GIRL- CHILD SEXUAL ABUSE AS A PUBLIC HEALTH ISSUE IN ACCRA, GHANA

Mariama Ahmeda Mansaray

A thesis submitted in partial fulfillment of the Master's of Public Health, Health Studies Program,
Lakehead University

November 2008

Thesis Abstract

Girl-Child Sexual Abuse (CSA) constitutes an alarming social phenomenon. Heavily influenced by social and cultural factors, CSA is understood and dealt with differently by different societies. Ultimately, survivors are left to bear the indelible consequences of the abuse. The impact of this traumatic experience on their health and subsequent quality of life is well documented. These health effects range from the immediate physical scars to long-term psychosocial, emotional and physical problems (Finkelhor, 1993). Unfortunately, the dearth of research seeking to illuminate the socio-cultural context within which CSA flourishes, has led to the creation of CSA prevention and response systems that are inadequate and ineffective in many parts of the world. In Ghana, recent statistics indicate 1 in 3 young women in Ghana experience CSA before the age of 18 (Appiah & Cusack, 1999). This constitutes an urgent public health concern, and it is for this reason this study was conceived. Using semi-structured interviews with 10 survivors and 16 key informants in Accra, this study sought to document the current understanding of CSA in Ghana, the perceived reasons for its occurrence and to make recommendations on how to deal with its root causes and its effects on the society.

I argue that an analysis of cultural key elaborating scenarios (Ortner, 1975) expressed through the Ghanaian concepts of "defilement" and "respect" illuminates societal rituals creating girl-children's vulnerability to CSA. Societal norms constituting these scenarios include: the continuance of a patriarchal tradition that overlooks men's aberrant sexual behavior; children's strong socialization to deference to adult instruction; easy access on the part of potential perpetrators girl-children due to girls' socialized role as helper in the home; historic cultural rituals that emphasize female virginity at marriage as essential to family dignity; and, sexual inhibition emphasized for women. Altogether, these societal norms create an environment where the girl-child is extremely vulnerable to CSA and, subsequent to the abuse re-victimized by the stigma attached to her as the one who has brought disgrace on her family by virtue of her defloration outside of marriage. Additionally, the key metaphor of "worry" used by study participants in relation to the health effects of CSA illuminates the perceptions surrounding the depth of the effects of CSA on the survivor. Both survivors and key informants in the study recommended a re-examination of the socialization process that creates these key scenarios and the re-structuring of a response system centered around the survivors' dignity and healing.

TABLE OF CONTENTS

Acknowledgements ... vi

1 INTRODUCTION 1

1.1 Ghana's Progressive Record on Human Rights ... 3
1.2 Breaking Open the Box: Applying a Public Health Perspective to a Social Issue ... 5

2 LITERATURE REVIEW 8

2.1 Prevalence of Child Sexual Abuse: The "Developed World" Context ... 8
2.2 Prevalence of Child Sexual Abuse: The Sub-Saharan African Context ... 9
2.3 Theoretical Understandings of Child Sexual Abuse ... 10
2.3.1 Feminist Perspectives ... 10
2.3.2 A Cultural Perspective ... 12
2.4 Gender-based Violence in Ghana: a Piece of the Sub-Saharan Puzzle ... 17
2.4.1 Ghana, the People ... 17
2.4.2 Perception of Women and Their Societal Role in Ghana ... 18
2.4.3 Socialization of the Girl Child ... 20
2.4.4 Culturally Sanctioned Practices of Violence Towards Women ... 21
2.4.4.1 Physical Abuse ... 21
2.4.4.2 "Witchcraft" ... 22
2.4.4.3 Further Examples ... 23
2.4.5 Child Sexual Abuse In Ghana ... 23
2.4.6 Women's' Perceptions of Their Health and Healing ... 26
2.4.6.1 Health Determinants ... 26
2.4.6.2 Traditional Medicine ... 27
2.5 Impact Of Child Sexual Abuse On Health ... 28
2.5.1 Physical and Psychological Scars ... 28
2.5.2 Increased Risky Sexual Behaviour ... 29
2.6 Link Between Sexual Abuse and HIV/AIDS ... 30
2.6.1 The Abuse HIV/AIDS Connection ... 30
2.6.2 HIV/AIDS in Ghana ... 31
2.6.3 Sexual Abuse and HIV/AIDS at Risk Groups ... 32
2.6.3.1 Street Youth, A Pervasive Problem ... 32
2.6.3.2 HIV/AIDS orphans ... 33
2.6.3.3 The Trokosi System ... 33
2.7 Gender-based Violence and HIV Intervention Strategies ... 34
2.8 Literature Review Conclusion ... 35

3 RESEARCH PROCESSES 37

3.1 Research Questions ... 37
3.1.1 Why Qualitative Research? ... 38
3.2 Data Collection Strategy ... 39
3.2.1 Obtaining Ethical Approval ... 40
3.3 Sampling and Recruitment ... 41
3.3.1 Initial Strategy ... 41
3.3.2 Adjusting Sampling and Recruitment Strategies ... 42
3.3.2.1 Rethinking Key Informants ... 42
3.3.2.2 Redefining Survivors ... 43

3.4 Engaging Participants: Data Collection Processes 45
3.4.1 Protocols Observed 45
3.4.2 Interview Locations 46
3.4.3 Interview Languages 46
3.4.4 "By the Fireside", Listening to the Stories 47
3.4.4.1 Textual Differences 49
3.4.5 A Juggling Act: Balancing Research, Participant and Researcher Needs 50
3.5 Transcription 51
3.5.1 Transcription as an Analytical Process 51
3.5.2 Coding, Fragmenting and Categorizing 53
3.6 Analysis Strategies: Putting the Stories in Boxes 55
3.6.1.1 The Role Played by Being Simultaneously an Insider and an Outsider 56

4 FINDINGS: THE BRICOLEUR'S TALE 59

4.1 Understanding the Survivors Experience 59
4.1.1 Sex Work: By Choice or By Experience? 60
4.1.1.1 Perception of Socio-cultural Context of CSA by Sex Workers 62
4.1.1.2 Survivors Understanding the Health CSA Connection 65
4.1.2 Socio-culturally Sanctioned Abuse? The Case of the Trokosi 67
4.1.3 Seeking Healing in "Justice"? Survivors and the formal system 69
4.2 The Socio-cultural Context: An Autobiographical Narrative 74
4.3 The Key Informants Perspective: Reasons for the Existence of CSA 76
4.3.1 Cultural Constructs of Femininity 77
4.3.2 Changing Role of Women in Society 81
4.3.3 Addressing the Health Effects of CSA: Systematic Gaps and Omissions 82
4.4 Common Threads in the Tapestry: Unity in Participant's Experiences 87
4.4.1 Respect: The Makings of a Girl- child's Vulnerability to Sexual Abuse 90
4.4.2 Defilement: The Moving Picture of a Key Scenario 91
4.4.2.1 Virgins, Family and the Impact of CSA 94
4.4.2.2 Cultural Rituals, Structural Barriers and Civilization 96
4.4.2.3 Formal vs. Traditional Systems of dealing with CSA 97
4.4.2.4 Effect of a Legal Term on Traditional and Religious Stigma 99
4.4.3 Worry: Definition of Health and Health Effects of Childhood Sexual Abuse 100
4.5 Conclusion 103

5 CONCLUDING REMARKS 105

6 BIBLIGRAPHY 111

7 APPENDICES 119

7.1 Appendix A: Summary of Participants Information 119
7.1.1 Survivors: 119
7.1.2 Key Informants 120
7.2 Appendix B: Letter of Introduction for Survivors 122
7.3 Appendix C: Letter of Invitation for Key Informants 123
7.4 Appendix D: Letter of Introduction for Key Informants 124
7.5 Appendix E: Letter of Introduction for Parents of Survivors 125
7.6 Appendix F: Survivor Consent Form 126
7.7 Appendix G: Parental Interview Consent Form 127
7.8 Appendix H: Key Informant Consent Form 128
7.9 Appendix I: Interview Recording consent form 129

7.10 Appendix J: Proposed Participants & Key Informants Interview Themes 130
7.11 Appendix K: Survivor Interview Questions 131
7.12 Appendix L: Key Informant Questions 132
7.13 Appendix M: Ghana Health Services Ethics Request Letter 133
7.14 Appendix N: Ghana Ethics Approval Letter 134
7.15 Appendix O: Ghana Amended Protocol Ethics Request Letter 135
7.16 Appendix P: Ghana Amended Protocol Ethics Approval Letter 137
7.17 Appendix P: Initial Lakehead University ERB Approval Letter 138
7.18 Appendix Q: LU-ERB Request for Amendment of Thesis Proposal 139
7.19 Appendix R: LU-ERB Amendment Approval Letter 141
7.20 Appendix S: List of Available Counseling Services for Survivors of Childhood Sexual Abuse in Accra, Ghana 142

ACKNOWLEDGEMENTS

Experience they say is the best teacher. In the three years that spanned the conception, inception and completion of this study I have experienced and learned incredibly more than I thought possible. This is especially true in the things I learned from the experience of those who graciously shared their stories with me. Thank you to each and every one of the individuals who had a story to tell, who considered my ear valuable and me a trustworthy mouthpiece, who shared of their lives, their struggles, their pain and their journey. Without you, this would just have been a highly anticipated chapter in my life that never was. To everyone else that worked with me to make the study happen on its zero budget, I can never pay you back for the time and money you put into this. I can only hope that the sum of this work is reward enough. Special thanks in this regard go to WISE (Women in Self Empowerment) Counselors for their tremendous support and my mother who more than anyone else sacrificed financially, emotionally and by extension psychologically for the sake of this process.

Thank you to the best thesis supervisors a Jack-of-all-trades, master of none that is me, could ask for. I was encouraged, admonished, cautioned, cheered, and I believed prayed for by Dr. Wakewich and Dr. Stone throughout this entire process. They saw my enthusiasm, my propensity to over-task myself, and above all else my deep-seated desire to do justice to the process that is qualitative research. I owe you my Masters in Public Health! Thank you from the depths of my being. I have learned immeasurably from you both and will take all your lessons with me on my life's journey.

Special thanks to Barbara Kelly and Eileen Quashie for editing this manuscript many times! To my husband Jed, who persevered through it all with me, thank-you. I know you thought it crazy that I moved to Thunder Bay and then to Ghana in my quest to be a conduit for these stories. Regardless, you were always supportive and didn't mind that I brought my work with me on our

honeymoon. Your love and support is integral to my strength. Your dedication to all things you do is an inspiration to one who wants to do it all!

Last but definitely not least to God; my beginning, my middle, my end. No words are adequate to describe my gratitude. My forever counselor, redeemer and friend, I can only yield to your call and I hope I made you smile by yielding to this. Thank-you.

1 INTRODUCTION

Child Sexual Abuse (CSA), a form of sexual violence, today constitutes an alarming social phenomenon. According to the World Health Organization (WHO), child sexual abuse is defined as:

> The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:
>
> 1. The inducement or coercion of a child to engage in any unlawful sexual activity.
> 2. The exploitative use of a child in prostitution or other unlawful sexual practices.
> 3. The exploitative use of children in pornographic performances and materials.
>
> (WHO, 1999, p. 15)

This all-encompassing definition alludes to the many layers and circumstances that surround the occurrence of CSA. Heavily influenced by social and cultural factors, CSA is understood and dealt with differently by different societies. Despite these differences, survivors are ultimately left to bear the indelible consequences of the abuse without much external acknowledgement and support (Fleming, Mullen, Sibthorpe, Bammer, 1999). For them, the impact of this traumatic experience on their health and subsequent quality of life is well documented. These health effects range from the immediate physical scars to long-term psychosocial, emotional and physical problems (Finkelhor, 1993).

Though both boys and girls are abused at an alarmingly high rate, the girl-child is, in most societies, more vulnerable and the assumed de facto victim of sexual abuse. A recent study by the World Health Organization reports an average of 1 in 5 women with a history of CSA (WHO, 2002). This statistic indicates the presence of a global public health crisis. Unfortunately, the dearth of research seeking to illuminate the socio-cultural context within which CSA flourishes, coupled with an

underestimation of the long-term health effects of CSA has led to the creation of CSA response systems that are inadequate and ineffective in many parts of the world.

This is certainly the case in my West African home country of Ghana, where societal norms and values create an environment that puts the girl-child at high risk for sexual abuse. Born in Nigeria to a Christian Ghanaian mother and a Muslim Sierra- Leonean father; raised in Nigeria, Togo and Ghana, and taught to behave in ways appropriate to my culture, my childhood typified the experience of a regular, middle class, West African girl. Unfortunately, an integral part of this experience was the seemingly constant sexual comments and not so subtle sexual advances that were made by adult men to me as a young girl. To say that this confounded my young mind would be to severely understate my inability put this behaviour into context. Indeed, as a child I often found myself caught in the contradictions inherent in my society's norms and values. I had learned that sex before marriage was a taboo but despite this, men, both familiar and strangers, regularly sexually harassed me and my peers. Living in a society that taught me to always endeavour to "respect" my elders, one that continually reinforced that the hallmark of a good child was one who did as she was told and was "seen but not heard", my life became a struggle of trying to adhere to these norms and resist my natural propensity to not only question what I was told but also express my voice in all circumstances. In this I found resonance with the experience of bell hooks, the renowned African American author, who growing up in Black Southern America lived through the same experience of struggling to adhere to the cultural norms that served to suppress her voice, a voice which she felt compelled to have; " not just any voice but a voice that could be identified as belonging to me" (hooks, 1989 p.5). My struggle manifested itself in real form as I attempted to deal with instances of unwanted sexual advances in a culturally appropriate way. How does a young girl, raised to do as adults tell her, respectfully decline an attempt to sexually abuse her?

It was these experiences that eventually led me to embark upon a research journey, as a public health student, to make sense of my childhood reality. From its inception, my impetus in carrying out this study was a deep concern, as a Ghanaian, over the future well being of the many sexually abused children who had little or no access to coping strategies. Knowing how much value, love and care our culture purports to place on children, I was deeply alarmed at the contradiction inherent in our failure to publicly acknowledge this insidious tragedy and mount a decisive and effective response to it. Why was the abuse so shrouded in secrecy that it left the survivor with no option but to suffer in silence? What made the society ignore both survivor and perpetrator, leaving them with no tools to understand, rehabilitate and move on past this traumatic experience? How were we as Ghanaians explaining all of this away -- from the motivation to sexually abuse children, to our collective non-response to it? To investigate the issue and these questions, I designed a qualitative case study. For this research, I interviewed key community informants and female survivors of CSA in Ghana in order to document the experiences of survivors of CSA, and to document current understandings of CSA and why it happens.

1.1 Ghana's Progressive Record on Human Rights

Ghana, the first African country to gain independence from colonial rule, has in recent times been in the spotlight for its efforts in championing human and child rights. Fifty years post-colonial rule, Ghana and its citizens are optimistic about their future. Seen as a pioneer trailblazer on the African continent in general and in the sub-region specifically, Ghana has implemented several social and economic reforms as it seeks to position itself as the "Gateway to West Africa" (Ghana Investment Promotion Centre, 2003). Heralded by the international community as a Low Middle Income Country (LMIC) on its way to achieving the Millennium Development Goals (MDG) of halving poverty by 2010 (World Bank, 2007), Ghana is also lauded for its progressive human rights record, having

recently joined the ranks of the few African countries to sign into law a Bill on Domestic Violence (Women's Caucus, Parliament of Ghana, 2007). This is in line with Ghana's history of pioneering policies on human rights; most notably, Ghana was the first country to ratify the 1990 United Nations Convention on the Rights of the Child (in 1990) which sets out the civil, political, economic, social and cultural rights of children internationally (UNICEF, 2007). In addition, Ghana is home to a vibrant civil society and has a well-entrenched Commission on Human Rights and Justice (CHRAJ) that functions to investigate and report on human rights abuses. Furthermore, there exist several governmental and non-governmental organizations working towards improving and safeguarding the rights of women and children. Most notable among these are the newly instituted (2001) Ministry of Women and Children's Affairs and the (1998) Domestic Violence and Victim Support Unit, both mandated to protect the rights of women and children, preventing, investigating and prosecuting crimes against them.

These initiatives underscore the notion that Ghana is indeed a country that is dedicated to eradicating violence against women and children. However, the most recent statistical evidence coming out of Ghana indicates a high incidence of sexual abuse, with a third of young females having experienced some form of sexual abuse by the age of eighteen (Appiah & Cusack, 1999). This illustrates a crucial point: top down policies designed to address problems are not always effective in practice. What is needed to understand this contradiction is an in-depth assessment of the socio-cultural roots of sexual violence in general and in the case of this study, of CSA. To obtain a more holistic picture of an issue such as CSA, one must take into account the intersecting web of realities, which reflect the complexities of Ghanaian life and society and how these realities influence both the persistence and the understanding of CSA. The issue of CSA is exceptionally sensitive; typically shrouded in secrecy rather than openly discussed – it is not an issue that is happily confronted head on by any society (Taylor-Browne, 1997). Perhaps this is why very little formal research has been done

into the definitions, causes, consequences and systems in place to deal with sexual abuse within the Ghanaian socio-cultural context. This study was designed to fill this knowledge gap for Ghanaians. It is my hope that the information in this study about women's and girls' experiences of childhood sexual abuse in Ghana will serve as the basis for the development of tangible, effective and sustainable policies to not only deal with sexual abuse perpetrators, but also to help prevent the abuse and where it does happen provide healing options for female survivors of sexual abuse.

1.2 Breaking Open the Box: Applying a Public Health Perspective to a Social Issue

The necessity of an analysis of the socio-cultural roots of CSA cannot be overstated, as recent World Health Organization statistics indicate a silent, but highly prevalent global public health emergency in progress. With the long-term documented effects of CSA ranging from physical to emotional, psychological and social (Polusny & Folette, 1995), we are living in a society in the grips of a seemingly invisible public health issue with no effective structure in place to deal with it. Examining CSA in light of its effects on community health could very well represent an important first step towards a paradigm shift in how society addresses it. The use of a public health lens may be helpful in beginning to reverse centuries of culturally sanctioned violence against females.

A public health perspective also underscores the importance of a global assessment of the impact of CSA. This has implications for a country such as Canada that actively invites immigrants to settle within its borders. Presently, the Ghanaian community is the largest African immigrant community in Toronto, Ontario. At the height of immigration from Ghana to Canada (1981 to 1985) over 8,000 Ghanaians were reported to have arrived as refugees, with over 70% residing in Toronto (Opoku-Dapaah, 1993). According to Immigration Canada's "2006 Immigrant Overview Facts and Figures", Ghana ranks in the top twenty source countries of permanent resident immigrants from

Africa (CIC, 2006). This number does not include the many refugees, persons on student, work or Minister's permits, and persons admitted under humanitarian and compassionate grounds.

These statistics reinforce the need for research into cultural definitions of sexual violence and health within the Ghanaian context. The knowledge gained will not only be useful in contributing to an academic understanding of the issue, but will have practical implications in the planning of health programs and health promotion strategies within these communities. Given the growing number of cases of sexually transmitted diseases including HIV/AIDS in Canada, it is important to understand the evolution and perceived health consequences of culturally-learned beliefs that lead to an acceptance of sexual violence, a strong risk factor associated with the incidence of HIV/AIDS (Martin & Curtis, 2004; UNAIDS, 2004). Given that the effects of CSA may be felt throughout the life course, research of this nature may also be helpful in providing clues about the health seeking behaviour of immigrant women, an important aspect in planning health care delivery in Canada.

A study on CSA and the girl-child with the express purpose of understanding context, documenting stories, and recommending action, will not only help to fill in knowledge gaps but will also serve as a window into the perspectives of those intimately affected by CSA, giving voice to their experience. Their voices and perspectives need to be centrally considered in addressing the issue and in developing comprehensive action in the right direction.

It is with all of the above in mind that this research study was undertaken. In what follows, I critically examine the existing literature on the global social phenomenon of CSA, with attention paid to incidence, explanations for why it happens, and its health consequences. This will lead into a chapter that details and analyzes the research process for this study and the challenges involved in planning and implementing a study on girl-child sexual abuse in Accra, Ghana. Finally, the findings from the study are presented with recommendations on how to turn the research into action. It is my

expectation that this study will not only contribute to greater academic understandings of the issue, but also serve as a guide to the people of Ghana as we continue to chart new courses towards better health and health care for all.

2 Literature Review

2.1 Prevalence of Child Sexual Abuse: The "Developed World" Context

According to Watson (1984) it has only been recently that CSA has come under scrutiny internationally. A plethora of research has been conducted in response to emerging awareness of this issue, laying bare the alarmingly high statistics of CSA. Some of these landmark studies include the United Kingdom's Wolfenden report (1957), a number of Canadian government-commissioned reports, and a study of the international epidemiology of CSA (Finkelhor, 1994).

In Canada, three major federal government reviews of CSA have occurred since 1981. First, the federal government appointed the Committee on Sexual Offences Against Children and Youth (Badgley Report, 1984) to explore legal sanctions pertaining to CSA and to make recommendations aimed at protecting children at risk. This was one of the first comprehensive studies of the sexual abuse of children in Canadian society. The statistics were shocking. Badgley reported that one third of all boys and one half of all girls were victims of unwanted sexual acts. The Badgley report (Canada: Badgley Committee 1984) was followed shortly after by the Fraser Report in 1985 (Canada: Fraser Committee, 1985) and the Rogers Report in 1990 (Canada: Rogers Committee, 1990). The findings of each of these commissions underscored the high prevalence of CSA in Canada and the varying industries such as Child pornography and Child prostitution, which are associated with it.

Other studies highlighting the pervasiveness of this phenomenon in Canadian society, describe factors that characterize its occurrence in different communities. For instance, a 1987 report by the Child Protection Centre of Winnipeg observed that an apparent epidemic of CSA on Indian reserves was underway (Child Protection Centre, 1987). Further to this, Emma La Rocque in her "Violence in Aboriginal Communities" paper suggests that the legacy of violent colonialism and internalization of

racism by the colonized group have led to the "staggering" occurrence of this phenomenon (La Rocque, 2002).

Finkelhor's (1994) large-scale research project on the international epidemiology of CSA in 19 countries produced prevalence rates ranging from 7-36% in women and 3-29% in men. His results indicated that "in every locale where this phenomenon is sought, it is found in levels high enough to be detected through surveys of a few hundred adults in the general population" (Finkelhor, 1994, p. 412).

2.2 Prevalence of Child Sexual Abuse: The Sub-Saharan African Context

Despite several landmark reports commissioned by a plethora of "western" countries to investigate CSA in the global north, to date there has been little research investigating CSA as a problem in sub-Saharan Africa (SSA). A briefing paper for the 2nd World Congress Against Commercial Sexual Exploitation of Children (CSEC) reported as a major finding:

> There is an overwhelming amount of anecdotal evidence that the problem of sexual abuse and sexual exploitation of children in the region (SSA) is an extensive problem. Children are sexually abused and exploited in the home, school, community in the workplace and brothels. It is also clear that the HIV/AIDS pandemic is both a cause and consequence of sexual exploitation of children in the region. (UNICEF & ANNPCAN, 2001, p.3)

In his review of CSA in sub-Saharan Africa, Lalor (2004) remarks on the paucity of historical and contemporary research into CSA in SSA, noting that most of the recent work done has come out of South Africa. Early work done in this region using both clinical and non-clinical samples (Westcott, 1984; Jaffe & Roux, 1988) indicated a high prevalence of CSA. In more recent times, Madu and Peltzer (2000) surveyed 414 secondary school students from the Northern Province, South Africa (ages 14–30 years with a mean age of 18.5 years) regarding their experiences of contact with sexual abuse before the age of 18, with an adult or person at least five years older than the child or, a person in a position of power (Madu & Peltzer, 2000, p. 260). A very high prevalence rate of 54% of the total

sample reported experiencing contact with sexual abuse before the age of 18 years. It is surprising that the prevalence rates for males and females are similar (53.2% and 60% respectively) (Madu & Peltzer, 2000, p. 263) as traditionally CSA is considered a gendered phenomenon. Lalor (2004) cautions that these results not be taken as a definitive reflection of the gender differences in prevalence rates in SSA, as further research is needed to fully comprehend the depth and particularities of the issue.

2.3 Theoretical Understandings of Child Sexual Abuse

2.3.1 Feminist Perspectives

The existing literature indicates that despite its incidence in both males and females CSA is typically a gendered phenomenon (Finkelhor, 1994). This can be argued as a reason to place the phenomenon of CSA under the auspices of the much larger issue of violence against women. In Canada, the Montreal Massacre in December 1989, where a man who hated feminists rounded up 14 young female engineering students in their university classrooms and shot them, represented a public demonstration of the hitherto "private" issue of violence against women (Chakuh, 1991). The 1993 Violence Against Women Survey (VAWS) that followed was a collaborative effort between Health Canada and Statistics Canada, touted as the first of its kind in the world. The VAWS reported " 51% of all women had experienced at least one incident of physical or sexual violence since turning the age of 16" (Statistics Canada, 1992).

Gordon and Crehan's (2000) paper presented to the United Nations Development Program, pointed out that the nature and extent of CSA reflect pre-existing social, cultural and economic disparities between men and women. Their paper, "Dying of Sadness," also highlighted the risk of sexual violence against women in situations of conflict. The breakdown in law and order coupled with large numbers of mobile, vulnerable and unaccompanied women and children presents the "ideal"

situation for the exacerbation of this errant social behaviour. They report the following as evidence to their assertion:

> During the 1972 war for independence in Bangladesh between 250,000 and 400,000 women were raped. More than eight hundred rapes were also reported to have been committed by Indian security forces against women in Jammu and Kashmir. There is evidence that rape has been used as a tool of political repression during specific periods of dictatorship in Haiti. It was estimated that since fighting began in April 1992, between 20,000 and 50,000 Muslim women were raped in Bosnia, many of whom were held in so-called "rape camps" where they were forced to conceive and bear Serbian children against their will (Gordon & Crehan, 2000, p.5).

For Gordon and Crehan, the relationship between victim and perpetrator reflects existing power differentials or struggles (Gordon & Crehan, 2000, p.5). Though these authors do not identify themselves as working from a feminist framework, their understanding of sexual violence finds resonance with the underlying themes seen in feminist literature; CSA is seen as an expression of male supremacy and power inherent in patriarchy. Traditional Marxist feminism, for example, sees this power as derived from inequality and oppression inherent in capitalism (Wearing, 1986). Radical feminism, on the other hand considers that "the social institution of gender, not the economic system, is the source of women's oppression" (Wearing, 1986, p. 43). Thus, as noted by Seymour (1998) in her analysis of the "Aetiology of Sexual Abuse of Children – A Feminist Perspective", the sexual abuse of female children is considered a manifestation of the oppression of females inherent in patriarchy. She further states "the sexual abuse of children is an expression of male power over females and, as such, is seen as a logical extension of the nature of patriarchy" (Seymour, 1998, p. 416). Seymour's article concludes with the following succinct observation "not only does patriarchy provide the social opportunity to abuse: the social construction of masculinity provides the motivation for abuse; and male sexual socialization provides the direction for expression of the motivation" (Seymour, 1998, p. 425).

2.3.2 *A Cultural Perspective*

Lalor (2004) presents a different dimension of the feminist argument in one of the explanations given as reason for CSA in Sub-Saharan Africa (SSA). Two main explanations are presented as playing a major role in the high prevalence of CSA in SSA. A growing body of anecdotal evidence suggests the prevalence of the erroneous belief in SSA, particularly in southern Africa, that intercourse with young girls is a "cure" for sexually transmitted diseases, including HIV/AIDS. This, it is suggested, may explain the recent spike in the incidence of CSA (Lalor, 2004). Furthermore, young girls may be considered desirable as sexual partners as they are less likely to be infected with HIV. As Lalor (2004) points out however, this issue has yet to be adequately investigated and substantiated and still begs the question of why the practice is gendered.

The other factor reviewed by Lalor (2004) as influencing the prevalence of CSA in SSA is the culturally well-entrenched patriarchal belief system in the society. Lalor (2004) reviews a number of ideas to illustrate the patriarchal context. First, it is common in SSA for people to speak of the "uncontrollability" of male sexual urges. It is also common in some sub-Saharan countries, such as Zimbabwe, Ghana, Namibia, South Africa, Kenya and Ethiopia, for both males and females to believe that a woman doesn't mean "no" when she says "no" to sex (LeVine, 1959, Reminick, 1976, Meursing et al., 1995, Tweedie & Witte, 2000, Lalor, 2004).

Meursing et al. explored the issue of CSA in Zimbabwe, using a series of focus groups. They found that:

> Men and women [focus group participants] seem to agree that if a man feels sexually excited, he must find a way to release his sexual tensions. Masturbation is culturally not seen as an option for an adult man. If he does not succeed to find a partner (maybe because he has no money to entice a girlfriend, or the girl is 'stingy' with her favors and refuses sex, or because his wife is away) he can be 'forced by his nature' to rape (Meursing et al., 1995, p. 1697).

In Meursing et al.'s study, male respondents identified their male lust as the most common motive for raping a young girl. However, the men also indicated that the young girls 'brought it on themselves' by

acting older than they were, lying about their age, or dressing in a seductive manner (Meursing et al., 1995, p. 1697). Meursing et al. (1995) further report the prevalence of a normalized expectation of force during sex, and as Lalor (2004) points out, the role of coercion and physical force in sexual relations adds an important and interesting factor to consider.

Moore and colleagues studied the prevalence and varying contexts of coercive (first) sex amongst young people between the ages of 12-19 in four SSA countries. In Ghana, they found that 30% of the 4,252 respondents indicated they were "not willing at all" to participate in their first sexual experience (Moore et al., 2007, p.6). The authors note the normalization of sexual coercion and illustrate this with a quote from a young woman: "My friend convinced me that such things happen to every girl so I should get used [to it]" (Moore et al., 2007, p 16-17.) The authors further suggest that the acceptance of coercive sex as the norm is undergirded by the belief that a man's sexual desires are uncontrollable. It is this lack of control that leads men to try a variety of tactics ranging from deception to actual physical force (Moore et al., 2005). LeVine's (1959) study of the Gusii of Kenya, although now very dated, adds weight to the claim that in SSA, force in sexual relations is encouraged and expected.

Typically in SSA, the socially accepted mode of communicating about sex between men and women is thus: women are culturally obliged to say 'no' to sex even if they want it, and men generally see no problem in exercising some force when pressing for sex. These attitudes are more pronounced when young girls are "propositioned by older men" as they are further traditionally bound to obey anyone older than themselves (Meursing et al., 1995, p. 1697). Regarding the confluence of the above-mentioned circumstances and expectations, Lalor (2004) concludes:

> Thus, the sexual abuse of children may be facilitated by a widespread belief and cultural acceptance of the urgency of male sexual relief and a certain tolerance or expectancy of the use of physical coercion in sexual relations. Furthermore, the emphasis on children's obedience to adults and male supremacy over females allows men to yield a double authority over girls (Lalor, 2004 p. 453).

