



‘To speak or not to speak’: Exploring the reasons and channels of (non) disclosure of child sexual abuse in the Ga community in Ghana

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ABSTRACT

Child sexual abuse is a relatively common phenomenon across nations. Studies show that disclosing child sexual abuse is a critical aspect in resolving the problem. Yet, many children do not disclose their experiences of sexual abuse due to socio-cultural factors. The purpose of this study is to identify how incidences of child sexual abuse came to be known. Participants were selected through purposive and snowball sampling from selected communities in the Ga community in Ghana. The findings of the study revealed that almost all the cases of child sexual abuse were discovered accidentally; that victims rarely made the deliberate effort to report these abuses. The few participants who disclosed their sexual abuse did so to their friends. The findings underscore the need for creating a culturally enabling environment that targets empowering victims to disclose their experiences of sexual abuse in order to obtain support and redress.

1. Background

Child sexual abuse is a relatively pervasive global phenomenon. Yet the exact numbers are not known because victims delay or never disclose their experiences for varied reasons. This paper seeks to explore the reasons for non-disclosure and identify the means by which incidences of abuse are discovered. The United Nations Convention on the Rights of the Child (United Nations Commission on Human Rights, NCRC, 1990) obligates nations to protect children from all forms of abuse. The convention states that governments must do all they can to make sure every child can enjoy their rights by creating systems and passing laws that promote and protect children’s rights. Also, the African Charter on Human and Peoples’ Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the Charter on Rights and Welfare of the African Child, all seek to protect women and children from abuse (Boakye, 2009). In Ghana, the Criminal Code (Act 554 as amended) Section 101(1) describes child sexual abuse as “the natural or unnatural carnal knowledge of any child under sixteen years of age.” Offenders are sanctioned by imprisonment for a minimum of seven years and a maximum of twenty-five years. Further, the “Domestic Violence and Victim Support Unit, passage of the Criminal Code (Amendment) Act 1998 (Act 554); the Juvenile Justice Act 2003 (Act 653); and, more recently, the Domestic Violence Act 2007 (Act 732)” were all established

to protect women and children from all forms of abuse (Boakye, 2009, pg. 952).

Although it is difficult to estimate the exact figures of child sexual abuse (CSA) since many of the cases are not reported (Finkelhor, 1994), studies show that its prevalence rate is between 8 and 31% for girls and 3–17% for boys (Barth et al., 2013). Africa has been identified as having the highest figures of child sexual abuse in the world (Hillis, Mercy, Amobi, & Kress, 2016). In Ghana, a study by the Child Research and Resource Centre [CRRECENT] (2009) on sexual violence against children showed that 14% of the participants had experienced a form of sexual abuse. The study showed that majority of the victims were girls and had experienced both contact and non-contact forms of sexual violence. Similarly, a survey of 1984 of senior high school children in Ghana revealed that 27.5% of girls and 11.3% of boys had been sexually abused (Ohene, Johnson, Atunah-Jay, Owusu & Borowsky, 2015). Child sexual abuse has physical, emotional and social effects on its victims (Green et al., 2010; Zinzow, Seth, Jackson, Niehaus, & Fitzgerald, 2010). Due to the serious outcomes of sexual abuse on children, many countries including Ghana ratified international conventions such as the United Nations Convention Charter on the Rights of the Child (UNCRC, 1989), the African Charter on Human and People’s Rights and the Charter on the Rights and Welfare of the African Child to protect children (Boakye, 2009). However, many children continue to be sexually abused and

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these estimates reflect only the incidences that are reported. Unfortunately, many incidences of child sexual abuse are never reported and the victims suffer in silence especially in socio-cultural contexts in which children are ‘expected to be seen and not heard’.

