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EXPERIENCES OF VICTIMS OF CHILD SEXUAL ABUSE, THEIR
CAREGIVERS, AND THE ADJUDICATION PROCESS IN GHANA

BY

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DEDICATION

To Yahweh El Rohi

To my family (as variously constituted by blood, marriage, and friendship)

DECLARATION

I, CHARLOTTE OMANE KWAKYE-NUAKO, the author of this dissertation, do hereby declare that except for the references of the work of other people, which have been duly acknowledged, the work presented here was undertaken in the Department of Psychology, University of Ghana, Legon, under the supervision of Dr Maxwell Asumeng, Dr Kingsley Nyarko and Dr Annabella Osei-Tutu. It is the result of my own research work and it has neither been presented in whole or in part for another degree in this or any other university.


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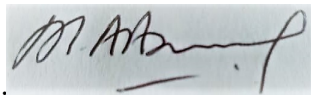
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ABSTRACT

The current study used an interpretative phenomenological approach to explore how victims of sexual abuse and their caregivers experienced either the court or non-court processes of adjudication in Ghana. A psycho-socio-legal ecological framework was used to understand the multi-faceted layers by which the phenomenon of the abuse and the justice process were experienced. For both victims and caregivers in either the court or non-court processes, the research sought to answer questions on their experiences of the abuse, its disclosure, and how they coped. The experiences of key informants in their interactions with victims and caregivers were also explored. To answer these questions, a purposive sampling approach was used to select nine (9) victims and nine (9) caregivers who had been to court; as well as six (6) victims and two (2) caregivers who had not been to court. Thirty (30) professionals working in the criminal justice system and gender-related policy (key informants) were also interviewed. The findings were that victims experienced symptoms of post-traumatic stress resulting from the abuse. They also coped in both active and non-active ways. However, the non-court victims used more deadly approaches such as suicide ideation and attempts compared to the court victims. For the victims who went to court, although they saw their interactions with professionals in the criminal justice system as uneventful, they were perceived by the professionals as sometimes being intimidated and traumatized. The caregivers were also found to be the bridge between the victims and the system. They experienced emotional trauma as a result of the abuse and challenges in their contact with professionals in the criminal justice system. The key informants also experienced emotional distress in their interactions with the victims and their caregivers. They were also of the view that the formal justice system would serve the victims better with some improvements. The implications for victims and caregivers are discussed to include the need to focus more attention on non-court victims as well as the need for changes in the court process.

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LIST OF ABBREVIATIONS

AfCRC	African Charter on the Rights of the Child
CRRECENT	Child Research and Resource Centre
CSA	Child sexual abuse
DOVVSU	Domestic Violence and Victim Support Unit of the Ghana Police Service
UNCRC	United Nations Charter on the Rights of the Child
WAJU	Women and Juvenile Unit of the Ghana Police Service [former name for DOVVSU]
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Background

Child sexual abuse (CSA) has been variously defined. The World Health Organisation (WHO) defines it as: “involvement of a child in sexual activity, that s/he does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared or else that violates the laws of social taboos of society” (World Health Organization, 2017; p. 16). More comprehensive definitions of child sexual abuse in the literature have combined four main factors: firstly, it is defined in terms of the age of the victim (younger than 16 or 18 years), secondly, by the age difference between the perpetrator (an adult, or a person who is more than 5 years older than the victim) and the victim; and thirdly by contact or non- contact (contact sex ranging from touching of genitals to actual penetration; and non-contact including exhibitionism) and finally, by whether it was coerced or consensual (Alaggia et al., 2017; Finkelhor & Browne, 1995; Lalor, 2004; Molyneux et al., 2013; Newsom & Myers-Bowman, 2017).

There is however, a difference between the legal definitions of child sexual abuse in Ghana and what the UN and the literature suggest. Ghanaian law looks at the age of the child, the level of contact; and consent. It does not consider the age difference between the perpetrator and the victim in determining abuse. In terms of age, sex with any child below 16 years is criminalized as the offence of *defilement*. With regards to contact, any sexual touching without penetration is regarded as indecent assault (section 103 of Criminal and Other Offences Act, 1960 as amended, Act 29). Here, any forcible sexual contact or sexual violation of the body of another person without consent, which is short of carnal (natural or unnatural) knowledge is considered as indecent assault. There are no age determinations.

Penetrative sexual contact, which is the most extreme form of contact in sexual abuse, constitutes different crimes under Ghanaian law depending on the age of the victim and the type of sexual contact. Where it involves children, who are under 16 years, it constitutes the offence of defilement¹. The offense of defilement is gender-neutral, does not look at the victim-perpetrator age gap and is irrespective of consent. In some jurisdictions, it is referred to as statutory rape (Hines & Finkelhor, 2007), in that although a child under 16 years may consent to sexual intercourse with an age-mate or an older person, such sexual relations are still regarded as criminal.

Still under Ghanaian law, penetrative abuse is characterized in two ways namely: *natural* carnal knowledge and *unnatural* carnal knowledge. Natural carnal knowledge refers to vaginal sex and unnatural carnal knowledge refers to every other penetration on the human body, be it anal or oral (section 104 of Act 29). Bestiality i.e. sex with an animal is also characterized as unnatural carnal knowledge (section 104 of Act 29). Where unnatural carnal knowledge is with consent, it constitutes a misdemeanour but where it is without consent it constitutes a first-degree felony.

Another penetrative sexual contact, which is criminalized, is incest i.e. sexual intercourse between blood relations (sister/brother, daughter/son, mother/father, grandmother/grandfather) including half-siblings. Both the victim and the perpetrator have to

¹Section 101 of Act 29 is set out thus: For purposes of this Act defilement is the natural or unnatural carnal knowledge of any child under sixteen years of age. Whoever naturally or unnaturally carnally knows any child under sixteen 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 seven years and not more than twenty-five years.

be above 16 years and have knowledge of the existence of the blood relations. Children are not clearly defined here and are perhaps deemed to belong under the definition of defilement when it is even incestuous. For the purposes of this work, I refer to the cases where children are defiled by blood relations as '*incestuous defilement*'.

The main difference between the research definitions of child sexual abuse and the Ghanaian law is that there is no age-gap specification for incestuous defilement and none for defilement itself. Thus males 12 years and above (the age of culpability for crime), who engage in penetrative sexual contact with girls or boys under 16 years of age are liable for conviction. For such sexual contacts, whether the victim consented to it or not, the perpetrators are held liable.

Some have viewed the legal definition of sexual abuse as inadequate and as not appropriately covering the various dimensions of sexual contact with young people (Attah, 2016). While this may be true, until there is an amendment to the existing law, international definitions and author definitions of sexual abuse do not amount to convictions under Ghanaian law. Again, since this research is focused on the experience of the court process, a legal definition is the most appropriate to use for this study.

For this work, child sexual abuse is defined as penetrative sexual contact between a perpetrator (male/female) and a victim aged below 16 years, *intended for the sexual gratification of that person, with or without the consent of the victim*. It will thus include both defilement and '*incestuous defilement*'.

Child sexual abuse is a crime and is viewed as such in most societies. However, there are high attrition rates when victims seek justice (Bunting, 2008; Fitzgerald, 2006). Globally, and in Ghana, child sexual abuse has been found to be on the increase (Capri, 2012; Institutue of Development Studies et al., 2016; Dartnall & Jewkes, 2013). Globally, the prevalence of child sexual abuse is widely unknown. However, rough estimates peg prevalence for females at 45% and that for males at 19% (World Health Organization, 2002). In Africa, meta-analytic studies have calculated different estimates. Whereas Stoltenborgh, Van Ijzendoorn, Euser, and Bakermans-Kranenburg (2011) quote 20.2% for females and 19.3% for males (using a combined prevalence of self-report and informant studies), Meinck, Cluver, Boyes, and Mhlongo (2015) provide a range of 1.6% to 77.7% prevalence for Africa. These rates are however, based on publications that favour Southern African countries (most of the studies reviewed on Africa in these studies have been from South Africa or from southern African countries).

In Ghana, survey data provide a 2.4 to 6.5% prevalence of sexual abuse for children aged below 17 years (UNICEF, 2015). However, data from the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service suggest that over a 5-year period, reported cases of child sexual abuse constituted less than 1% of the total number of crimes committed in Ghana (DOVVSU statistics, 2011-16). These figures represent only those incidents that were reported to the police. Surveys conducted in schools also suggest high rates of sexual abuse but low reporting (Agu et al., 2018; Aylward et al., 2016; Coker-Appiah & Cusack, 1999). Especially in primary and Junior High Schools (JHS), sexual abuse of both boys and girls by school teachers and head teachers has been found to be high but no prevalence rates have been reported (Alolo, 2016; Aylward et al., 2016). This phenomenon of high

incidents in the population compared to low levels of reporting has been referred to as ‘tip of the iceberg’(Maier et al., 2013).

1.1.1 The context of sexual abuse and resolution

The context within which sexual abuse occurs is important for a complete understanding of the problem and its resolution. This section therefore looks at the social, cultural and legal contexts in which CSA occurs. It specifically looks at the societal view of sexual abuse, patriarchal considerations, housing, poverty as well as the legal context.

1.1.1.1 Socio-cultural context.

Ghana is a West African country with a population of close to 30 million people and a GDP of about \$51 billion as at 2017 (Ghana Statistical Service, 2018). A former British colony, it is divided into sixteen administrative regions. They are: Greater Accra, Ashanti, Eastern, Western, Western North, Central, Volta, Oti, Ahafo, Bono, Bono East, Savannah, North-East, Northern, Upper East and Upper West Regions. The regional heads for these regions are Accra, Kumasi, Koforidua, Sekondi/Takoradi, Sefwi-Wiawso, Cape Coast, Ho, Dambai, Goaso, Sunyani, Techiman, Damango, Nalerigu, Tamale, Bolgatanga and Wa respectively. According to the most recent census data, Ghana has a predominantly youthful population, more females than males, is slightly more urbanized than rural, and has the highest density of persons in a square kilometre being found in Accra and Kumasi (Ghana Statistical Service, 2012).

In terms of sexual violence, a nationwide survey, has found that the lifetime prevalence of sexual abuse is about 30% and 23% for females and males respectively. The highest prevalence rate occurring among females aged between 15 and 24 years (Institute of Development Studies (IDS), Ghana Statistical Service (GSS), & Associates, 2016) . This was found as part of the

Ghana Family Life and Health Survey conducted in 2015 (IDS, et al., 2016). A 1999 survey of domestic violence gave the rate of 27% prevalence among persons below the age of 20 with persons aged between 15-18 years having the highest incidence of sexual abuse (defined as forceful sex, touching, female circumcision and sex for advancement in school) (Coker-Appiah & Cusack, 1999). The figures therefore suggest an increase in prevalence for females especially among young females and males. This increase may be due to increased reporting of incidents but they give an indication of the situation in the country. These studies however defined sexual abuse broadly to include all forms of sexual violence.

A further indication of the prevalence of defilement and rape is shown in the data provided by the Criminal Investigation Department (CID) of the Ghana Police Service. Between 2009 and 2017 (May), there were 14,551 reported cases of defilement and within the same period (2012 excluded) there were 3,510 reported cases of rape (Statistics from the Criminal Investigations Department of the Ghana Police Service (CID) headquarters, June, 2017). The regional break down² for defilement showed that Accra (excluding Tema and the CID headquarters) had the highest incidence of defilement reports at 2,994 followed by the Ashanti and Western regions. The least was reported for the Upper West and Upper East regions. It has however, been suggested that the low reports for the three Northern regions may be due to child marriages and incidents in which children are married off to the perpetrator (Nerquaye-Tetteh, 1998).

In spite of its high prevalence, sexual abuse, especially against women and girls is not always reported to the relevant authorities due to several reasons. These reasons have been

²The use of regions is prior to the re-demarcation of regions in 2018.

categorized into socio-cultural, psychological, economic and legal (Boakye, 2009; Coker-Appiah & Cusack, 1999). The social factors for non-reporting include the interrelatedness of the family as well as the desire to preserve family unity, protect the perpetrator from long jail sentences and to protect the future of the abused child or person (Boakye, 2009; Daly, 2014; Herman, 2005; Spohn & Holleran, 2001). Feminists have summed up these occurrences as being consistent with a highly patriarchal system that treats issues concerning females as private and inconsequential (Boakye, 2009; K. Daly, 2014; Spohn & Holleran, 2001).

Furthermore, with regards to the socio-cultural context, the polyphasic nature of the Ghanaian society, where there are co-existing orthodox and traditional facilities to resolve issues, is an important consideration. This construct has been identified in health-seeking behaviour (de-Graft Aikins, 2005; Kwakye-Nuako & Dankwah, 2012) and legal practice -- legal pluralism (Crook, 2004) and is as a result of the fusion of the colonial institutions with the pre-existing traditional institutions. Thus, in health-seeking for instance, there are no qualms about seeking orthodox and traditional health or faith-healing treatments concurrently (Ae-ngibise et al., 2010). This polyphasia can be applied to the mode of resolving issues of sexual abuse in that they are both underpinned by the cognitive context of ‘the white man’s medicine is not good for all ailments. The ‘white man’s medicine’ here being the existing colonial court system (formal legal process) and police. The difference however, is that in this case the family systems and institutions are preferred to and are easier to use and understand than the court system.

Ghanaian society is considered to be patriarchal, with males occupying a dominant role followed by women and children in that order (Adinkrah, 2012; Boakye, 2009; Kuenyehia & Ofei-Aboagye, 2003). Males are seen as the heads of families and providers. At custom and

even at law, a customary law marriage may be dissolved because of the man's wilful neglect of his duty to provide for his family (Section 41(3) of Matrimonial Causes Act, 1971 (Act 367). Thus dominance, superiority and consequent provision are synonymous to maleness. A failure at this could lead to a man being referred to as useless (*barima sansani* in Twi, a Ghanaian language). This patriarchal stance permeates sexuality and sexual relations between males and females. There is also a lot of blame and victimisation when a female is sexually abused by a man. Even in cases of sexual abuse of young children, children may be blamed while perpetrators are not sanctioned (Ibrahim, 2014). The general conception therefore is that the victim must have done something to attract the man in this way (Böhm, 2016; Tetteh & Markwei, 2018).

In addition to its prevalence, child sexual abuse usually occurs within family settings or is usually perpetrated by persons known to the victim (Boakye, 2009; Bowman, 2003b; Coker-Appiah & Cusack, 1999; Herman, 2005). The government and its agencies however, exclude all other ways of settling such cases except through the courts (Ghana News Agency, 2006). Although Ghana's Domestic Violence Act, 2012 (Act 732), allows for mediation in some circumstances, it also upholds this strict stance against extra-legal resolutions for cases such as child sexual abuse. This approach has been criticised as being Human-rights focused and individualistic (Bowman, 2003b; Darkwah & Prah, 2016). This is because sending a family member or a close neighbour to court may satisfy an individual's need for justice but it may not be appropriate for the social interaction between the victim's relatives and perpetrator's relatives. It goes against the interdependence upheld by most Ghanaians which is more pronounced where the perpetrator is known or related to the victim (Bowman, 2003b).

Again, cultural perceptions of sexual abuse show that it is trivialized or at best resolved within the home without external help. For instance, when any type of domestic abuse occurs, women are advised more times to speak to their husbands, to be patient and tolerant and to withdraw cases than to press charges against the perpetrator especially if it happened in a domestic setting (Coker-Appiah & Cusack, 1999). Most of the perpetrators are mostly given verbal warnings or a family reprimand with only about 3% of them going to jail for perpetrating violence against females (Coker-Appiah & Cusack, 1999).

Other social factors that influence the occurrence of child sexual abuse in Ghana are living arrangements. There is a housing deficit in Ghanaian urban spaces leading to a phenomenon of compound houses where there are a number of families living in their own apartments but sharing the same compound and utilities (Ghana News Agency & Graphic Business, 2017). In both rural and urban settings, houses are built with a central cooking place and compound for a large family unit. In this case a husband and all his wives and children and sometimes grandparents could be living on the same compound. This housing arrangement further emphasises the inter-relatedness and familial connection. It also has the adverse consequence of little or no privacy.

The intra-family living arrangement also has an effect on onset of sexual encounters by adolescents. A study of adolescents' onset of sexual encounters has shown that living arrangements contribute to onset of first sexual encounters for persons aged between 12 and 19 years (Nerquaye-Tetteh, 1998). Young persons who live alone, with grandparents, or in other households other than with their biological parents, are at a higher risk of encountering sex early (Nerquaye-Tetteh, 1998). Living with biological parents and its attendant supervision have been observed to be protective factors in age of onset of sexual encounters (Tenkorang &

Adjei, 2015). Kuenyehia and Ofei-Aboagye (2003) have found that *social parenting* rather than *biological parenting* serves as a high-risk situation for sexual abuse of females. Social parenting was used in their study to refer to situations in which young girls were staying with relatives or non-relatives as opposed to biological parenting where they are staying with their own biological parents.

Another contextual issue tied into the family arrangement, is the phenomenon where young children trade to support the family income (Kuenhyia & Ofei-Aboagye, 2003; Nerquaye-Tetteh, 1998). Some of them are street hawkers who have little or no parental supervision although some may be daytime traders who go home at night. In both cases, the child is outside the home and has an increased likelihood of being sexually abused. It is an avenue for early forced sexual encounters. In families with low incomes, young girls (and sometimes boys) sell items to support the family income. This opens them up for abuse. All these factors comprise the “socio-culturo-legal” context that pertains in Ghana and influences the incidence and reporting of sexual abuse.

1.1.1.2 Economic factors.

Economic factors also play an important role in how sexual offenses are treated (Coker-Appiah & Cusack, 1999). The process of going through the police station and the court system altogether requires some financial involvement which most families may not be able to afford or prioritise as a budget point. The cost is not only pecuniary but also temporal. The cost to the family in terms of the time that will be spent in court over the course of the legal process cannot be quantified but becomes a factor to consider in the decision to pursue the case or to leave it. In Ghana, due to huge caseloads on judges and magistrates, a case, once taken to court may take over one year to begin trial. Once trial begins, it may take about one year of adjournments

and witness testimonies to be concluded. As a result of the economic cost, family members in a certain community in Accra are reported to be receiving sums of Ghc500 (\$100) from perpetrators to settle defilement cases at home. This is because the cost of going through the courts may be higher and also because the perpetrators are known or are family members (Issah, August, 2016).

1.1.1.3 Legal factors.

Ghana has signed on to the UN Convention on the Rights of the Child (UNCRC) and Article 3 of this convention states that “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration” (UNCRC Article 3). This provision has been incorporated into Ghana’s Children’s Act which has ratified the Convention. The implication of this best interest principle is that it should cover all children who come into contact with the law and the courts as victims or perpetrators. There is however, more focus on the juvenile perpetrators than on the child victims. For instance, The Juvenile Justice Act, 2003, Act 653, takes pains to protect the child who offends. Issues pertinent to the victim’s protection are alternatively encapsulated in policy documents which are non-punitive (Law and Development Associates, 2012). The provisions of these policies are also barely resourced. Further, the interests of children in other environments such as the educational system are also lacking (Plan International Ghana, 2018).

Further, although the formal legal process promotes the use of Alternative Dispute Resolution (ADR) in most cases, it is specifically forbidden in cases of sexual abuse (Judicial Service of Ghana, 2010). There might be advantages to this as it may seek to protect the child against persons who might want to take advantage of the person abused. It however, does not

merge comfortably with the socio-cultural and economic needs of the people that this system seeks to help. It is thus suggested that because in the patriarchal cultural context that pertains in Ghana, a woman/girl is the property of her husband or father and so any trespass to her body is seen as a trespass to the man's property and not necessarily to the woman herself, the legal context which gives power to another system to determine how this 'property' is treated may not be useful or suited for this context. Moreover, the formal legal process deviates from the traditional adjudication process by failing to provide compensation to the offended person or her caregiver.

1.1.1.4 Psychological factors.

Psychological factors such as shame, guilt for the victim (Kendall-Tackett et al., 1993; Spohn & Holleran, 2001), caregivers (Bux et al., 2016a), and the family as a whole (Boakye, 2009) are part of the cultural context of factors that prevent reporting of sexual abuse. In a study by Boakye (2009) on sexual abuse among children, collective shame (on the family and victim) and concerns about the child's own future prevented reporting of sexual abuse. This was coupled with the high incidence of intra-familial occurrences of these sexual abuses. Boakye (2009) conceptualised that collectivism will lead to strong feelings or collective shame which will in turn lead to lower levels of disclosure as compared to individualistic societies with low levels of collective shame which will lead to higher rates of disclosure. His conceptualization of collective shame however, does not give a total picture of the phenomenon since there may be other socio-cultural, economic, legal and psychological factors that influence this behaviour. What is more, the phenomenon of not reporting child sexual abuse is also prevalent in other countries which are not necessarily collectivist (Herman, 2005; Westmarland, Johnson, & McGlynn, 2018). This notwithstanding, in a highly collectivistic context such as is found in Ghana where there is a high level of interdependence, there is a

heightened sense of family shame when issues of sexual abuse are reported. This is coupled with the fact that most of the perpetrators are family members, neighbours and friends (Boakye, 2009; Bowman, 2003b; Bowman & Kuenyehia, 2003; Darkwah & Prah, 2016). Further, there is stigma associated with being branded as having been ‘defiled’ (Boakye, 2009; Böhm, 2016; Bowman & Kuenyehia, 2003; Tetteh & Markwei, 2018). Thus, considerations for both the victim and a familiar perpetrator will prevent reporting.

From the above discussion therefore, there are several contextual factors that influence sexual abuse and its non-reporting in Ghana. In the next section, the factors that lead to abuse are discussed.

1.1.2 Processes for adjudicating child sexual abuse cases

Victims and their caregivers have three main options after child sexual abuse namely: traditional mediation, formal adjudication, or no action. Traditional adjudication is an integral part of every community in Ghana and is usually a mediation or an arbitration (Ademowo & Balogun, 2014; Agyekum, 2006; Crook, 2004b). Heads of families and clans, chiefs, as well as queen mothers, play an important role in this process. Within families, elderly persons are required to mediate intra-family disputes (Agyekum, 2006). An important aim of the process is to promote reconciliation and harmony among family members and neighbours. The act of compensating the offended party is also an integral part of the traditional adjudication process (Kwakye-Nuako et al., 2017). Most survivors of intra-family and known-person abuse settle their cases in this way. However, the literature has overlooked how this process is used to resolve issues of sexual abuse, how the victim perceives this process, and how it affects the psychological issues occasioned by the abuse on both the victim and their caregivers. Some studies have attempted to look at the cases that drop out of court but they have only looked at

the characteristics of these cases and not to investigate them any further beyond the tabulation of their characteristics (Duron, 2018; Stroud et al., 2000).

In Ghana, for most criminal matters, the formal legal system of adjudication begins with a complaint to the police station. The statement of the victim is subsequently written down and investigated (Amissah, 1982; Law and Development Associates, 2012; Plan International Ghana, 2018). Where it involves a sexual abuse, the victim is sent to the hospital with a medical form for the medical officer to assess the extent of damage and to report his or her observations back to the police. The individual returns the forms and the perpetrator is arrested by the police (if found) to give a cautioned statement. In sexual offences like defilement, and aggravated abuse, the perpetrator may be detained at the police station or may be granted police enquiry bail.

Subsequently, the suspect may be arraigned before court after investigations. The court process continues with testimonies from the victim, and other witnesses who are cross-examined by the accused person or his lawyer. Where there is no case to answer, the accused person may be acquitted and discharged. However, where there is a case to answer, the accused person will open his own defence and call his witnesses. After these processes, the judge makes a decision as to the guilt or otherwise of the accused person. This process has been found to help relieve the emotional pain of abuse for some victims (Kunst, Popelier, & Varekamp, 2015).

There are however, problems that arise with this process. Victims who are able to successfully navigate the legal process are merely appendices in Ghana's adversarial justice system. This is also the case in most Commonwealth countries that practice the common law

(Antonsdóttir, 2018). They have little or no influence on the process and only act as witnesses for the prosecution (Ampofo, 2008; Herman, 2005). Additionally, there is no compensation for the time and expense committed to the legal process. Even after a successful trial, complainants and witnesses have to adduce evidence to prove physical injury or to institute a civil action to claim for compensation (Justice Adjin-Doku, a Circuit court judge, personal communication, 18th August, 2017). The additional negative consequences of the shame associated with disclosure in court and the fear of facing a perpetrator make the legal process unattractive to many victims (Boakye, 2009; Daly & Curtis-Fawley, 2006; Herman, 2003; Spohn & Holleran, 2001). Other factors for this have been family interference, fear of the perpetrators, cynicism of victims about the willingness of the court actors to help them, and unhelpful police personnel, as well as lack of money (Adomako Ampofo, Awotwi & Dwamena-Aboagye, 2005).

The criminal justice system in a common law jurisdiction is an adversarial one thus, for civil cases, there has to be a plaintiff pitted against a defendant and for criminal cases, the prosecutor is on the other side of the accused person (criminal defendant) (Williams & Smith, 2012). This means that in a criminal case, the victim in a crime plays a more laid back role and serves only as a witness in the case that principally involves him/her (Herman, 2003). The process of reporting and the legal procedure can also be an intimidating process (Eastwood, 2003; Eastwood & Patton, 2002; Herman, 2003). In some jurisdictions, there have been attempts to give the victim more control over the process by using restorative justice processes (Laxminarayan, 2010) and victim statements, which give the victim an opportunity to state what impact the crime has had on them (Laxminarayan, 2010).

In Ghana however, except where juveniles are the offenders, restorative justice processes are rarely used for perpetrators (cf. Juvenile Justice Act). In considering the psychological impact of crime on victims, researchers have found that their control over the process helps their psychological well-being and their perceptions of justice (Herman, 2005; Laxminarayan, 2010; Spohn & Holleran, 2001). On the other hand, this process can be intimidating to the victims due to treatment by the police and the acceptance of their story especially where the perpetrator is known to the victim. This often leads to secondary victimisation (Daly, 2014; Daly & Curtis-Fawley, 2006; Spohn & Holleran, 2001), where victims are re-victimised by the criminal justice process and its actors. It is thus believed that whether the legal or extra-legal process would be viewed by the individual as anti(therapeutic) would depend on the individual's conceptions of justice and whether the outcome serves that justice need and helps to improve their well-being.

What is more, the professionals who work within the justice system have been found to be intimidating to the victims and their caregivers. They include lawyers, prosecutors, judges, social workers³. The Police are the ones with the most contact with victims and caregivers in Ghana: they act as both investigators and prosecutors. As investigators and generally the first point of call for victims, they have been found to be patriarchal in their views and dismissive to persons with low socio-economic status (Darkwah & Prah, 2016). Most other professionals have been found to lack the resources to provide victims and their caregivers with the help they require. For instance, medical doctors have been known to take various amounts of money

³In the Ghanaian literature, traditional rulers and policy makers in the area of gender have been included in studies about key informants (Dako-Gyeke, 2018). For the traditional rulers, it is acknowledged that they are often engaged by the victims and caregivers when there is an abuse case in the community. For the policy actors, it is because they make policies (e.g. Ministry of Gender) or influence policy (e.g. Child rights and domestic violence advocates).

to sign medical forms for the victims because their expenses as witnesses in court would not be covered by the State. Again, social workers attached to the police stations and the courts lack the resources to follow up victims up after their contact with the system. Ultimately, these pose challenges for the victims and their caregivers and influence their attrition from the justice process.

The formal legal system has its advantages. In a study of 22 conveniently sampled victims of violent crimes, although a half of them had resolved issues with the perpetrator outside the legal processes, those who had used the legal process reported more success especially for those who had encountered more sympathetic advocates and personnel. One important finding of this study was that the victims sought for validation of their claims and for the opportunity to replace negative emotions and rumination with more positive emotions and thoughts. The victims further preferred that the perpetrator would be exposed and shamed rather than incarcerated (Herman 2005). For Ghana as well, recourse to the formal legal process has its advantages. For instance, some victims report incidents of domestic violence simply to scare the perpetrator (Adomako Ampofo, Awotwi & Dwamena-Aboagye, 2005). Victims' connections with the legal process (police or courts) therefore, fulfil a need for the victim and this need is met when they encounter empathetic professionals.

In conclusion, the complexity of the Ghanaian context makes the legal process unattractive (Ampofo, 2001; Boakye, 2009; Bowman, 2003; Daly & Marchetti, 2011). The other side of interdependence which promotes reconciliation and the restoration of the offender also means that there must be investigations into alternative ways of resolving issues of sexual abuse which will be acceptable to the victim, the State and the family of the victim (Bowman, 2003). A growing literature suggests that the criminal justice system may not be the best approach to

resolving sexual crimes especially in collectivist societies (Bowman, 2003; Daly & Marchetti, 2011). A more therapeutic approach such as the use of specialised courts and the combination of both legal and care approaches to cases have thus been advocated (Casey & Rottman, 2000; Wexler, 1993). Although the traditional adjudication process has been criticised by some as ‘rent-seeking’, it may provide one such alternative (Agyekum, 2006; D’Aoust & Sterck, 2016).

This argument has however, not been adequately explored. This study therefore uses a psychosocial ecological lens to study young victims of sexual abuse and their caregivers in Ghana. It seeks to investigate the psychosocial outcomes for those who have gone through the legal process and those who have used extra-legal means (out of court settlements) to find out how the processes have influenced their psychological wellbeing.

1.2 Justification for the study

Sexual abuse usually occurs within family settings and is usually perpetrated by persons known to the victim (Boakye, 2009; Bowman, 2003b; Coker-Appiah & Cusack, 1999; Darkwah & Prah, 2016; Herman, 2005). There have been calls for parents and victims not to resolve sexual abuse cases such as rape and defilement at home but to bring them to court for resolution. However, for several reasons noted previously such as the combined effects of high sentences imposed on perpetrators, socio-cultural factors, low economic resources to cater for victims of abuse and known perpetrator abuse (which are the majority), incidents of sexual abuse are less likely to be reported. Even those who have taken a bold step to report or initiate criminal justice proceedings often do not complete the process for reasons noted previously (see Boakye, 2009; Coker-Appiah & Cusack, 1999; IDS et al., 2016).

Victims who have insisted on reporting incidents of abuse have been rejected by their families, a development that has the propensity to increase the psychological challenges and discomfort experienced by the victims as a result of the abuse (Darkwah & Prah, 2016). A lot of these cases are thus resolved by families but little is known about the strengths and weaknesses inherent in these resolutions on the psychological health/distress of the victims. Is it then the case that those who are going through the court process will go through a greater psychological burden than those who are not?

On the other hand, victims who are able to successfully go through the legal process are merely appendices in the criminal system with little influence on the process except to act as witnesses for the prosecution. What is more, there is little compensation for the time and expense committed to the legal process as complainants/witnesses even after a successful trial since most pecuniary benefits from the crime are paid to the State and not to the victim. The additional negative consequences of the shame associated with disclosure in court and the fear of facing a perpetrator, make the legal process unattractive to many victims (Boakye, 2009; Daly & Curtis-Fawley, 2006; Herman, 2003; Spohn & Holleran, 2001). This is within a context of high collectivism or interdependence which promote the ideal of reconciliation and restoring the offender (Hook et al., 2012). Investigations into alternative ways of resolving issues of sexual abuse which will be acceptable to the victim, the State and the family of the victim are therefore important (Bowman, 2003). A growing literature suggests that the criminal justice system may not be the best approach to resolving domestic problems especially in collectivist societies (Bowman, 2003; Daly & Marchetti, 2011). A more therapeutic approach such as the use of specialised courts and the combination of both legal and care approaches to cases has been advocated (Casey & Rottman, 2000; Wexler, 1993).

Methodologically, large data researches, big picture data which sample people through phone calls and court data have been used to study CSA (Finkelhor et al., 2014). There is often no direct access to children except in a few studies; (Back et al., 2011; Eastwood, 2003; Eastwood & Patton, 2002). In Ghanaian studies, qualitative studies are community-based (Tetteh & Markwei, 2018) or even where phenomenological approaches are used, the community view takes precedence (Attah, 2016).

Regionally, data and research are heavily shifted towards the first world and for Africa, Southern Africa. Researches on prevalence rates therefore follow this shift and inaccurately represent African prevalence as being high (Meinck et al., 2015; Stoltenborgh et al., 2011). It is therefore not surprising that except for research conducted in Southern African countries, most studies on child sexual abuse assume that the victim is in a blissful pre-abuse state without considering the traumatic conditions such as poverty that they live in prior to the abuse. This in no small way shapes their experience.

Additionally, most studies are in countries with well-structured systems for dealing with child sexual abuse. The US has the Child Advocacy Centres especially structured for victims to report cases (Duron, 2018) and for instance Sweden has a process that is comfortable for victims and their caregivers (Back et al., 2011, 2013, 2014) and New Zealand has centres for collecting forensic interviews and video recordings of interviews (Eastwood, 2003). In some countries such as Sweden, compensation is offered to the victims and their caregivers after the court process (Tamarit Sumalla & Hernández-Hidalgo, 2018). This is not the case in Ghana. In Ghana, compensation is not paid after the court process and victims and their caregivers have to initiate a civil case (after the criminal case) in order to receive some form of compensation for the victims.

Finally, CSA is defined broadly in most researches. It is defined to cover the broad areas of touching, exhibitionism as well as penetrative sex. This research takes a narrower approach or definition to sexual abuse to focus on penetrative sexual abuse because it has the most debilitating effect on the victim. It has the three-pronged trauma of physical, psychological and emotional harm on the victim.

This study therefore, looks at young victims of child sexual abuse in Ghana and compares those who have gone through the legal process with those who have used extra-legal means (out of court settlements) to find out how the process and outcomes of their respective decisions have influenced the psychological wellbeing of the victim. Although sexual assault has been found to be low among Ghanaians (IDS et. al, 2016), sexual abuse is a debilitating situation of personal violation, with added psychological and physical consequences thus requiring more attention than other forms of crime such as property theft.

1.3 Relevance of the study

This study has both national and international relevance in that in keeping with Ghana's international and regional obligations to pursue the best interests of the child, this study would hope to bring out a system of adjudication that will satisfy this welfare principle. The Global agenda aimed at prevention also believes that one strategy to achieve this is to improve upon the process of seeking justice. This study also has implications for policy and reformation of the court's view and treatment of the victims of CSA.

1.4 Aims of the study

The main aim of the study is to explore the psychological and social experiences of young victims of sexual abuse as they experience a court or non-court method of adjudication. It also

aims at finding out how non-perpetrating caregivers experience the processes and how they interact with the various actors.

1.4.1 Specific objectives of the study

- To investigate the psychological and social effects of penetrative sexual abuse on the victims;
- To explore the extent to which the legal and non-legal processes produce similar or dissimilar psychological and social effects in young victims of sexual abuse;
- To explore the lived experiences of non-perpetrating caregivers of sexual abuse victims on their psycho-social experiences as their wards pursue the legal or non-legal processes;
- To explore the psychosocial experiences of key informants involved in the legal adjudication processes (magistrates, lawyers, social workers, health workers).

1.5 Organisation of thesis chapters

This thesis is sectioned into seven chapters. The chapters are organized as follows: Chapter 1 is the introduction of the study. It provides the background and general context in which the research was conducted. Chapter 2 provides the theoretical framework, a review of the relevant literature, as well as the research questions for the work. The chapter outlines different psycho-social ecological theories and adapts them for this study by including theories of legal mobilization and social justice. Chapter 3 presents a description of the methods used and outlines the rationale for choosing an interpretivist paradigm for the current study. It also provides details of the researcher's reflexivity and ethical considerations.

Chapters 4, 5, and 6 are the result sections for the victims, caregivers and key informants respectively. Chapter 4 discusses the analyses and findings for the court and non-court victims. Chapter 5 discusses the findings of the court and non-court caregivers. Chapter 6 presents the analyses and findings for the key informants. Chapter 7 concludes the thesis with a general discussion. It begins with an integrated summary of the key findings in the thesis, followed by a discussion of these findings in relation to the literature. The contributions of the current study to CSA research, the theoretical framework used, as well as the various implications of the findings, are also discussed. The final sections of the chapter focus on the recommendations of the study and the conclusions reached.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This second chapter presents the theoretical basis of this study, as well as some related studies. This chapter presents the Psycho-social Ecological Theory, as the theoretical cornerstone of this study. Researchers have adapted this theory for child sexual abuse and psychological health (cf. Belsky, 1993; Campbell et al., 2009). This theory is further modified with theories of social justice and legal mobilization for the current study. The relevant literature is reviewed according to the stated objectives. This chapter concludes with the research questions for the study and the operational definitions.

2.2 Theoretical Framework

2.2.1 Psycho-Social Ecological theories

This study adapts the Psycho social ecological theory to understand the phenomenon of child sexual abuse. Ecological theory was first propounded by Brofenbrenner (1986, 1995) and posits that human behaviour is influenced by multiple factors, spanning from the individual herself, the immediate environment (family), the society in which she lives and the general policy and historical context in which she finds herself. This framework has been applied to child physical maltreatment (Belsky, 1993), domestic and gender-based violence and women's mental health (Campbell et al., 2009; Darkwah & Prah, 2016; Heise, 1998), mental health aetiology in Africa (de-Graft Aikins, 2015), and the aetiology of offending for criminal offenders (Ward et al., 2006). The advantage of this theory is its ability to organize several levels of experience into a comprehensive whole. As Eagly (2018) contends, patriarchy as a formulation for understanding how women function in their environment, is inadequate. She

contends that there should rather be a totality of thought that encompasses both the individual-level psychological factors as well as societal factors to understand the position of women in the world today. The use of an ecological framework is therefore in the right direction. I begin with a discussion of the various theories and then conclude with an adaptation of these theories to the current study. For this study, the socio-ecological framework used by Belsky (1993); Campbell et al., (2009); Darkwah & Prah (2016); Heise (1998) will be adapted to understand the experiences of child victims of sexual abuse and their caregivers as they experience the court and non-court processes after abuse.

Belsky (1993) proposes a dense 3-stage ecological framework to understand child physical maltreatment. At the first level is the developmental-psychological context, which focuses on child factors, and parental factors affecting child abuse. The second level looks at the immediate context of the child especially at the art of parenting and the parent-child interaction. Finally, the third level looks at the broader context of community and social support, socio-cultural context, and finally evolution. Although a comprehensive developmental approach to the issue of child physical abuse (and probably because of it), his focus is exclusively on the psychological state of the child herself and that of her parents and the degree of their interactions at these various stages. He fails to delve deeper into the social and structural factors and how they affect the child's experience of abuse.

Heise (1998) proposes a five-stage integrated approach to understanding why women are persistently abused. She follows Belsky's categories and improves upon them with the addition of the fifth layer which is the mesosystem. For her, it is not alright to focus only on patriarchy and power relations or cultural factors or psychological issues with men as the cause of abuse. To her, "a theory integrating all these aspects is essential to appreciating the totality

of the discourse. An ecological approach to abuse conceptualises violence as a multifaceted phenomenon grounded in an interplay among personal, situational and socio-cultural factors" (Heise, 1998, p. 264-5). Her five stages are as follows:

1. individual level: personal history factors that each person brings to his/her relationships
2. microsystem: represents the immediate context in which abuse takes place e.g. the family or other intimate acquaintance
3. exosystem: encompasses the institutions and social structures both formal and informal that embed the macrosystem e.g. work, neighbourhood, social networks, identity groups.
4. macrosystem: -represents the general views and attitudes that permeate the culture at large
5. mesosystem: an interplay between various aspects of the person's social environment; connections between family, network of peers and links with social institutions e.g. courts, police, social services etc.

This approach has been used by Darkwah & Prah (2016a) as well as IDS et al., (2016) to understand the complex issues involved in issues of domestic and gender-based violence in Ghana. The approach is however re-tuned to a more psychological approach by Campbell, Dworkin, & Cabral, (2009), who propose a 6-level model to the theory based on research on sexual abuse and the psychological outcomes for adult victims. At the individual level, are the socio-demographic variables of the victim (age, gender, marital status, personality characteristics). Also, at the individual level are the characteristics of the assault such as the victim's relationship with the offender, level of injury, the psychological health of the individual prior to the assault as well as the threat perceived from the assault.

At the second level are the microsystem factors that include the positive and negative reactions and support received from family members and the immediate environment of the victim. Where positive, the immediate social interactions lead to lower psychological distress whereas negative reactions lead to more psychological distress. The meso/exosystem level, involves the victim's interaction with the legal system and other social services involved in the care and management of victims of abuse. These external sources of support also have the power to affect the psychological outcomes for victims of abuse. Where they produce positive support and feedback, they lead to a decrease in the distress of victims.

The next level is the macrosystem, and it includes the socio-cultural context of the victim. Factors such as the belief in rape myths and a rape-prone culture are at this level. Such an environment, according to them, makes it difficult for victims of sexual abuse to recover. The next level is the chronosystem related to time. It covers sexual abuse over time and the negative effects of repeated abuse. This includes whether or not the person has experienced sexual violence prior to the present incident. At the final level is what they refer to as the meta-level construct of self-blame. According to Campbell and Dworkin interactions at the different levels of the model influence and ultimately lead to the self-blame that the victims experience.

The Campbell and Dworkin model builds on what Heise and Belsky have done and situates the psychological aspects of the victim of abuse within a psycho-social context. It is however, based on data from sexual abuse from age 14, which they define as adult sexual abuse. It is therefore not necessarily child sexual abuse. Whereas Heise focuses on the social, economic and political context, Campbell and Dworkin look mostly at the individual and social levels. The levels in Campbell and Dworkin can also be re-structured into a more concise model.

De-Graft Aikins (2015) has used an ecological framework to explain the aetiology of mental health in Ghana. She constructs a 4-level analysis of this concept. The first level is the *intrasubjective level*, which involves disruption to the individual's body and mental faculties based on mental illness. The second stage of her model which is the *intersubjective level*, is the shared experience of suffering between the individual and his immediate family and caregivers. At the third level is the *social/group level* which talks about the views of the society and their response to mental illness. The final stage is the *structural level* which speaks to how structural issues such as poverty, social exclusion and a stressful workplace as well as political and cultural factors can shape responses and care for the mentally ill. The simplified conceptualization is attractive and useful for understanding child sexual abuse and their engagement with the legal or non-legal process. The nomenclature is clearer and reflects a more phenomenological approach. It also straddles the divide between social, psychological and mental health principles which are essential for this work. It however, leaves out an essential level of the policy framework. This will be included at the structural level for the current study.

2.2.2 Psycho-Social Ecological Theory adapted for this study

For the current work, the simplified 4-step approach and the nomenclature used by de-Graft Aikens will be used together with contents from Heise, Campbell et al and Belsky.

2.2.2.1 Intra-subjective level.

At the individual intra-subjective level, sexual abuse is a personal experience, the meaning of which is influenced by the age, socioeconomic status, gender and the psychological variables of the individual such as personality traits (Belsky, 1993; Campbell et al., 2009). The characteristics of the abuse and its effects on the victim are also considered at this stage as part of the intra-subjective experience—one that cannot be shared with another person and which

has an effect on how they perceive and traverse the legal or non-legal process. The age of the child influences how the sexual abuse is perceived and its effects across the life course. For instance, younger children after abuse, associate pain with their genitals, whereas older children experience it differently, since they are more likely to understand the experience (Claasen & Spies, 2015).

Age also influences whether they will be believed by their caregivers (Knott & Fabre, 2014) or even the justice system (Bunting, 2008; Fitzgerald, 2006). Increasingly, younger children (less than 7 years) and older children (15 years and above) are less favoured by the justice system and more likely *not* to get their cases from the prosecutor's desk to the courts than children in the intermediate age range (7-12 years) (Duron, 2018) or 5-13 years (Bunting, 2008). The sex of the child also influences both sexual abuse rates and reporting. According to self-report data, more girls are likely to be sexually abused and more likely to report their abuse but males are both less likely to be abused and less likely to report such abuse (Collin-Vézina et al., 2013; Dartnall & Jewkes, 2013; Dubowitz, 2017; Meinck et al., 2015; Stoltenborgh et al., 2011)⁴.

2.2.2.2 Inter-subjective level.

Although sexual abuse is a personal experience for the victims, the journey through the justice system affects the immediate caregivers of the victim. Their response to the abuse and their reaction and behaviour towards the victim of abuse all affect whether or not justice will

⁴This is with the exception of the Smallbone, Wortley, & Graycar, (1999) study in which he found that incarcerated offenders were more likely to report male abuse although female abuse was more prevalent. This suggests that although male abuse was high for his population, there was low reporting for it.

be pursued and whether or not they will be provided with the emotional and financial resources needed to seek justice (Campbell et al., 2009; Knott & Fabre, 2014; Lovett, 2004; McGillivray et al., 2018). Some studies have found vicarious emotional and psychological distress among non-offending caregivers of victims of abuse (Bux et al., 2016b; Lovett, 2004; van Toledo & Seymour, 2016; Wamser-Nanney, 2017). They are therefore not bystanders in the process. Especially where the decision to report to the police has to be sanctioned by the caregiver, because of the economic and social implications of reporting, their involvement with the victim becomes more pronounced (Adomako Ampofo et al., 2005; Belsky, 1993; Boakye-Boaten, 2010; Boakye, 2009). Their distress is further heightened in societies where the social facilities for abused children are non-existent (Badoe, 2017; Mulambia et al., 2018).

Another factor that increases the distress felt by caregivers in African countries is the conception of children as future security for their parents. According to Boakye-Boaten (2010), children in traditional African societies are highly valued since they are often perceived as insurance for the future of their parents. There is therefore an added disappointment when these children are “spoilt” by sexual abuse (Böhm, 2016; Tetteh & Markwei, 2018). The societal perceptions of loss of virginity, shame on the family and the attendant publicity of the legal process lead to a feeling among family members and even workers that when a child is defiled,⁵ she is spoilt or damaged in some way (Boakye, 2009; Böhm, 2016; Böhm, 2017). For some, it is fear of future marriage prospects that presents the greatest distress when a child is sexually abused (Armstrong, 1998 in Lalor, 2004). I therefore submit that the hurt and psychological distress of caregivers will stem from these conceptions of what defilement means and how it is

⁵Defilement is an offence under Ghanaian law and is used to describe penetrative sexual abuse against a child (male or female) under 16 years.

perceived as a spoiler of clean goods [the victim]. This sense of shame and distress also influence how victims are treated after the abuse—it may lead to non-disclosure in order to cover up the shame and in a way to ‘protect’ the victim (Boakye, 2009).

