

A Clinical Study to Address the Negative Impacts of Exposure to Violence on Adolescents Females with Disabilities

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Abstract

This study investigated the negative effects of violence against visually disabled adolescent females using case studies and interviews. The study was conducted in June 2019. Twenty out of 73 adolescent females with visual disabilities at the “Alaml Institute”, Misr Elgdida zone, Cairo, Egypt were found to be exposed to violence. Those twenty females completed a questionnaire designed to investigate the consequences resulting from their exposure to violence. Two participants were deliberately chosen and thoroughly studied because their previous exposure to violence has resulted in behavioral and psychological disorders. The researcher pursued a clinical approach to study each individual personality in-depth. The results revealed that the most harmful effects and psychological problems resulting from exposure to violence were social withdrawal, aggression, tension, anxiety, bitterness, and hatred. It is recommended that psychological support, including counseling and psychotherapy, should be offered to disabled girls who are exposed to external aggression. Furthermore, there is a need for reinforcing the psychological culture among adolescents, especially the psychology of adolescent girls with disabilities and their families.

Keywords: Adolescence, clinical study, violence, visual impairments

1 Introduction

All around the world, women with disabilities face difficulties in every aspect of their lives. Often, they are barred from enjoying their fundamental human rights. In many cases, these people are the victims of social discrimination, resulting in their inability to obtain acceptance or full integration into society.

The United Nations defines violence against women as, “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”

In this work, disabled women are identified according to the definition outlined by the United Nations Convention on the Rights of Persons with Disabilities (2006):

Women 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.

Disabled women are not only more likely to internalize society's rejection, but they are more likely than disabled men to identify themselves as "disabled." Disabled males possess a relatively positive self-image and are more likely to identify as "male" rather than as "disabled." (Begum, 1992).

Studies revealed that women with disabilities are treated as second-class citizens in terms of their femininity. As women, they are like invisible beings. (Wołowicz-Ruszkowska, 2013).

Disabled person organizations (DPOs) lack gender-specific programming.

Together, gender and disability create an extreme form of marginalization. The intersection of gender and disability creates multiple layers of discrimination for women.

On looking in the profile of women who are targeted for abuse, it becomes painfully obvious that society has done little to provide women with disabilities with the necessary defenses to discourage predators. Aside from a perpetrator's motives, the occurrence of assaults depends largely upon the environment, the perception, and the behavior of the victims (Andrews & Veronen, 1993). Women with disabilities are victims because they are viewed as unable to defend themselves sufficiently (Groce, 1988). Their environment is conducive to assaults through factors such as isolation or a lack of socialization, and because people with disabilities remain untrained in the detection of potentially abusive situations including self-defense (Andrews & Veronen, 1993). Lower employment rates and higher instances of poverty among disabled women (Stapleton & Burkhauser, 2003) make it increasingly difficult for them to leave abusive situations (Nosek et al, 2001).

Thus, these stereotypes of women with disabilities would certainly contribute to the understanding why women and girls with disabilities are often absent from programs addressing women's rights and gender equality, except when they are occasionally seen as "victims" needing protection.

Organizations focusing on women with disabilities do not have programs to address violence, and organizations for women experiencing violence rarely include women with disabilities. In each type of organization, the violence experience of women with disabilities are left out. This lack of support poses a serious problem.

Currently, there is a lack of research in this area, especially in the Arab social and cultural context. This research is designed to apply the gender to disability concept.

1.1 The Study

The aim of this study is to determine the nature of the violence and investigate its negative effects on visually disabled adolescent females.

The results are intended to provide information regarding possible future preventive strategies. This study poses three questions:

- 1 What was the experience of violence in adolescent females with visual disabilities?
- 2 Do those disabled females perceive that people with disabilities are at a greater risk of violence?

- 3 What interventions and services do women with visual impairments believe are necessary and important for themselves and for other people with disabilities to be protected from violence?

1.2 Review of the Literature

Through a search of the literature, we found that many researches indicated that women, children and individuals with disabilities encountered different kinds of violence (Women's Refugee Commission & Child Fund International, 2016; Davies, et al., 2015; Ballan, et al., 2014; García-Moreno & Boersma, M, 2013; Kvam, M.H., 2004; Milberger, et al., 2003; Cooke, P., & Standton, P., 2002). A few studied focused on disabled women and domestic violence (Hague, 2007; Radford et al. 2006; Magowan, P. 2005; Cockram, J., 2003).