Child sexual abuse is regarded as the “involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society” (World Health Organisation, 2003). These sexual activities include both contact and non-contact sexual interactions. Disclosing child sexual abuse has been identified as an important factor in curbing the phenomenon since many of the cases are not witnessed (Hershkowitz et al., 2007). Disclosing child sexual abuse refers “to communicating an abuse experienced to friends, family or the authorities” (Townsend, 2016, p.2). Purposeful and accidental forms of disclosure have been identified as the common forms of disclosing child sexual abuse (Alaggia, 2010; Campis, Hebden-Cutris & Demaso, 1993). Purposeful disclosure is “an intentional and deliberate revelation of the abuse with clear intent of revealing its existence” while accidental disclosure is when “a statement is made without forethought or intent to reveal the abusive relationship” (Mian et al., 1986, p. 226). Accidental disclosure can also refer to a situation where child sexual abuse is detected through an obvious sign such as physical symptoms (Shackel, 2009). Another way in which child sexual abuse can be discovered is through prompted disclosure. This denotes a situation where a reluctant child is encouraged by an adult to disclose an abuse (Alaggia, 2010). Although these forms of disclosure are relevant, the process of disclosure is complex and may take different forms (McElvaney, 2013). Cultural beliefs and practices concerning child sexual abuse influences how a child discloses his or her experience regarding sexual abuse (Tetteh & Markwei, 2018).

The attitude of community members towards victims of child sexual abuse in some social settings can hinder the willingness of children to disclose their sexual abuse (Tetteh & Markwei, 2018). For instance, research shows that the role of victims in their sexual abuse is often questioned (Brownmiller, 1975; Ryan, 1971; Sundberg et al., 1991). This situation largely contributes to the non-disclosure of sexual abuse by children. The low disclosure rates of child sexual abuse have been identified as a contributory factor to the perpetuation of the phenomenon (Townsend, 2016). Disclosure is necessary in informing appropriate interventions and programs targeted at curbing the phenomenon of child sexual abuse across cultures. Disclosures to formal authority like the police may be intimidating for CSA victims. Hence, many, even when they do make a disclosure, do so to informal relations and networks. The purpose of this study therefore, was to explore the barriers to disclosing sexual abuse by children and to document the forms disclosures take, when children garner the courage to speak up. It is envisaged that the findings of this study will debunk the misconception that children do not speak up because they are complicit or obtain some pleasure in the abuse they suffer. Ultimately, this discussion should contribute to the creation of tangible and practical interventions aimed at empowering and enabling children to willingly disclose their experiences of sexual abuse in order to obtain redress and support.

2. Disclosure of child sexual abuse in Ghana

The 1992 Constitution of the Republic of Ghana states that a child is a person below 18 years old. Ghana’s Criminal Code (Amendment) Code Act, 1998 (No.554) allows children of 16 years and above to consent to sexual activities. This implies that children below sixteen years cannot consent to any form of sexual activity. There are serious sanctions for perpetrators of child sexual abuse in Ghana. The Ghana Criminal (Amendment) Code Act, 1998 (No.554) states that “whoever naturally or unnaturally carnally knows any child under 16 years of age, whether with or without his or her consent commits an offence and shall be liable on summary conviction, to imprisonment for a term of not less than 7

years and not more than 25 years”. This law, though very instructive, overlooks children aged 17, who by their age can give consent, but who also are considered children by virtue of the fact that they are below 18. Regardless of the laws protecting children from abuse, many children continue to be sexually abused by adults in Ghana. Studies find the low disclosure rates of child sexual abuse as contributing to the continuous sexual abuse of children in Ghana (Boakye, 2009; Tetteh & Markwei, 2018; Markwei & Osei-Hwedie 2019).

Boakye (2009) studied the role of patriarchal nuances, child rape, myth acceptance and collective shame problem in the non-disclosure of child sexual abuse in Ghana. The author identified certain beliefs and perceptions about patriarchy which protects perpetrators of child sexual abuse and normalizes their behavior. For instance, there is the belief that men are unable to control their sexual desire which forces them to sexually abuse children sometimes. These beliefs are internalized by children and influence their ability to disclose their experiences of sexual abuse. Likewise, Tetteh and Markwei (2018) examined the victimization of victims of child sexual abuse among the Ga in Ghana and revealed that many victims of child sexual abuse are unable to disclose their abuse for fear of being labeled as “children of bad behavior”. They are either blamed for tempting their perpetrators and enjoying their sexual encounters or engaging in sex for money. This attitude according to the authors, empowers perpetrators of sexual abuse and perpetuates their behaviour. Similarly, Markwei and Osei-Hwedie (2019) conclude that the perception of children as “active agents” of their abuse significantly plays a role in their inability to report their sexual abuse. They suggest the need for effective education and skills in empowering children to identify abusive behaviours and report their abusers.

