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Author(s): Kofi E. Boakye

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# Culture and Nondisclosure of Child Sexual Abuse in Ghana: A Theoretical and Empirical Exploration

Kofi E. Boakye

*The phenomenon of child sexual abuse has been widely acknowledged across many societies, including Ghana. Efforts to address this problem in Ghana have yielded limited success because this type of child abuse is severely underreported. This study explores the relevance of three cultural factors, namely, patriarchal nuances, (child) rape myth acceptance, and a “collective shame problem,” to the understanding of the problem of nondisclosure of child sexual abuse in Ghana. Evidence from an exploratory study provides support for the importance of these factors. The findings are discussed and the need for further research highlighted.*

## INTRODUCTION

The incidence of child abuse, especially child sexual abuse,<sup>1</sup> has received tremendous research attention and widespread international condemnation

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Kofi E. Boakye is a PhD candidate at the Institute of Criminology, University of Cambridge. He can be reached at [keb47@cam.ac.uk](mailto:keb47@cam.ac.uk).

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1. Child sexual abuse is used in this context to include both intra- and extrafamilial contact abuse of a minor (i.e., a person below eighteen years of age). This follows the wide recognition that the two types of abuse significantly overlap and therefore are not clearly distinguishable (Abel et al. 1988; Conte 1991). The definition covers contact abuse ranging from completed rape to fondling or introducing foreign objects into a child's private part. The emphasis in this article is on the female child as victim of sexual abuse, especially intrafamilial

in the last few decades (Russell 1986; Meursing et al. 1995; Ncube 1998; Coker-Appiah and Cusack 1999; Richter, Dawes, and Higson-Smith 2004; World Health Organization 2005). This positive development has resulted in several international laws and conventions that, together, have engendered significant legal and policy reforms on child sexual abuse in many countries across the world. Ghana, for example, has been a signatory to many of these international conventions, including the UN Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the African Charter on Human and Peoples' Rights, as well as the Charter on Rights and Welfare of the African Child. Also, several legal and policy reforms have been initiated locally in response to increasing advocacy for the recognition and protection of women's and children's rights, including the right to sexual autonomy and protection against violence, particularly sexual violence. The establishment in 1998 of a special unit of the Ghana Police Service, the Domestic Violence and Victim Support Unit (DOVVSU), formerly the Women and Juvenile Unit (WAJU); the passage of the Criminal Code (Amendment) Act 1998 (Act 554); the Children's Act 1998 (Act 560); the Juvenile Justice Act 2003 (Act 653); and, more recently, the Domestic Violence Act 2007 (Act 732) are some of the positive developments in an effort to address the problem of violence, especially violence against women and children in Ghana.<sup>2</sup>

Despite these positive global and local efforts, however, violence against children, especially child sexual abuse, remains a significant social problem in almost all societies, including Ghana (Russell 1986; Meursing et al. 1995; Ncube 1998; Pappoe and Ardayfio-Schandorf 1998; Coker-Appiah and Cusack 1999; Richter, Dawes, and Higson-Smith 2004; World Health Organization 2005). One of the key challenges to addressing the problem of child sexual abuse is the nondisclosure or underreporting by victims and their

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sexual abuse, since evidence from empirical research suggests that female children are at disproportionate risk of abuse compared with male children (Coker-Appiah and Cusack 1999; World Health Organization 2005).

2. The Ghanaian Criminal Code 1960 (Act 554 as amended) Section 101(1) defines child sexual abuse (child rape/defilement) as "the natural or unnatural carnal knowledge of any child under sixteen years of age." The punishment following this type of offense is a prison term of between seven and twenty-five years. Thus, apart from the vagueness of words such as "natural" and "unnatural," a possible contradiction inherent in the legal definition relates to the age at which an act is recognized as child (versus adult) rape; that is, whereas the definition of defilement is pegged at a maximum age of sixteen, Article 28(5) of the Constitution of Ghana, together with the Children's Act 1998 (Act 560), defines a child as "a person below the age of eighteen years." A "natural carnal knowledge" of a female above age sixteen without her consent would therefore most probably be classified under the Sexual Offences Act as adult rape. Similarly, any *forcible* "sexual bodily contact" other than "natural or unnatural carnal knowledge" of a female below sixteen years (although it still remains unclear whether this provision would include oral sex or insertion of a foreign object into a child's private part) will not, in all probability, qualify as child rape/defilement; instead, such act may be treated as "indecent assault" under Section 103 of the act with a six-month minimum sentence on conviction.

families, especially to official agencies responsible for combating the phenomenon (Koss 1993; Pappoe and Ardayfio-Schandorf 1998; Coker-Appiah and Cusack 1999; Russell and Bolen 2000; Ghana News Agency 2006).

Attempts have been made, particularly in Western societies, to understand factors responsible for underreporting or nondisclosure of child sexual abuse (Smith et al. 2000; Ullman 2003; Staller and Nelson-Gardell 2005; Pipe et al. 2007). There are also emerging studies in Africa, particularly in southern Africa, that focus on the prevalence of (child) sexual abuse and the possible factors that contribute to the occurrence of this phenomenon (Meursing et al. 1995; Armstrong 1998; Coker-Appiah and Cusack 1999; Jewkes et al. 2002; Richter, Dawes, and Higson-Smith 2004; Jewkes, Penn-Kekana, and Rose-Junius 2005; Bowman 2007).

These efforts notwithstanding, the area of underreporting or nondisclosure of child sexual abuse remains largely unexplored in the Ghanaian or African context. Thus, while a number of studies have discussed more generically and implicitly the problem of underreporting of sexual violence against women and children (Meursing et al. 1995; Armstrong 1998; Coker-Appiah and Cusack 1999; Pappoe and Ardayfio-Schandorf 1998; Jewkes, Penn-Kekana, and Rose-Junius 2005; Bowman 2007),<sup>3</sup> none explore in specific detail cultural factors in relation to nondisclosure or underreporting of child sexual abuse in the Ghanaian or African context.

In the case of Ghana, some of the broad reasons identified as influencing nondisclosure of violence (physical, psychological, sexual, socioeconomic, and traditional) against women and children are the absence of severe physical injury, fear of social reprisal, the economic cost of seeking justice or medical treatment, and negative experiences with formal agencies such as the police (Coker-Appiah and Cusack 1999, 96, 110). Other factors also highlighted in the Ghanaian context, some of which relate or are likely to relate to culture, include "no need to report" (90), embarrassment, stigmatization, and fear of reprisal from either the perpetrator or the victim's own family (Coker-Appiah and Cusack 1999; Pappoe and Ardayfio-Schandorf 1998; see also Meursing et al. 1995; Armstrong 1998).

These studies, however, are either not specifically concerned with or fail to deconstruct these cultural factors to show how and in what ways they are likely to contribute to the nondisclosure of child sexual abuse. Defined rather narrowly as belief patterns likely to develop or flourish within a given social setting, and that have the potential to encourage or influence individual and

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3. The majority of these studies are concerned mainly with the prevalence and causes of adult and child rape. Therefore, a general lack of clarity exists in the literature about which factors may be causes of child sexual abuse, which factors are likely to influence underreporting, or both. As much as these factors may sometimes overlap or intersect, they are in many ways theoretically and empirically distinguishable and such distinctions are necessary for understanding and addressing the problem of non- or underreporting of child sexual abuse.

group behavior within the specific social context, this study explores three cultural factors, namely, patriarchal nuances, (child) rape myth acceptance, and a collective shame problem and its relevance to nondisclosure of child sexual abuse in Ghana.