As with most women who experience violence, the impact and effects on women and girls with disabilities are profound, long-term, and wide-ranging. Moreover, the impact of different types of violence over time, and of multiple episodes was found to be cumulative (Women with Disabilities Australia, 2007). Women and girls with disabilities have far less chance of being believed when reporting sexual assault, domestic violence, and other forms of violence, than other women and girls (Frohman, 2011)

In their research, Frohman & Didi, (2015) show that women with disabilities (WWD) have identified a raft of factors that contribute to the pervasive and extensive violence perpetrated against them. Some of the key factors include:

- Poverty and lack of economic independence
- Place of residence/service setting
- Exclusion from the labor market
- Dependence on others
- Credibility and fear of disclosure
- Lack of access to the criminal justice system
- Lack of awareness and knowledge
- Lack of access to crisis accommodation and support
- Service system issues
- Lack of participation, access to decision-making, and representation

In their study, Hague et al. (2007) identified different types of abuse that their subjects had endured. Seventeen women had experienced physical, sexual, and emotional abuse; ten women had experienced physical and emotional abuse, and three had experienced emotional abuse only. Sexual violence was commonly reported. Women's impairments had very frequently been used as part of the abuse. In most cases, humiliation and belittling were an integral part of the verbal and emotional abuse experienced. Some of the abuse the women experienced is listed below, as they described it.

Physical abuse included being:

- Pushed down stairs
- Forced onto the stairs or floor and left there, unable to move

Thrown across a room

Unable to access her wheelchair, as it had been moved out of reach

Pushed over as she was getting into her wheelchair

Stabbed

Strangled

Kicked while she was on the floor

Held down while being kicked and stomped on

Suffocated while her head was banged on the floor repeatedly

Sexual abuse – from partners, fathers, or other male relatives – included:

Rape and sexual assaults (sometimes in front of children, and sometimes several times a day)

Being held down on the floor to have sex

Force to have sex when she was in pain, bruised, or when bones had been broken

Emotional abuse included:

Isolation from other people: keeping them away, preventing her from going out, or getting any help

Taking (or threatening to take) the children away

Turning the children against her (for example, saying “Look at her, and how pathetic she is,” etc.)

Intrusion into every aspect of life, leaving her no privacy

Domination and control of everything she did

Humiliation (e.g., saying “You’re no good,” belittling her or calling her insulting names)

Making fun of her or ridiculing her for being disabled

Financial abuse included:

Stealing her money

Taking control of her finances

Denying money for housekeeping or other essentials

Not paying for necessary prescription

Thirty-eight percent of organizations offer some form of specialized service to disabled women. This is a substantially lower figure for disability services, arguably illustrating a substantially lesser commitment among the organizations. The services provided were primarily “structural” (e.g., the provision of accessible accommodation, accessible transport, ramps, handrails, and so on) as opposed to “attitudinal” (e.g., disability equality training), although some refuges were able to offer specialized emotional support (Hague, 2007).

Education and empowerment of women are fundamental. Health workers should be trained to identify and support survivors. Strategies to address violence should be integrated into services for child health, maternal, sexual, and reproductive health,

mental health, HIV, and alcohol or substance abuse. Research to learn how to respond to violence must be strengthened. The elimination of violence against women and girls is central to equitable and sustainable social and economic development (Moreno et al., 2015). Together, all governments, NGOs, and development partners need to frame and implement laws and programs to eliminate the economic and sociocultural factors that foster a culture of violence against women, including discriminatory family laws, and support interventions to challenge social norms that support gender inequality and sanction or condone VAW, including comprehensive sexuality, human rights and gender equality education (Redner & Akinfaderin-Agarau, 2014)

Few studies have specifically investigated possible violence among adolescents with visual impairments. Through searches in the databases ERIC and Web of Science, no relevant articles were found. Thus, it was important to describe the situation of adolescents with visual disabilities with regard to violence.