2.2.2.3 *Social/Group level factors.*

At this level, the social factors such as poverty, cultural norms, magico-religious beliefs and urbanization that affect child sexual abuse, especially in low-and middle-income countries are discussed. In terms of poverty, the relationship between economic means and child sexual abuse is unsettled. Whereas demographic studies and large quantitative studies fail to find a relationship between poverty and the incidence of child sexual abuse (Yahaya et al., 2013), individual studies especially those conducted in sub-Saharan African countries have found a greater likelihood of child sexual abuse where there is poverty (Dako-Gyeke, 2018; Molyneux et al., 2013; Sossou & Yogtiba, 2009; Wrigley-Asante et al., 2016). Even in western countries (Europe, US and Australia), low socio-economic status has been found to be one of the risk factors for child sexual abuse (Assink et al., 2019). Poverty as a lack of resources (Greco & Dawgert, 2007), as a lack of parental attention to children (Boakye-Boaten, 2010), and as one of the factors that limit access to justice (Molyneux et al., 2013), has been found to influence the abuse of children (Greco & Dawgert, 2007; Wrigley-Asante et al., 2016). Where caregivers lack the material resources for their wards, it has led to some children engaging in transactional sex and working outside the home (Nerquaye-Tetteh, 1998; Oppong Asante, 2016). Where parents are poor, they are also likely to spend more time outside the home, and are less likely to attend to the needs of their children (Lalor, 2004). Again, low SES has been found to influence whether or not a parent will report a case after disclosure of sexual abuse (Knott & Fabre, 2014).

Poverty is also linked to urbanization (Wrigley-Asante et al., 2016), a situation that has been traced historically to colonialism, westernization and changes in the market economy (Boakye-Boaten, 2010). Urbanization has in turn lowered societal control over children leaving parenting to nuclear households and external institutions such as schools and religious organizations (Boakye-Boaten, 2010).

Tied to poverty is the high incidence of transactional sex and child sexual abuse found among street children (Molyneux et al., 2013; Oppong Asante, 2016). These children are poor and they fend for themselves on the streets of urbanized spaces, meaning that they are not under parental authority or control (Boakye-Boaten, 2010; Oppong Asante, 2016; Sossou & Yogtiba, 2009). Although socio-economic status has not been found to influence child sexual abuse in western contexts such as the USA (Finkelhor et al., 2014; Finkelhor & Jones, 2006), the same cannot be said about African countries. The economic position of a family determines the incidence of sexual abuse as a child in Ghana and in Africa, and this is because of the high incidence of transactional sex and child sexual abuse found among street children and children with poor parents (Molyneux et al., 2013; Oppong Asante, 2016). Although there are no accurate data of the number of children living this way, they are becoming an increasing source of concern for some development agencies (G. of Ghana & UNICEF, 2014; Ghana, 2018; UNICEF, 2011). The resulting effect is that children are less monitored by parents and known persons (as would have been the case in a small settlement). They also lack the means to report perpetrators and are thus left without the necessary help once abused. This situation obviously leads to impunity among perpetrators and thus continued perpetration.

In conclusion, although socio-economic status has not been found to influence child sexual abuse in the USA-focused studies (Finkelhor et al., 2014; Finkelhor & Jones, 2006), the same

cannot be said about African countries. The economic position of a family determines the incidence of sexual abuse as a child in Ghana and in Africa. Harmful cultural practices, and an acceptable culture of corporal punishment, as well as female genital mutilation and child marriage have also been found in West African countries (Sossou & Yogtiba, 2009) and other African countries (International et al., 2010). Child marriages and infant betrothals are still practised in some parts of the world. For instance, child marriage has been found in some industrialized countries such as the United States (Finkelhor, Turner, Shattuck, & Hamby, 2015). In some African countries, especially in rural areas, children as young as 10 years are given off into marriage in exchange for cattle or to seal off family bonds and friendships (International et al., 2010). Tied to child marriage is the practice of *Trokosi*, a cultural practice found in the south-eastern part of Ghana and in some communities in Togo. *Trokosi* is practice of giving out where a virgin girl is given to a shrine to atone for crimes committed by an ancestor. Some of these underage girls are sexually abused, and some are forced into marriages with the priests of these shrines (Sossou & Yogtiba, 2009). This increases the incidence of child sexual abuse and marriages of under-aged girls.

Other factors such as the acceptance of corporal punishment as a way of correcting a child also influence the incidence of child sexual abuse in Africa. Increasingly, the presence of other forms of violence have been found to influence child sexual abuse (Assink et al., 2019; Meinck, Cluver, Boyes, & Mhlono, 2015). In most African countries, it is accepted that children will be disciplined by their parents or other adults when they do something wrong. Physical abuse, is however, not far from this form of correction. This is because corporal punishment may escalate into abuse. Physical abuse has in turn, been linked to the likelihood of sexual abuse (Belsky, 1993; Dubowitz, 2017). This means that where corporal punishment and by extension,

physical abuse and other types of abuse are present, the incidence of sexual abuse is also more likely (Meinck, Cluver, Boyes, & Mhlongo, 2015).

Belief in magico-religious conceptions of cure, linked to the culture of belief systems, also affects the incidence of child sexual abuse. Especially in some southern African countries, the belief that sex with a virgin could cure HIV led to an increase in sexual abuse encounters with underage girls who were believed to have the desired characteristic of virginity (International et al., 2010; Molyneux et al., 2013). Belief in spiritual and traditional means of healing is not new. When it is linked to specific individuals as the object of that spiritual healing, however, it has proven detrimental (Adams & Dzokoto, 2007; Ae-ngibise et al., 2010; de-Graft Aikins, 2005).

The acceptance of rape myths and the belief that children are sometimes responsible for their own abuse also affects the prevalence of child sexual abuse. The belief that males are morally weak and other such myths about rape are pervasive in some countries such as Ghana (Boakye, 2009). Some have viewed the children themselves as the harbingers of their abuse. In a study along the coast of Ghana, the perception of members of the community was that girls who were sexually abused were promiscuous females who enticed weak males (Tetteh & Markwei, 2018). This community perception leads to victim blaming and consequently exonerates the perpetrator. It also fails to address the issue of paedophiles and the abuse of pre-adolescent children for instance. The latter are neither able to show the agency of attracting “weak” males nor are they able to attract them due to their undeveloped secondary features.

2.2.2.4 *Structural level*

This level looks at aspects of the greater society that have an impact on child sexual

abuse. It also looks at the various systems that exist in the country and how the victims and their caregivers interact with these systems. The legal framework, the medical and police systems and how they shape the incidence and care of children who are sexually abused are also discussed.

Globally, legal, medical and police systems exist in most countries of the world and for most, the police are the first point of contact for victims of abuse as complainants (Molyneux et al., 2013). Contact with the police, lawyers and the courts have been found to be distressing for victims (Daly & Bouhours, 2009; Daly & Curtis-Fawley, 2006a; Herman, 2005). Another source of stress for victims is the waiting period between reporting and the start of the court process (Antonsdóttir, 2018; Herman, 2005). In most countries, prosecutors determine the cases that go to court and this waiting period tends to make victims anxious (Antonsdóttir, 2018; Back et al., 2011; Eastwood, 2003).

Furthermore, the requirement that a victim recount the incident, coupled with resulting disbelief by the police and other authorities, often lead to a re-experience of the abuse, a situation that has been termed as re-victimisation (Daly, 2017; Eastwood, 2003; Eastwood & Patton, 2002; Melton, 2006). The police as members of their particular community and culture are also subject to the prevailing rape myths and views of persons who are sexually abused (Boakye, 2009). Some studies have found that the police are more likely to listen to persons they believe have a clean record and who they believe, did not entice the males who have been accused of sexually abusing them (Spohn & Holleran, 2001).

African countries have adapted most of the global policies and laws (Dubowitz, 2017). In a worldwide survey of policies and laws on children existing in countries around the world,

most industrialized and low and middle income countries were found to have suitable laws and policies for child protection (Dubowitz, 2017). This is however, contrasted with the low rate of compliance with these laws due to low funding for the institutions created by these legislations and policies (Badoe, 2014, 2017; Molyneux et al., 2013; Mulambia et al., 2018; Musiwa, 2018). A case in point is the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service (Adomako Ampofo et al., 2005) and the Victim Friendly Centres (VFCs) in Zimbabwe (Musiwa, 2018). DOVVSU is a specialised unit of the police service in Ghana, created for the support of victims of domestic abuse and child-related offences. However, they lack resources and are thus unable to perform their functions effectively to the detriment of the victims who require their services (Amoakohene, 2004; Böhm, 2017b; Darkwah & Prah, 2016). In Zimbabwe, the VFCs, which are also established to create a one-stop experience for victims of abuse, also have similar logistical challenges (Musiwa, 2018).

As a result, victims and their caregivers face a lot of challenges when reporting abuse in various African countries leading to high attrition rates even when cases are reported. When victims go to the hospital for a medical evaluation after the abuse, they are faced with long queues and hours of waiting and so most of them drop out (Molyneux et al., 2013). Thus, the required evidence cannot be taken, or is lost, due to delays. Since tears and injury in the vaginal areas of pre-puberty girls heal quickly (Badoe, 2014, 2017), the continuous delays in the taking of crucial evidence means that what is required to defend a case in court may be lost. It also requires that these children are assessed by specially-trained medical/health personnel using the right equipment in order to accurately identify these tears. Such personnel are often found in only urban tertiary facilities or not at all, thus making it difficult to obtain the required evidence (Badoe, 2014).

There is also a lack of coordination between the police and health facilities, even where cases are first reported to the health facilities (Badoe, 2014; Molyneux et al., 2013). What this means is that victims are left to move between different facilities such as the police, hospital laboratories, and social workers. The cost of time and transportation means that most of them drop out before they are attended to and some do not return (Molyneux et al., 2013).

Most of the problems victims face during reporting have been addressed in most parts of the world with the creation of one-stop centres. These are facilities that house various professionals such as social workers, the police, as well as legal and health personnel in one place to gather evidence that would be required in court. Such facilities exist in some African countries such as Zimbabwe (Musiwa, 2018), Malawi, and South Africa (Kruger, & Tomlinson, 2013). In most African countries, such as Ghana, these facilities are non-existent. The availability of health and reporting structures are important for the evidence-gathering mechanisms required for a case to succeed in court. Where these are not available or poorly resourced, cases are less likely to succeed in court. Where they are uncoordinated and impose financial burdens on the victims and their caregivers, they are most likely to drop out of the whole process altogether.

In court, encounters with defence lawyers have been found to be the most stressful experience for victims (Antonsdóttir, 2018; Daly & Curtis-Fawley, 2006; Eastwood, 2003; Holder & Daly, 2018a; M. Kunst et al., 2015; Smallbone et al., 2001). In most countries, video evidence of victims' testimonies is taken at the one-stop centres during their forensic interviews. However, after that, they are required to be cross-examined by defence lawyers in court. Even with adult victims, this process is difficult and so it is more so where the complainants are children (Eastwood, 2003). The focus of cross-examination is to put doubt in the mind of a jury or a judge (as the determinant of fact) so as to give victory to the perpetrator.

Defence lawyers are thus known to ask age-inappropriate questions and to use other means to ensure that the testimony of the victim lacks the credibility required for their case to succeed (Antonsdóttir, 2018; Back et al., 2011; Schaeffer et al., 2011). In speaking about the legal process, the focus of this study is on the adversarial court process since that creates the most stressful experience for victims and is the one used in Ghanaian courts.

2.2.2.5 Summary of adapted psycho-social ecological theory

In conclusion, the above discussion suggests that the factors that influence child sexual abuse and their experience with their caregivers, police, health facilities and the courts are multi-faceted. At the intra-subjective level, factors such as their age and gender influence who is attacked and who is more likely to succeed in court. At the inter-subjective level, they interact with their immediate families in various ways that either help them resolve the psychological issues surrounding the abuse or determine whether or not the incident would be reported to the police. At the social level, the acceptance of rape myths, as well as community-level factors all play a role in their abuse and in their interactions with the institutions set up to help them. Finally, structural factors play a role in the aetiology and persistence of child sexual abuse in all countries but especially in resource-challenged environments such as Ghana and most African countries. Victims are less likely to receive the support they need in settings where their caregivers and the institutions that are created to support them, are themselves resource-challenged.

The theory used has both a psychological and a critical perspective. What it portrays is that, although the individual is encountering a personal experience, it is within a context which influences how the individual is experiencing the phenomenon. The multi-level framework mostly speaks to how the child after abuse interacts with various institutions. There have also

been theories about victimisation in general, how an individual perceives justice from a personal perspective and how people seek justice using the pyramid theory (Miller & Sarat, 1980-81). These are reviewed in the next section to enhance this multi-level approach. A summary of the combined theories is presented below.

2.2.3 Legal mobilization and social justice theories

Victims experience psychological trauma after an offence has been committed against them (Johnstone, 2005; Zehr, 1990). This trauma may be dealt with depending on the treatment they receive after the victimisation (in this case sexual abuse) and in their interaction with the justice system. Until the feminist movements in the mid-20th century, females who were sexually abused did not have personal rights (Pinker, 2011). These former ways of viewing victims have given way to more accepting ways of treating them once they are victimised. The new approach suggests that in criminal procedures, the rights of victims should be held in the same esteem as that of the accused person (Antonsdóttir, 2018; Holder & Daly, 2018b). This part looks at the dispute pyramid, social justice theories and the psychological and other needs of victims of sexual abuse as they experience the legal process.

2.2.3.1 The Dispute Pyramid and seeking justice for child sexual abuse

Miller and Sarat (1980-81) found that most civil disputes (except divorces) followed a pyramidal structure with most people not taking action and only a few people (about 3-5% of their sample) using the formal legal process for middle level civil cases. In a revision of this theory, Morrill, Edelman, Tyson & Arum (2010) have found that although the pyramid holds true, there are additional avenues for redress that reduce the pursuit of court for all types of disputes. They proposed four main stages i.e. no action, extra-legal, quasi-legal and the formal legal for seeking redress for actionable wrongs. The No action stage is where the person who

has been wronged takes no action to remedy the wrong (also referred to as *lumping*). The second is the extra-legal process where the victims use other means outside the police and court processes to settle their disputes. These extra-legal processes may not necessarily be legal but are useful for seeking redress. The third is the quasi-legal approach. Here, victims use other legal (non-court) means such as arbitration or administrative procedures to seek for remedies for the offence. The final stage is the use of the formal legal process where victims use the courts. The pyramidal view suggests that the largest chunk of cases is not resolved in any way (no action) whilst the next level involves the use of either quasi or extra-legal processes with the formal legal process being the smallest part at the apex of the pyramid.

This concept may also explain the situation of how victims of sexual abuse use the courts. Most cases are not reported at all (Stoltenborgh et al., 2011), and where they are reported, some cases are likely to drop out (Bunting, 2008; Daly & Bouhours, n.d.; Dartnall & Jewkes, 2013; Fitzgerald, 2006), some likely to be resolved through non-legal means (Westmarland et al., 2018), while a few go through the formal legal process (Antonsdóttir, 2018; Eastwood & Patton, 2002; Ernberg et al., 2018; Hagborg et al., 2012). The reasons that have been shown for the attrition at different stages of the criminal justice process include age of the victim, the relationship to the offender and police-related factors such as lack of evidence (Bunting, 2008).

In terms of age, children who are too young (less than 4 years) are less likely to have their cases processed by the police and prosecutors due to fears that young children are sometimes not credible witnesses (Bunting, 2008; Schaeffer et al., 2011). Older children are more likely to refuse to prosecute even where there is enough evidence to do so due to the issue of possible consent for the sexual act (Fitzgerald, 2006). Again, intra familial perpetrators and strangers are more likely to be prosecuted than cases involving intimate partners and neighbours

(Bunting, 2008; Fitzgerald, 2006). Cases are also dropped by police and prosecutors where they find that there is little evidence or where they believe that there is no need to prosecute (Bunting, 2008). What remains therefore is that children 5-13 years are more likely to have their cases prosecuted. In a more recent study carried out in Australia, there has been support for these findings with intrafamilial abuse more likely to be prosecuted than extra familial abuse. Again, the age factor was confirmed in that cases were more likely to be withdrawn where the victim was female, younger in age (0-6 years) or older (13-15years) and where the abuse was the first time (Christensen et al., 2016). These studies reviewed court and police data and were carried out in western contexts. The difference between the above findings and what pertains in Ghana is that intra-familial perpetrators are *less* likely to be prosecuted than extra familial perpetrators (Adomako Ampofo et al., 2005).

Furthermore, there are suggestions from Ghanaian-based studies that although about 63% of people believe that the justice system is good (Boateng & Makin, 2016), about 80% of cases are resolved by other means (e.g. traditional adjudication or home settlement) (Appiah, 2013). This approach may be termed as *extra-legal* if applied to CSA cases because non-court actors are barred from adjudicating them. Indeed, in terms of the base of the pyramid, i.e. those who take no action, a 5-year analysis of data on defilement from the Domestic Violence and Victim Support Unit (DOVVSU) suggests that only about 0.98% of cases that are reported proceed and even a fewer number go to court.

2.2.3.2 Retributive or restorative justice?

The psychological perspectives on justice have been studied in three main ways, as *restorative justice*, *procedural justice*, *retributive justice* (Okimoto, Wenzel, & Feather, 2009; Wenzel & Okimoto, 2016; Wenzel, Okimoto, Feather, & Platow, 2008a) and lately, as

restorative justice (Braithwaite, 1999; Johnstone, 2005; Zehr, 1990). The greatest contention when it comes to victim needs has been whether retributive justice serves the needs of the victim better or restorative justice does. Retributive justice, which works on the principle of making the offender pay for his offences as a breach to a community's norms, has been seen to be devastating to victims (Holder & Daly, 2018a). It fails to recognise the victim as the one who has been wronged and fails to give them a voice and control over the process. Victims are not the main parties in the dispute but are only witnesses to the prosecution (the State). The criminal prosecution and retributive aspect of justice thus becomes a contest between the State and the offender with the victim only as a witness.

On the other hand, restorative justice is a process of consensus building where the victim, the offender and the community discuss the effects of the crime on the victim, and the offender is given an opportunity to apologise to the victim and to pay restitution (Braithwaite, 1999; Johnstone, 2005; Wenzel et al., 2008b). Although there have been criticisms against using principles of restorative justice for sexual offenses (Armour & Umbreit, 2005; Umbreit et al., 1999), there is a growing advocacy for its use in adversarial courts to ensure that victims are heard and their needs addressed in the court process. One of its criticisms has to do with the payment of compensation. Some have advocated that it would lead to offender impunity in that once a compensation has been paid, the offender will feel that he is no longer culpable (Johnstone, 2005). Others have also argued that the compensation that is offered during the restorative justice process is not enough to replace the emotional and material loss suffered by the victim (Darley & Pittman, 2003; Stiller & Hellmann, 2017). An alternative view is that compensation only acts as a *symbolic* gesture. It is not able to restore the victim to her *status quo ante* in terms of her material or emotional possessions lost as a result of the victimisation (Johnstone, 2005).

Finally, Restorative Justice has been pitted against retributive justice in the sense that human beings are known to seek retribution and just desserts when offended (McCullough et al., 2013; McCullough & Hoyt, 2002). It has been argued that this primal need of the human being is not adequately served when restorative processes are used (Wenzel et al., 2008a). In response to this, some have offered that there should be a *constructive retribution* or a *punitive restoration* (Okimoto, Wenzel, & Feather, 2009; Wenzel et al., 2008). Both principles work on the same idea that both the needs of restitution and punishment of the offender should be met at the same time. Restorative justice should be placed hand in hand with the punishment. This may be a laudable idea if it is based on the needs of the victims. For it has been shown that victims are more satisfied and better restored after an offense, when their needs are met by the justice process they desire (Herman, 2003, 2005).

In the African context and in Ghana, Restorative Justice has been found to have similarities with the traditional forms of mediation (Adjei & Adebayo, 2014; Omale, 2006; Rautenbauch, 2015; Schoeman, 2013). It is in a sense expected to restore the offender to the community that his offence has harmed. Caution is advised for this seemingly romanticized view of African traditional mediation. This is because in the past not all traditional mediations ended in restoration and settlement. Offenders were sometimes banished from the community or killed for heinous crimes (Rattray, 1927). This suggests that restoration was sometimes used and at other times retribution was used.

In conclusion, victim needs are served when they believe that they have received some form of justice for the harm done to them by the offender (Laxminarayan, 2010). Whether a restorative process leads to better satisfaction or retribution is preferred, the ultimate is that the

interest and focus of the criminal justice process should shift from the offender's needs to those of the victim. The extent to which their needs are being met will determine their satisfaction with the process of justice.

2.2.4 Combining all theoretical approaches into a psycho-socio-legal ecological framework

The theoretical framework for this study merges the psycho-social ecological framework theory (Boakye 2009; Bronfenbrenner, 1979; Campbell, Dworkin, & Cabral, 2009; Casey & Rottman, 2000; de-Graft Aikins, 2015; Heise, 1998) with the Dispute Pyramid (Miller & Sarat, 1980-81; Morrill, et al., 2010) and social justice theories to explain the separate but related constructs of child sexual abuse and engagement with a pluralistic justice process. The abuse is an individual (intra-subjective) experience, the effects of it are however, co-shared with others especially the immediate caregivers (inter-subjective). They experience the psychological (trauma, need for retribution), and physical effects of the abuse. These experiences are influenced by their interactions with the criminal justice process and its actors at the structural level of the framework. All these bodies however, operate within a socio-cultural context. How victims and caregivers engage the court or non-court process will be based on their individual, and social level factors (cultural norms; poverty and SES).

There are some acknowledged limitations to this framework. Firstly, it has a lot of sections that might make it unwieldy. Secondly, it is combining theories from different study areas which may pose its own challenges. Finally, it takes a bird's eye view of the phenomenon instead of focusing on the minute details of one. These are likely to limit the effectiveness of the framework to explain the psychological aspects of the study in detail. It however, solves a problem of myopic focus of psychological phenomenon from only itself to reach out beyond itself. It helps to understand that psychological phenomena are influenced by immediate and

distant social and structural factors. Since family interactions and interactions with court actors are beyond the self, the psycho socio-legal ecological framework provides an important framework for discussing it.

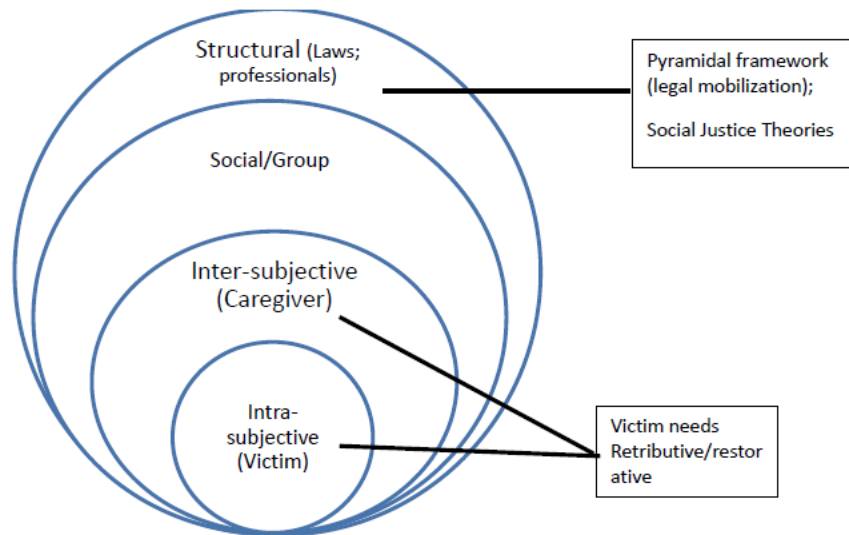


Figure 1. Graphical presentation of the Psycho-socio-legal ecological framework

2.3 Review of relevant literature

This section reviews studies according to the study objectives stated in chapter one.

2.3.1 Objective 1: The psychological and other experiences of CSA.

The psychological effects of child sexual abuse on victims are diverse (Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015; Capri, 2013). These include stigma, shame, self-blame, revenge, anger, invasion of bodily and psychological integrity and several behavioural problems such as lying, acting out and pseudo-maturity (Capri, 2013; Finkelhor & Browne, 1985; Spies, 2017).

Finkelhor and Browne (1995) have encapsulated these experiences in a traumagenic framework. According to the authors, children who are sexually abused experience traumatic sexualisation, betrayal, powerlessness and stigmatization. Traumatic sexualisation has to do with their confusion arising from developmentally inappropriate sexual contact leading to negative emotions and responses about sex. They experience a sense of betrayal where they are abused by people they trust or are not protected by other family members. Their sense of powerlessness comes from the disruption of their bodily integrity and feelings that they have no control over their own bodies. Finally, they feel stigmatized when they become aware of the taboo nature of the sexual contact. This occurs when others point out its inappropriateness or the perpetrator swears them to secrecy. They are also likely to turn this stigmatization on themselves (self-stigmatisation).

The age of the child at the time of abuse, the extent of damage due to the abuse, as well as the duration of abuse, all have an impact on the child (Capri, 2013; Finkelhor & Browne, 1985; Spies, 2017). For younger children, although their brains are not fully formed, their brains may

map out associations between pain and their genitalia (Van der Kolk & Fisl, 1994). Again, for those who are abused over long periods of time such as those in incestuous relationships, the effect of the trauma is more enduring (Spies, 2017). Abuse by close relations also tend to affect the child victim more negatively (Finkelhor & Browne, 1995).

Children who are abused, like all other victims, go through 3 phases after the victimisation namely: the *initial impact stage* which involves an emotional reaction to the victimisation such as feelings of helplessness, terror, and vulnerability, a second stage called the *recoil phase* where the initial feelings subside and are replaced by feelings of anger, guilt, anxiety, wariness, shame and feelings of self-doubt; and a third stage of recovery/re-organization when their needs are met by the system (Zehr, 1990). There is a general loss of control, autonomy, power and loss of trust in others. The kind of justice that victims receive determines how they experience these emotions and how they heal. Some have argued for a restorative form of justice that will serve the needs of the victim and at the same time restore the perpetrator (Braithwaite, 1999; Holder & Daly, 2018a; Johnstone, 2005; Zehr, 1990). Others however, believe that retributive justice which seeks to punish the perpetrator will serve the victims better (Kunst, Popelier, & Varekamp, 2015).

For those who experience a negative occurrence but fail to go to court, Nielsen (2000) has suggested that it is as a result a lack of *legal consciousness*. This is the concept that people who are wronged do not perceive the act as a wrong that will require redress in court (Nielsen, 2000). In Ghana, what has been found to deter adolescents from seeking redress is parental resistance (Agu et al., 2018) and for women in domestic violence, it has been family and societal pressure (Adomako Ampofo et al., 2005). Thus overall, the victims experience various psychological effects after the abuse which interacts with their need for and receipt of justice.

2.3.2 Objective 2: Victims and their interaction with the court and non-court processes

In an adversarial court system, the State is deemed to be the offended party in crimes and victims are treated as witnesses for the State (Antonsdóttir, 2018; Herman, 2003). This state of affairs has implications for victims of crime. Several factors make the court process intimidating for victims and especially child victims. These include, the offender's refusal to admit the offense, the questioning of the victim's credibility by the defence lawyers and the long periods of waiting (Antonsdóttir, 2018; Back et al., 2011; Borradori et al., 2015; Eastwood, 2003; Eastwood & Patton, 2002; Randell, 2017; Randell et al., 2017). Again, seeing the offender in person, and being cross-examined in court have been identified as problems faced by victims in the court process (Daly & Curtis-Fawley, 2006; Eastwood, 2003; Eastwood & Patton, 2002; Stiller & Hellmann, 2017). The courts also expect a certain level of coherence in the testimonies of children which may not be feasible depending on their age and verbal capacities (Magnusson et al., 2018).

In a study of 63 child complainants and other relevant respondents who sought justice in criminal courts in three jurisdictions of Australia, Eastwood (2003) found that on average only 47 percent of the children said that they would want to go through the criminal justice system again. Even for legal participants (e.g. lawyers and court workers), only a third of them said they would allow their wards to go through the criminal justice system if abused because it was "cruel and horrible" (p. 2). The main reason given by the children was that the waiting period for the trial (an average waiting period of one and half years), was traumatising and increased their psychological trauma. Again, seeing the accused person in court was one other traumatising experience for the children. Although the giving of their evidence- in- chief was traumatising, they reported the process of cross-examination as the being more traumatizing.

The children also reported that what they wanted most from the justice system was to be believed (Eastwood, 2003; Eastwood & Patton, 2002).

Daly and Curtis-Fawley (2006), to further understand the difference between going through the legal process and a non-legal conferencing process, conducted an archival study of 387 conference cases involving youthful offenders over a 6.5-year period. These cases were mostly sent for conferencing because they involved intra familial offending and the perpetrators were juveniles. According to them, the main advantage of the court process was its ability to detain the perpetrator in prison to satisfy the psychological need of the victim for revenge. They however, found that the advantages of the conferencing approach were more namely: 1. There was more certainty of action and outcome than in the court process, 2. The victims were heard i.e. they were given the opportunity to tell their stories and to confront the perpetrators 3. A psychologically relieving process was that the victims were given the chance to hear the offender admit their crime. They thus concluded that “on all our measures of the legal process from a victim’s point of view, the court appeared to be less validating and more difficult for a victim to negotiate” (p. 13).

The success of the case in court also depends on certain factors such as the evidence used. Sague-Castillo, (2009) used a mixed methods approach to study the factors that influence the outcome of 234 child sexual abuse cases reported to the courts in the Philippines. He used participants who reported to a child report centre over a period of time. He found that where medical officers testified, and where there was physical evidence, cases were more likely to end in conviction. He found that the presence of a physical injury was one factor that facilitated a CSA case going to court whereas per the quantitative findings, only the doctor's testimony seemed important during the trial. From the qualitative study, he however, found that it was

the credible evidence of the child and the presence of a medical certificate that were important for conviction. Thus, the testimony of a medical officer, the child's own testimony as well as the presence of physical evidence were the factors that led to higher rates of conviction.

Another thing that bothers child victims in court is the level of coherence expected from them during their testimonies in court. This can sometimes be unrealistic as is the case in Sweden. The Supreme Court of that country has decreed that evidence given in court should be clear, long, vivid, rich in detail, confirmed to be truthful in important details, be free from error, contradictions, exaggerations, equivocal statements, inconsistency, incoherence, hesitation at critical parts and be given spontaneously (Ernberg et al., 2018). Judging from the developmental ages of children (especially young ones) and their inability to speak consistently under pressure, this set of criteria is quite arduous (Antonsdóttir, 2018; Brown et al., 2012; Ernberg et al., 2018).

Empirical studies on the experiences of victims in the court process in Ghana are few. Most court-related studies are conducted by Non-Governmental Organisations (NGO) or as reports to international organizations (Appiah, 2013; CRRECENT et al., 2011). Others have used key informants to understand victim experiences (Alolo, 2016; Böhm, 2017a; Dako-Gyeke, 2018). One study that looked at victims, studied the experiences of battered women (Adomako Ampofo et al., 2005). In that study Adomako Ampofo, Awotwi, and Dwamena-Aboagye, (2005) studied the records of the police unit in charge of domestic violence issues (formerly Women and Juvenile Unit [WAJU] now DOVVSU), and interviewed court workers, the police, and community members. They found out that reasons for attrition were myriad. They included cultural and familial factors such as shame to the family especially where the perpetrator was a family member. The legal process itself was found to be confusing and long due to the

persistent adjournments. The attitude of the police was also found to be problematic in that the police were willing to help persons who were well educated and assertive but less willing to help the poor and uneducated women. Moreover, lack of human and other resources restricted police help to the victims. The scanty and jargon-filled reports prepared by medical officers were also found to lead to attrition since the courts rarely understood what was written and thus put little evidential weight on them. Most medical officers also refused to attend court because they saw it as a waste of their time.

The above study looked at the reasons for attrition in Ghana for domestic violence offenses. Some of the findings of this study have also been supported by other researchers who have also found that the perceived shame to the family and police attitudes deny victims their access to justice (Boakye, 2009; Daly & Curtis-Fawley, 2006; Darkwah & Prah, 2016). The study however, focused on domestic violence generally without focusing on child sexual abuse specifically. Again, the study was conducted in 2005, and since then several changes have been made in the area of gender-based violence. These include the promulgation of the Domestic Violence Act, 2007 (Act 732) and the creation of the Domestic Violence Courts (Gender courts) in Accra and Kumasi. These courts have however, not been evaluated to establish their effectiveness in reducing attrition among victims. Furthermore, their study focused mainly on the women's experiences with the police and the legal process but this study will examine the views of children and their caregivers and also assess the views of both those who use the court and non-court processes of adjudication.

2.3.3 The needs of victims

The needs of victims who encounter the justice system are varied. For some, there are feelings of revenge and a desire for reparation (Tamarit Sumalla & Hernández-Hidalgo, 2018). For still others, they are indifferent or would prefer some other treatment for the perpetrator

(Stiller & Hellmann, 2017). Studies in Ghana with female victims and non-victims of rape have found that they are more likely to report an incident of rape primarily to obtain punishment for the offender, stop the incident from happening, or just because the act was a crime that had to be reported to the police (Boateng, 2015). In an almost identical study however, the author and another, found that the women were more likely to report offences to the police when they had not been victims before (Boateng & Lee, 2014). Women who had been victimised and had encountered the police before, were unwilling to report latter incidents to them (Boateng & Lee, 2014).

Where victims believe that perpetrators have received a just punishment for their crimes, that the procedure for obtaining justice has been fair (whether the perpetrator is incarcerated or not) and that they have been treated well by law enforcement officers and court officials, they are more likely to experience relief and a better satisfaction with the justice process and have their feelings of revenge reduced (Kunst, Popelier, & Varekamp, 2015). Some victims believe that it is not necessarily the incarceration of the perpetrator they want but rather that their story would be heard and believed and that the perpetrator would accept his guilt (Herman, 2005).

In a study of 22 adolescents who had been sexually abused and were reporting to a SANE Centre in the US, it was found that their needs differed depending on whether they were voluntary reporters or involuntary ones. ‘Voluntary reporters’ was used to refer to those who reported the case themselves and the reverse being true for the involuntary ones. The voluntary reporters (more than the non-voluntary ones), had a desire to see the perpetrator incarcerated for long periods in order to prevent re-offending (Campbell et al., 2015). Some studies of victims of violent crime have found that the perceived severity of the punishment given to the perpetrator have reduced feelings of revenge towards the perpetrator (Kunst, 2011), although

others have found such relations only after controlling for time (Orth, 2004). Post-traumatic stress (PTS) indices of intrusive thoughts and re-experiencing of the event have also been found to be related to the feelings of revenge that victims experience (Kunst, 2011). In a sample of victims of violent crimes, Orth (2002) found that outcome satisfaction and perceived procedural justice were positively associated with perceptions of positive psychological change. Thus, perceptions of retributive justice—that the perpetrator has been given what he deserves; serves to reduce the psychological burden of resentment that accompanies the victim's perceived violation. Where victims perceive that they have received an unfair treatment or that the procedure has been biased, it leads to strong emotions such as anger, resentment, moral outrage and a strong desire to restore balance.

In a study by Herman (2005) she sought the views of 22 conveniently sampled victims of violent crimes and found that about a half of the victims had resolved issues with the perpetrator outside the legal processes and that those who had used the legal process reported more success especially for those who had encountered more sympathetic advocates and personnel. One important finding from her study was that the victims sought for validation of their claims and for the opportunity to replace negative emotions and rumination with more positive emotions and thoughts. On whether the perpetrator should be punished, they rather sought that the perpetrator be exposed and shamed rather than incarcerated. For the sample that she used, most of them made the decision on their own to either prosecute or not to. However, in the Ghanaian context, this decision may be made based on the perception of collective shame that may be visited on the family if the offense is reported (Boakye, 2009). Again, she used a sample of adult women who ostensibly made personal decisions to report the crime. The present study will be using participants who are young persons who might not necessarily have the authority to report on their own without the concurrence of the heads of their households.

2.3.4 Court, victims and their challenges

There are victim-related and system-related factors that influence the experience of victims in the courts. In terms of system-related factors, it has been found that the decision to prosecute are mostly made by prosecutors in some jurisdictions, based on factors such as the presence of physical evidence to support the charge (e.g. blood, tissue sample), a corroborating witness, a prior criminal record of the perpetrator, race, and the moral character of the victim at the time of the incident (Spohn & Holleran, 2001).

This study was a documentary study of cases in two urban areas in the United States of America with different contextual issues for prosecuting cases. For instance, in that context, district attorneys are elected and are involved from the start in the processing of cases and their prosecution whereas in the Ghanaian context, cases are prosecuted by the Attorney-General through a non-elected Director of Public Prosecutions and sometimes through Police Prosecutors (Amissah, 1982). Although there is little research on the factors influencing decisions to prosecute in Ghana, observations and anecdotal reports suggest that they are different in these two separate contexts. Most of them are conducted in countries with different structural and legal frameworks from what pertains in Ghana. For instance, Sweden practices the inquisitorial system and the US, Australia and New Zealand practice the common law/adversarial system but have different designations for the role of the child in the legal process. Whereas in these countries, the children are defined as complainants, in Ghana, they are only prosecution witnesses. The names give a sense of who owns the process and the Ghanaian process is definitely not owned by the child. These factors suggest a need to conduct a study that is peculiar to the Ghanaian context to understand the experiences of the victims and caregivers of the court process in Ghana.

2.3.5 Victims and the non-court process

Although there is little research on victims of sexual abuse who do not go to court, there have been several studies conducted in Ghanaian schools which can give an indication of the processes that these victims experience after abuse.

In a school-based study, Agu, Brown, Adamu-Issah, & Duncan (2018) showed that victims of sexual abuse, when given an option, would like to report cases. When children speak about sexual abuse in schools, they have a preference for reporting the perpetrator to school authorities, the police, their friends or their parents. Where children reported to parents, more than half (52.6%) of the cases were reported to the police. The Agu et al. (2018) study was a comprehensive study involving 490 persons including school children, parents and education workers spread over 4 regions of Ghana. Their study also showed that a majority of the children (69%) preferred that the perpetrator be punished in some way (prison, death, criminal prosecution). The question therefore is who or what blocks this desire to have vengeance on the perpetrators?

In study using a community sample, Aylward et al., (2016) used mobile phone reporting to sample 33,671 persons aged between 10 to 60 years who were mostly urban dwellers (55%), female (53%) and mostly educated (87%). They found that 56% of their female respondents and 37% of their male respondents had experienced some form of sexual violence during their school years. In terms of reporting, both males and females were less likely to report the abuse. Where reports were made, school-related perpetrators were more likely to be reported than family-related or peer perpetrators. Disclosures were more likely to be made to friends (41%), family members (20%), their school authorities (8%), traditional (7%) or religious leaders (6%) and less likely to the police (3%). The reasons for not reporting included shame and fear of

being punished. For those who reported, in a quarter of the cases (25%), the perpetrators were punished. In 15% of the cases the *victim* was rather punished, and in a majority of the cases, (33%) nothing was done. School-related perpetrators were more likely to be punished than friends, peers and family members. Their results suggest extra-familial perpetrators were more likely to be reported to the police than intra-familial perpetrators. Secondly, it supports the results in Agu et al., (2018) that once abused, the girls are likely to report it to someone. It is the gap between reporting and committing to a court process that has not been investigated. The current study therefore looks at the processes for deciding whether or not to report a case after abuse. What happens to victims of sexual abuse after disclosure where they do not use the court process, and what are the likely interactions between victims and their caregivers prior to reporting or non-reporting?

Another finding of the study was that the factors that led to sexual exploitation for this sample included the girl's responsibility, pressure by teachers, irresponsible parenting, lack of teachers, lack of punitive measures, and poverty. Poverty accounts for itself and about 3 other factors found in the Alwyrd et al. (2016) study. Poverty leads to access to these girls, since girl's responsibility can be traced to their need for resources. Irresponsible parenting can also be traced to poverty and socio-economic pursuits. Finally, lack of punitive measures can also be linked to poverty--the poorer they are, the more likely they are to accept monetary settlement from the perpetrators and thus increase the likelihood of impunity among these perpetrators. This speaks to the social context of the abuse and also the caregiver resources to deal with it after disclosure.

2.3.6 Objective 3: The lived experiences of non-perpetrating caregivers of sexual abuse as they pursue the legal and non-legal processes

Caregivers of children who are abused are vicariously affected by the incident of abuse and the aftermath of abuse. Maternal support for victims who are sexually abused, has been found to be essential to their psychological health (Ensink et al., 2017). It has been found to be one of the ways by which the victims function after the abuse (Hébert et al., 2014); and in future romantic relationships (Godbout et al., 2014). Maternal belief and support also determines whether or not the abuse would be reported to the appropriate authorities (Lovett, 2004).

Maternal support is however, influenced by several factors (Knott & Fabre, 2014). In a review of US studies Knott and Fabre (2014) found five main factors that influence maternal response to disclosures of sexual abuse. Firstly, a mother's relationship to the perpetrator will determine whether or not she will report. Where the perpetrator is a family member or related to the mother, their response is less likely to be positive. Secondly, the presence of domestic violence in the household means that mothers have a lesser propensity to handle the abuse of the child. This is also heightened where mothers are financially dependent on the perpetrator. Thirdly, substance abuse by the mother makes it less likely for them to take action after disclosure (Knott & Fabre, 2014). Fourthly, the age of victim also influences maternal belief. Where the victims are young children, they are more likely to be believed than older children (Elliott & Carnes, 2001). Finally, in studies of mainly Spanish and African American non-offending parents, cultural factors such as "religious commitments, patriarchal family structure, and emphasis on family unity have been offered as explanations for culturally specific maternal response patterns" (Knott & Fabre, 2014, p. 3).

Apart from helping their children, caregivers also experience their own psychological trauma following the disclosure of abuse by their children. Van Toledo & Seymour (2016) studied caregivers in New Zealand accessing treatment for themselves and their children who had been victimised. They found that the caregivers themselves reported high emotional difficulties after the abuse and requested for training in how to manage the behavioural problems arising from the abuse on their part and also on the part of the victims. Although their study found some psychological and social challenges arising from the abuse for both the victims and the caregivers, the economic and social challenges were muted. For instance, the only social challenge reported in their study was the victim's difficulties in school and the influence on the extended family.

These studies make the assumption that the caregivers have the means to report the crime and to sustain the process through court. Studies in Ghana show a hierarchical society where heads of families make the economic decisions (Adomako Ampofo, 2001; Amoakohene, 2004). Again, the estimated cost to be borne by persons who accesses the criminal justice process may be as much as \$ 115 (as at 2005) due to the lack of resources of the State agencies who are expected to help the victims. This suggests that in reporting cases to court, a process that would require economic resources and publicity, the family head will have a say in how the decision is made. It also means that for persons who are poor, this may be an expensive process. What factors influence the experiences of non-perpetrating caregivers and their decision to either go to court or not to go to court?

2.3.7 Objective 4: The views of key informants as they interact with complainants

Key informants are used in this study to describe the professionals who work with victims and caregivers in the justice process. In this study, there is a focus on the professionals who are

found in the formal process such as the police, lawyers, social workers and the judiciary. The term key informant is used interchangeably with professionals.

Most studies on key informants for child sexual abuse have focused on parents when studying the behaviours of the children (Ensink et al., 2017; Godbout et al., 2014); prosecutors when studying the court process (Back et al., 2013; Magnusson et al., 2017). In Ghanaian studies the key informants used have mostly been NGO workers police, prosecutors, judges and community leaders as well as queenmothers (Alolo, 2016; Böhm, 2016; Dako-Gyeke, 2018). Their views about the victims, abuse and the court process are discussed in this section.

Key informants are an important component of the justice process for caregivers and victims of CSA. Their decisions and interactions with the victims and caregivers determine whether they will report an abuse, and if they go through the justice system, whether they will have a pleasant experience of that process. In both Western and African studies, victims and caregivers interact with the police, social workers, medical officers, prosecutors, lawyers and then judges as they go through the court process (Leander, 2010; Leander et al., 2007; Spohn & Holleran, 2001). In African contexts, the contacts are expanded to include local/traditional authorities (Dako-Gyeke, 2018). All these persons are referred to as key informants for the purposes of this section.

2.3.7.1 Interaction with the police.

The police are the initial stage of any criminal process and interactions with them determine the extent to which the case will go. In a study conducted by Boateng and his colleagues (Boateng, 2015; Boateng & Lee, 2014) they found that female victims of sexual assault who had had a previous encounter with the Ghanaian police were less likely to report future cases

as compared to those who had not had such an encounter. This was because of the unpleasant encounter they had had with them. Other studies of the Ghanaian interaction with police have found that encounters with the police are often not pleasant especially for those with low socio-economic status (Darkwah & Prah, 2016). This is not surprising though since the police themselves are subject to the societal views about sexual abuse and victim credibility (Boakye, 2009; Spohn & Holleran, 2001)

Again, the police have to determine whether or not to charge the perpetrator for the offence he is alleged to have committed. Studies have shown that charging decisions are based on the presence of evidence, the credibility of the victim, and the age of the victim (Bunting, 2008; Ernberg et al., 2016; Fitzgerald, 2006; Leach et al., 2016). Consistently, it has been found that cases of children between the ages of 7-12 years are more likely to be prosecuted (where there is evidence) than cases of children younger than 7 years and for older children (Bunting, 2008). There is however, mixed evidence on whether or not intra-familial or extra-familial abuse is more likely to be prosecuted. For instance studies in Ireland police decisions found that charges were more likely for intra familial abuse than for extra-familial abuse (Bunting, 2008). In a study of Australian police records, extra-familial abuse was more likely to be charged (Leach et al., 2016, 2017). Prior to forensic interviews (i.e. immediately after reporting) the cases that were more likely to be withdrawn were those committed by non-familial abusers, cases in which the victim was female and those in which the victim was younger in age (0-6 years) or older (13-15years), and where the abuse was the first time (Christensen et al., 2016). A curvilinear re-modelling of the age-likelihood to charge relationship in the same study found that where victims were adolescents what predicted their charges were as follows: the presence of penetrative abuse, non-familial suspect, and where the suspect confessed.

In Ghanaian studies however, extra-familial perpetrators are more likely to be reported and charged than intra-familial abusers (Adomako Ampofo, Awotwi, & Dwamena-Aboagye, 2005). This shows how the context affects the decisions that the police make and even the response of the victims and caregivers.