In a follow up to Lalor's review, Jewkes, Rose-Junius and Penn-Kekana (2005) reflect on the role played by gender in the social context of child rape in South Africa and Namibia. They agree with Meursing et al. (1995) and Lalor (2004) that children are rendered vulnerable to abuse because of a series of ideas, which create opportunities for CSA and increase men's access to children. They emphasize the importance of the dominance of patriarchal ideology, and point out that the problem of CSA is further compounded by the pronounced age hierarchies found in these societies. In addition, their research indicates that rape is often used as an act of punishment, wielded to show power over girl children, thus allowing older men to maintain control over younger women (Jewkes, Rose-Junius & Penn-Kekana, 2005, p. 1809). They further contend that for the perpetrator, the act of sexual abuse serves to reinforce a sense of masculinity and power. The importance of men's need to assert their masculinity is culturally validated, and both men and women are socialized to believe that a man has a right of access to the female body. Within this socio-cultural context, the girl-child is not only vulnerable to sexual abuse, but also learns to expect it. Jewkes, Rose-Junius & Penn-Kekana (2005) highlight this point by using a quote from one of their respondents in the title of their article: "If they rape me, I can't blame them". For these researchers, rapid advances in gender equality and equity in SSA societies are necessary for positive change.

For another group of researchers, the rise of CSA can be linked to rapid social changes in SSA. For instance, Okeahialam (1984) in his paper on child abuse in Nigeria makes mention of the impression that child abuse does not occur in the traditional African society. Okeahialam indicates this belief is fostered by the sociological concept of the extended family as a system that provides profound love, protection, security and care to the child within the cultural milieu (Okeahialam (1984, p. 69). Other anthropological work done in Kenya (Fraser & Kilbride, 1980), and with the Zulus in South Africa (Loening, 1981), which reports instances of non-sexual child abuse and neglect but not

instances of CSA, suggests that the neglect and abuse of children is associated with a disintegration of the extended family system caused in part by such factors as interethnic marriage, breakdown of traditional cultural systems, migration into urban centers and other modern social and economic forces (Fraser & Kilbride, 1980; Loening, 1981). Korbin (1991) further substantiates this idea that child abuse (sexual and otherwise) may be attributable to rapid social change and modernity. He opines that socio-economic and socio-cultural change that lead to a breakdown of traditional values and practices has been linked to an increase in child maltreatment (Korbin, 1991). In Lalor's 2004 review on CSA, he also makes mention of the school of thought that focuses on social fragmentation as a reason for the apparently higher occurrence of CSA in modern societies. He says the following:

> According to this view, child sexual abuse is due to the increasing isolation of individuals and families from a sense of community; the result of increased mobility and the disintegration of neighborhoods, communities and kin networks. This isolation facilitates child sexual abuse as it deprives people of socially sanctioned forms of support and intimacy, so they turn instead to forms that are taboo (Lalor, 2004, p. 450)

The above-mentioned research indicates that there is some evidence that could point to the forces of modernization, foreign influences, and rapid social change, as factors to consider in contributing towards the seemingly recent phenomenon of CSA. Lalor (2004) however cautions against drawing firm conclusions as no comparative historical empirical data exist to substantiate (or refute) these conclusions. Due to this (perceived) lack of accurate records regarding child welfare in the past, Lalor insists that any comparisons between the present and the past must be acknowledged as speculative and anecdotal (Lalor, 2004, p. 450).

It is in this dearth of anthropological works that LeVine's 1959 study of instances of CSA amongst the Gusii tribe in Kenya (LeVine, 1959) claims its place of importance. Based on his review of court records for 1955 and 1956, LeVine found the annual rate of rape (including indecent assault) to be 47.2 per 100,000 population, a high annual rate when compared to urban areas of the United States (13.85 per 100,000) during the same period (LeVine, 1959, p.965). In LeVine's analysis, societies

like the Gusii that have severe formal limitations on heterosexual gratification, the problem of control is solved through the use of structural barriers and socialized inhibitions (LeVine, 1959, p. 987). Interestingly, this socialized inhibition is more emphasized in women as seen in the resulting sanctions, than it is in men. In the context of this analysis, LeVine explored the link between "foreign influences" and increasing incidence of CSA, giving some credence to the idea that at the very least increases in CSA are a recent phenomenon coinciding with colonization and imposition of colonial rules and laws. LeVine argued:

> Prior to British administration of Gusiiland, rape was not such a problem because inter-clan controls were as effective as intra-clan controls. Pacification of the district, however, has eliminated the threat of force and the spatial distances between clan settlements, increasing opportunities for inter-clan heterosexual contact in the face of greatly diminished penalties for inter-clan rape. Had Gusii girls proved uninhibited, promiscuity rather than rape would have been the consequence of pacification. However, Gusii values favor restriction of premarital sexuality and the burden of enforcing this restriction now falls upon the girls themselves rather than upon their clansmen. Thus the contemporary system of sanctions operating in Gusii society is not adequate to control the effects of the factors motivating men to commit rape (LeVine, 1959, 978-979).

LeVine concludes that if the above analysis is valid, there are four factors in the Gusii situation that should theoretically be seen in any society with a high frequency of rape: Severe formal restrictions on the non-marital sexual relations of females; moderately strong sexual inhibitions on the part of females; economic or other barriers to marriage which prolong the bachelorhood of some males into their late twenties; and the absence of physical segregation of the sexes (LeVine, 1959, p.978-979). These factors as elucidated by LeVine serve as guiding posts in this study that seeks an understanding of CSA as it occurs in the sub Saharan country of Ghana. LeVine's open-ended question as to whether sexual inhibition (and thus sexual abuse) in the absence of structural barriers results from child training, or from later socialization of both sexes, is one that emerges as a key focus in this study. As the exploration of the Ghanaian context below will show, similarities abound in the many cultures of sub Saharan Africa and the rules that apply to the sexes in the Gusii tribe as

perceived by LeVine are congruent with Ghanaian norms. This creates as opportunity for the analysis in this study to be situated not only within the context of prior research but also within the overall sub Saharan African context.

2.4 Gender-based Violence in Ghana: a Piece of the Sub-Saharan Puzzle

2.4.1 Ghana, the People

Ghana is a country in West Africa comprising 10 regions and 110 districts. According to the 2000 Census of Population and Housing in Ghana the population that year was 18,912,079 over a land area of 238,000 square kilometers (Ghana Statistical Service, 2002). The modern electoral government is headed by a President and is superimposed on a traditional system of Chiefs and Queen-Mothers who exercise and reinforce traditional authority in both the rural and urban areas.

There are over 50 ethnic groups in Ghana and these include the Akans (49%), the Mole-Dagbani (17%), the Ewes (13%) and the Ga-Adangbe (8%) with young people aged 10-24 accounting for 31% of the total population (Ghana Statistical Service 2002). The most distinguishing characteristic among the ethnic groups is kinship pattern. Kinship affiliation prescribes status and roles to people, and determines rules, duties and obligations of individuals and groups in all aspects of their lives (Donkor, 2003). Gendered perceptions of children differ among ethnic groups. Male children are preferred when traced through the father's line (patrilineal kinship) and females when traced through the mother's lineage (matrilineal kinship). Akans, the largest ethnic group, are traditionally matrilineal and, inherit and succeed on the mother's side (Baden, Green, Otoo-Oyortey, Peasegood, 1994). Traditionally, in groups with matrilineal descent women have more autonomy, and more say in education and finance, but they are "characterised by a weaker nuclear household offering little economic security to women" (Baden, Green, Otoo-Oyortey, Peasegood, 1994 p. 3). Second to ethnicity, Ghanaians are divided by their religious practices. Christians are the largest religious group

at about 69%, Moslems 15.6%, and indigenous religions account for 8.5% (Ghana Statistical Service, 2000). Religion to a large extent is also a determining factor in the way women are viewed and treated. In both Christian and Islamic scripture for example women are viewed as secondary to men (Donkor, 2003)

Available statistics indicate that about 40% of Ghanaians live in poverty with the most affected areas being the three northern savannah regions (Upper East, Upper West and Northern Region). These regions have low school participation rates, especially for females. High levels of poverty have been cited as a contributing factor to the low status of women in these parts of Ghana (Baden et al., 1994).

2.4.2 Perception of Women and Their Societal Role in Ghana

Owusu-Ansah in his 2003 paper adeptly encapsulates the disconnect between cultural rhetoric and cultural practice. He says: "The Ghanaian woman is known for and respected as nurturer, mother, businesswoman, the glue that holds the fabric of society, and the repository of the collective wisdom and soul of her people, a force in her own right" (Owusu-Ansah, 2003). However, in general, cultural norms for women, and not the rhetoric that justifies these norms, determine how they are treated. This is further reinforced by religious beliefs, which are often used to justify male supremacy and the consequent societal roles that result from it (Donkor, 2003). In Ghana, a woman's societal role is framed by her assumed fertility and the belief in her innate ability to nurture and care for others. Thus the two roles that she inhabits automatically without social sanction, are as wife and as mother.

As wife, a woman is expected to be at the sexual and domestic service of her husband. Indeed, this role, of woman as wife, is one most females take great pride in and women are culturally "valued and respected" for assuming this role (Ampofo, 1993). Unfortunately, the premise of the assumption

that she ought solely to serve her husband sexually and domestically is rooted in the belief that she has no ownership or rights over her self and her sexuality. This belief has been implicated in contributing to most violent behaviours against women (Appiah & Cusack, 1999). Female genital mutilation is a notable example that underscores this notion. Since the woman's genitalia are considered unclean it is seen as a purification rite (Dolphyne, 1991). It must however be noted that there exists a school of thought that regards this ritual as a female empowering act reinforcing the powerful role of the *daya*, the old woman responsible for the ritual (Hayes, 1975).

Aside from the role of wife, in Ghana women are also respected for their role in child bearing and nurturing (Amoah, 1990, Adinkra 2004). In some ethnic groups (Akans) this respect is somewhat heightened due to emphasis on the matrilineal line of inheritance (Baden, et al., 1994, Adinkra 2004). As mother the Ghanaian woman is expected to single-handedly run her household, and take care of and raise her children. In some cases as indicated by Avotri and Walters (1999) women also bear the majority of the financial burden of taking care of the children. Indeed, high populations of women in the urban sector are in the informal workforce, balancing their roles as homemakers, mothers and income earners (Garlick, 1971; Ardayfio-Schandorf & Kwafo-Akoto, 1990; Levin, Ruel, Morris, Maxwell, Armar-klemesu, 1999). Given the extent of her financial and social role within the family, it is logical to expect that this might put the woman in a position of power (Avotri & Walters, 1999). However, research suggests that even in this situation the Ghanaian woman still considers herself at the mercy of her husband and his choices and demands (Amoakohene, 2004). This phenomenon is not only noted among rural and less educated women. A survey of educated working women in the urban cities of Kumasi and Accra found that though the women knew that "times were changing" they said they couldn't change with the times because culture dictated their roles regardless (Amoakohene, 2004).

2.4.3 *Socialization of the Girl Child*

In contemporary "Ghanaian culture" ideas of male supremacy and a strong gender dichotomy in social roles and expectations tend to be instilled from childhood. It is widely considered normative for the girl child to be kept in the kitchen while the boy child is allowed to play. However Ghana is a society in transition, so that these normative expectations are not as rigid as they once were. Today, there are different patterns and a spectrum of social practices and laws to set policy and cultural tone. However, this transition has yet to affect the majority of Ghanaians. Come puberty, the traditional rites performed underline a girl's subordinate status reinforcing the need for her to be controlled, whilst emphasizing expectations on her to excel in her role as progenitor and caregiver. To this end many of the ritual symbols associated with puberty rites reinforce the importance of fertility and procreation for females and emphasize a young woman's duty to satisfy all of her husband's needs even when they are at the expense of her own (Amoah, 1990). In the Ga-Adangbe tradition, for example, girls are given eggs to symbolize their fertility and are taught to be submissive and coy as part of the art of "man-charming". Young brides are also taught never to refuse their husband's sexual advances. Subsequently, when the girl child's hand has been given in marriage, she is without a doubt at the sexual and domestic service of her husband. Traditionally, refusal of sex with one's husband can lead to divorce and in some cases rape and sexual assault (Ampofo, 1993, Amoakohene, 2004). This status-quo was heavily challenged by the recently passed Domestic Violence Bill that sought, in addition to instituting other laws on domestic violence, to also make marital rape a criminal offense. The two-year long national debate on this particular point of the DV Bill (section 42g) before it was finally passed in 2007, is testament to the entrenchment of the belief by both sexes that a woman ought to be controlled; sexually, domestically and culturally (WILDAF Ghana, 2006).

2.4.4 Culturally Sanctioned Practices of Violence Towards Women

The cultural belief in woman as the subordinate sex is seen in the perception that women, especially younger women, are a problematic social group in need of supervision. In this case women are talked about as being "busy bodies", troublemakers and gossips. Recent research has shown that both sexes believe that meting out violence against women is justified as a way of checking women's inherently problematic nature (Appiah & Cusack, 1999, Amoakhene, 2004). In some severe cases they are even considered to be polluters of society and to contribute to moral decay (Ampofo, 1993). As the woman grows older, she is either revered for her wisdom, or feared as a "witch". Suffice to say that there are a number of socio-culturally sanctioned practices that serve to perpetrate violence against women and girl children (Adinkra, 2004). Some of these are detailed below.

2.4.4.1 Physical Abuse

Margaret Amoakohene (2004) explores the issue of physical abuse in a study where she interviewed 50 "educated" Ghanaian Women (defined as having at least secondary school education or its equivalent). Questions in semi-structured, in-depth interviews were used to elicit information on respondents' perceptions of, and personal experiences with, violence and the role they believed culture played in it. Amoakohene explores violence as both a human rights issue and a health issue and observes that in Ghana, violence usually occurs in intimate settings and is dealt with internally in families. It is in most cases not reported to the authorities to avoid ridicule, social stigma and family disgrace. Some ethnic groups even go so far as to justify wife-beating as a "demonstration of a husband's love and affection for his wife" (Amoakohene, 2004, p.2378). In this study, 70% of the respondents reported one form of abuse or another, with the predominant form being physical abuse at the hands of their partners (Amoakohene, 2004).

Amoakohene further notes that although the participants in her study spoke of physical abuse

with relative ease, questions regarding sexual violence provoked a hostile reaction from the respondents. The issue was deemed too private to be talked about with a stranger. Interestingly, they did not consider sexual abuse as an area of violence in the home. The author explains that the participants regard sexual offences such as rape within a marriage as foreign to Ghanaian cultures. The research points out that even though the women were "educated," they realized that the cultural and traditional roles demanded they be subservient, and they justified following tradition by saying the men hadn't "moved with the times" (Amoakohene, 2004). Interestingly, a similar situation existed in many "western" countries until relatively recently. For instance, rape in marriage was not legally recognized in Canada until 1983, when amendments were made to the Criminal Code (C-127) to specifically abolish some rules that perpetuated bias against women, making it possible for a man to be charged with sexually assaulting his wife (Tang, 1998 p.260).

2.4.4.2 "Witchcraft"

The concept of witchcraft is especially prevalent in Ghana and many women are ostracized from their communities because of allegations to this effect. Not surprisingly, some people motivated by ignorance, hatred or envy have accused others of witchcraft (Adinkra, 2004). Adinkra contextualizes and explores the femicidal violence associated with witchcraft accusations, describing how in Ghana witchcraft is blamed for misfortunes such as sickness, barrenness, miscarriages, bad crops, failed exams, and wandering husbands, to name but a few misfortunes. As Adinkra points out, these findings are consistent with the theory of scape-goating.

> In Ghana, the old, widowed, poor, or physically handicapped women who were more vulnerable to witchcraft accusations and physical attacks, are a socially marginalized, politically impotent, and economically disadvantaged group. (Adinkra, 2004, p.236)

Adinkra also points out that in Akan society, "[p]atriarchal attitudes, misogynistic beliefs, and ageist values mediate witch beliefs and [...] given the predominance of Akan-speaking ethnic groups in

Ghana, Akan witchcraft beliefs are most prevalent in the country (Adinkra, 2004,p.235). Adinkra further points out that in Akan groups "witchcraft accusations [may] operate to place checks on the influence of women in general, and elderly women in particular" (Adinkra, 2004, p.236).

2.4.4.3 Further Examples

Other cultural practices that compromise the liberties and rights of women in Ghana include traditionally sanctioned and upheld rituals and sexual pseudo-religious, physical, emotional and cultural practices. Some examples of cultural practices and norms include: widow inheritance (a widow becomes the wife of her dead husband's brother) (Appiah & Cusack, 1999); widowhood rites (the surviving wife is punished by having pepper poured into her eyes and private parts and she is prevented from eating as a sign of mourning) (Appiah & Cusack, 1999); forced marriages (within and between families) (de Graft-Johnson, 1994); female genital mutilation (Odoi, 2002; Odoi, Brody, &Elkins, 1997; Osei-Boateng, 1998); abuse related to pseudo-religious practices such as witch camps (Adinkra, 2004) and religious bondage such as the "Trokosi" practiced in the Volta region and part of Greater Accra, where young female virgins are given to shrine priests to atone for crimes of their ancestors (Goltsman, 1998, Boateng, 2001).

2.4.5 Child Sexual Abuse In Ghana

Recently, research, anecdotal evidence and statistics from law enforcement agencies have indicated a high incidence of CSA and sexual coercion in Ghana (Appiah & Cusack, 1999, Amoakohene, 2004, Guttmacher Institute, 2004). The existing research has largely been conducted under the auspices of the violence against women issue or for the purposes of documenting trends in adolescent reproductive health. This gives valuable insight into the context within which CSA occurs in Ghana.

An investigative initiative of strong relevance was the Nkyinkyim Project, a 1998 National Study on violence against women and children in Ghana. This project represented the first comprehensive study of violence grounded in women's experience in Ghana (Appiah & Cusack, 1999). The Nkyinkyim Project sought to, and without a doubt gave voice to, women's and girls experiences of violence, their coping mechanisms, and the social responses to their experiences. The wide-ranging nature of this research challenged many myths, laying bare the incongruity in the society's consciousness, aptly illustrated by the rampant violence exacted against women and children. The Nkyinkyim Project paints a picture of a society that assigns to the female the role of weaker/inferior sex. As such, girls and women warrant protection and provision, correction and guidance, discipline and training. In all this, the woman is simultaneously regarded as nurturer and child, person and property, powerful and powerless.

The study gives estimated prevalence rates as follows: 49% of adolescents had experienced being touched against their will; 11% of adolescents had been forced to touch a man's private parts, and for 29% of adolescents, their first sex was forced (Appiah & Cusack, 199, p. 68-69). In addition, a third of young females in Ghana would have experienced some form of sexual abuse by eighteen. Furthermore, 50% of this abuse will happen before the age of 15 (Appiah & Cuusack, 1998). This high prevalence rate of CSA was undocumented before the Nkyinkyim study and as such, its findings are a major triumph in the midst of the prevailing silence surrounding violence. An outcome of the publication of this study was the discussion it generated on some of the contextual issues that contribute towards the creation of what seems to be a fertile environment for abuse.

Evidence of CSA and its nature is also clearly perceived within the construct of adolescent reproductive health. A synthesis of research evidence prepared by the Guttmacher Institute (2004) revealed some disturbing trends in the reproductive and sexual health of Ghanaian adolescents. This report highlighted the infrequently researched topic of sexual coercion, which had hitherto received

marginal mention in tabloid newspapers and radio, and TV broadcasts. The report states:

> According to the 1998 Ghana Youth Reproductive Health Survey (GYRHS), 2% of males and 12% of females were forced into their first sexual experience, with 0.5% of males and 0.6% of females reporting that their first sexual intercourse was with a family member. Another dimension of sexual coercion is the perception among males, and even many females, that women do not mean what they say when they say "no" to sex. Approximately two-thirds of both males and females aged 12–24 in the 1998 GYRHS who had ever had sex stated that most girls did not really mean "no" when they said "no" to sex. Such attitudes can translate into an acceptance of sexual violence, because a substantial proportion of adolescent males do not appear to believe that girls really mean what they say and therefore with a little "pressure" a girl could be made to change her mind (Awusabo-Asare, Abane & Kumi-Kyereme, 2004, p13-14).

Though, as seen above there is ample merit to exploring and analyzing CSA within these contexts, CSA is a cross-cutting issue and thus additional and unique dimensions are revealed when a purposeful initiative is undertaken to understand and document the issue within its own context. Two notable recent studies include the following: a qualitative analysis based on a case study of twenty-nine girls aged 13–19 in urban Accra. Here, the authors found that about one-third of these girls described their first sexual experiences as involving force, deception or rape (Henry & Fayorsey, 2002). Many of the girls who indicated that they were forced into their first sexual intercourse indicated that they were still with the same boys and even had children with them suggesting a passive acceptance and social sanctioning of sexual violence (Henry & Fayorsey, 2002).

A follow up meta-analysis by Moore and colleagues who also studied the prevalence and varying contexts of coercive (first) sex amongst young people between the ages of 12-17 in four SSA countries strengthened the data collected by Fayorsey and Henry (2002). In Ghana, they found that 30% of the 4,352 respondents indicated they were "not willing at all" to participate in their first sexual experience (Moore et al., 2005, p.6).

Given the extent of sexual abuse as indicated in the literature cited above, it is reasonable to assume that this level of abuse and violence against the girl-child and women especially if it stems

from traditional and socio-cultural roots must in turn have a significant effect on women's health and health seeking behaviour. Thus, it is useful to examine what we know about Ghanaian women's perceptions of health and health-seeking behaviour with this issue in mind.

2.4.6 Women's' Perceptions of Their Health and Healing

2.4.6.1 Health Determinants

Despite the international emphasis on reproductive health issues for women in developing countries, recent research into the health concerns of Ghanaian women has shown that reproductive health does not figure prominently in women's own discussions of health problems. Avotri & Walters' (1999) study, conducted to present the voices of women as they describe their health problems, showed how they spoke of their health issues in terms of their material and social circumstances. The authors discovered that the women understand and explain their health in terms of social and material circumstances. Particular emphasis was placed on the way in which their work and day-to-day lives influenced their health with almost three quarters of the women describing their health problems in terms of psycho-social issues, frequently explained as "thinking too much" or "worrying too much" (Avotri & Walters' 1999). Many of the problems they gave voice to would be described in the western context as symptoms for medicalized conditions such as depression. However, as the authors point out, the value of the women's voices is seen in the way their accounts highlight the social and not medical roots of their health problems.

A growing body of literature (Nichter, 1981; Davis & Low, 1989; Dunk, 1989; Walters, 1993; Doyal, 1995; Walters & Charles, 1997; Avotri & Walkters, 1999) suggests that despite cultural differences, women across the world express forms of distress that are linked to the social and material circumstances of their lives. Avotri and Walters propose that the idioms of distress used by

the women in their study arose from the contradictions inherent in the roles they face. The pressure felt to conform to definitions inherent in their roles of being women and coupled with their inability to control the circumstances of their lives was evidenced in the health concerns expressed (Avotri & Walters, 1999).

In another insightful paper on Ghanaian women in the Volta region, Avotri and Walters (2001) discussed the perceived effects of Ghanaian women's relationships with men on their health. Many of the women spoke of their health issues in terms of the economic insecurity and unpredictability that was inherent in their day-to-day living and in their relationship with men. In this continuation of their previous study the authors discover that "Here again, gender relations were noted to define their responsibilities for their families while at the same time withholding the control and resources they require in order to maintain a measure of economic independence and predictability" (Avotri & Walters, 2001 p. 210). In other words, the women continue to be socially dependent on men. This is further exacerbated by the fact that they were well aware of their husbands' extramarital affairs which led to the added stress of an increased risk in contracting AIDS and not being able to effectively protect themselves from it (Avotri & Walters, 2001).

2.4.6.2 Traditional Medicine

The health seeking behaviour of women is also a major factor in assessing how they perceive their health issues. This behaviour is dependent on social, structural and demographic factors, availability of social networks and support systems, beliefs, and attitudinal and institutional factors (Fosu, 1995). Today's health and healing options in Ghana combine both traditional and western medicine. Traditional medicine is a blend of religion and physical treatment. A herbalist usually has knowledge of herbs either handed down from generations or learned at a shrine. In most traditional

communities and even in some urban areas, a herbalist or a traditional medicine doctor is one of the regularly consulted health care "professionals"(Fosu, 1995).

However, in most instances the perceived cause of the illness (spiritual or otherwise) plays a crucial role in how and from whom treatment is sought with most people likely to seek the help of traditional healers if they think the cause is spiritual. Other factors that influence health-seeking behaviour include previous contact with a medical institution and current health status (Fosu, 1995). Given that only an estimated 25% of Ghanaians have access to western forms of health services (African News Agency, 2005) traditional medicine remains very important for treating illness in Ghana. These health determinants and the consequent health seeking behaviour of Ghanaian women are important factors that play a role in how the average Ghanaian perceives and responds to the health effects of CSA as detailed in the next section.

2.5 Impact Of Child Sexual Abuse On Health

2.5.1 Physical and Psychological Scars

CSA is not only a traumatic experience in a brief moment in time, but has also been shown to have a long lasting effect on the survivors. Long after the physical scars of the violation have healed, the emotional, social and psychological scars remain, and for most, affect the rest of their lives. In a report on the long-term impact of CSA on Australian women (Fleming, Mullen, Sibthorpe, & Bammer, 1999) the authors compiled a list of the self-reported effects of CSA. They noted that long-term effects were attributed to CSA by 46% of sexually abused women. The most common effect was low self-esteem, reported by 28% of women, followed by distrust (25%), sexual problems (17%), fear of men (9%), depression (9%), eating problems (7%), drug problems (1%), alcohol problems (1%), and other unspecified problems (4%) (Fleming et al., 1999, p.153). Women reporting more severe forms of sexual abuse were more likely to report experiencing long-term effects with almost all

women who experienced intercourse (96% vs. 41%) and two-thirds of women who experienced abuse lasting for more than one year (65% vs. 35%) reporting long-term effects (Fleming et al., 1999, p. 153). As the authors argue:

> It is interesting to note that adverse outcomes in adulthood were experienced by a large percentage of all women who were sexually abused as children and there was little difference in prevalence between those who attributed the adverse outcome to CSA and those who did not (89% vs. 84%) (Fleming et al., 1999, p. 153)

The authors go on to say:

> The results demonstrate at both the bivariate and multivariate levels of analysis, that CSA, in particular when such abuse involved penetration, increased the risk of being raped and experiencing domestic violence as an adult. A history of CSA was associated with poor quality of women's relationships in adult life, particularly a greater likelihood of divorce and separation" (Fleming, et al., 1999, p. 154).

2.5.2 Increased Risky Sexual Behaviour

On the other side of the world, in the United States, research conducted in three sites sought to elicit whether a significant statistical relationship existed between early sexual abuse and adult risky sexual behaviours including trading sex for money or drugs, a high number of recent sex partners, and the high frequency with which survivors had engaged in recent unprotected sex (Parillo, Freeman, Collier & Young, 2001). Regression analysis of the data revealed a significant relationship between early sexual abuse and adult risky behaviours, with rape in childhood mediating this relationship for all three HIV-risky behaviours. "Because childhood constitutes a critical period in individuals' sexual, social, and personal development, sexual abuse precipitated during this time may distort women's constructions of sex and sexuality," (Parillo et al., 2001). They also note that rape in adulthood intensifies the effects of early sexual abuse, increasing abused women's involvement in risky behaviours. Treatment that connects abused women's experiences during development to their current behaviours is recommended to help them adopt safer sex practices (Parillo et al., 2001).

Stoltz and colleagues (2007) also note this association between sexual abuse and sex workers in

a study in Vancouver, Canada. Univariate and logistic regression analyses demonstrated that not only was sexual abuse independently associated with sex work, but emotional abuse was as well. They report:

> A possible explanation for the association between childhood sexual abuse and later sex work involvement may be that children who are sexually victimized develop psychologically and emotionally in ways that make them vulnerable to continuing sexual predation. Conversely, childhood sexual abuse may create a propensity in the victim toward risk-taking behaviors (substance use, running away from home (Kingree, Braithwaite, & Woodring, 2001; Tyler, Hoyt, & Whitbeck, 2000) that in turn lead to situations in which survival sex work is one of few remaining options. (Stoltz, Shannon, Kerr, Zhang, Mortaner & Wood 2007, p.1918)

The authors suggest that their findings have implications for early intervention efforts aimed at vulnerable, high-risk youth populations as well as intervention strategies for active sex trade workers (Stoltz et al., 2007, p. 1918).

2.6 Link Between Sexual Abuse and HIV/AIDS

2.6.1 The Abuse HIV/AIDS Connection

Further to the above-mentioned physical and psychosocial effects of CSA, The Sexual Violence Research Initiative has indicated that violent or forced sex can increase the risk of transmitting HIV. They says the following of the CSA HIV/AIDS connection:

> In forced vaginal or anal penetration, abrasions and cuts commonly occur, thus facilitating the entry of the virus into the bloodstream. This is especially likely in Child abuse because the vaginal mucous membrane has not yet acquired the cellular density providing an effective barrier that develops in the later teenage years. The delicate nature of anal tissues also leave the victims of anal rape more susceptible to HIV since anal tissues can be easily damaged, allowing the virus an easier entry into the body (Sexual Violence & Research Institute, retrieved on October 27th 2008).

In addition, according to the UNAIDS (2004) report, forced sex in childhood or adolescence increases the likelihood of later engaging in HIV-risky sexual behaviours, including engaging in unprotected sex, having multiple partners, participating in sex work, and substance abuse. Also, a

history of sexual abuse is associated with low self-esteem and depression, factors that exacerbate sexual risk behaviours for HIV infection (UNAIDS, 2004). As women are notably more often victims of sexual abuse, it is postulated that there is a link between this phenomenon and the so-called "feminization of HIV/AIDS" in Africa (Nduwimana, 2004). In their 2003 AIDS epidemic update UNAIDS and WHO noted that unlike women in other regions in the world, African women are considerably more likely— at least 1.2 times—to be infected with HIV than men. Among young people aged 15–24, this ratio is highest, with women found to be two-and-a-half times as likely to be HIV-infected as their male counterparts" (UNAIDS, 2003, p. 7). Socio-economic factors such as extreme poverty in addition to cultural factors, such as a male dominated society and gender-based relationships unfavorable to women's rights, have been implicated in nullifying efforts to encourage women to exercise control and advocate responsible sexuality (Nduwimana, 2004).

2.6.2 HIV/AIDS in Ghana

The link between sexual violence and HIV/AIDS has been repeatedly observed in research studies (UNAIDS, 2004). Since statistics indicate that a majority of young Ghanaians are sexually active by age 20, they are all considered at risk for HIV/AIDS. Data show that women are particularly at risk and are infected at a younger age than men. The first case of HIV/AIDS was reported in Ghana in March 1986. As at the end of 2003 an estimated 350,000 people were living with HIV/AIDS in Ghana (UNAIDS, 2004). Awusabo-Asare and colleagues provide the following detailed snapshot:

> Initially, the proportion of males to females living with AIDS was one male to five females. However, the gap has narrowed, with females accounting for 61% of the cumulative AIDS cases from 1986 to 2001. The largest share of AIDS cases is among 25–29-year olds among females and 30–34-year-olds among males, indicating that females are infected earlier than males. Among adolescents in Ghana, 66 and 69 cases of AIDS were reported for 10–14-year-olds, while 111 and 104 cases of AIDS were reported for 15–19-year-olds in 2002 and from January to September, 2003, respectively. The median HIV/AIDS prevalence rate for the adult population has increased from 2.3% in 2000 to 3.4% in 2002.123 In 2002, the estimated

HIV/AIDS prevalence rate among 15–24-year-olds in Ghana was 3.4% and among 15–19-year-olds it was 2.3% (Awusabo-Asare, Abane & Akwasi Kumi-Kyereme, 2004, p18).