2 Method

2.1 Participants and procedures:

The study was conducted in June 2019 at the “Alaml Institute”, Misr Elgdida zone, Cairo, Egypt. Seventy three adolescent females with visual and physical disabilities with age ranged from 17-20 years were interviewed and 20/73 (27.39%) were found to be exposed to violence. Those twenty females completed a questionnaire designed to investigate the consequences resulting from their exposure to violence. Two of the girls who participated were chosen for extensive study because their previous exposure to violence has resulted in behavioral and psychological disorders.

2.2 Instrument:

After an extensive review of the relevant literature in rehabilitation, psychology, the social sciences, and education, an instrument titled "Violence in the Lives of Adolescents with Disabilities Questionnaire." was developed. The questions were divided into three sections: demographic data, disability-related information, and experience with violence.

The section on experience with violence contained 40 fixed response items and one open-ended question.

The questions targeted the following items:

- History of family violence.
- Violent behavior by peers.
- Emotional and physical violence by a caregiver.
- Sexual violence by anyone.
- Experiences of restrictions on freedom or mobility, or having food withheld, “avoidance” , negligence, and deliberate physical isolation from others.
- Experiences of emotional abuse.

Using the open ended question enabled to reveal the negative consequences of exposure to violence on the adolescents.

The questionnaire was presented to a group of special education scientists and professors in the field of visual handicaps. Following their review, their suggestions and recommendations were incorporated into the questionnaire before finalizing it.

The internal consistency of the questionnaire was determined through reliability testing. The Cronbach's alpha value was found to be $\alpha \geq 0.708$. Although this value is slightly lower than the expected value, it is acceptable and shows that all the items of the questionnaire provide answers to the research question.

2.3 Data analysis

The completed questionnaires were collected, and the data was compiled in the SPSS (Statistical Package for Social Studies) Version 22. Descriptive statistics were performed to find the percentage of the most important negative effects of exposure to violence. The results were compiled based on the data analysis. Two cases with behavioral and psychological disorders as a consequence of exposure to violence were chosen and are discussed in details in this paper.

3 Findings and Discussion

The questionnaire revealed that the negative effects of exposure to violence included: depression, phobia, sleep disturbance, psychosomatic symptoms, aggression and stealing (fig 1) and the different types of violence to which the subjects under study were exposed (fig 2). The questionnaire also revealed that the visually disabled females are more prone to be exposed to different types of violence than non-visually disabled females (table 1,2).

Figure (1) shows the difference between the percentage of negative effects resulting from exposure to violence on adolescent females with complete and partial visual loss.

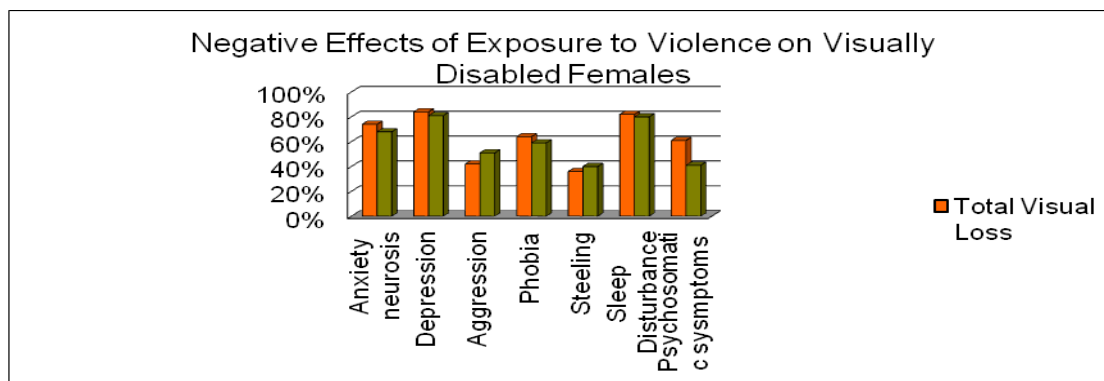


Figure (2) shows the different types of violence to which the subjects under study were exposed.