3. Conceptual framework: A model of disclosure and non-disclosure of CSA in the Ga community

The framework for disclosing child sexual abuse in the Ga Community is adapted from Goodman-Brown et al.’s (2003) model of disclosure of child sexual abuse. The Goodman-Brown et al. (2003) model examines the age at reporting, the gender of the child and intrafamilial versus extrafamilial factors as influencing the process of disclosure or non-disclosure of child sexual abuse. This paper, draws specifically on the analysis of intrafamilial versus extrafamilial factors espoused in Goodman-Brown et al.’s model to explain the situation of child sexual abuse in the Ga community.

The fear of negative consequences includes threats from perpetrators who may threaten victims and family members when they disclose their abuse to others (Summit, 1983). Children may also be afraid of the consequence of their abuse on their families, especially, when it involves incest (Sauzier, 1989; Boakye, 2009). Children may also not disclose their experiences of sexual abuse as a sign of loyalty to their abusers, whom they trust (Mian, Wehrspann, Klajner-Diamond, LeBaron, & Winder, 1986). Delayed disclosure or non-disclosure is particularly high in situations where such perpetrators are family according to Goodman-Brown et al. (2003). In the Ga Community in Ghana, some forms of violence are overlooked for cultural reasons and children who are sexually abused are likely to keep their experiences to themselves for ‘fear of being disbelieved, ridiculed, or victimized’ (Tetteh & Markwei, 2018, p. 3). This belief about victims prevents children from purposively disclosing their sexual abuse and their situation may be discovered through accidental means such as physical injuries or when they become pregnant.

The perceptions of responsibility refer to the self-blame of victims when they disclose their sexual abuse (Goodman-Brown et al., 2003). Children who have been sexually abused are afraid of being blamed fully or partially for their role in their sexual abuse (Goodman-Brown et al., 2003). The common questions people tend to ask victims are ‘why did you go there’, ‘why were you dressed like that’ ‘why did you go there alone’. These common questions are suggestive of the fact that children have ‘allowed’ the abuse to happen to them and must take responsibility,

or share in the blame of the incidence. Self-blame is identified as a reason for the non-disclosure of child sexual abuse in Ghana. For instance, in the Ga Community, victims are blamed for seducing their perpetrators and engaging in sex for monetary benefits (Tetteh & Markwei, 2018). These perceptions and insinuations are some of the reasons why children keep their experiences of sexual abuse to themselves, or delay in reporting if they ultimately do report at all. Children need the assurance that they could speak to somebody and get help and not rather suffer in silence. This paper, thus, explores the ways by which children can get to speak up when abused without any negative consequences to them and to get the required support and help.

4. Methods

4.1. Research design and setting

This qualitative study explored the barriers to non-disclosure of CSA in addition to documenting the means of disclosure when children themselves do not speak up. The qualitative approach was necessary because it aided the researchers in understanding the social life and subjective views of the research participants (Neuman, 2007). This study is part of a broader project that focused on the Socio-Cultural Context of Child Sexual Abuse in the Ga Community in Ghana. Focus Group Discussions (FGDs), in-depth interviews, and case studies were used to gather data for the general study. The findings discussed in this paper however, emanate from semi-structured in-depth interviews with children who discussed how their abuse was discovered and how they disclosed it, where they did so themselves.