2.6.3 *Sexual Abuse and HIV/AIDS at Risk Groups*

The increasing incidence of HIV/AIDS in Ghana makes it all the more important for issues of sexual abuse and violence to be addressed. Recent research has identified three at-risk groups for HIV/AIDS and sexual abuse (Guttmacher Institute, 2004). These include street children, HIV/AIDS orphans, and Trokosi women.

2.6.3.1 *Street Youth, A Pervasive Problem*

The street youth are informally divided into two groups; the *kayayoos* who are generally female head load carriers, and the petty trading young men. In his study of street youth, Anarfi observed that 52% of the males and 54% of the females had ever had sex but only 29% of those had regular sexual partners (Anarfi, 1997 p. 297). Anarfi further noted that some of the street children were sexually active and had multiple sexual partners. Some were involved in sex for survival, among whom a number had contracted an STD at least once (Anarfi, 1997). Available information suggests that most of these children come from rural areas and migrate to the urban areas to seek jobs (Anarfi, 1997). On present evidence, (Agarwal, et al., 1994; Tanle, 2003) it appears that *kayayoos* are disproportionately drawn from the Northern regions (Upper West, Upper Volta, Northern regions) to the major urban areas in the south such as Kumasi and Accra. Aged between 15 and 24 and mostly illiterate, some of these young people engage in unprotected sex with different sexual partners. The respondents in a study involving *kayayoos* conducted in 1994, said that they had only temporarily moved to Accra from a rural area, which they visited at regular intervals and ultimately sought to return home permanently. This coupled with the high risk sexual behaviour observed in this group has implications for the transmission of any STDS they may contract in the urban towns (Agarwal et al., 1994).

2.6.3.2 HIV/AIDS orphans

HIV/AIDS orphans have also been noted to be a potential at risk group for sexual violence and HIV/AIDS. Although Ghana is in the midst of a general HIV/AIDS epidemic, there is little information about the plight of HIV/AIDS orphans apart from their numbers. In 2001, orphans were estimated to constitute 10% of all Ghanaian children (about 759,000 children) with 27% of those orphaned (204,000 children) estimated to be such as a result of HIV/AIDS (UNICEF, 2003). This group is especially vulnerable as they rely on the kindness of their communities and the scant resources of the state for survival (Ahiadeke, King, Amokwandoh, Bart-Plange, 2003).

2.6.3.3 The Trokosi System

One of the more politicized at risk groups is made up of the women known as the "Trokosi priestesses". Trokosi is best defined as a form of ritual slavery, a cultural practice that evolved among the ancestors of three patrilineal groups in Ghana: the Ewes of Tongu and Anlo of Volta region and the Dangmes of the Greater Accra region (Boateng, 2001). According to Boateng (1997), as a religion:

> Trokosi is manifested in shrines and is embodied in a deity or god called Tro or Troxovi. To the Ewe, the god Troxovi is the god of transformation and one of the messengers of the Creator, God or Mawu. The process of transformation usually connotes that which is good for the people (Boateng, 1997, p. 20).

As a traditional deity, the Tro is responsible for the protection of the people, gives children to barren women, checks immorality, conjures blessings for the community and serves as a source of instant justice, ensures reproductive health, and checks crime (Ahiable, 1995). Although Ghana has prohibited this traditional form of ritual servitude since 1998 (Goltzman, 1998), this system is still prevalent in some communities as the people still believe in the necessity of the intervention of the gods for peace and justice to prevail (Ahiable 1995). According to this system, a virgin girl can be sent to a shrine to serve the "god" in atonement for a crime allegedly committed by a member of the

family. This is done to "avert" any catastrophe befalling the family for the crime committed by that member. If not redeemed, such a person can serve at the shrine for the rest of her life, becoming the property of the shrine, and the priest in charge is obliged to father children with her on behalf of the gods (Boateng, 2001). According to Goltzman (1998) proponents of Trokosi argue the following about their religious practices:

> It is a custom that has endured hundred of years and has severe religious repercussions ... it has no economic incentives, but it is a deeply rooted religious belief and community practice. It is not brutality but justice being carried out on the terms of the gods. The priests are simply following the rules of their religious convictions as other religions require of their followers (Goltzman, 1998, p. 60)

Despite this compelling cultural argument, the fact remains that these women are denied their personal liberties, including schooling and the right to marry. Recently, their plight has become a focus of national and international concern and debate (Owusu-Ansah, 2003). In particular, Owusu-Ansah notes that this systematic incarceration and abuse of girls and women goes on in Ghana despite the country's official position on the rights of women and children.

2.7 Gender-based Violence and HIV Intervention Strategies

Martin and Curtis (2004) call for an examination of the extent to which new global-health initiatives for the prevention and treatment of HIV/AIDS incorporate strategies for stopping gender-based violence. Their paper highlights the inadequacy of some million-dollar HIV initiatives for AIDS relief. The popular ABC (Abstinence, Be Faithful, Condoms) approach extolled as the Golden Rule with its strong emphasis on abstinence pre-supposes that sex is consensual in all cases. It is therefore of limited use in one-third of the sexual activity settings in SSA where the young woman is often forced to have sex against her will (Martin and Curtis, 2004).

Dunkle et al. (2004) cast further doubt on the application and efficacy of the Golden Rule to HIV/AIDS prevention in SSA. They argue that findings and strategies developed from research on

violence-related risk behaviour in North America cannot necessarily be applied to the distinctly different cultural and social contexts of SSA (Dunkle et al, 2004) However they do find in their assessment of women at an antenatal clinic in Soweto, that child sexual assault, forced first intercourse, and adult sexual assault by non-partners were correlated with increased HIV sexual risk behavior. As discussed earlier in section 2.5.2 this correlation is seen in North American cities as well (Parillo et al., 2001; Stoltz et al., 2007).

The parallel observed in both North American and sub-Saharan African women sexually abused in their childhood can lead one to hastily and naively attempt to apply the same treatment strategies. However, as noted by Martin and Curtis (2004) it would be a mistake to assume that what is good for one person or group is necessarily good for another (Martin & Curtis, 2004). Any effective intervention strategy must take into account the cultural climate and social norms. For example in Fleischman's Human Rights Watch Report (2002) on tackling sexual abuse of girls and consequent HIV transmission in Zambia, he notes the fact that due to subordinate social and legal status, as well as common reliance on others for survival especially in the case of HIV/AIDS orphans, it is impossible for girls to negotiate safer sex or to confront their abusers by reporting them to the authorities. Consequently they "suffer in silence"(Fleischman, Human Rights Watch, 2002).

2.8 Literature Review Conclusion

In spite of what might seem like a hopeless picture for the future of the girl child in Ghana, it should be noted that as Ghana strides forward to embrace her future, she endeavours to give credence to, and reclaim the anecdotal history that indicates a society that supports, respects and nurtures the role of the Ghanaian women in society. In order to do so the context as indicated in this literature review requires examination and change where it unwittingly sanctions violence against women. The high incidence of rape in contemporary Accra, Ghana is attributed to a socio-cultural

context that increases a woman's vulnerability to CSA by virtue of her low status in the community. This is further compounded by the belief that she has no rights over her body and that the man's uncontrollable sexual urges are to be satisfied by any means necessary. Thus both males and females are socialized in ways that increase the likelihood of playing the respective roles of perpetrator and survivor in scenarios of CSA. The literature also suggests several reasons for the continued pervasive nature of childhood sexual abuse. These include the loss of social boundaries historically enforced through rituals centered around the importance of the girl's virginity. The loss of these boundaries and the diminishing of structural barriers and the power of custodians of these rituals, results in the creation of a milieu in which errant sexual behaviour is "allowed" to flourish. Unfortunately, legal and child protection systems have to date proven inadequate to either prevent and or deal with the consequences of the abuse.

Given the statistics that indicate 1 in 3 young women in Ghana experience CSA before the age of 18 (Appiah & Cusack, 1999) it is necessary to frame this issue as a urgent public health concern needing urgent attention. As the literature review above has indicated there is an urgent need to deal with girl-child sexual abuse in today's world of highly prevalent sexually transmitted diseases. As efforts are made to address these STDs and especially HIV/AIDS, it is important that the pervasiveness of CSA is considered, and effective strategies be developed within the ethno-cultural context in which CSA is constructed. For these reasons and others that will be addressed later in the thesis, it is absolutely necessary to mount an effective response in order to address, protect and preserve the health of the girl-child and in so doing preserve the health of the community as a whole.

3 Research Processes

This chapter tells the story of the journey I took to become a bricoleur (Denzin & Lincoln, 1998) and accomplish the research for this thesis. Determined to develop as a "qualitative researcher", I took every opportunity I could to reflect upon the research process. My investigative journey was one that was laden with unexpected dilemmas and decisions. With no prior experience conducting qualitative research, I sought precedence in other research literature and used this to inform my own process. I also used other personal tools such as journaling, recording personal video diaries and constant reflexivity to keep me centered. Pooling all of these resources together, I was able to navigate the terrain of my research process. Below, I review the research questions guiding my fieldwork. I then detail the research processes, methods, and decisions made along the way. Ultimately, this chapter serves to chronicle and discuss my journey as researcher, as a woman and as a public health student, as I struggled to understand the impact of a study on CSA on myself and others.

3.1 Research Questions

As discussed in the introduction to this thesis, I undertook this research in order to present a comprehensive picture of child sexual abuse (CSA) as it occurs and is dealt with in the Ghanaian socio-cultural framework. In particular I sought to:

a) Document the nature and meaning of participants' definitions of CSA and health;

b) Document participants' understandings of the perceived impacts of CSA on survivors' health;

c) Document participants' understandings of the structures and systems in place that deal with the issues that surround sexual abuse; and

d) Seek participants' recommendations on how to deal with the root causes and consequences of CSA in their community.

3.1.1 *Why Qualitative Research?*

Given my research objectives, it was clear that I needed to employ qualitative methods of research. Unlike the case with quantitative research where the researcher's goal is to assume an objective and distant posture from the participants, qualitative researchers often co-create knowledge with their study participants (Maynard & Purvis, 1994) within the context of their interactions (Vygotsky, 1978). When collecting data using qualitative interview methods, the researcher can be truly "engaged" with the study participant. Through practices such as climate setting, rapport building, exchanging social courtesies and niceties, and reviewing ethics protocols, a sense of trust between the study participant and the researcher can be established at the onset (Bryman, 2004). A qualitative approach therefore lends itself well to providing complex textual descriptions of how people experience a given research issue.

Qualitative research can provide information about the "human" side of an issue – that is, the often-contradictory behaviours, beliefs, opinions, emotions, and relationships of individuals. It can be especially effective in obtaining culturally specific information about the values, opinions, behaviours, and social contexts of particular populations (Bryman, 2004). There is also a substantial body of data indicating that qualitative methods can be particularly important to use when researching sensitive topics. Building trust with respondents and allowing them to discuss issues in depth and in their own terms can result in more comprehensive understandings of an issue and more useful data for policy work (Patton, 2002).

3.2 Data Collection Strategy

Having decided to employ a qualitative method, the next step was to decide which data collecting strategy would be utilized in the process. In this I took the following into consideration: First, I believed it was necessary to allow research participants the freedom to express their opinions on CSA and health. This meant that an interview process that allowed for exploring the research issue in an in-depth manner would be necessary. I also recognized that as my intention was to investigate participant perspectives on CSA and health and NOT the specific circumstances of CSA itself, it would be necessary for some predetermined structure to exist in the interview process. This was important for two reasons: first, a structured process would make it easier to direct the research process and focus on data relevant to the objectives. Secondly, given the evidence that "[t]he retelling of a sexual assault … is an emotionally stressful event" (Esposito, 2005, p. 912), I wanted to minimize the possibility of psychological distress arising from talking about a traumatic past experience. The imposition of a "semi" structure would help focus the interviews while ensuring that the interviews did not inadvertently stray into territory that required participants to re-live or recount any specific experience with sexual abuse.

With these requirements for the data collection process, it became clear that the most suitable collection method was in-depth semi structured interviews using open-ended questions. As discussed by Patton (2002), open-ended questions have the ability to evoke responses that are meaningful and culturally salient to the participant, unanticipated by the researcher, and, rich and explanatory in nature. This method of data collection is also noted as being favourable for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being explored (Patton, 2002). As described by Patton (2002),

> in order to gather data that aims at gaining a deeper understanding of the nature or meaning of experience, one must undertake in-depth interviews with people who have directly

> experienced the phenomenon of interest; that is, they have "lived experience" as opposed to second hand experience (Patton, 2002 p. 104).

Furthermore, given the complex socio-cultural environment of Accra, the use of in-depth interviews would allow me to highlight the differences and similarities in the opinions held by the participants. This could allow me to provide a rich picture of how CSA is affected by society and culture. By encouraging in-depth examination of individual perspectives on CSA and health, I would be able to gather data that could be examined for the emergence of themes and or patterns that exist within and between the interviews.

3.2.1 Obtaining Ethical Approval

Before I left to do my research in Ghana, I received ethical approval from Lakehead University to conduct the research and in particular, to interview survivors of CSA who were over the age of 18. I was not, therefore, required to seek additional ethical approval from a Ghanaian body, but I felt it was important to do this to enhance my credibility as a researcher in the Ghanaian context. Thus, my first official task on getting to Accra, Ghana, was to learn what processes exist to obtain ethical approval for a public health study. I discovered that it would be best for me to seek approval through the Ghana Health Services, Health Services Research Institute (GHS-HSRI) as an independent foreign researcher.

This GHS-HSRI ethical review process involved completing a standard questionnaire and being interviewed by one of board members to ensure that I was informed about the existing age of consent rules in Ghana. It was also mentioned during this interview that my recruitment strategy might not yield adult survivors and that I might consider interviewing younger survivors, as they are more likely than adults to interact with the formal system set up to address CSA. I made note of this advice and was granted ethical approval to start interviewing research participants.

3.3 Sampling and Recruitment

3.3.1 Initial Strategy

Considering the centrality of voice in this study and my research objectives, I chose a purposeful sampling strategy. Purposeful sampling, one of the more common sampling strategies employed in qualitative investigation, groups participants according to pre-selected criteria relevant to a particular research question (Patton, 2002). The most important criterion in this case was that all participants had to have had some experience with CSA, either first hand or through their professions. Beyond this, I sought study participants who could be stratified according to socio-economic status, ethnic grouping and age, so that I could determine whether there are differences and similarities among different groups regarding definitions of CSA and health. I hoped to gain an understanding of the landscape of CSA in Ghana, which could then translated into an appropriate public health response.

At first, I anticipated seeking a total of ten CSA survivors and five key informants to participate in the study. I expected to recruit key informants by contacting human rights organizations and health advocates, and I assumed that the potential pool of key informants would be limited. For survivor recruitment, my intent was to approach the Gender Violence Survivors Support Network (GVSSN), a membership-based network of individuals, organizations and service providers for women survivors of violence, as a starting point to establish contact with potential study participants.

In particular, I identified Women In Self Empowerment (WISE), an organizational member of GVSSN, as a place that would help me find potential participants in the age range of 18-45. WISE, in partnership with the Ghana Police Force Domestic Violence Victim Support Unit (GPF-DVVSU) and two hospitals and clinics in the heart of the city, have an established network of on-site social workers that counsel survivors of abuse and domestic violence. Once contact was established, I hoped that a snowball effect would allow me to reach those who would otherwise not participate either

because of a lack of a pre-established relationship with me or simply because this issue is not one that is openly discussed. Also, I anticipated contacting Survivors for Change, a human rights organization formed by survivors of the *Trokosi* practice. I believed that the inclusion of their perspectives would allow for an understanding of the effects of culturally sanctioned sexual violence on women's health. However, my original sampling strategy was conceived before I had entered the field. As is often the case in qualitative research, my strategy needed to be revised to fit on the ground realities.

3.3.2 Adjusting Sampling and Recruitment Strategies

3.3.2.1 Rethinking Key Informants

When I began thinking through this study, I wrongly believed that in Ghana, the community involved in addressing issues of violence against women and children was limited to human rights and health advocates. I anticipated that I would be able to gather a representation of the diversity of viewpoints by interviewing five key informants. Once in Accra, this notion was quickly dispelled, and the breadth of individuals and organizations involved in the issue of child abuse became apparent. Since ratifying the United Nations Convention on the Rights of the Child in 1990, many governmental and international agencies had been established in Accra with a specific mandate to tackle the wide range of issues affecting children. These agencies have been formally grouped into what was known as "The Multi-sector Response to Child Abuse" (Ghana Ministry of Women's and Children's Affairs, 2006). Members of this coalition include the following: law enforcement agencies, the judiciary, human rights organizations, the Ministry of Women and Children's Affairs, Department of Social Welfare, Department of Public Health, professionals in the health care system, the Ghana AIDS Commission, the Ghana Education Service, traditional rulers, religious leaders and a plethora of international, non-governmental, community and civil organizations that work in Ghana to address issues related to women and child health.

My newly acquired knowledge of the presence of this multi-pronged approach to combating child abuse led me to refine my strategy for sampling key informants. I decided that instead of relying on the snowball method to lead me to key informants, I would adopt an even more purposeful approach to key informant recruitment and sample from *within* the different sectors that constitute Ghana's "Multi-sector Response to Child Abuse". With this approach, I recruited and interviewed 16 key informants who represented a diverse range of ethnic backgrounds, ages, and socio-economic statuses. Once recruited, the participants were interviewed about their perspectives on sexual abuse in Ghana, definitions and perceptions of health and its determinants, perceptions of the challenges in addressing CSA, and recommendations on how to address CSA (See Appendix F for the interview schedule).

3.3.2.2 Redefining Survivors

Once in the field, I also found myself redefining my survivor recruitment strategy. This was because after speaking with a number of people involved with the country's response to CSA, it became obvious that my anticipated survivor recruitment strategy would severely limit the number of possible participants I could reach. True to the advice given to me before I began recruiting survivors, my efforts to recruit through Women In Self Empowerment (WISE) yielded no potential participants over the age of 18.

According to a number of the WISE social workers, most of their clients were young females below the age of 18 who had in their immediate past, experienced some form of sexual abuse. They also indicated most of the survivors did not maintain long-term contact with the network for a variety of reasons, not the least being the shame associated with sexual abuse. In addition, given the stigma associated with seeking any kind of psychological help, it was very rare that an adult survivor would seek out their services specifically to discuss past CSA. Nevertheless, I decided that I would "try my luck" with a two week trial period to try to make contact with a survivor older than 18. After several

unsuccessful attempts at recruiting survivors older than 18, I realized that I needed to obtain an amendment to the research protocol, as discussed earlier in this chapter, to include survivors ten years old and up in my study.

As the Ghanaian Health Services Authorities were familiar with the reality and had actually advised me that I would need to seek young participants when we met for my ethics review interview, the amendment submitted to them to interview survivors as young as ten years old was approved without question. Assurances were made to obtain parental or adult guardian consent before interviews commenced. Also, due to the young age of these potential participants I agreed that the WISE clinical psychologists or counselors would remain on site during the research interviews to provide support and counseling to the survivors as needed. Once the GHS-HSRI ethics review board granted approval for a lower age of participants, I applied to similarly amend the Canadian protocol, and approval was granted by the Lakehead University Ethics Review Board to amend the original research protocol to allow interviewing of CSA survivors between 10-45 years of age. In addition, the difficulty in recruiting through my WISE contacts led me to seek others who might have contact with survivors. This led me to three practising psychologists who agreed to pass on information about the study to their clients, widening my potential pool of participants. With the aid of these doctors, I was able to recruit two survivors as study participants.

Furthermore, a key informant offered me the possibility of access to a sex worker population. I was excited by this opportunity as I realized it would give me the chance to explore in greater depth one of the suggested consequences of CSA, an increase in risky adult sexual behaviour (Parillo, Freeman, Collier & Young, 2001). I took advantage of this opportunity to meet and interview a group of sex workers who lived in Accra. On that day I went to their community to listen to and speak with ten brave survivors of CSA. I attempted to record all of their stories, but due to the background

noisiness at our location, the quality of the sound recording for the first five interviews was barely audible. Consequently, I have interview transcripts for only the last five conversations. However, even though I was unable to transcribe the other five interviews, my personal recollections of the "lost" interviews form part of the body of information that influenced my analysis of the research topic.

Finally, the last group of survivors I interviewed were former priestesses from the *Trokosi* shrines. Through the Survivors for Change NGO, I met with and interviewed two adult women survivors. As previously stated, I felt that their inclusion would enrich the discussion on culturally-sanctioned abuse and how that affects women's constructs of sexual abuse.

The recruitment of survivors of CSA was altogether an intensive and extensive process. Once it became clear that I would need to be open to any and all possibilities for recruiting survivors, I was able to meet them in a variety of circumstances. In the end, I was able to recruit two former Trokosi priestesses, ten sex workers who were CSA survivors, two child survivors of CSA and one young adult survivor of CSA. This gave me a total of 10 audio-recorded interviews for analysis, and recollections of conversations with another 5 sex workers. Informational sketches of each survivor participant can be found in Appendix 1.

3.4 Engaging Participants: Data Collection Processes

3.4.1 Protocols Observed

Before any of the interviews commenced all participants were given and required to read the letter of introduction (Appendices A & B). It explained the nature of the study, its purposes and procedures, and their ability to withdraw at any time. Participants were also required to sign (or put their mark on) a consent form agreeing to participate in the study (Appendices C & D) and consenting to the tape recording of the interviews. For participants who could neither read nor write, I read the forms to them and ask that if they understood and agreed to the study's purposes they put their mark

on the consent form. The consent process was recorded on tape for security purposes. In the cases of participants under the age of 18, legal guardians or parents had to give consent to the interview process. They were also given a copy of the introductory letter and the process was explained to them. Once informed consent was obtained, the interview process began.

3.4.2 Interview Locations

Interview locations were decided upon by the participants who were given the liberty to choose a place most convenient and comfortable for them. Key informants interviews were conducted in participants' offices. The survivors chose to be interviewed either at their own homes or in public places. Exceptions to this were the interviews with child survivors. As these young children were dealing with the immediate past experience of sexual abuse, precautions were taken to ensure access to the appropriate support and counseling services should the interviews cause any psychological distress. This meant that the interviews were held at the offices of their psychological counselors, in surroundings they were familiar with and hopefully felt comfortable and safe in.

3.4.3 Interview Languages

Given the wide diversity of study participants and their backgrounds, there was no hard and fast rule as to the language in which the interview was conducted. The average Ghanaian can communicate comfortably in at least two languages in addition to English and Pidgin, a corrupted form of English. Most conversations in Ghana are conducted using a medley of the languages spoken by those involved in the discussion. Therefore, I did not impose any language rules except that I had to understand what was being said. Though English is my first language, I also speak Ga, Twi and Pidgin. I let this be known to all study participants and in most cases the conversations were held in a medley of all four languages. The interviews with the Trokosi survivors were exceptional cases where

a translator was used as both women spoke little English. The language with which they were most comfortable was Ewe, a Ghanaian language I do not speak.

For interviews with the key informants, the dominant language was English and this can be attributed to the overall encouragement for professionals to speak English in the workplace. However, in the course of our discussions, if there were some words and ideas that had no direct English translation I encouraged the key informants to express them in whatever local language we mutually understood.

In the interviews with the survivors, the dominant language was usually a Ghanaian language. If we happened to be speaking English and the discussions moved to abuse, I observed most survivors switching to a Ghanaian language until the topic changed. As I reflected on this I realized that I too was more comfortable speaking to survivors in a local language when discussing CSA and health. When I did speak English, I felt distant and removed from the everyday Ghanaian reality, and I tended to use "professional lingua" in discussions of CSA. This negatively impacted the interviews by reinforcing a power differential and hierarchy and did not help to foster a neutral, relaxed atmosphere. On realizing this, I decided it would be more beneficial to the research process to communicate my thoughts and questions on abuse and health in a local language.

Apart from the spoken word, participants also communicated clearly in their silences and with their body language. It many cases these forms of communication helped me a great deal to grasp their experiences and perspectives. With my awareness that everything that occurred within the context of the interview was of some significance, I was careful to be observant and to continually encourage dialogue of whatever kind in order to foster trust, truth and communication.

3.4.4 "By the Fireside", Listening to the Stories

Personal Field Journal Entry

It is difficult for me to think of the process of people entrusting their stories to me as collecting data. I see it as a very intimate space we both enter, both the storyteller and I the listener. Especially because we are talking about such a sensitive and in most cases traumatic issue! I want for the people I interact with to feel comfortable and to know that I don't see them as a source of data for my research that will have been removed from them. I would like for these people to know that I value their voice and I am deeply honored that they would allow me into their private space and tell me their thoughts and experiences. I want them to feel safe, to feel human (Field Journal Excerpt, April, 2006).

The above excerpt from my field journal gives a glimpse into my internal dialogue as I began the data-collection process. Despite the fact that qualitative research acknowledges the subjective nature of knowledge, I still felt limited by the language and terminology that was used in the research process. Since ultimately, the interviewer is completely invested in the process and act of listening to both the narrator and to the self (Anderson & Jack, 1991), I decided to indeed listen to self. The result of this was my using language that accurately reflected how I felt about the processes in the study. Examples of this were the phrases I used to describe my data collection: "engaging the participants" or "chatting about your experience". While using these phrases, I found the participants to be forthcoming and comfortable during the interviews, allowing me to gain an in-depth understanding of their perspectives. I further encouraged this process through the use of relationship building skills, and by maintaining an acute awareness of the flow of conversation and a sensitive awareness of our social and professional positions within the context of the interview.

During the interviews, I remained aware of what has been called the "therapeutic effect" (Hutchinson & Wilson, 1994), whereby the researcher in an interview invests all of him/herself to enable the interviewee to transform his or her subjective thinking into talk. Consequently, the interview can be intrinsically therapeutic for the informant/ interviewee. This effect was indeed noted in some of the interviews I had with survivor-participants, and it became my responsibility to ensure that offering therapy did not inadvertently become a focus of the interview. Here again, my intention of not seeking a narrative describing details of past sexual abuse experiences guided the process. Overall, this data collection strategy functioned to create a medium for the transmission of the

participant's voices. This furthered the goal of "hearing" the thoughts, perspectives and realities of the participants.

3.4.4.1 Textual Differences

As with all tools of research, interviews inevitably reflect the context of the culture and times in which they are produced (Seidman, 1998). In this sense, there is often a political element to the interview, its interpretations, and the texts that are derived from it, making it especially important that the interviewer adopt a constant reflexive stance in order to fully apprehend how they are consciously and unconsciously influencing the process (Nunkosing, 2005). I found this to be true as I engaged my participants in conversations.

My interviews with the key informants were generally formal in tone and structure. This is partly due to the fact that in Ghanaian society where education and general instruction is didactic with power differentials exaggerated, young people are raised to defer to the person in obvious power. In contrast, my interviews with survivors were more "friendly". When interacting with the sex worker population, I was particularly conscious of my powerful position relative to theirs. It was consequently necessary for me to show that even though power dynamics might suggest that I had the "upper hand," I was there to learn from them and listen to their stories. In this regard, my interviews were not ones in which "human interaction is secondary to the primary purpose of seeking data" (Nunkoosing, 2005, p.701). I sought instead to establish a nonhierarchical relationship to promote reciprocity between us, consciously working to reduce the perception of hierarchy by treating the participants with respect (for their opinion and voice) and with kind open regard. For the interviews with children I made it a point to have snacks and items with me they could play with during the interviews to further enable the eliciting of their voice as they sought to find ways to describe and understand their experiences.

3.4.5 A Juggling Act: Balancing Research, Participant and Researcher Needs

Research involving survivors of traumatic experiences can be hard on both the participants and the researchers (Connolly & Reilly, 2007; Esposito, 2005). In approaching my study participants, I needed to be aware of the fact that in most cases, little or no post-trauma counseling had been made available and or accessible to them. This unfortunate reality conditioned how I planned and conducted the interview process. Truth be told, I was worried that I might inadvertently trigger some form of psychological distress by querying them on their thoughts surrounding their abuse. This worrying thought was more real in the case of the interviews with the young children who had very fresh scars from the trauma they had only recently experienced.

In addition, given that statistics point to a high incidence of CSA in Accra, I had to consider the likelihood that some of my key informants were themselves survivors of CSA. With this in mind, I was extremely sensitive to participants' body language, facial expressions and other non-verbal responses to my questions. These cues determined how deeply I would explore an issue. When it was obvious the participant was becoming uncomfortable, I steered the conversation to safer topics. In some instances it was apparent that I ought to stop altogether and I did this immediately. I recognize that though my sensitivity to any participant's reticence helped to avoid causing potential psychological harm, it no doubt limited the information I was able to glean from some of the interviews. There might have been more I could have learned, but I was not willing to take the risk.

At the same time, I approached participants aware that there might be instances where they would want to share their experience of sexual abuse with me. I decided that if this happened, I would not discourage it. Indeed, it seemed unfair and selfish for me to pick and decide what I wanted to hear and actively dissuade the telling of the rest. I wanted to create a space that allowed for the participants to feel free to share to the extent they felt comfortable. And so it was in most of the interviews. It seemed my efforts to show my interest in their voice successfully demonstrated my commitment to

the entire process. From the very beginning I felt called to listen and I believe the survivors noticed this commitment. As one young survivor commented, "Till you, nobody has ever cared enough to listen" (Survivor #5: 18 years old, sexually abused the first time at age 12).

Most of the interviews with survivors were filled with stories of abuse and it was distressing for participants to talk about the issue. In such cases, I found it invaluable to not only allow myself to be present for the survivor as she told her story, but also share some of my own story. Thankfully, instead of the anticipated psychological distress, I came to see that this attention and reciprocity seemed to provide some measure of relief, or what Hutchinson and Wilson (1994) discuss as the therapeutic effect.

As I reflected upon the way in which I managed the interview process, I realized that I was able to help the survivors by listening to their stories. It felt good to be able to balance the sense of inequity I felt as a researcher!! In this regard, my experience was similar to that reported in Connolly and Reilly (2007), as they discuss the impact of conducting narrative research focused on trauma and healing. In retrospect, I recognize that I took from them their stories, but I also gave some measure of relief in return.

3.5 Transcription

3.5.1 Transcription as an Analytical Process

The task of transcribing the interviews presented me with an opportunity to bring my voice and understanding to bear on what participants had to say. As noted by Lapadat and Lindsay (1999) the act of transcription is interpretive in that it is a process of formulating and producing a meaning unique to the situation of utterance (Lapadat & Lindsay, 1999). Likewise, tenHave (1997) points out that interpretation is inextricably linked to the process of transcription.