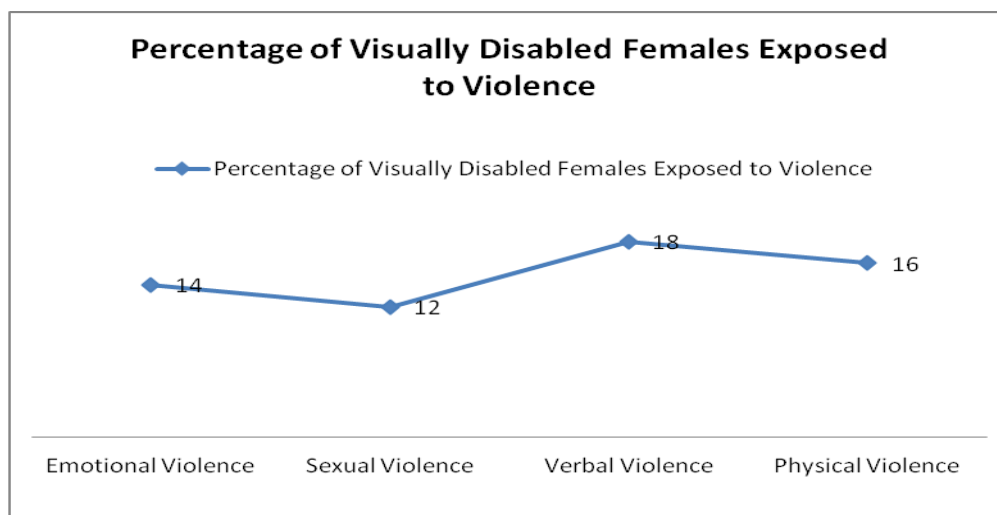


Table (1.2) shows the statistical difference between the females with visual disabilities and females without visual disability regarding exposure to violence.

Test Statistics^a

	Physical Violence	Sexual Violence	Verbal Violence	Emotional Violence	Total
Mann-Whitney U	.000	.000	.000	.000	.000
Wilcoxon W	210.000	210.000	210.000	210.000	210.000
Z	-5.446-	-5.428-	-5.432-	-5.431-	-5.421-
Asymp. Sig. (2-tailed)	.000	.000	.000	.000	.000
Exact Sig. [2*(1-tailed Sig.)]	.000 ^b	.000 ^b	.000 ^b	.000 ^b	.000 ^b

a. Grouping Variable: group

b. Not corrected for ties.

Group Statistics

	group	N	Mean	Std. Deviation	Std. Error Mean
Physical Violence	blind	20	17.10	1.334	.298
	normal	20	3.70	1.689	.378
Sexual Violence	blind	20	16.60	2.113	.472
	normal	20	4.15	2.455	.549
Verbal Violence	blind	20	16.75	1.552	.347
	normal	20	5.65	2.777	.621
Emotional Violence	blind	20	14.25	1.860	.416
	normal	20	3.95	1.669	.373
Total	blind	20	64.70	4.231	.946
	normal	20	17.45	6.039	1.350

Out of the 20 WWD exposed to violence, two participants were chosen and thoroughly studied because their previous exposure to violence has resulted in behavioral and psychological disorders.

3.1 First Case Study

3.1.1 Preliminary data for the case:

- Birth date 14/7/2000. She lives in the residence in the Association of Light and Hope for the Blind in Misr Elgdida.
- She's the youngest of three children. Her two older brothers have no disabilities.
- The girl has suffered from visual impairment since she was nine years old.

3.1.2 The case from the mother's point of view:

The mother emphasized that she grieves for her daughter because she is disabled. She also emphasized that they do not have any disabilities in the other family.

3.1.3 The case from the point of view of the psychologist:

The psychologist indicated that the girl had adapted to her disability, but suffered from constant anxiety.

She also suffers from the fear of young men as her brother whom she loves committed violence against her.

3.1.4 Medical diagnosis of the case:

- The girl suffers from functional vision loss resulting from an accident which damaged cells in the optic nerve center of the brain. She has visual residue that helps her to move and walk.

3.1.5 The negative effects of violence in the case:

Girls' responses on the scale (Violence in the Lives of Adolescents with Disabilities Questionnaire) is 69 out of 80 (where 80 is the maximum score for exposure to violence).

When the girl began to enter the scale, she was very nervous. The researcher noticed that at first, she was unable to concentrate on hearing the words of the scale. Over time the tension in the girl began to fade.