The Ga community is situated in Accra, the capital of Ghana. The Ga settlement lies in the southern part of Ghana not more than 10 km from the coast to the Akwapim hills. The major settlements that make up the Ga community include Ga Mashi, La, Osu, Teshie, Nungua and Tema (Brukum, Pwamang, & Tonah, 2009). The indigenous Ga are farmers and fishermen who predominantly reside along the coast. However, due to modernization, some are trained as clerks, artisans and professionals (Azu, 1974). Further, many people from different parts of the country have migrated to settle in the Ga Community, hence, it is ethnically heterogeneous (Wellington, 2002). Although the Ga Community has seen a drastic change due to modernization, few improvements are seen in their living conditions "with many Ga settlements suffering from increased poverty, overcrowding, and a generally poor infrastructure" (Brukum et al., 2009).

The study was cited in this community because it has been identified as having high cases of child sexual abuse (Odame, 2015; The Ark Foundation 2011). The community is characterized by sexual exploitation of children and this translates into pregnancy and school drop outs (Odame, 2015). The Greater Accra Region generally has been identified as a place for the commercial sexual exploitation of children due to economic hardship and poor parental control (The Ark Foundation, 2011). Boakye (2009) states that culture largely influences the disclosure of child sexual abuse in Accra which is situated in the Ga community.

4.2. Sampling and data collection

A snowball sampling technique was used to select 17 children who had been sexually abused and agreed to participate in the study. Participants were reached through pre-established networks made up of family heads and community leaders who are regarded as gatekeepers and had information on key happenings in the community. Traditionally, among the Ga, sensitive cases are mostly settled by families and so they tend to be privy to some of these sensitive issues of abuse. The researchers on speaking to initial participants, were further referred to other persons with similar experiences. A criterion for inclusion was for children to be less than 16 years. A lower age limit of 10 years was used because children of this age are considered mature enough to give a fair

narration of their experiences. The older age limit is pegged at 16 because in Ghana, the law permits children at this age and above to be able to consent to sexual activities. Other criteria for inclusion were that the participant should have experienced child sexual abuse within the past six months to the time of data collection and be living in the selected community as well as be willing to participate in the study. An indigene who was knowledgeable in the traditional custom, had good communication skills and was well-known in the community was engaged as a research assistant (Markwei & Tetteh, 2020) and was trained well in methods and ethics by the researchers. Interviews were predominantly in Ga, because respondents were fluent in it. Participants were asked to describe how their experiences of sexual abuse were discovered. Questions were repeated and rephrased for participants who deviated from the focus of the study. Open-ended questions were employed to allow the children to respond freely and openly to the topic discussed. The interviews were translated verbatim into English by a translator in consultation with the authors to maintain the authenticity of the meanings produced from the narratives (Markwei & Tetteh, 2020). The interviews lasted between 45 min to one hour.

The interviews were tape-recorded in addition to handwritten notes. Ethical approval for the study was obtained from the Noguchi Memorial Institute for Medical Research Ethical Review Board (NMIMR-IRB) of the University of Ghana. The participants were made to feel safe during the data gathering process with our assurance of confidentiality and anonymity. Consent was sought from the parents and guardians of the victims through a written agreement which was signed and thumb printed by those who were not literate. With regard to the children, an assent was obtained. This was done by explaining the nature of the study to the children in a manner which was appropriate to their age (Social & Behavioral Sciences Institutional Review Board, 2019). Pseudonyms and codes were used to disguise participants. Participation was voluntary and information provided was treated as confidential. The participants were told they could freely express any emotions they felt without being judged. Researchers did not probe into areas that respondents preferred to keep private. Participants were informed of the availability of a clinical psychologist to provide counseling should they experience any form of distress as they recount their experience of abuse. However, none of the participant showed interest in the use of the clinical psychologist.

4.3. Data analysis

The data was organized into various themes through patterns and structures (Polit & Hunger, 1997). Two main themes emerged after analyzing the data, namely that CSA disclosures are accidental and deliberate. The Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) was used to analyze the data. The first phase of the analysis involved getting familiar with the data and generating initial codes. This was followed by searching for themes. The themes were then reviewed, defined and named. The identified themes were validated by contacting some participants to validate and authenticate them. Trustworthiness was ensured by using peer debriefings and ideas were triangulated by discussing the themes with some peers who had much experience in qualitative studies (Creswell, 2009).

