but opportunities are never showing up. Drawing and painting is my gift from God though people keep exploiting me because I can't see. This blindness is like a curse to me, I can't explain why God decided to bring me to this world with such a disability. - I am a very calm person and I speak gradually because I do not like shouting. - I do not evaluate myself again because my boss keeps complaining, I don't know if that is a way not to pay me well or it's truly because I don't do the right thing oh, but people keep appreciating my work. - My boss has never appreciated me my dear, so I don't know when last I felt happy. I do not evaluate myself since my boss makes me think I'm not competent. -I don't need to do better when it comes to drawing and painting because it is something in me. Something in me tells me I always produce the best but not appreciation from the boss, Sandra my colleague always say I know my thing and I trust her.	- I see myself as a person who needs to fight a lot if I ever want to be fine in my life. I felt more useless when I lost my virginity as a results of this blindness. I was raped and I became pregnant. I have a son who came as because of this rape, I cry bitterly each time I look at him. - I close very late from work and there's no one to accompany me home, the distance is too far from the house. - I have confidence that I can produce exactly what my boss wants but the constant rejection makes me doubt my capabilities. I cannot paint or draw and my boss validates. He always ask me to do the same thing like three times and I do not understand why, the last time you came here I show you the graduation picture one woman I drew, do you know that my boss asked me to redo it four times, is that not enough to make me feel bad dear? He does the same thing every time. - Some friends will tell me that I can do things well and others will speak behind my back. I have friends in the quarter and I can't tell why they speak behind my back because I am not complicated and I smile to everyone I meet. They said life has just ended for me but I thank God for the family he gave me, they have been supportive and I'm grateful. Each time I complain to my mom, she always gives me good advice, she told me to keep respecting my boss and pray every day. - If things continue this way in this workplace then I will have to stop working here. - There is no activity in this workplace that makes me feel useful, there are times I decide not kill myself trying to give out the best	- I don't always want to talk about how I feel because it makes me cry too much dear. The only assurance I have is my family, nothing else. - I have missed so many opportunities because of my condition but I thank God for my life. - I do not feel okay with myself, I am lost in looking for the real me

because I know I'll still not be appreciated at the end but I thank God for the love my family and some friends show me. My mom told me that, God gave me to her for a purpose and she cannot question God but love me the way I am, I am the only disabled in our family but my siblings have never made me feel bad, in fact they call me best elder sister. This is what comforts me most times.

- I didn't learn drawing and painting dear, God gave it to me but when my boss and my other two colleagues keeps rejecting, I don't understand. Look the drawing and painting and tell me if it's not good dear.

- My boss does not give us equal opportunities , my boss always take me out for work when it concerns long distance work that I will have to use half of my money for transport.

Ones self-esteem is determined by so many factors, the way your love ones treat you, and the way you present yourself. From the above presentation, respondent 3 has a low self-esteem influence by so many things, the fact that she cannot see the fact that she is always blamed whenever something goes wrong in the workshop; humiliation has also made her to lose confidence in herself. An employee's self- confidence is built through appreciation from the boss, awards and motivation, which might be increasing salaries of employees. When the reserve happens, most employees will always work in doubt and fear. This is what respondent 3 goes through. Being a blind also comes with so many challenges, social exclusion, manipulation, discrimination. This respondent was raped and this affected her psychologically, the stories told by victims of rape are always very pathetic that one would not want to come across. Family is always gold when they are supportive and ever present, this respondent has her family as a backup system.

4.1.3.3. Presentation and analysis of the results with the scale

		1	2	3	4
		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	I feel that I'm a person of worth, at least on an equal plane with others.	C	A	✓ D	SD
2	I feel that I have a number of good qualities.	✓ C	A	D	SD
3	All in all, I am inclined to feel that I am a failure.	C	✓ A	D	SD
4	I am able to do things as well as most other people.	C	✓ A	D	SD
5	I feel I do not have much to be proud of.	C	✓ A	D	SD
6	I take a positive attitude towards myself.	✓ C	A	D	SD
7	On the whole, I am satisfied with myself.	C	A	✓ D	SD
8	I wish could have more respect for myself.	C	✓ A	D	SD
9	I certainly feel useless at times.	C	A	✓ D	SD
10	At times I think I am no good at all.	C	✓ A	D	SD

The scale rates 16/30 which indicates a low self –esteem.

Comparing the results of the interview guide and that of the scale, we can see that, the results align with those of the results on self -esteem which confirm that respondent 3 has a low self –esteem that comes as result of past experience and daily victimization at the workplace. Thus she is not able to fulfill her job duties and execute the required tasks on time.

4.1.4. Presentation and analysis of the results of respondent 4

4.1.4.1. Presentation of the case

Respondent 4 is called Thomas from the North West region of Cameroon, he is 37 years old, very playful and jovial, he takes one step at a time and he believes that disability is not inability; he is a very hardworking man who is into mechanics, he has an amputated leg. He is not educated, not married because he feels that girls will take all his money and leave him.

4.1.4.2. Presentation and analysis of the results of the interview guide

Table 9: Experience of victimization

Respondent 4	- My boss is my very good friend but my colleagues are not bad too, just that they no longer like me because my boss have started doing things in my favor, he always makes that I am comfortable before anyone else and I am beginning to fear. Because a colleague can get jealous harm me, you know how this world is aunty. - I feel Happy amongst them but I'm careful, I know cannot they even hurt because I am always jovial to everybody, nobody can insult me when my boss is there, and he takes me everywhere, so nobody insults, my	- I have been working here for 3 years and I think it's been good, I worked in other places before then my friend told me about this which I think she did the right thing, I do everything well when it comes to fixing of cars and I love my job so much because it puts food on my table. - I don't have a family, I was raised by my late mom's friend and I am very grateful, right now, I live at Centre, renting a small room for myself. - I am not married and I don't have a girlfriend, I don't even go close to girls (a no wan make person chop my money). - This mechanics gives me food every day and thank God, my friend and boss for being so good to me.	- The first day I ask if I can work here, my boss asked me to buy all my working things because he does not want to hear stories tomorrow, so I bought my working things with the little money I had, nobody take another person thing for because everyone has bought their working materials. - If I it happens that someone take my thing, I'm sure my boss will just kill someone, my colleagues cannot even try it.

boss even dashed me 5000cfa last week and I gave my colleagues 1000 each, so we are fine and I am very happy here, I have decided to follow everything my boss says.	-I used to face difficulties going to work but my boss said I stand at the road every morning so that we can go together, he has a car. - I do not think there is somebody who has not experienced victimization in one way or the other. I told you that my boss appreciates my work but do you know that a new colleague who just came her last week mocked at me saying I don't know anything, that my boss appreciates me for nothing. This made me feel bad for some time but I later became okay because I have my boss. - I can only be victimized at the workplace if my boss is not around.	

