Intrafamilial Sexual Abuse of Minors in Ghana, Impact on the Wellbeing of Survivors: Indications for Interventions

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OVERVIEW

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A call to zero tolerance

BACKGROUND

ISA as a Global and African Reality

Intrafamilial sexual abuse (ISA) is the most common form of childhood sexual abuse globally, yet it remains the least reported and least studied.

Meta-analyses of over 10 million individuals confirm substantial prevalence across all world regions. Rates in Sub-Saharan Africa consistently exceed the global average, with national surveys in Kenya, Zimbabwe and South Africa reporting rates two to three times higher among girls.

Yet most theoretical frameworks for understanding ISA have been generated in Western contexts, leaving African survivors without culturally grounded explanations or care pathways.

18% of girls globally experience childhood sexual abuse (Stoltenborgh et al., 2011)

7.6% of boys experience childhood sexual abuse worldwide

3 children sexually abused every day in Ghana (Police, 2017)

5→26 reported incest cases in Ghana, 2001 to 2013 (Ghana Police)

BACKGROUND

ISA in Ghana's Socio-Cultural Context

Ghana: Setting the Scene

16 regions, 30 million people, 50+ ethnic groups. About 71% are Christian and 18% Muslim. Religion is woven into family life. Half the population is under 24 years of age, making children a defining presence in Ghanaian society.

Two Family Systems

Patrilineal (52.5%): identity and property pass through the father's line. Matrilineal (47.5%, mainly Akan): through the mother's line. In both systems a senior male heads the family unit.

Cultural Risk Factors for ISA

Patriarchy

Male authority normalises sexual entitlement at home

Children's Status

Girls must obey adults, with little room to refuse

Taboo and Silence

Collective shame suppresses all disclosure

Fostering

Kinship placement creates access for abusers

Spiritualist Beliefs

Virgin girls abused in 'money ritual' practices

Poverty and Crowding

Shared sleeping spaces heighten risk of ISA

THE PROBLEM

The Problem: Why Ghana, Why Now

1

Under-reporting

ISA is criminalised in Ghana yet deeply hidden. Collective shame and fear of perpetrators silence survivors. Official data represents only a fraction of real cases.

2

No Survivor Research

Ghana has no survivor-centred qualitative study on ISA. Existing literature covers professional perceptions or school-based abuse, not survivors' own lived experiences.

3

Western Theory Only

Every ISA theoretical model was built in Western contexts. African-specific elements (taboo, virginity, defilement, collective shame) have never entered ISA theory.

THE STUDY

Research Purpose, Originality and Questions

Purpose and Originality

Explore how survivors of ISA in Ghana experience and make sense of the abuse, and how it shapes their physical, psychological, relational and spiritual wellbeing.

This study brings African-specific elements into ISA theory-building for the first time: taboo, virginity, defilement, collective shame, and the dual role of the extended family.

Religion and spirituality emerge here as central, not peripheral, to how survivors interpret and cope with ISA.

Research Questions

1. How do survivors describe their experiences of ISA in Ghana?
2. How do those experiences impact their physical, psychological, relational and spiritual wellbeing?
3. How did they respond to and cope with the trauma?
4. What suggestions improve prevention efforts?
5. What supports clinical practice and pastoral accompaniment?

THE STUDY

Methodology

Constructivist Grounded Theory

Charmaz's approach: interpretive, reflexive, suited to exploring sensitive lived experience and generating theory grounded in participants' own meanings.

Eight Female Survivors

Recruited across Ghana, aged 17 to 35 at interview. One participant was a minor (17 years old) with guardian consent obtained.

Semi-Structured Interviews

In-depth interviews allowed participants to narrate their ISA stories in their own words, at their own pace, with no prescribed script.

Ethical Considerations

Ethics, Informed consent, confidentiality, anonymity

PARTICIPANT PROFILE

Who Are the Survivors? (N = 8)

Pseudonym	Age of Onset	Duration	Age at Interview	Perpetrator	Religion
Borsia	15	1 year	25	Father	Protestant
Calista	6	8–9 years	18	Stepfather	Pentecostal
Crispina	12	2–3 years	23	Father	Protestant
Dorsia	9–10	5 years	35	Uncle	Pentecostal
Flavia	7–8	One time	27	Uncle	Catholic
Katia	12	3 years	39	Father (intergenerational)	Pentecostal
Manacia	9	10 years	20	Cousins / Uncle	Jehovah's Witness
Zenata	14	One time	17	Stepfather	Pentecostal

FINDINGS OVERVIEW

Core Themes

The constructivist grounded theory analysis generated five core categories, each explored on the slides that follow.