This study focuses on these cultural factors because they appear particularly salient yet remain largely unexplored in the Ghanaian context. The focus on these factors is further based on the assumption that many of the short-term problems and other noncultural factors that are thought to constitute a barrier to reporting child sexual abuse may, in and of themselves, be symptomatic of deeper problems relating to aspects of culture, and therefore failure to explore these cultural factors renders less effective any attempt to address the problem of underreporting in the Ghanaian context. Thus, the study proceeds with the assumption that although some aspects of beliefs and practices may be difficult to change in the short term, they nonetheless can be changed if consistently challenged through constructive engagement.

The article begins with a brief background review of the prevalence of child sexual abuse in Ghana and the nature of victim-offender relationship. The three cultural factors are explored, followed by results of an empirical study that demonstrate the relevance of these factors to understanding nondisclosure of child sexual abuse in Ghana. The findings are discussed and suggestions put forward about how these factors may be addressed, as well as a call for further research.

## PREVALENCE (AND NONDISCLOSURE) OF CHILD SEXUAL ABUSE IN GHANA

In the first comprehensive and global-level study conducted by the United Nations on all forms of violence against children, child sexual abuse features as one of the most common types of violence perpetrated against children (United Nations Report 2006; hereafter UN). According to a 2004 World Health Organization (WHO) report (cited in UN Report 2006), an estimated 150 million girls and 73 million boys under the age of eighteen were victims of rape or other forms of sexual violence in 2002. A further study conducted by WHO estimated that between 1 and 21 percent of women were victims of sexual abuse before the age of fifteen and that the perpetrators were usually male family members (e.g., brothers, uncles, nephews) (World Health Organization 2005; see also Jewkes, Sen, and Garcia-Moreno 2002).

In the case of Ghana, available statistics from the DOVVSU suggest a downward trend in cases of child sexual abuse since 2002 (from 820 in 2002 to 670 by the end of 2005). It is, however, difficult to determine, on the basis of the police statistics, whether the trend reflects a real decrease in the

incidence of child sexual abuse or an indication of increased unwillingness on the part of victims to report the offense to the authorities.

Coker-Appiah and Cusack (1999) undertook a nationwide gender-based advocacy study on violence against women and children in Ghana. The study comprised a total sample of 2,069 female participants ages thirteen and above.<sup>4</sup> Three levels of child (and adult) sexual abuse were described in this study: (1) being touched on private parts, (2) being forced to touch, and (3) forced sex (rape).

The prevalence of child sexual abuse (ages thirteen to eighteen) was reported to range between 7 and 33 percent of the total sample, depending on the type of abuse. For example, about 33 percent of participants reported being touched on their private parts, whereas 18 percent confirmed that their first sexual experience was by force. Of the victims who suffered forced sex, 15 percent of adults (nineteen years old and above) and 19 percent of adolescent girls reported the incident. Also, 25 percent of adult women and 18 percent of adolescent girls reported being touched on their private parts, and 12 percent of adults and 9 percent of adolescent girls reported being forced to touch.

Of those who reported being victims of sexual violence (forced sex), only one in three (31 percent) disclosed their victimizing experience to a third party. The disclosure was usually to parents (48 percent of adults, 52 percent of adolescents), friends (34 percent of adults, 22 percent of adolescents), or a member of the extended family (17 percent of adults, 22 percent of adolescents). According to the report, none of these victims reported the rape to any of the formal agencies such as the police or the Department of Social Welfare (Coker-Appiah and Cusack 1999, 90).

A similar pattern was observed in another nationwide survey of 3,041 participants between the ages of fourteen and seventy-two in thirty selected districts of the ten regions of Ghana (Pappoe and Ardayfio-Schandorf 1998). The study showed that of the 6 percent who experienced child sexual abuse (below fifteen years of age), 50 percent failed to disclose the abuse to a third party, mainly because of fear (83 percent of cases). In the case of fifteen- to nineteen-year-olds, for example, 57 percent failed to disclose the abuse. When disclosure was made, it was mainly to friends and relatives (29 percent), who rarely initiated any further action. The police were contacted in only 10 percent of cases.

Considering, for example, that the number of unreported cases of child sexual abuse is generally estimated to be four to five times higher than reported in the United States (Goldman and Padayachi 2000), and the fact that only one in three women and girls in Ghana disclose their experiences to a *third party* (Coker-Appiah and Cusack 1999), it is reasonable to suggest that

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4. The report does not specify the upper age limit of the overall sample.

the figures reported by the DOVVSU about incidence of child sexual abuse in Ghana grossly underestimate the actual prevalence rate.<sup>5</sup>

## VICTIM-OFFENDER RELATIONSHIP

Numerous prevalence studies have shown that, in the majority of child sexual abuse cases, the victim knew the offender (Finkelhor 1994; Meursing et al. 1995; Russell and Bolen 2000). A similar pattern has been reported in studies in Ghana. Pappoe and Ardayfio-Schandorf (1998), for example, showed that 78 percent of those who reported being victims of child sexual abuse knew the offender. Acquaintances (friends of the family and neighbors) constitute the majority of this known group (54 percent), while relatives, including parents, uncles, and cousins, formed the second-largest offender group (15 percent).

Coker-Appiah and Cusack (1999) reported even higher figures of 93 percent and 95 percent, respectively, for being forced to touch a man's private part and (adult and child) rape. Nonrelatives constituted the majority in the former case (62 percent), while in the case of rape the offenders were male relatives with stepfathers constituting the majority (40 percent). When the analysis was restricted to only victims of child sexual abuse, the percentage of offenders followed the pattern reported in Pappoe and Ardayfio-Schandorf's (1998) study, with nonrelatives being the most likely offenders (43 percent), followed by male relatives (40 percent). The nonrelative offenders are usually family friends, landlords, and men from the neighborhood, while intrafamilial offenders are stepfathers, uncles, cousins, and fathers.

It should be noted, however, that although the studies in Ghana appear to indicate a pattern in victim-offender relationship, it nonetheless remains difficult to determine whether this indeed reflects the true pattern in victim-offender relationships in this context, or that victims in these surveys are simply more likely to admit and identify extrafamilial abusers compared with cases where perpetrators are members of the victim's family. This issue, as will be shown later in this article, is particularly important given the nature of the family in Ghana and the related values and expected behavior of in-group

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5. Coker-Appiah and Cusack (1999, 111) further note in relation to hospital records, for example, that about 80 percent of cases of violence against women and children who were referred to medical facilities do not come to the attention of the police. This percentage, however, includes all forms of violence (sexual and nonsexual) against women and children. The proportion in relation to child sexual abuse is therefore unknown because of the lack of disaggregated data. It is also worth noting that the prevalence data reported in the studies in Ghana are subject to the common problems associated with these types of studies, including problems of definition of child sexual abuse and inaccurate recall (see Finkelhor 1994). These difficulties notwithstanding, the available evidence strongly suggests that child abuse is a significant problem in Ghana and remains one of the most severely underreported crimes.

members. Moreover, studies elsewhere have generally noted disparities between official records and survey reports about victim-offender relationship. Thus, whereas survey reports generally suggest that intrafamilial abusers constitute less than half of all known offenders, official records, on the other hand, usually indicate a large proportion of intrafamilial abusers (Finkelhor 1994). Beyond these observations, however, the composition of the offender group—even at the general level as shown in the two studies in Ghana—and its possible implications for nondisclosure or underreporting of sexual violence is particularly revealing when considered against the background of the conception of “neighborhood” as “family” in this cultural setting, conjoined with the immense authority of adult males in this largely patriarchal context. The possible implications of some of these concepts and cultural nuances for nondisclosure of child sexual abuse are explored in this study.