Given the variety in languages spoken (two or three in any given interview), and mindful of the

importance of accurately interpreting the content of the interviews to include the various nuances of the languages, I experienced the transcription process as labour-intensive. Even so, my process was by no means 100% foolproof as there were some words and phrases used that do not have a direct English equivalent.

Not far into my first recording, the reality of Roberts' definition of transcription came to the fore: "Transcription is defined as the act of (re) presenting original language in written form". Roberts (1997) argues that just like the interview, transcription is a social and political act as transcribers and interviewers are social and political beings. To borrow his words, " In trying to fix the fleeting moments into words, transcribers are evoking the social roles and relations constituted in language, language ideology as they conceive it" (Roberts 1997, p. 168). I found that as I began to turn the original language used in the interviews into written form, I needed to intellectually engage with the content. Once this realization occurred, I began to see the transcription not as a dreaded obstacle to the final intellectual challenge of data analysis, but as an integral part of the qualitative analysis itself. From this perspective, the transcription began to carry more meaning than mere countless hours of straining to hear, translate and type. As analysis, it had to meet the demands of rigor in qualitative research. As I strived to adhere to these standards, I heeded Poland's call for greater reflectivity on the part of researcher (Poland, 1995). According to Lapadat and Lindsay (1999):

> This must include consideration of the mutual bidirectional and dynamic influences of theory and transcription methodology and their implications for interpretation. At the least, researchers need to acknowledge that transcripts are constructed texts and, as such, decision-making criteria, position of the participants (including the researcher), voice, and trustworthiness ought to be addressed during the research and when it is reported (Lapadat & Lindsay, 1999, p.76).

When I first began transcription, I attempted to transcribe every sound on the audio recording. The futility of this exercise was impressed upon me when I was two hours into the process and had only transcribed fifteen minutes of the digital file. At that point, I took some time to revisit the reasons for the research, and came to the conclusion that it was not as important that I transcribe

every word and sound as it was to record thoughts inspired and or observations remembered on listening to particular sections of the interviews. This strategy became even more helpful as I navigated those parts of the interviews that were obvious digressions from the issues at hand. And thus began my "data housekeeping", a process described by Warr (2004) as desirable in order to ensure that significant layers of meanings are preserved (Warr, 2004).

I also reflected upon issues concerning the impact of the position of participants, trustworthiness and voice during the transcription. Naturally, I bought to bear on this process my understanding of the social and political microcosm that was replicated in the interview process. A pause in the recording was not just a pause, but pregnant with meaning as a participant unconsciously indicated a hesitation to assign blame to the perpetrator because socially and politically, it is never really the man's fault for sexually abusing a woman. Furthermore, in Ghanaian culture there are certain sounds, hand and facial expressions which do not lend themselves well to written language. In these situations, my personal diaries and regular study journals were part of a triangulation effort to record my perception of the interviews and the participant's responses to it.

3.5.2 Coding, Fragmenting and Categorizing

Bryman (2004) succinctly expresses the significance of coding by saying that "...coding creates opportunity for the forging of interconnections between the codes" (Bryman, 2004, p. 408). For this particular study, this process of fragmenting sections of the interviews and rearranging them to explore possible themes between and within the different data sets (key informant interviews and survivor interviews) was made easier by the general format of the interviews. In most cases the interviews were divided into five main sections that functioned as the main categories of the coding scheme. The interview structure was as follows: I began with questions designed to elicit demographic information (code 1), then moved onto discussions surrounding Ghanaian culture and childhood

sexual abuse (code 2). From here there was a shift in the discussion to questions designed to stimulate participants' thoughts on their personal constructs of health and well-being (code 3). Finally the participants were asked questions on how they felt childhood sexual abuse impacted the health and well-being of survivors and the community as a whole (code 4) and what recommendations they had on how to address the incidence of CSA in Ghana (code 5).

The next step in the coding process after categorizing all the interviews using the above-mentioned 5 codes, was to identify key themes that ran through all the interviews both within and across the different participant groupings (key informants and survivors). For the survivor participants, emergent themes arose when the interviews were clustered by the three distinct recruitment strategies employed in seeking survivor participants. The first group consisted of survivors who accessed the formal system i.e. the police and hospitals, in dealing with the abuse. The second group of survivors consisted of child sex workers, a group for whom research has shown a high historical incidence of abuse before entering the sex trade. The final group, comprised of ex-shrine priestess from the Trokosi practice, purposefully recruited in order to add the voice of survivors, who by virtue of their inclusion in a specific cultural practice, were sexually abused as a matter of course.

The coding according to the different groups of survivors revealed some interesting insights as shared in the finding section of the thesis. This part of the analyses was a highly iterative process that involved the re-reading of the interview transcripts. This was coupled with repeatedly listening to the audio recordings because as previously noted, many words and ideas used in the interviews did not lend themselves easily to translation. Furthermore, listening to the audio recordings also helped me to access memories of participants' expressions and overall demeanour that I may not have noted and/or recorded during the transcription process. In addition to searching for themes in the narratives, I paid

attention to narrative structure and to the interactional context whereby I and the participant co-constructed meaning.

Finally and most importantly, it was through this process of continually returning to the recordings, and continually reflecting on the data, that I came to appreciate the significance of my own position as an insider-outsider with regard to Ghanaian culture, and how this position allowed me to see things that I might otherwise not have seen.

3.6 Analysis Strategies: Putting the Stories in Boxes

As I sought the appropriate framework from which to conduct my analysis, I found myself confronting the complexities inherent in qualitative research analysis. I came face to face with the inherent messiness of qualitative data, a feature which makes the use of straightforward analytical techniques impracticable.

In my search for tools to help with the analysis, I reviewed the qualitative methods literature, and came to understand that because I chose to treat the interview text as a window into human experience the most useful strategy for my purposes would be narrative analysis. Interestingly, there is limited consensus as to what narrative analysis actually entails. Roberts (2002) notes that the term is often used to refer to both an approach that emphasizes the storied nature of the human recounting of lives and events, and to the source -- the stories themselves. This form of analysis involves a sensitivity to the connections between people's accounts of past, present and future events, the stories they generate about them, and the significance of context for the unfolding of events and people's sense of their role within them. According to Bryman "it is the way that people organize and forge connections between events and the sense they make out of those connections that provides the raw material for a narrative analysis" (Bryman, 2004, p. 412).

Reismann (2004) further identifies four distinguishable types of narrative analysis: thematic, structural, interactional and performative. Thematic analysis simply emphasizes what is said rather than how it is said. Structural analysis emphasizes the way the story is recounted, with an emphasis on the use of narrative mechanisms to increased the strength of the story. In interactional analysis, the emphasis is on the dialogue between the storyteller and the listener and on the co-construction of meaning by the two parties. Performative analysis includes an examination of the response of an audience to the narrative in order to explore the use of words and gestures to get across a story. In my case, I did not use performative analysis but I analyzed the narratives thematically, structurally, and interactionally. I found that this allowed me to pull the threads of the stories together to weave a picture that was more complete and in line with my experience in the field.

3.6.1.1 The Role Played by Being Simultaneously an Insider and an Outsider

The final and most critical tool that influenced my analytical process was the fact that at the onset of the study, it became clear to me where I once considered myself an insider where Ghana was concerned, because I had been living in Canada since 1998, I had also gained an outsider perspective. This allowed me the vantage lenses of both being able to see and understand the Ghanaian way, whilst consciously apprehending it as distinctly Ghanaian. The following excerpt from my field journal illustrates this:

Personal Journal Excerpt:

Today, as my KLM flight landed on the Kotoka International Airport runway and taxi-ed towards the gate, I felt awash in a myriad of thoughts and emotions. Here I am, finally back home, with a very specific mission in mind. With vivid memories of my experiences growing up in Ghana dominating my mind, I wonder if things have changed at all. Am I on a fool's errand, looking for answers to questions nobody is asking? Am I going to find anything that surprises me and inspires a new train of thought and consequently action? As I contemplated these thoughts, I was confronted by my biggest fear of all. Have I been away for so long, I have lost my sense of what is it to be a Ghanaian? Am I approaching this study as one with true intentions? Would I

be able to see the threads in the stories I hear and reflect and interpret it all from a Ghanaian perspective? I want so much for the socio-cultural context to take center stage but having been away for so long, would I be able to do this? Deeply taken by my musings, I gathered my ipod, books and purse and proceeded to disembark (always wanted to use that word! Lol!) Ahhh! I said to myself, as the sights and smells of Accra shook me out of my reverie. As I stopped to take it all in, I noticed an elderly woman carrying a heavy bag with no wheels. Without thought, I greeted: "Aunt, please good evening". 'Fine evening," she replied. "Do you need help with your bags, I asked? Please let me help you".. Realizing what I was doing, I smiled to myself. There was no need to worry after all! Once a Ghanaian, always a Ghanaian! Hahaha!! (January 2006)

The above excerpt is presented to illustrate my conscious realization that, even though I had been away from Ghana for eight years, I retained an intimate familiarity with Ghanaian culture, so that I was positioned as both an insider and an outsider looking in. This position helped me to see the importance of the seemingly mundane.

As I reflected on the interviews, my experiences during the interviewing, and my notes on the transcripts and in my journal, I was struck by two thoughts. First, the attitude towards discussing CSA publicly in Ghana had changed! Before I left Ghana, abuse and sexual abuse in particular was NOT spoken about in public and with strangers. Yes, as my research was to show, there existed institutions that sought to address issues of all forms of child abuse, but when I was a young teenager in Ghana – and research indicates that young teenage girls are the most vulnerable to CSA -- I had no idea that institutions addressing CSA existed. Upon returning to Ghana eight years later, I noticed a very perceptible shift had occurred, so that the society was becoming sensitized to issues surrounding CSA. Newspapers, radio programs and civil society were all actively engaged in discussions surrounding abuse and participated in both formal and informal fora that sought recommendations on how to address the issue. This greater awareness of CSA played a large role in my research process, as it helped to set the stage for the questions to which I sought answers. In this context, the participants I sought welcomed the dialogue and were eager to pursue deeper understandings of the issue.

The other nuance that took me by surprise as I reflected on the research process was the weight I immediately attached to certain English words when used by a Ghanaian. Having being away

from Accra for over five years, I was able to hear the lingo as it were, with fresh ears. In so doing, I realized that there are certain English words we (Ghanaians) use that probably communicate more to a Ghanaian audience than it would to anyone else. In essence, we have constructed a language within the English language, and it is uniquely ours. We do this by unconsciously adjusting the meaning of certain words, imbuing them with a meaning that makes sense within the context of Ghanaian culture. For example, to the non-Ghanaian ear, the use of a word such as "beg" instead of "please" may sound overly obsequious. To the local, its use conveys a sincere way of communicating a desire and as such, is inextricably linked to the socio-cultural context and is weighted with an understanding of and appreciation for the Ghanaian way of being.

Upon realizing this, I began to actively apply my insider knowledge of "the language within the language" to the analysis. I noticed the frequent use of the words "worry", "defilement", and "respect", all of which to my ears carried a particular meaning within the context of Ghanaian culture. In this manner, it became apparent to me that by examining the Ghanaian use and contextual meaning of these words, I could begin to illuminate and make sense of the socio-cultural context in which CSA occurs in Accra. By attending to the narratives of my participants, my own autobiographical knowledge and experience, and by placing all of this within the context of existing literature, I have been able to find common threads that tie the experiences of the participants together, to offer a comprehensive picture of CSA as it occurs and is dealt with in the Ghanaian socio-cultural framework. In the following chapter, I present the results of this analytical process.

4 Findings: The Bricoleur's Tale

In this chapter I weave a tapestry, bringing together all of the experiences and perspectives that were presented to me. I begin with the juxtaposition of participant narratives; elucidating differences between the three survivor groups. Next I turn to a discussion of themes found in the key informant perspectives, and how these themes vary. Finally, I turn to a discussion of the common threads I found in considering all that the survivors and key informants had to say. I identify common concerns with defilement, respect, and worry. Then I draw on the concept of key metaphors and scenarios (Ortner 1993) to examine the significance of these concerns for understanding why CSA remains pervasive despite attempts at eradication. And through the inclusion of excerpts from my reflexive research journal, I draw the reader into a deeper understanding of how I came to the conclusions I have made, with the ultimate goal of weaving a tapestry that tells a story representative of the voices that were a part of this study, myself as researcher participant, key informants and the survivors whose experiences remain the focus of this study.

4.1 Understanding the Survivors Experience

In total there were ten individual survivors whose stories were recorded, transcribed and analyzed. Four survivors were working in the sex trade when interviewed, two were survivors of the Trokosi practice, and three were young women who had recently been abused and who were in the process of reporting the abuse. My analysis of the interviews shows that different themes exist between and across these three distinct groups of survivors. These themes suggest the following:

a) In addition to the socio-cultural context that makes women vulnerable to CSA, vulnerability is heightened by the immediate social / familial environment and experience;

b) This immediate social / familial environment influences a survivor's understanding of why men sexually abuse young girls. In this study we see that a survivor who was raised with a sense of belonging in a protected and caring environment perceived the abuse as a normalized response to a naturally uncontrollable desire in men, whereas the survivors who had an unstable and poor family environment saw the abuse as a calculated act on behalf of the perpetrator to inflict pain or punishment, exerting a masculine sense of entitlement; and
c) This social environment also determines how a survivor will react after experiencing sexual abuse. The spectrum of responses included reporting the abuse, confiding in peers and engaging in self-treatment, or staying silent and pretending it never happened.

In the following section, I explore the experiences of the survivors who, under strikingly similar circumstances, found themselves selling their sexual services for a living.

4.1.1 Sex Work: By Choice or By Experience?

Four survivors who were sex workers were at the time of the interviews between the ages of 16-20. They lived in an illegally constructed community inhabited by so-called marginalized members of society. All four had experienced and in some cases left extreme home circumstances, and three of them had no knowledge of the whereabouts of their biological parents. These three had been forced to fend for themselves while living with foster parents who did not provide adequately to ensure their well being, and they eventually left their foster homes. All three ended up staying with an elderly, non-relative female, who provided them with a place to sleep. The fourth girl continued to live with and provide for her biological mother. Two of the girls were single mothers with young children and only one of the young girls, the one currently living with her mother, had finished secondary school. The other three, largely due to their unstable family circumstances, had only some very basic education.

For all of the sex worker participants in this study (see Appendix 1), it is clear that negative family life experiences left them more vulnerable to CSA. Excepts from two of the four cases are shown below to illustrate this. In their accounts, one sees that the low levels of supervision, protection, and an expressed lack of concern for the well-being of these young girls, served to heightened their socio-cultural vulnerability to sexual abuse. Furthermore, in these two cases, the survivors' already poor family life experiences were made worse by sexual abuse which was perpetrated by a member of the foster household. The first excerpt is from my interview with Survivor #2, a 19 year old who was first sexually abused at the age of 12 and currently does sex work to earn a living:

> *I: Oh! So your whole family is still in Togo?*
> *S: Yes, but my mother is not alive, my mother is not alive.*
> *I: How old were you when she passed?*
> *S: At the age of 12 and that's when I came with my aunty. She also started to treat me like somebody she didn't know.*
> *I: And that's how come you left her?*
> *[Nervous Laughter]*
> *I: So do you have any brothers and sisters?*
> *S: No.*
> *I: So how old were you when you left you aunt's?*
> *S: Well my aunty started to maltreat me and I also started to go around, I don't know what I was doing, and I meet a certain girl, she is my best friend. I was good to her and she also brought me to her mother (Survivor #2).*

The second excerpt is from my interview with Survivor #5, an 18 year old who is now a sex worker, and who was first sexually abused at age 12 whilst working as a house keeper:

> *S: Okay, I was paying my own fees. That time the area I was in we were living in an area where a lot of rich people will stay in the area so on the weekends I will go to their homes to help them to wash to clean, I can clean the whole house, I don't care, for the next weekend maybe, and that time if you are giving five thousand [old Ghana cedis] I can use it for the whole week that is normally what I do. So we were in this house, and one day the woman asks my mother that she wants me to come and stay when I was 12 years old. So I was staying with this woman, she has, there is, you see the house is not like a flat, but they are somehow sound financially and they have people staying in the same house but everybody has his room. I was in the house one afternoon when this man came to the room and said how are you? I said oh I am fine. Ah today I did not hear you sweeping, I said oh, aunty asked me not to sweep and then he came to sit beside me. That time I was having a mat that I was sitting on. He came to sit beside me. He said he will help me, he had heard a lot of stories*

about me. He wants to help me. He said he is in London, he will take me to London. I was very happy. Then he started holding me, and I didn't know this, and he was touching me in certain parts. Ei! Look at this man, so he forced and made love to me. I was very sad, I don't even want to walk out of the room, but when I was not able to move, so the woman came to meet me there with blood and so they took me to the hospital and the woman was so, she was trying to help me, but the man left out of the country.... So my mother said that she can't afford to lose me, so I should just come back home (Survivor #5).

The experiences of these survivors suggest that macro issues such as migration, poverty, and unhealthy familial environments heightened these participants' socio-cultural vulnerability to sexual abuse. Furthermore, despite poverty being a driving factor for entering the sex trade, the 18 year old survivor quoted above revealed that it was her experience of multiple instances of sexual abuse that served as the final push in her decision to trade sex in exchange for money. As she put it, "*what I was thinking is after all what? What you want to be, you have already forced me and so what you are going to be paid for is better*" (Survivor #5). Interestingly, she was the most educated of all the girls and had intermittently tried to work at other jobs but still ended up in the sex trade. This is in alignment with the literature that indicates a significant relationship between early sexual abuse and adult risky behaviours (Parillo, Freeman, Collier & Young, 2001) and an association between sexual abuse and sex work (Stoltz, 2007).

4.1.1.1 Perception of Socio-cultural Context of CSA by Sex Workers

As if to complete a vicious cycle, participation in sex work in turn played a major role in how these girls understood the socio-cultural context in which CSA occurs. Probably due to their age and their harsh life experiences, in contrast to the yet to be discussed younger and more naïve survivors, these participants were more analytical about their experience of abuse and had well-formed opinions about the Ghanaian socio-cultural context in which it occurs. Not surprisingly all four of the sex workers expressed a sense of being used to abuse in general and sexual abuse in particular. Having

been in the sex trade for a while they had been exposed to a variety of forms of abuse by men and this figured prominently in their belief as to why men perpetrated childhood sexual abuse.

All the girls suggested that sexual abuse was an intentional act meted upon a girl or woman by a man. As was shown in the literature review and is corroborated by the women's accounts, there are two general perceptions that work together to wrongly justify this intentional abuse. The first is the belief that females are inherently troublesome and it is the man's duty to ensure that women toe the lines of propriety (Appiah & Cusack, 1999, Amoakhene, 2004). The second is a socio-cultural context which teaches that a woman has no ownership or rights over herself and her sexuality. These beliefs contribute heavily to violent behaviours against women (Appiah & Cusack, 1999) as clearly illustrated in the following excerpts, where the survivors share that they see sexual abuse as a form of judgment and punishment imposed by men on women for not conforming to societal expectations or acting in pleasing ways. In the first excerpt, Survivor #2, a 19 year old sex worker who was first sexually abused at age 12, shares her thoughts on this issue:

> *S: Hmm. It depends on, maybe it depends on the dressing Ghanaian people dress. Have you seen. If you see some, they wear acapoko, I don't know some short skirts. And if the men see you it will attract the men, so they will by all means rape you.*
> *I: So all the times it happened to you what dress were you wearing?*
> *S: I am not in a short skirt. But it depends on, I don't know. I don't know what they feel. Maybe they will feel like this girl I want to ruin her life completely.*
> *I: It is almost as if it is intentional?*
> *S: This girl I will do something really mean to her. You won't even know, and they will do something really mean to you so that you know that something really mean has been done to you (Survivor # 2).*

In the second excerpt, Survivor #3, a 19 year old sex worker who was gang-raped by her foster brother and his friends two years ago, said:

> *I: And so I was asking why would they do this? Because I don't know! Why do you think? Do you know?*
> *S: When they look at the way your behaviour is, they think that some people are " too known" that you say certain things that when you say them it upsets them. So it will upset them and so they will chase that thing you said and do the bad things to you (Survivor #3).*

These excerpts illustrate an interesting difference between the opinions of these survivors and the so-called common perception in sub Saharan Africa (SSA) of the "uncontrollability" of male sexual urges as the reason for childhood sexual abuse (Lalor, 2004). While the commonly held view of the uncontrollability of male sexual urges serves to vindicate the man of any responsibility, these participants saw the abuse as intentional and premeditated and the man directly responsible for his actions.

In addition they also indicated that they experienced a laissez-faire attitude from the community towards the abuse and that reporting the abuse to someone else gave no comfort or redress. This view is shown in excerpts from three separate interviews below:

In the first excerpt the 19 year old sex worker who was first sexually abused at age 12 (Survivor #2) shares her thoughts on this issue:

> *I: So the last time they did it to you did you report to anybody?*
> *S: I reported to a certain man, he used to attend an apostolic church and he didn't say anything. He said sorry, sorry, sorry, sorry is all they say. Sorry (Survivor #2).*

Second, the 19 year old sex worker who was gang-raped (Survivor #3) had the following to say:

> *I: Did you report the boy to the police station?*
> *S: The woman said I should leave him alone. She herself has issues. They said we have to leave here.*
> *I: Which woman the one you stay with?*
> *S: Yes (Survivor #3).*

Third, the 18 year old survivor who is now a sex worker and who was first sexually abused at age 12 whilst working as a house keeper (Survivor #5) said:

> *Even if the police arrest you, they will, even if there is a police in front of you, I will tell you, they will do it and they can't deny it. They have done it to me and they can't deny it. Even every day I always, sometimes I tell madam that even the police cannot tell me that hey you girl you are lying, no they do it and they know they do it. The policemen, the soldier me, they do it everyday. They will not even give you coins to buy water. If they finish then they will be pushing you. They do it, the police they do it and so you can't report it to them (Survivor #5).*

These excerpts underscore the notion that there is no consciousness surrounding women's rights. Any consciousness that may exist is trumped by the higher value placed on other concerns, including as will be shown in another section of the findings, the concern to not disgrace oneself, one's family and one's society by revealing sexual abuse. This behaviour, the perceived impetus for it, the socio-cultural context within which it occurs and society's response to it, altogether result in the impunity that allows for abuse to go largely unchecked. Unfortunately, this impunity is amplified when sexual abuse is meted against society's marginalized, making it harder to break the cycle of violence.

4.1.1.2 Survivors Understanding the Health CSA Connection

Finally in what was not a surprising theme, all of the sex workers I interviewed had a strong understanding of the health effects of the CSA, using metaphors such as " pains", "worry" and "not free" to describe the physical, psychological and emotional impact of the experience.

Below, the survivors indicate a clear connection between their experience of CSA and its effect on them physically. Survivor #4 sought advice from her friends on how to self-treat the pain, whereas Survivor #3 directly sought out medical attention at the hospital. Survivor #4, a 16 year old survivor sexually abused by an older man and now working in the sex trade, narrated the following experience:

> *I: So you told me at that time you couldn't walk, the time that you went home was there anything wrong with you?*
> *S: I wasn't free.*
> *I: Why weren't you free?*
> *S: Well because I had never done it before, where he had sex with me, it was hurting me but I couldn't tell it so that I could get medicine. It was around 11 that they were watching TV. My friend said that I should drink water and put camphor there, so I took the water and put the camphor there and so I sat there like that. The medicine, my walking pains, my friend went by herself to buy the medicine for me to drink.*
> *I: So right now if someone talks to you about what happened does it worry you?*

S No, Well when I think about it, it hurts me, but its happened so there's nothing that can be done about it (Survivor #4.)

Survivor #2, the 19 year old sex worker survivor originally from Togo who was first sexually abused at age 12 had the following to say:

I: So since then, the first time it happened, did it physically hurt you? Did you have to go to the hospital?
S: Oh he hurt me, I had to go to the hospital.
I: Who took you to the hospital?
S: Who took me? Some people who saw me and took me and so I went and they looked at me. At that time I was very weak. When it left me a little then there was some discharge. They said that it will affect my womb, sometimes. All the time it has happened to me I have gone to the clinic. Even if I don't have money I go to the clinic and they look after me.
I: Then your child is a miracle baby.
S: She is my life. Princess is my life. ......Princess even when I was carrying her, some guys raped me, so I was sick stayed at the clinic during the whole pregnancy. So I am not well. I don't even feel well sitting here. I am not well. .... So when I sit down I feel pain, I feel pains in me. I don't have anybody and look at the pains I am passing through. I am thinking that if my mother is not dead these things won't have happened (Survivor #2).

In the following excerpts, Survivors #3 and #5 clearly express their consciousness of the link between their experiences and its negative effects on their psychological and emotional health.

Survivor #3:

I: So the time that the boy raped you, when you think about it?
S: When I look at my child and think about it, then it upsets me. Then it makes me cry and the woman tells me that I shouldn't cry because it has happened already and we can't do anything about it.

Survivor #5:

S: Then he started holding me, and I didn't know this, and he was touching me in certain parts. Ei! Look at this man, so he forced and made love to me. I was very sad, I don't even want to walk out of the room, but when I was not able to move, so the woman came to meet me there with blood and so they took me to the hospital and the woman was so, she was trying to help me, but the man left out of the country. But the woman sent it to court and all that place. So my mother said that she cant afford to lose me, so I should just come back. Because when it happened like that, after that everyday there was this while water coming, and it continues for almost a long time before it stopped so my mother said I should leave there so I left and came back home... You see being a cultural dancer, I learnt to dance. Sometimes when you are weak and you train you feel fit. So I learned how to dance so that I can, maybe I can use that to be happy ,sometimes I am very sad or when I see some friends, when I see my mates, when I see people the same age life is going on well and they are living good but I am not like that. Sometimes I blame my mother, sometimes I blame my father. But I just say ohh I am already in this place so you just have to entertain yourself and I like dancing so I just use that to entertain myself when I am very sad and I am not happy (Survivor #5).

In the preceding extracts, two of the young girls (Survivors #3 and #5) wonder out loud if their parents could somehow have been a factor in either causing or preventing the abuse. What is clear and remarkable is that even without engaging the formal system except to care for their physical effects, they all sought ways to understand their experiences and heal from them. As well, all the child sex worker survivors made a direct connection between their emotional, psychological and physical distress, and their experience of childhood sexual abuse. This weight of their distress is further emphasized by the use of the metaphors "worry" and "not free". To the Ghanaian, these words serve as metaphors to describe a scenario of extreme chronic distress. The significance of these words is explored in Section 4.4 with reference to Ortner's (1973) concept of "key symbols".

4.1.2 Socio-culturally Sanctioned Abuse? The Case of the Trokosi

Two women from the Volta region, aged 33 and 35 when I interviewed them, were survivors of the Trokosi system, having as children been sent to the shrine by their families to become priestesses. Both went on to become members of an NGO called "Survivors for Change," advocating for the abolishment of the Trokosi practice of sending children to the shrine to atone for familial transgressions, and providing counseling for boys and girls who have been abused or have served at shrines. They also educate children and current Trokosi in the shrines about their rights, in an effort to get them to understand that they are legally free and do not have to remain at the shrine.

Survivor #9, aged 33 when interviewed, was sent to the shrine at age 12. She said that she was sent because:

> *my grandfather stole someone's property, and people were dying in our family so in order stop the dead in the family they had to send a young girl to atone for that crime. Someone was sent for the first time and the person died and I was sent as the second person to atone for the same crime.*

She remained in the shrine for two years, during which time she was the only Trokosi there. When I asked if she had been sexually abused while at the shrine, she said that she did not recall

whether the shrine priest sexually abused her while she was there, though she did point out that "*the priest is the husband of all the Trokosi in the shrine and if your husband sleeps with you it is a normal incident*".

Survivor #8, aged 35 when I interviewed her, was sent to the shrine at the age of eight. She lived there for 16 years, was sexually abused and had two children by the shrine priest. She was sent to the shrine because it was alleged that a relative had stolen a ring, and so she was sent to atone for the crime on behalf of that relative. In her narrative of her experiences as a Trokosi she explained:

> *There is no definite number of years for you to stay, it depend on how well to do your relatives are because they need to perform certain rituals which cost a lot and if they are able to buy the items for the ritual then you can leave there early but if you are not able to pay then you can live there bring forth all your children there and die there.*

She went on to say that there was no age limit regarding when the priest might be able to have sex with a girl, and "*he look at you and he think you are right then he goes in to have sex with you*". She was herself forced to have sex with the priest against her will. At the time, she did not tell anyone about this because: *"You have no right to tell any one, if you make it public it means you've committed another crime and your family would be ask to bring a girl to pay for that"*.

In explaining the effect it had on her health she uses the afore-mentioned metaphor "worry" Here, there is evidence to give a deeper understanding of the contextual and metaphorical use of "worry":

> *Apart from the fact that it might destroy you I mean medically that you may not have kids again, if you are destroyed internally by the man, it also leads to trauma that it keeps worrying you each time you think about that experience it hurts a lot it keeps lingering and you keep thinking about it and so that health wise that is not good. ....*

In discussing how CSA was dealt with in the community, both women agreed that there were three potential scenarios: either the issue was given to the chief to arbitrate and "the matter was left there", the issue was sent to the police, or nothing was done at all even though word got out in the community that it had happened. As well, both women were very matter of fact about the occurrence

of CSA, seeing it as something that "just happens". They offered no opinions about why men abused young girls sexually.

4.1.3 Seeking Healing in "Justice"? Survivors and the formal system

I recruited a third group of survivors through the *Gender Violence Survivors Support Network (GVSSN).* These four young girls between the ages of 13-17 had guardians who engaged the formal system in their efforts to deal with the sexual abuse of their children. As discussed in the chapter on research processes, due to the fact that these girls were still obviously emotionally and psychologically traumatized by their experience of abuse, my concern for their emotional well being was paramount and this was reflected in the relative lack of probing in the interviews as compared to the previously discussed group of participants.

This group of survivors was similar to the other two groups in their understanding of health and the negative health outcomes that can stem from having experienced CSA. All of these participants were able to explain or showed by the emotional reaction to my question, the (potential) negative effects of the abuse on their health. These included teenage pregnancy, STIs including HIV/AIDS, loss of appetite, loss of trust in men and the psychological trauma of "worrying" about what had happened to them. Below are two excerpts to illustrate this point about their health concerns. In the first, a 13 year old recent survivor of CSA (Survivor #1) is quoted:

I: So if someone forces you to have sex with them will it affect you and your health?
S: Yes
I: It will affect your health? How would it affect your health?
S: When I eat, I just eat a little then I can't eat any more.
I: Okay, and anything else?
[Silence]
I: Are you crying? Don't cry, its okay, okay. I am done, I won't ask you any more. Okay. Let's practice our French.
S: Okay.
I: I will stop this, Can I stop it?
S: Yes (Survivor # 1).