2.3.7.2 Interaction with prosecutors.

Once cases are charged, the prosecutor is the next professional to deal with victims and caregivers. The challenges that they experience in dealing with the victims and caregivers revolve around issues of the inability of young children to give testimony or to give accurate descriptions of what happened to them (Back et al., 2013; Ernberg et al., 2016; Leander et al., 2007; Magnusson et al., 2017). This is linked to how to assess their credibility as truthful witnesses when the case goes to court. In countries such as Sweden, cases have a peculiarity: their Supreme Court rules suggest that the evidence given by witnesses should be clear, unequivocal and without hesitations. These are standards that are meant to show credibility of the witness but even prosecutors found this standard to be too high for children especially very young children who have also experienced a traumatic event (Back et al., 2013).

2.3.7.3 Defence lawyers and judges.

Once in court, the victims and complainants have to contend with defence lawyers and judges. Child victims have negative experiences with defence lawyers (Eastwood, 2003; Eastwood & Patton, 2002). This is because child victims are asked inappropriate questions with the focus of the cross examination on disproving their testimony (Back et al., 2011; Eastwood, 2003). Judges are more neutral but they also have their perceptions of how the child victim should give testimony. Both judges and the police are influenced where the child victim shows more emotion during the testimony (Castelli & Goodman, 2014), however in cases where the

victims have high emotional withdrawal, prosecutors are less likely to send their cases to court because of fears that they will not be credible witnesses (Castelli & Goodman, 2014).

2.3.7.4 Challenges faced by key informants.

Studies in Lower-and Middle-Income Countries (LAMICs) and resource-poor environments suggest that for key informants there are other challenges that they face which are different from those suggested in mostly western literature. On a personal level, key informants also have to deal with the trauma resulting from the abuse for themselves and also for the victims (Capri et al., 2013; Muridzo et al., 2018). They face a double agony of a lack of logistics -- a situation that is silent in most western studies-- in addition to their personal level trauma dealing with the abuse and the burnout resulting from emotional engagement with the victims (Alolo, 2016; Badoe, 2017; Böhm, 2016; Dako-Gyeke, 2018; Molyneux et al., 2013). Most studies that have looked at these key informants in Ghana have used some of them with the exclusion of others or only asked victims about their perceptions of these key informants. This study goes a step further to study all the various key informants noted above especially in relation to their own challenges dealing with victims and their caregivers as well as their own personal challenges. Since the configuration of key informants is different from what exists in Western countries, it is believed that they would shed some light on the context and how it influences their relationship with those who go to court and to an extent shed light on those who do not.

2.4 Global policies on child protection

There are several global, regional and local statutes that govern the welfare of children and their treatment. At the global level there are the United Nations Convention On the Rights of the Child (UNCRC) and the Sustainable Development Goals. Several other documents hinge

on these global documents such as annual reports on the world's children produced by the UNICEF and UNESCO. Other health-related child policies are initiated and discussed by the World Health Organisation (WHO). The focus of this section will however, be on the UNCRC, the African Charter on the Rights of the Child and the various child-centred laws and policies in Ghana. The section will conclude with the institutions that are mandated to care for children at the various levels.

Ghana was the first to sign onto the UNCRC on 5th February, 1990. At the regional level, the African Charter on the Rights of the Child (ACRC) is specific to the child. Ghana signed on to this Charter on 15th July 2005. The Charter spells out the rights and responsibilities of children and the responsibility of States actors towards children to enable them grow to their optimum level as adults. Of particular interest are Articles 4, 14, 17 and 27. Article 4 provides that *"if children can voice their opinions, then those opinions should be heard and taken into consideration during legal and administrative proceedings."* This is in sync with Ghana's Evidence Act which gives the right to children to speak in court if they can express themselves, and understand the obligation to speak the truth (sections 58 and 59 of Act 323)⁶. In Article 14 of the Charter, there is an aspiration that *"every child ... has the right to enjoy the best attainable state of physical, mental and spiritual health..."* If this is applied to children who are sexually abused, it stands to reason that they should also be able to enjoy these rights. If they are not enjoying these rights then it suggests that their rights are being violated since they are

⁶Section 58. Except as otherwise provided by this Decree, every person is competent to be a witness and no person is disqualified from testifying to any matter.

Section 59. (1) A person is not qualified to be a witness if he is—

(a) incapable of expressing himself so as to be understood, either directly or through interpretation by one who can understand him; or
(b) incapable of understanding the duty of a witness to tell the truth.

(2) A child or a person of unsound mind is competent to be a witness unless he is disqualified by subsection (1) of this section.

not given the health and attention, they need to enable them attain the full physical and mental and spiritual health after the abuse. They are therefore not growing optimally.

In Article 16 children are expected to “be protected from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse”. Finally, Article 17 makes provision for “special” treatment⁷ for children who commit crimes. No such special provision or treatment is suggested from victims. Art 27 also asks State parties to the African Charter to protect children from “all forms of sexual exploitation and sexual abuse.”

It is obvious from these provisions that children are to be protected and to be given the environment that would engender growth and development. The Charter makes special mention of protection from abuse and sexual exploitation. What remains however is that there is little or no provision for children who are victimised in terms of their rights and treatment. Children who fall foul of the law are explicitly catered for whereas child victims are not.

2.4.1 Laws and policies on child protection in Ghana

In Ghana, provisions on the rights and protection of children are found in various documents. In a recent publication of the Department of Children, Ministry of Gender, it has been shown that Ghana has one constitutional provision, 8 statutes, (3 amendments to the 8 statutes), 2 Legislative Instruments (L.I.) and 1 Constitutional Instrument that apply to

⁷Every child accused or found guilty of having broken the law should receive special treatment, and no child who is imprisoned or should be tortured or otherwise mistreated.

children's rights, privileges, protection and duties (Ministry of Women, Gender and Social Protection, unpublished manuscript).

By way of hierarchy of laws, Constitutions and Constitutional Instruments (C. I.), have greater weight in law than statutes, and statutes in turn, have greater weight than policies (Williams & Smith, 2012). The laws and policies will therefore be discussed in that order. There is a provision on children in the 1992 constitution. Article 28 of the 1992 constitution enjoins Ghana's Parliament to pass a law on the rights and welfare of children and outlines some of the highlights of children's rights (e.g. right to a name, to protection from harm and hazardous work) to be included in such an Act. These provisions are very similar to provisions in the UN Convention on the Rights of the Child and the African Charter on the Rights of the Child. In terms of statutes, the Children's Act, 1998 (Act 560) (as amended) is the law passed by parliament in response to the constitutional provision. It is the most comprehensive aggregation of the rights and responsibilities of children. It also highlights the responsibilities of parents, the community, and governmental structures such as the Department of Social welfare and social workers in the protection of children. Community structures such as the use of chiefs and traditional rulers are incorporated into provisions that deal with children who come into conflict with the law.

Other laws concern the interaction of children in the court process and they are the Juvenile Justice Act, 2003 (Act 653), the Courts Act, 1993 (Act 459), the Criminal and Other Offences Act, 1960 (Act 29), the Criminal and Other Offences (Procedure) Act, 1960, (Act 30) and the Evidence Act, 1972 (Act 323). The Domestic Violence Act, 2007 (Act 732) also looks at offences that occur within the family and domestic setting and is sometimes used interchangeably with Act 29 in defining offences that involve children.

Whereas the Juvenile Justice Act is focused primarily on children as offenders and how they should be treated, the other laws create the offenses and their penalties (Act 29; Act 732); detail the procedure for the criminal process for adult offenders (Act 653; Act 30); or determine persons who can give evidence in court, or the type of court that has the jurisdiction to hear the case (Act 459). The types of evidence that are acceptable in court, and how evidence should generally be treated in court is also provided for in Act 323. In an adversarial court system as is found in Ghana, most of these laws focus on the offender and not the victim. And so the question we ask is: to what extent are child victims protected in the statutes and legal provisions in Ghana?

Apart from the various statutes, there are several policies that have focused on children and their protection. Between 2000-2016 Ghana churned out 25 policies on children with their subject matter spanning health, education, feeding in school, care for vulnerable children (with disability, orphaned from HIV/AIDS); employment social protection, and justice (Ministry of women Gender and Social Protection, unpublished manuscript). Of these policies I discuss the *Child and Family Welfare policy*, the *Justice for Children policy* and to some extent, the *Ghana National Social Protection Policy*. These three policies focus on children and how their rights should be activated under different circumstances, including the courts.

The Child and Family Welfare Policy has been touted as “the most comprehensive bottom-up child and family centred policy ever developed by a West African country” (Issahaku, 2018, p. 9). It is a document that focuses on the prevention of abuse, the promotion of wellbeing and the protection of children from harm. Some of the children identified as being in harm’s way include those who are vulnerable due to familial or parental neglect, or violence and children who are at risk. The policy spells out broad-based objectives, with specific and detailed

strategies for their achievement. It also provides a comprehensive bottom-up presentation of the various systems that exist in the country--both formal and traditional--which can be harnessed for effective child care (Issahaku, 2018; p. 16).

It has however, been criticised on the monetary provisions expected to be made to the children through an existing poverty reduction strategy⁸ and for not clarifying the kind of children who should be consulted in child-related policies. The fear is that only articulate and well-educated urban children will be selected for such child engagements leaving out the rural and less educated ones (Issahaku, 2018). Another critique of this policy has been in a consultative report aimed at reviewing this policy and all laws related to children. The Law and Development Associates (LADA) is a law firm contracted by UNICEF to review all child-related laws and policies in Ghana. They have also criticised aspects of the policy especially duties assigned to various governmental agencies. LADA's work is a desk review. Although it is comprehensive, it does not add much to the Policy except to suggest further improvements in the roles of the various governmental agencies and to incorporate most of the suggestions in the policy and other non-legal documents into an amendment of the Children's Act. They further suggest an inter-ministerial and inter-agency collaboration to ensure comprehensive care for children.

The Justice for Children policy also outlines how children are to be treated as offenders and victims in the formal or non-formal processes. It's main focus however, is on the juvenile

⁸The policy seeks to link the vulnerable children to existing programmes for vulnerable populations such as the Livelihood Empowerment Programme (LEAP) but fails to realize that LEAP is reserved for poor people aged 65 years and above and persons with disability.

offender and leaves much to be desired in how it makes provision for the victim to have a voice and regain power during the adjudication process (Johnstone, 2005; Zehr, 1990).

In conclusion, viewed from the angle of policies and laws, Ghana seems to be very progressive and to be making inroads in the area of child protection. However, research on the ground seems to suggest that there is a disconnect between the beautiful set of laws and policies, and what pertains on in the actual lives of children (Agu et al., 2018; Badoe, 2017; Dako-Gyeke, 2018; Sossou & Yogtiba, 2009; Tetteh & Markwei, 2018). For instance, various challenges have been found in the administration of juvenile justice in Ghana. Firstly, although the Children's Act requires that child panels and community panels be constituted to deal with offences involving children, most of them have not been constituted (Law and Development Associates, 2012). Again, the same law makes provision for the use of child panels in the adjudication of cases in the juvenile courts but there is always a challenge where old panel members retire and have to be replaced with new ones. This is neither done systematically nor smoothly (Law and Development Associates, 2012). There is also a dearth of Social welfare and community development officers to serve as probation officers in the various districts.

Due to some of these challenges and those faced by some other African countries, such as the unavailability of facilities and resources to care for victims of sexual abuse, community involvement has been suggested (Badoe, 2014, 2017; Molyneux et al., 2013; Musiwa, 2018). This is expected to tackle the problem of access for the victims as well as create a broader base for the seeking of justice. Various structures at the local level are used to resolve child-related conflicts. They include traditional leaders (queen mothers and chiefs), faith-based organizations, family heads and civil society organizations. These institutions have legitimacy and are widely available and found in places where the formal legal resources are unavailable

(Baldwin, 2016). Although these structures are widely available, they are not allowed to adjudicated criminal matters. It is also widely unknown how they are perceived by the victims and caregivers themselves in the sense of whether they are suitable for adjudicating such cases. This understanding is important since human beings are more likely to engage with the law when it is closer to what they believe in (Cialdini & Goldstein, 2004; Larcom, 2015).

2.4.1.1 Agencies that oversee child protection in Ghana

Various Ministries, Departments and Agencies (MDAs) are mandated to ensure the effectiveness of these policies and from the top they are: the Ministry of Gender, Children and Social Protection, the Ministry of Interior, the Ministry of Justice and Attorney-General. The Interior and Justice Ministries do not have direct oversight over children. Their mandate arises where it involves children who come in conflict with the law (Juvenile offenders).

The Ministry of Gender has the most direct oversight responsibility for children and to do this, the two agencies involved are the Department of Social Welfare (DSW), and the Department of Children. These two bodies are directly involved in child-related matters. The DSW has several functions which include the care of children and the vulnerable in society. With respect to the courts, the department has members in the DOVVSU to ensure the proper interrogation of children, they also help in cases of child care and neglect and manage the available government shelters (Law and Development Associates, 2012). At the courts, they are mandated to prepare social enquiry reports to assist the magistrate courts and juvenile courts in cases involving juveniles. Their focus is mainly on the child who is in trouble with the law and not necessarily the victim. There are fewer provisions for victims. Provisions for child victims are found in the Children's Act (Act 560) in relation to the care of by social welfare officers where the victims have nowhere to stay.

Viewed from the angle of policies and plans and laws, Ghana seems to be very progressive and to be making inroads in the area of child protection. However, research on the ground seems to suggest that there is a disconnect between the beautiful set of laws and policies and what pertains on in the actual lives of children (Agu et al., 2018; Badoe, 2017; Dako-Gyeke, 2018; Sossou & Yagtiba, 2009; Tetteh & Markwei, 2018). For instance, various challenges have been found in the administration of juvenile justice in Ghana. Firstly, although the Children's Act requires that child panels and community panels be constituted to deal with offences involving children, most of them have not been constituted. Again, the same law makes provision for the use of child panels in the adjudication of cases in the juvenile courts but there is always a challenge where old panel members retire and have to be replaced with new ones. This is not done systematically or smoothly. There is also a dearth of Social welfare and community development officers to serve as probation officers in the various districts.

Due to some of these challenges and those faced by some other African countries, such as the unavailability of facilities and resources to care for victims of sexual abuse, community involvement has been suggested (Badoe, 2017; Molyneux et al., 2013; Musiwa, 2018) this will solve the problem of access for the victims as well as create a broader base for the seeking of justice. These community structures include the chiefs and community elders and mediators. These are widely available and found in places where the formal legal resources are unavailable. They are also seen as legitimate because of their use over time.

2.5 Review of methods

Various methods have been used in the study of child sexual abuse. Some have used national population level studies in the study of prevalence for instance (Finkelhor et al., 2015). Meta-analyses have also been conducted on several studies on child sexual abuse (Lalor, 2004;

Mathews & Collin-Vézina, 2017; Meinck et al., 2015; Stoltenborgh et al., 2011). Country-specific studies have also been conducted as part of demographic health surveys or as stand-alone studies on child sexual abuse or interactions with actors at various stages of the post – abuse and court processes (Capri et al., 2013; Duron, 2018; Ernberg et al., 2016, 2018; Melton, 2006; Spohn & Holleran, 2001). Only a few studies of child sexual abuse are qualitative in nature (Back et al., 2011; Veenema, Thornton, & Corley, 2015) and even fewer studies have studied child victims of sexual abuse as they interact with the court process (Back et al., 2011; Eastwood, 2003; Eastwood & Patton, 2002) and only one study to my knowledge has used the interpretative phenomenological analysis to investigate the child victim’s experiences in court (Back et al., 2011). Most qualitative approaches have focused on adult survivors of child sexual abuse (Antonsdóttir, 2018; Herman, 2003).

In Ghana, studies that have been conducted on the prevalence of child sexual abuse in schools have been quantitative studies (Agu et al., 2018; Aylward et al., 2016), or as part of victimisation studies (Ghana & UNICEF, 2014), as part of domestic violence studies (Adomako Ampofo et al., 2005; Amoakohene, 2004; Coker-Appiah & Cusack, 1999), or general demographic and health surveys (IDS et al., 2016; Yahaya et al., 2013) for most of these studies, child sexual abuse has been defined widely to cover contact and non-contact abuse. Other studies that have used qualitative approaches to study community-level child sexual abuse have done so in the savannah and northern part of Ghana (Alolo, 2016; Dako-Gyeke, 2018) or along the coastal regions (Western, Central and Greater Accra—Ga and Ga-Adangme areas) (Attah, 2016; Böhm, 2016; Markwei, 2019; Tetteh & Markwei, 2018). Apart from the Tetteh and Markwei (2018) study, most of the qualitative studies used key informants and community members.

This study uses a broader approach, it looks at the victims themselves, their caregivers and also key informants. It also reviews the policies on child protection to see how they converge or diverge with the experiences of the persons interviewed. Interviewing children directly has been found to provide more accurate data of abuse and disclosure than adult recall of abuse (Finkelhor et al., 2005).

For studies that have looked at the justice system, mostly surveys have been conducted to understand how and why victims access the courts. In a study of the use of the police as victims of sexual assault, Boateng and Lee, (2014) conducted a survey of women in the central business district of Accra. A mixed methods approach involving the use of police files and indepth interviews was used to understand attrition in domestic violence cases prior to the passage of the Domestic Violence Act in 2007 (Adomako Ampofo et al., 2005). It did not involve a review of court records. Again, after the passage of the Act, another mixed methods approach has been used to study the reasons for attrition of defilement cases in Ejisu in the Ashanti region (Aku et al., 2013). This study was only restricted to police files and interviews with the police. To our knowledge, no Ghanaian study has used a qualitative approach to study the experiences of child victims and their caregivers in court.

The advantage of a qualitative approach is the depth of knowledge and information that is obtained (Creswell & Poth, 2018; Guba & Lincoln, 1994; Tracy, 2013). In order to fully understand the experiences of children who are sexually abused and their personal and related experiences with their caregivers and their interactions with the various criminal justice systems and actors, a qualitative approach offers a level of understanding and synthesis that may not be possible in a general survey. Again, since this is an area that has not been studied frequently and not at all in the Ghanaian context, beginning with a qualitative approach that

explores the nuances of these integrated relationships, will serve as the stepping stone to a more elaborative process of research.

2.6 Research gap

Sexual abuse of females has been variously studied worldwide and in the Ghanaian context, however, in Ghana, most studies have looked generically at domestic violence (Darkwah & Prah, 2016) or violence against adult women or children generally (Amoakohene, 2004; Boakye, 2009) without looking specifically at sexual abuse among young children going through the court process. Child sexual abuse has also been researched in grey materials by various agencies and non-governmental bodies (Law and Development Associates, 2012; Plan International Ghana, 2018). There have also been student works that have used ethnographic studies to look at community incidents of child sexual abuse (Attah, 2016; Ummu Ibrahim, 2014). Others have looked at child sexual abuse in schools (Alolo, 2016) and on the streets (Oppong Asante, 2016). In all these studies, child sexual abuse has been broadly defined to include what would legally be conceptualised as indecent assault. The current study narrowly defines child sexual abuse to look at penetrative sexual abuse. Methodologically, most of the grey materials have been desk reviews of literature and the research works have used ethnographic methods. These studies are however, descriptive and do not cover the processes used to deal with the abuse and how the victims and their caregivers experience these processes.

Studies that have looked at the well-being of victims have done so from more legal and criminological viewpoints without looking at the psychological correlates (Kunst, 2011; Kunst, Popelier, & Varekamp, 2015). Those that have looked at victims' interactions with the legal system have used mainly quantitative methods (Kunst, 2011; Kunst, Popelier, & Varekamp, 2015a; Orth, Berking, Walker, Meier, & Znoj, 2008) or where qualitative studies have been

used (Darkwah & Prah, 2016; Herman, 2003) they have looked at only victims who go through the legal process and not compared them with those who do not.

This study therefore seeks to further the conversation about the psychological experiences of young persons who are victims of penetrative sexual abuse by looking at their experiences as they use different methods to deal with the offence (legal or non-legal). A qualitative approach is used but this is framed within a systemic and critical lens in order to appreciate the influence of the system on individual experiences. The current study also uses a multi-method approach to understand the phenomenon of victim interaction or non-interaction with the courts and criminal justice professionals.

2.7 Research questions

1.

- i. What are the psychological experiences of abuse for victims who use the court, and non-court processes of adjudication?
- ii. In what ways do victims cope with their psychological experiences after the abuse?
- iii. What are the experiences of victims as they engage with various actors (Police officers; Prosecutors and Court actors (Lawyers, magistrates)?

2.

- i. What are the experiences of caregivers who use the court process and those who do not following the disclosure of the sexual abuse of their wards?
- ii. For both court and non-court caregivers, what aspects of the abuse will be distressing for them?
- iii. How do caregivers cope with the abuse and the adjudication process?

- iv. What are the experiences of caregivers as complainants in the court process and as they interact with various professionals in the process?
- 3. i. What are the psychosocial experiences of key informants (legal actors, police actors, health actors and social workers) as they as they interact with victims of sexual abuse and their caregivers?
- ii. What are the views of key informants about the justice processes used by victims and caregivers?

2.8 Operational definitions

Child victims: Girls aged 7-15 years who have experienced penetrative sexual abuse within the past five (5) years. The term “victims” is used in this study not as a derogatory term, but to show that effects of the victimisation were still being experienced by the participants.

Caregivers: The parents guardians or any other person who the victim looks up to as their parent-figure and who initiate the complain process in the formal or non-formal justice process.

Complainant: A complainant is the person who makes a complainant at the police station and leads the charge in any criminal activity sand a caregiver is used to describe the parent (biological or social) of the victim. Usually, caregivers are the complainants and it is the case for the majority of the sample that I used for this study.

Formal court/justice process: the process in which a complaint is made at the police station, and followed through to the courts for adjudication.

Home settlement: The practice where the perpetrator and other persons (including members of his family), approach the victim and her caregivers to settle the case of sexual abuse at home either through the rendering of an apology or with the payment of some monetary or other material compensation.

Justice: This is defined in terms of their psychological ways in which people obtain retribution or other form of process (compensation, apology) for a wrong that is committed against a person (caregivers and victims).

Justice process: This refers to the two ways in which people seek justice in Ghana. They include non-formal justice process (e.g. home settlement) and the formal court process.

Key informants/(Professionals): It is used in the current study to describe the professionals who work with victims and caregivers in the justice process. In this study, there is a focus on the professionals who are found in the court or formal process such as the police, lawyers, social workers and the judiciary.

Non-formal justice process: This is used to refer to all processes other than the formal court process by which caregivers and victims obtain justice in Ghana.

Traditional justice process: The process by which chiefs, queenmothers and other traditionally recognised leaders are approached to adjudicated child sexual abuse cases.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This study takes an interpretivist view of knowledge which holds that there are multiple knowers and no one objective truth exists (Creswell, 2014; Guba & Lincoln, 1994). Specifically, it used the phenomenological paradigm and used Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2013; Smith, 2012) and thematic analysis (Braun & Clarke, 2006, 2014; Clarke & Braun, 2017) for analyses and data collection. This chapter presents the theoretical basis of the method used and also presents the ethical considerations and methods used to attain methodological rigor for all the studies. A short section on the researcher's reflexivity is also included (a longer version may be found in the appendix 9). The particular procedures for participant selection and other methodological issues specific to the various studies are presented in their respective chapters.

3.2 Interpretative Phenomenological Analysis (IPA)

IPA is based on three philosophies: Husserlian phenomenology (although aspects of Martin Heidegger, Maurice Merleau-Ponty and Jean-Paul Sartre are also included), Hermeneutics (based on the works of Schleiermacher, Heidegger and Gadamer), and Idiography (Smith, 2012, 2017; Smith et al., 2013).

The phenomenological approach of Edmund Husserl involves seeing things as they are and for their own sake (Beyer, 2018; Moran, 2000). He was "interested in finding a means by which someone might come to accurately know their own experience of a given phenomenon, and would do so with a depth and rigour which might allow them to identify the essential qualities of that experience" (Smith et al., 2013, p. 12). It involves a person becoming intentionally

conscious of things that they experience. Heidegger adds the concept of *inter-subjectivity* to Husserl's philosophy of seeing things as they are. He believes that the individual experience is within a context and not merely isolated from his environment (Heidegger, 1962). Inter-subjectivity "refers to the shared, overlapping and relational nature of our engagement with the world" (Smith et al., 2013, p. 13). What Merleau-Ponty adds to this discourse in relation to IPA, is his view on embodiment—that our peculiar experiences are unique to us and to no-one else (Pietkiewicz & Smith, 2014; Smith et al., 2013). According to Pietkiewicz and Smith (2014), Sartre also focuses on the fluidity of the individual experience which is constantly evolving as we consistently engage with our environment. Putting all these approaches together, in this study, there is a focus on the individual experience as it is experienced by the individual alone as a *subjective experience* and as it is *experienced within a context*, and the individual *experience as it interacts with its contexts*.

Hermeneutics is the theory of interpretation and is one of the major theories underpinning IPA. It focuses on the works of Schleiermacher, Heidegger and Gadamer (Smith et al., 2013). Schleiermacher defined hermeneutics as the theory and practice of the interpretation of the meaning of texts (Rennie, 1999). He was a theologian who sought to understand the text of biblical writings as well as the context within which such texts were written. He also sought to understand both the linguistic and psychological appreciation of the historical texts. Heidegger also places emphasis on how phenomenon has dual meanings: as they exist and how they are brought to light for us to perceive them (Moran, 2000). There is therefore the need to interpret a phenomenon as it has been brought to light. This conception is essential to the interpretative concept of IPA as it suggests that the actual meanings of a phenomenon are revealed as one interprets them or makes meaning of them (Smith et al., 2013). Again, it shows the need for reflexivity (letting others know the context and background from which you interpret the text)

and the limits of bracketing in qualitative research (Creswell & Poth, 2018; Pietkiewicz & Smith, 2014).

Gadamer's hermeneutics also informs IPA (Cassidy et al., 2011), however, his emphasis on the interpretation of the text rather than looking at the author is subsumed under Schellmacher's ideas and is preferred in IPA. Furthermore, Gadamer's focus is mainly on the interpretation of old text which is different from the IPA focus on current text obtained from mainly interviews (Smith et al., 2013). This informs IPA's attempt to make meaning of texts co-constructed with participants. It deviates from the use of text by making meaning out of interviews that are conducted (Cassidy et al., 2011). The similarity though is that in both the interpretation of interviews, and the interpretation of dated texts, there is a co-construction of knowledge between the reader/interviewer and the author/interviewee. Idiography is the third major theoretical concept of IPA. It is apposite to the concept of the nomothetic where there is an aggregation of experiences to explain a phenomenon. It focuses on the individual instead of a group of people.

Some changes may be made to the theory such as including a realist approach and expanding the definition of context. According to Saukko (2003) when working in cultural settings there is a need to combine internal theories (such as phenomenology) with more external ones such as critical realism. In view of this, Hood (2016) merges the phenomenological approach with the critical realist approach to understand the issue of child protection. He combines IPA and Critical Discourse analysis. He calls his effort a methodological pluralism and not critical phenomenology. His work therefore extends only the discursive part of IPA in that he limits his interpretation of *context* to only the literary context of the text and not the environmental context of the participants of his study. The current study uses the psycho-social-legal

ecological theory to broaden the context to include the immediate family of the victim, the general social environment as well as the context of laws, policies and systems that govern child protection.

3.2.1 IPA as a method

Interpretative phenomenological analysis (IPA) is also a method of analysis. In IPA the researcher tries to make meaning out of the meaning that a participant makes of a given situation in a process referred to as *double hermeneutics*. The process of analysing is in three main stages (Biggerstaff & Thompson, 2008; Cassidy et al., 2011; Pietkiewicz & Smith, 2014)⁹.

The stages are as follows: firstly, semi-structured interviews are conducted and transcribed verbatim. The transcript is read and reread for impressions about words used, statements made and even apparent mistakes. Notes are made by the researcher on what is read. Secondly, these initial notes are then converted into codes and further condensed into themes. Finally, emic quotes that capture the essence of these themes are selected to aptly describe what these themes represent (Biggerstaff & Thompson, 2008; Rhodes & Healey, 2017; Smith et al., 2013). Interpretation of the data is at this stage and the researcher is expected to offer an interpretation to the various themes as she writes out the themes and their specific quotes.

The process of analysis is idiographic and inductive. It is idiographic in the sense that the interpretation and meaning that is assigned by an individual to a phenomenon will differ from that of another person experiencing a similar phenomenon. Analysis is therefore expected to

⁹ A more detailed process of analysis is provided by Smith, Flowers, and Larkin (2013) which includes these three main steps but in an expanded form. For instance, in the first stage that involves the noting of initial impressions, they detail how to code for semantic language, a point which the others gloss over. This might be because of the limited space afforded to journal articles as opposed to books.

be done for each individual transcript. Ideas from individual transcripts are then merged into themes and superordinate themes. The difference between IPA's idiographic method and other processes that require the merging of themes is that a singular theme may be identified for several individuals but the IPA process seeks to bring to the fore the nuances in how the particular phenomenon is experienced by those individuals (Pietkiewicz & Smith, 2014). And thus, it is a comparison based on nuanced differences. Collins & Nicolson, (2002) have however, criticised IPA's attempt to make connections across cases and wonders whether a focused idiographic approach is not possible and adequate. The question however, would be whether what is being proposed by Collins and Nicolson will not be the same as a single case report. This is because it is IPA's synthesis of interpretations from the various individual interviews that gives it a uniqueness over the single case study approach (Creswell & Poth, 2018).

IPA analysis is also inductive in the sense that the themes and interpretations are obtained from the transcripts themselves and not from previous theories (Smith et al., 2013). Brocki and Wearden (2014) in their review of 52 IPA researches have however, found that in practice, some studies analyse IPA data with previous theories (Linder & Arvola, 2017). This adaptability has been identified as one of the strengths of the IPA analysis in that it makes the method compatible with both new areas of research that have no theories as well as existing areas of research that have existing theories (Brocki & Wearden, 2014).

Bracketing of the author's thoughts is expected in IPA analysis. It involves the suspension of a critical analysis of what a person is saying in order not to influence it with the researcher's own judgments (Smith et al., 2013). The idea of bracketing is prevalent in qualitative research e.g. grounded theory (Creswell, 2014) but has been criticised in IPA analysis because it

undermines the very essence of the interpretative nature of IPA (Biggerstaff & Thompson, 2008).

3.2.2 The rationale for using IPA for this study

IPA was used as the theoretical framework as well as the method of analysis for the victims and the caregivers in this study. This is because firstly, the victim has the personal experience of the phenomenon of abuse (idiographic embodied experience) but the experience is also inter-subjective in the sense that the post-disclosure experience and the decisions whether or not to pursue a court process, are shared between the caregiver and the immediate environment of both the victim and the caregiver. The emotional experience of caregivers following the disclosure of abuse by their wards also suggests an inter-subjective experience that can be explored using a phenomenological approach. The process of going through court or a non-court experience is experienced by both the victim and the caregiver as individuals and together.

In-depth interviews were the main tool for gathering data in this study. In-depth interviews are useful in qualitative research (Creswell & Poth, 2018). They have been defined as “guided conversations” about a topic that is interesting to two persons, here the interviewer and the interviewee (Tracy, 2013, p. 131). Interviews help in the construction of meaning as between the interviewer and the interviewee. The former however has power over the process and guides it.

For the key informant interviews, phenomenology was also used as a framework for analysing and interpreting their findings. Although thematic analysis was used, Braun and Clark (2006) suggest that the researcher should have a paradigm within which to focus their thematic analysis.

3.3 Research design

A qualitative phenomenological approach was used for this study. The study also used a comparative approach as it compared two groups of victims and two groups of caregivers. Observation of the court process was also used to complement this process. The observation was mainly for the victims, caregivers and key informants in court since for reasons discussed below, most of the caregivers of victims who had not been to court were not available to be interviewed.

3.4 Research setting

3.4.1 Courts

Ghana has two main divisions in its court structure. They are the superior courts comprising the High Court, Court of Appeal and the Supreme Court, and the lower courts. The lower courts comprise the Circuit Court and the District Court. As at the end of 2017, there were a total of 375 courts in Ghana (Judicial Service of Ghana). The focus of this study was on the Circuit Courts. Three Circuit Courts (2 in Greater Accra, 1 in Kumasi) have been designated to specialise in cases of domestic violence, child abuse, child trafficking and other offences specified in the Children's Act, 1998, Act 560 (as amended) and the Domestic Violence Act, 2007 (Act 732) as well as the Human Trafficking Act 2005, (Act 694). They are oftentimes referred to as Domestic Violence courts or Gender courts. Two of them were the sites for my study. They were the Circuit Court Five (5) in Accra and the Circuit Court One (1) in Kumasi.

The Gender court in Accra has a children's room adjoining the court. This is where the children wait with their caregivers until they are ready to give their testimony and then they are sent through a back door into the judge's chambers. They had no contact with the main court. For the Kumasi court, they waited in the main court room until their cases were called. For

both courts cases of child sexual abuse were heard in the chambers of the judge with only the prosecutor, defence lawyers, the caregiver, court clerk, interpreter, the accused person and judge being present. Any other person had to obtain the permission of the judge to be present.

These courts are different from District courts that have been designated as juvenile courts. The juvenile courts also deal with defilement cases but are restricted to child offenders. Where a child under 16 years is sexually abused by an adult of 18 years and above, the Gender courts are the right forum to seek redress. However, where the offender is below 18 years, the forum is the Juvenile court. My focus was on adult to child defilement and so I concentrated on the Gender Courts. The Commission on Human Rights and Administrative Justice (CHRAJ) also deals with defilement and other issues relating to the rights of victims. They however, do not deal with them as much as the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service and the Gender Courts. Between 2014-2016, a total of 33 cases had been reported to CHRAJ compared to about 16,000 cases of defilement that had been reported to DOVVSU within that same period (Data gallery, n.d. unpublished report of the Ministry of Women, Gender and Social Protection). The focus of this study for victims of court was therefore on victims who were in the Gender Courts from DOVVSU or some other institution.

3.4.2 Non-court

For the victims who did not go to court, they were selected from schools in Accra and Kumasi, which fell within the jurisdiction of the Gender court of interest. Most studies investigating sexual abuse of children have used schools in order to capture a majority of respondents. For this study schools were also used to obtain participants and this was because of the need to match them (by age) with the victims who were going through the court process.

In Accra, the J. T. M. School¹⁰ and the K.-G. R. C. Girls' schools were selected whilst in Kumasi, the KO M. JHS "A" and Primary and the N. M. Schools were selected. They were selected due to their proximity to the courts and also to match the victims who were going to court (most of them were also of school going age and in school).

The study focused on the Greater Accra and Ashanti regions because of the high incidence of defilement over the past 9 years as reported by Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service. High reporting rates for CSA have also been found for these two regions (Wrigley-Asante et al., 2016). These regions are also cosmopolitan areas with representations of all the various ethnic groups. Accra is the capital city of Ghana and Kumasi is the second largest city and also the most populous (Ghana Statistical Service, 2011).

3.5 Technique for Participant recruitment

In qualitative studies, participants are selected either because they are extreme or deviate, because they are typical cases, or selected to address maximum variation in the sample or because they are available (convenience sampling) (Harding, 2013). For IPA, criterion sampling is used—the sample is selected based on their experience of a particular phenomenon of interest (Creswell & Poth, 2018; Smith et al., 2013). Participants can also be selected based on referrals from various gatekeepers, the use of contacts, as well as snowballing (Creswell & Poth, 2018; Smith et al., 2013).

For the court process, children who had been sexually abused who were either in the process of engaging the court process, had already engaged the court process or had not been to court

¹⁰ The names of the schools are masked to protect the anonymity of the victims.

at all were purposively sampled. The victims were selected because of their experience of penetrative sexual abuse, caregivers were selected because they had a child who had been defiled and were going through court or a non-court process. The key informants were selected for their involvement in the court process. To obtain these participants, the researcher used snowballing methods, opportunity, referrals and also participant action. The researcher had a specific designation of persons she intended to use and selected them as and when recommended by gatekeepers.

The researcher also used observation as part of the research methods for the victims, caregivers and key informants who were in court. With the permission of the magistrates at the courts, she sat in defilement proceedings held in the judge's chambers. Ghana's Justice for Children policy encourages magistrates who hear defilement and other child-related cases in their chambers so as to limit the number of people and also to increase the confidence of the children when they are giving their testimonies.

3.5.1 Participant selection, inclusion/exclusion criteria

3.5.1.2 Court victims. Nine (9) females (Age range 9-15 years; Mean= 10.8) who were going through court after penetrative sexual abuse were purposively sampled. They had received an average of 4.8 years (5th Grade) of education. Whether or not they had experienced penetrative sexual abuse was determined by their medical form and endorsed by the charge of defilement by the police. The inclusion criteria were that the abuse should have occurred within the past 5 years and secondly, that they should have experienced the court process at the time of the interview. The use of the 5-year cut off point was to ensure that the incident was not too old in their minds. Victims were excluded where they were unable to express themselves or

where they indicated, via the prosecutor that the perpetrator was a “boyfriend”. The perception of whether the sexual contact was an abuse differed for these victims and so they were not included. See Table 1 for demographics and characteristics of court victims.

Table 1 Demographics and abuse characteristics for victims who have gone to or are going through the court process (court victims)

N=9							
Pseudonym	Gender	Age	Age(s) of incident	Perpetrator characteristics	Incident characteristics	Family characteristics	Adjudication
Victim 1AC	F	15	13, 15	Co-tenant	Lured her to a pub 2 times	Lives with father and his partner in a compound house	Case completed; perpetrator jailed 10 years
Victim 2AC	F	9	7	Neighbour	Grabbed her whiles playing and defiled her 1 time	Lives with both parents as squatters	Case completed; perpetrator jailed 10 years
Victim 3AC	F	11	10	Friend of a friend	Drugged and defiled with friend in turns by perpetrator 1 time	Lives with mother and her family in a compound house	Case completed; perpetrator jailed 10 years
Victim 4AC	F	12	11	Neighbour	Drugged and defiled with friend in turns by perpetrator; 2 times	Lives with mother in a compound house, father uncaring	Case completed; perpetrator jailed 10 years
Victim 5AC	F	9		Husband to “sister”	In their house Multiple times	Lived with sister and her family; now stays at a shelter	Case pending
Victim 6 AC	F	10	9	Co-tenant	Lured her into their bathroom and had anal sex with her 1 time	Lives with both parents in a compound house	Case completed; perpetrator jailed 25 years
Victim 7KC	F	12		Two perpetrators (1 a school mate, the other unknown)	Lured by two young adults into a house; kept overnight and defiled multiple times	Lives with mother and uncles	Case pending
Victim 8AC	F	9	7	Someone she did not know (stranger)	Lured into a place after school and forcibly defiled. Had to wear diapers 1 time	Lives with both parents	Case pending (charges changed)
Victim 9 AC	F	15		Brother-in-law of social parent	Defiled on 3 occasions	Lives with social parent	Case pending
ANC- Accra No court				KNC- Kumasi No court			

3.5.1.3 Caregivers in court. Nine (9) caregivers (Age range 32-45; Mean age: 30.8; mostly low income) who were taking their daughters or wards through the court process were used for the study. They were mostly from the low-income bracket and mostly the biological parents of the victims (see Table 4 for caregiver information). Inclusion criteria was that they should be the caregivers of victims aged between 9-15 years and must have been pursuing the court process for penetrative child sexual abuse at the time that the researcher was conducting the study, and willing to participate in the study. The exclusion criteria were caregivers of victims who were pursuing non-sexual abuse cases or caregivers who were themselves the perpetrators.

From January to April, 2018 the researcher was stationed at the Circuit court 5 in Accra and between May and July, 2018, the researcher was in Kumasi. All cases of defilement that were undergoing trial at the time were potential participants for this study. The researcher used referrals from the police prosecutors stationed at the courts, from a medical officer the researcher had earlier interviewed, and later from an Non-Governmental Organization (NGO). This NGO provided monetary and emotional support to the victims as they engaged the courts and also operated a Shelter. The researcher contacted some potential caregivers and victims through them. All victims and caregivers had the option to refuse being interviewed. Indeed, one caregiver in Kumasi refused to partake in the study and failed to respond to calls from the researcher although he had tentatively agreed to an interview. From this process, the researcher obtained 4 caregiver-victim dyads directly from the court and 2 victim-and-caregiver dyads from the NGO. Two caregivers and one (1) victim were obtained from the courts as sole interviewees and one (1) victim was obtained from the NGO as a sole interviewee (see Appendix 7 for a table showing the victim-caregiver dyads used).

The outcomes for these victims and caregivers varied. For one dyad obtained from the NGO, their case had already gone through trial. For the second dyad, the case was discontinued because the social guardian of the victim sent her away to her village after the court process had started. For another, the case was still pending because the charges had had to be changed during the course of the trial. For the remaining caregivers and victims, the researcher sat in the testimonies of some of them and for all of them she was able to confer with them from the time she met them to the end of their trials. All the cases that have been completed, received convictions for the perpetrator.

For the months of May to July, 2018, the researcher was stationed in Kumasi, sharing her time among various sites: the schools for a survey to obtain the non-court participants, with the DOVVSU, and at the Gender court. Through prosecutors at the court the researcher obtained one victim and 2 caregivers who were going through the court process. One caregiver had a case in the juvenile court and the other was interviewed a day after he had obtained judgment from the court. There were no dyads in the Kumasi participants.

Table 2 **Demographics and description of court caregivers**

N=9									
Pseudonym	Sex	Age	Relation to victim	Marital status	Occupation	State adjudication	of	Length of time in court	
Caregiver 1CA	M	38	Father	Widowed with partner	Driver; lotto operator	Case completed perpetrator jailed 10 years (19 months)		19 months	
Caregiver 2CA	M	35	Father	Married	Driver, mason	Case completed perpetrator jailed 10 years (27 months)		27 months	
Caregiver 3CA	F	28	Mother	Single	Make-up artist	Case completed perpetrator jailed 10 years (9 months)		9 months	
Caregiver 4CA	F	45	Mother	Married	Washerwoman	Case completed; Perpetrator jailed 25 years			
Caregiver 5CA	F	32	Mother	Married	Kooko (porridge) seller	Case completed perpetrator jailed 10 years (9 months)		9 months	
Caregiver 6CA	F	37	Mother	Married	Trader (used clothing)	Case pending			
Caregiver 7CA	F	30	Social parent	Married	Secretary	Case pending			
Caregiver 8CK	M	DK	Father	Married	Labourer	Case completed perpetrator jailed 12 years			
Caregiver 9CK	M	32	Father	Single	IT specialist/estate broker	Case pending			

CA—court Accra; CK—court Kumasi; DK—Don't know

3.5.1.4 Non-court victims. Six (6) victims (Age range: 7-16; Mean: 13.1) who had been defiled but had not gone to court¹¹ were used for this study (2 were from schools in Kumasi, 2 from schools in Accra and 2 from a Shelter in Accra). They had received an average of 5.6 years of education (6th grade). They were selected through the following process. A short survey was conducted in two urban and two rural schools in Kumasi and Accra respectively, to find out girls who had experienced any form of penetrative sexual abuse within the past 5 years that occurred outside school, and who had not been to court. Initial screening has been used in research to identify the participants of interest before they are purposively sampled. This method was used in a study of adults with a history of child abuse (Rhodes & Healey, 2017). Data collection for persons who had not been to court was conducted between May and July, 2018. The schools were randomly selected to represent schools within the jurisdiction of the two gender courts in Accra and Kumasi.

In the Accra area, the J. T. M. school and the K. -G. R. C. Girls' schools were selected while in Kumasi, the KO M. JHS "A" and Primary and the N. M. schools were selected. Only girls in the upper primary classes (Classes 5 and 6) as well as those in the JHS 1-3¹² were used in order to fit them in the age range of 7-15 years.

In the Accra schools, a total of 230 questionnaires were given out and all of them were recovered. Out of this number, 166 indicated that they had not experienced any form of sexual violence (speaking, touching, indecent assault or penetration). Fifty-eight (58) persons

¹¹Some of the victims and their caregivers reported to the police but did not follow up and so were included in this study as persons who had not pursued the court process.

¹²Form 3 students were available until May, 2018 when they went to write their Basic Certificate Examinations.

indicated that they had experienced at least one of these incidents. Five (5) persons indicated penetration and one (1) other indicated heavy petting. She also ticked the question about wanting to speak to someone and so she was included in the persons to be interviewed, making 6 persons. Out of this number, 3 were found to meet the criteria for this study which is penetrative sex within 5 years. The remaining students spoke about sexual issues such as indecent assault, exhibitionism and attempted defilement. Although they were interviewed, their responses were not coded.

In Kumasi, a total of 270 girls in the upper primary through JHS 3 classes in two schools were screened. All girls in these schools were screened and those who indicated penetrative sexual abuse and all other girls who indicated that they would like to speak to the researcher were interviewed. None of the children in the lower classes indicated penetrative abuse. Twenty-six students at the JHS level indicated that someone had either touched or spoken about their vagina, buttocks or other body part in a way that they did not like. Eight girls indicated some form of penetrative abuse. They were all interviewed but only 2 had experienced it within the past 5 years, thus it was only those interviews that were transcribed and analysed. Two other victims who had not been to court were obtained through a shelter in Tema and interviewed as well.

Due to the intense nature of the analysis the number of participants sampled is limited to a few people who have experienced the phenomenon and can talk about it. Smith et al., (2013) therefore propose a sample of 1 to 8 persons for PhD work for instance. However, in a review of studies that have used IPA, the sample has ranged from 1-30 people. In this study we used a conservative sample of 7. See Table 2 for details of the participants.