## CULTURAL FACTORS AND NONDISCLOSURE OF CHILD SEXUAL ABUSE IN GHANA

### Patriarchy, Denial, and Attribution Error

The concept of patriarchy and its relation to rape and violence against women in general was given greater prominence in the last quarter of the twentieth century. A central proposition of the feminist theorists is that the patriarchal system of gender inequalities, which empowers men and oppresses women, underpins all forms of sexual violence and that stratification and social control are the fundamental elements in the sexual domination of women (Millet, 1970; Griffin 1971; Brownmiller 1975; MacKinnon 1989). Thus, according to feminist writers,<sup>6</sup> rape ideologies (often conceptualized as myths or misconceptions), essentially emanating from patriarchal systems, encourage and justify sexual coercion, trivialize sexual violence, and demean and devalue women, who are usually the victims of sexual assault. They further contend that although the negative attitudes emanating from rape ideologies, often embedded in patriarchal systems, are founded on misconceptions about sexual assaults, they have a long-standing history and are resistant to change. These misconceptions function at both the interpersonal and societal levels as prescribed beliefs shared by individuals and are reflected in social institutions; they are interwoven with social norms about

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6. Note that there are many and often conflicting strands of feminist theory of rape (see Ellis 1989; Russo 1999). For instance, whereas some feminist theories conceptualize rape as an *act of violence* perpetrated by men against women (Brownmiller 1975), others contend that *sexuality* itself underlies rape (MacKinnon 1989). One of the central focuses in recent times has been around the issue of *consent* (Temkin 2004). A common thread underlying these varied theories, however, is the conceptualization of rape or sexual violence as an expression and perpetuation or maintenance of gender or sex inequality and dominance.



relationships between males and females, and overtly and implicitly influence the prevalence, prevention, and treatment of sexual violence in many societies (Ward 1995; Jewkes, Sen, and Garcia-Moreno 2002; Jewkes, Penn-Kekana, and Rose-Junius 2005). Indeed, the majority of feminists contend that these misconceptions are so ingrained in most patriarchal cultural systems that they are hardly recognized or questioned and underlie the very relationship between the two sexes (Burt 1980; Howard 1984; Ward 1995; Mager 1999; for a detailed and more refined exposition on patriarchy in different contexts, see Kandiyoti 1988).

Although feminist theories and research have tended to focus largely on adult rape, the exposition on the role of patriarchy has some relevance for violence against children, especially child sexual abuse. Thus, a variant, if somewhat simplified, proposition that may be advanced in relation to the feminists' exposition is that the central element that makes women the primary "targets" for the assertion of male masculinity is not their sex per se, but rather their *perceived* vulnerable nature. This perceived vulnerability, combined with other gender misconceptions (see below), make women and children likely targets for male sexual violence, with the female child at the extreme end of the risk continuum. A particularly high level of tolerance for such violence against women and children would therefore be expected in a highly patriarchal context where such perception and misconceptions are likely to be widespread. In the event that the violence is so extreme as to be deemed totally "unjustifiable," this would likely lead to a form of attribution or displacement where the victim's or perpetrator's dispositional characteristics become the focus of attention rather than the social structure or other institutional characteristics that might have shaped the perpetrator's perception, attitude, and consequent behavior (see, e.g., Gelles 1976). Thus, such attribution will result, for example, in denial, exceptions, and victim blaming, which could in turn influence negatively the disclosure of sexual abuse, including child sexual abuse.

### **(Child) Rape Myth Acceptance**

Further to the concept of patriarchy and its excesses are false beliefs about (child) sexual abuse and its victims (Collings 1997, 2006), also likely to negatively influence the disclosure of child sexual abuse. Burt (1980) defined rape myths as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists," which usually create a climate "hostile to rape victims" (217). By extension, therefore, child rape myth acceptance is defined as misconceptions or false beliefs about victims and perpetrators of child sexual abuse that are likely to deny, trivialize, normalize, and/or justify such violence against children. These beliefs are false because they are without rational or scientific basis.

Culture remains a crucial site for the construction and perpetuation of these misconceptions or false beliefs. A number of false beliefs about sexual abuse have been observed in many cultures (Meursing et al. 1995; Pappoe and Ardayfio-Schandorf 1998; Collings 2003; Jewkes 2004). Two of the most pervasive myths are that (1) men find it naturally difficult to control their sexual desires and (2) child abusers must be suffering from some specific, extreme form of psychological imbalance or sexual or mental abnormality (Meursing et al. 1995; Pappoe and Ardayfio-Schandorf 1998; Jewkes 2004).

It is therefore expected that in a highly patriarchal society, certain sexual beliefs and ideologies are likely to flourish that can potentially undermine disclosure of child sexual abuse.

The myth that males are incapable of controlling their sexual desires is a good example. For instance, on institutional responses to adult sexual violence, Coker-Appiah and Cusack (1999, 110) reported the following remark by a male police officer in Ghana: "When a man is in heat [sic], hot like a frying pan, and a woman refuses him sex it is brutal" (see also Meursing et al. 1995; Jewkes, Penn-Kekana, and Rose-Junius 2005). Such a "brutal" state can therefore lead to various forms of temptation or measures to restore "sanity" in a "desperate" man. Consequently, women and girls will generally be cautioned to be aware of the "helpless" nature of men and to behave appropriately (such as dressing "properly"), so as to avoid arousing the uncontrollable desires of males. Except, probably, in the case of sexual abuse of babies and very young children, the female child who becomes a victim of sexual assault in this context will likely attract blame instead of sympathy and support (Collings 2006). The result is the tendency, especially for children growing up in this environment, to internalize these beliefs, which could, in turn, discourage disclosure of sexual abuse when such incidents occur.

The myth of mental illness (the belief that child sexual abusers suffer from some extreme form of mental impairment or abnormality) is probably the most pervasive and persistent of all the child rape myths, and this myth appears to have had the most profound impact on public perception (Meursing et al. 1995; Pitcher and Bowley 2002), as well as on the treatment of abusers (see Gelles 1976; Amankwah 2009).