5. Results

Though children of both sexes stand the risk of being sexually abused, the majority of the participants in this study were female. Only one was male. Thirteen of the participants were Christians, two did not belong to any religion and two were traditionalists. All the children had low education; five of them had never been to school, 10 were school drop-outs and two were in primary school. Ten of the children's parents were either divorced or separated, three were deceased; two were born out of wedlock while two lived with both biological parents. The analyzed data showed that most children did not disclose their sexual

abuse purposively. Majority of the cases in this study were discovered because the children got pregnant or had suffered some physical injury which gave them away. Hence, the discussion is organized along the two main themes of accidental and purposeful (prompted) disclosure.

5.1. Accidental disclosure

Child sexual abuse is often difficult to detect due to the fact that it is hardly witnessed by others (Allnock, 2010). Hence, a number of child sexual abuse cases may never be discovered. In this study, the majority of the cases (11) were discovered through accidental or prompted disclosure. Two sub-themes regarding accidental disclosure emerged, namely, pregnancy and physical injury.

5.2. Pregnancy

Pregnancy is an obvious way in which a female's sexual experience is noticed. In this research, many (seven) of the child sexual abuse cases were discovered by parents and guardians when the victims begun to show signs of pregnancy. Dodua, an 11-year-old girl who was sexually abused by a bar attendant, stated that her abuse only came to light when she became pregnant. According to her:

I was afraid to inform my mother about what happened to me. This was because she would not believe me...she will get angry and beat me. Although "that man" forced and had sex with me, I never told anyone about it. I was just afraid of telling my parents about it...they will blame me and embarrass me. My mother only got to know about my abuse when I got pregnant. She was very angry and forced me to mention the name of the man. That was when I told her about my sexual abuse (11 years, female, James Town).

As Dodua described, her inability to inform her family about her sexual abuse until after they discovered she was pregnant was as a result of her fear of the negative reactions from them.

Similarly, according to Adjeley:

I live with my maternal aunty and her four children in a compound house (shared apartment) at Teshie. I did not have the courage to inform my Aunty about what Mr Tee did to me [forcibly had sex with her] because she was not going to believe me. She will tell her children about it and everybody will get to hear about my situation. I will be disgraced in the neighbourhood. They will call me names and laugh at me...nobody will believe that I was sexually abused [wipes her tears] and this will really make me sad. This was the reason why I kept quiet about my situation. Unfortunately for me, I got pregnant. My Aunty noticed the pregnancy and took me to the clinic. I was forced to mention the name of the man who impregnated me...this was when I narrated everything. My Aunty was very angry and yelled at me, she hit me with her hand and threatened not to take care of me.(14 years, Teshie).

The negative reaction of parents and guardians towards victims of child sexual abuse, which victimizes and stigmatizes the victim makes it difficult for them to open up and speak up about their abuse. The stories of these children are mostly not believed but rather, they are blamed for their role in their sexual abuse. Another participant, Lizzy echoed her sentiments:

I am an orphan and have no one to take care of me. I live with my Aunty who has other children. Life is difficult for the family so we have to struggle to make ends meet. It became difficult for my Aunty to pay for my school fees so I was out of school for some time. I became friends with a certain man who agreed to take care of me. He became my lover and we had fun. He paid for my school fees and took care of my basic needs. He persuaded me to allow him to have sex with me. I allowed him because he takes care of my needs... after sometime, I got pregnant. My Aunty was very angry when she

realized I was pregnant and said she was going to report the man to the police (13-year-old, James Town).

Although Lizzy gave in to the sexual advances of her boyfriend (an adult), this is considered child sexual abuse in Ghana because Lizzy is not legally of age to give consent to sex. Lizzy's narration suggests her abuse was repeated before she got pregnant. This was particularly true for children who were involved in transactional and consensual sexual activities. The findings of the study showed that it was a common practice for children to engage in sexual relationships with older persons in order to meet their basic needs.