Table 3 Demographics and abuse characteristics for victims who have not been to court (non-court victims)

N= 6							
Pseudonym	Gender	Age	Age of incident	Perpetrator characteristics	Incident characteristics	Family characteristics	State of adjudication
Victim 1ANC	F	11		Neighbour	Sent to buy something, went into perpetrator's room with it and he drugged and defiled her 1 time	Lives with both parents in a compound house	Perpetrator sacked from house; no further action
Victim2ANC	F	13		Neighbour	Anal defilement when she was asleep in her father's house when no one was at home 1 time	Parents separated, lives with mother	Perpetrator beaten by victim's dad; mother restrained from reporting
Victim 3ANC	F	7	Since 9 months	Father	Indecent assault and defilement Multiple times	Used to live with both parents now in a Shelter with mother	Perpetrator run away
Victim4KNC	F	16	12	Father's co-tenant	Defiled her when alone in the house with her 1 time	Parents separated lives with mother	Reported to police; perpetrator run away; victim asked parents not to proceed.
Victim 5KNC	F	14	9.5	Brother's friend aged about 14 years	Came to the house when she was alone 1 time	Lives with both parents	Victim asked parents not to pursue case
Victim 6ANC	F	15	Since 10 years	Stepfather	Discovered by teacher sent to a shelter Multiple times	Lived with mother and stepfather now lives with biological father	Reported to police; waiting on shelter for go-ahead to proceed.
ANC- Accra No court			KNC- Kumasi No court				

3.5.1.5 Non-court caregivers. Two (2) caregivers (Age 33-45; Mean: 39 years) who had not taken their wards to court were also interviewed. They were also from a low-income bracket and were the biological parents of the victims (see Table 4 for more information). They were included if they had a child aged 9-15 years who had been sexually abused but had not been to court (although they might have engaged with other professionals). They were excluded from this group if they had already been to court or completed the court process.

Table 4 Demographics and description of non-court caregivers

Pseudonym	Sex	Age	N= 2				
			Occupation	Marital status	Relation to victim	Perpetrator	Initial complainant ?
Caregiver 1 NCA	F	33	Cleaner	Separated	Mother	Victim's biological father	Yes
Caregiver 2 NCA	M	45	Trader (cabbage)	Married	Father	Victim's step-father	No

NCA- No court attendance

3.5.1.6 Key informants. Thirty (30) key informants were interviewed for this study. They included 2 magistrates of the Gender Courts in Kumasi and Accra, 5 defence lawyers, 6 prosecutors (5 police prosecutors and one prosecutor from the Attorney-General's Department), 3 policy actors, 3 health actors, 4 traditional leaders,¹³ 4 police investigators; and 5 social workers. On average, they had worked on child sexual abuse cases for 3 years and 4 months and spent an average time of a few minutes to about 3 years with cases of child sexual abuse in their various capacities. Each segment of the key informants is discussed below. See Tables 5 to 9 for details of the various actors.

¹³ This data is not included in this analysis

The key informants were purposely sampled based on their work profiles (e.g. as magistrates, prosecutors etc.) using the snowballing approach and personal contacts. They were purposively sampled for their engagement with cases of child sexual abuse (police investigators and prosecutors, social workers, magistrates) and their knowledge of policy (for the policy actors). Except for the policy actors, they were included if they had experience working directly with victims and caregivers. They also had to be available to speak to the researcher. They were excluded if they were not directly involved in issues relating to victims of sexual abuse and their caregivers. They were selected to obtain data triangulation and a holistic perspective on the phenomenon of child sexual abuse in Ghana and to answer the research questions relating to how victims and caregivers interact with the various actors.

3.5.1.6.1 Legal actors. To understand the court process, 7 legal actors comprising 2 magistrates and 5 defence lawyers were used. They comprised 3 females and 4 males (Age range 32-48 years; mean 40.6 years; 1 missing). The time spent with the victims ranged from 1 hour to 3 years and the number of years dealing with CSA ranged from 3 years to 10 years (mean 4.6 years; 1 missing). This suggests a group of people who have spent a lot of time dealing with cases of CSA and so could give valuable information. See Table 5 for more information.

Table 5 Demographics and description of Legal actors

N=7							
Pseudonym	Age	Sex	Location	Education	Occupation	No. of years dealing with CSA	Av. length of time with victims
Mag 1A		F	Accra	Masters in Law	Circuit Court judge	3	2-3 years
Mag2K	48	F	Kumasi	Professional Law	Circuit Court judge	3	2-3 hours
DfnsL1K	45	M	Kumasi	Professional law	Legal Practitioner	6	2 years
DfnsL2K	35	M	Kumasi	Professional Law	Legal Practitioner	Not often	N/A
DfnsL3K	45	M	Kumasi	Professional Law	Legal Practitioner/Defense for accused	3	More time with accused person
DfnsL4A	39	M	Accra	Professional Law	Legal Practitioner/Defense for accused	10	12 hours
DfnsL5A	32	F	Accra	Professional Law	Legal Practitioner/Defense for accused	3 years	1 hour
DfnsL6A	34	M	Accra	Professional law	Legal practitioner/Legal Aid Board	3 years	More time with accused person
Mag-Magistrate;		DfnsL-Defense lawyer;		A=Accra;		K=Kumasi	

3.5.1.6.2 Police actors. Eleven (11) police officers comprising 6 police prosecutors (1 prosecutor was from the Attorney-General's Department), and 4 investigators were interviewed for this study. They comprised 4 females and 7 males (age range 32-53; mean 43.4 years) and had on average spent about 10.8 years dealing with CSA cases. They spent between 30 minutes a day to 2 years with victims. Some of them could not be precise because the length of time varied with each case. Their level of education ranged from secondary school to Phd in Divinity. See Table 6 for more details on the police actors.

Table 6 Demographics and description of Police actors

N=11								
Pseudonym	Age	Sex	Location	Education	Occupation	No. of years dealing with CSA	Av. length of time with victims	
Prosc1K	52	M	Kumasi	Phd (Div), LLB, MBA	Police Prosecutor	1 year	varies	
Prosc2K	47	F	Kumasi	1 st degree	Police Prosecutor	9	0.6-2years	
Prosc3K	53	M	Kumasi	Dip Education	Police Prosecutor	18	varies	
Prosc4K	48	M	Kumasi	Post-Sec	Police Prosecutor	23	30 mins a day	
Prosc5K	32	F	Kumasi	Professional Law	Police Prosecutor	6	3 months	
Prosc6A	42	M	Accra	1 st degree	Police Prosecutor	16		
Prosc7A	49	F	Accra	MBA	Police Prosecutor	10	varies	
Insp1A	34	M	Accra	SSCE	Police investigator	8	1-3hours	
Insp2A	45	M	Accra	O'Level	Police Detective	10	1 hour	
Insp3K	42	M	Kumasi	SSCE	Police Investigator	12	1 month or more	
Insp4K	34	F	Kumasi	1 st Degree	Investigator	6 years	varies	

3.5.1.6.3 Health actors. Three (3) persons were interviewed to give a perspective on the health implications of the victims and the caregivers. They comprised of a medical officer who is a gynaecologist, a public health nurse who works at a hospital-based child protection facility and one forensic scientist for a view on the possible evidence required to obtain conviction. They were 2 males and 1 female (Age range 32-59; mean 45.3). The average number of years dealing with CSA was 10 years (1 missing), and they spent about 3 hours to 3 days of contact with victims and caregivers (1 missing). See Table 7 for more details on the health actors.

Table 7 Demographics and description of health actors

N=3						
Pseudonym	Age	Qualification	Occupation	Location	Number of years dealing with CSA	Average length of time with victims
Med1	59	MBChB, Obs.Gyn	Gynaecologist	Accra	16 years	3 hours/day
Nur1	45	Masters	Nurse/Public Health	Accra	4 years	3 days
For1	32	Masters	Lecturer/Forensic Scientist	Cape Coast	N/A	N/A
Med- Medical officer			Nur- Nurse		For- Forensic Scientist	

3.5.1.6.4 Policy actors. To address the issue of policy, 4 participants were used. They were all males (age range: 40-46 years; mean 43.5years) who spent about 3 months to 18 (mean= 10.8; 1 missing) years dealing with child protection issues. Through snowballing and informant contacts, the researcher interviewed one senior officer at the Department of Children, a child rights activist, a domestic violence advocate as well as a lawyer and former technical adviser to the Ministry of Gender. They did not necessarily have contact with the victims and their caregivers and were sampled for their views on existing policies relating to child protection. See Table 8 for details on the policy actors.

Table 8 Demographics and description of policy actors

N=4					
Pseudonym	Age	Location	Qualification	Occupation	Number of years of service
Policy1	46	Accra	Masters	Policy analyst	career
Policy2	46	Accra	Masters	DV Activist	14 years
Policy3	42	Accra	Masters/Legal practitioner	Child rights consultant/Law Lecturer	3 months
Policy 4	40	Accra	1 st degree	Child right activist	Over 18 years

3.5.1.6.5 Social workers. Five (5) social workers were interviewed to understand their work in relation to victims and caregivers of CSA. They were segmented into social workers stationed at the Domestic Violence Unit (2), the court (1) and an NGO with a shelter (2). They comprised 2 females and 3 males (age range 26-50 years; mean 36.2 years). They had dealt with CSA cases for between 2-11 years (mean= 4.7 years) and spent between 45 minutes to 7 days with them depending on the type of contact. For those at the Shelter, they spent more time with the victims whilst the one at the court spent little time with them since his focus was on juveniles who were in conflict with the law (child offenders) and not on the victims. No social worker could be interviewed in the Ashanti region. It is however, believed that these three sets of social workers cover the extent to which social workers engage with victims who go to court. See Table 9 for details on the social workers.

Table 9 Demographics and description of social workers

N = 5							
Pseudonym	Age	Sex	Location	Occupation	Qualification	Number of years dealing with CSA	Average length of time with victims
SW 1DV	44	M	Accra	Social worker	1 st degree	2	45 minutes
SW 2DV	31	F	Accra	Social worker	1 st degree	5	Up to 2 hours
SW3Crt	50	M	Accra	Probation officer Juvenile court	1 st degree	11	More time with juvenile offenders
SW4Sh	30	F	Accra/Tema	Social worker at a shelter	Masters in SW	2years 9 months	7 days
SW5Sh	26	M	Accra/Tema	Dep Dir at a shelter	SSCE	Over 3 years	varies

3.6 Procedure

3.6.1 Data collection tool and data collection

All interviews were conducted with a semi-structured interview guide with prompts (see appendix 4C for a copy of the interview guide for caregivers). The structure of the interview guide and the use of prompts were borrowed from the study of survivors of domestic violence staying in a Ghanaian shelter (Darkwah & Prah, 2016). The content of the guide was based on findings from studies of child sexual abuse. For instance, the traumagenic factors delineated by Finkelhor, Turner, Shattuck, and Hamby, (2015) were converted into interview questions. These assess feelings of betrayal due to the victim's relationship with the perpetrator, the stigma they felt, their sense of powerlessness especially when force was used, as well as how the children participated in the sexual act (traumatic sexualisation). One such question was: "How did you feel after the incident? (probe for stigma--thoughts that everyone knows and feels sorry for them, feeling dirty); emotions (feelings of sadness and anxiety, feelings of revenge and self-blame)".

Other questions for those who did not go to court were based on anecdotal reports of adjudication, and from readings on how family mediations are conducted in domestic violence cases and the traditional courts (Adomako Ampofo et al., 2005; Agyekum, 2006). The main areas of the guide focused on the incident and its occurrence, their feelings about the perpetrator and their thoughts about the experience of sexual abuse. They were also asked about the process of court adjudication or what was done about the abuse if they did not go to court. The interview guide was piloted with one victim of sexual abuse and some changes were made to the interview guide especially the transitions between the various sections and the various probes to use. The questions based on the traumagenic factors were included after this piloting. The guide was translated into Twi by a linguist with a degree in the Akan language teaching at a

secondary school (see appendix 4E). This version was used in interviews with persons who were more fluent in the Twi language.

During the interviews, the participants were allowed to speak as freely as possible and to go in directions that they felt comfortable with. The interview guide was just a way to direct the interviews in certain ways but was not strictly followed. For instance, in cases where victims wanted to cry, some questions were deferred until later. The initial contact and rapport-building period were not recorded so as to put the participants at ease.

All the victims and caregivers gave permission for their interviews to be recorded. The researcher kept a field notebook to note impressions and to keep a journal of activities during the field research. All the interviews were audio recorded. The average time for victims in court was 29.2 minutes and for non-court victims, 48.6 minutes. The difference in the times may be due to the differences in age for the two cohorts. The court victims were younger than the non-court victims. Interviews were held in the homes of the victims or in the headmaster or school counsellor's office for the non-court victims. For the court victims, they were usually conducted in a place that was convenient for the caregiver. Where the victim was present, the interviews were conducted for both of them. The caregiver was however asked to excuse the researcher during the interview with the victims in order to allow them to express themselves freely. For the victims and caregivers (except for one) the interviews were conducted in Twi and later translated and transcribed.

Some of the cases were still ongoing after the study, some were completed within the period of the research and one case had already been completed before the caregiver was interviewed. For the cases that were completed during the study, follow-up calls were made for information

on the outcome of the case and to find out if the caregivers were satisfied with the outcome. The caregivers who did not go to court were obtained from the NGO. They can be described as caregivers-in-waiting because they were waiting on the NGO to help them with money to engage the courts.

The various key informants were obtained in different ways. For the magistrates and the police, letters were sent to the Judicial Secretary and to the DOVVSU headquarters respectively for institutional permission to interview personnel. At the courts, the magistrates were approached personally with copies of the institutional permission. The researcher then arranged for days and times to conduct interviews with them. The prosecutors at the respective courts were also approached for interviews using both the Judicial Service and DOVVSU approval letters. Other prosecutors were selected by their respective Court Units (JUPO). At the DOVVSU offices, the permission letter from the DOVVSU headquarters was presented to the Regional Commander as well as the Station officer in charge of the office. Police investigators were selected for the researcher to contact for interviews. They had the option to refuse the interview and one of them did.

Defence lawyers were obtained through personal contacts and snowballing. The details of some defence lawyers were found in the court records and there were others who were identified by the court clerks to be involved in child sexual abuse cases. They were approached for interviews and had the option to refuse. Two of them accepted to grant interviews but never made time although the researcher consistently pursued them with phone calls and face to face communication.

For the social workers, one was obtained through the help of a defence lawyer at the courts, the other two at the DOVVSU offices were obtained at the Regional DOVVSU in Accra. Due to the iterative nature of the qualitative process, the latter were included following an interview with a police investigator who indicated that they used the social workers to obtain information from the victims. For the Social workers from the Shelter, they were contacted after the researcher found their contact details in the court records in the Accra Gender Court and was later put in touch with them by a nurse. After an initial contact with them, an appointment was scheduled for interviews and an opportunity to see their Shelter and speak to some of the occupants. They were also instrumental in directing the researcher to other victims and caregivers they had worked with.

For the health actors, the medical officer was obtained through the help of a clinical psychologist; the nurse was obtained in another public hospital through personal contact and after the interview with the medical officer. The forensic scientist was obtained through personal contact. For the policy actors, they were obtained through personal contacts and snowballing. The researcher's attention was drawn to the policy implications of child sexual abuse adjudication after speaking to the medical officer, who also happened to have worked in the policy area. Through a personal contact at the Ministry of Gender, the researcher was able to get in touch with a policy analyst at the Department of Children at the Ministry as well as a Child Rights Activist. Another policy actor was contacted after he had spoken at a programme organized on providing safe spaces for children. He happened to have been a technical advisor to the Ministry of Gender and had been part of the team that developed child-related policies for about 4 years at the Ministry. This was serendipitous. The other policy actor was obtained through personal contact.

Each participant filled out a consent form. Where possible, their consent was also recorded. Some of the professionals declined the recording of their interviews and this was respected. For instance, the Magistrate in Accra, a defence lawyer and some police officers especially in Accra, declined to have their interviews recorded due to various reasons. One pertinent reason was the recent video of Anas Aremeyaw Anas¹⁴ that depicted voice and video recordings of bribery among football officials. His former work on bribery in the courts was also fresh in the minds of some of the professionals when they declined to be recorded. The researcher took copious notes during these unrecorded interviews and transcribed them soon after to preserve the essence of what the interviewees had said. All interviews with the professionals were conducted in English and were later typed out (for those not recorded) or transcribed (for those recorded).

An interview guide was used to conduct interviews with the key informants. It comprised of 13-items and included questions on the adjudication process, their views on the challenges faced by the victims and the caregivers in the process and how they engaged with them as professionals. The last question was not used for the policy actors since they rarely engaged with the victims and caregivers directly. The key informants were also asked about the justice process and their views on non-court processes (home settlement).

The researcher took notes during the interview and immediately after the interview in order to keep track of thoughts and ideas that arose as a result of the interviews. These notes were useful during the analysis of the interviews and were used to understand the context and the researcher's perceptions during the interview.

¹⁴Mr Aremeyaw Anas is an investigative journalist in Ghana and in 2018 he released an undercover video documentary of bribery in the football association which led to various reforms in the way football is governed in Ghana.

3.7 Ethical considerations

Ethical clearance was obtained from the Ethics Committee for the Humanities at the University of Ghana (ECH 051 17-18). Following that, letters were sent to the Judicial Secretary with a copy of the ethical clearance attached for institutional permission to conduct the studies at the two Gender Courts. The researcher also sought institutional permission from the Ghana Police Service to interview investigators and police prosecutors. The researcher sought and obtained institutional permission from the four schools that were used.

The researcher sought individual consent from caregivers, victims and key informants before the interview. Before speaking to a victim, the researcher sought permission from the caregiver or guardian where possible. Except for one caregiver, none of the caregivers and victims refused to grant an interview. Two defence lawyers who were contacted did not verbally refuse to be interviewed but also made no concrete arrangements for interviews.

In the study of victims who had not been to court, after the initial screening, announcements were made generally to the classes to obtain participants for interviews. This was to ensure that the girls called out were not stigmatized. A section on the questionnaire had given them an option to choose whether they would like to speak with someone about their experience. They were therefore called out if they had ticked ‘yes’ to that question. The general announcement in the class provided an opportunity to those who wanted to opt out to do so without any repercussions. Counsellors have been visiting public schools occasionally and so speaking to a counsellor is a known activity. The researcher was only introduced to them as a PhD student from the Department of Psychology, University of Ghana. Initial screening included a male research assistant but the researcher realised that the females reacted to him in a very suggestive manner—seeking his attention when nothing was required--- and so the interviews were

conducted solely by the researcher without any help from him. He was also replaced with a young female research assistant in subsequent data gathering.

Child sexual abuse is arguably a very sensitive topic with grave emotional and other psychological repercussions if not handled well. For this reason, a team of counsellors were trained to follow up on victims and caregivers who would need their services after the interview with them. The names, phone numbers and locations were typed out and given to all participants after the interview (see Appendix 10¹⁵ for a sample of the sheet handed to the caregivers after the interviews). Where necessary, phone calls were made to follow up with caregivers about victims and to even arrange for specialised psychological care.

As much as possible, the researcher tried to ensure confidentiality and anonymity. Interviews were conducted in secluded places to prevent people from overhearing what was discussed. The names of victims and caregivers were not used on the consent forms (only their signatures were taken and code names written on them) and their names were erased from the transcripts after the interviews were transcribed. Where audio files were sent to assistants to transcribe, they were made to delete them after the transcripts were submitted.

3.8 Methodological rigor and trustworthiness

This section looks at the various means of achieving validation for the studies. In order to arrive at a study that can be trusted, qualitative researchers look out for credibility, transferability, dependability and confirmability (Amankwaa, 2016; Creswell, 2014; Creswell

¹⁵ The phone numbers and email addresses have been altered to protect the identities of the individuals.

& Poth, 2018; Tracy, 2010). These are terms used instead of the quantitative terms of reliability and validity (Amankwaa, 2016; Creswell, 2014; Creswell & Poth, 2018; Tracy, 2010). In order to arrive at these, various techniques are used. For credibility, there must be prolonged engagement with the participants or item (e.g. image, document) of interest, persistent observation, triangulation, peer debriefing, negative case analysis, referential adequacy, and member-checking. For transferability i.e. whether it can be applicable in other contexts, the techniques that can be used are thick description (i.e. copious details on every aspect of the research), details about the location such as the setting, atmosphere, climate, participants present, attitudes of participants, reactions observed that may not be captured on audio recording, bonds established between participants, and the feelings of the investigator. Dependability, which speaks to the consistency of the findings, requires such techniques as an inquiry audit to ground it. Finally, confirmability which speaks to how well the findings are shaped by the views of the participants and not those of the researcher, requires auditing, confirmability trail, as well as reflexivity.

The gold standard for ensuring methodological rigor is triangulation. The various types are the triangulation of different methods, sources, researchers and theories/perspectives. Triangulation ensures a "rich, robust, comprehensive and well-developed account" (Amankwaa, 2016, p.122). Tracy (2010) also proposes 8 ways by which qualitative rigor can be achieved. According to her, the topic to be studied must be appropriate and necessary based on literature search (worthy topic), the research must make a significant contribution, it should have meaningful coherence, sincerity, rich rigor, credibility, ethics and resonance.

In IPA analysis, methodological rigor is ensured by following the test used by Lucy Yardley (David & Yardley, 2004; Yardley, 2000, 2017). She proposes a 4-way test to assess quality in

qualitative health research namely, *sensitivity to context, commitment and rigour, transparency and coherence*; and *impact and importance*. What they propose is also consistent with validation processes in the thematic analysis proposed by Braun and Clark¹⁶ (Braun & Clarke, 2006; Clarke & Braun, 2017). The validation processes and how they have been applied to the current study, are presented in Appendix 6.

By sensitivity to context, it means that the researcher must give attention to the cultural and linguistic context of the participant and how these are influencing their views. In IPA, it means paying attention to the context even from the beginning of the study in the use of criterion and purposive sampling of the participants, noting the idiographic nature of the individual participant and conducting an interview that is full of empathy (Smith et al., 2013). In order to achieve this, the researcher used up-to-date literature in the area of child sexual abuse to conceptualise the work. I have also used theoretical triangulation to help understand the different facets of the data (see theoretical framework). I have also aptly described the research settings for the study. Thus, the literary and research contexts of the study have been appropriately described. In writing up the results appropriate quotes are used from the data to highlight the voices of the participants.

In terms of commitment and rigor, Yardley (2000, 2017) suggests that there should be an in-depth engagement with the topic, competence with the qualitative skill that the researcher wants to use, a thorough data collection, as well as a depth and breadth of analysis. For IPA,

¹⁶ They propose a thorough engagement with the data transcription and analysis to conform with the theoretical and epistemological framework of the researcher. They also propose consistency and traceability from the data to the interpretations that are eventually arrived at when writing (Braun & Clarke, 2006).

this is achieved through attention to the participants and their comfort during the interview process, homogeneity of the participants used, a focus on the individual experience of the phenomenon and a thorough analysis that moves from just describing to interpretation of the data. In short, it is careful attention to the data, sampling and to interpretation. In this study, there has been a consistent commitment to rigor. Data collection was done with a clear segmentation of the participants and interviews were held in the best ways possible to allow participants to freely voice their views. The interpretations of this data have been done based on the phenomenon experienced as well as the meaning I make of the participants' meanings. The researcher's own legal and psychological backgrounds have shaped interpretations and these have been discussed in the reflexive piece (see section 3.2.5 and Appendix 9).

To achieve transparency and coherence Yardley (2000) suggests that there must be thick and accurate description of the process, how methods were used, show the fit between the theory and the methods used and also use reflexivity to show the position of the researchers. For IPA, transparency means a clear description of the process used to obtain data and to analyse same. For coherence, it means tracing the line between the theory and the data i.e. bringing out the phenomenological and hermeneutic aspects of the data (components of IPA theory) (Smith, Flowers & Larkin, 2013; Yardley, 2000, 2008). To achieve transparency, in this study, I have outlined the process of sample selection and interview in procedure sections of the study. I have also described the study site in great detail including the socio-cultural setting in the introduction and literature review sections. In interpreting the data, I have brought out the phenomenological and hermeneutic components of the data to keep faith with the IPA process.

According to Yardley (2017), the study and its conclusions should enrich understanding theoretically, and have practical importance for the community, policy makers and/or health

workers. For IPA, it means that the study should tell the reader something that is interesting and important. The Yardley standard was achieved in the current study, by paying attention to the wider context (including key informants) in order to ensure the possibility of theory building. The relevance of the study is outlined in the introduction and literature review sections. The implications and relevance of the study are also outlined in the discussion and conclusion sections of the work. For instance, the views of the key informants show the lack of coherence between the policies and practice. This has implication for policy reform and implementation. The Yardley standard however, seems lofty especially since very few numbers are used in qualitative studies and theory building is not one of the strengths of IPA.

Additionally, this study uses data, and method triangulation. In terms of data triangulation, professionals from various fields linked to child abuse have been interviewed to understand the process and their engagement with victims and their caregivers. For method triangulation the current study has used observation as well as in-depth interviews. To establish an audit trail, the initial codes and notes were discussed with three PhD students in the areas of sociology and psychology who were conversant with qualitative research and analysis. The themes generated were further audited by supervisors. Contrary data was also used to obtain a triangulated view such as interviewing defence lawyers who had different views from those of prosecutors. There was however, no member checking due to the sensitivity of the topic and time constraints. These constraints made it impossible to engage with the victims and caregivers as a group. However, follow-ups were done for further clarifications on issues that were not clear and to obtain psychological care for the victims.

In conclusion, achieving methodological rigor requires a commitment to the study by the researcher by engaging with the participants of interest or the phenomenon of interest in varied

ways, a description of all the processes used by the researcher in arriving at interpretations from the data, and making known the biases that have influenced the work. Data audit should ensure the consistency of the codes generated by opening them up to peers and other auditors. (A table in Appendix 6 summarizes how methodological rigor was achieved for this study in relation to the Yardley standard and other standards e.g. Levitt et al., 2018). It corresponds with other ways of ensuring credibility and/or trustworthiness of qualitative research (Creswell & Poth, 2018; Guba & Lincoln, 1994)

3.9 Reflexivity—Negotiating access and standpoint

The researcher is a trained lawyer and a PhD candidate in Psychology. She also teaches at a private university in Ghana. She is a middle-aged female who would be thought of as being in the middle class by Ghanaian standards. Furthermore, she has been involved in gender-related advocacy such as being a signatory on a recent letter to the President of Ghana to ensure that the Domestic Violence Fund is created and populated. These different positions shaped her access during the research process.

Her legal background led her to meet the magistrates in the gender courts before the study. She had appeared before one (Accra) during her practice as a lawyer, and the other magistrate (Kumasi), had been my senior during her pupillage (post-professional law 6-month practice) at the Attorney-General's department in Accra. She had again met these magistrates during a mental health training that she had facilitated between the Judicial Training Institute, the Mental Health Authority, and the Mental Health Advocacy Group. This training had been for all judges (superior and lower courts) across the various regions in the country. She was therefore not a stranger to the magistrates. These previous contacts facilitated the study in the

respective courts. The judges readily granted the researcher permission to sit in cases of CSA which were adjudicated in their respective chambers.

The researcher's designation as a PhD candidate facilitated her access to the schools. The thought of seeing a female who had reached such heights of learning served as an advantage. Being a middle-age female, the victims responded to the researcher as an adult figure. For instance, in their responses, the victims used phrases such as "yes please". As part of the interview the researcher tried to create rapport by asking them general questions about themselves and cracking jokes with them to help them deal with the seeming barrier and to allow them to speak freely. Further, a younger female was co-opted as a research assistant to help facilitate their interactions and responses.

In IPA analysis, the researcher is expected to bracket off her own personal biases or to write them down before looking at the data in a somewhat more objective manner (Smith et al., 2013). I typed out my thoughts and concerns about the participants in MS Word as I read, listened to and coded the transcripts. The interpretative framework does not completely frown on the use of one's experiences to interpret the data but the caveat is to ensure that it is the participant's views and meanings (and not that of the researcher) that are brought to the fore (Smith, Flowers & Larkin, 2013). According to Saldaña (2015) having a lens is not necessarily bad, but one has to own up to make others aware of what lenses they're using. Thus, in coding and analysing this data, the researcher admits that her training as both a psychologist and a lawyer influenced the meanings that she made out of the meanings the participants made of their own experiences. Themes such as "derealisation" and "coping" were based on knowledge of psychological principles for instance. (Please see Appendix 9 for a more comprehensive reflexive piece).

CHAPTER FOUR

THE EXPERIENCES OF COURT AND NON-COURT VICTIMS

4.1 Introduction

This chapter outlines the method of analysis used for the victims, the findings and provides a brief discussion of the findings for the victims. This chapter analyses data for research question 1(i, ii, & iii) which are as follows:

- i. What are the psychological experiences of abuse for victims who use the court, and non-court processes of adjudication?
- ii. In what ways do victims cope with their psychological experiences after the abuse?
- iii. What are the experiences of court victims as they engage with various actors (Police officers; Prosecutors and Court actors (Lawyers, magistrates))?

Questions 1(i) and (ii) are analysed and discussed in a comparative format. They compare the court and non-court victims. For victims who went to court, question iii discusses their experiences when they interacted with the professionals in the justice system as well as the court process.

4.2 Analysis of interviews

The interviews were transcribed and translated where necessary. The translation was done by the researcher who is a native Akan¹⁷ speaker or an assistant who is also a native Akan speaker. Initial reading of the text was done in MS Word to understand the transcript, the flow of the interview and to note relevant issues raised. After this, the interviews were uploaded into a qualitative software (MaxQDA version 2018.2) to code and keep track of the codes and initial analysis. A coding framework is not emphasised in IPA analysis, however themes derived from each participant may be applied to subsequent transcripts and auditing of the themes is encouraged (Smith et al., 2013). The individual interviews were coded using in vivo coding i.e. using the terms used by the participant, as well as both inductive and deductive coding. Although for IPA, inductive coding is preferred, there have been some studies that have successfully used both types of coding (Brocki & Wearden, 2014; Linder & Arvola, 2017; Smith, 2011). And so both processes were used.

The codes once generated, were compressed into sets in the software according to the research questions and new findings. Some of the sets included “contact with professionals” for all the codes on interactions between the victims and professionals, as well as “victim-caregiver interaction” for the codes on parental response to the abuse, and other ways in which the victims interacted with their caregivers. These sets were then highlighted and viewed in the “Analysis mode” using the “summary grid”. This was to help the researcher to get a bird’s eye view of the various participants and their views and also to help make relevant comments and

¹⁷ The Akan language comprises of different dialects such as Asante Twi, Akuapem Twi, Fante and other dialects. People who speak Akan in Ghana make up the majority of the population (Ghana Statistical Service, 2012)

comparisons of the participants. The comments were used in the process of building themes from the data.

Qualitative software tools are only useful for managing codes and not for interpreting the data (Miner-Romanoff, 2012; Smith et al., 2013). In view of this, the themes generated were typed out in MS Word and further analysed for superordinate themes. For the victim codes, the process was shared with a PhD student in Sociology for agreement on the codes as well as the interpretations being made after re-typing them into MS Word. For the caregiver codes, they were shared with another PhD student in Medical Sociology. For the former, her interpretations were however, more skewed towards Jungian psychoanalysis. Where we disagreed, we discussed until we arrived at a consensus about the interpretations being made for a particular theme. For instance, for the theme of “forbearance” one of them believed that “saintly behaviour” would be more appropriate so it can be interpreted using the Jungian archetype of the self-sacrificing maternal figure. This was a good point, however, Smith et al. (2013) have advised against the use of Freudian conceptions because they are a more deductive approach—using an existing theory to explain the data instead of using an inductive approach. This whole process took about two weeks, working for at least 4 hours a day (monitored by the forest tree app) and meeting twice (for 2-3 hours) with one of the PhD students and one afternoon with the second PhD student. The first draft of the writing was also shared with a third person—PhD holder in Social Psychology—for his views. The themes and the writing were further audited by the researcher’s thesis supervisors.

4.3 Findings

The findings are discussed in relation to the research questions and involve both levels of victims (court and non-court). The question about the psychological experiences of both groups is discussed by comparing them. The next is a comparison of how both groups cope with the abuse. A separate research question evaluates the relationship between the victims and the professionals in the criminal justice system and this is discussed for court victims. Although not part of the research questions, the abuse characteristics and the characteristics of the perpetrator are also discussed as an additional finding.

In all, five superordinate themes arise from the victim experience. For their psychological experiences, the superordinate theme is *something broken*. For their coping strategies, the superordinate theme is *fixing their brokenness*, and for the interaction of court victims with the professionals, the superordinate theme is *court is okay*. The new finding on the relationship between victims and their caregivers is discussed under *family unit and parental response*; whereas the abuse characteristics are discussed under, *perpetrators as predators*. These superordinate themes are discussed with their respective themes. See Table 10 for the superordinate themes and themes for the victims.

Table 10 Superordinate themes and themes for court and non-court victims

Research question	Superordinate Themes	Themes
Comparison of psychological experiences and coping for court and non-court victims	Something broken	Broken dream
		Emotional pain of victims
		Mind-body confusion
	Fixing their brokenness	Active coping and agency Non-active coping Adult support Conversion
Psychological experience in court and with professionals	Court is okay	Given a voice Fleeting contact Court as big brother
Additional findings		
Victim-parent interaction/response	Family unit and parental response	Unavailable parents Shared weight Belief vs unbelief Chain of information
Abuse characteristics	Perpetrators as predators	Weak and isolated Immobilisation and entrapment Impunity and cowardice

4.3.1 Question 1(i) What are the psychological experiences of abuse for court and non-court victims?

4.3.1.1 Something broken

This superordinate theme is used to describe the effects of the abuse on the victims and the psychological effect it has on them. Under it we discuss the three themes of *broken dream*, *emotional pain* and *mind-body confusion*.

4.3.1.1.1 Broken dream.

For the victims, especially those who did not go to court, the loss of their virginity was something that brought emotional pain. They would have preferred to be older and educated before having sex but that had been stolen from them. It made them ashamed among their friends. *“I had told myself that I would only break my virginity once I was old enough and gainfully employed. When I'm with my friends and they talk about virginity, it pains me a lot.”* (Victim4KNC)

The regret and the feeling of shame arising from the loss of virginity is as a dream that has been broken and she as a victim feels scarred for life. She is self-stigmatized and, on that count, she is not at par with her friends. Indeed, for one of them, although she did not want the perpetrator to be harmed, she wept for the loss of her virginity—she saw that as being more important to her than reporting the perpetrator or having him punished in some way. This sentiment was expressed mostly by those who had not been to court. The reason for this may be that these victims, who had not been to court to seek some form of redress, had more reason to mourn for this loss. Their energies were not focused on anything else but themselves and so they had the opportunity to focus on what they had lost.

For others, the dream was not altogether broken, but negatively affected by the abuse. Their academic work was affected and some had had to repeat their classes because of the abuse. Directly, the abuse prevented them from concentrating in school or because of it they were moved, thus disrupting their school progression: *“when I was at my sister's place, I was in class three...because of the exams, I was brought here. Here, I started from class 2”* (Victim5AC). *“...anytime I went to school, I was too quiet [...] I am way behind in my studies”* (Victim6ANC).

As victims, they experienced a setback due to the abuse whether it was the loss of their virginity or their place in their education. This brokenness led to the feeling of emotional pain.

4.3.1.1.2 Emotional pain of victims.

All the victims experienced some form of emotional pain and all these were negative emotions such as fear, anger, feelings of revenge. Their feelings of fear, anger and revenge were mostly towards the perpetrators.

According to this victim, she experienced anger any time she saw the perpetrator; *“Anytime he calls me, I just want to take something and hit him with it.”* (Victim9AC). She was angry enough to want to strike the perpetrator with an object. Since her abuse was happening in an intra familial setting, she was constantly in contact with the perpetrator thus building up the anger in her.

Other victims had ideas for revenge whether it was through others or by themselves. For instance, this victim was happy when the perpetrator was cursed by her mother; *“My mother said that God should punish my father [perpetrator]. The time my mother said it [...] I was happy about it.”* (Victim 3ANC). For others, they wanted more concrete steps such as his arrest, imprisonment or death. For both court and non-court victims they wanted the perpetrator to be given a punishment commensurate to his crime; *“I want him to die.”* (Victim2AC); *“I feel like I want to do the same thing to him so that when he sleeps, he won’t wake up again.”* (Victim1ANC). The wish for death shows finality and a sense of wanting the perpetrator to disappear off the face of the earth. This feeling of revenge is consistent with findings on the emotions that victims experience (Zehr, 1990). However, feelings of revenge have also been found to heighten victim experiences of post-traumatic stress (Kunst 2011). This therefore calls

for psychological care for these child victims of abuse to ensure that they deal with these negative emotions appropriately.

There were however, some victims who did not wish to do anything to the perpetrator; *“I didn’t have the intention of wanting to do him anything.”* (Victim6ANC). This may be because the perpetrator was her father and of course much bigger than her (a 7-year old girl) and so in her mind she could not possibly do anything to him. This same victim was “happy” when her mother pronounced a curse on the perpetrator. So in a sense, she couldn’t do anything to him but was happy to have someone else do it on her behalf.

4.3.1.2 Mind-body confusion.

The emotions they felt after the abuse led to somatisation and derealisation. Somatisation is where there is a conversion of emotional pain into physical experience and derealisation is where what is physically happening is perceived in a dream-like state. *“I dreamt again that he [perpetrator] was sleeping with me and when I opened my eyes, it was true”* (Victim5AC). This victim experienced what might be referred to as depersonalisation¹⁸ in that what she thought was a dream was actually happening in reality but she was experiencing it in a dream-like state. This is a symptom of posttraumatic stress and she may be experiencing it because of the trauma of the abuse. For this same victim, she also experienced somatisation where her dreams were actually converted into physical experiences. *“...anytime I have those dreams that somebody has stabbed me on any part of my body, when I wake up, I actually feel the pains around that area.”* (Victim5AC)

¹⁸DSM V defines depersonalisation in relation to Posttraumatic stress as “Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one’s mental processes or body (e.g. feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).” (American Psychiatric Association 2013, p. 272).

The most trauma inducing effects of child sexual abuse is where the perpetrator is known and trusted (Finkelhor & Browne, 1995). This victim was staying with her “sister” (a relative) whose husband was abusing her on the blind side of her sister. The perpetrator was therefore a father-figure to her and so this might explain her extremely traumatic experience. Some of these experiences such as the somatisation and nightmares recurred even after she had been placed at a shelter and was going through the court process.

4.3.2 Research question 1(ii) how do victims cope with their psychological experiences after the abuse?

4.3.2.1 Fixing their brokenness

This superordinate theme discusses the ways in which the victims cope with the abuse. They used three main ways: *active coping* (distancing, avoidance, and agency), *non-active coping* (conversion, deferring arrest, forbearance, prayer, escape through dreams); and *adult support*.

4.3.2.1.1 Active coping.

This theme is used to describe what the victims did by themselves to deal with the abuse. To actively cope, the victims used distancing, avoidance as well as agency. For some, it meant moving away from where they were living to another area altogether, but this decision was made by their parents. Within their own power, they distanced themselves from the perpetrators. The distancing was as small as avoiding eye contact with the perpetrators in court or just a wish to not come into contact with the perpetrator in the area. As per this victim, “*When he [perpetrator] is signaling me [with his eyes], I focus my eyes on the ground*” (Victim5AC). And for this other victim, “*I didn’t find it interesting to live there any longer so I went over to my grandmother’s place.*” (Victim5KNC). It shows the active use of their bodies and their resources to keep a distance between themselves and their perpetrators.

Others used agency to actively cope in terms of their use of language, physical action as well as questioning. These were at different points during the abuse process. The use of questioning, and physical action were immediately before the abuse; “...*when he picked me up I was scratching him*” (Victim2AC). These attempts were however, unsuccessful in preventing the abuse. These were young victims (7-15-year olds) attempting to resist adult males (25-47 years). But it showed some attempt at resisting the impending abuse.

Another victim used language to show active coping after the abuse. In court, whilst giving her testimony, she used a language that the perpetrator did not understand so as to create a loop through an interpreter. She says: “...*as for me I spoke Ewe [...] I decided to speak Ewe so that the man [perpetrator] wouldn't understand because he understands Twi. So, I also spoke Ewe*”. (Victim5AC). For this victim, taking action meant a change of language. It was not just the change of language but rather what that change was used for. It was an exclusive language that was hidden from the perpetrator (without an interpreter) and so for her to obtain some power back, she used it in court. It may well be that she used it as the strongest of the three languages she understood (Ewe, English and Twi) but here she is interpreting it from a position of strength.

4.3.2.1.2 Non-active coping

Non-active coping strategies included the use of conversion, deferring arrest, derealisation, and prayer.

4.3.2.1.2.1 Conversion

Others used what is termed as “*conversion*”—their emotions about the abuse were converted into other forms. It is in a sense the law of energy—energy cannot be destroyed but is *converted* from one form into another. This form of coping was used by those who did not

go to court. Their fears were converted into somatisation and through escape in dreams/nightmares. For one victim, these dreams and nightmares started when she made the decision with her parents not to pursue the case any longer. She had taken that decision because she thought it would be a waste of money and not because she had not wanted retribution. It suggests a capping of her emotions (energy) which then found expression through her dreams (another form of energy).

Interviewer: What was the dream you had?

Respondent: In the dream I saw the guy [perpetrator] when I woke up, I didn't tell anyone. I will be there for a while before I fall into sleep again.

Interviewer: When do you experience that dream?

Respondent: In the evening.

Interviewer: For how many years have you had that dream?

Respondent: I had that dream for about two weeks.

Interviewer: Two weeks...

Respondent: Yes

Interviewer: When were you having that dream?

Respondent: When we stopped pursuing the case. (Victim4KNC).

For others, the failure to go to court was converted into suicide ideation and attempts; “*I had wanted to kill myself and a friend told me that if you attempt killing oneself, it is painful so I shouldn't carry on with the act [...] I cut my forehead with a piece of a broken bottle*” (Victim1ANC). The pain was turned inside onto herself resulting in suicide ideation and self-

harm. The mark was evident—it was a mark on her forehead for everyone to see that she was scarred and marred.

4.3.2.1.2.2 Deferring arrest

Others coped by *deferring arrest* in the sense that if they had not been able to arrest the perpetrator, someone else would. It was not in the sense of the Ghanaian “*Fa ma Nyame*” syndrome where people “Give it to God” i.e. defer to a higher power to fight their battles for them, this was a falling forward—a belief in a system or process whereby somehow but eventually, a wrong committed would be punished by one who might be stronger or more persistent. “... *I said that, if we are not able to arrest him, he will take it elsewhere and he will be arrested.*” (Victim4KNC). It was her way of rationalising that someone had wronged her with the abuse but she was unable to take vengeance. Her only way therefore was to defer it to a more powerful person going forward.

4.3.2.1.2.3 Forbearance

Others coped by using *forbearance*. They were letting go of their own needs because of a higher goal. The victims were disappointed, hurt and angry about the abuse, but they also considered that the court process would waste money, and negatively affect their siblings and so decided against it. According to this victim, “...*they had wanted to arrest him but I said no. I told them not to arrest him because my younger siblings... my younger siblings, nobody is there to take care of them*” (Victim6ANC). This is akin to messianic behaviour where it seems as if they are laying down their needs for the good of others. On the other hand, these children were being practical about the effects of pursuing the case. They realized that there was no societal net to capture the effects of pursuing the court process and so decided to swallow their own wishes and forbear. They assumed a position of adulthood that was thrust upon them at

an early age. It may also be seen as a form of rationalization since most of those who used this coping strategy were those who did not go to court. They had to in a way rationalize their inability to go to court.

4.3.2.1.2.4 Prayer

Some of the victims used prayer as a means of coping. *“And when he did the last one, I prayed that I shouldn’t die because the doctor said that if he does it again, I will die. So, I prayed that’s why I’m still alive. God has saved me that’s why I’m still alive”*. (Victim5AC). She believed that it was because of her prayer that she was still alive after the abuse. Most Ghanaians use prayer as a way of coping with challenges and so it is not surprising that this victim uses it to deal with the trauma. It is the redeeming power of prayer that has prevented her death in the face of incessant abuse. The interesting thing is that the abuse persisted even after she had been sent to the hospital. It goes back to the question of perpetrator impunity and the issue of what was discussed with the medical professionals at the hospital and their duty to report such incidents of abuse.

4.3.2.1.2.5 Escape through dreams

The dreams used as a means of escaping the abuse were not nightmares but rather pleasant dreams in which they met people who could save them or dreams where they had some pleasant experience. This is an encounter in a dream; *“So when I used my best friend’s path, I went to meet three people [...] and they said they would help me [...] the girl who took me home and helped me grow up in the dream”* (Victim5AC).

4.3.2.2 Adult support

For some of the victims, they were able to deal with the abuse where they received adult support. These adults were neighbours or teachers who listened to their stories and provided them with the route to discovery and a way of escape from their abuse. The adult support was in terms of tangible support such as pecuniary support and the provision of a safe space. *“So I went with my madam [female teacher] ...and my madam even gave me money to buy food and also use some for transport.”* (Victim6ANC).

This victim relates her experience after her disclosure when her female teacher took her to the hospital and then to the social welfare. When she was leaving, another female teacher gave her money. This was unsolicited but very welcome. The support of other adults was especially important for those in intra-familial abuse. It was with the help of other adults that they were able to escape from their abusive environments; *“My pastor--the pastor whose church I attend, he heard about the news, what was going on. After he heard about the news ... he gave my sister some money to take me to the hospital.”* (Victim5AC)

In coping, the thoughts and behaviours of a person are directed towards resolving a stressful situation (Lazarus, 1993 in Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). These thoughts and behaviours may focus on the actions themselves or on the emotions generated by the stressful situation. These victims used both behaviours directed at dealing with the problem itself (active coping) as well as behaviours aimed at dealing with the emotions associated with the abuse.

4.3.3 Research question 1(iii) what are the experiences of court victims as they engage with professionals and the court process?

4.3.3.1 “Court is okay”

This superordinate theme is used to discuss how the victims felt about their interaction with the courts and other professionals in the criminal justice system. For the court victims, they came into contact with the police, the medical system and the courts. For those who did not pursue the court process, the abuse was sometimes reported to the police and they sometimes had contact with the medical system as well. This part discusses their experiences once they got into contact with the professionals. Apart from the courts however, their other experiences with the other professionals were mainly coordinated by their caregivers and they played no active roles in these areas. *“As for me I don’t know what happened [at the police station] and they asked us to take it to court.”* (Victim8AC).

This victim seems to suggest that the police station experience was a blur. Although she took part in the process, she seems to suggest here that she had no part in the process that led to the decision to send it to court. This might not be altogether accurate as the victim would have been asked to provide a statement and to identify the perpetrator. But this was her experience of the process—it was a blur of adults talking over her head and making a decision for her.

The situation is a little better in court since they were given a chance to speak. As per this victim, the court experience was okay. *“Question: since you have been going to court, how do you see the court proceedings? Response: please it’s going on well”* (Victim9AC).

Their contact with the court was however, a fleeting, and the court was seen as a big brother. There were no strong emotions attached to the court experience. If anything, they were only pleasant.