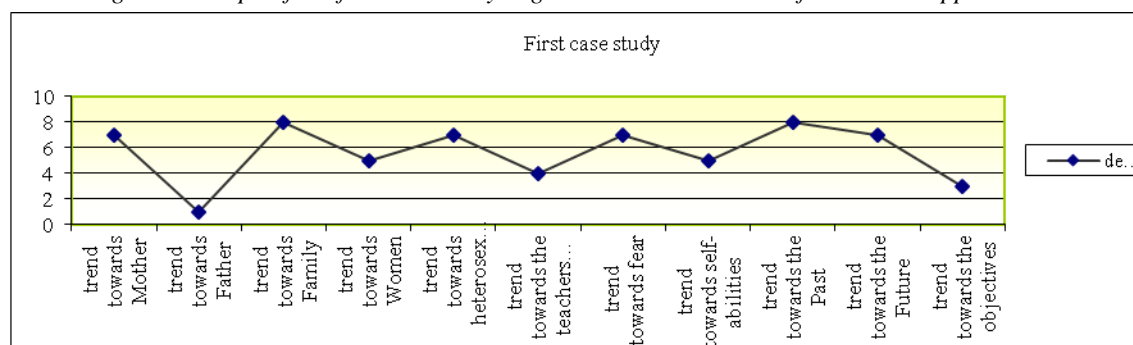
The girl also added that she hates and is afraid of young men, she fears their punishment and physical assault by to be beaten by them.

When interpreting the results of the scale, the researcher found that the girl suffers from stress, as well as emotional and social withdrawal, for fear of being kidnapped and assaulted. She has a phobia of being punished and of physical assault by beating. This is likely because she was beaten by her brothers and mother to the point of injury. She would prefer to be alone than to be with her family, who humiliates her constantly.

Table 3: The first case study responses on the Sacks Test of Sentence Supplement

Interpret the examiner's responses to test statements	Positive	Not Significant	Negative
Trend towards Mother			√
Trend towards Father	√		
Trend towards Family			√
Trend towards Women		√	
Trend towards heterosexual relations			√
Trend towards the teachers (trainers in the association)		√	
Trend towards fear			√
Trend towards self-abilities		√	
Trend towards the Past			√
Trend towards the Future			
Trend towards the objectives		√	

Figure 3: Graph of the first case study degrees on the Sacks Test of Sentence Supplement



When applying Sacks Test of Sentence Supplement as a projection test, the researcher found that the girl had negative feelings towards the mother and the family, except for the father. The supplements of the sentences of the mother and the family were as follows:

12. My family, compared to most other families (a family in which my mother's injustice as she treats us differently).
14. Mom (too violent)
27. My family treats me as if I were (humiliated).
29. My mother and I (we were not friends).
42. Most of the families I know (better than my family.)
44. I think most mothers (are kinder than my mother).
59. I love my mother, but (she only loves my brothers).

The girl's responses to the phrases about the trend towards women were normal; to some she responded "Others do not know how to complete the sentence," and to others, she responded "I don't know."

Her responses to the phrases about the trend towards heterosexual relations came to express the incompatibility between the components of the dynamic personality

and the apparent conflict between these components (the id, the ego, and the upper ego), this has been shown in its complement to the following sentences:

11. When I see a man and a woman together (I am blind, but I feel jealous without knowing why).
26. How I feel about married life (I wish to marry a man like my father, but I am not my mother).
41. If I had sexual relations, (I wouldn't answer).
56. My Sex Life (refused to answer).

After speaking later, during the clinical interviews, it became clear to the researcher that the girl did not love her mother. This was not only because of her mother's violence against her but because of the loss of her father.

As for the response to the statements of friends, acquaintances, and colleagues of the association, her answer was to indicate that her social relations with her colleagues and relatives are not bad, and there is no problem in this regard. Her responses to the phrases about the direction towards the teachers (trainers in the association) were similar – there is no problem in dealing with them. This shows her serious attempt to control her sense of loneliness and isolation and to try to find new outlets in relationships with those around her.

Her responses to the phrases of the trend towards fear came to show that most of her fears are related to her disability. These fears impose on her a kind of tension and impulsiveness, which has been shown by her complement to the following sentences:

7. I know it's foolish, but I'm afraid of (being beaten and physically assaulted).
52. My fears sometimes force me to (sit alone and not recognize new people).