Second, Survivor #6 who is a 14-year-old girl from Accra, recounted her experience:

> *I: Okay. So when something like that happens to somebody, what do you think will be the effect on the person's health?*
> *S: Maybe if there is sickness in the boy, the girls can get it.*
> *I: What kind of sickness?*
> *S: Like AIDS, gonorrhea.*
> *I: Is that all?*
> *S: There are many.*
> *I: So those are just examples?*
> *S: Yes.*
> *I: So what If the boy doesn't have the sickness?*
> *S: You can be pregnant.*
> *I: What if the boy's sperm is not strong enough so you won't be pregnant what else could happen?*
> *S:I don't think anything.*
> *I: So if none of those things happened to you, will it worry you what the boy has done to you?*
> *S: Yes.*
> *I: Why would it worry you?*
> *S: Maybe you will drop out of school.*
> *I: Why would you drop out of school?*
> *S: Because maybe you have AIDS you cannot go and join your friends. Or you have given birth you can't go and join your friends you will be shy (Survivor #6).*

The first excerpt clearly shows the current trauma still being experienced by the 13-year-old survivor. In the case of Survivor #6, the 14 year old girl from Accra, she had clearly given some thought to the possible impact of CSA on her health in both the short and long-term. The health concerns of these survivors were similar to the health concerns of survivors from the other groups I interviewed. Their narratives provide evidence of widespread awareness that CSA, culturally sanctioned or not, whether it is believed that you deserved it or not, does negatively affect the health of the survivor.

There were also differences between the groups that became apparent as we discussed definitions of sexual abuse and perceptions as to why men sexually abuse young girls. In my discussions with these girls, I learned that they believed that any form of sexual contact before marriage was "bad," with penetration seen as the ultimate transgression. This difference can be attributed to a number of things. One explanation is that they may be sexually naïve and

inexperienced in contrast to the other survivors who were sexually active and who indicated that as long as there was consent, sex inside or outside marriage was okay. This may also explain why their guardians had decided to engage the formal system after discovering that their child had been sexually abused. In two of the cases, I met the survivors at the police station where their parents had come to lodge a complaint against the perpetrators. In the other two instances, it was therapeutic counselors who introduced the survivors to me.

I asked Survivor #10, a 17 year old who had recently experienced sexual abuse from her father, why she thought men sexually abused young girls. She said:

> *I think it is due to their irresponsible behaviour that causes this to happen, that they are not able to abstain or they are not able to control themselves in such things when they have the feelings of trying to have sex with someone they are not able to control themselves that is why I think it is still increasing. (Survivor # 10)*

It was interesting to hear this response from the respondent who has the most formal education of all the survivors. It should however be noted that she was sexually abused by her father and so this may have been her way of understanding why he would sexually abuse her, his daughter. Here, one can see what Lalor (2004) alluded to when he talked about the common perception in sub Saharan Africa (SSA) of the "uncontrollability" of male sexual urges.

When comparing this group of survivors to the other two survivor groups, it is striking to note that their relatively secure home environment did not protect them from CSA. As we saw with the first two groups discussed, there were further circumstances that served to increase their socio-cultural vulnerability to abuse; i.e., family instability, a lack of a sense of belonging and value, and involvement in a practice that demanded they be sexually available to a man regardless of their age. In contrast with the survivors who had histories of an unhealthy family environment, this third group seemed well adjusted and well cared for. Three of the four girls were in school and described themselves as having an involving and enjoyable social life, as expressed in the two interview excerpts

below. In the first, Survivor #6 was 14 years old and lived with her sister, though she also saw her parents regularly:

I: So do you have lots of female friends?
S: Yes.
I: Do you have a tight crew that you roll with?
S: Yes.
I: How many of you?
S: We are 5, 5 girls.
I: Who is the leader?
S: There is no leader, we are just friends and we do everything together.
I: And you guys you chat, do you do your homework together?
S: Sometimes, if we forgot to do it at home we do it in school and then we all combine.
I: So you people have known each other since JSS1?
S: Yes.
I: Who is the eldest?
S: I am the eldest, a certain girl and I.
I: So what kind of things do you people talk about?
S: Our experience and ... and films. If we watch films we talk about it.
I: What kind of films, Nigerian movies?
S: Super stories (Survivor #6).

Second, Survivor #10 quoted below is 17 years old and by her account had a good family life until her father began sexually abusing her:

I: Do you guys live alone, just the three of you and your mother or somebody else staying in the house with you?
S: Yes, my Auntie and the daughter. Yes.
I: it is like a self contained or is it a rented?
S: No it is not self- contained. It is a rented house.
I: Do you guys rent rooms in the house or do you have the house to your house to your self's?
S: We rent rooms in the house.
I: That nice, you are always surrendered by people; do you like that?
S: Yes.
I: So you guys have live there like your whole life or you've move around a little bit?
S: Whole life.
I: So then that is your neighborhood?
S: Yes.
I: That's nice, and your school is close?
S: Yes, Very close. (Survivor #10)

For these survivors, there is a sense of stability in their descriptions of their home environments that was not found in the descriptions given by the other two groups of survivors. This

would suggest that in the case of this particular study, despite the fact that an unstable home environment was shown to heighten the already existing socio-cultural context that makes a girl vulnerable to sexual abuse, all girls are potentially vulnerable to CSA, regardless of their home environment. Indeed, it was within the context of a stable home environment that this group of girls experienced sexual abuse. In the case of Survivor #10, it was her father who perpetrated the sexual abuse. As narrated by another survivor (Survivor #1), there was even anecdotal evidence in her community that suggested that the perpetrator of her abuse had a history of sexually abusing young girls:

> *I: So the person who forced you, did you know him?*
> *S: Yes.*
> *I: Where does he stay?*
> *S: We brought him here.*
> *I: So where do you know him from?*
> *S: My neighborhood ....They say that this boy has done it to somebody before in his village and he ran away and came here. So, He buys something for you and that is how he catches the children. When he does that they don't mind him, and when I told my mother that he did it, she said that as for him, that's how he is so this time she will take him to the police station.*
> *I: So when he forced you, did you tell him you will tell?*
> *S: Yes.*
> *I: And what did he say?*
> *S: First I said I will tell and he said if I told I will die so I couldn't say it. The second time I was going to buy something and I ran into him and I said I will tell, and in the evening on Monday I told my mother.*
> *I: So did he force you only once?*
> *S: No, twice.*
> *I: So the first time, you were on your way to buy something?*
> *S: Yes.*
> *I: And he caught you? And the second time you were going to buy something again and he caught you?*
> *S: Yes.*
> *I: So when he caught you did you tell him to stop?*
> *S: Yes, I told him that my mother said that I shouldn't do it and he won't listen. (Survivor #1).*

This 13 year old recent survivor of CSA, living in Accra with both parents, clearly indicated her mother had some kind of knowledge about the perpetrator's history of abuse: "*and when I told my mother that he did it, she said that as for him, that's how he is so this time she will take him to the police station*". This clue to her mother's foreknowledge of the perpetrator's past, begs the question as to why he was

still able to have access to young girls. In order to get a better understanding of how this can happen, it is necessary to know what a typical Ghanaian socio-cultural context is for a young girl. I present my perspective of this socio-cultural context by drawing on my autobiographical experience as a young girl growing up in Accra.

4.2 The Socio-cultural Context: An Autobiographical Narrative

My own experience which is corroborated by the existing research literature and the participants in this study suggests that there exist a number of norms and practices in Ghanaian society that function to make girls vulnerable to abuse. The best way to illustrate these is with five commonly used phrases in Ghana.

a) It takes a whole village to raise a child.

b) A girl belongs in the kitchen.

c) Children are to be seen not heard.

d) She doesn't mean "no" when she says "no".

e) Don't wash your dirty clothes in public.

The first adage "it takes a whole village to raise a child" results in a community where many have unrestricted access to the children. For better or for worse, everyone is regarded as part of the larger family tasked to "train a child." In this way it is not uncommon for a child's neighbour to spank them if they see the child doing something they believe to be wrong. This also translates into access to each other's homes and some shared access to belongings. In general, this view of society is positive as it relieves some of the burden of the nuclear family and ensures that as a child you are under the watchful eye of someone who is supposed to care about your well-being.

On the other hand, there is the naïve assumption that all intentions are for the best interest of the child and this makes the child vulnerable to the ill-intentioned family/community member. There are also many instances in Ghanaian society where a child may be given by his/her parent to someone else to raise. In most cases this person is a relation who agrees to take the child and treat him or her like their own. There are many reasons why a parent will ask someone else to raise their child including lack of financial resources, a genuine love of that relative for that particular child or the prospect of better opportunities for the child. Parents are generally under the impression that the child will be treated and brought up with love and care but this is not always the case and the young girl may be put in a situation of vulnerability.

The next adage "a girl belongs in the kitchen" perfectly illustrates Ghanaian society's understanding of masculinity and femininity. Gender roles determine that girls are the caregivers and they are raised to understand and play this role. In poor families, the girl is kept at home to help her mother with chores while the boy is sent to school. In executing her daily routine, the girl is more vulnerable as she is either alone at home or alone on her way to and from the marketplace or other caretaking activities. The practice of older people "sending" young people to do mundane tasks also adds to the risk of interference. It is a sign of disrespect to say no when an adult asks you to run an errand on their behalf. A number of the girls in the study were taken advantage of by a neighbour who sent them on an errand and then waylaid them either on their way to, or as they entered, the house from doing an errand. The risk for girls is heightened in this case as it is more common to send girls to do such errands than it is to send boys. In addition, not only are girls socialized to understand their roles as caretakers, but the boys are also socialized to see themselves as "better" than the girls. Their chores, if they have any, are more physical in nature, reinforcing the idea that they are "stronger" than girls. In some cases they are led to believe that it is the woman's role to serve them, reinforcing the power differential that already exists in this heavily patriarchal society.

Next, there is the commonly held and commonly stated perception that a girl does not mean 'no' when she says "no" to sex. In this milieu, a girl's sexuality is misunderstood and it is thought that even when she is agreeable to the sexual advances of the man she would not say so. This, coupled with the convenient notion that a man's sexual desires are uncontrollable, creates situations where men believe that all girls who want sex also want to be "coerced a bit" before giving in. This gives men license to have forced sex with some girls as they can convince themselves that the girl really wanted it but didn't know how to say that she did, despite her protestations to the contrary.

Finally when all of the above create a situation where a girl is forced to have sex, she is admonished not to wash the family's dirty clothes in public and so keeps quiet about it. Unfortunately, if she does tell she is made to feel guilty about it and made to believe that she either asked for it or should have been more careful about how she walked, talked and or dressed. In a few cases, the child is able to find a sympathetic adult who listens and intervenes on her behalf. But she has to brace herself for the gossip, the stares and the label: " SHE is the one who was defiled". In combination, these socio-cultural circumstances not only make it easy for a girl to be preyed upon but also make it harder for her to speak out about sexual abuse and limit her ability to heal from her experience. This is the vicious cycle that perpetrates the culture of silence. Indeed, the key informants in the study as described below corroborated my autobiographical knowledge, substantiating it with their academic and professional insights and theories.

4.3 The Key Informants Perspective: Reasons for the Existence of CSA

Interviews with the 16 key informants allowed for in-depth discussion of the prevalence and understanding of abuse as seen by a range of professionals working in the fields of child protection and health. The key informants worked in law enforcement agencies, the judiciary, human rights

organizations, the Ministry of Women and Children's Affairs, the Departments of Social Welfare and Public Health, were professionals in the health care system, the Ghana AIDS Commission, the Ghana Education Service, and one was a representative from the House of Traditional Rulers.

Analysis of the interviews showed that these informants share similar views regarding cultural constructs of femininity, the changing role of women in Ghanaian society, and the need for a more holistic and systematic approach to helping survivors cope with sexual abuse. As well, participants were asked about: 1) how to address the root causes of CSA in their communities; and 2) ways to reduce the impact of trauma on the survivors, and to facilitate their healing process. Analysis of their responses revealed a similarity in the way they understood CSA and its impact on the health of the survivors. They also agreed that the general Ghanaian socio-cultural context increases the vulnerability of girls to CSA.

A significant difference among key informant perspectives was found in reference to the source of childhood sexual abuse. The views of the traditional chief who was the eldest and most well versed in the traditional ways of the land contrasted sharply with the perspectives of the key informants working for government and child service agencies. The traditional chief asserted that modernization or the transition to modernization was what failed to protect the girl-child, while the other key informants argued that traditional Ghanaian beliefs and culture were the source of the problem. This difference in perspectives is discussed in detail later in this chapter.

4.3.1 Cultural Constructs of Femininity

Though there were nuances in individual perspectives depending upon how closely they worked with survivors of CSA, all of the key informants recognized issues related to the status of girls/women and cultural constructions of femininity, as important. As described in the literature review, Ghana is traditionally a paternalistic society with ideas of male supremacy instilled from

childhood. This idea comes across in the following excerpt from an interview with a man who works as a counselor. When asked about a woman's role in Ghanaian society, he said:

> *Woman's role in a society, in Ghanaian context has been to support and provide, make sure things are in order, maintenance of household, provisions of food and other things at home, whereby the man will put something down upkeep money, it is the* **duty** *of the woman to make sure that food is prepared, the home is clean, the room is also clean the children have taken their bath and they are going to school as well so it is the* **duty** *of the woman to make sure there is order and* **sanity** *at home and most at time they also try to support a little. They are not obliged to but there are some who also try to support whatever their husband will provide in terms of financial assistant and other basis necessity. (K.I. #5).*

This informant went on to link the construction of gender roles to the disempowerment of women, as all of the key informants did. Informants who worked closely with survivors made the further connection between this socially enforced construct and the at-risk status of women. That is, they understood the socio-cultural context as putting the girl child at risk for sexual abuse.

Again and again in interviews, key informants pointed to the central importance placed upon children respecting their elders. For example, the male counselor said:

> *Yes, in Ghanaian's context, the reason why I am saying children are vulnerable is because in Ghanaian context, we expect, the elders expect the children to give them the 100% respect. In the sense that child rights are something that we just don't cherish in this country. (K.I. #5).*

Similarly a woman who is a human rights lawyer said:

> *Like the role she is supposed to play, you know, even the fact that she has to obey her superiors, the respect that she is expected to give everybody so its like, I mean like she is supposed to respect her teacher. The teacher says "go in to the room and take off you clothes", she goes into the room and takes off her cloth, and teacher said don't tell anybody, she doesn't tell anybody because she is supposed to obey commands and all that. (K.I #3)*

A woman who is a social worker at a rehabilitation centre for young girls further pointed out the importance placed upon children's obedience:

> *The Ghanaian child is taught to be humble, to be obedient, to be respectful and therefore she follows this procedure and any adult who calls her to say I want to send you she is prepared to obey rules and regulations and will follow the person. Okay adjoa go and buy me ken key she will go and buy the ken key alright and then when she is bringing the ken key the perpetrator will say u oh bring it to my room and in the normal obedient way she follows the gentleman to the room and then the inevitable happens. So sometimes it is about the way we were trained to be obedient not to ask too many questions. (K.I #11).*

A number of key informants, including the social worker quoted above, addressed the common belief that men cannot control their sexual desire, and challenged the validity of this stereotype and the woman's culpability by dressing to incite this desire. For example:

> *That's stupid I never buy those ideas, what about the men who wear pants and their thing is like this inside their (trousers) we should also go and rape them? Don't we have our freedom to dress up? After all in Europe they wear it and go to party and all things but why is it that over here they can't let people have their peace of mind about all these issues. It is wrong for you to dress in a certain way but you should see the sort of person who is dressed up. as for that idea it pisses me off. It's wrong, it's wrong (K.I #11).*

Similarly, a woman who is a trained nurse and a church counselor, said:

> *Even though there is a lot of talk these days about the way the younger women of this day dress now. You know they reveal a lot more flesh and there has been questions raised about that, where certain men are concerned, you know, somebody can just get excited by seeing a bare back and maybe some poor girl further away will suffer for it, because there is this young woman or a man walking around who is not too well psychologically... But nobody excuses any man here in our culture, for sexually abusing a woman because of the way she is dressed. It is really frowned upon. Even though you will find people saying young woman be careful how you dress, I mean you can't say that before of the way the woman is dressed she deserves it. I mean no, not at all (K.I #15).*

These informants were decisive in rejecting the notion that women themselves are to blame for what happened -- a notion that was expressed by the young survivors who came from stable family environments. This difference of opinion may suggest that until one is exposed to either extreme circumstances or further education, this belief is absorbed without question. Once again, this points to the need to challenge the gendered socialization process, as emphasized by the key informants when asked to recommend actions to address root causes of CSA.

A woman who works as a gender based violence counselor said:

> *Yea, talking about the root of the problem, socialization, male dominance, our cultural beliefs, traditional beliefs and all that, I mean it is going to be very difficult but it doesn't mean that it can not come about, that we can not get there, we definitely will get there, but it will take time, much time, so many years to come, but it is no, these are things that are valued some much by people our cultural inclination, socialization, and then society's system, male dominance, these are things that are valued so much by our people so its not going to be easy. I hope that with time, in time things will change (K.I #4).*

A woman who is also trained as a lawyer, pointed to the need for attitudes to change so that women are valued:

As for addressing the root causes I think we could look at it two ways. Look at it from society's perspective as a whole and let society know that women are people of value. And the same rights that a man has, that right should be given to the woman. But of course this is a long term, you know, strategy, to change the attitude of the society, it is not something that we hope to change overnight. But it needs consistent work with you know the people at the grassroots at you know, even at policy level, sometime the people I hear making the law, they are as ignorant as that person in the village. So we need that kind of consistent work to affect behavioural change. And then importantly at the other end targeting women at the other end themselves. Because women need to have, to believe that they are people of value, that women are people of value and this will come when we have education, when we are somehow financially independent." (K.I. #6).

Hand in hand with the need for a conscious re-examination of the socialization process, was a further reference to the relationship between parents / guardians and their wards. As espoused by key informants and one of the survivors, parents / guardians would do well to develop stronger, more caring and more protective relationships with their wards, recognizing children's vulnerability to would-be perpetrators, who may promise material things and take advantage of them in the context of their 'safe' home spaces. For example, a woman who is a social worker at a shelter for abused children said:

It is about both parents man and woman having quality time with their children so they could discuss issues with them. So that issues bothering them could be discussed openly so you could at least start looking at signs of a perpetrator lurking around your home (K.I. #8).

A similar view was also expressed by a child who is a recent survivor of CSA:

Well what causes this is due to broken homes, let's say the marriage is broken and their kids find it very difficult, maybe let's say the kids are with the mother and she is finding it very difficult to care for the children and they think that their mother is also not doing well, they are not getting what they want. Someone can easily influence them and before they will know the person might influence them with money, gifts, and one day the person might rape them. And so in order to stop this I think parents, they shouldn't be divorced and divorces in marriages so that when the father and the mother are together, they will be able to help the child with whatever he or she needs (Survivor #10).

On a more positive note, some of the key informants also noted that times were changing, and socialization is dynamic. A man who works as a clinical psychologist said:

Well, I will call it Ghanaian so far as it reflects what the way of socialization, okay, and those things are not static but they change with difficulty. Okay, you can have socialization patterns or culture changing...so yea there have been movements in a certain direction (K.I. #1).

4.3.2 Changing Role of Women in Society

The interviews showed that the key informants believed the changing role of women would to a certain extent help to redress the vulnerability of girls to CSA. At the same time, some of the female key informants said they felt pressured to acquiesce to traditional ideas about the role of a woman in Ghana. According to a woman who works as a lawyer at a human rights organization:

> *Well umm if you asked me about societal expectations of who a woman should be, what a woman should do and all of that umm several things, the woman is supposed to be a nurturer, a care giver, she should be socialized to be that way, she should provide for her family, love her children, her stepchildren and every other child, not a bad thing but you know that's asking a lot, umm the woman is supposed to also support the society and the family by providing food and other necessaries of life to society so the woman is expected to take care of the sick, you know whether you are suffering from diabetes HIV or diarrhea or anything that's a woman's job to do. Umm the woman is supposed to also play her role in the community by participating in community activates like clean -up campaigns and so on women are expected to play a big role in that and also to perform her reproductive role and make sure her husband is happy and all of that but if you ask me as a woman of what I want the society to expect of me is to be the best that I can be of what I know to do best which is quite a radical departure from what many other people expect (K.I. #9).*

The tension in realities noted here plays out on a macro level in Ghanaian society where more women are being educated and are more aware of their rights. In the opinion of one of the male key informants, a clinical psychologist, it becomes a balancing act to exercise one's rights within the confines of one's culture (K.I.#1).

Part of this balancing act can be obtained through education. According to a female social worker, there needs to be education about the importance of reporting CSA:

> *I think there should be more education on this issue for Ghanaians because we are not really educated, our children don't know much about this issue, they don't know that it is wrong for a man touch you the wrong way, you are supposed to report the man. The idea that it is a taboo for you to talk about it you have to break, you have to break it so know that you will know that it is no taboo. It is wrong for a man to do it to you, no matter who the person is, it is wrong, so until we start talking about it and everybody knows about it I don't think we will go anywhere, letting people know about it, it will just be like one of those things that we talk about and we forget about it (K.I. #11).*

Similarly, a woman who works as a sexual violence counselor pointed out the need to educate people, and women especially, about their rights:

People do not even know they have rights. Even the older ones do not even know they have rights (laughter). No seriously most people do not even know they have rights, especially women, most women do not even know they have rights. They have a right to life, a right to attend school, to be educated! I mean most women do not even know that they have rights. I mean the awareness is too little there is so much work out there. So even in terms of children, child rights, yes the awareness is there but it's not so much. When I get (to talk to) them I sensitize them on their rights. Even when they come with kids, even those defiled children I sensitize them, I tell them they have rights and I tell the parents as well you have a right to protect your children, so it's, but it will get better, it is just with time (K.I. #4).

4.3.3 Addressing the Health Effects of CSA: Systematic Gaps and Omissions

When it came to definitions of health and the health effects of sexual abuse, all of the key informants indicated an understanding of the multiple social determinants of health and the inadequacy of the current system for dealing with the effects of sexual abuse on all levels. As pointed out by a woman who works at a Gender Research Centre:

On the health of the victim, so many, the psychological health because when you read the Gender Centre Report, you will find out that even where women or girl children who are sexually abused went to hospital, 80% were given drugs, it was only 20% whose psychological needs were met and we all know that like you go through a certain trauma and all that, so God knows how many people are walking around with so many psychological problems and of course it is also at the community level that will affect the social whatever you know because if people have been traumatized and they have not been treated, of course it leads to a lot problems within their families and all sort of things so it has an effect on the community and we have a community where we have people who have psychological challenges because of the abuse they've gone through. (K.I. #6)

Additionally, key informants noted that the system designed to deal with the consequences of CSA had major gaps that needed to be addressed. They felt strongly about a need for a change in attitudes to foster the use of the system in the first place. Unfortunately – and this point is crucial -- the stigma attached to childhood sexual abuse makes it such that the majority of cases are "dealt with" at home, and it is rare that the survivor's need for coping strategies is addressed. Several key informants stressed this as the worst aspect of dealing with the issue at home. For example, a woman at a human rights organization said:

I remember one case that we had. She was an adult, 24 years old, but her brother, big brother who is also the bread winner for the wider family had been sexually abusing her since she was 14 and when we got to see her, she was suicidal, she had suicide ideation, thoughts about suicide and umm what I think traumatized her most

was that when she finally got the courage to speak up she was rejected by her whole family. Her big sisters actually told her that even if it were true why should she come out with it? (K.I. #9).

The stigmatization associated with speaking about the issue can also be quite traumatic for survivors as noted by a woman who works as a sexual violence counselor:

> *That is the way it's been dealt with. As I said earlier you see people or I mean our, the Ghanaian set up for child sexual abuse is something that is seen to be, I mean there is so much stigmatization attached to it, it is like you child is defiled and already you are so embarrassed about the case, you don't want any body to get to know about, that alone think about that alone, you don't want any even your closest neighbour your neighbour to get to know about it, how much more bringing to the public domain. … So it is like that. It's something that is seen to be a domestic issue, I mean." (K.I. #4).*

Stigmatization is seen even within the public system, which is supposed to be there to help the survivor begin a process of healing. Instead, insensitive medical and law enforcement personnel, who are not adequately trained to handle these cases, contribute to a system-induced trauma, which only serves to deter others from using the system. This concern is illustrated in excerpts from two different interviews, one with a female lawyer/ human rights activist (K.I. #9) and the other with a male social worker and police inspector (K.I. #12):

K.I. #9:

> *Now the processes for me being a practitioner, has lots of gaps, loops, holes and all of that. And one, we don't have a very friendly court system. Children have to face their accusers in court which is a very frightening thing for a lot of children, court preparation is almost nil almost you have a sensitized prosecutor who will probably hand you over to a counselor to do that kind of thing, there is no protocol in the system that binds their hand to do that, and then in terms of compensation for the victims normally, it is a criminal sentence and that's all. You know there are hardly any compensatory orders from the judges you know to provide compensation form the victim. Most of the time the victim and whoever is helping them will have to go back and forth you know from home to police station and back and you know how the legal system works very slowly and very annoying and you have to endure all of that.*

K.I. #12:

> *I: The victims are not sent to specific doctors who work on child abuse cases, just the general ones?*
>
> *K.I.: No. As I sit here there is an effort to get some training done for doctors in this facility ... but the worse offenders if you like, may not be doctors. For instance the nurses, they want see the physical evidence and document it and all of that, but what we want them to do further, is to be able to do some interviews with the victims, spend a little time with the victims, establish some, a certain rapport and the child or victim might be able to open up and say certain things that might help you document the events properly. Those are the sort of*

things we are looking for, but the worse offenders yet that I think we would have to target, would be nurses. Yes, I have met a few of them and they are very careless in some of the statements they make, they talk about the victim, they blame the victim, especially in domestic violence cases they want to sort of advise the woman to desist from taking the medical form back because look, ei, your husband, how are you going to live, that sort of thing. I believe their own experiences of you know either living without a husband or thinking it is impossible to live without a husband are those type of feelings they express most of the time. But if you are a professional these are things that don't trap you, you could have your own personal problems but what you need to give to a victim should be a special package and not your own feelings.

The lawyer /human rights activist points to gaps in the prevailing system and the police inspector suggests that there is a problem with nurses blaming survivors for the abuse they have experienced and attempting to deter them from pursing their cases. These comments suggest that the girl child is not only made more vulnerable to sexual abuse through socialization, but she is further victimized as she finds herself having to defend herself from the stigma attached to herself as a "defiled girl" when she is seeking assistance for abuse.

A further obstacle faced by survivors is the lack of co-ordination between the various arms of the child protection system that are charged with handling child abuse cases. This problem was discussed in my interview with the police inspector who described to me some of the processes and obstacles a child would go through on attempting to use the formal system to seek healing and redress CSA. After speaking to an assigned investigator, he said:

There is this issue about medical forms that the victim will require. It is also given at the level of the investigator. He is given the medical forms, he signs his part and then the medical form is given to the victim.

I: Do they have to pay for it?

K.I: Yes. They don't pay at the police hospital for it but they pay for the medical examination. The forms at the police station are free but whatever services you receive at the medical facility depending on how much they charge but normally it is supposed to be a government facility. Unfortunately over the years, there is a mess around how much doctors should charge and so it has become personal to them, it is not standardized so they charge whatever amount that they deem fit. That medical form after having been filled by the doctor and all the tests having been done will then be returned to the investigator and that became one of the documents he might require in evidence.

I: Okay! Whose responsibility is it to return it to the investigator?

K.I: The victim and that brings us to another problem where between the time that the victim leaves the facility with the medical forms and the time that he/she will return, we are at looking at whether they have money to be able to pay for the medical expenses or not and a lot of evidence could be lost. Your scenario was that you were there 2 hours after defilement and fine all the evidence might be very fresh and then now you've come and they say you need to pay this before see a doctor, consultation fee, you don't have it you can't wait 3 days or something so you don't sometimes even come back to the investigator you just go home, wash yourself, find something to eat and then life is normal until they find money and then they come back and the evidence is lost most of the time or it is reduced. So there are very practical problems there. (K.I. #12)

This excerpt shows the existing lack of coordination in the response system. His account is reinforced by an excerpt from my interview with the lawyer/ human rights activist who talks about the severe challenges faced by the Department of Social Welfare, making it unable to function as it should in cases of CSA:

I: So you go direct to the police station, like if you wanted to report it you first point of contact is the police station?

K.I: That's normally what happens but if you look at our law the Children's Act says that if a child is suspected of being abused, whoever sees it should report to the Department of Social Welfare. So the first point of contact should actually be the Department Of Social Welfare but we know that that department faces so many severe challenges in Ghana, its mandates, its budgets reallocations, what it is supposed to do and not do and all of that is heavily compromised. So lots more people will just use the police, go directly to the police because of course its a crime so you can also go to the police so that's an alternative. But if the dept of social welfare was also working the idea is to have the child come into contact with a system that will offer not only the links to the criminal justice system but links to psychosocial support which should becoming from the dept. Of social welfare and so yea, that is what is lacking in our system. (K.I.#9)

This statement details the catch-22 for survivors and professionals working to address CSA. At home, survivors are encouraged to pretend the abuse did not happen. By doing so they avoid the stigma that is sure to come with the label of being defiled but they risk their long-term health. For the survivors whose caretaker decides to deal with the abuse in the public domain, the perpetrator-centred response that exists with the seemingly sole purpose of bringing the perpetrator to "justice" also works at the expense of the survivor's health! Sadly, for survivors who cannot afford private medical treatment and long-term counseling, talking about the abuse is often a lose-lose situation. Most key informants recognized and in some cases lamented this quandary, advocating for a more integrated,

streamlined and survivor-friendly system. These sentiments were expressed by the lawyer/ human rights activist:

> *Well the first thing, and this is something that is very much on my mind is how to use what we have in our system more effectively than we are doing. In that sense then, I will be looking for a way to link up the relevant agencies organizations and so on to provide a more coordinated model of helping victims than we are doing right now so that will be the first thing that will be on my mind, that I'd like to implement. I would like to link up the health service with the police with the justice and with the NGO sector with you know and ensure that we are able to create systems that enable survivors to speak about the issue to people who are ready to listen to them and to be able to receive the services that they need and hopefully that this system will also be able to provide preventive strategies for communities and the nations as a whole so that will be what I will be looking at. (K.I.#9)*

These views were reiterated by a woman who works at a Gender Research Centre:

> *"I also think that there is still, there is a real need to harmonize, maybe harmonize is not the word that I want, but to coordinate the activities of the main organs that come into contact with victims of violence, the police, the medical, the social welfare, the judicial and even NGOs for them to coordinate activities, so that a victim can have the support of all these organs at any one time without having to be moving from one place to the other....and you know the way we are brought up in this country, when we use the police and the army, as a child when you misbehaving we say ohh papa police will come and catch you. So there is that innate fear of the police & of the law. So you have to create an atmosphere that you know the child will be comfortable with. So in those place the police officers who are there are not in regular uniforms they are in ordinary clothes, but they will be doing the police work. In fact I know that also in those places in terms of going to court they have devised a way in terms of you know the child does not have to be in the court premises, they do the, they record the process with the child, you know in an atmosphere, a room with toys, and then they will be interviewing her, the defense will have the chance too, but you know it is all done in an atmosphere that is conducive, so that the child is not reminded, or is not put into this awful scenario where they are scared to even talk about it and I think that is something that we need, we really need to emulate."(K.I. #6)*

Finally, key informants derided the cost of the medical exam needed by a survivor in order to prove that she had indeed been sexually abused in a court case. This cost was considered unfair and acted to further victimize the survivor. As the key informant from the Gender Research Centre (quoted above) put it, "We have also talked about the fact that you know, some of the costs that victims have to bear, it is not tenable and that is the responsibility of government." In most cases, this cost alone was enough of a deterrent to survivors to effectively restrict their use the legal system to seek redress and healing from the trauma of abuse.