One thing about victimization is that, it cannot lack completely from workplaces, Respondent 4 works as a mechanic in the city of Yaoundé, he loves his job so much and he is very dedicated to it, this gave him favor in the eyes of his patron who knows considers him when taking any measures in the workplace and he appreciates every effort he makes. He experiences isolation, intimidation from some colleagues because the advantages his patron gives him which comes from his hard work. His relationship with his boss helps him to bypass the little victimization that he faces at the workplace. A good and maintained work relationship between employers and employees, this makes employees comfortable and work heartily to satisfy their employers. Respondent puts in every effort because his boss recognizes them.

Table 10: Results on self –esteem

Respondent 4	- I know myself very well madam, I am playful and very jovial and I don't let the troubles of today make me feel sad. - The way I love my life ehh big mami, the fact that God gave me life I am very grateful. I don't feel bad about my disability at all, what happened has happened, ahead ahead. - I express myself with so much joy but I don't smile too much with girls because they can change my mind and chop my money. - I evaluate myself all the time and I am always satisfied because I do whatever my boss ask me to do, he even appreciated me in front of other colleagues. - I add value oh madam, if I don't come to work my boss will call me and ask why .	- I see myself as God favored piking. The fact that my boss appreciate my work has made me to have so much confidence in myself and I am very happy madam. My mom's friend and friends believe in me, they support, they always add me money when I need it though not much and her daughter helps me to wash my dreeses sometimes, they make life very enjoying for me. - My boss calls me on every area of work which makes me feel very happy, I am blessed to be here. - I do a lot of work here madam, remove tyres, put air, fix the engine and so many others. - I always feel good when my boss asks me to do any activity, though I learnt my work from the quarters, I work very well. I love my boss.	- I feel good about myself, thanks to my second mom and friends who always love and encourage me to do better and be better, I thank papa God. - I am still here because this job makes me happy and my boss and some colleagues love me too, my boss even said he wants me to work with him forever, I was so happy and reassured. -The fact my boss loves me and I go to work every day makes me complete and with this work aunty, I can even work at home when I have a short break.

A positive self –esteem starts by acceptance and self-love; the rest can come from those around you. This respondent has so much confidence in himself because his patron appreciates every effort he put in place, this also increases self-worth, he believes he deserves the position and he does constant evaluation to keep being the best. He is also dedicated to his job and also serving God earnestly too. Even clients appreciate him and give him gifts because he is very skillful, this helps an employee to showcase all his potentials which promotes quality thereby increasing output. Employees can always reach any length if they have a positive self -esteem

4.1.4.3. Presentation and analysis of the results with the scale.

		1 STRONGLY AGREE	2 AGREE	3 DISAGREE	4 STRONGLY DISAGREE
1	I feel that I'm a person of worth, at least on an equal plane with others.	✓ C	A	D	SD
2	I feel that I have a number of good qualities.	✓ C	A	D	SD
3	All in all, I am inclined to feel that I am a failure.	C	A	✓ D	SD
4	I am able to do things as well as most other people.	C	✓ A	D	SD
5	I feel I do not have much to be proud of.	C	A	D	✓ SD
6	I take a positive attitude towards myself.	C	✓ A	D	SD
7	On the whole, I am satisfied with myself.	C	✓ A	D	SD
8	I wish could have more respect for myself.	C	✓ A	D	SD
9	I certainly feel useless at times.	C	A	D	✓ SD
10	At times I think I am no good at all.	C	A	D	✓ SD

The scale rates 24/30 which indicates a high self-esteem.

Comparing the results of the interview guide and that of the scale, we can that there is a proper match between the results of the interview guide and that of the scale. This confirms that, respondent 4 has a positive or high self –esteem.

4.1.5. Presentation and analysis of the results of respondent 5

4.1.5.1. Presentation of the case

Respondent 5 worked as a cleaner in a restaurant in Yaoundé. She stopped working because victimization kept increasing and she could no longer cope. She is partially deaf, not married and she is 35yeas if age.

4.1.5.2. Presentation and analysis of the results on the interview guide.

Table 11: Experience of victimization

Respondent 5	- There was this friend and colleague Juliet who was very nice to me and she used to encourage me but she was later influenced because my other three colleagues were not friendly to me except Juliet who later changed and to the best of my knowledge I didn't do anything wrong to her - My colleagues were not nice to me, I was always feeling inferior especially when I am at work, they do not give me the chance or encourage me to put my best and this hinders me a lot, I would know something but can't show it because my colleagues always laugh and mock me. My coworkers thought because I was a cleaner, I could not contribute to anything especially American food, it is a big restaurant. They always say what does a cleaner know, so i decided to keep quiet and do my cleaning. - I wanted to leave since but I was holding on hoping for change but it didn't come. After so much work, I don't h'get paid at the appropriate time with so many excuses. (My child was sick , i will pay you don't worry) I became tired and gave up dear, I hope things will change.	- I worked just for one year and I decided to stop because it was no longer going and given my condition too, it was adding to my stress, so I decided to stop. -I don't like talking about my family because I don't think I have one, they have hated and abandoned me long time ago and that is another thing that makes life very frustrating for me. I am not married, I do not have a child and I am comfortable, let me struggle alone. - I think things will get better as I have decided to work on my own, I'm sure I will gain something without anyone shouting at me. - I know I am partially deaf but I think I can do a small business that help me and change my life for good. - I was a victim and I am still victimized, in my precious work , my patron will pay everyone then ask me to wait for some time, I didn't know about this until when everyone started discussing concerning what they will buy and I asked where they will money come from, they said "but we have just been paid" I was very shocked and discouraged, if, plate breaks in th restaurant everyone will point fingers at me , I tried to manage and stay because I needed money but it became too hard for me ,so i decided to stop, I will see what I can do with my life dear . -- The thing is, If I continued I might died of depression someday, in as much I feel bad about myself, I still don't want to lose my life now. I will try and start a small business, even if a selling bonbon, nobody will shout at me , I will sell peacefully and if I'm sick I'll just stay home without explaining and getting shouted at.I think I made the right decision dear.	- They have stolen so many of my things but none has used forced on me. -I do not really care about this one because it doesn't disturb, stealing is everywhere dear.