In a highly patriarchal system, therefore, a complex phenomenon such as child sexual abuse (often perpetrated by the dominant group) would more likely generate or be accompanied by many of these myths as a means of "resolving" such complexity and/or preserving the existing status quo. Thus, classifying offenders as mentally ill or suffering from some abnormality—as an isolated, individual problem—may be a way that the society attempts to deal with a persistent social problem, which may actually have its source, at least in part, in the existing social structure. The possible impact of a number of these myths on people's attitudes and behaviors may be witnessed on three

main levels: denial, trivialization, and/or extreme condemnation of either the victim or the perpetrator. In the case of child sexual abuse, the denial could be reflected in remarks such as “this will never happen in my community or family”; or trivialization such as “with time the child will naturally outgrow the effects of such abuse”; or in situations where individuals are confronted with strong evidence that challenges the above beliefs, the community may be more inclined to attribute the problem to the dispositional characteristics of either the perpetrator or the victim rather than see it as a broader and deeper social problem.

Whatever form these myths take, their cumulative effect is expected to be particularly pronounced in a highly patriarchal society and may, in turn, impact negatively on the reporting of child sexual abuse in such a society. The tendency toward denial could influence perceptions about ways of addressing the problem of child sexual abuse that may themselves be ineffective and counterproductive in terms of disclosure of incidence of child sexual abuse.

### The Collective Shame Problem

*The Daily Nation*, a Kenyan newspaper, reported on one of the reasons for the underreporting of child sexual abuse in Kenya: “Though Ruth’s mother is a teacher, she is afraid of going public on her husband because this ‘shame’ will follow the daughter all her life and she may never get a suitor” (Kwayera 2000 cited in Bowman and Kuenyehia 2003, 375).

The concept of shame can be conceived in this context on two levels or dimensions. The first focuses on “protecting” the broader “interest” of the child, who has become a victim of sexual abuse or indeed any form of abuse. This form of protection—often informed by the collective social values and their potential repercussions rather than the immediate and long-term effect of the particular abuse on the child (or the risk of repeated abuse)—is usually taken for granted and thus often passes without any questions or serious scrutiny. This is the dimension reflected in the newspaper quote (see also Coker-Appiah and Cusack 1999, 160); it is not only deployed in instances of child sexual abuse but also in a host of other acts that are sometimes either sanctioned (e.g., teenage pregnancy or abortion) (Lithur 2004) or approved (e.g., female genital mutilation) (Jackson et al. 2003) by the collective social values, traditions, or laws. The second dimension of shame focuses on protecting or preserving the broader “interest” of the family, especially in situations of intrafamilial abuse. Thus, the primary concern here is to avoid the possible shame and stigma that a disclosure is likely to bring, not just to the perpetrator, particularly in the case of intrafamilial abuse, but also to the entire family. The preservation of the family name or reputation, which every individual has a stake in and a responsibility to protect, becomes paramount

in this instance. Consequently, the reputation and interest of the family is put above that of the abused child. It is this second dimension of shame, referred to as a collective shame problem (CSP), that the present study attempts to explore.

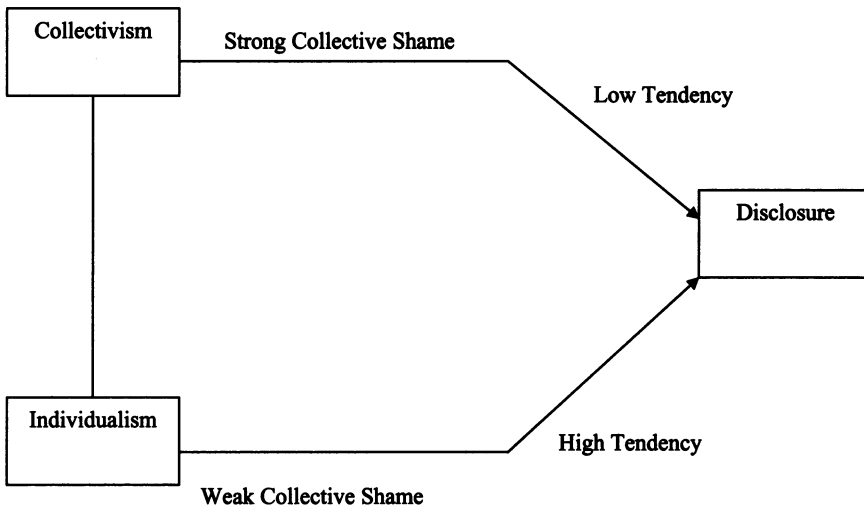
This concept of collective shame may be defined as the tendency for individuals belonging to a particular group (family, clan, or lineage) to feel or express a strong sense of embarrassment following an undesirable attitude or behavior by a member of the group, particularly those that are considered potentially damaging or threatening to the reputation of the group.

The concept of collective shame in this case appears to derive its source from the concept of family and communal values. Thus, the nature, form, and organization of the family seem to determine the extent to which this sense of collective shame is shared and vigorously adhered to. To this end, the sense of collective shame felt by a member of the family, for example, would be expected to vary depending on (1) what constitutes a family in a particular society, (2) the importance members attach to the family, and (3) the shared values of that society. Thus, notwithstanding the unresolved controversies surrounding the concept of individualism versus collectivism (Hofstede 1980; Oyserman, Coon, and Kimmelmeier 2002), it is generally acknowledged that variations exist in different cultures about the extent to which individualism and collectivism are emphasized. For example, European and American cultures are generally perceived, however crudely, as more individualistic compared to African and Asian cultures. Theoretical and empirical studies generally lend support for this perception of differences in the nature and form of the family or community in these societies (Caldwell 1968; Hofstede 1980; Gyekye 1996; Triandis, McCusker, and Hui 1990; Eaton and Louw 2000; Oyserman, Coon, and Kimmelmeier 2002; see also Oyserman and Lee 2008).

The sense of collective interest strongly felt and shared in most African families, including the Ghanaian family setting (Gyekye 1996), may not in itself be the problem,<sup>7</sup> but rather it is when this shared sense of collective interest is deployed indiscriminately so that negative practices (e.g., female genital mutilation) and antisocial behaviors or persons (e.g., child sexual offender in the family) are tolerated, protected, or defended in the name of such common interest (or shared obligation), that this concept becomes

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7. A considerable body of (theoretical) research exists in the Ghanaian, and indeed the African, context on collectivism as a distinctive feature of these cultures, with its many positive implications for the family and community (Menkiti 1984; Wiradu and Gyekye 1992; Gyekye 1996). However, while the positive aspects of this value are evident in most of these mainly theoretical expositions, little attempt has been made to examine the potential negative implications of the concept of collectivism or the possible inherent mechanisms that hold or are likely to hold some of its potentially undesirable implications or consequences in check. For a review of a variance of collectivism, otherwise referred to as social capital, in other societies and their potential negative and positive impact, see Portes (1998).



**Figure 1. Cultural Values and Tendency toward Disclosure of Child Sexual Abuse.**

problematic. CSP is therefore used in this context to delineate the indiscriminate application of a concept that otherwise would appear to have many advantages. The excesses or indiscriminate application of this concept is what this study seeks to explore in relation to nondisclosure of child sexual abuse.