4.4 Common Threads in the Tapestry: Unity in Participant's Experiences

The discussion on the current status quo surrounding girl-child sexual abuse thus far has shown that there are similarities in how the survivors and key informants understand CSA and its health consequences. All of the participants saw a definite linkage between childhood sexual abuse and the short and long term health of the survivor. Substantive differences, however, lay in the way participants understood the impetus for abuse and in the socio-cultural context within which the abuse occurred. These differences were highlighted when the interview data was examined in light of the different social contexts and family environments of the various participant groups (i.e. three groups of survivors and one group of key informants).

Noting and contextualizing these similarities and differences helps in framing the individual experiences and views of the participants. However, it is also possible to look beyond the individual to the society and in so doing, to seek the common threads that help to undergird the phenomena as experienced and expressed by the individual participants. These common threads, as will be shown, are often easily missed due to the fact that they are integrated into the fabric of the society in which the study takes place.

In seeking to understand the basis of these common threads, Ortner's (1973) concept of "key symbols" is useful, for it points out that certain rituals and ways of being and doing, have greater cultural significance and psychological salience than others in a given society. According to Ortner, these rites refer to those models of thought, feeling, and behaviour that give a community or society its distinctive characteristic. Known as key symbols, they are signaled by more than one of these indicators:

> (1) The natives tell us that X is culturally important.
> (2) The natives seem positively or negatively aroused about X, rather than indifferent.
> (3) X comes up in many different contexts. These contexts may be behavioral or systemic: X comes up in many different kinds of action situation or conversation, or X comes up in many

different symbolic domains (myth, ritual, art, formal rhetoric, etc.).
(4) There is greater cultural elaboration surrounding X, e.g., elaboration of vocabulary, or elaboration of details of X's nature, compared with similar phenomena in the culture.
(5) There are greater cultural restrictions surrounding X, either in sheer number of rules, or severity of sanctions regarding its misuse (Ortner, 1973, p.1339).

Ortner goes on further to suggest that key symbols can be broken down along a continuum whose two ends she calls "summarizing" *vs.* "elaborating." Summarizing symbols, are defined as "representing for the participants in an emotionally powerful and relatively undifferentiated way, what the system means to them. Symbols she places in this category are said to be "objects of reverence and/or catalysts of emotions, speaking primarily to attitudes, and a crystallization of commitment" examples she gives is the Cross, as a summarizing symbol for Christians that encapsulates the essence of Christianity including sacrifice, and resurrection, and The American flag, for certain Americans, symbolizing "the American way," a collection of core values including (theoretically) democracy, free enterprise, progress, and national superiority (Ortner, 1973, p.1340).

Elaborating symbols, by contrast, are categorized not so much from the status of their inherent meanings, but from the organizational role they play in the system; "being key insofar as they extensively and systematically formulate relationships, between a wide range of diverse cultural elements" (Ortner, 1973, p.1343). As Ortner describes it, these symbols "provide vehicles for sorting out complex feelings and ideas, making them comprehensible to oneself, communicable to others, and translatable into orderly action" (Ortner, 1973, p.1340). According to Ortner, symbols can be seen as having elaborating power in two modes, conceptual elaborating power (key metaphors) or action elaborating power (key scenarios) (Ortner, 1973, p.1340). An example of the key metaphor would be the machine in mechanized society in so far as it signifies the social process. For the key scenario, Ortner uses the example of the American Horatio Alger myth. "The scenario runs: poor boy of low status, but with total faith in the American system, works very hard and ultimately becomes rich and

powerful" (Ortner, 1973, p.1341). These Key scenarios are valued as implying mechanisms for successful social action (Ortner, 1973). As Ortner (1973) says:

> In any case, the point is that every culture has a number of such key scenarios which both formulate appropriate goals and suggest effective action for achieving them; which formulate, in other words, key cultural strategies. This category of key symbols may also include rituals ......individual elements of rituals-objects, roles, action sequences insofar as they refer to or epitomize the ritual as a whole, which is why one can have actions, objects, and whole events in the same category. Further, scenarios as key symbols may include not only formal, usually named events, but also all those cultural sequences of action, which we can observe enacted and reenacted according to unarticulated formulae in the normal course of daily life (Ortner, 1973, p.1341).

In accordance with my conscious apprehension of the language within the language, contextualized by Ortner's classification, the common threads in the study participants' experiences find their place on the elaborating end of the key symbol spectrum as key symbols (scenarios and metaphors). Below, I will explain the elaborating power inherent in the weighted words of "respect" (key scenario), "defilement" (key scenario) and "worry" (key metaphor). This will be done with attention to Ghanaian usage of the terms, the local concepts and socio-cultural realities and rituals attached to their use and how this usage embodies cultural sequences of action that are valued for what they represent. It is my contention that these weighted words represent the society's prescribed norms for relating to each other (respect), explain its emphasis on virginity and the consequent disdain for improper defloration (defilement), and express how health is perceived (worry). Together, these key symbols illuminate the socio-cultural context of CSA. The key themes not only help one to see the big picture of girl-child abuse in Accra, but also suggest why the abuse continues to occurs in spite of significant efforts to end it. Thinking through the concept of key symbols also helps to identify ways to effectively address the problem of CSA.

4.4.1 Respect: The Makings of a Girl- child's Vulnerability to Sexual Abuse

As discussed earlier, the concept of "respect" is important in Ghanaian culture. In my experience growing up in Accra, respect is a word that is used by every Ghanaian at least once a day. In unpacking the use of this word the first step is to refer to its definition. Respect is conventionally defined according to the 2008 Merriam-Webster Online Dictionary as:

1. An act of giving particular attention
2. High or special regard
3. The quality or state of being esteemed
4. Expressions of respect or deference (Merriam-Webster Online Dictionary, 2008)

In addition to the above-mentioned definition, which also holds true in Ghanaian society, "to respect" is extended to encapsulate the act of behaving according to societal norms and practices. It is most commonly used with children. A child who is considered bad mannered hears "you don't respect" very regularly and vice versa for a well-mannered child. The stigma attached to being labeled a disrespectful child is that it sullies the reputation and societal perception of both the child and family. Most of the norms in Ghanaian society are well intentioned and meant to instruct children on how to show regard and consideration for others, fostering a greater sense of community. Below, I give two examples of instances how the term "respect" is typically used and show how, under the wrong circumstances it functions to heighten a girl-child's vulnerability to CSA. The first example is taken from my interview with a key informant in this study, and the second is from an interview with a survivor.

In an interview with a male counselor, the term "respect" is used to illustrate how a child is meant to behave and how this contributes towards their vulnerability to CSA:

> *Yes, in Ghanaian's context, the reason why I am saying children are vulnerable is because in Ghanaian context, we expect, the elders expect the children to give them the 100% respect. In the sense that child rights*

are something that we just do not cherish in this country. Whenever a child is even sitting down and an elder is coming the child has to stand up for the elderly to sit, whenever an elderly person calls the child to, send him or her, the child has to rush in whether she or he is safe or not. So taking all this societal norms, this have become norms in the society that we all have to adhere and as such, there are some instances that people do frown upon children. When an elderly person calls the child and the child refuses to go and in our housing situation, the setting up or how our housing is structured, it's like people in one community if you are in the same community you automatically have access to the child just because of the housing. The housing is like we are fenced our houses. It is an open community where people enter people's houses just to say good morning and then they leave and then go to their house. It is something that if you don't do, people will say there is something wrong with you.(K.I. #5)

In the following excerpt, an 18-year-old survivor and sex worker uses the word "respect" to explain why she believes men sexually abuse women, equating a lack of value for women with a lack of respect, which in her opinion is an impetus for sexual abuse:

What I think is it's because you are not their partner and because you are not their wife and they think they are paying you. Maybe they want to behave like that but they don't have anyone to behave to and they think you are there. They think you don't have, what I think is they think we are not valued. We don't have any respect. We are just any girl so this girl you can do anything (Survivor #5).

These examples illustrate the double-edged sword that is the Ghanaian notion of respect. The community celebrates a "respectful" child and considers him or her to be someone who is well-behaved and will be successful in life. However, it is in the act of showing respect that the child is exposed to perpetrators and is vulnerable to abuse. On the other hand, a young girl who is considered disrespectful or who is seen as not having any value is a prime candidate for sexual abuse. As these scenarios illustrate conforming to expectations of respectful behaviour can increase the girl-child's vulnerability to sexual abuse.

4.4.2 *Defilement: The Moving Picture of a Key Scenario*

The next key scenario, a theme common to all of the interviews, is the understanding of what constitutes childhood sexual abuse. This section explores the historical context of CSA and how it relates to the perceptions and responses to CSA today. When asked about their definition of CSA, all participants believed "it is bad" for an older male to initiate any sexual contact with a child including

kissing, fondly and sexual intercourse. However, the crime all survivors deemed "worthy" of taking outside of the home and reporting is when a child reports that a man has had forced sexual intercourse with her. Sadly, this act of reporting the crime of forced sex opens the survivor and her family to social stigma and disgrace. This points to a dissonance between what is culturally perceived as inappropriate sexual behaviour and what is sanctioned when this behaviour occurs. In order to understand this dissonance and the role it plays in creating the milieu in which CSA occurs, it is important to trace the history of how childhood sexual abuse was defined historically and what has shaped its present construction. I will begin this by defining the term defilement. According to the 2008 Merriam-Webster Online Dictionary defilement is defined as follows:

1. To make unclean or impure:
2. To corrupt the purity or perfection of
3. To violate the chastity of
4. To make physically unclean especially with something unpleasant or contaminating
5. To violate the sanctity of (Merriam-Webster Online Dictionary, 2008).

I propose that the declining legal relevance but intransigent persistence of the traditional socio-cultural context in which child sexual abuse (including but not limited to sex with a pre-pubescent child) was once understood, seen as a crime, and punished; the introduction of a formal legal system and a plethora of foreign definitions/words to describe the crimes, combined with an evolving culture that borrows heavily from the western view of society, have all contributed to influence today's perception of and reaction to CSA.

In order to first understand the effects of reducing the culturally taboo scenario of having sexual intercourse with a pre-pubescent girl-child to the legal crime of defilement, one must examine what prevailing cultural norms existed before Ghanaian culture began to integrate and reflect the foreign cultures that shaped what modern Ghana is today. Below, a traditional chief (K.I. #13) tells

me the story (key scenario) of how Ghanaians historically and traditionally gave and took the hand of a young woman in marriage. He goes on to further discuss what happened if a man took a girl as his wife, or had illicit sex with her, without permission from her parents:

> *K.I: ...But then our culture, once upon a time, our culture wouldn't even allow us to approach our parent on such a score, to go and tell them that a man wants to be your friend. Even friendship they wouldn't accept. They will tell that if the man wants you the right thing is to come and engage you in a formal way. We had our simple way of making this known to the man's parents or the woman's parent that there is somebody who is attracted to you and you must go and ask the hand. You put it in a simple way. I want to go to ask the hand of the woman, and so when that woman has reached a puberty age, I think between the age of 12 or so, you go. And so when once a woman, a girl starts her menstrual period then you know that she has reached her puberty age, it is only then that you can approach the parents and ask for her hand and some time ago, girls who had reached that age, they have a customary rite which we perform to them, for them, and that sort of (shows) them, And they come out almost sort of naked with their breasts showing, with bare breasts and the coverage of beads round their waist and with the decorations all over their body so that they can be attractive to other men. ....*
>
> *I: And then that means that they are ready?*
>
> K.I: *They are ready to have a man.*
>
> *I: And it is at that point that a man can then come to their parents?*
>
> K.I: *Yes. ...That was the custom at the time but these days people don't believe in it so much. Because of the population and the way culture is now going from left to right and the respect given to parents at the time, it's all gone. Because parents were at that time very powerful, especially the men, they were very powerful on their children, the girls and they see to it that the right thing is done, in fact they even decide where you should get married to and where you should get married from. You can't go to any home and get married. We experienced the same thing. I must say I experienced the same thing. I had to go through that with my marriage, they chose somebody for me, if I had chosen somebody, there is trouble. (Laughter!)*
>
> *I: So back then you say that if the girl is a virgin it is something that the parents are proud off, so if someone comes and sexually abuses her?*
>
> K.I: *Then there is trouble! You will have to call arbitration and tell everybody what has happened, then the girl is banned from the community, they can exile you, ostracize you and keep you away from that community. They were very serious at that time, once upon a time.*
>
> *I: And what will happen to that man who has forced himself on the girl?*
>
> K.I: *Once they get to know, if you don't take care you will lose your life for that. There was a special house they used to go to at that time. And when you go there you know that the verdict given will end up with your blood being shed. It was a serious offense, very serious offense.*
>
> *I: Back then did you hear about it (sexual abuse) happening a lot? You know like these days you hear about it happening a lot on the radio, TV etc..*

K.I: *Those days it didn't happen much, but because of civilization, people are getting to know the facts of life [people are having sex with and without consent] and they wouldn't like to sort of disgrace their children, so they just have to weep indoors. You see I arbitrate on it, I find the correct verdict and punish the man. Then there is the coming in of the courts. You see these days you can take the matter to court, you can go through the social welfare about redress and see that the proper thing is done for you, and government too has laid down guidelines whereby you can go through it and eventually find yourself in court. If you are not trying to go about the arbitration, it end ups there. It is a bit lax these days, but once upon a time it was a very very serious offence. Even to abuse a girl much, much below the age, that is punishable by death, it is punishable by death. (K.I. #13)*

The chief went on to explain that it is no longer common for him to be asked to arbitrate on matters of CSA because, in his words:

These days many girls wouldn't come out with it. I mean sexual abuse, they will feel that they will be disgraced. You know when this happens to you, people can point fingers at you, say that you know this girl this and that happened to her and this and this is what was done and it becomes a stain, that's a stain and people wont take lightly to it, that what have I done? There are people who are so serious about that (getting their pound of flesh) forgetting about the stain that they put on their children, allow the matter to go to the courts. (K.I. # 13)

4.4.2.1 Virgins, Family and the Impact of CSA

The preceding excerpt illuminates how traditional key scenarios surrounding sex and CSA have contributed to influence today's perception of and reaction to CSA. First it is apparent that historically, CSA was largely perceived as a crime against the family (not necessarily the survivor), and cultural norms surrounding sex existed to enforce the sanctity of the family unit and thus the fabric of the society. In the excerpt, the historical socio-cultural group he describes is one with a well-articulated structure and a membership that is easily determined and defined. Indeed, the boundaries he describes are clearly known to the people in this group, with parents, traditional authorities and traditional customs playing powerful roles in ensuring that these parameters are respected.

These boundaries are illustrated in his description of the key scenario for how a man and a woman are meant to come together sexually. In the scenario, we see that traditionally her family and society placed high value on the virginity of a young girl. A virgin bride was said to have been raised correctly and this was a source of pride for her parents on her wedding day. By elaborating on the

ritual associated with puberty, virginity and marriage, the traditional chief hints at not only the value that was placed on the girl's virginity as it pertained to her family's honour, but also the significance it held in the ritual that marked her transition from child to wife. The emphasis on the ritual of marriage and first marital sex, what it meant for the families of both the bride and groom, for the community as an occasion for celebration, and for the social fabric in terms of perpetrating itself, cannot be underestimated. The girl's virginity held value not just for her parents, but also for her whole community. Such rituals are therefore seen as helping to reinforce the strength of the boundaries of accepted behaviour, and function as a form of socialized inhibition.

Thus, a girl who was deflowered before marriage was seen to bring shame and disgrace to her family and paid for this by being ostracized from her community. To my present day sensibilities, the unjustness of this consequence is plain to see and easily felt. To me, this ostracization further victimizes the survivor. However, traditionally, these acts were seen as justified as they restored honour back to the family and served to impose/reinforce the importance of cultural boundaries, including structural barriers, socialized inhibitions and cultural rituals.

The perpetrator of such a crime was severely punished. He could end up losing his life or could be "forced" to marry the girl, as narrated by the traditional chief:

> *K.I: ... and some people go to the extent that, the parents go to the extent that if you have being able to, if you have abused this girl then traditionally you must be able to take her as your wife. If the parents too agree and if the girl too agree, And some people who don't want trouble, just agree to it ... Yes, there are some men who agree to, even at that tender age, to look after her, go to school and everything, until she is grown up reach the age of puberty where she can get married.*
>
> *I: And then that become his wife?*
>
> *K.I: Yes.*

This traditional perspective that places death and marriage to the survivor on the same spectrum of possible punishments for perpetrating CSA, seems ludicrous to the highly sensitized and modern mind. However, further reflection on this reveals that historically traditional society would go to great

extents to protect the survivor and her family from the "disgrace" that came with being sexually abused. Thus, the same society that would execute a man for sexually abusing a girl-child, could also give the verdict that he take her as his wife, once it became known that she had been sexually abused, particularly if the girl's parents didn't want her to become a social outcast. Here again, it would seem that the judgment existed to not only punish the perpetrators for committing a taboo act but to also preserve the fabric of the society which also included preserving the honour of the survivor and her family.

Interestingly, it is not made clear whether there was empathy for the traumatic experience the girl had undergone, and, if this violation of her sexual rights as a person was part of the crime the man was being punished for. What is made clear is that the most important unit of the society was the family and it is to them that restitution for the crime of CSA was made, rather than to the victim of the abuse. Moreover, as discussed below, modern ways of dealing with CSA do not take into account the continuing need to protect the honour of survivors and their families.

4.4.2.2 Cultural Rituals, Structural Barriers and Civilization

The traditional chief also spoke about the diminished significance and power of cultural ritual and their associated boundaries over the course of history. He said, "the culture is now going from left to right and the respect given to parents at the time, it's all gone". He further opined that parents, specifically male family heads, who were in the past considered the main custodians of the (extended) family, today do not command the same amount of respect and power needed to enforce these traditions. Consequently they are unable to perpetuate what amounts to a socialized inhibition of sexual behaviour.

In addition, girls today are able to interact with the opposite sex without the traditional social and structural constraints:

I mean once upon a time we led that communal life where you knew that this one is related to me, that one is related to me and we lived in a community. But these days with people coming from all over the place, coming from where, bringing all that they have to us here and we go into it to. Yea it is happening a lot now. I think civilization has brought it all about...Going about with a man, it's nothing to them, it's nothing to the girls, who can tell her? What stops her from having boyfriends? She has a chance of choosing whomever she wants from her. We don't have to choose her boyfriend for her. And that's how all this trouble begins. (K.I. # 13)

Here the Chief laments the advent of "civilization", which resulted in the removal of the structural and social barriers that historically functioned to shelter girls from interacting with men. He identifies this as "how all this trouble begins". LeVine (1959) made a similar argument in his ethnographic study of the Gusii in Kenya, arguing that the removal of structural barriers preventing the sexes from socializing together, works in tandem with the diminishing power of socialized inhibition. These are vital factors in the milieu that is the socio-cultural context within which CSA is likely to occur (LeVine, 1959).

Despite the diminishing power of traditional rituals surrounding sex, it is critical to note that the chief realizes that even though times have changed, the disgrace on the family that is seen as a consequence of sexual abuse is still very much a part of present day society. The survivor encounters this perception as soon as she reveals that she has been sexually abused. This is further magnified if she attempts to seek restitution through the formal (public) judicial system.

4.4.2.3 Formal vs. Traditional Systems of dealing with CSA

For a number of reasons not yet completely understood and perhaps warranting further research, the strength of the formal (public) judicial system has not superseded the hold and weight of the traditional system. The parallel existence of both systems means that the survivor today has the option of seeking redress through either system with both functioning at great dissonance to the other. The traditional system emphasizes financial restitution and minimal public knowledge (keeping it a private matter), whereas the formal system emphasizes jail sentences and involves revealing the

survivor's story to many people (making it a public matter). The survivor whose family decides to seek redress through the formal system, now not only has to contend with the complicated, fragmented and uncoordinated nature of the system, but also is now made vulnerable to stigma from the community. It would seem that across the time divide from past to present, the further victimization of CSA survivors is inevitable because of the belief that by publicly acknowledging her survivor status, she brings disgrace on herself and her family.

The difference is that whereas this disgrace was of paramount importance in the traditional arbitration of the crime, it has lost its significance (but not its relevance) in the current system designed to adjudicate it. This is another instance where one clearly sees the effects of the dissonance between the introduced colonial system and the traditional norms and beliefs. Almost 60 years ago, LeVine (1959) saw the consequence of this kind of disregard with the Kenyan Gusii tribe (LeVine, 1959) as discussed earlier in the literature review section of this thesis. He notes that the introduction of a British system that paid little regard to the pre-existing traditions and overlooked the importance of certain rituals and boundaries had negative consequences on the society. For the Gusii the most evident consequence was the increase in the incidence and number of CSA cases reported, both to the traditional system and the formal British legal system (LeVine, 1959). For most of the key informants there was a general feeling, substantiated by anecdotal evidence, that because of the recent sensitization of the public to the legal crime of forced sexual intercourse with a young girl, we are seeing at the very least a revelation of just how insidious CSA is in our society. Unfortunately, the system in place to deal with this revelation does not take into account the socio-cultural context within which it occurs.

4.4.2.4 Effect of a Legal Term on Traditional and Religious Stigma

Within the current legal system, the social position of the survivor is not considered in the planning of how the survivor seeks and obtains redress. Instead she is exposed and made even more vulnerable to this culturally ingrained stigmatization. The negative social reaction to her is amplified by the weight of the legal term used to describe the crime and the survivor -- defilement and defiled. This is another dimension to the problem that the chief identified in present times: it is not the abuse itself but the exposure of it in a public manner that is seen as a stain on the girl. Parents who disregard this label put their child at greater peril by seeking redress through the legal system.

Indeed, in my interviews with survivors in the process of seeking legal redress, there was ample evidence that the psychological trauma on account of CSA was exacerbated by having the "defilement" publically known. A 17-year-old girl who was in the process of reporting a recent incident, said:

> *I think maybe I am trying to keep myself to marriage and then unexpectedly such a thing has happened to me, I will be very hurt in me. I will think that I have not been able to, I will blame myself, in a way I will blame myself and I will feel very bad. (Survivor #10)*

The above quote can also be understood in light of the fact that the survivor is a practising Christian. The religious beliefs and practices of Ghanaians today are highly relevant for considering the significance of CSA. A popular doctrine associated with Christianity (and Islam) is that sex before marriage is a sin. This brings into focus another contextual layer to this phenomenon -- the strong religious overtones to the word 'defilement.' Today an estimated 69% of the population is Christian and anywhere from 16% to 30% of the population are reportedly Muslims (Ghana Statistical Service (2002)). In the practice of both religions, sex before marriage is condemned and the virgin female who has engaged in sex is no longer "pure" and has sinned against God. There is no distinction made in terms of how virginity was lost. What is of import is the fact that she is no longer chaste.

A survivor of sexual abuse therefore is no longer pure, but now defiled by the act of the abuse. In most cases, survivors internalize feelings of guilt and in Ghana and other countries such as Zimbabwe, Namibia, South Africa, and Kenya (LeVine, 1959; Reminick, 1976; Meursing et al., 1995; Tweedie & Witte, 2000; Lalor, 2004), where some people believe that the survivor is to blame for inciting the "uncontrollable desires" of the perpetrator, this results in magnifying the stigma felt by the "defiled" and "guilty" survivor. As she struggles to deal with these consequences she either suffers in silence in order to avoid condemnation and stigmatization by her church and society, or she seeks public justice to prove to all that she was the innocent victim in the abuse. In both instances societal reactions are at the expense of the survivors' health, healing and future well-being. In the next section I explore the key metaphor used by the study participants to describe the effects of CSA on their health and well-being and their consequent health-seeking behavior post-CSA.

4.4.3 Worry: Definition of Health and Health Effects of Childhood Sexual Abuse

The third term identified, "worry", functions as an elaborating symbol on account of being weighted with socio-cultural meaning as typically used in Ghanaian lingo. According to the 2008 Merriam-Webster Online Dictionary worry is defined as

1. To harass by tearing, biting, or snapping especially at the throat
2. To touch or disturb something repeatedly
3. To change the position of or adjust by repeated pushing or hauling
4. To assail with rough or aggressive attack or treatment
5. To subject to persistent or nagging attention or effort
6. To afflict with mental distress or agitation (Merriam-Webster Online Dictionary, 2008).

For the average Ghanaian, worry is used to describe the process of being negatively affected by any situation on a wide continuum (Avotri & Walters, 1999, 2001). This is an expansion of the

conventional English definition of the word, which as shown above can be considered to denote an extreme state of being. Of specific importance to the context of the study is the use of the word in conversations on health and well-being. Below are three examples from interviews where both key informants and survivors used the word as they described their definition of health and the health effects of childhood sexual abuse.

First the traditional chief discusses how "worry" impacts health:

> *When this happens there are some girls who can't maintain. You know the idea of having being raped, it affects them mentally and it can be a source of worry for quite, quite some time and this, the parents are even able to notice. Some of these girls even when they are asleep and they dream they wake up shouting, shouting only to think that somebody has touched her, somebody who is not of the same standard and why should that happen and why should he do this to me. It's been done to me. It is a very serious offence, it is very disturbing some girls who can maintain. And you know these days with all these charismatic churches, shouting at the top of the voice, don't do that, don't do this, if you do this, this will happen and all this. Some of these girls take it very serious; when it happens they must have their pound of flesh. And so and I think, now they made a serious law to that effect, abusing sexual abuse and that sort of thing. (K.I. # 13)*

Second, a survivor of the Trokosi system:

> *Apart from the fact that it might destroy you I mean medically that you may not have kids again, if you are destroyed internally by the man, it also leads to trauma that it keeps worrying you each time you think about that experience it hurts a lot it keeps lingering and you keep thinking about it and so that health wise that is not good. (Survivor #8)*

Third, a 14 year-old survivor in the process of reporting a recent incident of CSA:

> *... I will be worried ... Because maybe in future my husband will be repeating it here and there talking about what has happened to me and all the world will hear about it and I will be worried. (Survivor #6:)*

As these quotes illustrate, both survivors and the traditional chief express the negative effects of abuse on well-being through use of the term "worry." They use the term as a key metaphor to explain the psychological, physical and emotional effects on health. In this, one may extrapolate that understanding of health is not limited to only the biological but encapsulates an overall sense of well-being or lack thereof. This is consistent with the findings of Avotri and Walters (1999; 2001) who write about the use of the word to indicate Ghanaian women's understanding and their consequent expression of the sociological root of their health problems (Avotri & Walters, 1999; 2001). The

authors lament the dearth of information on this topic, saying the following:

> women's health problems have typically been defined by experts, such as health care professionals, academics or policymakers encouraging a biomedical focus and an emphasis on health education about issues such as family size, diet and sanitation, all of which stress the responsibility of the individual woman for her health and for the health of her family (Avotri & Walters,, 1999, p. 1123).

Their 1999 and 2001 research into the health concerns of Ghanaian women gives voice to the women as they describe their health problems in their own words. It shows how women speak of their health issues in terms of their material and social circumstances. Particular emphasis is placed on the way in which their work and day-to-day lives influenced their health with almost three quarters of the women describing their health problems in terms of psycho-social issues, frequently explained as "thinking too much" or "worrying too much" which were often linked to problems such as tiredness and not being able to sleep (Avotri & Walters, 1999). Avotri and Walters propose that these idioms of distress arose from the contradictions inherent in the roles they face. The pressure they felt to conform to their culturally-prescribed role as women, coupled with their inability to control the circumstances of their lives was evidenced in the concerns they expressed through the language of "worry" and "thinking too much."(Avotri & Walters, 1999).

The authors compare these Ghanaian idioms of distress to their western counterparts such as "nerves," "anxiety" and "depression". The comparison shows that the idiomatic usage of "worry", can be seen as a metaphor that gives context to the Ghanaian concept of ill health in general and psychological health in particular. Unfortunately, the cultural taboo attached to the use of medical facilities for psychological health problems ensures that these health concerns, one of the major consequences of CSA, are not systematically addressed. It is however important to note that some of the survivors and key informants indicated their use of other resources in dealing with the psychological effects of CSA, including dance therapy, and sharing their experiences with friends they can trust and also with other survivors. Such informal avenues of therapy and healing are clues to

possible modes of ensuring that some survivors, who are reluctant to engage the public systems for the reasons of stigma discussed earlier in this paper, are able to participate in other healing strategies post CSA.

The key metaphor of "worrying", allows one to see how survivors express the physical and psychological effects of CSA on their health. The strategies used in dealing with worry provide clues that can be incorporated into a friendly, coordinated, survivor-focused and private healing experience that ought to be made accessible to all survivor of childhood sexual abuse.

4.5 Conclusion

By delving into the elaborating key symbols expressed through the words respect, defilement and worry as used by participants in this study, another textual layer is added to give further detail to the socio-cultural context of CSA in Ghana, and its evolving story, some of which may not have been immediately apparent at first glance.

The modern Ghanaian child is vulnerable to abuse of all kinds on account of culturally prescribed appropriate behaviour, encapsulated by the key scenario regarding the notion of "respect" which emphasizes the need to acquiescence to adult instructions. This vulnerability is magnified by the ease with which a child can be accessed and the patriarchal nature of the society that normalizes gender-based violence and ideas of male supremacy, and this contributes to the high instances of abuse of girls seen in the community. Historically, despite the existence of the aforementioned key scenario of respect and the patriarchal nature of the society, there also existed structural barriers, socialized inhibition and a strong emphasis on cultural rituals that served to place socio-cultural boundaries around male-female interactions. In addition, rituals at the onset of puberty and the almost immediate marriage of young girls, minimized the overt occurrence of child sexual abuse as it was defined to mean forced sex with a young girl outside of marriage. When CSA did occur, the socio-

cultural context that prioritizes family dignity resulted in further victimization of the survivor through social stigma. This priority of family dignity is still the norm in modern Ghana. The decline in the importance of structural barriers, socialized inhibition, and cultural rituals in a society that still struggles with the idea of equality between the sexes, and where the belief in a man's uncontrollable desire and his right to ownership of a woman's body persists creates an environment which fosters the occurrence of high levels sexual abuse against girls and women.

As noted in both the survivor and key informant interviews, the formal system in place to deal with abuse does not sufficiently take account of the socio-cultural reality that promotes girls' vulnerability to abuse. In addition, the legal system with its quest to restore family dignity by punishing the perpetrator leaves the survivor with little or no means to cope with the stigma and health effects of the abuse. To explain the extent of the trauma they undergo as a result of the abuse and negotiating the system designed to address it, survivors use the metaphor "worry" as an idiom of distress to express the psychological effects of the abuse on their health. These insights help to explain the persistence of CSA in Ghana and as will be discussed in the final chapter, suggest directions for policy, practice and future research.