Respondent 5 works in a restaurant in Yaoundé, she experiences peer victimization because her colleagues do not recognize her as one of them, exclusion is the greatest thing that brings depression, and all she does is think, when looking at family, there is no one she can run to, she is also a victim of property victimization, work cannot be properly done if employees are not at ease. This is the case

of a respondent who quitted work because if too much victimization and she could no longer withstand the situation, being victimized for the wrong reasons or overcome trivial reasons. I have seen cases where because if threats, a worker decides to stay at home because they no longer feel safe. This is what some employees with disabilities go through including respondent 5.

Table 12: Results on self –esteem

Respondent 5	- - I am a poor deaf, without husband or child trying to survive dear. - I am a simple person, what is there to complicate when there is nothing to hold on to. - I don't evaluate myself dear, I was working with someone but the maltreating became too much and I decided to stop, no Husband or child to ease my pain, you can't really understand dear. - I was very good respectful but how did it end, I don't know if God created me to come and suffer or what, I even feel like taking my life at times but my neighbor has been good to me, she keeps me company many times.	- I see myself as a good person but I am always getting hurt, there is this my neighbor (Mercy) who tries to encourage me. I have been trying to feel good about myself but the majority of the people I know despise me, my family do not know where I stay, I always alone. That is why I said I do not have a family because I can be compared to an orphan, everyone needs family even at 40 years. - I have confidence in myself that is why I went for job searching but did i stay there for long because of criticism, that I am lazy, a big woman like me only for cleaning. How can cleaning be more than me. - The people around me make me doubt myself too much, they always say I should keep quiet when intelligent people are talking. I even wanted to change town and start a new beginning but there is no money for now. -Why should I continue working where there is too much discrimination, I am treated like trash because I am disabled because I am not educated and because have hearing difficulties, this makes me feel so depressed , depression will kill me.	-I don't even know myself anymore, no happiness, no assurance about life, no husband, no child, nothing, how do you expect me to feel whole my daughter, it is very hard for me. - I could wash all the plates, pots, clean places but will still say I am lazy.

Persons with disabilities especially employees with disabilities always suffer from how people react to them and this contribute to diminishing their self-esteem, the tendency to take little care of them, this increases social exclusion and increases depression, depression limits a person's performance because there is lack of concentration. Looking at the above presentation, one can say the self –esteem of respondent 5 is weak and this is not coming from the inner self but from the outside without self-confidence, subjective appraisal and self-worth the best cannot be produced.

4.1.5.3. Presentation and analysis of the results with the scale

		1 STRONGLY AGREE	2 AGREE	3 DISAGREE	4 STRONGLY DISAGREE
1	I feel that I'm a person of worth, at least on an equal plane with others.	✓ C	A	D	SD
2	I feel that I have a number of good qualities.	C	✓ A	D	SD
3	All in all, I am inclined to feel that I am a failure.	C	✓ A	D	SD
4	I am able to do things as well as most other people.	C	✓ A	D	SD
5	I feel I do not have much to be proud of.	✓ C	A	D	SD
6	I take a positive attitude towards myself.	C	✓ A	D	SD
7	On the whole, I am satisfied with myself.	C	A	D	✓ SD
8	I wish could have more respect for myself.	✓ C	A	D	SD
9	I certainly feel useless at times.	C	✓ A	D	SD
10	At times I think I am no good at all.	C	✓ A	D	SD

The scale rates 14/30 which indicates a low self-esteem.

Comparing the results from the interview guide and that of the scale, we realize that, the results are the same; this implies that, respondent 5 have a low self –esteem.

4.1.6. Presentation and analysis of the results of respondent 6

4.1.6.1. Presentation of the case

Respondent 6 is a Muslim who converted to a Christian due to personal reasons. He is a teacher by profession and he has been teaching for 10 years with the same conditions. No promotion, no motivation, he teaches in a private institution.

4.1.6.2. Presentation and analysis of the results on the interview guide

Table 13: Experience of victimization

Respondent 6	- I do not have friends in this school, my only friend is my elder sister and the Bible, my colleagues look at me as an incompetent teacher because of the constant unnecessary corrections that the head teacher keep giving me, this has made my colleagues to treat as a nobody. - I don't feel good amongst my colleagues, I was not able to teach all my lessons last Thursday because the French teacher occupied my class and when I asked her to leave she refused and said I should go and report wherever I want to because she knows that the Head teacher will still support but her , how do you want me to be happy in this situation but where can I leave and go to	- I have been teaching here for 10 years now and I love the job so much, though no promotion but I always look down on myself, I find it very difficult to accept my disability, that is why I decided to work with the children who will not judge me too much, I really love teaching. - I am from a family of three, mom and dad abandoned me a long time ago, I was raised by my elder brother who did everything to see me go to school and I ended in upper sixth, I am not married but I have a beautiful princess. - This teaching helps me to eat some times which I am very happy. - I always face difficulties going to school. - I have been Victimized so many times by myself and by my colleagues who have contributed in making me this sad, I can't teach one or two things without hearing stop, do it this way, this has even made me to start doubting myself dear. - I pray that this new year comes with a lot of positive changes to better my life. I will be very grateful to God	- my colleagues always take my chalk , duster ruler and they do not give it back but it doesn't really matter to me.

So many employees who are teachers experience a lot of victimization in their various schools which comes from the administration in general and from immediate bosses in particular, employees do things not because they want but because they do not want further threats from the head teacher. For instance, when you come late, salary cut, when you absent even if you're sick salary cut, no rest, when you rest (you're playing with your job and you will be seriously sanctioned) and the list continuous. Disabled workers experience worse than this. Respondent 6 recounts a scenario above where his period was taken but he did not have anyone to run to

because he is intimidated everywhere. Effective teaching and learning cannot take place with the above mentioned, this individual has experience too much victimization in his carrier.