5.3. Physical injuries

The findings of this study also showed that children who experienced forced sexual intercourse, in particular, experienced pain and were injured after their abuse. This was manifested in their inability to walk properly and changes in their moods. Some abused children keep to themselves out of fear of abandonment, shame or guilt or become extra dull and not of themselves. For instance, one respondent stated that her inability to walk properly after she was sexually abused by her uncle made her condition obvious. Likewise, another, Lulu, a 12-year-old girl who experienced incest said:

I bled after my father forced and had sex with me. I was in so much pain and could not rise to my feet (cries for about five minutes). I wanted to scream for help but I did not have the energy to do so. I could not walk and I thought I was going to die. I did not understand what was happening to me. I managed to scream and a neighbor quickly came to my aid. She swiftly took me to the hospital when she noticed my condition. The woman suspected somebody had done something to me but she could not ask me. When we got to the hospital, the doctor threatened to report me to the police if I refused to mention the abuser, reluctantly, after several persuasions, I did.

Lulu's reluctance to name her perpetrator was mainly because he was family-her father. The threat by the doctor compelled Lulu to disclose the name of her abuser. The doctor's threat to inform the police, though yielded results in the naming of the perpetrator, is problematic as it held the potential to further traumatize the victim.. This points to the fact that some professionals lack the appropriate skills needed to elicit trust and disclosure by children who have been sexually abused.

Naa Otsoo also describes her experience as:

I was playing with my friends one afternoon when my Uncle sent for me. He asked me to buy him kerosene [fuel for cooking]. When I returned with the kerosene and knocked at his door, he asked me to enter...that was when he pushed me to his sofa, removed his underwear and forced to have sex with me. I lied down for a while and managed to go out and join my friends. I started crying and experienced severe pains in my lower abdomen...one of my friends went to call my mother. She gave me a pain killer and took me to the hospital. I narrated everything that happened to my mother and my Uncle was arrested (11 years).

Also, another participant, Helena, a 14-year-old girl said:

I attended a party with my friends and decided to sleep at the event grounds because it was late and I was afraid my mother was going to get angry with me. This was because I did not inform her before leaving for the party. I knew she was going to get very angry with me. Unfortunately, when I was asleep in the night, one of the men in the compound forced and had sex with me. It was my first time so I experienced so much pain and found it difficult to walk. When I got home that morning, my mother just knew there was something wrong. She quickly took me to the hospital and the man was arrested.

The painful experience of sexual abuse by children which is made

manifest through injury is an accidental form of disclosure. It can be deduced from the above narratives that children go through so much pain when they are sexually abused. This notwithstanding, their first inclination is not to disclose what has happened to anybody for varied reasons. The injuries that lead to the discovery of abuse are often physical and severe. The severity of the injuries often occurs because perpetrators are usually in the haste to abuse children before they are discovered and so use so much force in the process. They also often do not use any form of protection because they assume these girls are virgins and are at no risk of STIs. Ultimately, they rather expose the girls to STIs and physical harm. Psychological changes in mood and behaviour of children have on some occasions also led to questioning and disclosure of CSA.

5.4. Purposeful disclosure

A few children (six participants) in this study garnered some courage to disclose their sexual abuse to their friends. These participants explained that they felt at ease disclosing their sexual abuse to their friends because they would believe and not stigmatize them. [Tetteh and Markwei \(2018\)](#) emphasise the role of further victimization and stigmatization as major reasons why children refuse to disclose their sexual abuse. This is seen in the story of Pauline:

I spoke to Larlee [name of friend] after Kweku [abuser] forced to have sex with me. I was so confused and felt sad. I did not know who to inform...I just did not know what to do. Initially, I did not want to inform anyone about it but I felt so sad. I then realized I needed someone to talk to. I did not understand what was happening to me... I mustered the courage and spoke to Larlee about my situation. She has been my friend for many years and she understands me very well. She knows I am not a bad girl... She sympathized with me and encouraged me to forget about what happened. I asked her not to tell anyone about it.