For the response to the phrases related to the trend towards self-abilities, the researcher noted that the girl's faith is strong. This was confirmed later during the clinical interviews when the girl spoke about a drowning incident she had gone through. The incident led the girl to approach Allah for fear of death and suffering after death. Phrases that measure self-abilities are dominated by frustration and despair due to their disability.

Her responses to the phrases of the past helped the researcher to identify the causes of her mental disorders, which are considered the negative effects of exposure to violence and disability. Her responses to these sentences are as follows:

9. When I was a child (I was an orphan, blind, and persecuted by my brothers and mother).
39. If I had returned as young as I was (I would have gone with my father the places I love to play in).
54. Explain my childhood memories (a time when I passed through the accident in which I lost my sight).

With regard to the phrases of the future and the objectives and wishes, all of her responses indicated that she wished only if she can re-establish her self-image. She did not see a clear picture of her future. Because of her disability, she felt that she was not fit for work or marriage and to form a family.

3.1.6 A summary of clinical interviews and the most important negative effects of exposure to violence:

When clinical interviews, after the application of the scale (violence against adolescents with disabilities), began with the girl, she expressed a strong desire to talk in order to get rid of unknown anxiety. The researcher then applied a test (Sacks Sentences Supplement), the results of which have already been presented. To help calm the girl's anxiety and fear, the researcher gave her a good idea of the importance of the interviews and the goals of the study. This helped the girl feel comfortable. When she began to talk with the researcher freely, she unloaded most of her repressed unconscious feelings and energy. By the end of the first interview, the girl began to feel confident and safe about the researcher.

At first, the researcher noticed that the girl suffers from a difficulty in speech and increased tension, which she interpreted as a tension of being with new people, and as a negative effect of exposure to violence.

During the interviews, the researcher noticed that when talking, the girl has a constant fear of punishment from her brothers and mother. She indicated that a punishment could come if she did something wrong, or if she did not do something that her mother asked her to do, without regard to her disability. The girl said that she had tried to commit suicide after losing her sight and being subjected to physical and verbal and psychological violence by her brothers and her mother.

When the researcher asked whether the girl suffered from annoying dreams or repeated nightmares at night, the girl replied: "Yes, I suffer constantly from nightmares that do not leave me. I always dream of someone who follows me and kidnaps me and often assaults me and hurts me by beating and torture like my brother does with me. It hurts to the point where I wish to die."

The researcher followed up by asking if the person in the nightmare is known to her. After thinking, she replied, "Yes." The researcher then asked her to try to describe his form. Through dialogue with the mother, it became clear to the researcher that the form in the nightmare looks like an older brother. In further conversation about her family, the girl began to talk about her mother, indicated that she is the reason for the manner of her brothers.

Finally, the researcher asked about her dreams and wishes for the future. She replied that she is desperate, "I wish nothing, who like me has no future, I now see simple forms, and with the passage of time, I know that I will get total blindness, impossible to have a future."

This led the researcher to talk to her about her vision "Don't you wish to be a family and have children?"

She replied with crying, "How much I wished to get married and stay away from this house. To the extent that I got attached to a coach of the association only because he reminds me of with my father, and I wished to get married and get rid of my mother and brothers. He refused, and then he stopped coming to the association. At first, I got depressed, and I was crying constantly until my love for him turned to 'I'm so hated.'"

When the researcher asked her why, she stopped crying and replied “I don't know.” The girl then told the researcher that now she feels that she was wrong and that now she doesn't “feel any feelings.” She continued that she is too afraid to be attached to any young man because she believes that any young person will be violent like her brothers.

3.2 Second Case Study

3.2.4 Preliminary data for the case:

Birth date 12/5/2001. She lives in the residence in the Association of Light and Hope for the Blind in Misr- El Gedida.

She has two older sisters and one older brother. Her siblings do not have any disabilities.

The girl has been suffering from visual impairment for three years.

The father and mother are dead, and she now lives with her older sister and her sister’s husband.

3.2.5 The case from the point of view of the psychologist:

The psychologist indicated that she has no adaptation or compatibility with her disability due to her blindness in the late stages of her life.

She has a consistently pessimistic view of her mysterious future.

3.2.6 Medical diagnosis of the case:

The girl suffers from total vision loss due to retinal disease caused by diabetes.

The appearance of the eye is normal, but the eye muscles sag.