Table 14: Results on self –esteem

Respondent 6	- I am a Christian, who fears and respect God but I don't know why it is hard for me to accept my disability and live with it, at times I'll feel okay with it but my colleagues at work will mock at me, just their gestures can tell a lot and it makes me feel really bad. - I express myself depending on how someone approaches me and I don't like disrespect. - I evaluate myself always but I want the best. -I am a Teacher by profession and I always do my best but I have never received any appreciation, prizes were given to best teacher and I was not among, which means my head teacher do not recognize my effort. -I always prepare my lessons before I come to class, I my best so that all my pupils can understand but I am being shouted at most of the times, I am becoming weak and tired.	- I am God oriented and I always want to work before I eat, so I can't come to class and sit while teaching is going on in other classes. - There is one thing when talking about confidence, it can always be shaken if those around you do not appreciate your efforts, before I came in for this teaching, I had a lot of confidence in myself but my head teacher keeps correcting and shouting at me, some colleagues even laugh at me, the good relationship I had with my pupils is no longer smooth because of the head teacher and some colleagues. I have started losing confidence in myself too. - When I am writing on the board, she will pass by the window and say (change the colour off that chalk, don't draw the line like that and she even takes the chalk from my hand and draw in front of the pupils). When I draw a diagram on the board, on coming the next day, she has already change it. Can this really make somebody feel good? -I always prepare my lessons before I come to class, so I don't know if the everyday shouting is because I have an amputated leg or because I don't truly teach, this gives me feel worried at all times, my self -esteem has become very low, I feel very low being amongst the other teachers.	-I feel very low, I mean down there, I feel like nothing especially when I'm in school but this doesn't stop me from making efforts to see that I have be the best version of myself. - I don't feel complete but I trust my God that things will get better someday. Gid is able to change me from within - I can't really say the head teacher gives us equal opportunities because I have never gone for seminar whereas my colleagues are always going, this brings me down too and I am not happy about it. Seminars are to help teachers acquire more and teach effectively, she doesn't give me the permission to go but will not let me rest with numerous corrections - Myself needs a lot of work for me to stand and say my self-worth is intact but I don't know how that will happen.

Victimization affects the self-esteem of employees with disabilities negatively. Respondent 6 has a low self-esteem coming from different angles, the degradation by the head of school in the presence of students, whenever there is a correction; the head teacher gives it in front of the learners, this alone makes the student to disrespect the teacher which affects the teacher's self-esteem negatively. The teacher become unnecessarily hard on the learners teaches without passion, no commitment or the teacher keeps struggling to please the head teacher. A teacher should be confident (self-efficacy) of what he/she gives the student because, it is taken from the curriculum, if the contrary happens, then there is a big problem. Respondent 6 though has been teaching for 10 years, has a low self-esteem because the head teacher and other colleagues keep making him to feel that he knows nothing. This hinders proper administration of lessons leading to poor results which is not a good record for the school. If a worker is employed, it means that the administration was okay with the profile before recruiting, so it inappropriate to recruit and don't all worker to do their jobs.

4.1.6.3. Presentation and analysis of the results with the scale

		1 STRONGLY AGREE	2 AGREE	3 DISAGREE	4 STRONGLY DISAGREE
1	I feel that I'm a person of worth, at least on an equal plane with others.	C	1. A	D	SD
2	I feel that I have a number of good qualities.	C	2. A	D	SD
3	All in all, I am inclined to feel that I am a failure.	C	A	3. D	SD
4	I am able to do things as well as most other people.	4. C	A	D	SD
5	I feel I do not have much to be proud of.	C	A	5. D	SD
6	I take a positive attitude towards myself.	C	6. A	D	SD
7	On the whole, I am satisfied with myself.	C	A	7. D	SD
8	I wish could have more respect for myself.	8. C	A	D	SD
9	I certainly feel useless at times.	C	9. A	D	SD
10	At times I think I am no good at all.	C	A	10. D	SD

The scale 13/30 which indicates that respondent 6 has a very low self-esteem.

Comparing the results from the interview guide and that of the scale, we realize that, respondent 6 have a very low self –esteem both determined by the guide and by the scale.

4.1.7. Presentation and analysis of the results of respondent 7

4.1.7.1. Presentation of the case

Respondent 7 is an accountant by profession, from the south west region of Cameroon, 30 years old and married with one child, hand amputation. He had an accident which led to the loss of his right arm; this made him went through a lot of difficulties before adapting to the present situation.

4.1.7.2. Presentation and analysis of the results of the interview guide

Table 15: Experience of victimization

Respondent 7	- I don't have a friend in the office but I in good terms with my colleagues and we value each other, besides it's the same level of education, the same position and maybe salary, so there must be mutual respect. - I feel very happy amongst them, so even run to me when they face difficulties in handling a particular account, if my boss isn't around, I will be the one in charge, so they respect me so much, they call me second boss ,to tell you that I am very competent.	-I have been working here for 10years and I must say that I am very happy with my output here. - I am 30 years from a beautiful and lovely family of 5, happily married with one child. - I have worked here as an accountant for long which means the conditions are very okay for me, I am a very competent, well-educated and I know my Job very well - The difficulties washing dresses but I have my wife. You I have one hand now, too much, I get tired often especially when salaries are out. I mean for teachers. - I have been a victim of threat so many times but I don't look so much in to that, so I am okay madam.	- We use a lot together, machines, pens and so there is no way for somebody to take something and do not bring it back when everyone needs it including the person.

Respondent 7 is an accountant who experiences less victimization at work because he is loved and encouraged by his boss and colleagues and even clients. He has earned enough respect for himself because he works diligently, highly loved and appreciated by the

entire staff. There is no theft as everyone stays on their lane, there is also ample security. When there is less or no victimization, work goes on smoothly and the output will be very amazing.

Table 16: Results on self-esteem

Respondent 7	- I am lovely and I sincerely appreciate the way people treat me. - I express myself depending on how you first talk to me but I'm always happy must of the times. - I don't evaluate myself, there is this particular colleague who says I encourage her with my accounting skills, she said I know my Job, so with this I don't evaluate myself again and besides nobody complains. -I am satisfied with my output at work and it gives me a lot of happiness dear, many clients give me cadeaux as appreciation which means I don't joke with my work, I am truly happy.	- I am a competent worker, i always say if I don't come to work or if I stop working a lot will go wrong because I know my Job. -I have confidence in myself, I even save as reference in my workplace, alot of clients come to me when they have a problem with their accounts because they trust my skills. - I have the confidence that I can change a challenging situation and bring out something good, a client came the other day complaining that she hasn't been able to withdraw money from her account and I solved the problem, this makes me feel good about myself. - Everyone loves me so much, from my family to the workplace. I experience love every day and this complete me. A day cannot pass without my mom calling me.	-I feel good dear, life has been fair to me, I feel equal with others, my hand does not disturb me that much. - I feel very complete and I am grateful to God for everything he has been doing to me. - I always concentrate on My life, which makes me very contented, some person who are able do not even have this my Job, so I am lucky. I feel very happy, I am okay with myself.

From the above mentioned, respondent 7 has a positive self-esteem because he is very confident of what he brings to the table, he does not evaluate himself because he knows, he is always the on track. Due to appreciation and motivation from the boss, there is a sense of belonging. He knows that he deserves the position, his self-worth is intact, this is very important and needed by every worker, you will not feel less of yourself if you know your job very well and if you keep striving to be the best version of yourself. There is no worker who will remain on the same position if the administration recognizes efforts, the institution will experience growth and employees will work effortlessly there producing quality and quantity.