5 Concluding Remarks

When I first conceptualized doing this study, it was in large part due to my desire to make sense of my childhood experiences. Growing up in the Ghanaian country of west Africa, I was mystified by all the unwanted sexual attention I received before I hit puberty. Unfortunately for me, or at least so I thought, by the time I was nine I was already well developed and this only served to magnify what seemed a thousand-fold, the number of lewd, suggestive comments and unwanted touching and grabbing by older males who I looked up to and respected. I was confounded by how to handle this. One thing I knew for certain was that it was not right to engage or be engaged in any form of sexual behaviour at my age. My instinct told me to say no and or run away. However, how does a young, supposedly well-brought up girl say no an older male? How does a young girl raised to do as adults tell her, respectfully decline an attempt to sexually abuse her? The attention was relentless. Finally, I left home at age 16 and my exodus to university became the escape route that took me away from all of this confusing madness. For the next five to six years, I would spend inordinate amounts of time trying to untangle the confusion that had become my understanding of my own sexuality. It was during this process that I birthed the decision to embark on this research journey, which I have dutifully tried to capture in this thesis.

My strategy was deceptively simple: I would use a qualitative framework as my investigative tool and interview key community informants and female survivors of child sexual abuse (CSA) in order to document the current understanding of CSA, the perceived reasons for its occurrence and make recommendations on how to deal with its root causes and its effects on the society. The objective was to attempt to provide a comprehensive picture of CSA as it occurs and is dealt with in the Ghanaian socio-cultural framework. In particular I sought to:

a) Document the nature and meaning of participants' definitions of CSA and health;

b) Document participants' understanding of the perceived impacts of CSA on survivors' health;

c) Document participants' understanding of the structures and systems in place that deal with the issues that surround sexual abuse; and

d) Identify participants' recommendations on how to deal with the root causes and consequences of CSA in their community.

In the three-year long research and writing process that followed, I delved into the many textures of the socio-cultural context within which childhood sexual abuse occurs in Accra, Ghana. What seemed to me at the beginning as a confusion of conflicting ideas and experiences finally began to take on the look and feel of an intricate tapestry as I reflexively worked through the data and neared the end of the writing stage. If I have told it well, this account will simultaneously showcase stories of individuals and stories of communities, stories of past rituals and present norms, stories which altogether help us to understand why the girl-child is abused so frequently and why she doesn't get the help she needs to either avoid the abuse or at the very least heal from it. This has been no easy feat as the journey to this point has been one that has had a great psycho-emotional impact on my well-being. However, in the end, the roller-coaster that was this process has moved me from a place of despair believing that there was no insight to add, to coming to see the added value in creating a body of work that gives voice to the study participants, thus allowing for a deeper understanding of CSA in Accra, Ghana.

Using the objectives of the study as guiding posts, the themes that emerged from the analysis of the interviews with 10 survivors and 16 key informants became the building blocks that served as the foundation for finding the answers the research sought. The key informant participants included the professionals who worked as part of the system in place that dealt with CSA. They included lawyers, traditional rulers, health professionals, human rights activists, religious counselors, social

workers, practicing psychologists, Police Inspectors and representatives of the ministry of Women's and Children's Affairs. The survivor participants, who fell into three distinct groups of young women and who had lived three different "life histories", showed me through their experiences that the family environment was a key factor that increased the girl-child's vulnerability to CSA. A child raised in a home with little or no sense of belonging and supervision, or raised in a community where certain cultural practices such as ritual servitude existed was more likely to experience sexual abuse. However, this increased likelihood functioned only to heighten vulnerability for an already vulnerable child, as another group of survivors who were raised under seemingly secure and child friendly environments had also been sexually victimized by older men. Depending on their life histories, the abuse was seen either as intentional and pre-meditated (harsher life stories) or as a natural consequence of a man's uncontrollable desires (seemingly secure family environments). Either way, all participants felt that society's approach of conveniently turning a blind eye to the abuse was not healthy and a more integrated way of dealing with CSA was warranted and necessary for the well-being of survivors.

On closer examination my conversations with the study participants verified arguments in some of the preexisting literature (Appiah & Cusack, 1999, Lalor, 2004) that the socio-cultural context was comprised of a milieu of circumstances under which CSA could flourish. This discovery mirrored my personal experience of what it means to be raised within the Ghanaian socio-cultural context where the key scenario of "respecting" adults made it incredibly difficult to navigate the landmines of sexual advances or coercive circumstances, and was also elucidated in the interview with a traditional chief who painted a historical picture of how abuse was dealt with in the past. In this picture, one sees a well-defined society with rituals surrounding puberty, marriage and first sex. These rituals served multiple roles; as socialized inhibition factors, they reinforce social boundaries concerning sexual behaviour, and, by emphasizing female virginity, these ritual constitute a series of key scenarios that together imply mechanisms for successful social action (Ortner, 1973). Integral to this process

were the physical barriers that existed in the form of the segregation of males and females which acted to further control sexual behaviour.

Over time and with the introduction of new, colonially imposed ways of being, traditional boundaries became blurry and the significance of rituals diminished along with the powers of the custodians of said rituals. What continues to exist and is reinforced by Christianity (and Islam) is the sexual inhibition of females. This control over female behaviour, co-existing with the diminishing controls (inhibitions, ritual boundaries and structural barriers) over male sexual behaviour creates a milieu which allows for errant sexual behaviour, including the sexual abuse of girl-children. Due to the inefficacy of the British legal system that fails to take into consideration the still-existing cultural beliefs and practices, this behaviour largely goes unchecked and unpunished. The problem is compounded by dissonance between the legal and the traditional justice system regarding ways of dealing with the abuse. A final but key ingredient is the inherent conflict between the generalized definition of sexual abuse to encompass all forms of unwanted sexual contact, and the anecdotal belief that the only crime worthy of reporting is defilement; i.e., forced penetrative sex which carries significant stigmatization for the victim of the crime.

All of these scenarios coalesce to create the current climate in which the occurrence of CSA is pervasive, in spite of efforts to curtail its occurrence by punishing the few perpetrators who are found to be guilty by a jury of their peers. Recognizing limitations to the use of the justice system as a deterrent, my study participants advocate a re-examination of the socio-cultural context, a mass education campaign on child and human rights, and a strengthening of the family environment to improve the relationship between guardians and wards. They also advocate for a more effective, child friendly, coordinated and "private" system that protects the survivor from stigmatization at the hands of the curators of the system and the community at large. Participants revealed their intimate knowledge of the health effects of CSA by stressing not only the physical effects but also the

psychological distress causing them to "worry". They insist that this should be targeted in a comprehensive healing process that is integrated into the legal and protection system. In addition, conscious effort must be put into ensuring that survivors are fully engaged by their healing processes in order to decrease the likelihood of future errant sexual behaviour, including but definitely not limited to sex work (Parillo, Freeman, Collier & Young, 2001).

I echo the participants' recommendations for change with one addition, that major efforts should be made to move towards a system of justice that involves the working together of both the legal and the traditional authorities. Guidelines informed by the survivors' experiences and needs, will have a better chance of effectively decreasing the incidence of CSA in the future.

This study also points to the need for more research into the following areas: There is a need for studies that can give further context to how CSA was defined and dealt with historically. This study provides a provisional account but a more comprehensive study would be beneficial. Additionally, researchers could usefully take up Levine's challenge in answering the empirical question of whether sexual inhibition in the absence of structural barriers results from child training or from later socialization. It would be useful to investigate what can be done to either ensure that this inhibition is enforced or encourage the development of new, non-abusive ways of expressing the natural sexual urges of both males and females. Finally, recognizing the cultural diversity of Ghana, it would be foolhardy to assume that the scenario given above can be generalized to all of Ghana's religious and ethnic groups. Future studies need to attend to the similarities and differences of experience between the diverse ethnic groups to ensure the development of a child protection system that works for all. A study that gives a platform to the voices of perpetrators and those of boy-child sexual abuse survivors is also necessary to provide an even more comprehensive picture of the current situation of CSA in Ghana.

I conclude this thesis with excerpts from the discussions I had with two of the study participants, a psychologist (K.I #1) and a 17 year old survivor of CSA (Survivor #10). Their words reinforce the sense of urgency I feel is necessary to address this issue, words that come from an experience that this study ultimately sought to give voice to.

K.I. #1:

> *yes we do have a public health issue that needs to be closely monitored, researched and understood for what it is, so that the appropriate remedies can be designed and implemented to deal with it. If we decide that it shouldn't meet prominence with regards to public health conceptualization then we might be missing the bus. We might not get the full magnitude or dimension of the problem therefore we will never resource ourselves properly to deal with it, we will always have half baked solutions because we left one stone or the other unturned. I think yes we do have it on that level on that scale and it is important to be able to state that. But having described it, we haven't solved it. So we do a lot of description of the problem, so maybe if it is put on that platform, maybe just maybe somebody will take it more seriously than some of us feel it is being taken (K.I. #1).*

Survivor #10:

> *Well hopefully some of the things that we are talking about right now can be translated into action Survivor #10).*

6 BIBLIGRAPHY

Adinkrah, M. (2004). Witchcraft Accusations And Female Homicide Victimization In Contemporary Ghana. Violence Against Women in Ghana 10, 325-356.

African New Agency. (2005). Retrieved April 30th 2005, From Http://Www.Afrol.Com/Categories/Women/Profiles/Ghana_Women.Htm

Agarwal, S., Attah, M., Apt, N., Grieco, M., Kwakye, E.A. and Turner, J. (1994). Bearing The Weight: The Kayayoo, Ghana's Working Girl Child. Presented To UNICEF Conference On The Girl Child, Delhi, February 1994.

Ahiable, M. (1995). The Anatomy Of Trokosi System In Ghana: Report: First National Workshop On Trokosi System In Ghana (July 6-7). Accra, International Needs.

Ahiadeke C. King, R. Amokwandoh, E., and Bart-Plange, M.Y. (2003). A Study of the Status Of AIDS Orphans & Vulnerable Children In Ghana Towards The Formulation Of National Policy Report to: UNDP and Ghana AIDS Commission, May 6th 2003.

Amoah, E. (1990) Femaleness: Akan Concept And Practices. In Bercher (Ed) *Women, Religion And Sexuality: Studies On The Impact Of Religious Teaching.* Geneva: WCC Publisher.

Amoakohene, M. I. (2004). Violence Against Women In Ghana: A Look At Women's Perceptions And Review Of Policy And Social Responses. *Social Science & Medicine 59, 2373–2385.*

Ampofo A. A. (1993). Controlling And Punishing Women: Violence Against Ghanaian Women. *Review Of African Political Economy.* 56, 102-110.

Anarfi, J. K. and Antwi, P. (1995). Street Youth In Accra City: Sexual Networking In A High-Risk Environment And Its Implications For The Spread Of HIV/AIDS, *Health Transition Review,* 1995, 5(Suppl.):131–152

Anarfi, J.K. (1997). Vulnerability To Sexually Transmitted Disease: Street Children In Accra, *Health Transition Review,* 7(Suppl.) 281–306.

Anderson, K. and Jack, D. (1991). "Learning To Listen: Interview Techniques And Analyses". In S.B. Gluck And D. Patai (Eds.), *Women's Words: The Feminist Practice Of Oral History.* New York: Routledge, 11-26.

Andersson, N., Ho-Foster, A., Mathis, J., Marokoane, N., Mashiane, V., Mhatre, S., Mitchell, S., Monasta, S., Ngxowa, N., Salcedo, M., and Sonnekus, H. (2004). Increased Sexual Violence And Lack Of HIV Awareness Prevalent In South African Pupils. *British Medical Journal,* 329(7472), 952-958.

Appiah, D., and Cusack, K. (1999). The Myths Of Violence Against Women And Children In Ghana: Report Of A National Study On Violence. - Gender Studies & Human Rights Documentation Centre

Ardayfio-Schandorf, E., and Kwafo-Akoto, K. (1990). *Women In Ghana: An Annotated Bibliography.* UNFPA: Woeli Publishing Services, Accra.

Avotri, J. Y., and Walters, V. (1999). " You Just Look At Our Work And See If You Have Any Freedom On Earth": Ghanaian Women Accounts Of Their Work And Their Health. *Social Science & Medicine.* 48(9),1123-33.

Avotri, J. Y., and Walters, V (2001)."We Women Worry A Lot About Our Husbands": Ghanaian Women Talking About Their Health And Their Relationship With Men. *Journal Of Gender Studies*, 10 (2), 197-211.

Awusabo-Asare, K., Abane, A. M., and Kumi-Kyereme, A. (2004). "Adolescent Sexual and Reproductive Health in Ghana: A Synthesis of Research Evidence." Occasional Report No. 13, Alan Guttmacher Institute, New York.

Baden, S., Green, C., Otoo-Oyortey, N., and Peasgood, T. (1994). *Report No 19* Background Paper On Gender Issues In Ghana. Report Prepared For The West And North Africa Department, Department For Overseas Development (DFID), UK.

Boateng, A.B. (2001). The Trokosi System In Ghana: Discrimination Against Women And Children. Ina. Rwomire (Ed.), *African Women And Children: Crisis And Response* (Pp.91-104). Wesport, CT: Praeger.

Bryman, A. (2004). *Social Research Methods.* 2nd Edition. Oxford University Press.

Canada (1984). Committee On Sexual Offences Against Children And Youths. Sexual Offences Against Children ("Badgley Report"). Ottawa: Minister Of Supply And Services Canada, 1984.

Canada (1990). Health And Welfare. Report Of The Special Advisor To The Minister Of National Health And Welfare On Child Sexual Abuse In Canada. Reaching For Solutions. Ottawa: Minister Of Supply And Services Canada, Rogers Committee, 1990. Reaching For Solutions

Canada (1985). Special Committee On Pornography And Prostitution. Pornography And Prostitution In Canada: Report Of The Special Committee On Pornography And Prostitution, Vol. 1. Ottawa: Supply And Services

Chakuh, M. (ed.). (1991). *The Montreal Massacre.* Toronto: Women's Press.

CHRAJ Report (2005). Retrieved On June 5, 2005 From Http://Www.State.Gov/G/Drl/Rls/Hrrpt/2004/41606.Htm

Citizen & Immigration Canada (2003). Immigrant Overview Facts And Figures Retrieved June 5, 2005 From Http://Www.Cic.Gc.Ca/English/Pub/Facts2003/Permanent/13.Html

Committee On Homosexual Offences And Prostitution (1957). Report Of The Committee On Homosexual Offences And Prostitution. London: Her Majesty's Stationery Office. *Reprinted 1963 As The Wolfenden Report: Report Of The Committee On Homosexual Offences And Prostitution. New York: Stein And Day.

Connolly K., and Reilly, R. C. (2007). Emergent Issues When Researching Trauma. *Qualitative Inquiry* 13, 522-540.

Constitution Of The Republic Of Ghana (1992). Retrieved June 6th 2005 From Http://Www.Hri.Ca/Fortherecord1997/Documentation/Tbodies/Crc-C-3-Add39.Htm

Davis, D.L., and Low, S.M. (1989). Gender, Health And Illness: The Case Of Nerves. Hemisphere Publishing, London

deGraft-Johnson, K. E. (1994). The Child and The Welfare Agencies. InH. J. A. N. Mensa-Bonsu & C. Dowuona-Hammond(Eds.), *The rights of the child in Ghana: Perspectives* (pp. 40-49). Accra, Ghana: Woeli.

Defile. (2008). In Merriam-Webster Online Dictionary. Retrieved November 28, 2008, from http://www.merriam-webster.com/dictionary/defile

Denzin, N., and Lincoln, Y.S., Eds. (1998). Collecting and Interpreting Qualitative Materials, Thousand Oaks: Sage

Dolphyne, F.A. (1991). *The Emancipation Of Women: An African Perspective.* Accra: Ghana Universities Press

Donkor, F. (2003). An Exploration Of The Meaning Of Menopause Among Ghanaian- Canadian Women. Unpublished Lakehead University Masters Thesis.

Doyal, L. (1995). *What Makes Women Sick? Gender And The Political Economy Of Health.* Macmillian, London.

Dunk, P. (1989). Greek Women And Broken Nerves In Montreal. *Medical Anthropology* 11, 29–45.

Dunkle, K.L., Jewkes, R.K., Brown, H.C., Gray, G.E., McIntryre, J.A., and Harlow, S.D. (2004). Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet,* 363 (9419), 1410-1.

Esposito, N. (2005). Manifestations of Enduring During Interviews With Sexual Assault Victims, *Qualitative Health Research,* 15 (7), 912-927.

Finkelhor, D. (1994). The International Epidemiology Of Child Sexual Abuse. *Child Abuse & Neglect,* 18(5), 409-417.

Fleischman, J. (2002). Suffering In Silence: The Links Between Human Rights Abuses And HIV

Transmission To Girls In Zambia. What Should The Zambian Government And International Organisations Do To Tackle Abuse Of Girls And Consequent HIV Transmission? *Human Rights Watch (HRW).*

Fleming, J., Mullen, P.E., Sibthopre, B., and Bummer, G. (1999). The Long-Term Impact Of Child Sexual Abuse In Australian Women. *Child Abuse & Neglect,* 23(2) ,145-159.

Fosu, G.B. (1995). Women's Orientation Towards Help-Seeking For Mental Disorders. *Social Science And Medicine,* 40 (8), 1029-1040.

Fraser, G and Kibride, P. (1980). Child Abuse And Neglect- Rare, But Perhaps Increasing, Phenomenon Among The Samia Of Kenya. *Child Abuse & Neglect,* 4, 227-232.

Garlick, P.C. (1971) *African Traders And Economic Development In Ghana.* Oxford: Clarendon Press.

Ghana Investment Promotion Center. (2003). Brief Guide To Investing In Ghana.

Ghana Statistical Service (2002). 2000 Population and Housing Census; Summary Report of Final Results: GSS, Accra. Retrieved On August 27, 2008, from Http://Www.Statsghana.Gov.Gh/Keysocial.Html

Goltzman, J.C. (1998). Cultural Relativity Or Cultural Intrusion? Female Ritual Slavery In Western Africa And The International Covenant On Civil And Political Rights: Ghana As A Case Study. *New England International And Comparative Law Annual,* 4, 53-72.

Gordon, P., and Crehan, K. (2000). Dying Of Sadness: Gender, Sexual Violence And The HIV Epidemic. Poverty Elimination Programme, UNDP

Guttmacher Institute (2004). Adolescent Sexual And Reproductive Health In Ghana: A Synthesis Of Research Evidence.

Hayes, R.O. (1975). Female Genital Mutilation, Fertility Controls, Women's Role's, And The Partrilineage In Modern Sudan. *American Ethnologist* 2, 617:633

Henry, R. and Fayorsey, C (2002). Coping With Pregnancy: Experiences Of Adolescents In Ga Mashi, Accra. Calverton, MD, USA: ORC Macro.

hooks, b. (1989). *Talking Back: Thinking Feminist, Thinking Black.* Boston: Sound End Press.

Hutchinson, S., and Wilson, H. (1994). Research And Therapeutic Interviews: A Post Structuralist Perspective. Inj. M. Moser (Ed.), *Critical Issues In Qualitative Research Methods* (Pp.300-315). Thousand Oaks, CA: Sage.

Jaffe, A. M., And Roux, P. (1988). Sexual Abuse Of Children—A Hospital Based Study. *South African Medical Journal,* 74, 65–67.

Moore, A. M, Awusabo-Asare, K, Madise N., John-Langba, J., Kumi-Kyereme, A. (2007). Coerced

First Sex Among Adolescent Girls In Sub-Saharan Africa: Prevalence And Context. *African Journal of Reproductive Health,* 11(3), 62–82.

Jewkes, R., Penn-Kekanab, L., and Rose-Junius, H. (2005). If They Rape Me, I Can't Blame Them": Reflections On Gender In The Social Context Of Child Rape In South Africa And Namibia. *Social Science & Medicine*, 61, 1809–1820.

Kingree, J. B., Braithwaite, R., and Woodring, T. (2001). Psychosocial Behavioral Problems In Relation To Recent Experience As A Runaway Among Adolescent Detainees. *Criminal Justice And Behavior*, 28(2), 190–205.

Korbin, J. (1991). Cross-Cultural Perspectives And Research Directions For The 21st Century. *Child Abuse & Neglect*, *15*(Suppl. 1), 67–77.

Lapadat, J. C., and Lindsay, A. C. (1999).Transcription in research and practice: From standardization of technique to interpretive positionings [Electronic version]. *Qualitative Inquiry*, *5*(1), 64-86.

La Rocque, E. D. (2002). Violence In Aboriginal Communities. *Violence Against Women: A New Canadian Perspective.* Inna Publications And Education Inc. Toronto, Canada.

Lalor, K. (2004). Child Sexual Abuse In Sub-Saharan African: A Literature Review. *Child Abuse & Neglect*, 28(4), 439-460.

Levin, C., Ruel, M., Morris, S., Maxwell, D., and Armar-Klemesu, M. (1999). Working Women In An Urban Setting: Traders, Vendors And Food Security In Accra. *World Development,* 27(11),1977-1999.

Levine, R. A. (1959). Gusii Sex Offenses: A study in Social Control. *American Anthropologist*, New Series, 61(6),965-990.

Loening, W. (1981). Child Abuse Among The Zulus: A People In Cultural Transition. *Child Abuse & Neglect*, 5,3-7.

Madu, S. N., and Pelzer, K. (2000). Risk Factors And Child Sexual Abuse Among Secondary School Students In The Northern Province (South Africa). *Child Abuse & Neglect*, 24 (2), 259–268.

Martin, S and Curtis, S. (2004). Gender-Based Violence And HIV/AIDS: Recognizing Links And Acting On Evidence. *Lancet.* 363(9419),1410-1411.

Maynard, M., and Purvis, J. (1994). Doing Feminist Research. In M. Maynard & J. Purvis (Eds.), *Researching Women's Lives From A Feminist Perspective* (Pp. 1-9). Bristol, PA: Taylor & Francis.

Ministry Of Women's And Children's Affairs. (2006). Guidance Note. Multi-sectoral response to Child Abuse.

Nduwimana, F. (2004) *The Right to Survive: Sexual Violence, Women and HIV/AIDS.* International Centre for Human Rights and Democratic Development. Retrieved on August 15th 2007, from http://www.dd-rd.ca/english/commdoc/publications/women/hivAIDS.pdf.

Nichter, M. (1981). Idioms Of Distress: Alternatives In The Expression Of Psychosocial Distress: A Case Study From South India. *Culture, Medicine And Psychiatry,* 5, 379-408.

Nunkoosing, K. (2005). The Problems With Interviews. *Qualitative Health Research,*15(5) 698-706.

Odoi, A., Brody, S. P., and Elkins, T.E. (1997). Female Genital Mutilation In Rural Ghana, West Africa.*International Journal Of Gynecology & Obstetrics, 56*, 179-180.

Odoi, A.K. (2002).The Practice Of Female Genital Mutilation In Bolgatanga.*Sisterwatch,1*,P.1.

Okeahialam, T. (1984). Child Abuse In Nigeria. *Child Abuse & Neglect,* 8, 69-73.

Opoku-Dapaah, E (1994). *Adaptation Of Ghanaian Refugees In Toronto.* Toronto: York Lanes Press.

Ortner, S. B. (1973). On Key Symbols. *American Anthropologist,* New Series, (75) 5, 1338-1346.

Osei-Boateng, R. (1998). Leading the legal battle: Gender rights in Ghana. In N. A. Apt., N. Agyemang-Mensah, & M. Grieco (Eds.), *Maintaining the momentum of Beijing: The contribution of African gender NGOs* (pp. 64-70). Brookfield, UK: Ashgate.

Owusu-Ansah, A. (2003). Trokosi in Ghana: Cultural Relativism or Slavery? Retrieved on June 5th 2005 http://www2.ncsu.edu/ncsu/aern/trokony.htm

Parillo, K. M., Freeman, R.C., Collier, K., and Young, P. (2001). Association Between Early Sexual Abuse And Adult HIV Risky Sexual Behaviors Among Community-Recruited Women. *Child Abuse & Neglect,* 25, 335–346.

Patton, M. Q. (2002). *Qualitative Research And Evaluation Methods (3rd Edition).* Sage Publications.

Poland, B. D. (1995). Transcription Quality As An Aspect Of Rigor In Qualitative Research *Qualitative Inquiry,* 1, 290-310.

Polusny, M. and Follette. V. (1995) Long-Term Correlates Of Child Sexual Abuse: Theory And Review Of The Empirical Literature *Applied & Preventive Psychology,* 4, 143-166.

Respect. (2008). In Merriam-Webster Online Dictionary. Retrieved November 29, 2008, from http://www.merriam-webster.com/dictionary/respect

Riesman, C.K. (2004). "Narrative Interviewing" In M.S. Lewis-Beck, A. Bryman and T. F. Lias (Eds.), *The Sage Encyclopedia Of Social Science Research Methods* (Vols, 103) Thousand Oaks, Calif.: Sage.

Roberts, C. (1997). Transcribing Talk: Issues Of Representation. *Tesolquarterly,* 31, 167-171.

Seidman, I. (1998). *Interviewing As Qualitative Research: A Guide For Researchers In Education And The Social Sciences.* New York: Teachers College Press.

Sexual Violence And Research Institute. (2008). Sexual Violence And HIV Issue Retrieved On October 27th 2008 from Http://Www.Svri.Org/Hiv.Htm

Seymour, A. (1998). Aetiology Of The Sexual Abuse Of Children: An Extended Feminist Perspective. *Women's Studies International Forum,* 21(4), 415–427.

Statistics Canada. (1993). The Violence Against Women Survey.

Stoltz J. M., Shannon, K., Kerr, T., Zhang, R., Montaner, J. S., and Wood, E. (2007). Associations Between Child Maltreatment And Sex Work In A Cohort Of Drug-Using Youth. *Social Science & Medicine* ,65, 1214–1221.

Tang, K. L. (1998). Rape Law Reform In Canada: The Success And Limits Of Legislation. *International Journal Of Offender Therapy And Comparative Criminology,* 42(3), 258-270 1998 Sage Publications, Inc. Retrieved on August 20th 2008 from Http://Www.Statsghana.Gov.Gh/Population.Html

Tanle, A. (2003). Rural-Urban Migration Of Females From The Wa District To Kumasi And Accra: A Case Study Of The Kayayei Phenomenon, Unpublished M. Phil Thesis, University Of Cape Coast.

Taylor-Browne, J (1997). Obfuscating Child Sexual Abuse I: The Identification Of Social Problems. *Child Abuse Review,* 6,4-10.

Tenhave, P. (1997). Methodological Issues In Conversation Analysis. *Bulletin de Méthodologie Sociologique,* 27, 23-51. Retrieved on August 15th 2008 from http://www2.fmg.uva.nl/emca/mica.htm

Tweedie, I., and Witte K. (2000). Ghana Youth Reproductive Health Survey Report, Accra, Ghana: Ghana Social Marketing Foundation.

Tyler, K. A., Hoyt, D. R., and Whitbeck, L. B. (2000). The effects of early sexual abuse on later sexual victimization among female homeless and runaway adolescents. *Journal of Interpersonal Violence,* 15(3), 235–250.

UNAIDS (2004). Report on the global AIDS epidemic. Retrieved on November 30th 2007, from http://www.eldis.org/hivaids/vaw_consequences.htm

UNICEF. (2007). Conventions On The Rights Of A Child. Retrieved on November 30th 2007, from Http://Www.Unicef.Org/Crc/

UNICEF & ANNPCAN (2001). Analysis Of The Situation Of Sexual Exploitation Of Children In The Eastern And South African Region. Retrieved On April 15th 2005 from Www.Unicef.Org/Events/Yokohama/Csec-East-Southern-Africa-Draft.Html.

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes.* M. Cole, V. John-

Steiner, S. Scriber, & E. Souberman. (Eds.). Cambridge, MA: Harvard University Press.

Walters, V., and Charles, N. (1997). 'I Just Cope From Day To Day': Unpredictability And Anxiety In The Lives Of Women. *Social Science And Medicine* 45(15), 1729–1739.

Walters, V. (1993). Stress, Anxiety And Depression: Women's Accounts Of Their Health Problems. *Social Science And Medicine*, 36, 393–402.

Warr, D. J. (2005). Stories In The Flesh And Voices In The Head: Reflections On The Context And Impact Of Research With Disadvantaged Populations, *Qualitative Health Research*, 14, 578 -587.

Watson, R. (1984). A Hidden Epidemic. News-Week, May 14, 30-36.Wearing, Betsy. (1986). Feminist Theory And Social Work. In Helen Marchant & Betsy Wearing (Eds.), *Gender Re-Claimed: Women In Social Work*. Sydney: Hale And Iremonger, Pty Ltd.

Wearing, Betsy. (1986). Feminist Theory And Social Work. In Helen Marchant & Betsy Wearing (Eds.), *Gender Re- Claimed: Women In Social Work*. Sydney: Hale And Iremonger, Pty Ltd.

Westcott, D. (1984). Sexual Abuse Of Children. *South African Medical Journal*, 65(2), 895–897.

World Health Organization. (1999). Report Of The Consultation On Child Abuse Prevention, Geneva, World Health Organization.

World Health Organization. (2002). Child Abuse Facts.

WILDAF Ghana. (2006). Shadow Report To Ghana's 3rd, 4th & 5th Reports On The Implementation Of The CEDAW.

Worldbank. (2007). Ghana On Course To Halve Poverty Before MDG Deadline Press Release No:2007/392/AFR. Retrieved On December 12th 2007 From 207go.Worldbank.Org/X55L3WEQY0

Worry. (2008). In Merriam-Webster Online Dictionary. Retrieved November 29, 2008, from http://www.merriam-webster.com/dictionary/worry

7 Appendices

7.1 Appendix A: Summary of Participants Information

7.1.1 Survivors:

1. 13 years old, family from Koforidua, eldest of 5, in school, recent survivor of CSA, lives in Accra with both parents.

2. 19 years old, originally from Togo, only child, mother is dead, doesn't know her father, raised by an aunt, was first sexually abused at age 12, has been abused repeatedly since. Now a sex worker with one child.

3. 19 years old, originally from a village in the Ashanti region, was looked after by a family friend in the city who maltreated her, was gang-raped by a foster brother and friend two years ago, had a child, apprenticed as a dressmaker and is now a sex worker.

4. 16 years old, originally from Volta region, was given to someone in Accra to look after her in KG 3 (about 6 years old), that lady has since died and so has her mother, educated up to P6, was sexually abused by an older man who later became her "boyfriend", is now a sex worker.

5. 18 years old, father from Mali, mother from central region, raised by her mother in Accra, was sexually abused for the first time at age 12 while working as a housekeeper and staying with a family friend, has been sexually abused repeatedly since then, educated up to Senior High School second form, worked in many customer service jobs before becoming a sex worker.

6. 14 years old, parents from Greater Accra, currently in Junior High School second form, lives with her sister, knows her parents and sees them regularly. She is the eldest of four siblings, and a recent survivor of CSA.

7. 17 years old, father is dead but mother is alive, lives with aunt in Accra, educated up to Class Two, pregnant at the time of the interview, had consensual sex but was underage and so legally considered defiled.