Another reason given for preferring to disclose child sexual abuse to friends instead of parents was the fear of being punished by the latter. Sometimes, parents disbelieve and beat these children for telling lies. Disclosure to peers however, is unlikely to yield any results since these friends are often asked to pledge to keep the information confidential. Hence, in most situations, no action is taken against the perpetrators and this continues the cycle of child sexual abuse. Thus, the fear of negative reactions from parents and community members deterred children in this study from sharing their experiences with adults as was similarly found in the study by [McElvaney \(2008\)](#). For instance, Naa Kwaley, a 12-year-old girl who was sexually abused by her neighbour said:

I was confused when it all happened, I did not know what to do. I was afraid of telling my parents about it because they would report the case to the police and everybody would get to know about it. I started to feel afraid of my mother sending people to beat him and hurt him. Even though what he did to me was bad, I did not want him to be hurt. I was also afraid of people teasing me when they get to hear about it. I only told Naa Ashorkor because she is my friend. She encouraged me and said I was going to get better soon. She advised me not to tell anyone about it. She is the lady who brought you to me for the interview, so nobody knows about it.

Also, in the words of Akor, a 14-year-old girl who was sexually abused:

I was very sad when my boyfriend [an adult] forced and had sex with me during one of my visits. I was so much in pain because my lower abdomen was hurting. Instead of going home, I went to my friend Josephine's place and called her to meet me outside. She realized I was in pain and started panicking but we had to get a place outside their compound to chat. I informed her about what happened to me, although she was sad, she told me not to worry and that I was going

to get better. She did not want us to report the issue to my parents because they will be angry with me for having a boyfriend.

Thus, confusion, often emanating from cognitive limitations according to the Goodman-Brown et al model, may inhibit disclosure of sexual abuse. Again, children are traumatized when people they trust such as boyfriends take advantage of them. The fear of accusations of complicity because they are in a romantic relationship with their perpetrator as in the case of Akor above, can inhibit disclosure. In such instances, they often choose to confide in friends.

Peers are a very important aspect of children's world and their regular interaction with them influence their attitude towards life events. Children regard their peers as a strong social support with whom they can share their problems ([Bottoms, et al., 2007](#)). Hence, children's association with their friends is believed to shape their behaviours and experiences of sexual abuse ([Dahlberg, 2002](#)).

6. Discussions

This study was conducted to explore the barriers to the disclosure of CSA and to document how incidences of child sexual abuse came to be known in the Ga Community in Ghana.

Findings showed that most cases of child sexual abuse were discovered accidentally through pregnancy and physical injury and only deliberately, when victims decided to tell their friends. Even in these instances, the motive with speaking out is not to let others know about it, but a means of venting to trusted peers. The access children have to someone who will listen and believe them is essential to the disclosure process ([Ungar, Barter et al., 2009](#)). The lack of it is one of the reasons many children are reluctant to tell their parents about their sexual abuse for fear of incurring their wrath ([McElvaney, 2008](#)). A study by Townsend on child sexual abuse in South Africa also shows that fear of negative reaction from parents contributes to the low disclosure rates of CSA ([Townsend, 2016](#)). Again, the fear of not being believed contributes significantly to non-disclosure of child sexual abuse ([Alaggia, 2010; Tang et al., 2007](#)) as is the fear of stigma after disclosure ([Tetteh & Markwei, 2018](#)) As a result, many cases of CSA are only be discovered when the abuse results in pregnancy.

Pregnancy is a difficult situation for children and becomes more difficult for them if they have to disclose their painful experiences of sexual abuse because they were found to be pregnant. In most societies in Ghana, it is common for community members to frown on girls who get pregnant before marriage. Therefore, children whose sexual abuses were discovered because of pregnancy were stigmatized, blamed and received no sympathy from community members. This situation is likely to aggravate the effects of the sexual abuse children experience in their communities.