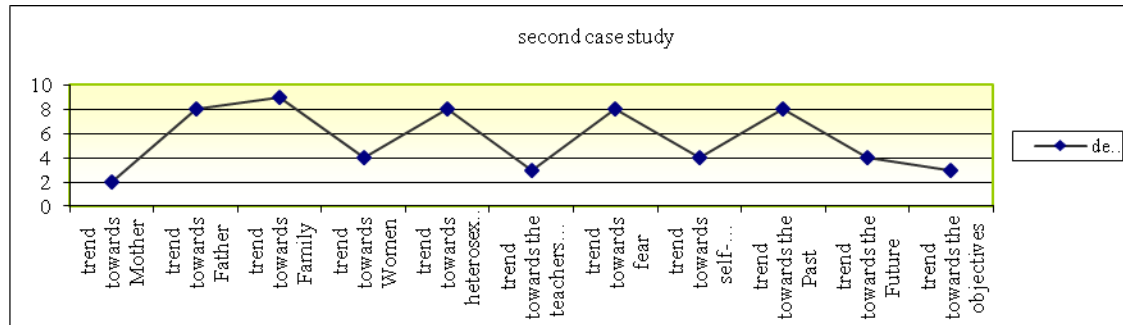
3.2.7 The negative effects of violence in the case:

When applying the measure to the girl, she scored 72 out of 80.

Table 4: The second case study responses on the Sacks Test of Sentence Supplement

Interpret the examiner's responses to test statements	Positive	Not Significant	Negative
Trend towards Mother	√		
Trend towards Father			√
Trend towards Family			√
Trend towards Women		√	
Trend towards heterosexual relations			√
Trend towards the teachers (trainers in the association)	√		
Trend towards fear			√
Trend towards self-abilities		√	
Trend towards the Past			√
Trend towards the Future		√	
Trend towards the objectives		√	

Figure 4: Graph of the second case study degrees on the Sacks Test of Sentence Supplement



The girl suffers from many negative effects and psychological problems as a result of being subjected to sexual and physical violence during her late childhood.

When applying the Sacks test to supplement the sentences, the researcher found that the girl had feelings of trust, security, and love towards the mother. Notably, her feelings toward her father were quite the opposite. The supplement of the sentences of the father was as follows:

1. I feel like my father is a little bit (thanks God he's dead).
16. I would have liked my father to just (die a long time ago).
31. I would like to say that my father (this man has no heart, no mercy, and no compassion).

After later speaking during clinical interviews about the father, it became clear to the researcher that he often beat the mother and tortured her in front of the girl.

With regard to the girl's responses to the phrases that dealt with the "trend towards family unity," the girl told the researcher that she lives in a broken family. This is reflected in her completion of the following sentences:

12. My family, when compared to most other families (I don't have a family).
27. My family treats me as if (I should be "ashamed" of my disability).
42. Most of the families I know (are better than us).
57. When I was a child, my family was always in fights between papa and mama, and he beat us and tortured us.

The girl's responses to the phrases about the trend toward women were normal. Her response to some sentences was, "Others do not know how," and "I don't know" was her response to others. By contrast, she refused to respond to the phrases about the trend towards heterosexual relations, saying only "It is impossible to get married. I am blind." This expresses a loss of self-confidence, a loss of hope, and a low self-esteem.

In her response to the statements about friends, acquaintances, and colleagues of the association, she indicated that her social relations with her colleagues and relatives are good, and there is no problem in this regard. This was similar to her responses to the phrases about the direction towards the teachers (trainers in the association) "No.

There is no problem in [our] dealings.” This shows her serious attempt to control her sense of loneliness and isolation and to try to find a new outlet in relationships with those around her.

Her responses to the phrases about the trend towards fear showed the most fears suffered by the girl, which was shown by her completion of the following sentences:

7. I know it's foolish, but I'm afraid of (dogs and mice).

22. Most of my friends don't know I'm afraid of (being sexually abused or raped).

52. My fears sometimes force me (to not ride the means of transportation for fear that I am being harassed when it is crowded).

In her response to the phrases about the trend towards self-abilities, the researcher noted that the girl has strong faith and does not have religious problems.