4.3.3.1.1 *Given a voice in court.*

The court provided the victims with an avenue to tell their stories. According to this victim; *“they [court] asked about my side of the story.”* (Victim9AC). It was a chance to be heard from their perspective and to tell “adults” and other “important” people what exactly happened to them. Having people sit down and listen to what you might have to say in an environment where children are often overlooked seems to have been a good experience for the children. It was her “side of the story” that was heard, not that of the perpetrator or even their caregivers.

4.3.3.1.2 *A fleeting contact with the courts.*

For the victims, attending court was only for a day or two—they were only present to give their testimony after which the rest of the process was attended by their caregivers.

“When we brought the case they told us that we should go and come on another day so my father came that next time and he told me...they haven’t [...] called me so when it gets to the time I will be required they will call me to come and say what happened so I should stay at home. So, he is the one who has been coming I don’t follow him”
(Victim1AC)

It is further summarised by this victim who says: *“after I went to speak, I didn’t go again”* (Victim3AC). They did not engage with the court for a time long enough to form a lot of impressions about it. The experience of the process is therefore better interrogated with the caregivers who interacted with it for a longer period of time.

4.3.3.1.3 Court as big brother.

For some, the court was a big brother who could bully the perpetrator and also prevent further abuse. A perpetrator who was denying the abuse was suddenly telling the truth in court. That brought satisfaction to the victim because the court was powerful enough to compel the truth from him, *“...when he’s asked questions [in court], he tells the truth. He tells them everything he did”* (Victim9AC). This same victim believed that the court had the right muscle to prevent further abuse. She preferred the court process to home settlement because the latter would have given more power to the perpetrator to continue his abuse; *“I see that the court will be able to help me [...] It’s very good that they took it up to court, [...] if it had been settled at home, he would have continued to do what he was already doing.”* (Victim9AC)

This was an abuse that was happening in the same house and this was a victim who was a domestic help and so for her case to have been sent to court was a bold and unusual step by her social parent and shows that she was pleased with the decision. It therefore accentuates her belief in the court to serve as a buffer between her and the perpetrator.

4.3.4 New findings

Two additional findings were made and are discussed below. They are seen as additional findings because they were not part of the research questions for the current study.

4.3.4.1 Perpetrators as predators

This superordinate theme is used to describe the abuse characteristics from the perspective of the victims. It also shows the tactics and ploys used by the perpetrators to obtain their victims and to abuse them. Their ploys included seeking out the weak and isolated (a domestic help, a dependent child, a child grabbed from behind, a child walking alone from school); entrapping and immobilising them and then preying. The images their tactics conjure are those of predators. It is a mixture of what a lion would do and what a python would do for

prey. Lions seek out the weak animals that are left by the herd and then pounce on them whereas for snakes, they lie in wait and use cunning to get their prey. For both of these animals, they are able to prey on their victims by immobilizing them in some way such as through asphyxiation (cutting off their air supply).

4.3.4.1.1 *Weak and isolated*

Most of the victims in the study would be considered weak as compared to their perpetrators. Some were very young in age, were dependent on the perpetrator for sustenance or else in a position of weaknesses compared to the perpetrator as in the case of the brother-in-law of a social parent; *“I was lying in bed one evening, the brother-in-law of the mother that I stay with, came into my room and I asked him what he wanted and he pushed me, covered my mouth and slept with me.”* (Victim9AC).

The weakness of this victim was on two levels, she was far younger at 15 years, than the 47-year old man who was sexually abusing her. Also, in terms of social strata, she was below him. She was a domestic help in the house of the perpetrator’s brother and so that gave her a lower status than the perpetrator. For the victims who were preyed upon in these positions, they were more likely to be abused multiple times where the perpetrator was intra familial. In the case of the victim above, she was abused 3 times. In the case of other victims who were economically dependent on the perpetrator and living in the same house with them, they were also abused more often than those who were not in the same house with the perpetrator such as the following victims:

“...yes he had done it already soo (emphasis) many times! I can’t even count the number of times he had even done it.” (Victim5AC)

“I can’t count but it’s been long...at that time [when he started] I was 10 years I can’t count...it was a lot of times” (Victim6ANC).

The more dependent the victim was on the perpetrator, the more likely they were to be abused multiple times. And this was evident for both those who went to court and those who did not. This further suggests the relation between victim weakness and perpetration. The weakness of the victims was in the sense of their dependence on the perpetrators and this was used by the perpetrators to their advantage and for the perpetuation of the abuse. Multiple abuse has been found to be more likely in domestic situations (Spies, 2017).

4.3.4.1.2 Entrapment and immobilization

The perpetrators also immobilised their victims. Some used drugs that were put into drinks, others tied up their victims. Others used knives and verbal threats to immobilise their victims. They also entrapped them with locked doors. One used an interesting technique of immobilisation—he covered the eyes of the victim every time

“I told him that I was thirsty and he gave me water to drink and I don’t know what happened next ...when I regained consciousness, I was on his bed” (Victim1ANC)

“And he gave me a certain drink and I drank the drink and I dozed off.” (Victim3AC)

“When I was coming out from his room, I realized that I couldn’t come out because the door was locked. I tried opening the door, but I couldn’t. There, the man came from behind me...” (Victim1ANC)

There are a lot of similarities between snakes and the perpetrators: they both lie in wait for their prey and do not expend a lot of energy in getting them. It is during the actual capture that they expend energy such as in providing them with drugged drinks, stuffing their mouths with handkerchiefs, tying up their hands. Where they did not resist such as where they were too young (25-year-old man and a 7-year-old girl) or where the victim was a ward or a domestic help, no force was necessary

After the act, some perpetrators used verbal threats to further immobilize the victims from reporting. This seemed to work because for most of the victims they could not tell their parents about the abuse until later.

4.3.4.1.3 Pre- and post-abuse behaviour of perpetrators

There was incongruence between the pre-abuse courage of the perpetrators and their post-abuse behaviour of trying to evade arrest. For some perpetrators, although the victims told them that they would report, they still went ahead with the act. According to this victim; *“I said that if I get out, I will report to my father or mother and he said that, as for that he does not care about it.”* (Victim4KNC). This show of courage was however, not commensurate with their behaviour afterwards. Most of them absconded after the act and evaded police arrest. *“...he run away.... initially when we were going to arrest him, he run away. We didn't see him...we didn't see him for 3 days”.* (Victim6AC).

The difference between the court and non- court victims was that for the court victims even those who absconded were pursued whereas for the non-court victims, the perpetrators were not pursued further.

Another show of inconsistent post-abuse behaviour was the perpetrators' insistence on secrecy. They either used threats or tried to prevent disclosure by asking their victims to keep quiet about it. According to this victim who was abused by her father, *“... after he had finished, [...] he told me not to tell my mother about it”* (Victim3ANC).

The findings from this theme show the perpetrators through the eyes of the victims as showing pre-abuse behaviour which were incongruent with their post-abuse behaviour. Although they acted with boldness during the abuse, they absconded afterwards, indicating their fear for the repercussions. At the time of the abuse however, the victims did not know of their fear and only saw their seeming courage.

4.3.4.2 Family unit and parental response

4.3.4.2.1 Unavailable parents

There were different family configurations for the victims (See Tables 1 and 3 above). For those who went to court, most of them had single, or married parents or were in non-parent arrangements (Shelter or social parent) and for those who did not go to court there were more likely to have divorced/separated parents. In explaining this, it suggests that separation with its attendant discord between parents might have negatively influenced the decision to go to court. Where the parents were married or single, they were more likely to take either a joint decision or to make their decisions alone, which facilitated their decisions to take the matter to court. For two of the victims who were not in court, an additional factor for non-reporting was parental alcohol abuse. When asked where her mother was when her step father was sexually abusing her, one of them responded that; *“...my mum was not around...she was drunk and roaming about.”* (Victim6ANC). Another in response to what her father had done upon hearing about her abuse stated that *“the day he [father] was informed about the incident, he had gone somewhere so when he came back, he was very “fine” like fine... he was drunk.”* (Victim1ANC).

The sense of disgust in the words used to describe their parents shows their disappointment in them. “Roaming about” is a sense of aimlessness and disregard for time so for a parent to be described in that manner is derogatory. The colloquial phrase “fine” is also used to describe a person who is inebriated by alcohol. The alcohol use was a regular phenomenon and was not as a result of the abuse and so suggests a lack of care that was occasioned by parental failure. They existed, but were not present for their children—there is a sense of disappointment at the loss of protection that their caregivers were otherwise expected to provide for them.

4.3.4.2.2 Chain of information leading to disclosure

The relationship between the victims and their parents was also evident in the ways in which they disclosed the information of the abuse. Disclosing the act was not a simple direct event. Only one victim disclosed directly to her mother and only one victim disclosed to an institution. For some, there was suspicion, which led to enquiry and then to disclosure, for others, they had to solicit the help of other people to disclose to their parents. For one victim, it was a 2-stepped chain to disclosure—she told her grandfather who told her aunt before her mother was informed and this was 3 days after the incident. “...*I went to tell my grandfather about it and we told my auntie about it and my auntie told my mother.*” (Victim3AC)

Only one victim disclosed to a state institution (school) and even that was after persistent enquiry by her teachers, and after nothing had been done after disclosing to her mother and aunties. “*I told my auntie [...], and she called my mother*” (Victim6ANC),

However, nothing was done about it and so she went further’ “...*it [the abuse] weighed on me. I felt the strong urge to talk to someone about it. Maybe the person can help me, that’s why I went to tell my sir [male teacher] about it.*” (Victim6ANC). It was her teacher, through the support of other teachers and the social welfare at a hospital who took her to a Shelter. She had already endured 4 years of abuse from her stepfather and it would have persisted without this help.

The lack of direct disclosure speaks to the nature of the relationship that exists between the victims and their caregivers. Again, it suggests a kind of shame that they must have felt. Even where there were no threats from the perpetrator, the shame of the act prevented the victims from reporting the abuse. Disclosing abuse early is important for early care and for the

collection of evidence if the case is to succeed in court. For these victims however, they seemed to have no safe space to disclose their abuse.

4.3.4.2.3 Parental response of belief or unbelief

Once the parents heard about the abuse, their responses were in two ways; they either believed or disbelieved their children and this resulted in different streams of actions. For those who did not believe, they did not go to court or their wards were taken to court with the help of other adults or an NGO. For those who believed, there were two ways of responding: lame response (no court) and active response (going to court). These two responses are influenced by various things and these are discussed here.

Parents who believed that their daughters had been sexually abused, and took action reported to the police station, took the victims to the hospital for assessment and pursued the case to the courts; *“it was the Wednesday [Thursday] that I told my grand-uncle about it... it was that very day that we went there [police station].”* (Victim3AC).

A lame response is used to describe actions that the parents took other than court to deal with the perpetrator. It is also used to discuss some of the reasons provided for these lame responses. Although they believed what their daughters were saying, some parents failed to take action or where action was taken, it was seen as weak. Some of the lame responses included beating the perpetrator, dismissing him from his rented abode and verbal warnings. For some of the parents, their hands were weakened by moral persuasion and apology—the perpetrator’s relatives offered an apology and that seemed to be enough for them; *“...the boy’s father begged and my father told us to leave him”* (Victim2ANC). This was after corporal punishment had been administered to him.

Still others had their hands tied by a lack of spousal support. In cases where the caregiver was married, a lack of spousal support prevented them from reporting the incident;

“...that day my mum wanted to go to the police immediately and my father told her that he won’t allow her to go and that if she goes, he will beat her” (Victim1ANC).

For some it was with the threat of physical abuse and for others it was to keep a relationship with the perpetrator’s family *“...my father was going to report and my mother asked him to stop.”* (Victim5KNC)

The reason was that *“my mum and his [perpetrator’s] mum were friends”* (Victim5KNC). And their friendship continued even after the incident. This might have operated on her mind when she prevented her husband from reporting the abuse to the police.

The above discussion of parental response shows that there was no direct route between disclosure, belief, and pursuing the case in court. Belief was not the end. For those who showed lame response, they also showed initial indignation and anger but that anger was not converted into pursuing the case in court. Whether the response would be active or lame did not depend on whether the perpetrator was known or unknown. For instance, a social parent reported the case when the perpetrator was her brother-in-law. Again, some reported although the perpetrator’s family came to plead with money. It therefore shows that parental response after belief was not a straight path.

An interesting phenomenon however, is that for both those who disbelieved the victims and those who provided lame responses, they still took the victims to the hospital to be checked and to be given medication for their pain. A follow- up of the victims who did not go to court indicated that they reported the abuse at the hospital but this was not followed through by the health professionals. This leaves the question of what was reported at the hospital and also the issue of mandatory reporting by health officials and other persons who come into contact with victims of abuse

There were some parents who did not believe or else needed further evidence to believe that their wards were abused. According to one victim, *“I told my mother that ‘Ma ...this is what my step father said to me [that he loves me]’ but my mother did not believe me. She said I was telling lies on my stepfather”* (Victim6ANC). This victim was disbelieved by her mother because it was her stepfather who was the perpetrator. Even when the victim developed vaginal infections which caused her pain and unable to wear panties, the caregiver failed to believe her daughter and also made it impossible for others [e.g. biological father and aunt] to take the victim away from her. The caregiver was most likely torn between her daughter and her husband (victim’s step-father and perpetrator). The perpetrator happened to be the breadwinner for the family of five and so although she was persistently told about the abuse by her daughter, she decided to disbelieve her.

4.3.4.2.4 A shared weight of the process

This theme is used to show the empathy that the victims felt for their caregivers especially when it came to spending money. For those in the court process it was only a show of empathy but for those in the non-court process it was the reason for asking their parents not to pursue the process.

“Interviewer: mm okay so you didn’t want her to report it to the police?”

Respondent: I wanted her to report it to the police

Interviewer: But please why did you say it hurts you?

Respondent: because the driver... the driver...the driver takes a lot of money from my mum” (Victim3AC).

The cost of going to court with public transport was borne solely by the caregiver and the victim saw this and was conflicted: although she wanted the case to go through court, she also felt that it was a bother to her parent. For this victim who did not go to court,

“My father is someone who is a driver and all the vehicles he handles easily develop faults so I was afraid that the money he will make will all be spent on this issue (going to court) and might not be able to provide for my school.” (Victim4KNC).

These suggest that the victims were empathizing with their caregivers but it also shows a sense of responsibility for their spending. They feel responsible that their parents will be spending money on a case that concerns them. For the one who did not go to court, it was a concern that was strong enough to ask her parents not to pursue the case further. She had to choose between her schooling and seeking justice and so although the matter was reported to the police, the case did not proceed to court.

4.4 Chapter Discussion

This chapter analyses data for research question 1 (i, ii, and iii) which are about the psychological experiences of the victims after abuse, and the differences that exist between those who go to court and those who do not, as well as their ways of coping. This was analysed and discussed in a comparative format. For those who go to court, this section also answered the question on how they interacted with the professionals and the court process. The main focus of interacting with the victims was to understand the phenomenon of abuse from their perspective, how they coped with it, and to also understand how they interacted with the professionals after the abuse. Two additional findings that were not part of the research questions were their interactions with the perpetrators and their caregivers. For both victims who went to court and those who did not, their experiences of the abuse and its effects on them

were generally negative and they coped in different ways. It was in coping that actual differences could be found between those who went to court and those who did not.

In their interactions with their caregivers and parents, it shows that belief in their story was not an end in itself and that what was actually required was for the caregivers to still take action after that. From their description of the abuse, it shows that the perpetrators acted as predators and they were the prey that was taken advantage of.

For those who interacted with professionals, their experiences were generally pleasant. This finding is contrary to what has been found in the literature. Usually, children's experiences with the courts and professionals in the criminal justice system are found to be negative (Back et al., 2011; Eastwood, 2003; Eastwood & Patton, 2002). These main findings are discussed briefly here and then with the other findings in a General Discussion.

Victim experience of the abuse. The experiences of the victims were psychological, physical, and social. Psychologically, they experienced typical post traumatic symptoms after the abuse with some attempting suicide. Physically, the young victims had various degrees of damage to their perineum. Socially, their education was affected and they felt shame and isolation from their cohort of friends.

Their interactions with their caregivers. There was a general sense of initial disbelief on the part of the parents especially where the victims were older. This speaks to the relationship that exists between children and adults in the Ghanaian context. Children are usually seen as second class citizens who are seen but not heard (Boakye-Boaten, 2010). They hold no real power within the family and are usually expected to do as they are told by their parents and other adults. Their lack of power and their full dependence on their caregivers—for money and sustenance—meant that where the caregivers decided against reporting, they had very few alternatives.

The results also show that belief in the story of the victims could result in either taking action or not taking action. It however served as the starting point for caregivers who decided to take action. Parental support (especially maternal support) has been found to greatly influence how parents respond to their abused wards (Knott & Fabre, 2014). Their response to the abuse and their reaction and behaviour towards the victim of abuse all affect whether or not justice will be pursued and whether or not victims will be provided with the emotional and financial resources needed to seek justice (Campbell et al., 2009; Knott & Fabre, 2014; Lovett, 2004; McGillivray et al., 2018).

Another interesting finding in this study was the factors that influenced the decisions of some of the caregivers to decide not to report even after believing the story of the victims. They included offers of apology by the family of the perpetrators, lame attempts at punishment and a lack of spousal support where the parents were married. Other studies have found that caregivers fail to report abuse or go through the court process for various reasons (Eastwood, 2003; Knott & Fabre, 2014). These reasons have however not included lack of spousal support and offers of apology by the families of the perpetrators. This is a unique finding of this study and indicates the peculiarity of the socio-cultural context where interdependence is valued (Nave, 2016).

For victims who were believed but whose parents did not pursue the court process, they experienced a kind of let-down. They had desired to pursue the process but their parents had not. The victims in this category were the most likely to attempt suicide or engage in some form of self-harm (Victim 1ANC and Victim 4KNC). Studies conducted in Ghanaian schools have found that the victims want to report but are restrained by their parents (Agu et al., 2018; Alolo, 2016). However, no study to the researcher's knowledge (after a comprehensive review of the literature) has looked at how these victims fare psychologically. What this study has found in terms of the *conversion* of non-retribution into other psychological forms is something

that is unique to this study and must be pursued further. General negative emotions are experienced by victims after an abusive event however, for these non-court victims these feelings were as a result of parental failure to pursue justice.

Finally, studies that have been conducted on victims generally show that caregivers from low socio-economic backgrounds are less likely to report an abuse and to have limited access to justice (Knott & Fabre, 2014; Molyneux et al., 2013). For this study, the parents of both groups of victims (court and non-court) were from low SES (see profile of caregivers in Tables 2 and 4 above), however, some decided to pursue the case whereas others failed to do so. This suggests that the decision was based on a more complex set of factors and not just socio-economic factors such as money and/or education. The next chapter uses a comparative approach to discuss the caregivers (court and non-court) and how they responded to the abuse and interacted with the victim and the professionals in the criminal justice process. It also gives an understanding of what pushed them to go to court.

CHAPTER FIVE

EXPERIENCES OF COURT AND NON-COURT CAREGIVERS

5.1 Introduction

This section discusses the experiences of the caregivers of children who have been sexually abused as they go through either the court or non-court processes. This section answers research question 2 (i, ii, iii and iv) as follows:

2.

- i. What are the experiences of caregivers who use the court process and those who do not following the disclosure of the sexual abuse of their wards?
- ii. For both caregivers, what aspects of the abuse will be distressing for them?
- iii. How do caregivers cope with the abuse and the adjudication process?
- iv. What are the experiences of caregivers as complainants in the court process and as they interact with various professionals in the process?

These questions will be analysed and discussed for both groups. The term “professionals” is used to describe all the professionals who work in the criminal justice process on matters of child sexual abuse. The section on analysis are similar to what was used for the victims (see section 4.2 above).

5.2 Findings

There are 4 superordinate themes from the caregivers. The first, which is “*the pain I feel for my daughter*”, is used to discuss the research question on caregiver experiences after disclosure and the distressing aspects of the abuse for both court and non-court caregivers. The second, which is *caregiver-system interaction* is used to discuss the experiences of caregivers

as complainants in the court process and their interactions with the various actors and how they cope with the court process. One additional finding is discussed under the following superordinate theme: and *caregiver-victim interaction*. It is used to discuss how the caregivers interact with the victims. See Table 11 for a tabular presentation of the superordinate themes and themes.

Table 11 Superordinate themes and themes for caregivers

Research question	Superordinate themes	Themes
Experience of caregivers following disclosure of sexual abuse and distressing aspects of the abuse	The pain I feel for my daughter	Emotional pain
		Behavioural signs of emotional pain
		Physical and behavioural changes in victims
		A sense of destruction
		Treatment shopping for a physical cure
The experience of caregivers as complainants in the court process and their interaction with professionals	Caregiver-system interaction	Going to court to right a wrong
		Clipped wings for non-court caregivers
		Police distrust
	Caregiver engagement with professionals	Distress of seeking health for victims
	Costs abuse and going to court	Economic cost
How do they cope with the court process	Caregiver agency and coping	Social cost
		The support of another adult
		Caregiver agency in the court process

5.2.1 Research questions 2 (i) and (ii) what are the experiences of caregivers following the disclosure of abuse and what are the distressing aspects of the abuse?

5.2.1.1 “The pain I feel for my daughter”

This superordinate theme discusses the thoughts, emotions and psychological experiences of caregivers after they discovered the abuse of their wards, and their own emotions and thoughts about the abuse through the words they use to describe it. Except for one non-court caregiver, the rest of the caregivers discovered the abuse by accident or through the prompting of another person. Thus, discovering the abuse led to emotional pain which led to anger, insomnia, loss of appetite, and even vicarious menstruation.

5.2.1.1.1 Emotional pain of caregivers

The feeling of emotional pain as a result of the abuse was evident for both males and females. The pain was as a result of the abuse itself or as a result of disappointment in the perpetrator. In terms of the abuse itself, there was a feeling of emotional pain made evident in the continuous emphasis of the word “hurt” and “pain”. The mother of one victim put it this way; *“I was hurt! Herh it’s painful ooo hm! Ei it’s very painful...I am really hurt seriously”* (Caregiver3CA, mother, make-up artist). This caregiver did not know the perpetrator and so her pain was as result of the impunity of a stranger to defile a child he did not know. She was also hurt because of the possible stigma that would be attached to her daughter for life in a close community.

For those who knew the perpetrator, the pain was due to their shock and disappointment in the perpetrator. This mother whose daughter was anally abused by a co-tenant was hurt because she was highly disappointed in the perpetrator. According to her,

“... I was so hurt! So, I was like ah you this man, I am in the same house with you, I have no issue with you. When I’m holding something, I give you some. Even when you have an issue, I lead you [accompany] to go and help settle the matter for you. How is it possible that you were able to hold my little daughter and go and rape her?”
(Caregiver4CA, mother, washerwoman).

The closeness of her relationship with the perpetrator made the emotional pain worse. One male sought to channel his pain into something more positive—the pain led to protectiveness over her daughter; *“The pain I feel for my daughter I have to protect my child so that in future she will take care of me.”* (Caregiver2CA, father, mason/driver).

The emotional pain of the caregivers resulted from the abuse itself, from their relationship with the perpetrator and also for the future effects of the abuse on the victims. Where the perpetrator was unknown, the pain was as a result of the abuse itself but where the perpetrator was a family member or a known person the pain was a sense of disappointment in people whom they had trusted.

The emotional pain was also expressed in their anger. One refers to it as “fire in me”. The anger was directed in three ways: to the perpetrator, the situation, and also to the victim. For one caregiver, she felt angry when she went to the perpetrator’s house and learned that he had been consistently abusing girls. It infuriated her even more when she confronted the perpetrator and he indicated that he did not even know the name of her daughter (but had forcibly had sex with her). Another was angry because she was disappointed and shocked that her brother-in law would have sex with her domestic help. Her anger was borne out of disappointment and disbelief.

One of them directed her anger towards the victim; *“When I went, I asked her that herh did he do that to you? She couldn’t talk...And I said herh why didn’t you make noise?”*

(Caregiver 3CA, mother, make-up artist). The term “herh” as in the term “hey” is often used to address strangers, persons unknown to the addressee or even inanimate objects. It is therefore interesting that this mother of a 9-year old girl who has been abused would use the term to address her. It shows an interesting relationship between the caregiver and her daughter or else it just shows how shocked she was about the whole incident. Later however, when she went to the site of the abuse and saw how the perpetrator’s room was isolated without proper windows, she realized that even if her daughter had screamed, her screams would not have been heard.

Even for those who did not go to court, they experienced anger once they discovered the abuse: “...*what he did to the child made me very angry with him and that pushed me to report it.*” (Caregiver2 NCA, female, Cleaner). This was an intrafamilial abuse where the perpetrator was also the father of the victim. This did not deter the caregiver from getting angry and even going ahead to report the abuse to the police.

One of the caregivers got angry to the point of recklessness. She would not care being sanctioned by the law for taking the perpetrator on—she would have assaulted him and would not have cared to die in the process. “*His very penis that he used on my child, I will hold it and pull it... because whatever I do, he has already destroyed my child for me. [...] it will be a matter of life and death* (Caregiver6CA, mother, trader).

The emotional pain of the caregivers was intense and served as a motivator to report the perpetrators even when they could not pursue it to court.

5.2.1.1.2 Behavioural signs of emotional pain

Caregivers experienced the vicarious trauma of the abuse and this was evidenced in some behaviours they exhibited. They include sleeplessness, loss of appetite, and vicarious

bleeding. According to this mother of a 9-year old girl, she could not sleep the night after the abuse:

“Sister [referring to researcher] I didn’t sleep ooo. My eyes were widely opened till the next morning. I couldn’t sleep for even a second!...Herh I didn’t sleep oo. I kept on sighing as I was lying there to the extent that my sister tapped me [and asked]. R.[her name] why?” (Caregiver3CA, mother, make-up artist).

This was immediately after the abuse and in conformity with responses of stress after a traumatic incident; she was unable to sleep on the day of the disclosure. For other caregivers, insomnia became more chronic as they continued to vicariously experience the physical effects of the abuse with the victim. According to this father, he was unable to sleep because he was linking his experiences prior to the birth of his daughter to her present abuse and that was leading to insomnia He says;

“Yes so this child,... when I remember ...I can’t sleep, I fasted for more than 9 months erm 8 months [before she was born] so when I remember all these things and this boy too...so at times I cannot sleep...” (Caregiver 2CA, father, mason/driver).

This is the father of a 7-year old girl who was abused and who constantly complained of abdominal pain leading to constant health-seeking. The experience of sleeplessness was thus different for different time periods and could be chronic as they continued to live with the effects of the abuse.

For one caregiver, she could not eat and had to be forced to eat something after she discovered the abuse; *“Even that day, food that we call food, ‘Walahi” (swears) I couldn’t even eat the food. I couldn’t even eat.”* (Caregiver 5CA, mother, kooko (porridge) seller).

The emphasis on *food that we call food* suggests fasting because of distressing news and she also swears to emphasise her distress. The distress of the situation caused one caregiver

to experience vicarious blood flow. According to her; “... *when I saw my daughter’s blood, I experienced blood flow for one and half years. I experienced blood flow for a long time.*” (Caregiver 6A, mother, trader).

The behaviours exhibited by the caregivers are mostly symptoms associated with post-traumatic stress, depression and anxiety. They indicate the extent of the distress and emotional turmoil that the caregivers experienced as a result of the abuse of their wards.

5.2.1.1.3 *Physical and behavioural changes in victims*

For some of the victims especially the very young ones, the damage to their perineum (vaginal-anal region) was the main focus of the caregivers. Other victims experienced bleeding and persistent health complaints. The penile penetration led to discoloration of the area, excessive bleeding, pregnancy and for some, excessive pain. Perineum damage is the damage to the vaginal and anal regions of a female (Kellog et al., 2006). In this study, it is used to describe the whole region of the vagina, abdominal and anal region. There were differences in how this region was affected in the young victims e.g. those aged 7-9 years who had penile penetration by an adult male. For one it was just the darkening of the area: “*It [vaginal area] just became black within a twinkle of an eye. It had become black like hot water had been poured there*” (Caregiver3CA, mother, make-up artist). This was accompanied by discomfort in walking by the victim.

For others however, there was more extensive damage such as widened vaginal and anal holes. According to this female caregiver, the “holes” on her abused daughter were bigger than what she had as a mother of five children who had given birth vaginally: “*Even I who has given birth to 5 children, I don’t have such a hole on me. Even me, there is no such hole on me.*” (Caregiver6CA, mother, trader). This may seem like an exaggeration of what may exist

but it shows how she perceived the physical effects of the abuse on her daughter. Her impression was confirmed by the unprofessional exclamation of a medical officer who after examining her daughter told her that the perpetrator had ‘destroyed’ her (victim). For other victims, there was excessive bleeding. For instance, an adolescent who had a miscarriage “...*was bleeding heavily*” for about one year (February, 2017 to December, 2017) (Caregiver1A, father, driver/lotto operator).

A younger victim bled after the abuse and for another young victim the bleeding was such that it persisted over a long period of time and was the give-away to the caregiver that something had happened to her 9-year old daughter. Some also complained of persisting health conditions for the victim. One father complained of persisting abdominal and other pains for her daughter; “*Now when she’s walking, she complains of her calf [...]...I don’t know if the blood that is short, I don’t know if it wants to take over the one leg or... I have to take her to the hospital*” (Caregiver2CA, father, driver/mason).

These complaints were even obvious when the victims went to school. The caregiver had changed schools for her daughter but she was always complaining of one problem or the other at school leading him to disclose to the teacher the reason for her persistent complaints

“*At times her madam calls me to ask what is wrong with her. I changed her school...when the thing happened, I changed her school but because of the way she was behaving in the school, the madam called to ask what was going on with her. Since it was a new school, I didn’t want to tell anyone so it will spread there so I called the madam alone and told her that this was the situation [...]*” (Caregiver2CA, father, driver/mason).

Another caregiver spoke about how the victim had persistent health complaints. Not all of the health complaints were directly related to the abuse (e.g. difficulty seeing on the board

in the classroom) but in a way the caregivers related it to the abuse. In a sense the child was broken to the extent that she was attracting all other ailments to herself.

Another physical effect of the abuse was loss of weight “*when it happened like that, she lost weight*” (Caregiver 5CA, mother, kooko (porridge) seller). Another caregiver put it in a more picturesque manner; “*Response: Oh, that time she had really deformed [...] she had grown lean...she had grown lean.*” (Caregiver2CA, father, driver/mason). To him, the loss of weight due to the abuse was a sign of deformity. For both of them, the idea that the child had regained some weight was welcome news. Thinness and reduction in weight may be due to the loss of appetite that comes with a traumatic event. Socially, it is not desirable as it is associated with emaciation and ill-health.

There were also behavioural changes that were observed in the victims. There was academic retrogression, and disrespect for elders and males. In terms of academic retrogression, according to this caregiver, “*And the child too, where she [formerly] used to attend school, all the teachers liked her because she was intelligent but when we brought her to her current school, her studies aren't going all that well*” (Caregiver6A, mother trader).

Apart from the academic retrogression, another behavioural change observed by the caregiver was the victim's loss of respect for adult males. This behaviour was however, not directed at females.

“*She wasn't a disrespectful child but when it got to a point ...she didn't even want to see a man's face because she thought that that man would do that to her so if [a] man tries to talk to her; she insults the person. But she doesn't do that to females. As for that, she doesn't do that.*” (Caregiver6CA, mother, trader).

5.2.1.1.4 *A sense of destruction*

The physical and behavioural signs of abuse led to various negative thoughts about the abuse. These thoughts were evident in the words used to describe the effect of the abuse on the life of the victim and in relation to their own lives. The words also suggest the ways in which they saw the abuse and its effects on their wards. They evoked images of destruction, ruin, and a hopeless future.

The prevalent way of seeing the abuse is the extent to which it has destroyed the victim. As mentioned by this caregiver whose daughter was abused, “...*the child too is not grown [and they] want to destroy her life for me*” (Caregiver5CA, mother, kooko (porridge) seller). The abuse here is seen as a destruction of the life of the child.

For another woman, it is her vagina that is totally destroyed, “*He has destroyed her, he has torn all her linings. Question: which linings? Response: but he has torn all the linings in her vagina.*” (Caregiver6CA, mother, trader). The sense of being damaged is also in the sense of how they are physically damaged after the abuse. The physical damage included perineum damage and constant complaints of illness and physical infirmity. This was evidence of a state of being that shifted from the pre-abuse health of the child to a current sickly child. These children were healthy children before the abuse and because of the abuse, they were now constantly unwell. Thus, this sense of destruction had multiple nuanced meanings which were linked to the future of the child and also to the sense of hopelessness where there was seemingly no cure for the physical effects on their daughters. As one caregiver put it;

“I don’t even know what to do about myself on this earth. I don’t know which other ways to use for the widened holes in this child to become normal again. I don’t know. I don’t know the ways to use. As at now, I don’t know the medications I will go and buy. I don’t know which other way to use sister. Hmmm” (Caregiver6CA, mother, trader).

She has cognitively maximized her distress to include no cure on an earth full of over 7 billion people and different healthcare systems. But in a sense, it is easy to understand the desperation and sense of hopelessness of a mother who has to live with the sudden change of a child who has suddenly become unwell as a result of the abuse.

For other caregivers, the idea of destruction was in how the commencement of sexual activity could limit the future aspirations of the child

“It is not just the pregnancy that bothers me, but if a child begins sexual activity everything about her changes...everything about her changes. She loses respect for you. Even if she continues going to school, she might not be able to learn” (Caregiver 1CA, father, driver/lotto operator).

For this caregiver, her daughter got pregnant as a result of the abuse but experienced a miscarriage which led to the termination of the pregnancy. His sense of ruin was however, not as a result of the pregnancy that she had experienced, but rather the beginning of sexual activity. Pregnancy for a school-going child may be of concern to most parents but for him, the pregnancy was lower to the commencement of sexual activity and its consequences.

The unknown future effect of the abuse was also something that brought about a sense of destruction for the caregivers this was especially so for those who had suffered some damage to their vagina. All the fears seemed to rest on the issue of child birth and future prospects of marriage. According to this mother, *“...this child, for God to show forth his grace and... looking at what the young man has done to her, we are hoping it didn't get close to her womb oh...Looking at what is happening now, is it not going to disturb her in future?”* (Caregiver6CA, mother, trader). The anxiety about the future of her daughter is evident in this woman's view and it is anxiety about her daughter's future ability to give birth. In conclusion, their thoughts about the abuse were as a result of the imminent destruction that it had brought

onto their wards. Their explanation of destruction was however nuanced in the sense that it meant physical destruction as well as a destruction of the future aspirations of the victim.

The caregivers also observed behavioural changes in the victims which further heightened their belief that the victims had been destroyed. Their sense of destruction and the resulting distress led to various ways of seeking help for the physical defects they observed on their children.

5.2.1.1.5 Treatment shopping for a physical cure

The caregivers used various ways to deal with the physical effects of the abuse, which is here referred to as treatment shopping. They used orthodox medicines which were prescribed in the hospitals as well as herbal treatments and sometimes home-based treatments such as making the child sit in hot water. They also visited multiple hospitals and used different health providers as required.

Caregivers take the victims to the hospital for two purposes, first as part of the report to the police which enjoins them to obtain a medical report to prove the abuse, and then secondly, on a more persistent level after court or during the court process when the victim needs additional medical attention as a result of physical hurt.

“... she did some lab tests, after some time she was experiencing the fluid coming out of her vagina, and I had to take her to the hospital for the doctor to prescribe some medicines for her. So that’s what I was doing small small in addition to treating her with traditional medicine.” (Caregiver6CA, female, trader).

This caregiver combined both traditional and orthodox medicines, and according to her *“...had it not been that, as for my child she wouldn’t have been normal”*. Here, normality suggests the pre-abuse state. In her view, the use of these dual modes of treatment was

sustaining her daughter. And indeed it proved effective; when her daughter was bleeding, the orthodox medicines did not help to stop the flow of the blood but when she applied some leaves the blood stopped “...so with the leaves that he brought, when we inserted it there, then the blood stopped.” (Caregiver6CA, female, trader).

Apart from using multiple modes of treatment, they also used different hospitals. For one male caregiver, he initially went to a public hospital for the medical report and initial assessment, however, in the night when his daughter was screaming in pain and complaining of abdominal pains due to the abuse, he sent her to a nearby clinic.

“That one it’s not only a government hospital that I send her I also send her to private facilities...where I gave birth to the child the woman is in the estates here. Sometimes in the night when she’s screaming, I carry her to the woman’s place at Manet estates there” (Caregiver2CA, male, mason/driver).

For home-based treatments, the caregivers, especially the females, made the girls to sit in/on hot water. According to this mother, “Later, I went to buy some medicinal leaves... and I cooked them. I poured the water inside a basin for her to sit in it. So, we treated it like that. I can see that she’s now fine.... mmm she is fine now.” (Caregiver5CA, mother, kooko (porridge) seller). Sitting in hot water or over hot water is a home-based treatment used for post-partum mothers and so for these young girls who had been sexually abused with physical damage to their perineum, the same treatment was used in an attempt to make them well and as it were, ‘heal the sore’.

In answer to research questions 2(i) and (ii), the caregivers experienced distress due to the physical and perceived damage that they observed in their wards. This led to seeking help for them to deal with the physical aspects of their experience.

5.2.2 Research question 2(iii) In what ways did caregivers cope with the abuse and adjudication process?

5.2.2.1 Caregiver coping and agency

5.2.2.1.1 The support of another adult

The caregivers coped in various ways. The most important thing that helped them to cope was adult support. Most of them had a sister, parent or other relative who was available to offer a hand in both tangible and non-tangible ways. They helped them to cope with how they were feeling after the abuse, and also accompanied them to the court; *“It was my father who was following me to court.”* (Caregiver 3CA, female, make-up artist)

For others, the presence of the adult figure was what saved the case for them; *“So I called my in law and he met me on Monday to go to Casio’s [Police CID’s] workplace [...] my in-law [...] knows how to read and write so he asked them that he would like to read the child’s statement.”* (Caregiver 6CA, female, trader). The caregiver was illiterate and could not read the statements written by the police or understand what transpired in court, and so having the help of an adult figure who could read was a great help to her. It was the turning point of her case because it was after reading the victim’s purported statement that it was realized that there was an incongruence between the charges and what the victim was actually experiencing. A charge of indecent assault (insertion of fingers) had been given to the perpetrator instead of defilement (penetrative sexual abuse). This adult support led to a chain of events which resulted in a change of the criminal charge and a subsequent petition to change the prosecutor.

5.2.2.1.2 Caregiver agency in the court process

Caregivers also showed agency. This was in relation to dealing with the court process and actors. Court caregivers had to make an effort to arrest the perpetrators. They also showed

agency by writing petitions against police prosecutors and magistrates. All these were done to ensure that their cases were successful in court; “...*When I went to report it at the Dansoman police station, they didn’t know where the person was so I had to go and look for him and then prompt them to come and arrest him.*” (Caregiver, 4CA, female, washerwoman).

Although normally it was the duty of the police investigators, some of the caregivers had to pursue the perpetrators themselves at their own expense. Others wrote petitions to change their prosecutors or even to change the courts in order to facilitate their cases.

“...the panties and the other evidence that I gave to the CID, they were with this woman [prosecutor], and this woman was also saying that they were not with her and the CID was also saying that they were not with him so I decided that I will hold the evidence myself and come and show them to ... [the judge]” (Caregiver 6CA, female, trader).

This is a paraphrase of a statement a caregiver had made before a judge. She had kept the soiled panties of the victim and given them to the prosecutor but these had been misplaced and so she printed pictures of the victim’s vagina that she had taken after the abuse and sent them directly to the judge on the blind side of the police prosecutor. Later she wrote a petition for her to be changed. Court caregivers had to take matters into their own hands and to be proactive in getting the case through the court process.

5.2.3 Research question 2(iv) What were the experiences of caregivers as complainants and in their interaction with professionals?

5.2.3.1 Caregiver-system interaction

This superordinate theme is used to discuss how the caregivers interacted with the criminal justice system and its actors as well as their reasons for going or not going to court. The themes under it are *going to court to right a wrong*, the *costs* incurred in using this process,

as well as the *coping* strategies used to survive the court process. These are discussed as themes under this superordinate theme.

5.2.3.1.1 *Going to court to right a wrong*

All the court caregivers had a reason for going to court. The prevalent one was for justice to be served and by justice, they meant the punishment of the perpetrator.

“I want [...] justice to be served for the young man to be punished so that when he’s back from jail, he wouldn’t go and do same to someone else’s child or if there is any other person with that intention, he would say that when this young man did that he was arrested and he was” (Caregiver 6CA, female, trader).

For her, the main reason for going to court was for retribution for the offence the perpetrator had committed against her child. Going further, she was hoping that the punishment of the perpetrator would also serve as a deterrent for future perpetrators.

For other caregivers, the wrong was in relation to the perceived disruption of the future of their children. They looked at the unforeseen effects and wanted to avert any blame in the future. More importantly though, for some they took the case to court because the children were their future security and the perpetrator had attempted to disrupt that. *“The court...I want the court to punish the boy because this child if you have sex with her you have taken her future”* (Caregiver2CA, male, Driver/mason). The future used here, had different meanings for the male and female caregivers. For the males it meant the ability of the victims to develop as responsible adults who would take care of them in the future, for the females it meant the ability of the victims to develop and become better than they [caregivers] had been. For this father of a teenage victim; *“My aim is for them to go to school so that in the future [...] at least she will be able to look after me. That is why I am [...] concerned about [her] future.”* (Caregiver 1CA, male, driver/lotto operator).

For this mother of a 9-year old victim; “...*how I want to bring up this child and you [perpetrator] want to come and destroy my plans. Because I couldn't get there, I want my child to go and go and go...she should go and go and go. She should even be more than me in life... she shouldn't be like me. As for me I don't want her to be like me. She should be more than me.*” (Caregiver 3CA, female, make-up artist). Their views of the future were different but both groups had the idea that they wanted their children to become better versions and that this aspiration for their children was disrupted by the abuse.

It was this aspiration for the future of their children which also strengthened their resolve not to settle the matter at home. Five (5) out of the 9 caregivers were approached by members of the perpetrator's family or other persons in the community to settle the case at home (not pursue the court process) but it was this resolve to see a better future for their children and to right a wrong, which prevented them from backing out of the court process.

“And I told them [family of perpetrator] that with the way things are, if they come and apologise and I accept the apology and let the case go, the boy will do it again, my child cannot go to school for me. But I want her to go to school so we should go to the police station and then to court and to let the court decide so that my child can further her education because she says she wants to be a soldier.” (Caregiver1CA, male, driver/lotto operator).

Others wanted to avert future blame: “*I want true justice for my child so that when she grows up and she [...] gets to know that she's not a virgin she won't blame me*” (Caregiver 9CK, male, IT specialist). His main focus for going to court is that he wants to put it on record that he did something about the abuse so that in future he will not be blamed. In a sense he is protecting himself from future blame.

5.2.3.1.2 *Clipped wings for non-court caregivers*

This theme is used to discuss reasons why the non-court caregivers failed to take the case to court. According to this non-court caregiver, “...they [NGO] asked me not to take any action... against the man... and that they will do everything. They will file the process [...] and they will work on it so I shouldn't take any form of action.... and I said okay. That's why I have ...I have calmed down” (Caregiver2 NCA, male, trader). This caregiver did not take the case to court, not because he was not angry about the abuse, but because the NGO had asked him not to take action. His response to the abuse had been one of anger and indignation. “*Honestly, before God, if they had not calmed me down, as for the man ... I was thinking bad for him. I wouldn't lie to you. I made up my mind to do something bad to him*” (Caregiver2 NCA, male, trader). This anger had however, not been translated into action because he lacked the resources to pursue the case on his own.

For the other non-court caregiver, a re-examination of the victim found no physical evidence of abuse. This meant that there was no longer a reason to take the case to court and so the NGO was no longer pursuing the case. This meant that she was also constrained from going further with it. “*He (doctor) said there was nothing there [victim's vagina] so from my point view, I think that is the reason why they [NGO] also stopped following up on it*” (Caregiver 1 NCA, female, cleaner). An earlier examination of the victim by a medical doctor had revealed that there was reddening of the vaginal area and a foul smell. Although she had reported to the police, no action had been taken at the time resulting in a delay and a consequent loss of evidence.

The constraints felt by these two non-court caregivers were primarily as a result of money. The anger felt by the caregivers was not translated into pursuing the court process because they did not have the means to do so. Since the NGO was supporting them in this process, they could not go on without their help.

5.2.3.2 Caregiver engagement with professionals

5.2.3.2.1 Police distrust

For both caregivers who went to court and those who did not go to court, they had encounters with some professionals especially police officers. For the non-court caregivers, they encountered the police when they reported the abuse and for the court caregivers, they encountered the police, health workers, police prosecutors, and judges. Some had non-incidental interactions with the police at the station and at the courts, but for others, there were issues of police distrust regarding whether or not the perpetrator would be arrested, and whether or not the case would be sent to court. For one of the caregivers, it was through another police officer that she got the sense that the police could not be trusted.

“So we were just there when some of the Ofankor police officers told my husband that he should get a prominent person to handle the case else his daughter’s case will be made useless. So, there was a man who was staying in the same area with us, we went to call him, [we] told him about it and he went with us.” (Caregiver6CA, female, trader)

Secondly, at the courts, there was distrust among some of the caregivers and the police prosecutors. For one of the court caregivers, she had to resist the prosecutor in charge of her case in order to show her evidence to the judge.

“She [the prosecutor] was bullying me but I didn’t mind her. So when we went to sit there and I gave my testimony...she was forcing me but I didn’t do it and I put my hands around it [the pictures] so after I told the judge everything I went further on to say that ‘please I would like to show something to you. The very day I saw the blood on the child, after I took her to the hospital and we came back, I took some pictures. Here it is and these are the others and now the widened hole of my daughter... too, this is it’. So, when I presented it to her and the judge looked at them-- she couldn’t even look at them

for the second time--and she asked the prosecutor that what exactly is going on?"

(Caregiver6CA, female, trader)

Two of the court caregivers wrote petitions for either the prosecutor or the court to be changed due to perceived incompetence of the judge or their suspected collusion between the police and the perpetrator.