4.1.7.3. Presentation and analysis of the results with scale

		1 STRONGLY AGREE	2 AGREE	3 DISAGREE	4 STRONGLY DISAGREE
1	I feel that I'm a person of worth, at least on an equal plane with others.	✓ C	A	D	SD
2	I feel that I have a number of good qualities.	✓ C	A	D	SD
3	All in all, I am inclined to feel that I am a failure.	C	A	D	✓ SD
4	I am able to do things as well as most other people.	C	✓ A	D	SD
5	I feel I do not have much to be proud of.	C	A	D	✓ SD
6	I take a positive attitude towards myself.	✓ C	A	D	SD
7	On the whole, I am satisfied with myself.	C	✓ A	D	SD
8	I wish could have more respect for myself.	C	✓ A	D	SD
9	I certainly feel useless at times.	C	A	D	✓ SD
10	At times I think I am no good at all.	C	A	✓ D	SD

The scale rates 25/30 which indicates a positive or high self-esteem.

Comparing the results of interview guide and that of the scale, we can conclude that respondent 7 has a high self –esteem and this enables him to showcase his full potential which increases output at work.

4.1.8. Summary of the analysis

On peer victimization, we can conclude that 78.2% of employees with disability experience peer victimization at least 5times per day, being bullied by colleagues increase the level of depression, emotional distress which renders most of them lonely, and this limits their performances at work. 22.2% percent of employees with disability do no experience peer victimization.

60% negative responses and 40% positive responses regarding mind victimization, some of the challenges disabled workers face starts from their various homes, they do not receive ample acceptance, assistance and encouragement from their families which could have gone a long way to enhance growth, 40% of employees with disabilities get along well with every activity because they have a support system which is their family

On property victimization, we have 50% negative and 50% positive responses.

On subjective appraisal, we recorded 58% negative responses which imply the subjective appraisal of employees with disability have failed to develop self-love, self-appreciation and self-approval to enable them by pass societal stigma and discrimination at work. Workplace has an impact on the appreciation themselves which has an impact on the productivity level.42% of positive responses on self –approval and awareness, with a very positive and confident and positive image over the year which has help them overcome work pressure and from being victims of societal discrimination. They constantly evaluate themselves and this helps in self-improvement and perfection in all areas of service.

On self-confidence, we have 60% of negative responses, 60% of employees with disabilities do have confidence in themselves because most of them have been rejected by their families, this makes them lack a sense of belonging, there is no appreciation as well, appreciation entails recognition and it’s serves as a motivation to workers especially those who are disabled. Most disabled workers do not get appreciated and this make them to feel that they are not doing their best which brings down their self-confidence thereby affecting the productivity level negatively .40% of positive responses which comes as a result of maximum family support and appreciation from their bosses, this helps to build self-confidence thereby increasing the productivity level, any output can be attained when there is self-confidence.

On self-worth, we have 90% negative responses as a result of lack of self-value, most employees with disability lack self –worth because they feel that there is no essence to life since the society has refused to accept them for who they are , constant bulling and discrimination ,some feel less about themselves because their disability alone is already a big problem and for the fact that they are not given equal opportunities at their areas of work ,this affect their performance negatively and even the way they relate with people around them.10% positive responses ,some employees with disabilities still believe in themselves despite the bulling and discrimination they experience daily at work .

4.1.9. Discussion of findings

This work revealed that, employees with disabilities go through a lot of victimization at their workplaces and it this affects their personal life and their performances at work, thereby affecting productivity negatively.

To begin with, relationships with coworkers have been identified by many researchers as the top stimulator of employees' engagement, their zeal towards workplace activities and the growth of the enterprise as well. This can have major effect on the enterprise's loyalty, job satisfaction, productivity level and more. When employees have a strong relationship in the workplace, you are likely to see pro- social behavior like collaboration and mutual trust between workers. Employees are likely to feel a stronger sense of loyalty to their company, shops, and to each other and they perceive more psychological values in their daily work. The value an individual employee assigns to their work and their role in the company is not determined by that individual alone but rather by a value system that every employee contributes to through interpersonal communication.

From the experiences on peer victimization, we discovered that 70% of employees with disabilities experience victimization at work primarily because they do not have a good relationship with their coworkers and secondly with their bosses. This affects work place performance and output. Most of the disabled workers are victims of isolation, discrimination, humiliation, harassment, bulling and so on. It should be noted that, in every area in life, everyone's opportunity counts and can contribute to the growth of the enterprise in one way or the other. When there is no work friendship and mutual communication between coworkers and their bosses, the possibilities

that the enterprise will not experience growth is high because "man is not an island", we need each other in order to survive.

According to the victim precipitation theory, developed in the late 1950s by Marvin Wolfgang, victims play a direct role in the occurrence of a crime, this means that victimization cannot occur without victims contributing in one way or the other. The precipitation act can be passive or active, with the active act, the victim is aware he/she has contributed to the victimization. Whereas, with the passive act, the victim may unknowingly manifest some characteristics that can evoke the occurrence of a crime. We discovered that most disabled workers become victims through their passive acts, that is, provoking victimization without knowing. In this light, some respondents made the following statements.

- Respondent 1: My colleagues do not treat me well. We are three of us in the office but I am never included in anything.
- Respondent 2: I can't say I feel happy amongst my friends but I don't feel bad either.
- Respondent 3: I don't associate too much with my colleagues because I do not want anyone to say something that will make me feel bad.

From the above responses, we can see that, respondent 1,2 and 3 experience victimization at work through the passive precipitation act, that is, they create room for victimization without knowing, they isolate themselves because they want to escape from trouble which is already victimization. We can also see that, there is no camaraderie or mutual communication between workers and their bosses; this alone can pave a way for victimization, unprofessionalism and low output.

Secondly, the Routine Activity theory holds that, for a crime to occur three conditions must be met, which are; the availability of the desirable target, the presence of the willing offenders and the absence of a capable guardian. (Pratt and Turanovic 2015). This implies that, in the absence of one, victimization will be delayed or may not occur. In this light; let's revisit what some of our respondent said.

- Respondent 3: I took a bike but I don't know what happened, I was raped by the very bike man who carried me.

It can be seen that, respondent 5 became a victim of rape because the three conditions we met. Respondent 5 was the available desirable target, the presence of the willing offender was the bike man and there was no capable guardian and this made it possible for victimization to occur.