The behavioral manifestation of CSP is, seemingly anecdotally, rooted in a cultural “mindset” made possible through the process of socialization. Thus, because the “boundaries” of applicability of the concept are not clearly delineated, or rather are difficult to delineate in this social context, its misapplication would be especially manifest in instances when group members clearly and strongly denounce a particular behavior. Indeed, the more strongly the behavior is denounced by the collective value in this communal context (with a strong emphasis on collective responsibility), the greater the tendency toward the misapplication of the concept of collective shame (see Figure 1).<sup>8</sup>

Although anecdotal evidence suggests that the indiscriminate application of the shared sense of collective interest may be common in most cultures in Africa, including Ghana, this has not been fully explored empirically; neither has any serious empirical research been conducted to assess its prevalence and how this shared belief, if it exists, may affect, for example, the disclosure or reporting of a child sex offender in the family. One way, therefore, to investigate the relationship between collective

8. Figure 1 depicts, in a more simplified form, the theoretical link between the type of society and the relational/interpersonal values it emphasizes and their possible influence on disclosure.

shame and reporting or underreporting of intrafamilial child sexual abuse is to measure the shared perceptions of people about child sexual abuse and the extent to which they agree that disclosure would likely bring shame, not only to the individual but also to members of the family. This is important because, in the case of a child, the responsibility for reporting the abuse is usually with the child's caretaker or guardian—the father, mother, or a significant other.

It is, therefore, important that studies seeking to understand the problem of underreporting of child sexual abuse do not focus solely on the victim when exploring their relationship with shame and stigma; such studies must also pay attention to the perception of child sexual abuse by members of the victim's family, as well as to how this perception is influenced by the larger social context. Indeed, the victim's fear of stigma or shame may be only a reflection of the shared belief or perception of the family or society about the phenomenon of child sexual abuse, and of how being identified as a victim of sexual abuse is likely to influence others' attitude and behavior, not toward just the victim but the entire family. Hence, it is proposed that in a cultural environment where individuals' senses of identity and honor are strongly tied to the family (see Gyekye 1996), the tendency toward indiscriminate protection of the collective interest—rather than that of any single individual, including the intrafamilial child sexual abuse victim or indeed a victim of any form of child abuse—will be especially high. This would be especially the case in a patriarchal context where misconceptions about child sexual abuse are widespread.

The following seven hypotheses are outlined based on these propositions and are explored with data the author collected in Ghana during the summer of 2006: there will be (1) significant levels of agreement with the statement that perpetrators of child sexual abuse are mentally "sick" or psychologically impaired (females agree more with this statement compared to males); (2) significant levels of agreement with the statement that men are naturally less able to control their sex drive (females agree more with this statement compared to males); (3) significant levels of agreement that the current rape law (with a seven- to twenty-five-year prison term for convicted child rapists) is less punitive (females favor a more punitive sanction compared to males); (4) a favoring of castration of child sex offenders (females show much stronger support than males for such treatment); (5) significant levels of agreement that child sexual abuse is not a problem in their community (males agree more with this statement compared with females); (6) significant levels of agreement with the statement that reporting a child sex offender will bring shame to the entire family (males strongly believe this statement compared to females); and (7) a predictive level of susceptibility to CSP based on the educational/occupational background of the participants (being a police officer or an undergraduate will predict less susceptibility to CSP compared to a high school student or a street vender with minimal or no formal

education). The predictive significance of participants' gender, age, and religion in relation to CSP are also explored.

## METHOD

The present study was part of a larger survey that sought to investigate the phenomenon of sexual violence against women and children in Ghana and the public's attitude toward sexual violence and its victims. It specifically sought to test competing feminist and psychological theories of rape in the Ghanaian context. Issues around patriarchy and beliefs about rape and victims of rape were explored (Boakye 2006, 2009).

The study was based in Accra, the largest metropolis in Ghana, with an approximate total population of 3 million, according to the 2000 population census. The cosmopolitan nature of Accra makes it comparatively more representative of the diverse cultural experiences in the various parts of Ghana. A stratified random sampling technique was utilized in the selection of participants. A total of 250 participants were initially sampled. This group comprised 70 police officers, 65 undergraduate psychology students, 55 senior high school students, and 60 street vendors representing youth with minimal or no formal education. The first two groups (police officers and psychology students) were slightly oversampled, primarily to ensure an adequate response rate for the purpose of meaningful statistical analysis. The police sample was derived mainly from the DOVVSU. These officers, besides their normal professional training, have benefitted from some specialized training on issues relating to child abuse. Of the 250 participants, 84 percent ( $n = 210$ ) completed and returned the questionnaire. Eight questionnaires, however, were rejected due to incomplete responses, which reduced the final sample to 202 (52 police officers and 50 participants in each of the remaining groups).

The questionnaire was developed partly based on the Illinois Rape Myth Acceptance scale (IRMA-SF) (Payne et al. 1999) and the Attitudes toward Rape Victims Scale (ARVS) (Ward 1988). (For a detailed description of the study methodology, see Boakye 2006). The overall scale recorded a slightly higher level of alpha reliability ( $\alpha = .85$ ) in comparison with the IRMA ( $\alpha = .80$ ) and the AVRA ( $\alpha = .83$ ) scales. The questionnaire focused on several attitudinal dimensions of child and adult rape and rape myth acceptance, including cultural factors, sex stereotypes, victim blaming, and trivialization of sexual violence.

Six relevant items on the child sexual abuse component of the questionnaire were used to explore tentatively the empirical validity of the cultural factors outlined and their related hypotheses (see Table 1). The items on the questionnaire were scored on a 5-point Likert-type scale, ranging from strongly disagree (1) to strongly agree (5), with the highest score representing

**TABLE 1.**  
**Response to Child Sexual Abuse Questions by Gender**

ITEM	Male (N = 117)		Female (N = 85)		Total
	M	SD	M	SD	
Child rapists are mentally sick	2.97	(1.67)	3.26	(1.56)	1.23
Men have less control over sexual drive	3.05	(1.48)	3.07	(1.32)	.10
Current child rape law too harsh	2.45	(1.57)	1.96	(1.42)	2.32*
Child rapists should be castrated	2.92	(1.53)	3.39	(1.47)	2.17*
Child rape not a serious problem in community	2.58	(1.63)	2.21	(1.47)	1.68
Disclosure likely to disgrace entire family	3.28	(1.59)	3.02	(1.53)	1.16

Note:  $N = 202$ ; response ranged from 1 (strongly disagree) to 5 (strongly agree).

M = Mean

SD = Standard Deviation

\*  $p < .05$ .

a negative attitude or false belief likely to undermine the disclosure of incidence of child sexual abuse.

## RESULTS

### Demographic Characteristics

The age of participants varied from 14 to 58 years, with a mean age of 23.98 and a standard deviation (SD) of 9.61. Male participants constituted 57.9 percent (117) of the overall sample of 202, while the remaining 42.1 percent (85) were females. In terms of religion, 83.2 percent professed to being Christians; 12.9 percent considered themselves Muslim; 3 percent belonged to unspecified religious groups, and less than 1 percent belonged to traditional African religions.

### Gender Differences in Levels of Susceptibility to Sexual Abuse Myths

The data were analyzed using both one-sample and independent  $t$ -tests, as well as an ordinary least squares regression procedure.