5.2.3.2.2 Distress in seeking health for victims

Some of the caregivers experienced distress in their interactions with the health workers. There were delays in meeting health professionals for the initial assessment and this tied into the distress they faced in dealing with the physical effects of the abuse. And part of the distress was as a result of unprofessional care from the health workers. For this male court caregiver,

"The day that she told us was the 16th of August 2016 so when they gave us the medical form before we could get back...I went to work, I returned around 2pm by the time we got there, the doctor, the gynaecology Dr C. was gone so they took my form that I should come the next day. The next day I went back.... Yes so on the 17th I went back again I waited for him aaa [extent of time spent] he didn't come on that day and so I left and went back the next day but did not meet him so on the 4th day which is the 19th we went to see him.." (Caregiver 2CA, male, driver/mason).

This caregiver's recount of the time between the incident and the assessment by the doctor, shows how the delays increased their distress.

For another, the distress was as a result of the unprofessional exclamation of the medical officer and for another, it was because of their demand for money.

“After they had examined her and the doctor also came to examine her; he wrote down some things and after he had finished, he said “woman, what happened to your child? You should take care of your children well, mothers. The man has destroyed your child o, he used his penis and his finger. He has destroyed her vagina”. So, he said that to me and I responded okay.” (Caregiver, 6CA, female, trader)

Although the caregiver only said “okay” to the doctor’s statement, it operated on her mind and was evident in the way in which she spoke about the effects of the abuse on her daughter. Others were distressed because of the payments they were asked to make for the medical forms to be filled.

“So we went to the [Doctor] Mrs. H... through the lady at the [hospital] registry. As soon as she received the book and the card and everything ... she opened her mouth and said... ‘before...I will check her and everything I need Gh¢500.00 [\$101].’ And I asked her...for what? She says... ‘when I do this I will be coming to [court]’” (Caregiver 9CK, male, IT specialist/estate broker).

This caregiver got extremely angry at the medical officer for demanding money from him. This led to an altercation and he had to be sent to another medical officer to have his daughter assessed. Other caregivers had uneventful interactions with the health workers. These were in situations where they showed professionalism.

5.2.3.2.3 Cost of abuse and going to court

In terms of costs, they incurred economic, social and time costs. The economic cost included the money spent on transportation to court for the number of months they were in court, medical treatments for the victims, and also the loss of time that they could have used to do other things.

“...we have spent a lot. Every day when we are going [to court], we take two taxis, dropping, to and fro. Aside that, before the incident, we went to the hospital and other places, the taxi fares, even going to the police station, we had to take taxi. Going to the court too we take two taxis to and fro, all these things are waste of money”
(Caregiver3CA, female, make-up artist).

Some were in debt as a result of the abuse; *“For the transportation I cannot say but the [hospital], with that one it is left with one million (Ghc 100 [\$20] [...]. There still remains one million for me to pay. Out of the five million I have paid four million (Ghc 400; [\$80])”*.
(Caregiver 1CA, male, driver, lotto operator).

For this caregiver, his daughter had to undergo a procedure to terminate the pregnancy as a result of the abuse and for that he had had to pay some money and was still indebted to the hospital.

They also suffered social cost due to the loss of relationship between the family of the perpetrators and themselves. Where the caregivers decided to go to court instead of listening to the plea of the perpetrator’s family, they lost their relationship with them;

“We [we]re fine [on good terms] but when the case came whenever they [perpetrator’s family] see us they don’t talk to us They don’t speak to us when they see us... they don’t mind us. Before the incident we were all free [on good terms] ...we were all free.”
(Caregiver2CA, male, driver/mason)

For others, this loss of relationship was a lot worse. They were staying in the same compound with the family of the perpetrator and so for deciding to go to court, the perpetrator’s family cut off all relationships with them and refused to allow their children to play together. This led to a toxic environment.

5.3 Chapter Discussion

The findings for the caregivers show a sense of vicarious emotional pain as a result of the abuse, as well as details of the psychological and social consequences of pursuing a court or non-court process as well as their encounters with professionals.

The emotional pain experienced by the caregivers was vicarious in the sense that they had not experienced the abuse themselves, but were aligning with their wards' experience. They believed that their wards had been destroyed by the abuse and this sense of destruction was in respect of their physical damage and also the sense that their futures were also destroyed. Children in the Ghanaian and African context provide a social security for their parents. It therefore becomes distressing for parents when they believe that their wards would not be in a position to take care of them in the future. Similarly, the cultural context favours procreation and infertility is stigmatized for both males and females. Thus, for a child's womb to be destroyed by sexual abuse, it portends future inability to procreate and hence a disgraceful outcome not only for the victims themselves but also for their families. This in a sense suggests the collective shame espoused by Boakye (2009). That the shame of sexual abuse is borne not only by the victim but for the whole family as well. The difference here is that he suggested that it led to failure to disclose. In this study it is evident that that shame persists as a driving force to propel caregivers to seek justice. In a sense "if you (the perpetrator) will get us into this mess, you will be made to pay for it in court".

In terms of the pursuit of the court or non-court process, from the victims' perspectives, some caregivers believed but did not take action. Here, the caregivers themselves show the reasons they had for either going to court or not pursuing the court process. There were psychological and social factors that influenced the decisions of the court caregivers to pursue the court process. The psychological factors included the feelings of retribution, their thoughts

about the future of their children and the psychological experience of trauma. These spurred the court caregivers to pursue the court process in spite of the challenges they experienced. The non-court caregivers also experienced emotional pain as a result of the abuse, but were prevented from going to court because of economic challenges. The factors that have been found to drive attrition in the literature are mostly based on the negative experiences with the court process and intra-familial abuse (Knott & Fabre, 2014). It is in African studies of child sexual abuse that mostly economic factors have been given for attrition (Molyneux et al., 2013). Although the feelings of retribution have been found to increase feelings of post-traumatic stress (Kunst, 2011), it has the paradoxical effect of also being the driving force for people who seek justice after an abuse (Kunst, 2011; Kunst, Popelier, & Varekamp, 2015). The findings of the caregivers show that this sense of retribution served to spur on their desire to seek justice. From their profile, it is evident that apart from two caregivers who had been educated beyond secondary school, all the other caregivers had low levels of education and low socio-economic status. This however, did not deter them from pursuing the process.

Both the court and non-court caregivers interacted with professionals in the criminal justice system especially police personnel and had mostly negative experiences with them. Police distrust and disengagement have been found to be one of the factors that hinders people from pursuing the criminal justice process (Bell, 2017; Boateng, 2015; Boateng & Lee, 2014). However, for the court caregivers, these negative encounters did not prevent them from pursuing their cases. This shows a kind of resilience—striving in the face of opposition or setback (Haffejee & Theron, 2017; Jefferis & Theron, 2018; van Breda & Theron, 2018). This aspect of caregiver experience and agency has often not been discussed in the literature. The findings in this study is therefore important.

Their interaction with the health actors was either positive or negative. The hospital visit is mandated by the police to show evidence of abuse, however, these visits led to further distress for the court caregivers where they had to pay money or were greeted with unprofessional behaviour by these health workers. The delay in having a victim observed immediately after the abuse may lead to loss of evidence necessary for a successful outcome in court. Some state that they could not afford the medical form. For others there were no complaints of affordability but rather the surprise that it had actually cost them money to do so. Thus, the caregivers form the intermediaries between the victims and the key informants and also experience the abuse vicariously. Their resilience in the face of challenges determine whether or not the case will be pursued through the court process.

CHAPTER SIX

EXPERIENCES AND VIEWS OF KEY INFORMANTS

6.1 Introduction

This chapter presents the analysis of the interviews with key informants who are professionals in the criminal justice process. The analysis is used to answer the following research questions:

3 (i). What are the psychosocial experiences of key informants (legal actors, police actors, health actors and social workers) as they as they interact with victims of sexual abuse and their caregivers?

3(ii). What are the views of key informants about the justice processes used by victims and caregivers?

As part of the ecological framework used for the current study, the role of the key informants was to present the broader context into which the personal experiences of the victims and their caregivers can be situated.

6.2 Analysis

Thematic analysis was used to analyse the data following the approach of Braun & Clarke (2006, 2014). Thematic analysis has been used to analyse qualitative data in psychological (Braun & Clarke, 2006, 2012, 2014; Clarke & Braun, 2017) as well as in child sexual abuse studies (Alaggia et al., 2017). This approach of thematic analysis aims at finding commonalities across datasets and making meaning out of them. The method of coding extends across all areas including deductive, inductive, experiential, critical essentialist and constructionist approaches (Braun & Clarke, 2006). Inductive coding is data-driven coding of

primary data that is not based on any existing theories whereas deductive coding, on the other hand, bases the codes on existing theories (Clarke & Braun, 2017; Creswell & Poth, 2018). In terms of analysing experientially, it speaks to coding the experiences of the persons interviewed. It also focuses on the critical aspects of the data as well as the ways in which meaning is constructed as the interviewer interacts with the participant. In short, it is adaptable to all qualitative paradigms as a method of analysing data. Thus, for my interviews with key informants which sought to use their views to better understand how they engaged with victims and their caregivers, this was a good approach to use.

There are five steps involved in analysing data using this approach. The first step is getting familiar with the data, and making notes on initial impressions. The second step is to generate initial codes based on not only the semantic meanings of what people are saying but also going further to interpret what they might be saying. The third stage is to group similar codes into themes. At the fourth stage, the themes are reviewed for consistencies and, contradictions with the research, coherence, adequacy and meaning (Braun & Clarke, 2006, 2012; Clarke & Braun, 2017). At this stage, the researcher makes the decisions to either keep or discard themes or convert them into codes where necessary. The fifth stage is where the data is written according to the themes that have been generated and used to answer the research questions in a coherent manner. The final stage is writing a report based on the themes and the general research questions. They advise that the themes be discussed in a coherent manner so as to make sense to the person reading.

These steps were followed when coding and interpreting the data from the key informants. The transcripts were typed in MS Word read and re-read and uploaded into MAXQDA (VERBI GmbH, 2018) a qualitative data analysis software. The software was used to code the data but

was not used to interpret them. The data was coded using inductive, invivo and deductive coding. Some of the codes were data-driven in that they were shaped by the data. Other codes were based on the words used by the participants. Other codes were derived based on psychological or legal constructs. The interviews were also coded for emotions, similarity, differences, frequency, process and meaning (Saldaña, 2015). Words and phrases were coded for emotions where they showed how the key informants were feeling about the victims, the challenges of the caregivers and their own responses to them. In terms of similarities and differences, in interviews with defence lawyers they constantly used words such as: “destroy”, “punch holes” to explain what they do in cross-examination. This was coded for frequency and also similarity. Where they differed in their views about issues, this was coded for difference in order to show the contrasting view of the phenomenon. The use of frequency was to bring out the thoughts that were most prevalent to the key informants and the use of similarity ensured that there were no multiple codes for thought patterns that were similar. Where social workers outlined what they did for or with victims and caregivers, this was coded for process. Coding for process was useful since the ecological theory assesses interactions among the various aspects of the framework.

The codes were then condensed into Sets in MaxQDA, using the research questions as a guide. Some of the sets were *victim-caregiver interaction* and included codes on any interaction that the key informants have with the victims at the police station, hospital and at the courts. Another set was *emotional engagement* which was not part of the research questions directly but was found to be a persistent phenomenon which showed the various emotions aroused in key informants as they engaged with the victims, their caregivers and the system (other professionals and the general framework under which they were playing their different roles as professionals).

These sets with their various attached coded segments were printed out for manual creation of themes. These were further refined into themes and sub-themes. To assess the accuracy of these themes, they were shared with a PhD student who is conversant with the qualitative methods for convergence of thoughts. Some of the themes were modified as a result of this auditing but mostly, there was agreement on most of the themes. For instance, the theme “advantages of court” and “disadvantage of court” were modified because there was no agreement on the name. The report was written following these themes and sub-themes.

6.3 Findings

In all, three (3) themes were generated for the interaction between key informants (professionals), victims and their caregivers. They were as follows: *professional-caregiver/victim interaction*, *professional challenges*, and *justice process*, and they each had respective sub-themes which are discussed. The themes are discussed under their respective research questions. For this chapter, the words “Caregiver” and “complainant” are used interchangeably. A complainant is the person who makes a complaint at the police station and leads the charge in any criminal activity and a caregiver is used to describe the parent (biological or social) of the victim. Usually, caregivers are the complainants and it is the case for the majority of the participants used for the current study. Key informants are also referred to as professionals to show that they deal with the participants in their various professional capacities as actors in the criminal justice system. The themes and sub-themes are summarized in Table 12 below.

Table 12 Themes and sub-themes for key informants (professionals)

Research question	Themes	Sub-themes
Experiences of key informants as they interact with victims and caregivers	Professional-caregiver/victim interaction	Professional agency or disagency? Professionals' emotional engagement with victims and caregivers Professional coping
	Professionals' views about victims and their caregivers as complainants	Victim-court interaction Victim/caregiver needs and challenges Relevance of complainant Caregiver agency and complicity
	Challenges faced by key informants and how they deal with them	Victim-focused professional challenges Systemic challenges Dealing with other professionals
Views of key informants about the justice processes used by victims and caregivers	Justice as multi-faceted	Justice as zero-sum
		Home settlement may be desirable
		Material justice as a solution to zero-sum justice
		The nature and use of evidence in the court process
		Loopholes and suggestions for change

6.3.1 Research question 3(i) What are the psychosocial experiences of key informants as they interact with victims of sexual abuse and their caregivers?

6.3.1.1 Professional caregiver/victim interaction

This theme is used to discuss two things: firstly, how professionals see victims and caregivers in the justice process (used to cover both the court and non-court processes). Secondly, this theme discusses the views of the caregivers about the experiences that caregivers and victims have when interacting with them as professionals. There are 3 sub-themes discussed under this theme as follows: *professional (dis)agency*; *professional-victim/caregiver emotional engagement*; and *Professional coping*.

6.3.1.1.1 Professional agency or disagency?

This sub-theme is about what professionals do or do not do to help victims and caregivers as they go through the court process, where they come into contact with police investigators and prosecutors; social workers; lawyers; and judges. Professional agency is in the preparation of victims, as well as personal help to victims and caregivers. Their disagency is in how they treat the victims and caregivers and in the lack of adequate preparation of the victims for court.

Victim preparation is foremost in the ways in which professionals show agency and try to help the victims and caregivers. As part of the processes preceding the commencement of the court process, victims and their caregivers have to speak to prosecutors about their case. The process is to help them to tell their story in a coherent manner in the court. Social workers interview the victims to obtain their testimonies at the police station. In a way, they act as a shield between the victims and the police who would like to rush the children to speak. There is however, a difference between what the prosecutors see as preparation and what the other

professionals also see as preparation. For the prosecutors, it is only a pre-trial conference that is meant to bring out the victim's testimony in court;

"It's not their testimonies but a pre-trial conference. Before you go to court you should be able to know what your client will say. Here you take out all irrelevant facts so as not to waste the court's time. When there are discrepancies, you instruct the investigator to go back and sort them out.... you instruct the investigator to visit those places mentioned, interview people around." (Prosc7A, Police Prosecutor, Female, Accra).

The social workers attached to the Domestic Violence office and the shelter however prepare their minds for the court process generally with regards to what they are to expect in the process; *"Sometimes we guide them through the system, how things are going to work out because if they're ignorant about it, they easily get frustrated"* (SW5Sh, Social Worker, Male Shelter).

In addition to preparing the victims for court, some of the professionals also facilitate the testimony of the victims before and in court. They also try to make them comfortable in court so they can give their testimony. Some professionals give advice to the victims while others believe that they help them when they do their work conscientiously. For one judge, she shows agency by taking the evidence of the victims in order to prevent attrition:

"...When they realize that they will not be getting any money then they try to settle the matter and they refuse to come to court. That is why for me, when they come I always take the victim first so that, even if they go and do any of their settlement, it will not hold because the victim has given evidence first and it is on record....." (Mag 2K, Magistrate, Female, Kumasi).

Other professionals help victims with financial support. As per this legal prosecutor, *"Yes, the victims and their families, we give them transportation when we know that they are coming from remote areas. Because sometimes if you don't give it to them, they will not come"* (Prosc5K, Legal Prosecutor, Female). Although these may be helpful and seen as agentic on

the part of the professionals, on the other hand, these efforts help them to do their work better and are aimed at keeping the victims and caregivers in the court. Where the caregiver/victim drops out they will also not be able to pursue their cases. Is it then selfish agency? In a sense, the support is to ensure that they stay in the court process so that they as prosecutors can successfully prosecute the cases.

There are ways in which professionals do not show agency towards the victims and their caregivers. For instance, although they prepare the victims for court, it is not seen to be enough. Defence lawyers point out the seeming lack of preparation of the victims prior to court ; *“I do not think they... undergo any psychological or psychiatric help before they are brought to court... that’s what I think....I don’t believe they are fully prepared”* (DFSL5 Defence Lawyer Female, Accra).

The preparation that is expected here goes beyond just asking their stories or taking their testimonies. This lawyer believes that it should extend to psychological evaluation and care so as to make them confident in court. In the meantime, they prey on this seeming lack of preparation:

“we do see these things [lack of preparation] and we... take advantage and if we want...if we need to destroy whatever evidence is given, we will... it’s all because of the unpreparedness of the guardians as well as the...victims because they don’t go through [conferencing]” (DFSL5 Defence Lawyer Female, Accra).

What may be lacking is a professional with forensic interviewing skills who can take impartial information from the victims and also psychologically prepare them for court.

One other area which shows professional disagency is the cost that medical officers attach to the signing of medical forms:

“...so if the victim goes to the hospital....and the doctors demand 300, 500 cedis, they are not able to get the money.... because unfortunately, some way somehow, most of those who suffer this sexual abuse... are those at the bottom of the...social ladder.... On the average, someone walking on the street cannot raise GhC 300 [\$60] to go and pay for her medical report form.” (SW5Sh, Social Worker, Male Shelter Accra).

The medical form remains an important piece of evidence in the court process but medical officers and hospitals have been seen to charge for it due to various reasons. This blocks access to justice for the poor.

Furthermore, professional disagency is seen in the issue of follow-ups with victims and caregivers. From the professionals, one gets the sense of an interesting round-robin game. From the policy actor at the Ministry, the Social Welfare is responsible for following up on victims after court: *“Interviewer: what I’m asking is, after the court process do they follow them? Participant: They do, it’s the work of social welfare”* (Policy1, Policy Analyst Ministry, male, Accra).

From the prosecutors and the judges and the social welfare officers interviewed, it is rather the investigators who follow up on victims:

“...mostly sometimes [it’s] the police that [follow] up. Sometimes we are there [and they will say that] ‘oh I went to visit the child’ Once a while you hear the police...the investigators on the case, they say that.” (SW2DV Social Worker, Female, Accra)

I don’t follow them up but some of the investigators do”. (Prosc6A, Police Prosecutor, Male, Accra). And finally, it is the Police investigator who accepts that he follows up on the victims. *“Researcher: Do you follow them up to see if they go? Participant: yeah, we do follow them up.”* (Insp2A Police investigator, Male Accra).

The issue of follow-up suggests an uncoordinated and skewed system. Although the policies stipulate that the social welfare officers should follow up on victims, the practice on the ground

is that it is rather the police investigators who do. This is a deviation from what happens in other parts of the world and what pertains in the Ghanaian policy documents (e.g. Ghana's Justice for Children Policy). It thus suggests a dis-connect between the policies and what is actually practiced.

6.3.1.1.2 Professionals' emotional engagement with victims and caregivers

The professionals experience both positive and negative emotions as they deal with the victims and caregivers especially with respect to the court process. They empathize with them but also feel frustrated, helpless and stressed in their interactions with them. Most of these emotions stem from their own job overload, and the attrition of caregivers due to various reasons.

In terms of the positive emotions, defence lawyers showed empathy towards the victims for various reasons. One had become an Alhaji¹⁹ and so no longer defended perpetrators of child sexual abuse, another defence lawyer stopped because he had given birth to a girl;

"I know for a fact that I was working with a lot of people who have stopped dealing with defilement cases because [...] they had a change of heart when it comes to these things.....for example, I know someone who...after he had his daughter, he said he was never going to deal with a defilement case again." (DfnseL5A, Defence lawyer, female, Accra).

Another developed empathy due to proximity with the victim. For instance, a defence lawyer recalls how he backed down when the victim was brought to court:

¹⁹ A Muslim male who has undertaken the Hajj pilgrimage to Mecca.

“...they brought the girl to court that day I saw the girl and I was like ‘no... I can’t do this’ because I knew they [the accused persons] were lying; they had done it.” (DfnseL6A Defence Lawyer, male, Accra).

The development of positive emotions towards the victim is due to their own life circumstances and their proximity to the victim. This emotional involvement especially for defence lawyers is surprising since their responsibility is towards their client [the accused person]. The development of positive emotions even for this group is therefore worthy of note.

There are also negative emotions that develop as the professionals engage with the victims, caregivers and the system. They experience frustration, worry, stress and a sense of helplessness. There is a feeling of frustration against a system that seems not to be working vis-a-vis the effort that is made by the professionals. According to this medical officer,

“It’s frustrating when you do and go [fill out medical forms; give testimony in court] and later on this case you hear that they didn’t get anywhere. And you know the the... the thing you went through writing this report, investigations, sending them to the clinic....” (Med1, Medical officer, male, Accra).

According to this nurse who performs free medical assessments for the victims at a public hospital,

“... but we’ve had to testify for less than 2% that is only less than 2% go to court or are prosecuted successfully. And we take pain to go through all that I’ve enumerated. We fill the police form free of charge ...we don’t take a penny when we fill out the police form. But yet still, monies change hands at the police station.” (Nur1, public health nurse, female, Accra).

The frustration of these health workers stem from the imbalance between the efforts they put into filling out medical forms, and the results of non-conviction. Conviction seems to be the ultimate for these professionals and so when that is not attained it seems to be a wasted

effort. There is also the sense of an uncoordinated system where there is little connection between the police and the health workers.

There is also stress where they see that the victims need help but cannot obtain it because they are poor. According to this male prosecutor,

“My experience with them is the poverty.... if they’re poor how can they be helped? If there’s counselling how can they go for all the sessions? That’s what usually bothers me. Afterwards what happens? That is what normally bothers me” (Prosc6A, Police prosecutor, male, Accra).

This is reiterated by a nurse who sees victims and their caregivers traumatised but are unable to afford psychotherapy due to their work or lack of money *“So it is usually the mothers who are traumatized. And even she she’s not able to afford psychotherapy so they don’t...they didn’t use to have it”* (Nurs1, public health nurse, female, Accra). The frustration and stress experienced by the key informants arise from the failures in the system. They include issues of lack of coordination and a sense of helplessness where they are unable to help the victims and their caregivers.

6.3.1.1.3 Professional coping.

Professionals cope with these emotions in various ways. Some use avoidance, whilst others minimise their workload. In terms of avoidance, they avoid cases that are emotive such as dealing with very young children or cases of sexual abuse. According to this defence lawyer,

“with the 5-year old girl and the 3-year old boy, that that was very serious! I think that ... after that, I think that I started attempting to avoid cases with the very young ones. That was very sad!” (DfnseL5A, Defence lawyer, female, Accra).

This was a case in which a 5-year old girl and her 3-year old male sibling had both been defiled and she was defending the accused person. As stated here, it was so traumatic for her

to engage these young victims in cross-examination that she started avoiding cases with young victims altogether.

The police prosecutors for instance, had little leeway in avoiding overload unless they could show that they had an excessive load.

“I had to commute between court 1, court2, court 3, court 4... one person... so in fact, I spoke with my then JUPO²⁰ if he could let at least some of the women take charge of the gender court so that we can also limit ourselves to the other courts where they handle mainly criminal cases.” (Prosc4K, police prosecutor, male, Kumasi).

This was different from the prosecutor at the Attorney-General’s department who could decide not to handle cases sent to her by complainants if she thought she had too many cases on her plate *“...you will read it [the docket sent from the police] and advise it; you can decide to retain it or return it to the police to prosecute...”* (Prosc5K, Legal prosecutor, A-G, female, Kumasi). The professionals therefore coped by avoiding emotive cases, and avoiding overload.

6.3.1.2 Professionals’ views about victims and their caregivers as complainants

This theme discusses how the professionals perceive the victims and their caregivers as they pursue the court process. It discusses their challenges, needs, relevance and agency. The sub-themes under this theme are: *victim/caregiver challenges and needs; victim-court interaction; relevance of complainant; caregiver agency and complicity; and caregiver interactions with professionals*

²⁰JUPO=Judicial Police Officer. These are the police officers who are part of the Court Unit of the Ghana Police Service and serve as prosecutors. They are usually referred to as JUPO.

6.3.1.2.1 Victim-court interaction

This sub-theme discusses how victims interact with the court process and their experiences as they engage with the various professionals. They are intimidated by the police, preyed on by defence lawyers and may experience trauma that makes them unable to speak, be inconsistent in their statements or likely to withdraw into themselves. Their reactions in court are due to the trauma they have experienced. Some have however been found to be difficult to break under cross-examination. The lack of compensation in the formal court process is also something that affects them negatively.

The police are seen to intimidate the victims in the way they seek to rush them during the initial contact with them. Sometimes, social workers have to step in as independent witnesses to prevent the police from doing so. In court, the lawyers during cross examination, try to poke holes in their evidence and also to prey on their lack of preparation and their inability to communicate due to the trauma. As flippantly put by a defence lawyer; *“So of course you know lawyers, we take advantage of that [lack of preparation] ...”* (DfnseL5A, Defence lawyer, female, Accra). The word “prey” is used to describe this behaviour because it gives the picture of a strong animal feeding on a weak or sick animal. It seems as if the lawyers feed on the trauma of the victims.

Some of the victims are however, able to hold their own in court as suggested by this defence lawyer: *“but with the girl, I went through it with her for a whole day...about two or three hours and she didn’t...I think that was one of the strongest victims I’ve ever seen”*(DfnseL5A, Defence lawyer, female, Accra). This was a 5- year old victim of abuse being subjected to 2-3 hours of cross-examination in court but she was still consistent with her story to the admiration of the defence lawyer.

Victims are also unable to speak and communicate coherently in court due to the trauma they have experienced and also due to young age. According to a social worker at the shelter,

“...those who know-- really know--the impact of what has happened to them, he [judge] asks them the questions and then they are just there. They will just be looking at you, some too because of the pain, the hurt they they're not able to open up.” (SW4Sh, Social Worker, Shelter, Accra).

For the prosecutor, the trauma leads to inconsistencies in their statements

“Yes the victims...they...they give a lot of inconsistencies in their statements because of the fact that they must have been abused and they become psychologically sick, mentally and morally weak.” (Prosc1K, police prosecutor, male, Kumasi)

Age is also a factor that prevents victims from speaking coherently in court

“...but with the boy, with the little boy I don't think we were able to cross-examine him because he was too young. He was just 3.... so I....I think we couldn't go through the process” (DfnseL5, Defence lawyer, female, Accra).

Very young victims are unable to communicate effectively and the professionals also lack the skills to successfully engage them to obtain the needed information.

After the court process, victims have dashed hopes when no compensation is paid to them *“in some other cases, the victim-survivors think that, when they bring the accused person before the court, they should be paid some compensation.”* (Mag2K, Circuit court judge, female, Kumasi). The issue of expected compensation is an important one as it leads to a certain cycle. Firstly, the general knowledge that there is no hope of a refund for going to court shifts caregivers to use the non-formal process where there is a better chance of being compensated. Secondly, even after they start the formal process, knowledge that their expenses would not be refunded also pushes victims and their caregivers out of the formal justice system and makes it one of the reasons why they prefer the non-formal processes. Thirdly, once they have

completed the formal process, lack of compensation leads to disappointment and a loss whether or not the perpetrator is convicted. This is because the expenses they may have incurred would become an additional debt coupled with the continued debt of taking care of the victim if there is any persisting medical condition.

6.3.1.2.2 *Victim needs and caregiver challenges*

This sub-theme discusses what professionals believe to be the needs and challenges of the victims and their caregivers. Victim needs include rehabilitation and maintenance as well as psychological evaluation before court. Caregiver challenges include lack of money, pressure to settle at home, and stigmatization.

In terms of rehabilitation and maintenance for the victims, it means that the victims ought to be provided with medical and other professional care that will be paid for by the State. This should be after the abuse and especially after the court process. As suggested by a Child Rights Activist,

“...the formal system must also deal with some of the social issues in terms of bringing back the mind to that normal position that we intend the child to be [...] the rehabilitation.” (Policy 4, Child Rights Activist, Male, Accra)

During the court process, victims need help to deal with the trauma and to help them go through the court process.

For the caregivers they are seen to need satisfaction from the court process and also retribution for the offence. They are also pleased with information. Some also truncate the court experience when they find themselves without money. Where there is no financial support, they are likely to drop out of the process as stated aptly by a female prosecutor: *“So in case they [the NGO] don’t get to know, it means the victims are not coming back [to court].”* (Prosc2K Police Prosecutor, female, Kumasi).

6.3.1.2.3 *Relevance of complainant*

This sub-theme shows the importance of the caregiver and their pivotal role in the justice process. They serve as a buffer between the professionals and the victims. Without them there is no evidence and without the evidence the case cannot be successfully prosecuted. They are also key to the well-being of the victim and whether the victim will pursue the formal or non-formal court process depends on the caregiver. As one prosecutor put it:

“When they [complainants] stop coming, you cannot continue with the case and you [will also] have to abandon the case....then very soon you [will] see that the accused person will be left free because there is no evidence....”(ProscK, Police prosecutor, Male, Kumasi).

The reason is that, *“[...] they are the principal witnesses in the case.”* (Inspc3K, Police Investigator, Male, Kumasi). Even where the victims desire to pursue the case, it is the caregiver who has the final word on how the case progresses.

“So there are situations where the girls...the defiled victims want the case to go ahead but at times the parents because of monetary issues and family links and all those things it ends up there [unprosecuted]”. (Med1 Gynaecologist, Male, Accra).

This pivotal role played by the caregivers is a peculiarity of the Ghanaian system. In other jurisdictions and studies, maternal support is essential but it is not directly linked to economic resources since cases of child maltreatment are handled solely by child protection services (Back et al., 2011, 2014; Greeson et al., 2014). In Ghana, although the structures exist to protect children, the caregiver’s role extends beyond just providing emotional support; they are also the bankrollers of the whole process. Their agency is thus a key component for a successful adjudication in the formal court process.

6.3.1.2.4 Caregiver agency and complicity

The professionals however, believe that the caregivers are complicit (agency in a negative way) in some ways when it comes to the justice system. False accusations have been made by some in a bid to siphon money from alleged perpetrators. Caregivers have also been found to go to court only where the perpetrator has refused to offer them monetary compensation for the alleged crime, or where they have offered them something that is below their expectation. Caregivers are therefore seen as agentic in the way in which they use the court process to extract money from alleged perpetrators, stop amorous relations between their wards and alleged perpetrators, and to settle grudges. These are seen in a negative light as complicity. The professionals therefore perceive some of the caregivers to be dishonest, untruthful, and after monetary gain. According to this defence lawyer, *“So having refused to give her the money, it became a grudge, and therefore when this matter [defilement] came she [caregiver] wanted to use it to punish the man [suspected perpetrator] because even if he had been convicted for 7years it would have been something”* (DfnseLK1, male defence lawyer, Kumasi).

A positive view of caregiver agency is in the way they are able to petition the Attorney-General’s department for cases to be transferred from the police prosecutors. They take this step when they find the latter being partial or not working in their best interest. *“When they see that the police prosecutors are not handling the case well, they usually petition the office [Attorney-General’s Department] then we call for the docket.”* (Prosc5K, female Legal prosecutor, Kumasi).

6.3.1.3 Professional Challenges

This superordinate theme is used to discuss the challenges faced by the professionals as they go about their various work schedules. Three (3) sub-themes were generated for this

superordinate theme; namely *victim-focused professional challenge*; *system-focused professional challenge*; and *dealing with other professionals*.

6.3.1.3.1 Victim-focused challenges

The professionals face a challenge where the victim is either unable to testify in court, speak up at the police station or where she is unwilling to do so. Some victims are unable to testify in court or state what happened at the police station due to their young age or the trauma of the experience. The age of the victims sometimes makes it difficult for professionals to obtain information from them and even to allow them to give their testimony. Others are unwilling to testify because of various reasons including being in amorous relations with the perpetrator. For the young victims, according to this judge,

“...you will see that, something really happened but the child cannot say what actually happened. Even though somebody is in the dock as an accused person she [victim] cannot even pinpoint that this is the man.” (Mag2 Circuit court judge, female, Kumasi).

One way around this was to use the testimonies of their parents but this did not ensure a conviction since the testimony is not from the victim herself. The best practice is to have the victim give their own testimonies and so where they are unable to do so, it becomes a challenge for prosecutors and where there are defence lawyers in the case or where the case goes on appeal, it may be overturned.

A different state of affairs exists for the older victims, they are *unwilling* to testify because they believe themselves to be in amorous relationships with the perpetrators. One such older victim submitted a petition to the Commission on Human Rights and Administrative Justice (CHRAJ) against a prosecutor for prosecuting a case of defilement against her. According to her, she was not under age. Evidence of her age had been given to the prosecutor by the victim's

grandmother (the complainant), but she was contesting it because she was in an amorous relationship with the perpetrator.

“Once I had a case of a 14/15-year old who was depending on the man for survival [...] the victim reported me to CHRAJ because I had taken the perpetrator to court. She was pregnant and who would feed her? She told us we had fabricated the age although her grandmother had come with her birth certificate and weighing card to show her true age. For such a girl do you say she’s been negatively affected?” (Prosc6A, Police prosecutor, Accra).

It leads the prosecutor to question whether indeed this adolescent is actually a victim to be treated with care, or a self-confident adult to be treated on higher pedestal. This ambivalence poses a challenge for prosecutors and other professionals and has been found in studies in other countries where adolescent victims seem to pose a challenge to prosecutors due to their pseudo-maturity (Back et al., 2013; Spies, 2017). In both ways therefore, the age of the victim in some ways influence their testimonies. This is not to say that older victims are unable to testify. According to the professionals, some of them are also afraid or intimidated by the courts. For the young children it is mainly about an inability to fully express themselves as a result of their developmental stage—they often lack the cognitive abilities and vocabulary to fully express themselves.

Another victim-related challenge was the lack of the necessary age documents. The offense of defilement requires that the age of the victim should be less than 16years and so age is imperative. Some victims however, lack birth certificates, weighing cards and other means of proving their ages, such as school records. As stated by this police prosecutor;

“Some ...people cannot produce documents to ascertain the age. They’ve not sent them to school for us to get any records from the school they neither have birth certificates... nor the weighing card so it’s difficult for us.” (ProscK2, Police prosecutor, female, Kumasi).

The last resort to prove age is by either going to the radiology department of a public hospital for an assessment of their bones or to a dentist for an age assessment using their teeth structure;

“You see, so we always make sure that the victim is underage by obtaining the birth certificate, either a birth certificate or weighing card and sometimes the court may even order for us to send the victim to the hospital for age assessment”. (Insp3K Police investigator, male, Kumasi).

The latter process however, comes at a cost which is expected to be borne by the caregivers and so if they lack the funds to use these procedures, it means that there will be no evidence of age and so the case cannot be successfully prosecuted. The lack of age documentation can be fatal to any case on defilement.

Finally, the absence of the victims/complainants is seen as the greatest victim-focused challenge. Their absence is usually traced to home settlement, their desire for money and other socio-cultural factors such as resort to cursing. Where caregivers settle with the perpetrators at home, they bring them money and it leads to attrition from the court process. From the viewpoint of the professionals, when that happens, it means that the case will have to be truncated:

“After they [complainants] settle, they don’t come [to court] because if there’s no victim, what evidence will be taken? Because the so-called victim is not there to give evidence...the case is usually struck out (DfnseL5A Defence lawyer, female, Accra).

Others drop out to use a different approach that is different from the home settlement--they resort to the invocation of curses. According to this prosecutor, a caregiver

“... testified on 19th December 2017 and the defence lawyer put it to her that all she was saying was a lie. She said she will never step in the court again because the defence lawyer said she was a liar, ‘ɔkobodua’ (she’s going to invoke a curse).” (Prosc6A Police prosecutor, male, Accra).

The invocation of curses has also been linked to poverty; *“those who don’t have money resort to curses. K. [place] here, they invoke the god Antoa. Some will go to Legal Aid but here Legal Aid is not that effective.”* (Dfnse3K Defence lawyer, male, Kumasi).

The caregivers resort to the invocation of curses because they lack money or lack alternative sources of obtaining justice (such as going through Legal Aid). Others resort to curses because of unpleasant incidents in court such as a confrontation with a defence lawyer during cross-examination. There is an indomitable aspect of the human spirit that seeks and finds a way when other paths are blocked and that in a sense is what is happening with these caregivers. They resorted to what they believed to be justice when the avenues in the formal process seemed closed to them. Regardless of the reason given for their absence from court, the absence of the caregivers and victims is fatal to the court process and becomes a challenge for the professionals especially the legal actors and the police prosecutors.

6.3.1.3.2 Systemic challenges

Lack of resources was the main challenge the professionals faced. This was a challenge arising from how they are run. In terms of resources, most police stations did not have vehicles and other logistics to facilitate their work. They were also deficient in the facilities required to assess victims after abuse. Due to this, police investigators could neither go to the scene of the crime nor to the court without the complainant supporting them with a means of transportation or money for transportation. As stated by this Social worker at the Shelter,

“there’s no DOVVSU office I’ve seen that even has a car a police car [...], they don’t have. So when they’re going to court, if the suspect is part...I’ll tell them to bring a taxi we’ll pay for their transportation when the police officer gets to the court.” (SW5Sh, Social Worker, Shelter, male, Accra).

This Social worker works with an NGO that supports the caregivers and victims by paying for the transportation of police officers and all other costs incidental to the court process. Here, he talks about having to pay for the cost of transportation for the police to enable him attend court with the accused person whilst he transports the victim and caregiver. If they are not part of the case, the caregiver has to bear that cost. The police lack the vehicles and the resources even to transport accused persons to court.

There's also a lack of appropriate and dedicated facilities for child victims of abuse. For instance, there is only one Child Protection Unit [CPU] in the country that provides dedicated service to victims. For all other public hospitals that the victims visit, they have to wait in queue. According to this social worker,

"... so far, I think in Ghana they [CPU] are the only people I know who have a special place they call it the Child Protection Unit for children who have been abused. Apart from that, the other places when you go, you have to see erhhmm a normal...gynaecologist. But other places, if you take the victim, the victim would have to queue like any other normal..." (SW5Sh, Social Worker, male, Accra).

This lack of resources is a challenge for both the professionals in their need for evidence and also for the victims and their caregivers since it affects the time they have to spend at the facility.

6.3.1.3.3 Dealing with other professionals

The key informants also mentioned situations in which they faced challenges when dealing with other professionals who work with CSA victims. The police and social workers complained about doctors because of their reluctance to endorse medical forms for free.

"... getting a doctor to write the medical report form is becoming very difficult. I don't know whether they don't want to show up in court. When you ... go, they will be swerving you."

Sometimes you take errrr defilement case to the hospital, you will take the child on Monday they will tell you the doctor is not around...maybe he'll come back on Thursday. This evidence... will be washed away; you will be losing the evidence... the longer... the time span from when the abuse happened, the weaker the evidence becomes". (SW5Sh, Social Worker Shelter, male, Accra).

Social workers and other professionals also mentioned the inability of the police to work as expected. For instance, social workers at the DOVVSU talked about how police prosecutors are not well trained for instance this social worker at the court said:

"... the prosecutors should be regularly train[ed] by the Attorney-General so that they will know the skills of questioning and making their cases because there are times that prosecutors lose some cases because of how [they]o go about it [sic]. There are certain times they need to ask questions that will help them to clear... but they couldn't go beyond reasonable doubt so such cases they lose them". (SW3Crt, Social worker, Court, male, Accra).

Others talk about how police investigators try to hurry victims when they [Social Workers] are helping them to write their statements at the police station and also how they are slow to investigate cases. According to a social worker at DOVVSU,

"...because sometimes the police come here with the sole motive of getting the statement [from the victim]...I don't know if they [the police] are not trained in that, so that [they] will have the patience [for us] to get the information from the child."(SW1DV, Social worker, DOVVSU, male, Accra)

Overall, the professionals have challenges with the victims and caregivers, the system as a whole and the other professionals they have to work with. The system seems uncoordinated with inter-professional suspicion and views of incompetence especially directed at the police.

6.3.1.4 Research question 3 (ii)—Views of key informants on the justice processes used by victims and their caregivers.

6.7.1.4.1 Justice as multi-faceted

This theme discusses the views of the professionals on the justice used by the complainants. It discusses their views on both the court and non-court processes of seeking justice. The sub-themes are *justice as zero-sum* and *use of evidence*. Finally, the sub-theme of *trends of child sexual abuse* is discussed in Ghana from the perspective of the professionals.

6.3.1.4.1.1 Justice as zero-sum

In the view of the professionals, there are 2 sides to the justice served by the courts and the non-court processes. On one hand, the courts serve the psychological needs. The complainants get a sense of satisfaction from the retribution and sense of vindication which the court process provides, and the process also gives them a voice. It however fails to give them compensation. This intangible nature of the formal court process makes it a wasted effort for the complainants. For the non-court process, it gives them compensation but does not provide the satisfaction of retribution that the complainants obtain when the perpetrator is imprisoned. There is thus a sense that the complainants do not receive the totality of justice they desire when they choose either process. This sub-theme also discusses the reasons why the professionals empathize with the non-court process.

In the formal court process, the complainants are satisfied when the perpetrator is imprisoned for a length of time.

“Interviewer: What kind of justice does the court give? **Participant:** You’ll be convicted. As for defilement, the minimum is 7years, the maximum is 25years. So if prosecution is able to prove its case, you’ll go minimum-- if the judge...doesn’t convict you, sentence you kwraa [at

all] ...you'll go [to prison for] 7years or 25years. So so from 7, 8, 9 aarrhh [indicating length of time] up to 25. The maximum is the 25years, so that's it..." (Prosc2K, Police prosecutor, female, Kumasi).

There is also a sense of vindication that comes with the jailing of the perpetrator. According to this prosecutor,

"So if you come from a small community [where] people are talking about you that you are trying to put someone's son away and all that, and at the end of the day the court convicts the person, I think you will be happy walking about in your community. They will know that indeed, what you said was true." (Prosc5K, Legal Prosecutor, female, Kumasi).

The process also gives the complainants a voice. They are made to tell their stories at the police station; *"Yes when they report, as police, we often collect statement from them"* (Insp3K, Police investigator, male, Kumasi), also at the courts, they get to give their testimonies. The statement at the police station enables them to give their side of the story to the police.

On the other hand, the court has some disadvantages: it offers no compensation; it frustrates the caregivers due to its length, and has low conviction rates. In Ghana, the formal courts do not pay compensation to complainants after the process and this is seen as a disadvantage to the caregivers. According to this policy actor

"All the cost is on their [complainant's] head, then one day, there is a ruling [judgment] and the case is done, it's finished; the perpetrator has been sentenced and convicted and he is in jail. And they come back-- there is absolutely nothing now, there is absolutely nothing." (Policy 2, Domestic Violence Activist, male, Accra).

The compensation is to be for their time and the cost incurred going to court and so where this is overlooked by the court it makes the justice incomplete. This is irrespective of whether or not there, has been a conviction. It also suggests that where there is no conviction there is a double loss that the complainant suffers. According to this prosecutor, *"That one [when*

perpetrator is not convicted] hmmm...hmmm, [long pause] you will be sad and I don't think you will be happy going to stay in that community" (Prosc5K, legal prosecutor, female, Kumasi). There is community backlash when a case is reported to the police especially in small communities and so where there is no conviction, the complainants return to an extremely hostile community.

The notion that the court process provides justice that is intangible is found in most of the responses from the professionals. This is because it is unable to restore the victim, there are few emotional and financial systems established to support the victims before and after the process. Although the law enjoins all criminal cases including defilement to be reported, caregivers bear the full cost of seeking justice for their wards. The cost of the court process comprises the cost of medical forms, the cost of transportation for themselves, as well as police investigators and prosecutors for the duration for the whole court process. This cost remains theirs since there's no compensation after the trial. As stated by this prosecutor, some of them borrow money to pursue the court process with the idea that they will be compensated in some way. Without this compensation, they have to deal with the additional trauma of facing their debtors;

"Then the victim, the mother will now become a target, the one who [lent] them the money will start chasing them. And this begins to affect...already she has gone through a lot of trauma and now the person has been convicted, now she is being chased... she and her mother are being chased for eerhhh the monies they borrowed to get her treated. This goes to affect her daily life psychologically. So, the question she will ask is: is that enough just to jail the person for defiling me or for raping me and not getting any compensation?" (Prosc4K, Police prosecutor, male, Accra).

The court process is also seen as frustrating to the complainants due to the amount of time they spend in the process. According to this medical officer, “... *where it is up and down then they become frustrated...they become frustrated.*” (Med1, Medical officer, male, Accra).

The term “up and down” is used to show the ‘to and fro’ movement that caregivers engage in as they travel to court and back each time their case is scheduled. Continuing on this trajectory, the medical officer gives the incident of a caregiver who had been to court for 27 times and suggests that this frequency of movement and delays in the process could cause any caregiver to settle at home

“Imagine if there's someone staying in their community and her daughter is raped and he tells them that I've gone 27 times. What what...what will convince them to start to go to court if the man grants them some GHc 1000 (\$200) depending on the person's poverty level?” (Med1, medical officer, male, Accra).

The fear of this respondent is that the frustration of the court process might serve as a deterrent to other potential complainants and they might refuse to present their cases to court. A medical officer asks the question; “...*but also the point is that those who go to court how many of them do they really have the adequate sentence or do they really judge them as guilty?*” (Med1, Medical doctor, male, Accra). This seems to suggest that after all the trouble that complainants go through in court, there is often no conviction. This is however, relative. Evidence from the court records in the Gender court, Accra shows that about 48% of cases that go to the Gender Court in Accra ends in a conviction (Kwakyenuako & McCarthy, 2019). Again, research from Adomako Ampofo, Awotwi, & Dwamena-Aboagye (2005) on the courts even prior to the establishment of the Gender Court showed a high conviction rate once cases reached the courts. The rate of convictions is therefore not as dismal as is portrayed here. An alternative meaning may be that weighing the qualitative effort put into the whole process by

the professionals and the caregivers, a case that does not end in conviction will be seen as a big blow and a loss of effort.