This theory further explains that, in the absence of one these conditions, victimization will be delayed. An example is the case of respondent 4

- Respondent 4: Nobody can insult me when my boss is there.

Victimization did not occur because the three conditions were not met. Respondent 4 is the desirable target; the presence of the willing offenders is his colleagues but there is always a capable guardian (his boss). This explains why he does not experience peer and property victimization at the workplace because his boss serves as a capable guardian and therefore, victimization is delayed. In a nutshell, most employees with disabilities experience victimization at work on daily basis as explained from their various experiences

Thirdly, the subjective appraisal of an individual is an assessment or evaluation of something that is biased, opinionated, and even possibly highly influenced by the person's feelings. In relation to evaluation setups where human subjects measure or quantify performance and quality with disabilities. (Post, 2010) make reference to Capacity" which is, what the person can do within a standardized and uniform environment, and performance is one's functioning within an actual environmental context. In relation to participatory, subjective appraisal is part of an understanding of the quality of life as multidimensional construct including the concepts of productivity at the work place and life's challenges, participants gave diverse responses on how they perceive their lives and people's perception about them as people living with disabilities. Appraisal of one's self at work milieu has a great impact on productivity and outcomes. A positive appraisal of self will lead to increases output at work, while negative self-appraisal and work pressure may or can lead to low deliveries and psychological trauma on the individual. In exploring subjective appraisal, the respondents made the following statements;

- Respondent1: I know myself, I get angry so easily, and that is why I do not like associating with people. I am choleric so, I try to avoid problems as much as possible

- Respondent2: Yes, I do have knowledge about myself. I am somebody very cheerful, so loving, always smiling even when life gives me hard lessons on daily basis, I still remain very positive my dear.
- Respondent 3: I am an industrious woman but opportunities are never showing up
- Respondent 4: I know myself very well madam, I am playful and very jovial and I don't let the troubles of today make me feel sad.

Building from the responses, knowledge of the self gives one the opportunity to explore life's opportunities better. Respondent 1,2,3 have mastery of their personality though disabled but this would not serve as set back to them in the work milieu and their interaction with others, whereas respondent 4, 5,6 do not have that mastery and this has greatly affected them in other areas of lives (work place) .In this light improved subjective appraisal will reduce victimization amongst employees with disabilities by their ability to build a positive self-image, work image and positive self-appreciation of themselves that can over power or overcome societal stigma, victimization and other form of inequality and injustice that affects ones self-esteem negatively. Subjective appraisal of employees with disabilities has a critical role in determining productivity rates based on the level of victimization in the current environment.

4.1.9.1. Self-assessment/ evaluation

A continues effort of understanding yourself in the process of self-growth, self-empowerment and self-discovery guarantees a reassuring and a better future for the individual. Daily assessment helps a person to understand daily realities and to think of better possible strategies and intervention to improve their lively hood. This process does not exclude people living with disabilities as they are classified as the deficient group. Being the deficient group, these individual's breaths misery and pains as its takes a brave person to overcome workplace victimization, societal victimization and be very productive in the society. On this note exploring some of the responses on self-assessment, the respondents said the following;

- Respondent1: I do not evaluate myself at all but if a client complains, I will do adjustments
- Respondent2: I always do self-evaluation to see where I am failing in order to ameliorate and be a better person
- Respondent2: I also evaluate myself because I don't want to lose my job because it was not easy to get it; in fact it is part of those things that have restored my happiness.

- Respondent3: I do not evaluate myself again because my boss keeps complaining, I don't know if that is a way not to pay me well or it's truly because I don't do the right thing oh, but people keep appreciating my work.
- Respondent4: I evaluate myself all the time and I am always satisfied because I do whatever my boss ask me to do, he even appreciated me in front of other colleagues

In this light we can see that self-assessment is a necessary tool to combat victimization in that, it helps you to evaluate your strengths and weakness in relation to daily, weekly and monthly activities in the work milieu which enables you to do better. In references to the responses made by the participants' respondent 1 and 4 do not see self-assessment as an empirical tool to self-growth and improvement due negative societal influences like remarks from team lead, and other colleague who victimize them and make self-assessment less vital. Self-power comes with this assessment as respondent 2, 3, 5 see this as an essential tool that can take them to another level.

This is in line with self -theories that lay emphasis on individual's self-concept and their response to challenges to their identity and influence on feeling good about the self. (Juhasz, 1988). Feeling good about the self in the work milieu comes through the mastery and execution of activities in the workplace. Self- theories pinpoint the importance of good self- feeling; they indicate some of the processes which an individual might use to acquire them and point to the importance of social influence which has an impact on self-feeling. Therefore, every employee with especially EWDs should implement these theories that will enable them to be better equipped to deal with the responsibilities and challenges at their various job sites.

4.1.9.2. Work place capacity

Every employer wants the best positive out comes with high productivity level from employees. With the stereotype mind about the competencies or skillfulness of people living with disabilities, employers always have this phobia that comes with the employment of these individuals. Finding a job in society with naturally very high level of unemployment is very difficult but not impossible. But even if some these individual find jobs, it is sometime a very low paid one with little or no advantages added to it and most of them do not get promoted. In order to by-pass work place victimization some of the respondents have developed resilience through capacity building and on the job learning as respondent 2 and 4 say I have greatly improved with time as I work daily, I acquire new skills and this has made my boss to appreciate the work I do.

Work capacity is a hindrance to some of the respondents as some said the disability is first of all challenge.

- Respodent 3: As a blind person there are task, they don't give me
- Respodent5: As deaf person I do just the minimal things in the, which is cleaning
- Respodent6: As an amputated leg person, mobility is a big challenge to my progress.

So we can see that disability fuels victimization as employees with disabilities are not given equal opportunities and this hinders their growth in capacity, competencies and also financial dependency.

4.1.9.3. Self-presentation/expression

The weight of voice has power which can either lift somebody up or brings him to the ground. The ability to speak for yourself gives you the strength to conquer your fears. Freedom of speech is an alienable human right given to all individual in the society. With the rise of power and influence, the voices of other are over powering the voices of the weak and vulnerable. As it is known that, disability is not inability, most employees with disabilities are great intellectual but their employers and assigned colleagues do not give them the room to talk regarding the enterprise's growth or bring in new ideas that can help in one way or the other. We see that, vulnerability and victimization silence the voices of individuals of this group. In a very sadden way, some respondents said the following.