The results in relation to the first and second hypotheses showed that participants are significantly more likely to endorse the belief that perpetrators of child sexual abuse are mentally sick, as well as the myth that men are naturally incapable of controlling their sexual desires (hypothesis 1:  $t(201) =$



5.18,  $p < .001$ ; 2:  $t(201) = 5.66$ ,  $p < .001$ ). Although female participants are slightly more likely to endorse these myths ( $M = 3.26, 3.07$ ) compared with the male participants ( $M = 2.97, 3.05$ ), these differences are not statistically significant (hypothesis 1(a)  $t(200) = 1.23$ ,  $p > .05$ ; 1(b)  $t(200) = .10$ ,  $p > .05$ ).

Hypotheses 3 and 4 assessed participants' perceptions of the existing sanction in relation to child sexual abuse, as well as their opinion on treatment or appropriate punishment for child sex offenders. Participants strongly disagree that the current prison term of 7 to 25 years for convicted child rapists is excessively punitive ( $t(201) = 2.36$ ,  $p < .05$ ). They also believe that perpetrators of child sexual abuse deserve to be castrated ( $t(201) = 5.79$ ,  $p < .001$ ). In terms of gender, females ( $M = 1.96$ ) are more likely to perceive the existing sanction for child rapists as less punitive compared with male participants ( $M = 2.45$ ). The difference is statistically significant ( $t(200) = 2.32$ ,  $p < .05$ ). Similarly, female participants ( $M = 3.39$ ) strongly favor castration as a form of treatment or punishment for perpetrators of child sexual abuse compared with males ( $M = 2.92$ ). The difference between these two groups is statistically significant ( $t(200) = 2.17$ ,  $p < .05$ ).

Contrary to the fifth hypothesis, however, participants believe that child sexual abuse is a problem in their communities, although the result is not statistically significant ( $t(201) = .67$ ,  $p > .05$ ). Male participants, by their mean score ( $M = 2.58$ ), are slightly more likely to deny the reality of the problem of child sexual abuse in their communities, whereas female participants readily acknowledge that such a problem, in fact, exists ( $M = 2.21$ ). The mean difference is, however, not beyond what one would have expected by chance ( $t(200) = 1.68$ ,  $p > .05$ ).

In relation to the sixth hypothesis, the results show that participants are significantly more likely to endorse the collective shame assertion, which is the belief that disclosure of child sexual abuse involving a family member or relative is likely to bring shame to the entire family ( $t(201) = 6.11$ ,  $p < .001$ ). There is, however, no significant gender difference in the level of susceptibility to the collective shame assertion, although the mean scores show that male participants ( $M = 3.28$ ) are particularly prone to endorsing this assertion compared to the female participants ( $M = 3.02$ ).

## Regression Analyses

The final hypothesis was examined by means of an ordinary least square regression procedure. Thus, CSP was regressed on gender, age, education, and religion<sup>9</sup> to determine which of these four background variables significantly

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9. Gender was dummy coded with female as the reference group, education/occupation with street vendors, and religion with Christian as the reference categories. Age was entered in the regression as a continuous variable.

predict susceptibility to collective shame and whether education/occupation was likely to decrease CSP. This analysis is especially important given the relatively high mean results ( $M = 3.17$ ) for CSP when compared with the remaining constructs. Also, the correlation between CSP and the belief in men's lack of control over sexual impulses ( $r = .21, p < .01$ ), as well as the similarity in regression results for these two outcome variables (see note 10), resulted in a decision to focus on CSP in the regression analysis. Thus, identifying factors that reduce levels of CSP may be useful for addressing other factors identified in this study as having the potential to influence nondisclosure of child sexual abuse in the Ghanaian context.<sup>10</sup>

Preliminary checks on the regression results show no evidence of collinearity problems. The highest correlation observed was between age and police officers ( $r = .61, p < .001$ ), an indication that the higher the age the more likely that a participant is a police officer. This outcome is consistent with the stratification procedure used in the initial sample selection, which means that police officers are more likely to belong to the adult group compared with the remaining samples (senior high school students, undergraduates, and street vendors).

Table 2 shows the outcome of the regression analysis. As shown in the first model, gender accounted for a minimal ( $\beta = .26$ ) and insignificant proportion (less than 1 percent) of the overall variance in collective shame  $F(1, 200) = 1.34, p > .05$ . This finding implies that gender is not a significant predictor of CSP. However, when age was included in the analysis (model 2) the total variance in CSP explained by the overall model changed from less than 1 percent to 5.2 percent. This change is statistically significant  $F(2, 199) = 5.51, p < .01$ . Thus, the result of the standardized beta coefficient ( $\beta = -.22, p < .01$ ) shows that age significantly predicts an increase in CSP. The inclusion of education in the third stage of the analysis (model 3) increased the overall variance explained by the model from 5.2 percent (model 2) to 16.9

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10. Results following preliminary analysis show the six items loading highly on three factors (shame, dispositional myth, and denial). Attempts to combine all six items to form a composite scale gave a very low alpha reliability score ( $\alpha = .34$ ), a further indication that the items were measuring theoretically distinct constructs. As shown earlier, the CSP item showed the highest mean score ( $M = 3.17$ ), although the results based on repeated analysis of variance of the three theoretically important constructs with high mean scores (i.e., CSP, men less able to control sexual impulses, and sex offenders are psychologically impaired) show no statistically significant difference between them ( $F(2, 200) = .33, p > .05$ ). Besides, a zero-order correlation analysis shows a significant relationship between CSP and participants' belief that men are incapable of controlling their sexual impulses ( $r = .21, p < .01$ ). A decision was therefore made to focus the regression analysis on the collective shame construct instead. In fact, a regression analysis conducted on the belief of men's lack of control over sexual impulse item shows similar results to that reported for CSP, with education making the most contribution (14 percent) to the belief in men's lack of sexual control. The percentage variance remains the same after all the four predictor variables (gender, age, education/occupation, and religion) are included in the final model.

**TABLE 2.**  
**Hierarchical Multiple Regression for Collective Shame Assertion**

COMPLETE MODEL				
Variable	(N = 202) Model 1	(N = 202) Model 2	(N = 202) Model 3	(N = 202) Model 4
Sex <sup>a</sup>	.259 (.082)	.368 (.116)	.161 (.051)	.151 (.049)
Age	-.035 (-.217)	.014 (.084)	.014 (.088)	
Education <sup>b</sup>				
High School	.917** (.253)	.890** (.246)		
Undergraduate	-.505 (-.139)	-.558 (-.154)		
Police	-.991* (-.277)	-1.042* (-.292)		
Religion <sup>c</sup>				
Muslim	-.107 (-.023)			
Other	-.240 (-.030)			
Constant	3.024***	3.807***	2.903***	2.949***
F	1.344	5.508*	7.961***	5.675***
R <sup>2</sup>	.007	.052	.169	.170

NOTE: Standardized beta coefficients in parentheses.

a. Coded with female as the reference category.

b. Coded with street vendors as the reference category.

c. Coded with Christian as the reference group.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

F = test of statistical significance between groups.

R<sup>2</sup> = coefficient of determination (proportion of variance explained by the regression model).

percent. This change is also statistically significant  $F(5, 196) = 7.96, p < .001$ ). However, in contrast to the results, in relation to age, education negatively predicted CSP; that is, compared with the street vendors (the reference group), police officers ( $\beta = -.28, p < .01$ ) and undergraduate students ( $\beta = -.14, p > .05$ ) are less likely to subscribe to the collective shame assertion, although in the case of the latter the difference is not significant. Whereas police officers and undergraduate students are less likely to subscribe to the collective shame assertion as compared with the street vendors, the contrary is true for the senior high school sample when compared with the reference group ( $\beta = .25, p < .01$ ). In other words, being a high school student significantly increases susceptibility to CSP in comparison with the other groups.