6.3.1.4.1.2 Home settlement may be desirable

There are two main attitudes towards the non-court process. One is positive, where professionals show empathy for non-court processes and believe that it is beneficial to the victim. The other is negative in that they believe that the process denies the victims access to care. Some of the professionals expressed positive attitudes toward the non-court process because of the stress and deficiency of the formal court process.

“I am opposed to settling at home but I realize that, there are real issues out there why they keep on moving to the settlement at home and the formal justice system is not able to rival that [...] Having been a practitioner for years , I see why they will like to go and settle at home.” (Policy2, Policy actor, male, Accra).

A certain kind of weariness is obvious in their empathy. Although they work in the formal system, they at the same time appreciate that the formal system does not meet all the needs of victims. The surprising thing about the empathy towards home settlement is the quality of persons who understand why the victims and caregivers would prefer that process instead of the court process. These are people who have worked in the domestic violence policy space for long periods of time and are broken by the seeming frustration that these complainants face as they pursue the formal court process, especially those who are poor.

They also believe that settling at home gives the victims more peace; *“...there are situations [where] those who go to court become frustrated and those who don't go to court at times they are at peace in some way more than those who go to court.”* (Med1. Medical officer, male, Accra). This is a medical officer who signs medical forms for free in a public hospital and has worked in the field of women's protection for years but here shows empathy for the non-court

processes. Some defence lawyers however, believe it is conditional. Where the parents suggest it, they do not stop them and this is especially so where there are juvenile offenders involved. They would not suggest that for abuse involving an adult and a young child. According to this defence lawyer; *“if the, if the parents of the victim deem it fit...to have it settled at home, who... am I to stop the process?”* (DfnseL5A, Defence lawyer, female, Accra). It suggests autonomy to parents to decide what their options are. This is interesting coming from lawyers who know what the law says about defilement. It suggests that they are ready to make exceptions if the complainants are their clients.

There were however, more professionals who believed that home settlement was not acceptable. The professionals disagreed with home settlement because it was just evil or not good, would let the perpetrator off the hook and most importantly, that it frustrates the court process. Once the victim stops attending court, the whole process comes to an end. Another point they highlighted was how it serves as a possible incentive to the perpetrator if he is able to get away by paying money and the fact that home settlement prevents the victim from coming into contact with professionals who can help to deal with some of the incidents associated with penetrative sex such as treating STDS and the physical perennial damage.

The abhorrence for it is evident in this defence lawyer's statement; *“The settlement of defilement case? I think that is even worse than defending an accused person in defilement cases”* (DenseL2K, Defence lawyer, male, Kumasi). This is a lawyer who hardly deals in sexual abuse cases and would not knowingly defend a person who has confessed to defilement. To him therefore, settling defilement at home was much worse in his view than defending a person he thought was despicable.

Others disagreed with the option of home settlement because it prevents the victims from coming into contact with professionals. As one social worker put it;

“...you see with the home settlement, the point is you defile the child, this is something that... goes a loooooong (emphasis) way to affect the child. It is not like malaria [which after] you have treated it, you are fine, it’s gone. It is something that affects the child throughout her life. So what kind of compensation can you give to the child? Even when you give her a billion, it doesn’t change what she’s gone through. It doesn’t change the trauma she’s going through so with the... home settlement, it is not the best, it is not the best.” (SW4Sh, Social Worker Shelter, female, Accra).

This view on home settlement gives the impression that the court process has some benefit for the victims and caregivers which far outweighs what the home settlement offers.

To some professionals, home settlement frustrates the court process. The word ‘frustrate’ is used here as a legal term that suggests how external factors can serve to break the contract between two consenting individuals. Engaging in the court process is a kind of agreement between the victims, caregivers and the professionals and so home settlement comes in as an external factor to break that relationship. As principal witnesses in any case, the victims and their caregivers are essential parts of the court process and without them the case cannot proceed successfully. Thus, home settlement serves as the wedge that comes between the professionals and a desire to successfully prosecute a case.

The non-court process is also unable to punish the perpetrator. Some professionals therefore believe that since the non-formal process cannot serve this need, the formal process is better;

*“for me...that is how I’ll have to look at it ... because the perpetrator must go through a process to be able to understand the offence that he has committed, you know, but if we leave it **the traditional system does not have the avenue to deal with issues of this nature** for [the perpetrator] to understand the gravity of the offences that they have committed”* (Policy 4, Policy Actor, male, Accra).

It goes back to the aspect of retribution; the non-formal system cannot offer the retribution that professionals believe to be the need of victims and their caregivers. So then what are the advantages of the court process and the non-formal processes and what changes need to be made to make it acceptable for victims and their caregivers?

6.3.1.4.1.3 Material justice as a solution to zero-sum justice.

Other professionals believed that justice had to move from a retributive approach to one that would meet the needs of the caregivers and victims and restore the victim to her status quo ante (how she was prior to experiencing the trauma). They also believed that justice should result in compensation and a refund of the costs incurred by complainants *“The notion is that, if you’ve offended me, then you must rehabilitate me, you must in a sense appease me, you know, in Akan they call it “mpata” [Twi: compensation]” ...There must be something **material** about the justice I’m getting.*” (Policy2, Policy actor, male, Accra).

In providing justice, they believe that it means that the victims and caregivers are able to see the perpetrator punished; however, some believe that this is not the only way in which justice should manifest. They believe that there should be other ways of providing justice for the victims and caregivers in the sense that it has to offer them some material support instead of only providing the means of getting the perpetrator incarcerated. Those who preferred a material form of justice believed that it would best serve the needs of the complainants.

“I don’t think restorative justice ...and the retributive justice must be mutually exclusive.... what I mean is that, the two can go together.... So yes, holding the perpetrator accountable is important, it is as important as recognizing the victim and restoring the victim to a place of justice, justice as restoration.” (Policy2, Domestic violence activist, male, Accra).

6.3.1.4.2 *The nature and use of evidence in the court process*

As part of the court process, evidence is required. This sub-theme was discussed as a stand-alone from the court process because of the frequency with which it came up in the views of the professionals. In terms of the nature of evidence used in the court process, there is a 3-pronged approach to the type of evidence required. There is evidence taken from the victim, complainant as well as the corroborating evidence of the medical report.

According to this prosecutor,

“So usually when the case is started, we start with the complainant, whether the mother, the father, the uncle, whoever made the complaints”. (Prosc4K Legal prosecutor, female, Kumasi).

The medical form is the primary document used as evidence to support the statements made by the victims and caregivers. The law on defilement requires that there should be the least degree of penile penetration and so it is the medical officer who assesses the victim to ascertain whether that has occurred. According to this prosecutor, the medical form is the main support for the case in court;

“...it is the medical report form that we use... we need to support our evidence in order to gain conviction because you can’t just come verbally to court, prosecute, marshal all your evidence without any medical report to support your claim.” (Prosc4K, Police prosecutor, male, Kumasi).

The reason for the reliance on the medical form is given by this judge;

“And the law... also says that victims’ evidence in sexual offences must be corroborated, now when you reject the doctor’s evidence, it is difficult to get corroboration from any other place because these offences are normally done in [the] secret of rooms or homes, where people are not there”. (Mag2, Circuit court judge, female, Kumasi).

The medical form is essential in proving any case of sexual abuse in court due to the requirement of the law that there must be other evidence to support what the victim is saying.

It provides evidence, but may also be posing some challenges. Often, the police and prosecutors look for the presence of hymenal tear in these medical reports. The presence of a hymenal tear, is often times raised over the testimony of the victims themselves.

According to this investigator;

“Participant: They come with a doctor’s report showing that the hymen is broken; Researcher: why is hymen breaking important? Participant: it shows that there’s penetration but when the doctor says that the hymen is intact then the allegation is false” (Insp2A, Police Detective, male, Accra).

Indeed, where the medical report shows no hymenal tear, the case is not sent to court. This piece of evidence however, has its own flaws in that it relies on the expertise of the medical officer to see--often times without the help of enabling tools--what has happened in the vaginal area. Again, this heavy dependence on hymenal tear means that where the hymen of the victim has already been broken in a previous encounter and not the present abuse, it becomes a challenge.

Furthermore, where the victim does not report early for evidence of bruises to be present, there is no evidence to support the charge. According to health actors however, evidence for sexual abuse has moved beyond proof of penetration to the consistency of the child’s story. To this medical officer,

“... no matter [the] community ... sexual issues are not easy for the mouth of children for them to say it. If a Ghanaian child of 7years comes to stand in front of a doctor with nurses and describes precisely how a 45-year old defiled her and repeats the same thing to the Clinical Psychologist and goes to the police station and repeats the same thing without blinking an eye it’s not poetry she’s reciting it has happened. It has happened.” (Med1. Medical doctor, male, Accra).

The compromise is that according to this prosecutor they lay a lesser charge if there is victim testimony but no evidence of penetration;

“...when the medical report shows that there has been nothing but the child says that ‘he laid on me etc...’ we will charge the person with indecent assault. Because the little child might not know sex, they will not understand if there is no penetration so if there is any violation of the body sexually, we charge the person with indecent assault.” (Prosc6A, police prosecutor, male, Accra).

This is both good and bad in that the lesser charge of indecent assault is a misdemeanour which will only attract a sentence of up to 3 years compared to the defilement charge which attracts a sentence of up to 25 years. The difference is huge and may be felt by a complainant who was going to court for retribution. Again, if indeed there was a penetration which could not be observed due to the lack of proper equipment or the lapse of time between the incident and reporting, then it means that there has been an injustice.

The victim’s testimony is also important since these two pieces of testimony are expected to work hand in hand. According to this investigator, *“If the girl [victim] is not coming, you can’t do anything.”* (Insp1A, Police detective, male, Accra). This shows that the testimony of the victim is also crucial as evidence in court. Another way of looking at evidence may be to expand the scope of evidence that is taken in court. As stated by this forensic scientist,

“Even fibres from your dress and as I indicated earlier, hair they could all be useful. But relating to biological evidence like transfer of cells from the guy or semen or seminal fluid, if a case like that occurred, then evidence should be collected from the victim. And as I have indicated earlier, it should not be just looking at the private part, any bodily harm, physical injury that may have resulted because of the event, they all need to be documented.” (For1, Forensic Scientist, male, Cape Coast).

Most of these pieces of evidence also require that there should be prompt reporting of the incident. It is however known that children fail to disclose abuse promptly because they are often threatened. According to this prosecutor; *“normally, when they defile them, they threaten them that ‘if you tell your parents I will kill you’ so it would take about 2 or 3 months before the parents get to know that their daughter has been defiled.* (Prosc3K, Police prosecutor, male, Kumasi). Where there is no evidence, the case cannot be prosecuted. And here, evidence really means the presence of a medical report which shows penetration.

The defence lawyers in the study consistently used the word “destroy” to show the lengths to which they would go to punch holes in the evidence of the victims and caregivers in court. As stated by this defence lawyer, *“whatever it is, we will still end up making ...nonsense of whatever the child might have ... have said if the child ... is not strong.”* (DfnsL5A, Defence lawyer, female, Accra). The role of the defence lawyer is to punch holes in whatever evidence is presented in court in order to serve the interest of their own clients, it is thus essential that the evidence is strong enough to hold under this persistent scrutiny. In the face of such scrutiny, the evidence itself has to be strong or the person adducing it (victims and complainants) also have to be consistent in order to withstand the onslaught. It may be because of this potential for legal scrutiny that the prosecutors look out for the definite sign of a hymeneal tear before taking the case to court.

On the other hand, there is a structural weakness underlying the main type of evidence required for a conviction of defilement. Without the right equipment, training and mindset, many cases will end in injustice. There is therefore a suggestion to *“...have people specifically trained to collect this kind of evidence and produce a report and submit such evidence to a centralised lab for further analysis as done in other jurisdictions”* (For1, Forensic Scientist, male, Cape Coast). He believes that the scientific evidence should be left to a specialised agency and not to medical officers. This may be a good suggestion but it also speaks to

availability of these facilities. At least for the medical officers they are available in all public hospitals and even with that, there is a challenge in getting them to sign these forms. A special facility may become even less accessible to the victims and their caregivers.

In conclusion, there is the need for evidence to ensure conviction but it also suggests an over dependence on the medical form as corroborating evidence without recourse to the new ways of thinking which suggest that the victim's testimonies should be upheld if consistent even where there's no medical evidence in support. It shows the need for the forensic training of professionals to ensure that they are able to correctly identify evidence and to know state-of-the-art approaches to evidence.

6.3.1.4.3 Loopholes and suggestions for change

The professionals identified a loophole in legal policies and laws in that they focus mainly on juvenile offenders, and the accused persons and makes little provision for victims in the legal process. According to this law lecturer and consultant, in terms of laws on child victims,

"... the best you will find is in the Evidence Act which talks about a child [witness]. A judge makes a determination whether a child is fit to testify by checking the Evidence Act" (Policy1, Law lecturer, male, Accra).

Truly, most of the rules concerning child victims are not in the statutes but rather in policy documents, which are not binding and are subject to changes depending on the political ideology in power. The low focus on victims is also evident in most adversarial court processes, where the victim is only a witness for the prosecution.

Suggestions for improving the system. They suggest four ways by which the system as a whole can be improved upon. They suggest physical improvements such as re-creating the courts to separate the victims from the perpetrators, funds for victims to deal with cost incurred during the process, help for victims through the court process and finally, speeding up the

process and even having a hybrid system that would merge the retributive notions of justice found in the formal court system with the restoration and compensation offered by the non-formal court system.

Funding. The system needs to be funded in order to ensure that there is enough training for the actors and also for the victims to obtain the help that they need. According to this defence lawyer, *“funding, education and of course under-funding, intensive training of all parties...involving the police...the ministry, social welfare officers, the lawyers, the courts”* (DfnseL5A, Defence lawyer, female, Accra). To her it is not only funding but also training of professionals.

Speeding up the system: There is also a suggestion that the court process should be hurried to ensure that caregivers and victims do not spend too much time there. For this policy actor, the response of the formal system should be to *“speed up the justice process for children who have gone through”* (Policy4, Child rights activist, male, Accra).

Summing it all up, the challenges in the formal legal process are in some ways connected to the way the victims and caregivers perceived the criminal justice process. Most of them may be acquainted with the civil law processes where damages are paid after a case is heard or where a person can go and sell the property of the other party to satisfy a debt. They may also be aware of a traditional system that is at variance with the formal court process in terms of the payment of compensation. On a more systemic level is the insistence that all defilement cases should be reported and taken through the justice process. Activists and feminists over the years have insisted on this but studies of women who have been victimised suggest that for some of them, they would rather not do anything about it. In Ghana, the issue is further heightened because they lack the resources to go through the process and because it is an *opportunity cost* for them to actually go through the formal process. This is because money and time that they

could have used for other things are spent on a mission that often yields partial results—even when the perpetrator is convicted, they go home to lick their financial wounds and where there is no conviction; it becomes a double jeopardy for them. Most literature on victims of sexual abuse in court only speak about the psychological experiences when they talk about their re-victimisation. In Ghana, there is an additional burden of cost making it a *triple victimisation*.

6.4 Chapter summary

Four themes were found for key informants/professionals in their interaction with the caregivers and victims. They suggest that there are challenges in the formal court process which pushes victims and their caregivers to opt for home settlement. It also shows an emotional side of the professionals. Syncing it with the multi-level ecological theory, it suggests that at an individual level, they have their own challenges and emotional engagements which are activated as they come into contact with the victims and their caregivers. Although they are a part of the system level of the framework, they also have internal processes which are often not investigated.

Most of the professionals in this study were part of the formal court process and so it is understood that they seemed to vouch more for the formal court process instead of the non-court process or home settlement. The interesting finding however, was the type of professionals who felt empathy for the non-court process. They proffered these views because of the inadequacies in the court process. It shows an acknowledgement of their helplessness in the face of resource scarcity.

6.5 Summary of findings

The psychological experiences of victims included feelings of negative emotions such as anger, fear and revenge towards the perpetrator and for themselves a sense of shame and regret. Their feelings about themselves were as a result of the loss of their virginity. Other psychological experiences of the victims included derealisation somatisation, which are known symptoms of post-traumatic stress disorder.

The victims coped using both active and non-active methods. The active methods they used included distancing, avoidance and agency. The non-active methods were conversion, deferring arrest, forbearance, and use of prayer. These show that on their own, the victims had strengths that they used to deal with the abuse and the perpetrator. The non-court victims were more likely to suicide ideation and attempts. The presence of adult support was essential for some of the victims and it enabled them to receive help.

For the court victims, their experiences with professionals and the court were uneventful and somewhat pleasant. They were made to speak, and they saw the court as a big brother with the power to order a person who had previously exercised power over them (the perpetrator). This was pleasing to them.

The caregivers experienced a variety of negative emotions following the disclosure of the abuse. They experienced anger towards the perpetrator and even the victim. For the caregivers who knew the perpetrators, their emotional pain was in relation to their relationship with the perpetrator and their surprise at their behaviour. For those who did not, their pain was in relation to the abuse. Both court and non-court caregivers experienced emotional pain. For the court caregivers the pain propelled them to report to the police station and to follow through to the courts. It also propelled them to take the victims to the hospital for continuous medical care.

Caregivers had hopes for their children as persons who would take care of them in the future or people, they were training to be better versions of themselves. They therefore saw the abuse as a disruption of these plans for their children. This was the source of their distress.

Caregivers were able to cope with the abuse and court process where they had another adult supporting them through the process. Their agency was mostly in relation to their engagement with professionals—caregivers had to shoulder the whole process from the reporting of the abuse through the court process. Where the caregivers relaxed, the case also came to an end.

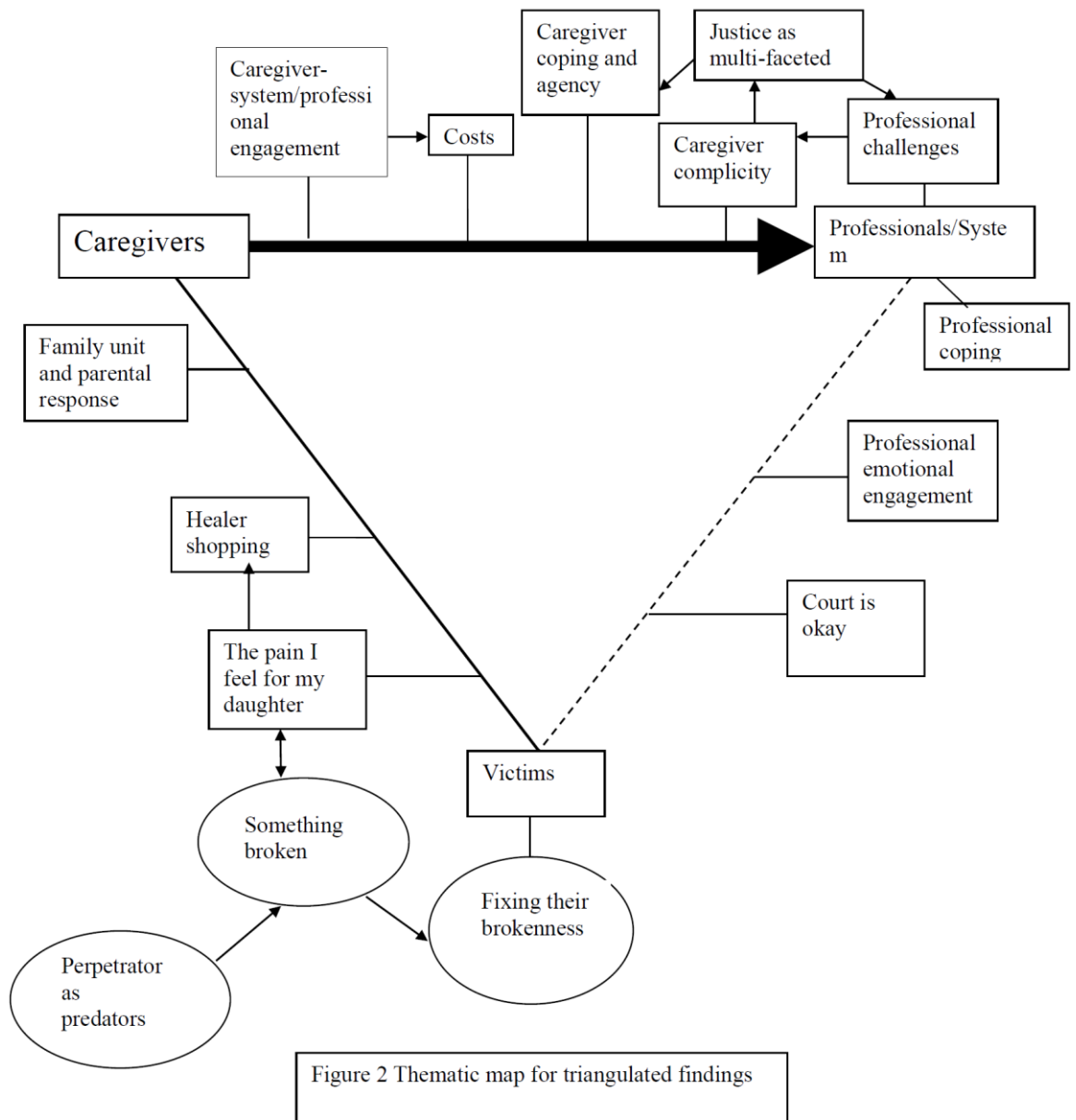
The caregivers engaged with the professionals and the system more than the victims. They served as an intermediary between the victims and the professionals and thus experienced all the challenges associated with this contact. The two groups of professionals who gave them challenges were the police and medical staff. This was with respect to prosecutors in court, the payment of money for the medical examination of their wards and the unavailability of health professionals to provide the service when required. Their interaction with the system also led to both economic and social costs which they had to bear on their own without state support.

The professionals who work with victims and their caregivers experience some emotional engagement when they engage with the victims and their caregivers. In these interactions, some professionals are helpful whilst others are not. From the professionals, follow-up of the victims and their caregivers seems uncoordinated. There is also a lack of coordination among the professionals. The lack of a coordinated system for child protection, as well as their own inability to help the victims in the face of need, are two sources of distress for the professionals.

The professionals had both positive and negative views of the caregivers. On the positive side, they saw the caregivers as essential in the court process. Their relevance as both comforters of the victims and as bankrollers of the process is required for a successful adjudication. Viewed negatively, the caregivers were perceived as those who truncated the

process. They were able to do this when they engaged in home settlement or discontinued the court process.

The professionals saw the formal court process as the best avenue for the victims to seek redress. Some were however, empathetic of the non-court processes (home settlement) because of the lapses they observed in the formal process. Some procedures in the formal court process such as the evidence used in CSA cases have to be re-considered.



6.9.1 Explaining the thematic map

The lines are used to indicate the strength of the interaction among the three main actors: victims, caregivers and the professionals or system. On the right, the professional to victim relation is dotted to indicate that the interaction between them is mild. The victim stories lead to an emotional response from the professionals which requires some way of coping. The victims also have an uneventful interaction with the professionals..

Below the inverted triangle is the victim experience which is personal to them the perpetrators' actions lead to their brokenness which they try to fix using various methods of coping. It is their brokenness that leads to the vicarious pain experienced by the caregivers who believe that their wards have been destroyed. This sense of destruction leads to various forms of healer shopping to seek for a cure for their wards. All these interactions are belied by circumstances within the immediate family unit and how the caregivers respond to their wards post disclosure. The thickest interaction with regards to the court experience is between the caregivers and the professionals/system. Engagement with the system leads to costs and various systems of coping for the caregivers. The professionals are challenged due to the multi-faceted nature of justice seeking which leads the caregivers out of the justice system.

CHAPTER SEVEN

GENERAL DISCUSSION AND CONCLUSION

7.1 Introduction

This chapter aggregates the findings from the various studies for an integrated discussion. It begins with a summary of the key findings, a discussion that links the objectives of the study with the research questions and the theoretical framework as well as the related literature. It further discusses the implications of the findings for future research, theory, justice processes for victims as well as the implications for policy. The limitations of the study are also discussed with recommendations made for future studies.

7.2 An integrated summary of findings

7.2.1 Psychological experiences of abuse for court and non-court victims.

The victims experienced physical, psychological as well as social effects of the abuse. In terms of physical effects, the vaginal and anal regions of the young children were damaged and there were persistent reports of discomfort which led to healer shopping by the parents for health care for them. Psychologically, the victims experienced mainly post-traumatic symptoms such as inability to sleep and recurring dreams. For those who did not go to court, they experienced a sense of loss that was evident in their dreams. They were also more likely to experience the desire to commit suicide. In terms of coping, the victims used problem-focused and emotion-focused coping methods. For some, what helped them to cope was the support of a non-family adult. Socially, they experienced self-stigmatisation and the abuse had an effect on their education due to inability to concentrate or because of disruptions in their education. See Figure 1 for a thematic map showing the triangulated findings for the study.

7.2.2 Victim-caregiver interactions

Victim interactions with their caregivers were mixed. There were no clear pathways between disclosure, belief and reporting/court. Although both the court and non-court caregivers were from low socio-economic backgrounds, their decisions to go to court differed based on economic, personal, futuristic thinking, adult support, and empathy for the perpetrator. Where the caregivers thought about the future of their children, had a desire for retribution, had less empathy for the perpetrator and received the support of other adults, they were more likely to go to court. Economic considerations and empathy for the perpetrator influenced caregiver decisions not to go to court. Another finding in the interaction between victims and their caregivers was the way in which the victims were unable to directly inform their caregivers about the abuse. Except for one victim, all the other victims solicited the help of other adults to inform their caregivers or waited until the abuse was discovered by their caregivers.

The caregivers' view of the abuse was in the sense that it was a destruction of the victim physically, psychologically and in terms of their future aspirations. Physically, caregivers of children with perineum damage were distressed because of the possibility that their wards would not be able to give birth in the future. Psychologically, the caregivers noticed behavioural changes in their wards. They however, took care of only the physical effects of the abuse. Apart from one caregiver who mentioned going to see a "psychiatric doctor" [clinical psychologist], all the other caregivers only spoke about using orthodox and home remedies to treat the physical effects of the abuse.

Both court and non- court caregivers experienced negative emotions when they learnt about the abuse. They also experienced traumatic symptoms such as sleeplessness, loss of appetite and even vicarious bleeding. Even for those who did not go to court, this emotional pain was used as a driving force to report the incident to the police. For the court caregivers, it spurred them on to persist to the court. For those who did not go to court, economic and other

social factors such as pleas from the family of the perpetrator hindered them from going to court. See Figure 3 for the processes leading from disclosure to justice-seeking. This is derived from the findings of the victims, caregivers, and the views of the professionals about them.

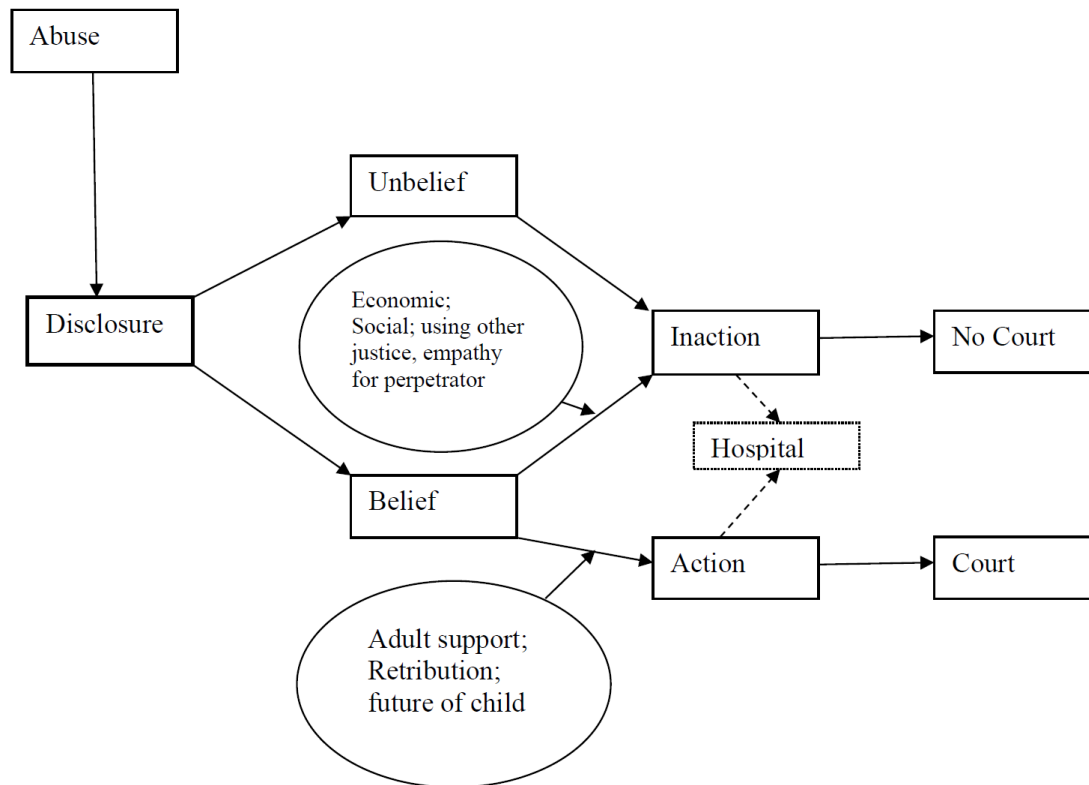


Figure 3. The pathway from disclosure to justice-seeking

7.2.3 Victim, caregiver-professional interaction

The victims reported that their interactions with the professionals had been incident-free. The perspectives of the key informants, however, suggest that some of the victims showed fright and intimidation in court and the very young victims were unable to give their testimonies in court and at the police station. The key informants also reported having challenges with older victims (teenagers) who decided not to cooperate because they perceived the perpetrators to be their paramours. Caregivers had more consistent interactions with professionals. They had to show the most coping and agency when dealing with professionals.

7.3 An integrated discussion of findings and links to relevant literature

The psychological effects of abuse found for victims in this study have also been found in other studies (Achilles & Zehr, 2011; Finkelhor & Browne, 1985; Spies, 2017). Finkelhor and Browne (1985) proposes the traumagenic framework to explain how victims of sexual abuse are affected by the abuse. They are traumatic sexualisation, betrayal, powerlessness and stigmatization (p. 530). This study found self-stigmatisation especially among the non-court victims when they spoke about how their loss of virginity made them feel ashamed in the presence of their mates. All the victims showed symptoms of post-traumatic stress including having nightmares, recurring thoughts and dreams about the abuse. The victims also experienced anger, feelings of revenge and fear similar to what has been observed in other studies (Meinck et al., 2016; Spies, 2017). These symptoms are evident in traumatic incidents due to their suddenness and unpredictability (Achilles & Zehr, 2011; Berkowitz et al., 2011). In this study, their emotions were mostly directed towards the perpetrator. Although children may be able to overcome these psychological effects over time, they are better able to do so where they are helped and treated (Spies, 2017).

Interaction with parents is an important component of how sexual abuse is treated. Where parents are responsive, the abuse is noticed on time and quickly addressed (Ensink et al., 2017; Knott & Fabre, 2014; Wamser-Nanney, 2017; Wamser-Nanney & Sager, 2018). Their belief also serves as the beginning of the healing process for victims (Achilles & Zehr, 2011). On the other hand, where they are not responsive, there is delayed responding. Parental interaction in this study was found to be mixed. Even for victims whose parents responded to the abuse, there was fear among the victims to report the abuse to them directly. Studies in Ghana have found that children are likely to be punished when they report abuse to their parents (Agu et al., 2018; Umma Ibrahim, 2014). This might have operated on the minds of the victims

in the present study as well since they are in the same social environment as those found in the other studies. They often informed other adults who then informed their caregivers.

Contrary to literature from Western countries where institutional support is available after sexual abuse, (cf. Antonsdóttir, 2018; Campbell, Greeson, Fehler-cabral, & Kennedy, 2015; Stiller & Hellmann, 2017), in Ghana, the burden of the process is on the caregiver. In this study, caregivers were found to bear the psychological, and economic burdens of the abuse process. The psychological burden was in relation to the vicarious experience of the abuse and the economic burden arose from having to bear the cost of the court process. This finding is congruent with what has been found in other studies in Ghana (Darkwah & Prah, 2016) and other African countries (Kisanga et al., 2010; Molyneux, Kennedy, Dano, & Mulambia, 2013) but is contrary to what has been found in more industrialised countries (Campbell et al., 2015; Stiller & Hellmann, 2017). It shows that the context of a developing country compounds the psychological and other experiences of persons who use the justice process.

Findings from the various professionals are on three main levels, their personal reactions as they interact with the victims and caregivers, their views about interactions to other professionals and thirdly, their views on the justice system as a whole. On a personal level, the professionals also had to deal with the trauma resulting from the abuse for themselves and also for the victims. This is similar to what has been found in Western countries (Capri et al., 2013; Muridzo et al., 2018). What is different however, is that for the Ghanaian professionals they faced a double agony of a lack of logistics, in addition to their personal-level trauma of dealing with the abuse and the burnout resulting from emotional engagement with the victims (Alolo, 2016; Badoe, 2017; Böhm, 2016; Dako-Gyeke, 2018; Molyneux et al., 2013). Studies in most western countries focus on the emotional engagement that professionals have with victims but fail to take cognisance of the logistical challenges they face. The findings in this study add to

the literature of studies on interactions between victims, caregivers and professionals in the justice process.

The professionals also see the victims as needing help (psychological help for the trauma, help to give their testimonies in court and at the police station). They also acknowledge the stressors experienced by caregivers as they take their wards through the court process. Although most of the professionals used in this study worked within the formal court system, they also acknowledged that the challenges faced by the process pushed caregivers out of the system or prevented them from engaging with it altogether. This can be understood by using the socio legal context of Ghana. Due to colonialism, there is legal pluralism whereby traditional forms of adjudication exist concurrently with the formal adversarial court processes (Appiah, 2013; Law and Development Associates, 2012; Quansah, 2011). Although CSA is ousted from the traditional adjudication process, people still go to them for settlement. Additionally, the use of elders and other persons to settle cases at home is pervasive in Ghana. Appiah (2013) therefore suggests that about 80% of conflicts (including CSA) that arise in Ghana are resolved using the traditional and family mediation processes without recourse to the formal courts.

Studies in social justice have found that if people feel that they are being treated unfairly or are not being given an opportunity to speak up or to be a part of the decision-making process, or that their views are not being respected, they are likely to rebel in several ways, e.g. engage in practices inimical to the social good, or to withdraw from the process altogether (Gollwitzer & vanProoijen, 2016). This can be explained by the large base of the dispute pyramid (Miller & Sarat, 1980). What it means is that the traditional and family settlement is providing an alternative to the formal justice process. As has been found in health-seeking in mental health (Ae-ngibise et al., 2010; Aikins, 2005; Kyei et al., 2014), the pluralism of help-seeking methods (in this context, legal methods), increases the likelihood of dropping out of the formal systems.

This is because the alternative methods provide a sense of satisfaction that the formal court does not.

In terms of the process, the key informants had logistical challenges administering justice and this lack of logistics affected their interactions with other professionals. Various studies have looked at how professionals interact with victims in court (Back et al., 2013; Castelli & Goodman, 2014; Leach et al., 2016) but the findings in this study, which is in a developing country, adds to the literature which is predominantly focused on Western countries.

7.4 How the psycho-socio-legal conceptualisation explains the findings of the study

At the intra subjective level of the ecological framework is the personal experience of the victims who go through the court or non-court processes. They face psychological, social and physical effects after the abuse which leads to feelings of isolation and suicidal thoughts. They also experience frightening dreams and other trauma- induced responses as a result of the abuse. Mostly, the physical effects of the abuse are dealt with but not the psychological—only one victim mentioned going to the clinical psychologist and even for her it was the medical doctor who sent them directly there to be assessed. This lack of psychological care for the victims may have some effect on the sense of destruction felt by the caregivers and hence the emotional pain they experience after the abuse. The vicarious pain of the caregivers hinged on their feelings that the victims were totally destroyed by the abuse. They saw evidence of behavioural and physical changes which they tried to remedy using both traditional and orthodox healing methods. They did not however, focus on psychological remedies that have been effective in managing the traumatic experiences and hence were unable to see the likelihood of restoration.

The inter-subjective level is used to explain what happens between the victims their caregivers, and to an extent, the key informants. The caregivers experience vicarious pain with

the victims due to their thoughts about their future and the cost of treating them after the abuse. The key informants also experience some emotional responses as they interact with the victims and caregivers but this not directly in relation to the abuse but rather the sense of helplessness they experience when they are unable to meet the needs of the victims due to systemic challenges.

At the structural level, there is the need for improved policies especially with regards to evidence gathering and how it is treated in the court system and by the police. There is also the need not for more laws, but rather for the implementation of existing laws and policies to ensure coherence among the various laws. For the court process, the over reliance on hymenal tear as evidence of penetrative abuse has to be re-considered. There is new knowledge that shows emphatically that although hymenal tears are more enduring, they are not fool proof and that there are other physical factors that show that there has been some form of abuse on a child (Badoe, 2017; Herrmann et al., 2014a). The interaction between the victims, their caregivers and what exists at the structural level of the framework is that the system, laws and policies have an effect on how the victims and their caregivers are treated with the processes that exist for adjudication. Ghana has over 25 policies and laws relating to children. This includes a Child Justice Policy which details how victims are to be treated in the courts and which includes the use of social workers in that process. This however is not evident in the experience of the victims and caregivers interviewed in this study. Ghana's Domestic Violence Act and Legislative Instrument also make provision for access to funds for persons who have experienced some form of abuse. The procedure is however, cumbersome and the Domestic Violence Fund expected to support this, lacks funds. There is therefore a lack of connection between the policies that exist in their various forms and what the proposed beneficiaries of these policies actually experience.

The final level is the social or group level. Socially, children in the Ghanaian society are regarded as appendages (Boakye-Boaten, 2010). Unlike other countries where services are provided exclusively for adolescents to report abuse, (cf. Campbell, Greeson, Fehler-Cabral, et al., 2015; Greeson, Campbell, & Fehler-Cabral, 2016) in Ghana, they can only report where there are caregivers. Indeed, without a supporting caregiver, an adolescent by herself cannot successfully pursue the legal process. There are no structures for doing so and the victim would not have the money to do so.

The discussion here shows the various ways in which the psycho-socio-legal ecological framework can be used to explain the findings of the study. Altogether, it shows that the personal experience of penetrative sexual abuse may be personal to the victim but its effects go beyond the victim. It affects the immediate caregivers of the children, is influenced by socio-cultural factors and defies what exists in policies.

7.5 Implications of the study

7.5.1 Implications for theory

The ecological model was adapted with other theories to conceptualise this work resulting in the psycho-socio-legal ecological model. Some studies have used the ecological framework to understand sexual abuse from psychological (Belsky, 1993; Campbell et al., 2009) and sociological perspectives (Dako-Gyeke, 2018; Darkwah & Prah, 2016). This study has included social justice (retributive justice) theory at the intra-subjective phase of the theory and a socio legal theory (legal mobilization) at the structural level of the theory to enhance its application to the study on the interactions between the victims, caregivers and the justice processes. This serves as an addition to this model and may be useful for other studies that look at CSA and justice interactions from an ecological perspective. In terms of justice-seeking

using the pyramidal model, (Miller & Sarat, 1980), this study shows that their framework can be used to explain justice seeking for child sexual abuse in Ghana but with some modifications. The findings of this study as well as findings from other studies in Ghana (Appiah, 2013) suggest that the base is broader and the interaction between the different phases is influenced by factors including economic and psychological factors and not only race and legal consciousness (McCann, 2008; Morrill et al., 2010; Nielsen, 2000). This may be explained in relation to the specific context of Ghana which has legal pluralism and the likelihood of people to seek justice using the non-court processes more than the court processes (Appiah, 2013). This finding is only to a limited degree and a national sample of court users would be required to provide an absolute conclusion on how the framework affects the justice process for CSA victims in Ghana.

Victims of child sexual abuse use different routes in their search for justice after the abuse. Theories on attrition have mainly focused on their contact with professionals as one main reason for the attrition of victims of gender-based and child-related violence (Christensen et al., 2015, 2016; Fitzgerald, 2006). In African contexts, economic and social factors have also been found (Adomako Ampofo et al., 2005; Kisanga et al., 2010; Molyneux et al., 2013). The current study goes further to suggest that psychological factors such as caregiver need for retribution also affects the justice-seeking behaviour.

7.5.2 Implications for the victim-court process

The findings of this study have implications for the court process. The finding that young victims were unable to give their testimonies in court suggest the need for training in forensic interviewing skills for the police prosecutors, investigators and social workers so that

they can help obtain the right information from the children prior to court. In other countries like Sweden and Israel, the testimonies of the children are taken at only one time and used in court (Robinson, 2015). If such a system is to work in Ghana, there must be exceptions made to the hearsay evidence rule in Ghana to allow for children to give their testimonies outside court with the presence of a defence lawyer which testimony would be admitted to court with or without cross-examination (Robinson, 2015). This will be in the situation where the perpetrator has a lawyer. In situations where he has no lawyer, the perpetrator may be allowed to be part of the process but behind a screen.

The current study also shows that the complainants and professionals face challenges when they have to obtain medical forms for the victims. It therefore suggests the need to establish one-stop centres which will help to take evidence from the victims. Such facilities have already been established in other African countries such as Zimbabwe (Musiwa, 2018), and Malawi (Mulambia et al., 2018). Such an establishment in Ghana would be beneficial for the victims and their caregivers.

In practical terms, the courts can help reduce the stress experienced by victims and caregivers in three ways: first is to create a secluded portion for interviews and assessment in the court rooms or at the police station. Currently, the prosecutors listen to them in their offices (which are mostly shared offices) or at the courts which is not conducive for disclosure and full preparation. The second is to have a typed-out statement or to have a clerk with the duty of explaining the court process to them. This should include what the court can do and what its limits are (e.g. that no compensation will be paid). The typical duration of cases should also be explained to them to help them to make informed decisions. Some of the caregivers were relying on hearsay from people outside the courts which only served to increase their uncertainty. Thirdly, to help the court obtain the best possible evidence from the victims, it is important that it supports the presence of psychologists to help counsel the victims and prepare

them adequately for court prior to their testimonies. Finally, professionals who work with victims of trauma are themselves often traumatized by the experience and require some help. The presence of clinical psychologists in the courts would also be useful for the court workers. In an informal interaction with clerks in the Kumasi Gender Court, the researcher asked them how they felt about the cases they frequently heard. One of them stated: “*ya ye se nurse foɔ, ye nsuro funu*” (Twi. We are like nurses; we do not fear corpses). It shows a sense of immunity to the plight of their victims due to the constant barrage of cases. This is evidence of burnout and suggests that these workers may benefit from regular mental health “check-up”.

7.5.3 Implications for the psychological care of victims and caregivers

For victims: the heightened negative emotional experiences such as revenge, fear and anger, call for rehabilitation and psychological care. Parents however, focus only on the physical defects suffered by their children after the abuse. From the findings and from interactions with the caregivers, a major hindrance to seeking help is the cost of it and the time the process will take. A possible suggestion will therefore be State support for psychological care as well as a shortened version of treatment that would ensure that the caregivers do not have to miss work for long periods of time. A possible suggestion is the CFTSI intervention (Berkowitz et al., 2011) which is done immediately after the abuse has occurred and runs for a shorter period of time. This should be instituted immediately after the case is reported to the police. The intervention helps the caregivers to speak to their wards about the abuse and to help them deal with the resulting trauma so as to prevent the victims from developing post-traumatic stress disorder.

7.5.4 Implications for child education and security training

The ploys and tactics used by the perpetrators call for more education to girls and boys to understand the grooming process and to be security conscious. For some of the victims, they were sent and entrapped. This shows a cultural system where children are expected to attend to an adult when sent. The children therefore need assertiveness training. Some life skills training manuals have been developed for the Kenyan population which can be readily adapted for training in schools (Dorsey et al., 2019).

School teachers and counsellors should be alert to situations in which children may be abused. The problem is where they report and the structures do not work, there is little that they can do. For one of the victims, after the teachers had reported, it was an NGO that took over the expenses and provided shelter for the victim. More of such NGOs are needed and should be supported by the Ministry of Gender. They should also be supervised to prevent the creation of a dependency and a hegemony. The victims and their caregivers are in a vulnerable state and will thus be amenable to all suggestions. For instance, the NGO asked the two caregivers not to continue with the court process and they complied. Yes, they did not have the money to continue on their own but most importantly, the aspect of undue influence has to be considered to ensure that the rights of the victims and their caregivers are also not taken advantage of.

7.5.5 Implications of the findings for policy

The study has three main implications for policy. Firstly, there must be a change in legal policy to allow for the payment of compensation to victims and caregivers. The criminal jurisprudence in Ghana does not allow for compensation to be paid to the victims of sexual abuse. This may have to be changed to give the full measure of justice to complainants. Where the court can also give compensation or restitution for the expenses incurred by the

complainants, it may lead to increases in court attendance and less attrition among complainants in the court process.

Secondly, the two-fold hegemony of the police (as investigators and prosecutors) in dealing with child abuse cases must be broken. The current criminal jurisprudence allows for police officers to be trained as prosecutors²¹ however, the educational levels of these police officers and the lack of consistent training in prosecution received means that they are likely to negatively affect the justice process for CSA victims. Studies of Swedish police working with victims of sexual abuse suggest that those who have low levels of education are more likely to treat victims harshly. Although this was not found in the current study, the caregivers and other professionals pointed to the inadequacies of the police prosecutors. They should thus be phased off and replaced by lawyers from the Attorney-General's Department.

Finally, there is the need for forensic training for professionals who work with victims of CSA. They will benefit from training that would help them to assess the victims with a forensic lens. Social workers who work with DOVVSU and the courts would also benefit from training in forensic interviews. Studies have consistently shown children's reluctance to disclose and the need to pose questions that are developmentally appropriate to them (cf. Brown, Pipe, Lewis, Lamb, & Orbach, 2012; Pipe, Orbach, Lamb, Abbott, & Stewart, 2013; Schaeffer, Leventhal, & Asnes, 2011). Narrative episodic questioning has been found to be more helpful than direct questioning for instance and this requires time, patience and a secluded place (Schaeffer et al., 2011). From the researcher's observations of the work environment of the social workers at DOVVSU in Accra and the how they obtain information from victims, these processes are not being used. The offices are partitioned with plywood with an opening

²¹A 1976 Executive Instrument (E.I. 4) entitled the "Appointment of Public Prosecutors Instrument", engaged other officials including the police, to act as prosecutors.

at the top meaning that conversations held in the cubicles are heard by others in the room. This state of affairs is likely to hamper disclosure by the victims.