- Respodent3: My contribution in the work places are not considered, they say I am not competent to bring forth good strategic ideas.
- Respodent6: My head of school sometimes tells me to shut up and keep quiet in the mist of my colleagues and even in front of students.
- Resodengt1: I hardly give contributions because they will not consider them.

This is to say that victimization is a long lasting problem amongst employees with disabilities because they are not given the opportunity to express their possible and potential ideas which affects the personality and slows productivity. This is not in all cases like respondent 7 said last year I was given the best prices in my office for bringing forth best accounting strategies. I told you that my ideas are always considered. This implies that, just few disabled workers are always granted the opportunity to discuss about the affairs of the enterprise.

4.1.9.4. Participation

Social inclusion, association and participation are all alarming on going advocacy in relation to people living with disabilities. To overcome poverty and under development there is need for even participation. Every one need to get involve and works toward attaining development. Victimization, societal stigma, social exclusion has limited the opportunity of many for bringing out their potentials in the work milieu. Disabilities can serve as a hindrance to participation either voluntary or involuntarily and this true because there are activities that require all full senses to be involved. So, for instance our respondents said:

- Respodent1: I have missed a lot of opportunities because I cannot walk well
- Respodent2: I have been working as receptionist for many years now but I cannot get promotion because of my condition and I have mastered things are being done here, so I didn't see the need of looking for another job that may even stress me more.

We discovered that, about 70% of employees with disabilities behave poorly at work because of the way the society and their families address them. The way you leave the house determines your performance at work. The society labels individuals with disabilities as the socially deviant group and this affect their self -esteem negatively. The family and society influence the way individuals with disabilities especially EWDs see themselves. The Labeling theory of Stager and colleagues (1983), applied two theoretical principles of reflected appraisal and social comparisons, the self -esteem of those labeled is bound to be very low. Thus this theory lays emphasis on the social support needed by every disabled employee. Family and friends provide positive experience which support good self -esteem, moreover, their continued presence and maintained relationship manifest love and acceptance which is very important and equally needed by every disabled worker. The absence of social and family support can have a devastating and far- reaching impact on self -esteem. There is a special behavior that comes from the feeling of belonging, thus, friends and family support, acceptance, encouragement is highly needed by employees with disabilities to help them push through life challenges, thereby building a positive self -esteem which is the goal.

Self-observation:

Self-gratification comes in when an individual has the potentials of looking above societal expectations of the self. How you see yourself, what you want for your self. How you want others to accord and respect you requires a certain level of the observation of the self. Building a distinct

self is sometimes very difficult due to societal pressures and its expectations. It takes a brave heart to build a distinct self in self-love. A person that is zealous for their passion no matter their status. Society generally has a bad self-observation for people living with disabilities and that is why they are classified as deficient “deficient “as word as affect to the self by victimizing, stigmatizing, discriminating and excluding. It takes very few persons to have a distinct and highly self-observation of themselves and individuals with disabilities are not excluded. This is true as respondents shared some experiences of themselves at the work place

- Respodent3: I wish I was never a disabled person I have a lot of potentials but the society has a great role to play as sometimes I face a lot bias from work milieu. I can hardly exhibit my full potentials because I cannot see. I am very surprised I was hired. In this state of the country who hires a blind man? no one
- Respopdent 2: The society sees us as outcast just because we are disable
- Respodent6: I have met some sweet friends but most people will not want to interact with me because of this condition
- Respodewnt 4: The world scares me to my dark space sometimes
- Respodent 1: Self-observation just depends on situations for me.

In a rational sense, the construction of the self begins with the individual. If his personality is not properly constructed, the world’s observation will serve as leveraging path to the individual, either as continuous self-improvement or continuous victimization, misery and stigmatization. Here, we see how a positive self-observation is necessary for employees with disabilities which serve as a tool for personal and collective growth.

Self-confidence

Self-affirmation and reassurance are credible pillars of self-building and growth. In relation to the developmental theories this comes from different stages and particularizes of each stage gives and builds the resilence an individual would need for a lifetime. A very confident self originated from the inward person which then portraits outwardly in an individual. Whereas a weak self confident may have resulted from the poor construction on the inward self power and also the impact of negative societal influence.

Your success will be determined by your own confidence and fortitude."

Self-confidence is an attitude about your skills and abilities. It means you accept and trust yourself and have a sense of control in your life. You know your strengths and weakness well, and have a positive view of yourself. You set realistic expectations, communicate assertively, and can handle criticism. In the work milieu this is sometimes limited by the work pressure and other work related stress that comes from the bosses and colleagues. That is why in his analysis, Rosenberg Self-Esteem Scale, a widely used self-report instrument for evaluating individual self-esteem and productive rates of individual varied with different rages as each person had a very high period productivity and less productive moment. In line with our data collected

Respodent 1: when my boss motivate me its pushes me to work extremely hard.

Respodent 2: My work is the only last alternative I have, If I don't do it I won't be able to eat. I just have to force myself to do the work

Respodent3: I love the work I am doing but my disability will not permit me to be very productive.

Taking from what our respondents said we can see that self-confidence has a great role to play in the workplace as it enables employees to be enaged and not intimidated by the challenges their work bring and they are willing to step out of their zones to give the best.Stress contributes to absenteeism and workplace accident, so a more positive employee outlook improves attendance, safety and increases productivity.Respondent 1 works harder when he is motivated .This implies that ,employees are more confident when they feel valued and appreciated by their institution,company and its leadership.In a nutshell ,self-confidence is a necessary tool to combat workplace vitimiization and to build one's personal life.

4.1.9.5. Recommendations

Employees with disabilities may face various challenges in the workplace, such as discrimination, stereotypes, and low self-esteem. These factors can affect their performance, well-being, and career development. Therefore, it is important for organizations to create a supportive and inclusive environment for employees with disabilities, and to help them enhance their self-esteem and confidence.

According to a survey by Accenture, most employees with disabilities do not feel that their workplace culture is fully committed to helping them thrive and succeed. Moreover, many of them

do not disclose their disabilities at work, fearing negative consequences such as retaliation, slower progression, and less meaningful roles. This can lead to a vicious cycle of low self-esteem and lack of support.

One way to break this cycle is to make it safe for employees to disclose their disabilities, and to respect their privacy and preferences. As Laurie Henneborn, a managing director at Accenture who has multiple sclerosis (MS), writes: "Disclosure is a personal decision that should be made by each individual based on his or her own comfort level and circumstances." She suggests five steps that organizations can take to encourage disclosure and inclusion:

- Communicate the benefits of disclosure, such as access to accommodations, resources, and networks.
- Provide multiple channels for disclosure, such as online forms, confidential conversations, or employee resource groups.
- Train managers and colleagues on how to respond appropriately and respectfully to disclosure, and how to avoid bias and stigma.
- Showcase role models and success stories of employees with disabilities who have disclosed and thrived in their careers.
- Monitor and measure the impact of disclosure on employee engagement, retention, and performance.