Then come her responses to the phrases on “the past”, which helped the researcher to identify the causes of the girl's psychological problems. Her responses to these phrases are as follows:

9. When I was a Child (I hated my father).

54. The clearest memories of my childhood (the worst thing I remember is being raped).

As for the words about her future, her goals, and her wishes, all of the responses indicated that she wished only to see again.

3.2.8 A summary of clinical interviews and the most important negative effects of exposure to violence:

At first, the girl was embarrassed and ashamed to talk to the researcher. Over time, this feeling faded, and she began to speak freely and empty most of her repressed feelings and unconscious energy in the interviews.

The researcher began to talk to the girl about the things that cause her the greatest stress. The girl said that she suffers from constant anxiety and stress from being raped and harassed, to a degree that she always imagines that when she is sitting alone, someone will come and assault her. She sees it also in her dreams. When the researcher asked her to talk about the most important incidents she went through in childhood, the girl started telling her story. She was very tense while talking, and she said, "I was exposed to rape when I was child. My sister and I went to a shop to buy some things, and my sister left me. The seller took me to a back place, and there I was assaulted, and then I went to the hospital."

When the researcher asked the girl about her dreams, the girl indicated that she suffers from nightmares. “I always dream of someone who follows me and kidnaps me and often assaults me and hurts me.” The researcher asked her if this person is known to her. She answered no. The researcher then asked her to describe his form. After the girl described him, it was clear that he looks like her father, whom she hated so much because of his ill-treatment to her mother.

When talking about her future, she replied that she was blind and did not see any future for herself.

4 Conclusion

This research establishes that exposure to violence is highly prevalent among women with visual disability. It makes it clear that disabled women (despite their greater need) have less access to specialists and general violence services.

The current study confirmed the importance of parenting and its great psychological impact on the individual throughout life. Where the first case was subjected to ill-treatment by her brothers and mother and constantly assaulted by beating and cruelty of the mother, the second case experienced psychological disorder due to her exposure to violence. The pain she incurred during her childhood, where she suffered from ill-treatment from the father's side and his constant beating of her mother, led to the control of the girl's death instinct, which Freud sometimes calls the instincts of destruction.

4.1 The researcher's interpretation of the cases

Through the sessions and interviews between the researcher and the two cases, it was shown that both girls have negative effects and psychological problems as a result of exposure to violence of all kinds. This includes withdrawal due to feelings of social rejection, neurotic anxiety, constant tension, feeling inferior, and pathological fear.

With regard to the symbols and their clinical connotations, the cases are different from one another. Each case went through exposure to violence that led to the emergence of psychological disorders. Freud pointed out in his theory that one of the most important factors affecting the personality of the individual is the painful experiences that the individual goes through in childhood.

4.2 Key areas of conflict and psychological turmoil

Conflict in situations is manifested in a conflict between the dynamic components of the personality of each case, and we may find that these girls suffer from two types of conflict:

- 1 **Approach-Avoidance Conflict:** The desire of the girl - the first case - to marry and separate from her family to get rid of her brothers and mother, followed by her reluctance to the idea, for fear of being subjected to violence by her husband.

The girl's desire - the second case - to get out of the house, move freely, and ride transportation without fear, while at the same time feeling afraid of being harassed or raped again.

- 2 **Approach -Approach Conflict:** the desire of the girl - the first case - to get rid of her brothers and turn this desire into an attempt to get rid of her life and commit suicide.

4.3 Defense mechanisms used by cases

Repression: The first case used suppression to force the negative feelings that she had for her brothers into the subconscious, as this causes her psychological pain and stress.

Isolation: Isolation is evident in the first case. She wrote in her diary that after the death of her father, she tried to commit suicide then she turned to another idea that it is better to her brother. As she wrote in the diary, then she get rid of these two ideas.

Reaction Formation: Reaction formation appears in the second case through her self-guilt. After wishing for the death of her father, she severely blamed herself and became more religious.

Retroactive Annulment: In the second case, when she is in closed spaces with new individuals, she imagines that someone will follow her and assault her as in the past.

4.4 Closing thoughts

The study emphasizes on the importance of parenting and its great psychological impact on the individual throughout life. Psychological support, including counseling and psychotherapy, should be offered to disabled girls who are exposed to external aggression and violence. Furthermore, there is a need for reinforcing the psychological culture among adolescents, especially the psychology of adolescent girls with disabilities and their families.

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