8. 35 years old, ex-Trokosi from the Volta region, sent to the shrine at age eight, in servitude for 16 years, sexually abused by the shrine priest before she was 18, priest fathered 2 children with her, became the founder of an NGO advocating for the abolishing of the practice and the rehabilitation of Trokosi.

9. 33 years old, ex-Trokosi from the Volta region, sent to the shrine at 12 years old, in servitude for two years, can't remember whether she was sexually abused by the priest.

10. 17 years old, three siblings (she is the middle child), originally from the western region, now lives in Accra with her mother, recent survivor of sexual abuse.

7.1.2 Key Informants

1. Male. Ethnicity: Central Region, grew up in Accra and the UK. Occupation and education: Clinical Psychologist, Ghana Medical School, also university-educated in England.

2. Female. Ethnicity: Greater Accra region, grew up in Accra. Occupation and education: Social worker in shelter for women who have been abused, NGO, university-educated in Ghana.

3. Female. Ethnicity: Greater Accra region, grew up in Accra. Occupation and education: Human rights lawyer, Continental Human Rights Initiative, university-educated in Ghana and abroad.

4. Female. Ethnicity: Greater Accra region, grew up in Accra. Occupation and education: Sexual and gender-based violence counselor, NGO, university-educated in Ghana.

5. Male. Ethnicity: Brong Ahafo Region, grew up in Sunyani. Occupation and education: Counselor at Poly Clinic, university-educated in Ghana.

6. Female. Ethncity: Brong Ahofo Region, grew up in Cape Coast and Accra. Occupation and education: lawyer by training, Executive Director for Gender Research Centre, university-educated in Ghana.

7. Male. Ethnicity: Eastern Region, grew up in Tafo. Occupation and education: Member of Parliament, university-educated in Ghana and the UK.

8. Female. Ethnicity: Greater Accra region, grew up in Accra. Occupation and education: Social worker; manager of shelter for children who have been abused, university-educated in Ghana and Zambia.

9. Female. Ethnicity: Eastern region, grew up in Accra. Occupation and education: lawyer by profession, executive director of a women's human rights organization.

10. Male. Ethnicity Unknown Occupation and education: Public health marketing, university-educated in Ghana and the USA.

11. Female. Ethnicity: Volta Region, grew up in Eastern region. Occupation and education: Social worker and Program Officer for rehabilitation centre for young girls, university-educated in Ghana.

12. Male. Ethnicity: Unknown, Occupation and education: Police inspector, professional social worker, university-educated in Ghana.

13. Male. Ethnicity: Greater Accra Region, grew up in Accra. Occupation and education: retired dentist, also a traditional chief, university-educated in the UK.

14. Female. Ethnicity: Unknown, grew up in Accra. Occupation and education: works for the Ministry of Education, educated in Ghana.

15. Female. Ethnicity: Greater Accra region, grew up in Accra. Occupation and education: trained nurse, church counselor, university-educated in the UK.

16. Female. Ethnicity: Greater Accra, grew up in Accra. Occupation and education: Trained and practicing nurse, university-educated in Ghana.

7.2 Appendix B: Letter of Introduction for Survivors

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

I am a Ghanaian graduate student in the Masters of Public Health at Lakehead University in Thunder Bay, Canada. For my Masters Thesis I have designed a study of Ghanaian women's experiences of childhood sexual abuse and its impact on their health. This study aims to provide a better understanding of the underling social, cultural and economic factors that contribute to childhood sexual abuse according to Ghanaian women. The ultimate purpose of the study is to document how Ghanaian women define sexual abuse and how they interpret its effects, both long-term and short-term, on their health.

To accomplish the goal of gaining a better understanding of the nature of sexual abuse and its impacts on the health of Ghanaian women I would like to invite you to participate in an interview. During the interviews I will be asking you questions that would allow you to freely express your thoughts and feelings on this issue (there are no right or wrong answers; all answers are accepted and welcomed). The interview will last approximately one hour and will be tape-recorded. The information gained will be transcribed and analyzed for key themes. Your identity will remain confidential and interview transcripts will be securely stored on Lakehead University campus for a seven-year period.

Your participation in this study is completely voluntary and you can withdraw from it at anytime. There is no physical harm that will arise from taking part in the study however you are advised that it might cause some emotional discomfort to talk about any incidence of abuse. You will not be required to divulge any details concerning the occurrence. A list of available counseling options and medical services will be provided for your use at your discretion.

Upon request the findings of this study will be made available to you when completed. Please see below for contact information should you require this information on this study. Thank you for your participation and contributing to knowledge that will give voice to Ghanaian Women.

Sincerely,
Signature: ______________________________ Date: ______________________

Ahmeda Mansaray (MPh cand.)
Graduate Student at Lakehead University
233-21-762050

Research Supervisors

Pam Wakewich, Ph.D
Lakehead University
955 Oliver Road,
Thunder Bay, Ontario, P7B 5E1
(807) 343-8353

Sharon-dale Stone Ph.D
Lakehead University
955 Oliver Road,
Thunder Bay, Ontario, P7B 5E1
(807)-343-8530

7.3 Appendix C: Letter of Invitation for Key Informants

Mariama Ahmeda Mansaray
4 Nmetsuobu St.
Osu, Greater Accra
Ghana

February 2, 2006

Key informant Contact information

Dear Sir or Madam:

Invitation to Participate in a Research study on Childhood Sexual Abuse

My name is Ahmeda Mansaray. I am a Ghanaian Masters in Public Health student at Lakehead University (Ontario, Canada) currently conducting research in Accra into Female Childhood Sexual Abuse (CSA). Accordingly, I have obtained Ethical Approval both from the Ghana Health Research Services and the Canadian Research Tri-council.

The objective of the research study is to document how female childhood sexual abuse is defined and its perceived effects, both long-term and short-term, on the health of survivors and the community as a whole. As part of my research I would like to interview female adult survivors of childhood sexual abuse and community key informants so as to incorporate both sets of voices into the discussions on this important issue.

In my review of the current literature on Childhood Sexual Abuse in Accra, I have come across the name of your organization on several occasions and realize you could be an invaluable resource to the study as a contact point for recruitment of both survivors and key informants. I would therefore be very grateful if you would agree to meet with me to discuss your possible involvement in this study. Please find attached further information on the study as well as references and ethics approval documents. I can be reached via email at ahmeda.mansaray@gmail.com or on my cell at 027-761-7861.

Looking forward to hearing from you,
Sincerely,

M Ahmeda Mansaray BSc, MPh (cand.)
Lakehead University- Faculty of Professional Schools
Ontario, Canada

Ghana Contact Information:
Cell: 027-761-7861; Home: 021-762050
Email: ahmeda.mansaray@gmail.com
Website: http://individual.utoronto.ca/ahmeda_mansaray/

"We live by Hope, but a reed never became an Iroko tree by dreaming" - Nigerian Proverb.

7.4 Appendix D: Letter of Introduction for Key Informants

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

I am a Ghanaian graduate student in the Masters of Public Health at Lakehead University in Thunder Bay, Canada. For my Masters Thesis I have designed a study of Ghanaian women's experiences of childhood sexual abuse and its impact on their health. This study aims to provide a better understanding of the underling social, cultural and economic factors that contribute to childhood sexual abuse. The ultimate purpose of the study is to document how childhood sexual abuse is defined and its perceived effects, both long-term and short-term, on the health of survivors and the community as a whole.

To accomplish the goal of gaining a better understanding of the nature of sexual abuse and its impacts on the health of Ghanaian women I would like to invite you to participate in an interview. During the interviews I will ask questions that would allow for you to express your views on issues of childhood sexual abuse and women's health. The interview will last approximately one hour and will be tape-recorded. The information gained through the interview will be transcribed and analyzed for key themes. Your identity will remain confidential and interview transcripts will be securely stored on Lakehead University campus for a seven-year period.

Your participation in this study is completely voluntary and you can withdraw from it at anytime. There is no apparent harm that will arise from taking part in the study. Upon request the findings of this study will be made available to you when completed. Please see below for contact information should you require this information on this study.

Thank you for agreeing to take part in this study and contributing to knowledge that will help to give voice to Ghanaian Women.

Sincerely,

Signature: ________________________________ Date: ________________________

Ahmeda Mansaray
Graduate Student at Lakehead University
Masters in Public Health Program
Cell: 027-761-7861; Home: 021-762050

Research Supervisors

Pam Wakewich, Ph.D
Lakehead University
955 Oliver Road,
Thunder Bay, Ontario, P7B 5E1
(807) 343-8353

Sharon-Dale Stone Ph.D
Lakehead University
955 Oliver Road,
Thunder Bay, Ontario, P7B 5E1
(807)-343-8530

7.5 Appendix E: Letter of Introduction for Parents of Survivors

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

I am a Ghanaian graduate student in the Masters of Public Health at Lakehead University in Thunder Bay, Canada. For my Masters Thesis I have designed a study of Ghanaian women's experiences of childhood sexual abuse and its impact on their health. This study aims to provide a better understanding of the underling social, cultural and economic factors that contribute to childhood sexual abuse. The ultimate purpose of the study is to document how childhood sexual abuse is defined and its perceived effects, both long-term and short-term, on the health of survivors and the community as a whole.

To accomplish the goal of gaining a better understanding of the nature of sexual abuse and its impacts on the health of Ghanaian women I would like to invite your child to participate in an interview. During the interviews I will ask questions that would allow for them to express your views on issues of childhood sexual abuse and women's health. The interview will last approximately one hour and will be tape-recorded. The information gained through the interview will be transcribed and analyzed for key themes. The identity of your child will remain confidential and interview transcripts will be securely stored on Lakehead University campus for a seven-year period.

Their participation in this study is completely voluntary and you can withdraw them from it at anytime. There is no apparent physical harm that will arise from taking part in the study. There is the possibility that emotional discomfort and psychological distress could arise from discussions on issues of childhood sexual abuse. Please be assured that a counselor will be present and available for support during the interview process.

Upon request the findings of this study will be made available to you when completed. Please see below for contact information should you require this information on this study. Thank you for agreeing to take part in this study and contributing to knowledge that will help to give voice to Ghanaian Women.

Sincerely,
Signature: ______________________________ Date: ______________________

Ahmeda Mansaray
Graduate Student at Lakehead University
Masters in Public Health Program
Cell: 027-761-7861; Home: 021-762050

Research Supervisors

Pam Wakewich, Ph.D
Lakehead University
955 Oliver Road,
Thunder Bay, Ontario, P7B 5E1
(807) 343-8353

Sharon-Dale Stone Ph.D
Lakehead University
955 Oliver Road,
Thunder Bay, Ontario, P7B 5E1
(807)-343-8530

7.6 Appendix F: Survivor Consent Form

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

This is to certify that I, ______________________________ have been given the following information with respect to my participation in this study.

Purpose of the research: To document the perceived effects of childhood sexual abuse on present health concerns and to understand how the participants define sexual abuse and construct their health concerns.
Procedure to be followed: Tape-recorded semi-structured interviews
Discomforts and risks: No apparent physical harm but possible emotional discomfort temporary psychological distress.
Time duration of participation: Interviews to last approximately one hour
Statement of confidentiality: Information that would allow for participants to be identified will not be shared with anyone and will be treated as confidential. Interview transcripts will be stored at a secure location on Lakehead university campus for 7 years.
Voluntary participation: I can withdraw from the study at any time.
Incentive for participation: There is no material incentive or compensation for this study.

Questions regarding the research and participation in it should be directed to the following:

Primary Researcher
Ahmeda Mansaray
68 Nmetobu street,
Osu , Ghana
(233-21) 76-2050

I agree to participate in this study and have read all the information provided on this form.

Name (please print): ______________________________

Signature: ____________________

Date: _______________

7.7 Appendix G: Parental Interview Consent Form

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

This is to certify that I, ____ give my consent for my child to participate in an interview for research on Childhood Sexual Abuse.

I have received an explanation about the nature of the study and its purpose. I understand the following:

1. My child is a volunteer and can withdraw from the interview at any time.
2. There is no apparent danger of physical harm.
3. There is the possibility that emotional discomfort and psychological distress could arise from discussions on issues of childhood sexual abuse. Please be assured that a counselor will be present and available for support during the interview process.
4. The information provided by my child will be shared only amongst researchers, and be released only in aggregate form in the public domain. Data will be securely stored at Lakehead University for seven years.
5. I will receive a summary of the project, upon request, following the completion of the project.

____

Name (please print)   Signature of Parent or Guardian   Date

____

Name (please print)   Name and Signature of Child   Date

7.8 Appendix H: Key Informant Consent Form

Constructing of Childhood Sexual Abuse in Ghanaian Women as a Public Health Issue

This is to certify that I, ____ have been given the following information with respect to my participation in this study.

Purpose of the research: To document the perceived effects of childhood sexual violence and coercion on present health concerns and to understand how the participants define sexual abuse and construct their health concerns.
Procedure to be followed: Tape-recorded semi-structured interviews
Discomforts and risks: No apparent physical harm.
Time duration of participation: Interviews to last approximately one hour
Statement of confidentiality: Information that would allow for participants to be identified will not be shared with anyone and will be treated as confidential. Interview transcripts will be stored at a secure location on Lakehead University campus for 7 years.
Voluntary participation: I can withdraw from the study at any time.
Incentive for participation: There is no material incentive or compensation for this study.

Questions regarding the research and participation in it should be directed to the following:

Ahmeda Mansaray
68 Nmetobu street,
Osu , Ghana
(233-21) 76-2050

I agree to participate in this study and have read all the information provided on this form.

Name (please print): ____

Signature: ______________________________

Date: _______________________

7.9 Appendix I: Interview Recording consent form

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

This is to certify that I, ____ give my consent for this interview to be recorded for the purposes of this study.

I understand that I can at any point during the interview request for the recording to be stopped and withdraw my consent to take part in this process.

Name (please print): ____

Signature: ________________________________

Date: ________________________

7.10 Appendix J: Proposed Participants & Key Informants Interview Themes

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

Thematic areas to be explored in survivor interviews will be as follows:

(a) General background on participant;

(a) Definitions and perceptions of sexual abuse;

(b) Definitions and perceptions of health and its determinants;

(c) The perceived past and present impacts of experienced childhood sexual abuse on their health and wellbeing.

Thematic areas to be explored in Key Informants interviews will be as follows:

(a) General background on participant;

(b) Definitions and perceptions of sexual violence and coercion in Ghana;

(c) Definitions and perceptions of health and its determinants;

(d) Current sexual health issues in Ghana and links to sexual violence;

(e) Perceived challenges and recommendations to address sexual violence and coercion in the girl-child.

7.11 Appendix K: Survivor Interview Questions

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

Demographic Information

- What tribe do you come from?
- How old are you?
- Please tell me a little bit about your family and how and where you grew up
- What is your current employment status?
- Do you consider yourself middle class, lower class etc..?
- Do you think that your exposure to urban/western thoughts influences your way of life?

Sexual abuse/coercion Questions

- What do you think is the socially accepted way of sexual interaction?
- Are you sexually active?
- Do you think your sexual experiences are different from the norm? Why?
- Do you think sexual abuse takes place in the community?
- Can you please give me some examples?
- How would you define sexual abuse?
- Do you feel that there is a different between sexual abuse, sexual coercion and rape? How and what makes them different?
- How do you feel about the person (s) who sexually abused you?
- If you mentioned your experience to others how did they respond?
- Please describe for me how you would react if someone you wanted to have sex and you didn't
- Do you feel that you have the right to say "no"?

Health Issues Questions

- Please describe someone who you think is healthy
- Do you consider yourself healthy?
- What would you say are the barriers to health?
- Do you feel that there is a difference between women and men's heath?
- Please tell me a bit about how you think your experience with sexual abuse has affected your past and present health
- Is there anything else you would like to discuss that I haven't asked?

N.B. The order and phrasing of these questions may change depending on how the interview proceeds and for further clarification if needed.

7.12 Appendix L: Key Informant Questions

Constructing of Childhood Sexual Abuse in Ghanaian Women as an Important Public Health Issue

Demographic Information

- Please identify yourself and your work
- What tribe are you from
- Please give me some information on your educational background
- Please tell me a little bit about where you grew up

Definition of Sexual Abuse

- How would you define sexual abuse/ coercion and rape?
- Do you think that there are differences in those terms? Please elaborate.
- Do you think that cultural practices reinforce or inform your definition?
- What do you believe a woman's role to be? Sexually, socially and culturally?
- Are there particular women that are at risk? Why?
- Do you think that sexual abuse is an issue in Ghana? Why?
- How pervasive do you think sexual abuse is?
- What factors do you think contribute to it?
- How would you proportion blame in an instance of sexual abuse?

Issues relating to health

- How would you define Health
- Can you please elaborate on how your construct of health was shaped?
- What would you say are the main health concerns of Ghanaian women today?
- What would you say are the effects or impacts of childhood sexual abuse on the abused persons health?
- Do you think that sexual abuse is a public health issue in Ghana?
- Is there anything else you would like to discuss concerning this issue I haven't asked?

N.B. The order and phrasing of these questions may change depending on how the interview proceeds and for further clarification if needed.

7.13 Appendix M: Ghana Health Services Ethics Request Letter

Mariama Ahmeda Mansaray
4 Nmetsuobu St.
Osu, Greater Accra
Ghana

January 27, 2006

To Whom It May Concern:

Re: Request for Ethical Review of Proposed Research

My name is Mariama Ahmeda Mansaray and I am an MPH student at Lakehead University in Ontario, Canada. As part of my Master's program, I have designed a study on Childhood Sexual Abuse in Accra, Ghana. The proposal for my research has been reviewed and approved by my Thesis Committee and the Lakehead University Ethics Review Board.

I am now in Accra and ready to commence with the above-mentioned study. However, before I start recruitment for study participants, I think it is prudent that I also obtain ethical approval from the Ghana Health Research Unit.

In this vein, please find attached a copy of the Thesis Proposal and the documents necessary for Ethical Review as per the Ghana Health Research Protocol. Thank you for your expedient help in this matter,

Sincerely,

M Ahmeda Mansaray BSc, MPh (cand.)
Faculty of Professional Schools
Lakehead University
Ghana Cell: 027-7617861
Email: ahmeda.mansaray@gmail.com
Website: http://individual.utoronto.ca/ahmeda_mansaray/

7.14 Appendix N: Ghana Ethics Approval Letter

GHANA HEALTH SERVICE ETHICAL REVIEW COMMITTEE

In case of reply the
number and date of this
Letter should be quoted.

My Ref. : GHS-ERC-7
Your Ref. No.

Health Research Unit
Ghana Health Service
P. O. Box GP-184
Accra

Tel: +233-21-681109
Fax + 233-21-226739
Email: Hannah.Frimppong@hru-ghs.org
1st February, 2006.

Mariama Ahmeda Mansaray
4 Nmetsuobu St.
OSU, Greater Accra
Accra

Dear Ms. Ahmeda,

Re: Request for Ethical Review of Proposed Research
Protocol Title: Construction of Childhood Sexual Abuse as a Public Health Issue in Accra-Ghana" - ID NO: GHS/ERC-06/01/06

I write to inform you that the Ethics Review Committee of the Ghana Health Service has given approval for the implementation your proposed study on **"The Construction of Childhood Sexual Abuse as a Public Health Issues in Accra-Ghana"** The Clearance Certificate to that effect is being processed and would be sent to you in due course.

Accept our congratulations.

Yours sincerely

Hannah Frimpong
Administrative Secretary
For: Chairman

7.15 Appendix O: Ghana Amended Protocol Ethics Request Letter

4 Nmetsuobu St
Osu, Accra
Ghana

17th February 2006

Health Research Unit
Ghana Health Service
P.O.Box GP 184
Accra, Ghana

Dear Sir/Madam;

Re: Permission to amend research protocol as approved in Ethical Clearance Document ID number: GHS-ERC-06/01/06

This is in regards to the study "The construction of Childhood Sexual Abuse (CSA) as a Public Health Issue in Accra, Ghana" which was granted Ethical Approval on the 25th of January 2006 by the Ghana Health Services Research Unit. In the initial protocol submitted, permission was granted for the interviewing of participants between the ages of 18-45 years of age. We now wish to request an amendment to the age of research participants from 18-45 years to 10-45 years.

This request is based on the following: First of all in Ghana it is legal give sexual consent and to get married at 16 years. With this in mind, it is necessary to include girls younger than 16 years in the study. This will ensure that participants are survivors of CSA that occurred outside of the institution of marriage as well as survivors who are legally unable to consent to sex. Secondly, statistical data obtained from the National Study on Violence Against Women and Children (The Nkyinkyim Project) indicate that 94 % of young girls who experienced CSA were between the ages of 10-18 years. Finally, the preliminary analysis of interviews conducted with community key informants has revealed a need to interview younger survivors. This is necessary in order to get a more comprehensive picture of the short-term health impact of CSA from the emic perspective. All of the above is reinforced by the present difficulty we are encountering in recruiting survivors of CSA 18 years and older.

Given this we would therefore like to amend the protocol to include participants younger than 18 years old. We request amendment to include survivors of Childhood Sexual Abuse between the ages of 10 and 18 years, with the overall age of research participants being 10-45 years old.

We acknowledge the fact that parental consent is required in all research for participants under the age of 17 and will respect this requirement in all instances. As a further precautionary measure all interviews with minors will have a counselor present and will be conducted at a location that will provide maximum comfort for the participant.

We believe that this is an important element in the construction of Childhood Sexual Abuse as a Public Health Issue In Accra and look forward to hearing favorably from you in this request.

Sincerely,

Mariama Ahmeda Mansaray BSc, MPh (cand.)
Faculty of Professional Schools
Lakehead University
Ghana Cell: 027-7617861
Email: ahmeda.mansaray@gmail.com
Website: http://individual.utoronto.ca/ahmeda_mansaray/

7.16 Appendix P: Ghana Amended Protocol Ethics Approval Letter

GHANA HEALTH SERVICE ETHICAL REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.

My Ref. :GHS-ERC: 3
Your Ref. No.

Health Research Unit
Ghana Health Service
P. O. Box GP-184
Accra

Tel: +233-21-681109
Fax + 233-21-226739
Email: John.Gyapong@hru-ghs.org
21st February, 2006

ETHICAL CLEARANCE
ID NO: GHS-ERC-06/01/06

The Ethical Review Committee of Ghana Health Services has given approval to the Amended Version of your Protocol titled:

"The Construction of Childhood Sexual Abuse (CSA) as a Public Health Issue in Accra, Ghana"

PRINCIPAL INVESTIGATOR: Mariama Ahmeda Mansaray, Student, Lakehead University, Ontario, Canada"

This approval requires that you submit periodic review of the protocol to the Committee and a final full review to the Ethical Review Committee (ERC) at the completion of the study. The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Please note that any modification of the project must be submitted to the ERC for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the ERC within seven days verbally and fourteen days in writing.

You are requested to inform the ERC and your mother organization before any publication of the research findings.

Please always quote the protocol identification number in all future correspondence in relation to this protocol.

SIGNED......
PROF. ALBERT GEORGE BAIDOE AMOAH
(GHS-ERC CHAIRMAN)

Cc: Dr. John Gyapong
(Director)
Health Research Unit
Ghana Health Service
Accra

7.17 Appendix P: Initial Lakehead University ERB Approval Letter

July 14, 2005

Ahmeda Mansaray
Lakehead University
955 Oliver Road
Thunder Bay, Ontario P7B 5E1

Dear Ms. Mansaray:

Based on the recommendation of the Research Ethics Board, I am pleased to grant ethical approval to your research project entitled, "The Construction of Childhood Sexual Abuse as a Public Health Issue in Accra Ghana". This approval is subject to the following conditions:

A list of counselling services to be distributed to potential participants is provided to the Research Ethics Board prior to beginning data collection
The information letter to potential participants is revised to include the statement that describes how the data will be kept confidential, e.g. "Interview notes and tapes will be labelled with a number. Only the researcher will be able to link the numbers to the names of participants".
You provide confirmation to the Research Ethics Board that your research subjects will be proficient in English and will be capable of understanding the informed consent documents provided. If not, please provide translations into the appropriate language.

The Research Ethics Board requests an annual progress report and a final report for your study in order to be in compliance with Tri-Council Guidelines. This annual review will help ensure that the highest ethical and scientific standards are applied to studies being undertaken at Lakehead University.

Completed reports may be forwarded to:
Office of Research
Lakehead University
955 Oliver Road
Thunder Bay, ON P7B 5E1
FAX: 807-346-7749

Best wishes for a successful research project.

Sincerely,

Dr. Richard Maundrell
Chair, Research Ethics Board
/len

7.18 Appendix Q: LU-ERB Request for Amendment of Thesis Proposal

Date: March 10, 2006-03-10

Memorandum To: Richard Maundrell, Chair, Research Ethics Board, Lakehead University

From: Dr. Pam Wakewich, Sociology/Women's Studies (Co-Supervisor) Ahmeda Mansaray, MPH Student

Re: Permission to Amend Research Protocol for "The Construction of Childhood Sexual Abuse (CSA) as Public Health Issue in Accra, Ghana" MPH Student: Ahmeda Mansaray

The protocol for this study which was originally approved in July 2005 granted permission to interview survivors of CSA between the ages of 18-45. As detailed below, we are now requesting an amendment to allow interviewing participants under the age of 18 with parental, or adult guardian consent. Our preference would be to broaden the age category to allow interviewing children 10 years and above. As the attached memos confirm, the Ghana Health Authority has approved this change of age in their ethics amendment (March 9th, 2006). Our second choice would be to add only children ages 14 and above, however we recognize that this would exclude an important portion of CSA victims.

Parental or adult guardian consent would be obtained for all of the interviews with minors and a counselor will be present during each of the interviews.

Rationale:

Since getting established at her fieldsite in Ghana in January and doing key informant interviews with health and community workers who regularly deal with victims of childhood sexual abuse Ms. Mansaray has become aware that it is very difficult to find and establish contact with older CSA survivors. Most victims come into contact with health and social services soon after the abuse and after a short period of counseling do not have ongoing contact.

Statistical data from the 1998 National Study on Violence Against Women and Children (the Nkyinkyim Project) indicates that 94% of girls who experience CSA were between the ages of 10 and 18. Forty percent were between the ages of 10 and 14 and the remaining 54% ages 15-18. The statistical data may be influenced by the fact that it is legal to give sexual consent and to get married at 16 years of age. However, the young age of victims identified in the national survey strongly correlates with the observations of the clinical psychologists and health workers who Ms. Mansaray has interviewed and done observation with in Accra. Since she has begun her field study, eighteen CSA cases have been seen at the clinic, all under the age of 17.

Parental or adult guardian consent should not be difficult to obtain as clinic staff estimate that 99% of survivors are accompanied by an adult. Fathers or step-fathers appear to account for only 5% of the abuse, unrelated males account for the remainder. As it is common for children from rural areas to be sent to the city to live with other relatives, another adult guardian may be responsible for the child and would provide the consent. The clinic psychologists who have been counseling CSA victims have agreed to be present during the research interviews and provide support and counseling to the victims.

Recognizing the issues raised above, the Health Research Unit of the Ghana Health Service has agreed to amend the original research protocol to allow interviewing of CSA victims between 10-45 years of age. (A copy of the amended protocol was faxed to the Ethics Board office and email copies attached here).

We are now requesting a similar amendment of the Lakehead University Research Ethics Board.

Specifically: **We would like to amend the protocol to allow interviewing participants between the ages of 10 and 45. Parental or adult guardian consent will be obtained for all participants under the age of 17. This requirement will be respected in all instances.**
As a further precautionary measure all interviews with minors will have a counselor present and will be conducted in a location that will provide maximum comfort for the participant.

We thank you in advance for your consideration of this request and look forward to hearing from you at your earliest convenience.

Sincerely,

Pam Wakewich

cc. Lisa Norton, Research Ethics and Administration Officer
cc. Dr. Sharon Dale Stone, Sociology (Co-Supervisor)
cc. Ahmeda Mansaray

7.19 Appendix R: LU-ERB Amendment Approval Letter

Lakehead
UNIVERSITY

Office of Research

Tel (807) 343-8283
Fax (807) 346-7749

March 14, 2006

Ms. Ahmeda Mansaray
Masters of Public Health Program
Lakehead University
955 Oliver Road
Thunder Bay, Ontario P7B 5E1

Re: **Amendment Request - REB Project # 109 04-05**

Dear Ms. Mansaray:

Based on the recommendation of the Research Ethics Board, I am pleased to grant ethical approval to the amendment requested for your research project entitled, "The Construction of Childhood Sexual Abuse as a Public Health Issue in Accra Ghana". This approval is subject to the following conditions:

- Please use the utmost caution in securing parental consent in cases where a subject is suspected to have been sexually abused by a parent in order to avoid placing subjects at risk.
- Please be aware of the possible legal implications of your work under the law in Ghana, given that you may be obtaining information about illegal activities against children.
- In the letter of introduction, and in the consent form for parents of survivors, you state that there is no apparent danger of psychological harm. Please revise this to state that: "There is the possibility that emotional discomfort and psychological distress could arise from discussion about issues of childhood sexual abuse. Please be assured that a counsellor will be present and available for support during the interview process."

The Research Ethics Board requires the submission of an annual progress report, and a final report upon completion of the study, in order to be in compliance with Tri-Council Guidelines. The Research Ethics Board is particularly interested in this case as it highlights the difficulties in conducting research where the ethics, law and culture of the host country may differ from Canadian standards and practices. In addition to the information required as part of the Final report, please provide us with detailed information about the age distribution of your subjects, any difficulties that may have arisen in carrying out your study, and any suggestions you might have for researchers carrying out similar work in the future.

Best wishes for a successful research project.

Sincerely,

Dr. Richard Maundrell
Chair, Research Ethics Board

/len

cc: Dr. P. Wakewich, Women's Studies

955 Oliver Road Thunder Bay Ontario Canada P7B 5E1 www.lakeheadu.ca

7.20Appendix S: List of Available Counseling Services for Survivors of Childhood Sexual Abuse in Accra, Ghana

DR. ANGELA OFORI-ATTA, CLINICAL PSYCHOLOGIST
University of Ghana Medical School, Legon.
TEL: 021-763050, 665258

DR. NORTEY DUA, CLINICAL PSYCHOLOGIST
University of Ghana Medical School, Legon.
TEL: 021 228688 Ext.18

PROF. ARABA SEFA-DEDE, CLINICAL PSYCHOLOGIST
University of Ghana Medical School, Legon.
TEL: 021-500389
HOURS: Mon, Tues, & Fri. 9am-2pm
Accra Psychiatric Hosp. TEL: 021-221920 Wed & Thurs.

DR. J.B. ASARE, PSYCHIATRIST / DIRECTOR
Chief Psychiatrist, Ministry Of Health.
Psychiatric Hospital, Accra
TEL: 021-221920, 228688, Direct line 221340
HOURS: Mon, Tues, Fri 8am-2pm
37 Military Hospital
TEL: 021-776111 HOURS: Thurs 8am-10:30am

Ms. VIOLET AWOTWI
Women's Initiative for Self Empowerment (WISE)
15 Anmeda St.
Roman Ridge - Accra.
Tel: 021-781003 (2) /775998

Ms. DINAH KPODO
The Ark Foundation
Number 13, Bluegate,
Haatso - ECOMOG Road- Accra.
Tel: 021-511610