Another way to boost the self-esteem of employees with disabilities is to help them develop their job self-efficacy, which is the belief in one's ability to perform well in one's job. According to a study by Gkorezis et al., job self-efficacy mediates the positive relationship between inclusion and team-learning climate on one hand, and employee thriving on the other hand. In other words, when employees with disabilities feel included and supported by their teams, they are more likely to believe in their capabilities and to flourish in their work.

Therefore, organizations should foster a culture of inclusion and team-learning that values diversity, collaboration, and feedback. Some specific actions that can enhance inclusion and team-learning are:

- Involve employees with disabilities in decision-making processes and give them opportunities to voice their opinions and ideas.
- Provide employees with disabilities with challenging assignments that match their skills and interests, and offer them feedback and recognition for their achievements.
- Encourage employees with disabilities to seek help from others when needed, and to offer help to others when possible.
- Create opportunities for employees with disabilities to learn new skills and knowledge from their peers and mentors.
- Celebrate the successes and contributions of employees with disabilities, and acknowledge the challenges they overcome.

GENERAL CONCLUSION

Our research was to know the impact of victimization on the self -esteem of employees with disabilities. Literature review was done to see what other researchers have said concerning the two variables for a better comprehension. Our research concluded that, employees with disabilities experience victimization on daily basis and this continue to diminish effective participation thereby reducing productivity.

However, data was collected using face to face interview and the Rosenberg Self -Esteem Scale. Thus the theoretical framework and previous research helped to analyze and discuss findings. Following continuous victimization of employees with disabilities at the work milieu, some theories on victimization revealed that EWDs become victims through the victim precipitation (passive acts) that is, their actions provoke victimization without their knowledge. In this light, findings revealed that the performance and productivity rate of most employees with disabilities is always low and this comes as results of victimization which start from the family and continues in the workplace. Family is a milieu where one can find love, care and empowerment, with the advancement of the society, the family which is the basic need has been greatly affected by conflict, hatred, death and selfishness. Love and encouragement that comes from the family can enable one to withstand all phases of life, be it at work or in the society. Most employees with disabilities do not get this family support and it is devastating. We also saw how employees experience victimization at work from their bosses and or colleague. According to the labelling theory of Stager and colleagues (1984), the absence of social and family support has a negative impact on self-esteem. Thus the theory lays emphasis on family and friend's support, a strong maintained relationship with individuals living with disabilities will go a long way to enhance and improve their lives.

Lastly, this research focuses on improving the self -esteem of employees with disabilities. A positive self -esteem is the right path to successful and sustainable life. Self-theories pinpoint the importance of feeling good about the self which comes through the mastery and execution of activities. Self-esteem is a vital tool needed by every disabled worker inorder to cope and overcome workplace victimization and that of the society.A high level of self-esteem makes an employee to trust his/her thinking and judgment and likely to make better decisions.This in turn ,helps to creat more effective interpersonal and work relationships and hence a comfortable work environment .

To this effect, we brought up different approaches that can help improve the self-esteem of EWDs. The social justice and social protection of disabled persons throwing light on the importance of equality of everyone in the society.Maintaining a high self-esteem is a lifelong psychological process because it needs regular psychological workout to prevent drepresion .This will enable workers to love and respect themselves no matter what is happening around them.This will serve as a resilience at managing the daily stress that an employee can encounter at work .Therefore, positive self -esteem should be the goal of every disabled worker because is it an important psychological resource for coping which enables workers to overcome depression that victimization brings thereby working effectively and yielding quality results.

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APENDIXES

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FACULTE DES SCIENCES DE L'EDUCATION
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*****
DEPARTMENT OF SPECILIZED EDUCATION

The Dean

N° 326 /22/UYI/FSE/VDSSE

RESEARCH AUTORISATION

I the undersigned, **Professor BELA Cyrille Bienvenu,** Dean of the Faculty of Education, University of Yaoundé I, hereby certify that **SMIDHT ASSENI Magdaline,** Matricule **20V3003,** is a student in Masters II in the Faculty of Education, Department: ***EDUCATION SPECIALISEE,*** Option: ***SOCIAL HANDICAP.***

The concerned is carrying out a research work in view of preparing a Master's Degree, under the supervision of **Pr. NJENGOUE NGAMALEU Henri Rodrique.** His work is titled ***« Victimization and self-esteem amongst individuals with disabilities ».***

I would be grateful if you provide her with every information that can be helpful in the realization of his research work.

This Authorization is to serve the concerned for whatever purpose it is intented for.

Done in Yaoundé, le 10 4 MAI 2022

For the Dean, by order

Le Vice-Doyen

Identification

Respondent

Gender

Age

Status

Profession

Type of handicap

THEME 2: Victimization

Sub themes

Psych- victimization

Good day, how are you doing?

What is your job here?

For how long have you been working here?

Have you worked in others places before?

Have you worked in others places before?

What was your favorite part about the previous work?

Can you tell me about your life?

What about your family?

Do you have friends you consider family?

What successes have you recorded since you started working?

What difficulties do you encounter?

What do you understand by victimization ?

Have you been victimized or do you feel victimized? Here at your work place

For how long ?

How do feel when you are victimized especially here at work

What is your reaction

What coping strategy do you use when someone victimize you

Peer victimization

Do have friends at your work

place

how do they treat you?

Do feel happy amongst them

Do they give you the respect you need at your workplace?

Have u ever been arrest

How often to get a insulted by other workers

Violet victimization

Has any of your colleges use force on you,

Property victimization

THEME 3: Self-esteem

Subjective appraisal

- Do you have knowledge about yourself?
- How do you express yourself?
- How often do you evaluate yourself?
- Are you usually satisfied with self-evaluation results?
- Does the self-evaluation push you to be better?

Self-confidence

- What do you know about yourself?
- Do you know what you like and dislike?
- Do you have confidence in yourself?
- How does people's opinion of you affect you?
- What is the most unique thing about you?
- What Is your greatest strength?
- What is your greatest weakness?

Self-worth

- Do you believe you have some qualities?
- Do you believe you are capable of accomplishing your daily task at your workplace?
- Do you believe are performing at best capacity?
- Do you think you have untaped potential?
- Do you see yourself as a value adder at your workplace

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