The Ghanaian court's over-dependence on hymenal tear should also be replaced with a more flexible view. Although a hymenal tear is a more permanent indication of abuse than tears and abrasions, research has also shown that there is a possibility that over 90% of cases of penetrative abuse have no indications of penetration (hymenal tear) in the ano-vaginal area (Herrmann et al., 2014b). This means that where the hymen is not broken or abrasions found, it might not be a good reason to refuse a charge of CSA.

Finally, various policies and documents on child protection in Ghana as well as a recent survey of child protection services shows that there is a desire to include traditional rulers in child protection activities (CRRECENT et al., 2011). A study on child protection structures in Ghana found that most cases on child protection were reported to traditional rulers and hence the need to consult with them and to use them as one of the structures for *victim protection* in Ghana. Victim protection is used here to refer to child victims of sexual abuse or any type of abuse who will need support and help. One way by which this can be done is to include them in the adjudication process. This was started with the involvement of traditional rulers in the creation of Child Panels under the Children's Act, 2003 (Act 560). This was a laudable move but it was aimed at juvenile offenders and not at victims. Two structures give hope to this proposition: Ghana's Alternative Dispute Resolution Act, 2010 (Act 798), makes provision for customary arbitration and the use of traditional rulers in this process (Crook, 2004; Kirgis, 2014), again, the Children's Act makes provision for child panels etc. These processes can be the starting point to include traditional rulers in the adjudication of victim abuse. They may be used in a framework where they are supervised by legal personnel or they may be included in one-stop centres as alternatives to the formal adjudication process.

With a large number of Ghanaians opting for non-court adjudication, it is important to include these alternative systems in the justice-seeking process. It will satisfy the needs of a people who believe in the legitimacy of their traditional systems but are torn between it and the imposition of a formal borrowed system. The formal systems seem to work better in Western countries because they are modelled after their ideas and ideals. The African system of ubuntu and reconciliation and interdependence calls for a re-look at the structures used in Ghana and other African contexts. As suggested by Bowman (2003a, 2003b) the African context calls for a new way of adjudicating issues of domestic and gender-based violence. A parallel system of adjudication as occurs in Australia where case conferencing (a restorative justice process) is used as part of the formal court process would be a good example to emulate (Daly & Wade, 2017).

7.5.6 General implications of the study

The current study has implications for policy and reformation of the court's view and treatment of the victims of abuse. It also has implications for the application of clinical health practice in the Ghanaian courts. Anecdotal reports and personal encounters with the recently outgone Chief Justice (Sophia Akuffo, CJ) and some judges of the superior and lower courts suggest that they are more amenable to issues of mental health. Moreover, some current and former justices of the superior court (Justice Dotse²² and Justice Brobbey²³) have called for reformations in the criminal justice system and an overhaul of Ghanaian law to reflect current

²² In the May 12, 2017 edition of the Ghanaian Times, Justice Dotse, a Justice of the Supreme Court, called for the revision of Ghana's criminal justice laws.

²³ Speaking at the 2017 Martyrs' Day lecture organized by the Ghana Bar Association, on the 29th of June, 2017, Justice Brobbey, a retired justice of the Supreme Court, advocated for the law to change in order to follow changes in society. The topic for discussion was "Is the law driving society or society is driving the law?"

societal conditions. This is therefore an opportune time for research to back the call for more victim-centred court processes. This research offers one such approach.

In a message released by the UN Under-Secretary General for the 2018 16 days of activism against gender-based violence, she wrote:

“This year’s [2018] United Nations theme for the International Day for the Elimination of Violence against Women is “*Orange the World: #HearMeToo*”. It aims to honour and further amplify voices, whether a housewife at home, a schoolgirl abused by her teacher, an office secretary, a sportswoman, or a boy who is an intern in a business, bringing them together across locations and sectors in a global movement of solidarity. It is a call to listen to and believe survivors, to end the culture of silencing and to put the survivors at the centre of the response. The focus must change from questioning the credibility of the victim, to pursuing the accountability of the perpetrator”. (UN Women, Thursday November, 15, 2018 <http://www.unwomen.org/en/news/stories/2018/11/statement-ed-phumzile-mlambo-ngcuka-international-day-for-the-elimination-of-violence-against-women> retrieved on 3rd December, 2018).

The current study helps to achieve this goal by studying the experiences of victims and their caregivers with the goal of improving access for them. In this way it will help ensure that perpetrators are brought to justice.

7.6 Contribution of the study to Psychology

The current study has made some modest contributions to theory and to methods.

The study has contributed to our understanding of victim and caregiver psychological experiences as they engage the justice process in a resource-deprived environment. The findings suggest that the relevance of connecting the individual psychological experience to the immediate and wider environment within which the individual is found.

This study also shows that at the “structural level of the ecological framework, an inclusion can be made for the psychological experiences of the professionals who work with victims and their caregivers. Other studies using the psycho social ecological framework have only looked at the framework from the perspective of the victim without also focusing on the emotional experiences of the professionals who engage with them (cf. Campbell et al., 2009; Heise, 1998).

Some contributions were also made to the methods used. This study used the phenomenological paradigm after the Husserlian approach which emphasises the interpretative over the descriptive aspects of experience. IPA is a method used for analysing such data. Using computer-assisted coding to derive the codes and keep track of them for frequency etc. How does my work deviate from IPA? In working with children with a traumatic past, their responses and reflections are hesitant and not as forthcoming as with adults who are better able to reflect and so the number of minutes required for an interview reduced. Again, in IPA they suggest that interpretation be made within the context of the text. The context is narrowly defined to mean the linguistic and conceptual context but I am widening the context to the inter subject, social and global context. There is also an influence of the legal literature. This drives me back to the issue of critical phenomenology which engages systems in relation to the individual experience. It suggests that the Heideggerian approach which allows for a more contextual explanation of words provides a better way of analysing data in a contextual manner.

7.7 Limitations

Although this study has made some significant findings, it had some limitations as well. First, as a wholly qualitative study, the ability to generalise the findings to other areas is limited. However, qualitative studies aim at depth and not breadth. Again, key informants in the educational space were not interviewed for their views on CSA. Although this would have been good due to the educational levels of the victims studied, the main focus of the study was the courts and not necessarily the educational sector. Other studies have looked at that in Ghana, although from a feminist perspective (cf. Alolo, 2016).

The study did not use a standardised method to assess the level of post-traumatic stress experienced by the victims and their caregivers. Their psychological distress could however be inferred from the responses. The victims could not be followed over time to understand the impact of the abuse after the court process or after a period of time. Other studies may focus on their wellbeing over time in longitudinal qualitative studies.

7.8 Recommendations for future research

There is a dearth of research into the experiences of victims and caregivers who do not pursue the court process. This study has made some initial findings on this neglected population. It would be important for future studies to delve further into their experiences.

This study has also found some resilience exhibited by caregivers who pursue the court process in spite of their social and economic challenges (e.g. low income and low education). To pursue further investigations into this phenomenon, future studies should focus more on these strengths. Support for caregivers and psychotherapy for caregivers should also focus on increasing these strengths for those who seek to pursue the court process.

This study also found that caregivers do not use the courts due to several reasons and some succumb to pressure from the community to show empathy to the perpetrators. Future research may study this phenomenon further. This pressure to show empathy and to settle at home may be serving a justice need for the victims and their caregivers as an ‘under the radar’ Restorative Justice process (O’Nolan et al., 2018). The use of this process would be termed as an *extra-legal* method of legal mobilisation since it is not sanctioned by the law. However, the persistent use of this process suggests a behavioural direction in caregivers’ search for justice and this should be investigated further.

7.9 Conclusion

Studies on child sexual abuse and their experiences in court have been mostly conducted in Western industrialised countries with focus on the views of caregivers and key informants. Very few studies have looked at the victim experiences using qualitative methods. There is also a dearth of studies that look at victims and caregivers who do not use the formal court processes. The current study therefore used an interpretivist phenomenological approach to explore how victims of sexual abuse and their caregivers experienced either the court or non-court processes of adjudication in Ghana. The psycho-social ecological framework was adapted with theories of legal mobilisation and social justice to understand the multi-faceted layers by which the phenomenon of the abuse and the justice process were experienced. For both victims and caregivers in either the court or non-court processes, the research sought to answer questions of the experience of the abuse, its disclosure, and how they coped. The experiences of key informants in their interactions with victims and caregivers were also explored.

The study made four main findings as follows:

Although the psychological and physical effects of abuse were experienced by both court and non-court victims, the non-court victims used more deadly methods of coping with the abuse (e.g. suicidal attempts);

The abuse was experienced physically by the victim but vicariously by the caregiver as not only a secondary victim but also a tertiary victim. This was because the caregivers experienced both the vicarious effects of the abuse and the direct effects of interacting with professionals.

The caregiver was found to be the fulcrum of any process of justice. This was so because of the lack of a coordinated child protection system.

The current study has made initial findings regarding the processes used by caregivers in deciding whether or not to go to court. Whereas other studies have found social and economic factors as influencing their decision, the current study has also found that the psychological need for retribution also influences their decision to go to court. This need for retribution also serves as a strength that maintains their commitment to the court process in spite of the challenges they face.

The study used two main innovative steps in the methods used.

Multiple qualitative methods were used to investigate the phenomenon of victims and caregivers in the court process. This use of methods is innovative in studies that have investigated victims of child sexual abuse in the court process.

In its use of IPA as a method of analysis, the current study expanded on the use of context in analysing the textual data. Whereas for IPA the context is limited to the literary context of the text being analysed, the current study broadened context to include the social,

legal and economic contexts within which the statements were being made. This was because the psycho social ecological paradigm was being used which suggests that intra-subjective experiences are influenced by immediate (family-related issues) as well as distant environmental factors (social and structural issues).

In conclusion, the psychological needs of victims and their caregivers are heightened by social and structural factors. Socially, there is a resistance when CSA is reported, thus increasing the distress caregivers experience in whether or not to pursue the formal legal process. Victims experience distress because of the societal emphasis on chastity and virginity. Structurally, in the context of a developing country, the social systems required for care and support for the victims and their caregivers are uncoordinated thus increasing dependence on the caregivers to shoulder the burden of going through the court process. This serves to deepen their stress. This stress is observed by the victims who then feel responsible for the costs incurred by their parents on their behalf. This lack of coordination and support also increases the likelihood of caregivers to resort to non-court processes, which may be viewed as extra-legal processes.

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Statutes referred to

Children’s Act, 1998 (Act 560) (as amended)

Courts Act, 1993 (Act 459)

Criminal and Other Offences Act, 1960 (Act 29),

Criminal and Other Offences (Procedure) Act, 1960, (Act 30)

Domestic Violence Act, 2007 (Act 732)

Evidence Act, 1972 (Act 323)

Juvenile Justice Act, 2003 (Act 653)

Policies referred to

Child and Family Welfare policy,

Ghana National Social Protection Policy

Justice for Children policy

APPENDICES

Appendix 1A—Ethical Approval



UNIVERSITY OF GHANA

ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No.

1st November, 2017

Ms. Charlotte O. Kwakye-Nuako
Department of Psychology
University of Ghana
Legon

Dear Ms. Kwakye-Nuako,

ECH 051/17-18: THE PROCESS OF JUSTICE AND ITS INFLUENCE ON THE PSYCHOLOGICAL OUTCOMES OF YOUNG VICTIMS OF SEXUAL VIOLENCE

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date:	31/10/18
On Agenda for:	Initial Submission
Date of Submission:	18/09/17
ECH Action:	Approved
Reporting:	Bi-Annually



Please accept my congratulations.

Yours Sincerely,

Rev. Prof. J. O. Y. Mante
ECH Chair

CC: Dr. Maxwell Asumeng, Department of Psychology, University of Ghana.

Appendix 1B—Approval to extend ethical clearance



UNIVERSITY OF GHANA
ETHICS COMMITTEE FOR THE HUMANITIES (ECH)
P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No.....

5th April, 2019

Ms Charlotte Omane Kwakye-Nuako
Department of Psychology
University of Ghana
Legon

Dear Ms. Kwakye-Nuako,

ECH 051/17-18: THE PROCESS OF JUSTICE AND ITS INFLUENCE ON THE PSYCHOLOGICAL OUTCOMES OF YOUNG VICTIMS OF SEXUAL VIOLENCE.

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date:	05/04/20
On Agenda for:	Renewal
Date of Submission:	10/12/18
ECH Action:	Approved
Reporting:	Bi-Annually



Please accept my congratulations.

Yours Sincerely,

Prof. C. Charles Mate-Kole.
ECH Vice Chair

Cc: Dr. Maxwell Asumeng, Department of Psychology, University of Ghana.

Tel: +233-303933866

Email: ech@ug.edu.gh

Appendix 2—Assent form for victims

PARTICIPANT INFORMATION LEAFLET AND ASSENT FORM FOR CHILDREN AGED 9- 15 YEARS.

TITLE OF THE RESEARCH PROJECT: The process of justice and its influence on the psychological outcomes of young victims of sexual violence.

RESEARCHER’S NAME: CHARLOTTE O. KWAKYE-NUAKO

ADDRESS: Department of Psychology

University of Ghana

P. O. Box LG 84

Legon, Accra.

CONTACT NUMBER:+233 244826472

What is RESEARCH?

Research is something we do to find new knowledge about the way things (and people) work. We use research projects or studies to help us find out more about people’s experiences and how they feel. Research also helps us to find better ways of helping children who have problems.

What is this research project all about? This study is about how persons who have been sexually abused experience the process of justice, whether they have reported or not reported it to the police. Interviews will be conducted. Interviews will be conducted and they are expected to last between 45 minutes to an hour. Breaks will be given within this time if it is requested for by the participant.

Why have I been invited to take part in this research project?

You have been invited to take part in this project because someone did something to you that was very bad. We will like to ask you about it and find ways to help you deal with it better.

Who is doing the research?

I am a Phd candidate at the Department of Psychology, University of Ghana, Legon and I am doing this study to find out how you see the court system and how it has progressed so far. It will help us to know more about how those who are sexually abused are treated by the courts or other persons who try to settle the matter. This will help us know how you feel about them and what can be done to help improve on the system. I am also doing this research so that I can publish the results in my thesis and in journals.

What will happen to me in this study?

If you agree to take part in this study, you will be asked to answer specific questions that I have for you on what happened to you and how you feel about the court or out of court processes used for addressing the problem. The interview will take about 45 minutes to one hour, but you can always ask for time to do other things if you have to.

Can anything bad happen to me?

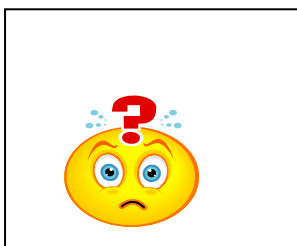
We do not expect anything bad to happen to you for taking part in the study. But for some children answering questions about themselves and how they feel might be difficult for them. This might make them feel uneasy or unhappy. During the study, you might remember some past things about yourself that might make you feel uneasy or unhappy. If as a result of taking part in this study you feel uneasy at any time during or after the study, you should tell your parents so that you can be helped. I also have the phone numbers of some counsellors who will be ready to speak to you when you call them.

Can anything good happen to me?

You may not directly benefit from taking part in this study. On the other hand, the information that you provide will help us to know more about the lives of young people who have been sexually abused and how they feel about the court/mediation processes they are taken through. To show how thankful we are if you take part in this study, you will be given a small token and some call cards to help you call the counsellor if you need to talk.

Will anyone know I am in the study?

The information you provide will be used to write a thesis and possible research papers that will be sent to other researchers and supervisors. If you decide to be part of the study, nobody will know what you say or do in the research. Except for the researcher(s) and research assistants who will have access to your information, no other person will know who you are. We will also not include who you are when we present the result of the research.



Who can I talk to about the study?

You can ask me any questions you have about the study now or any other time. My phone number is 0244826472 and my email address is ckwakyenuako@gmail.com.

Also if you have any problem because you took part in the study, we have made arrangement to take you to a place so that you can talk to someone who helps children who feel uneasy or unhappy feel better.

What if I do not want to do this?

If you do not want to take part in this research, you do not have to and no one will be angry with you. You can even decide not to take part in this research when your sponsor or guardian agrees that you take part. You can also pull out of the study at any time that you want to and no one will be angry with you or do anything to you.

Do you understand this research study and are you willing to take part in it?	YYes	NNo
---	------	-----

Has the researcher answered all your questions?	YYes	NNo
---	------	-----

Do you understand that you can pull out of the study at any time?	YYes	NNo
---	------	-----

Signature/Mark of Child

Date

Signature/Mark of Consenting parent

Date

Appendix 3—Consent form for caregivers and key informants

UNIVERSITY OF GHANA



Ethics Committee for Humanities (ECH)

Official Use only
Protocol number

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	The process of justice and its influence on the psychological outcomes of young victims of sexual violence.
Principal Investigator:	CHARLOTTE O. KWAKYE-NUAKO (10097639)
Certified Protocol Number	ECH 051 17-18

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

This study is about how persons who have been sexually abused experience the process of justice, whether they have reported or not reported it to the police. Interviews will be conducted. Interviews will be conducted and they are expected to last between 45 minutes to an hour. Breaks will be given within this time if it is requested for by the participant.

Benefits/Risk of the study

There are no anticipated risks involved in this study except that you will be asked to remember an incident relating to sexual abuse which may be emotionally disturbing for you. You will be given an opportunity to speak to a counsellor if you so desire. There will be no remuneration for being part of this interview, however, an amount of GHC 20.00 may be given for

transportation cost. An additional call card worth GHC 5.00 will be given to enable you make calls to a counsellor where needed.

Confidentiality

Information given to the researcher will be kept in a way so as not to disclose the identity of the participant. No names will be requested. Again, transcription will be done by the researcher alone. Only authorized persons will be allowed to read the transcript and even where there is the need to show the transcribed material to others, names and other identifying information will be taken off. As a participant in this study, you will be given an opportunity to review the transcript of your interview if you wish to and at anytime during this research, you may decide to withdraw your participation. You may leave your phone number and/or email address on the consent form so we may be able to get in touch with you for this purpose.

Compensation

There will be no compensation for being a part of this study. However, free counseling services will be available for all participants who require the services of a counsellor.

For participants who will need to travel to the site of the interview or counseling, an amount of GHC 20 will be given to you after the interview.

Withdrawal from Study

Your participation in this study is voluntary. You may withdraw from the study at any time. You will not be penalized or in any way affected if you decide to do so. If there are any changes in the study you or your legal representative will be given prior information. You may however, have to alert the researcher on your decision to stop participating in the research.

Contact for Additional Information

If you have any questions regarding this research, you may contact Charlotte O. Kwakye-Nuako at the Department of Psychology, University of Ghana, Legon or call her on 0244 826472, You may also send her an email at this address: ckwakyenuako@gmail.com. If you have any injuries occasioned by this research you may also reach her supervisor Dr Maxwell Asumeng at the Department of Psychology, University of Ghana, Legon (Tel: +233 248674405; Email: maxysumeng@gmail.com). If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@isser.edu.gh / ech@ug.edu.gh or 00233-303-933-866.

Section	C-VOLUNTEER
AGREEMENT	

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

Name of Volunteer

Signature or mark of volunteer

Date

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Name of witness

Signature of witness

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name of Person who Obtained Consent

Signature of Person Who Obtained Consent

Date

Appendix 4A—Interview guide for victims

I am investigating what your experiences were after an incident that happened to you. We will be talking for about 45 minutes to 1 hour. Please read the document provided which will be used to show that you agreed to talk to me about what happened to you. Let me know if you have any questions before we start.

Demographics

Age

Gender

highest educational level,

current living arrangements (with parents, guardians; probe for relationship with person living with)

parental status (married, divorced)

Antecedents to sexual abuse

Incident description

What happened to you? (probe for a sole event or multiple events)

When did it happen? (date, time of day, place)

What did you do after it happened (probe for initial informants and how guardians/parents got to know about the abuse)

Name of perpetrator (description) and relationship to the perpetrator (if any)

Relationship with perpetrator prior to the abuse

Relationship with the perpetrator after the abuse

Psychological experiences

How did you feel after the incident? (probe for stigma -thoughts that everyone knows and feels sorry for them, feeling dirty), emotions (feelings of sadness and anxiety), feelings of revenge and self-blame)

Somatisation (bodily pain/sensations) ,

Probe for forgiveness and feelings of revenge

Physical hurt

Did you experience any physical injury after the incident? (probe for part of body and degree)

Behaviour immediately after abuse

What did you do after the incident (further probes where there were multiple incidents)

Person(s) reported to if at all (probe for what instigated reporting; probe for time lapse between time of incident and time of report); ask reason for eventual reporting where there was a time lapse

Have you been abused before (other than sexually)? (emotional, physical, psychological)

Reaction of parent/caregiver

How did your parents/guardians respond to the incident?

Do you harbour any negative/positive emotions towards parents/guardians and other persons because of their response to what happened to you?

Legal Adjudication process

Who reported the matter to the police?

How was your encounter at the police station (describe reception and time spent there)

What did you expect from the police once you reported? What was done once you reported?

What was the process with the police after reporting? (investigation process)

Court process

How long did it take between the time you reported to the police and the time you started the court process?

What do (did) you expect from the court process? (probe for revenge intentions, incarceration for perpetrator)

How was (has been) your experience of the court process? (probe for time issues, voice, belief of testimony)

What was the role of your parents/guardians during the court process?

Role of other actors

How were they treated by the following persons?

Legal process: judges, police prosecution, police DOVVSU, social welfare officer

Outcome of adjudication

Overall, how did you see the whole court process?

Were you satisfied with the outcome? (probe for incarceration or acquittal of perpetrator)

Did you get what you wanted from the process?

What could have been done differently?

Will you recommend the court process to any other person/victim?

Non-legal process

Adjudication process

Did you report to anyone after the incident?

Who did you report to?

What happened after that?

Non-legal Adjudication process

How long did it take between the time you reported and the time you/your parents sat down to talk about it?

What do (did) you expect from the adjudication process? (probe for revenge intentions, incarceration for perpetrator)

How was (has been) your experience of the process? (probe for voice, belief of testimony)

What was the role of your parents/guardians during the process?

What happened during the process?

What happened to you after the process? (compensation, reprimand?)

Role of other actors

Which people were present during the adjudication?

How were they treated by the following persons?

(parents (father, mother)/guardians,

adjudicator/arbitrator,

other persons present

Outcome of adjudication

Overall, how did you see the whole process?

Were you satisfied with the outcome? (probe for 'sanctions' imposed on perpetrator)

What did you want from the process?

Did you get what you wanted from the process?

What could have been done differently?

Will you recommend the court process to any other person/victim?

Appendix 4B—Interview guide for key informants

- a. General background
 - b. Age
 - c. Sex
 - d. educational background
 - e. Role and position
 - f. Length of work/years of experience (judge, prosecutor, traditional adjudicator)
 - g. What is your training in adjudication/prosecution?
 - h. What processes do you take the victims through? What happens during an adjudication process? (thorough description of the process)
2. From your experience, are you aware of any challenges that they face in seeking this process of adjudication? (probe for delays, rent-seeking-people taking money from them before helping them, economic factors-lack of money and other resources)
 - a. What are the particular advantages they have when they use this process?
 - b. Role of children in the process/who takes the most prominence in the process
3. What specific things are done to support them (probe for re-traumatizing experiences, blaming and fault-finding)
 - a. Any particular concerns where children are involved?
 - b. Trends and attrition
 - c. Least age of child
 - d. How many people do you see? and are there peak periods? How many people drop out?
 - e. Have you found any particular trends in how victims use the system?
 - f. Periods of intensity
 - g. Age range
 - h. SES, status of victims
 - i. In your view, what are the roles of their guardians and family members (probe for complainants and their roles)
 - j. Which process works best for them? The court process or the home settlement?

Appendix 4C—Interview guide for caregivers (parents and guardians of the victim)

1. Introduction and signing of consent form
2. Demographics
3. Age, gender, occupation, educational level
4. Relationship to victim
5. Who is the perpetrator (age, educational background, living arrangements (e.g. compound house, other house etc), relationship to perpetrator)
6. Discovery of abuse
7. How the abuse was discovered
8. What were some of the thoughts that run through your head when you learnt about the incident? (probe for emotions (how did you feel?) and actions (what did you do?))
9. Treatment of victim after discovery—what the caregiver did to/for the victim after discovering the abuse
10. Process of adjudication
11. Reason(s) for selecting the particular process (home settlement or court process)
12. Advantages of this process
13. Challenges faced with the process
14. Key members in the process and their treatment of complainant e.g. Police, queenmother/adjudicator/mediator
15. Magistrates

16. prosecutors

17. Expectations from the process

- a. What do you expect from the process?
- b. What do you want to happen to the perpetrator?
- c. What do you want to be done for your child/victim?
- d. Have/are these expectations being/been met?
- e. What do you need from this process? (for self/family/victim)?
- f. How do you think the process can be improved upon?
- g. How do you feel about the process? Were your expectations met?
- h. How can the process be improved upon?

18. Appreciation for time

Appendix 4D—Short survey for schools

Please write your first name in pencil here _____

Age: _____

Class: _____

What is the name of your school? _____

Who do you live with? _____

How many people live in your house? _____

Indicate by ticking, if any of these things have happened to you before:

	Yes	No
someone said something about your breasts or buttocks that you didn't like	[]	[]
someone touched your breast, vagina or buttocks that you didn't like	[]	[]
someone inserted his/her fingers into your vagina	[]	[]
someone put his penis into your vagina or anus	[]	[]

If you ticked 'yes' to any of the questions in No. 6, please answer the following:

Did you tell anyone about what happened? [Y] [N]

Who did you tell? _____

What did the person do about it? _____

Will you like to speak to someone about it now? [Y] [N]

Appendix 5—Interview guide in Twi

Interview guide translated into Twi

Nkekaho1: Nkɔmmɔbɔ a ɛfa nnipa bi a wɔwɔ ɔhaw bi mu a wɔretoto wɔn ano ho.

Mereye nhwehwɛmu efa wo suahunu a monyaae wɔ meere a asem yi too wo no ho. yen noɔmmɔdie no bɛdi beye simma aduanan-num (45 minutes) kɔpem dɔnhwere baako. mesre wo se, kenkan nwoma a ɛda w;anim no na te biribiara ase yie. Na gy tom se wɔwɔ asem a ɛkyere w'adwene a ma menhununu ansa na yɛahye nkɔmmɔtwetwe no ase.

Nhwehwɛmu a ɛfa ɔman mu nnia dodoɔ ho nkontabuo.

- mfee
- bɔbea (se ɔyee ɔbaa anaa barima)
- dea ne nwomasua kɔduru
- Faako a ɔte. (Se ɔne n'awofoɔ anaa ahwesofoɔ na etee' bias abusuaboo a ɛda wɔn natam)
- N'wofoɔ no tebea (se wɔda so wae annase wɔagyae awaree)
- se obi ahye no ne no ada pen

Nkyerɛhyerɛmu a ɛwɔ asem no mu (Incident description)

- Ɛdeen na etoo wo? (Bisa mu yie, se at no preko pe anaa dee eboro saa)
- mmerɛ ben na asem no siie? (Eda, bere, beaee ben na esiie)
- Asem no siie no, wo yee deen?(eyee deen na w'awofo) ne awhesofo) no tee saa asem yi)
- Onipa a ɔdii abonefosem ne ayɔnkofa a ɛda mo ntam)
- Kyerɛ ayonkofa a na ewɔ mo ntam ansa na saa amumuyɔsem yi rebesi
- Asem yi akyi no, kyere ayonkofa a ɛbeɛdaa mo natam.

Osuhunu a ɛwɔadwene mu (Psychological experiences)

- Ɛdeen na wo ho yee wo wɔasem yi akyi? (kyerɛkyere *animguasee* a etoo wo a ɛma wodwene se obiara ate asem no, na eyee wɔn yaw maa wo se obi de efi aka wo); *Atɛnka* (dadwene ne awerehoɔ a ɛbetoo woso). Afei, wo dwene mpo da se wobeto obonefoɔ no so were anaa wode soboo bɔɔ wo ho?
- Kyerɛkyere homan yaw a wokɔɔ mu.
- Ye nhwehwɛmu se wode ne bɔne bekye no a worentɔ no so were.
 - Dee wokɔɔ mu wɔ ɔbaa ne barima nkitahodie no akyi, osuhunu a woanya. Se ebia; ɔne wo daee, mpen dodoɔ a saa adee no kɔɔ so. Afei, abɔfra no de ne ho hyee mu anaa.
 - Aniwuo: Mpen dodoɔ a ɛkɔɔ so, mfee a abɔfra no adi, nnipa dodoɔ a wɔnim asem a asi yi, sedee wode soboo no bɔɔ abɔfra no se ɔno ara na ɔmaa no siie.

- c. Akyipafoɔ: nokorɛ a wonim fa onipa a ne ho akyere no no ne deɛ wafom no no natam; ɔkwan a deɛ wafom no de onipa a ne ho akyere no no faa so ne mmoa a deɛ ne ho akyere no no anya afiri n'abusuafoɔ ho.
- d. Obi a ɔnni tumi: Ɔhyɛ wo na ɔne wo daɛɛ, mpen dodoɔ, mmere a esiɛ ansa na biribiara reba awieɛɛ.

Honam ani pira

Wopirae wɔ ase no akyi? (Kyerɛ wo honam baabi pɔtee a wopiraeɛ ene sɛdeɛ esi tee).

Woyɛɛ deɛn ɔyaw no akyi

- a. Asem no akyi no, woyɛɛ deɛn? (Bisa sɛ esi mpen dodoɔ sen).
- b. Nnipa korɔ a wokyerɛm kyere wɔn (Kyerɛdeɛ emaa wokaa asem no, mmere a esiɛ ne bere pɔtee a wokaɛɛ); Bisa senti a mmere sɛn ye ansa wokɔkaɛɛ.
- c. Obi ahyɛ wo anieɛ yaw pen? (adwenem, honam mu, nneyɛɛ mu)

Deɛ awofɔɔ ne ahwɛsofoɔ no yɔɛɛ

- a. Deɛn na w'a wofɔɔ ne ahwɛsofoɔ no yɔɛɛ wɔ mmere asem no siɛ no?
- b. Esiane mmuaɛɛ a wɔka faa asem a ato wo no ho nit, woanya adwemmɔne/adwene pa bi ama wɔn (w'awofɔɔ/ahwɛsofoɔ ne afɔforɔ)

Atɛmmuo a ɛfa mmara kwan so (Legal adjudication process)

- a. Hwan na ɔkɔkaa asem no kyereɛ apolisifoɔ?
- b. Sɛn na nkitahodie a wo ne apolisifoɔ no diɛ wɔ wɔn asoɛɛ ho no kɔsiɛ? (kyerɛkyerɛ ɛkwan a wɔfaa so gyee wo ne mmere dodoɔ a wodii no wɔ ho nyinaa mu)
- c. Ɛdeɛn na na wope sɛ apolisifoɔ no yɛ fa asem a ato wo no ho wɔ bere a wokɔyii wɔn asotire no?
- d. Wokɔka kyereɛ wɔn no, nhweheemu bɛn na wɔayɛ afa asem no ho? (ɔkwan a wɔfa so yɛ nhwehwɛmu).

Deɛ ɛkɔ so wɔ asɛnnibea

- a. Wokɔkaa asem no kyereɛ apolisifoɔ no ɛdii mmere anaa nna sɛn ansa na wɔreheɛ afiri asɛnnie no ase?
- b. Deɛn na wɔrehwehwɛ sɛ wobɛnya afii asɛnnie no mu? (kyerɛkyerɛmu, sɛ wɔmfa onipa a w'afom no nɔto afiasɛ anaa wɔmma no asotwo a emy yɛ den)
- c. Suahunɛ bɛn na wonaa no wɔ asɛnnie no mu? (kyerɛkyerɛmu fann fa mmere, enne, na ma adansɛdie tiawa bi fa ho)
- d. Mmere a na asɛnnie no rekɔ so no, ɛdeɛn na w'awofɔɔ/w'ahwɛsofoɔ no yɔɛɛ?

Ayekyerɛfoɔ dwumadie

- a. Sen na nnipa a edidi so yi ho si yee wɔn?
- b. Mmara dwumadie: atemmuafoɔ, polisini a ɔyi aten, apolisifoɔ a w-hwe mmaa ne mmɔfra yiedie so, ɔpanin a ɔhwe nnipa yiedie so, ɔpanin a ɔhwe nnipa yiedie so.

Mmuaee a efiri atemmuo no mu baeɛ

- a. Ne nyinaa mu no, sen na wosi huni asennie no?
- b. W'ani asɔ mmuaee a efiri asennie no mu baeɛ no ho? (kyerɛkyeremu se wɔmfa onia a wafom no nkɔto afiese anaa wɔnnayae no)
- c. Woanyaa deɛ na worehwehwee afiri asennie no mu?
- d. Edeɛn na anka ese se wɔye no sononko?
- e. Wobɛkamfo asennie a ekɔ so wɔ mmra kwan so ama boi foforo?

Asennie a ɛmfa mmara kwan so

Okwan a wɔfa so bu aten no

- a. Asem no siie no woka kyeree obi?
- b. Hwan na woka kyeree no?
- c. Wokaa asem no wieee no, edeen na esiiee?
- d. Sedee wɔdi asennie a ɛmfa mmara kwan so no.
- e. Asem no siie no edii mmere anaa nna sen ansa no worek akyere obi/so w'awofoɔ tenaa asem no so se woreka ho asem?
- f. Edeɛn na wosusu se emfiri atemmuo no mu mmra? (kyerɛkyeremu se mɔmfa nipa a wafom no nkɔto afiase annasee wɔmma no astotwe a emu yeden)
- g. Suahunu ben na woanya afa asennie no ho?(ye nhwehemu fa enne, adansedie a efa gydie ho)
- h. Mmere a na asennie no rekɔso no, edeen na wofɔɔ/ahwesofɔɔ no yɔee?
- i. Edeɛn na esiie mmere a na asennie no rekɔ so no?
- j. Asennie no akyi no, edeen na etoo wo? (Wɔmaa wo mpata anaa wɔkaa w'anim)

Ayekyerɛfoɔ dwumadie

- a. Mmere a atemmuo no rekɔ so no, ehɛfoɔ na na wɔwo hoɔ?
- b. Sen na nnipa a edidi soɔ yi yee wɔn ho? (Asofoɔ—Papa, maame--, atemmuafoɔ/asenniefɔɔ ne nnipa a na wɔwo ho).

Deɛ efiri atemmuo no mu baeɛ

- a. Ne nyinaa mu no, sen na wosi hunuu asennie no?
- b. W'ani gyee mmuaee a efiri asennie no mu baeɛ no ho? (Ye nhwehwemu fa asotwe a wɔde maa onipa a w'afom no ho)
- c. Edeɛn na na worehwehe afir asennie no mu?

- d. Wonyaa mmuaee a na worehwehwe afiri asennie no mu?
- e. Adeɛ foforo ben na anka eses se woye?
- f. Wobekamfo asennie a ekoo so no ama nipa foforo/nipa a ya to no monaa?

Nkekaho 2: Nkɔmmɔɔ ho akwankyerɛ a ɛfa atenkakyerɛfoɔ ho

Ne nyinaa abɔsee

- a. Mfee a w'adi
- b. Ne bɔbea (se ɔye ɔbaa anaa barima)
- c. Dee ne nwomasua koduru
- d. Nipa koro a ɔye ne ne dibe
- e. Ne nsem no dodoo/mfee dodoo a ɔnyaa ne suahunu no se (ɔtenmmuafoɔ, aenyifoɔ, obi a ɔbu aten ɔ amammere kwan so)
- f. Adesua a woanya afa atemmuo/atenyie no ho.

Okwan a wɔfa so

- a. Edeen na esi ɔ bere a atemmuo no rekoo so?
- b. Efiri wo suahunu mu no, wonim se akwansidee pii ɔ ho ma won a worehwehwe okwan pa a wɔfa so bu aten no? (Ye nhew hwemu fa here a wɔkye ansa na wɔabu aten no ho, too a wɔtua, sikasem ho nyehyee).
- c. Se wɔfa saa okwan yi so a mfasoɔ pɔtee ben na wobɛnya?

Dwuma ben na mmɔfra ye ɔ sa okwan yi so/hwan na ɔdi mu kunini ɔ saa okwan yi

so?

- a. Nnooma pɔtee ben na woye de boa won? (Ye nhwehemu fa suahunu a wonya fa ahohyere tebea a woko mu no ho ne soboo a wode bo afoforo)
- b. Biribi pɔtee bi womu a ɛfa mmɔfra ho?
- c. Abɔfra a ɔnyiniie koraa adi mfee sen?

Woanya okwan sononko bi a won a won ho akyere won no fa so di dwuma?

- a. Mmere no mu duru
- b. Sedee wɔahyehee won mfee no.
- c. Onia a ne ho akyere no no dibe
- d. ɔ w'adwene mu no, dwuma ben na abusuafoɔ ne ahesofoɔ no diie? (ye mpensempensemu fa nipa ɔkoo soboo no dwumadie ho).

Nkekaho 3: Nkɔmmɔɔ ho nhesoɔ a woye ma ahwesofoo

- a. Nnianimu ne ɔpenee ho nwoma a wɔatintim

- b. Hywehwemu a efa ɔman mu nnipa dodoɔ ho nkontabuo
- c. Mfee a w'adi, boɔɔ (se oye ɔbaa anaa brima), adwua a ɔye, sɛdɛɛ ne nwomanim kɔduru.
- d. Abusuabo a ɛda ɔne dɛɛ ne ho akɔ adwaa mu no ntam
- e. Hwan ne ɔɔneyefoɔ no? (mfee, ne nwomanim, sɛdɛɛ n'asetena mu si tee, abusuabo a ɛda ɔne onipa a ne ho akyerɛ no no natm)

Asem no so bue

- a. Sɛdɛɛ eyɔɔɛ a asem no bɛdaa adi
- b. Adwene bɛn na ɛbaa wotirim bere a wotee dɛɛ asi no? (Ye nhwehwemu fa n'atenka ne ne nneyɛɛ ho).
- c. Asem no bɛdaa adi no, ɔkwan a wɔfaa so saa no yareɛ

ɔkwan a atɛmmuafoɔ no faa so yɛɛ nhwehwemu

- a. Dɛɛ nti na wɔfaa saa kwan yi so
- b. Mfasoɔ a wɔyaaɛ wɔ saa ɔkwan yi so
- c. Bere a wɔreyɛ nhwehwemu no, akwansideɛ a wɔhyiaɛ
- d. ɔkwan a nnipa a wɔdi asem no mu akotene nam so boa onipa a asem ato no no.
 - a. Polisini
 - b. Atɛmmuafoɔ
 - c. Atɛnyifoɔ
 - d. ɔbaahemaa
 - e. Ntɛmgyinafoɔ
- e. Dɛɛ wopɛ se wonya firi ɔkwan a wɔfaa so yɛɛ nhwehwemu no mu.
- f. Wɔnyaa dɛɛ no wɔrepɛ no?
- g. Nee na wɔrepɛ afiri nhwehwemu yi mu? (n'ankasa/abusua/onipa a ne ho akyer no no).
- h. Meda wo ase wɔ mmere a wonya maa me.

Translation process:

ɔkwan a yɛfaa so yɛɛ dwumadie yi. Yɛye nnipa baanu, na yɛɛ dwumadie no. se baako kenkan no wɔ Borɔfo kasa mu a, na yɛakyerɛ aseɛ kɔ Twi kasa mu na baako atwerɛ agu krataa so. Esiane se na dwumadie no mu nsem no fa mmara ho nti na nsemfua no mu binom nteaseɛ no ye den enti yɛnyaa mmoa firii Twi Nsem Nkorenkore (Twi Dictionary) mu.

Appendix 6—Standards of methodological rigor and how they were achieved

Yardley (2000, 2017)		Smith, Flowers & Larkin (2013)	How it was achieved in my work
Method of validation	How to achieve it	Applying Yardley to IPA	
Sensitivity to context	Theoretical, relevant literature, empirical data; socio-cultural setting; participants' perspectives; ethical issues	Participant selection (homogeneity and appropriateness to answer question) Establishing rapport and conducting a good interview; Focused and immersed interpretation of interviews; Using emic quotes to justify interpretation; linking findings to existing literature	Up to date literature used A theoretical amalgamation of relevant theories to explain all the possible facets of the data obtained; A description of the research sites; Use of emic representations and quotes from participants to highlight their voices; The ethics of confidentiality and anonymity were quite important to this study. No names are used only codes. Research assistant

			made to destroy all audio after transcription; transcribed text safe-guarded with a password on an external drive.
Commitment and rigor	In-depth engagement with topic; Methodological competence/skill; thorough data collection; depth/breadth of analysis	Commitment: attention to the participant's comfort and interview; care in analysis Rigor: appropriateness of sample to answer question (homogeneity); quality of the interview; completeness of the analysis; through analysis and engagement with the literature; Attention to the idiographic experience; moving	Engagement with topic through thorough literature review; Studying of qualitative analysis methods; Data collection and segmentation done to the best of my ability; Analysis using IPA with interpretations based on two main legs—legal and psychological backgrounds; Reflexivity to show how my own experiences and training have influenced my interpretations.

		analysis from description to interpretation	
Transparency and coherence	Clarity & power of description/argument; transparent methods and data presentation; fit between theory and method reflexivity	Transparency: clear description of the process of the research; coherence and logical cohesion of the things and interpretations made; Coherence: fit between the study and the theory being used—bringing out the phenomenological and hermeneutic aspects of the data. A general showing of consistency with IPA theory	Outlined the process of sample selection and interview in procedure section of methods section; Use of thick description of study site and context of study; Interpretation of data to bring out phenomenological and hermeneutic components
Impact and importance	Theoretical (enriching understanding); socio-cultural;	The study should tell the reader something that is interesting and important	The relevance of my study is outlined in the introduction and literature

practical (for
community, policy
makers, health
workers)

review sections of my
work;

The implications and
relevance of the study are
outlined in the discussion
and conclusion sections of
the work. For instance, the
combination of the views
of the key informants and
the review of child
protection documents
show how the policies and
practice are disconnected.
This has implications for
policy reform and
implementation.

Audit trail

Verifying codes with
independent reviewers

Appendix 7—Table showing victim-caregiver dyads within the sample used

Table of dyads in the victim caregiver sample

	Accra--court							Accra—No court					Kumasi--court	Kumasi—No court	
Victims	1AC	2AC	3AC	4AC	6AC	8AC	9AC	6ANC	5AC	1ANC	2ANC	3ANC	7KC	4KNC	5KNC
Caregivers	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	N	N

Appendix 8--Comparison table for court and non-court victims on the various themes²⁴

	Something broken			Fixing their brokenness				Court is okay	Family unit and parental response				Perpetrators as predators			
	Broken dream	Emotional pain	Mind-body confusion	Active coping and agency	Non-active coping	Adult support	convection		unavailable parents	Shared weight	Belief	unbelief	Weak and isolated	Immobilisation and entrapment	Preying	Pre- and post-behaviours
Court		X	X	X	X	X		X		X	X		X	X	X	X
Non-court	X	X	X	X	X	X	X	N/A	X	X	X	X	X	X	X	X

²⁴ The table shows an aggregation of the responses of the victims. The ticks in the boxes under each superordinate theme are used to indicate the group that responded the most in that manner. They are by no means exact.

Appendix 9 –Reflexivity continued from 3.9

I have always been interested in women's rights and gender issues but I have avoided working in that area until now. My interest was aroused when I had a personal encounter sitting in a family mediation of a CSA. It made me wonder if the non-court process was not better in the long run compared to the court process. I therefore set out to investigate it. Throughout this journey, the emotional toll has been immense. Listening to the story of a 7-year old girl defiled by a 25-year old man has been one of the worst experiences of this journey. Her caregiver's recount of the physical damage it had done to her and his arduous journey through court (39 times in court) however, served as an indication of the strength of the human spirit.

My background in clinical psychology helped me to cope with these experiences and I also sought help by joining a 4-week mindfulness programme. My coping strategies were thought stopping, prayer, praise, persistence and parenting (T and 3 Ps). Thought stopping was for the intrusive thoughts about the abuse, prayer helped me to stay grounded and focused. It also provided me with an avenue to offset my emotional burden. Persistence was related to the common-sensical idea that I had to do what I had to do to complete my thesis. Parenting gave me an opportunity to extend myself and to re-focus on other people. Other ways of coping were the use of journalling, singing and ice cream. I wrote down my feelings during the reading of the transcripts as a way of bracketing them but the process was also therapeutic. Singing was also a form of thought stopping that I used to deal with the recurring thoughts. Buckets of ice cream were also at hand to help provide some sweetness.

A research assistant helped to conduct some of the interviews and as part of the process I asked for a detailed report of the process and her experiences. For one such interview she sent this:

“On the 3rd of October 2018, I called Caregiver7CA. I told her who I was, how I got her contact and the reasons behind why I called her. I asked her if it would be possible to

interview both her and her daughter on the 6th of October and she agreed ...Both interviews were very successful and very very very emotional. When it got to Caregiver7CA 's turn, for a moment, I was emotionally traumatized. I wished I could get up from my seat and run off. What I was hearing and the pictures I saw were too much for me at that time. Ei! I wondered, why will a man as wicked as he is be allowed to still walk free?" (Field notes, Research Assistant, 6th Oct. 2018).

She was clearly traumatized by this experience and so I arranged for her to see a Clinical Psychologist with training in trauma management and she reported back that she had found it helpful.

Advocacy and help for victims. For the victims and caregivers, apart from providing a list of counsellors they could call, I also followed up on specific cases where trauma was evident. I paid for psychotherapy and even provided money for transportation. Prior to the current study, the researcher was part of a group calling for an end to sexual abuse in schools. The findings from this study, although not directly likened to school based abuse, gives more impetus for continued advocacy on the need to stop CSA of all forms.

Appendix 10—List of counsellors and their contact details

Project title: The process of justice and its influence on the psychological outcomes of young victims of sexual abuse

Hello,

Thank you for taking time off to speak to me. As a trained Clinical psychologist, I am aware that after talking about a painful incident, you may experience some of the feelings you used to feel again. So this is to help you seek the help that you will need once this occurs. I am giving you a few telephone numbers that you can call. These persons are trained counsellors and they can help you to deal with the possible psychological problems that you might have.

Thank you

Charlotte (02448.....)

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