Once education is included in the model (model 3), along with gender and age, the contribution of age to levels of CSP is reduced to a nonsignificant level ( $\beta = .08, p > .05$ ).

Religion was included in the final regression analysis to determine its predictive value in relation to CSP. The results show that religion is not a significant predictor of CSP. Furthermore, there is no significant difference between Muslims and Christians in their level of susceptibility to CSP ( $\beta = -.02, p > .05$ ). Traditionalists and others are also not significantly different from Christians ( $\beta = -.03, p > .05$ ) in their endorsement of CSP. The total variance explained by the final model remains the same (17 percent) as in model 3. The final model, which included all four background factors (gender, age, education, and religion) is statistically significant  $F(7, 194) = 5.68, p < .001$ .

## DISCUSSION

The findings of this study show support for cultural factors as relevant to understanding the nondisclosure or underreporting of child sexual abuse in Ghana. The first part of the findings is consistent with the proposition that in a patriarchal context certain beliefs and perceptions are likely to flourish, which may serve to excuse, normalize, or trivialize some negative conducts or behaviors. These excesses and normalization of negative behaviors are likely to influence perceptions, definitions, or recognition of sexual behaviors that constitute abuse. This is, for instance, observed in the gender dispositional myth of the inability of males to control their sexual desires. Participants agreed with this “fact.” Clearly then, children, particularly girls, are likely to be socialized to accept this myth as a “fact” about men. The combined effect of this and other myths in a context of a well-constituted gerontocratic male authority (Gyekye 1996; Oduro 2008) will lead to victims’ failure to understand or appropriately interpret the abuse perpetrated against them (Meursing et al. 1995; Guma and Henda 2004; Jewkes, Penn-Kekana, and Rose-Junius 2005). The possibility for the sexually abused child to disclose the abuse in this context is, therefore, likely to be minimal. Even in situations where the child recognizes the wrongfulness of the act, either by virtue of her age or some other reason, disclosure may still be unlikely since the tendency would be toward self-blame because of the undoubted authority (and rightness) of the adult male and the “fact” that males, by their nature, are not to be tempted beyond what they can bear. The abused child is therefore compelled to locate the cause of her misfortune from within and not look to the perpetrator for explanation. It may also be difficult for an adult who has experienced childhood sexual abuse, even if he or she holds continuous memory of the abuse, to be willing or able to muster the confidence to report such a “fatherly figure” in this cultural milieu (see Pappoe and Ardayfio-Schandorf 1998).

### Tendency toward Exceptions and Nondisclosure

In the event that the abused child is too young to behave in a way that might be interpreted as sexually tempting or inviting, the tendency is toward exception or an "excuse culture." This was the case when participants indicated that child sex offenders must be suffering from some mental illness. Thus, the horrifying thought of such an abuse against a minor, as shown in this study, is likely to increase the tendency toward disbelief or denial once the incident occurred.

It is in this regard that the lack of research into the prevalence of child sexual abuse in Ghanaian society and the inadequate police data on incidents of child sexual abuse becomes worrying. This is especially the case when there appears to be some relationship between participants' knowledge about the prevalence of child sexual abuse in their communities and their belief in the myth of mental illness. Such an expression may have been influenced by the limited knowledge of participants about the prevalence of child sexual abuse in their communities. When individuals are uncertain about how widespread this type of crime is in their communities, the tendency is toward either denial or making exceptions for such behavior when it occurs. Participants' uncertainty about the extent of this abuse and the belief that "normal" people are not likely to engage in this type of behavior could mean it would be extremely difficult to believe the act (or the victim) when this "abnormally rare" behavior occurs. The social implications of reporting this type of "abnormal" behavior by a "normal person," particularly within one's family, are likely to be taken seriously, even if one moves beyond denial to acceptance that the abuse did occur.

Some researchers draw attention to the functional significance of the "abuser as sick" paradigm at the societal level. According to Gelles (1976, 139; see also Gil 1970) the abuser as sick paradigm turns abusers into scapegoats by veiling the failure of the social system. Thus, once it becomes accepted that child abusers, including child sexual abusers, are as normal as any other individual in the larger society, the inevitable conclusion is to acknowledge these acts as a common social problem with at least part of its roots in the social system (Liddle 1993). Although the current study shows evidence of participants' susceptibility to the myth of mental illness, the main purpose here is to understand its possible implication for nondisclosure of child sexual abuse.

Thus, whereas the ultimate responsibility of any form of abuse, including child sexual abuse, lies solely with the perpetrator, the (cultural) exceptions made for perpetrators in the form of pathological illness and the belief or, rather, ambivalence about the rare nature of this type of abuse may have profound implications for disclosure by encouraging suspicion and doubts about the incidence of sexual violence when it occurs. In the event that the abuse is acknowledged, the social stigma associated with the abuser as sick

status could also negatively influence disclosure, especially in the case of intrafamilial child sexual abuse.

### **Possible Unintended Consequences of Harsh Punishment for Child Sexual Offenders on Disclosure**

Participants believe that harsh punishment in the form of long-term imprisonment and/or castration would be appropriate for child sex offenders. Whereas these recommendations are likely to reflect participants' level of disgust for such crimes, it may also be an indication of their belief in the efficacy of these methods in addressing the phenomenon of child sexual abuse and, possibly, as a means of preventing multiple victimization.

However, as widely acknowledged, punitive sanctions or threats of harsh punishment, beyond their moral or ethical controversy (Lösel and Schmucker 2005), generally have minimal or no deterrence effect (Mathiesen 1990; see Bedarf 1995; Plotnikoff and Woolfson 2000) and, in the case of child sexual abuse, may do little or nothing to encourage disclosure. Indeed, harsh punishment or the threat of harsh punishment may compound the problem of nondisclosure, particularly in cases of intrafamilial abuse. Thus, in a situation where the perpetrator is the breadwinner in the family, as would most likely be the case in intrafamilial child sexual abuse in the Ghanaian context, members may be compelled to weigh the cost of reporting the abuse against the benefits of disclosure, particularly when the punishment might be long-term imprisonment.

### **Collective Shame and Nondisclosure of Incidence of Child Sexual Abuse**

The findings of the present study indicate that participants are more susceptible to CSP as compared with other beliefs, with male participants at a relatively higher risk of susceptibility compared with females, although this gender difference is not statistically significant. Also, the results of the regression analysis show that among the four background factors identified—gender, age, education/occupation, and religion—education (relevant knowledge about child abuse, not necessarily formal education) is the most significant predictor of lower levels of susceptibility to CSP.

The moderating effect of education on age is also significant to note; that is, although age contributed significantly to an increase in the level of CSP, its contribution is reversed when education is included in the model. This finding suggests that age, per se, is not relevant in predicting an increase or decrease in the level of susceptibility to CSP; rather, it is the type of knowledge or information that one is exposed to that is likely to determine whether

or not an individual is susceptible to CSP. This appears to be the case when consideration is given to the fact that the police officer sample is derived largely from a specialized unit of the DOVVSU, a group that has some benefit of training (and experience) in dealing with child abuse, in addition to their normal professional training.