Another form of accidental disclosure discovered in this study was physical injury. Research shows that victims of child sexual abuse suffer serious physical, psychiatric, psychological, educational, and social consequences ([Green et al. 2010; Roberts et al. 2009](#)). Further, sexual abuse has been recognized as having serious physical health consequences on its victims ([Madu et al., 2010](#)). Physical injury due to CSA include reproductive consequences, sexually transmitted infections and fistulas. Disclosure in this situation is usually not optional but obligatory because in most situations, children who seek medical attention after their abuse are compelled to disclose their abusers. Although it is common for all children to endure some level of pain during or after an abuse, the intensity of the injuries may vary. [Richter and Higson-Smith \(2004\)](#) observe that the intensity of pain from sexual abuse depends on the child's age. Although most of the physical injury children in this study suffered were not severe, they nonetheless held serious potential health complications for them for the future. Children who are physically injured in cases involving CSA can be traumatized and psychologically affected. According to [Young et al. \(2011\)](#), there is a strong relationship between physical consequences of CSA and psychological

outcomes. This means, victims of child sexual abuse whose experiences were discovered through physical injuries may as well be going through serious psychological problems.

Few of the cases of CSA in this study can be considered purposeful disclosure because the girls confided in their friends. Disclosure through friends is regarded as the commonest form of purposeful disclosure by children who have been sexually abused (CRECCENT, 2009; Allnock, 2010). McElvaney (2008) and Ungar, Tutty et al. (2009) consider peer influence as substantial in encouraging disclosure of sexual abuse among adolescents. This study found that it was easier for children to tell their friends about their sexual abuse because they felt they would believe them. Ungar, Barter et al. (2009) argue that having someone who will listen and believe you are necessary in disclosing child sexual abuse. DeVoe and Faller (1999) found that children mostly disclosed their abuse in informal environments than in formal interviews because they feel comfortable and trust their confidants in these settings.

7. Study limitation

This study is limited by its small sample size which makes it difficult to generalize the findings to the entire country. Other cultures and regions within Ghana are likely to present different views on CSA disclosure. Despite this limitation, this study is among the few that presents disclosure from the lived experiences of victims of child sexual abuse in Ghana. Future studies may well focus on the age and gender dynamics of disclosing child sexual abuse.

8. Conclusion

This study set out to explore the reasons for (non)-disclosure of child sexual abuse and the means of discovery of CSA among children in the Ga community. The study seeks to contribute to the understanding of the reasons for non-disclosure and to document the ways by which CSA are discovered where children themselves do not speak up about it. The study documents that children are often reluctant to disclose that they have been abused for reasons that include embarrassment, fear of parent's anger and negative reactions, fear of retribution, abandonment, as well as accusations of complicity. These reasons silence children who have been abused until perhaps their abuse is accidentally discovered because of a pregnancy or via visible signs of physical injury. The few times when children themselves have disclosed their experiences, they have spoken to friends who almost always, are also committed to keeping the information secret for the same reasons that victims have. These findings suggest that until some deliberate efforts are made to reorient victims and community members about the need for children to speak up when abused, the abuse of many children would never be known. But children cannot be expected to speak up for speaking up sake. Until children can be confident that some intervention or support would be given to them when they speak up, there would be no motivation to do so. Deliberate interventions should include community sensitization to educate people about the implications of non-disclosure for children. Delayed and non-disclosure of CSA tend to embolden perpetrators to repeatedly abuse same or other children. Hence, there is the need to name, shame and prosecute perpetrators of these heinous acts that violate children. In this regard, there is need to provide safe, child-friendly spaces (clinics, police, social welfare), where children can get adequate information and/or have access to professionals they can freely speak to about their experiences. These professionals must be trained and their capacity built to handle such sensitive cases. It is important to have toll-free numbers that children can call and speak to professionals in confidence should they be abused. Disclosure of abuse to friends demonstrates strongly the need to use peer-counsellors to empower young persons to speak out. In traditional societies where there is corporate social responsibility for children, children must be encouraged to speak to other family relations in the instance of abuse if they fear to directly tell their own parents. These significant adult others

may act as the link between the children and their parents where the children are afraid of the latter. Culturally acceptable social support systems must be harnessed to encourage disclosure. Given that many of the instances of abuse are only discovered accidentally, it is important for parents to be observant of any changes in their children's behaviour in order to intervene timeously. These interventions and precautions are necessary to inhibit the pressures placed on children to be silent. Delayed and non-disclosure aggravates the experiences of victims of child sexual abuse and exposes many more to abuse.

Declaration of Competing Interest

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