This explanation further appears plausible when considered in relation to the finding that shows that high school students exhibit comparatively higher levels of susceptibility to CSP as compared with the street vendor sample. Thus, although the reasons underlying this finding may be varied and difficult to gauge from a limited study such as this, the information that high school students are exposed to, and the highly controlled academic environment of these students (Akyeamong 2002; Oduro 2008), may be useful points from which to begin further exploration of the relationship between the type of education and the level of CSP. An alternative explanation is that the street vendors (as the reference) may be less attached to the family, and hence they are less likely to share strongly in the collective shame assertion and the need to protect the reputation of the family, further implying that the street vendor sample is not necessarily representative of people with little or no formal education.

These possible explanations notwithstanding, the tendency for individuals to be more concerned with protecting the family's reputation rather than the abused child, as shown by the findings of this study, could have significant negative implications for reporting child sexual abuse and other types of family criminality, especially those culturally sanctioned as taboos. Thus, beyond the direct sanction of the offender (Abotchie 1996), the possible secondary victimization that the offender's entire family is likely to suffer from disclosure from the community through, for example, social alienation, name calling, and insults, may carry, in some instances and as evidenced by the present finding, more weight than the offense itself. Members of either the victim's or the offender's family are therefore likely to spend more time worrying about the potential social backlash, not just against the perpetrator but also against the entire family. The behavior of the grandmother of Little Adjoa, a seven-year-old victim of sexual abuse,<sup>11</sup> becomes particularly "meaningful" when analyzed in this context; not only did she fail to recognize the medical effect of her husband's repeated assault on her granddaughter, but she

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11. This incident fits the stereotype of child sexual abuse in Ghana. "Little Adjoa" (a pseudonym) was reported as being repeatedly sexually assaulted by her grandfather. The repeated assaults resulted in severe physical damage and a medical condition called recto-vaginal fistula (an opening between the vagina and rectum). Reports indicate that the girl had repeatedly disclosed the assaults to the grandmother, who failed to report it. The victim was saved by the intervention of a human rights activist who discovered the abuse and reported it to the police. Subsequent medical examinations conducted on Little Adjoa confirmed that along with the severe injuries sustained through the repeated abuse, she had been infected with the AIDS virus (*Joy News* 2006; see also Annor 2006).

was apparently concerned about the potential social backlash that disclosure would likely engender and its implication for the image of the family. Indeed, there have been numerous cases of child sexual abuse in Ghana where, after the victim disclosed the abuse, the family attempted to settle the matter "amicably," either within the family, as in the case of intrafamilial child rape, or with the perpetrator's family, in the case of acquaintance rape (Ghana News Agency 2006). Some of the concerns over possible secondary victimization are often reflected in local sayings such as, "Do not wash your dirty linen in public." In the African context, this admonition applies as much to private, individual matters as it does to both nuclear and extended family matters.

## CONCLUSION

This study set out to explore cultural factors that may be relevant to understanding the phenomenon of nondisclosure or underreporting of child sexual abuse by victims and their families in Ghana. Three related factors were identified as likely to contribute to the problem of nondisclosure or underreporting of these abuses: (1) certain expectations and belief patterns likely to flourish within a patriarchal society, (2) child rape myth acceptance or false beliefs about child sexual abuse, and (3) risk of indiscriminate application of a cultural value about shared expectation or responsibility to protect the image of the family (CSP).

Seven hypotheses were derived and tested with data collected in Ghana. Six of the seven hypotheses were confirmed by the findings of this study, an indication that cultural factors have some relevance for understanding the phenomenon of nondisclosure or underreporting of child sexual abuse incidence in Ghana. Of course, one has to be mindful of the limited data and sample size on which the current findings are based. Thus, the few questions employed in this study and the limited number of cultural variables measured could mean that other important cultural and noncultural factors likely to contribute to nondisclosure or underreporting of child sexual abuse may have been overlooked. For example, it would be important to distinguish and study in greater detail how cultural and noncultural factors negatively influence formal and informal disclosures of child sexual abuse by victims and their parents or guardians; conceptual issues such as the definition and recognition of what constitutes child sexual abuse also deserve careful consideration (Armstrong 1998). Thus, apart from problems of accessibility (the criminal justice system in Ghana is largely an urban institution), it is important to explore the extent to which the laws on child sexual abuse are consistent with or reflect the construction of justice in the indigenous communities, the procedures for reaching decisions, and how these factors might impact disclosure (see Tankebe 2008).



An elaborate research, which would include both cultural and noncultural factors with a more representative sample, is therefore required before the findings can be generalized to the entire population of Ghana. In the meantime, the following suggestions are put forward, based on these currently limited findings.

First, relevant education or knowledge appears particularly important in addressing the cultural factors likely to negatively influence the disclosure of child sexual abuse. Formal and informal dialogue about cultural factors and their possible implications for nondisclosure of child sexual abuse are urgently required in Ghana. The majority of these misconceptions or false beliefs likely to encourage nondisclosure could be addressed now and in the future through constructive engagement at the individual, communal, and institutional levels (see Collings 2003).

Second, the general ambivalence of participants about whether child sexual abuse is a problem in their communities could be addressed through research into the definition of and prevalence of child sexual abuse, as well its short- and long-term sequelae (physical, psychological, and economic) on the victim, the family, and society at large. There is also a need for adequate recording of reported cases of child sexual abuse by responsible agencies in the criminal justice system, particularly the police and Department of Social Welfare, as well as wider dissemination of available information about child sexual abuse from these agencies to the public. Such wider and timely dissemination of information to the public is likely to increase awareness about the extent of the problem of child sexual abuse in various communities. This may help reduce the misconception that such incidents are rare and far removed from the individual's immediate environment.

Third, considering that children are more likely to be influenced by some of these beliefs and misconceptions, as evidenced by the results of the high school sample in this study (see also Meursing et al. 1995; Jewkes et al. 2002), it may be necessary to include them in any effort attempting to address the problem of nondisclosure or underreporting. For example, whenever feasible, children, particularly girls, should be sensitized to the risks they face in relation to sexual abuse and to the cultural nuances that may hinder recognition and/or discourage them from reporting sexual victimization. Such education or sensitization, nonetheless, would be possible only if the "taboos" around issues of sex and sexuality are confronted directly.

Finally, and more importantly, it is urgently required that child sexual abuse and the many general and context-specific factors that are likely to contribute to nondisclosure or underreporting of this type of violence against children in Ghana and other parts of Africa be researched. These studies would provide knowledge about the causes of child sexual abuse and the possible cultural nuances that may prevent children from recognizing and disclosing their victimizing experience, and may prevent parents from reporting occurrences to the appropriate agencies. Such studies would be helpful in

assessing the relative contribution or relevance of the many factors, including cultural, psychological, social, legal, and economic, that lead to nondisclosure of child sexual abuse in Ghana and throughout Africa, as well as ways of addressing these factors to encourage disclosure, especially in the case of intrafamilial child sexual abuse.

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