1

Context and Experience of ISA

2

Unlocking the Secret: Disclosure

3

Consequences of ISA

4

Coping and Healing Resources

5

Needs and Expectations

CORE FINDING 1 OF 5

Finding 1: Context and Experience of ISA

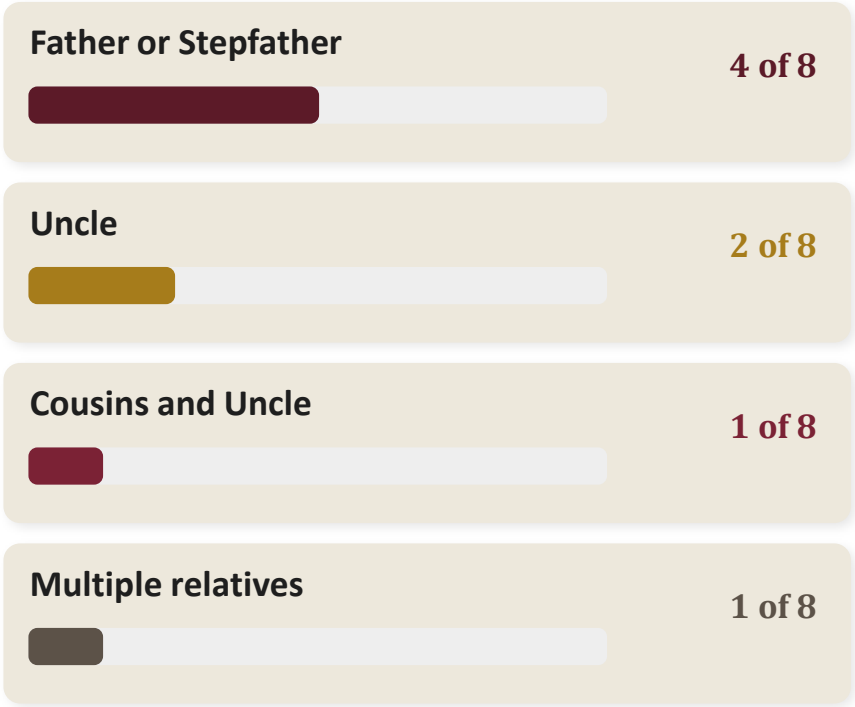
All eight survivors were abused by a close family member living in the same household. Home was not a safe space.

Age of onset ranged from 6 to 15 years. Duration ranged from a single incident to 10 continuous years.

Acts described included touching, fondling and penetration, most often in the home and occasionally on farmland.

More than half later experienced re-victimisation by a teacher, pastor or intimate partner, extending the cycle into adulthood.

Relationship to Perpetrator



CORE FINDING 2 OF 5

Finding 2: Unlocking the Secret of ISA

BARRIERS TO DISCLOSURE

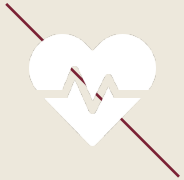
- Fear of the abuser's threats and of further harm or retaliation.
- Shame, self-blame and material dependence on the perpetrator.
- Loyalty to family and the desire to protect its name and reputation.
- Disclosure was often delayed for years, sometimes surfacing only when pregnancy made concealment impossible.

CONSEQUENCES OF DISCLOSING

- Six of eight participants experienced family rejection after disclosing.
- Survivors were blamed, mocked or pressured to recant their accounts.
- One participant was publicly shamed at a market and interrogated at a chief's palace alongside her abuser.
- Engagement with police and courts was frequently frustrating, with cases stalled and perpetrators not prosecuted.

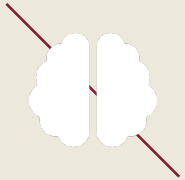
CORE FINDING 3 OF 5

Finding 3: Consequences of ISA



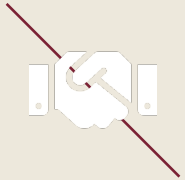
Physical

Injuries, hymenal and vaginal damage, unintended pregnancy and stress-related illness. Bodies expressing pain that words could not.



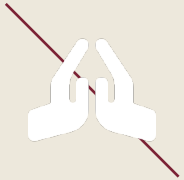
Psychological

Shame, depression, anxiety, post-traumatic symptoms (flashbacks and nightmares), suicidal ideation and a damaged self-concept.



Relational

Broken trust, social withdrawal, isolation, and difficulty forming safe intimate relationships in adulthood.



Spiritual

Crises of faith, anger toward God and struggles to find meaning, alongside, for some, a deepened reliance on faith.

CORE FINDING 4 OF 5

Finding 4: Coping and Healing Resources

Psychosocial Resources

- Support from family members and church communities, especially where formal mental health services were unavailable.
- The Ark Foundation provided shelter and basic needs for survivors rejected by their families.
- Access to medical and social care services aided recovery where available.

Spiritual Resources

- Prayer, scripture reading, worship and meaning-making were the most widely used resources, accessible and free.
- Faith offered comfort: many survivors held onto the belief that God still loves them, even when family rejected them.
- A note of caution: for some, leaving everything to God became a way of avoiding help-seeking or pursuing justice.

CORE FINDING 5 OF 5

Finding 5: Survivor Needs and Expectations

To Be Listened To

"Such a person should not be completely left alone. Somebody should be around that will let the person feel loved."

— Manacia

Early Accompaniment

"I wish I had the chance to deal with my pain and hurt at an earlier age when I was much younger."

— Dorsia

Someone to Talk To

"Having a trusted person to talk to. Primarily, the victim needs to go for help from somewhere."

— Borsia

Material Empowerment

"The government can help settle the person. Material, social and educational support must follow the survivor."

— Borsia

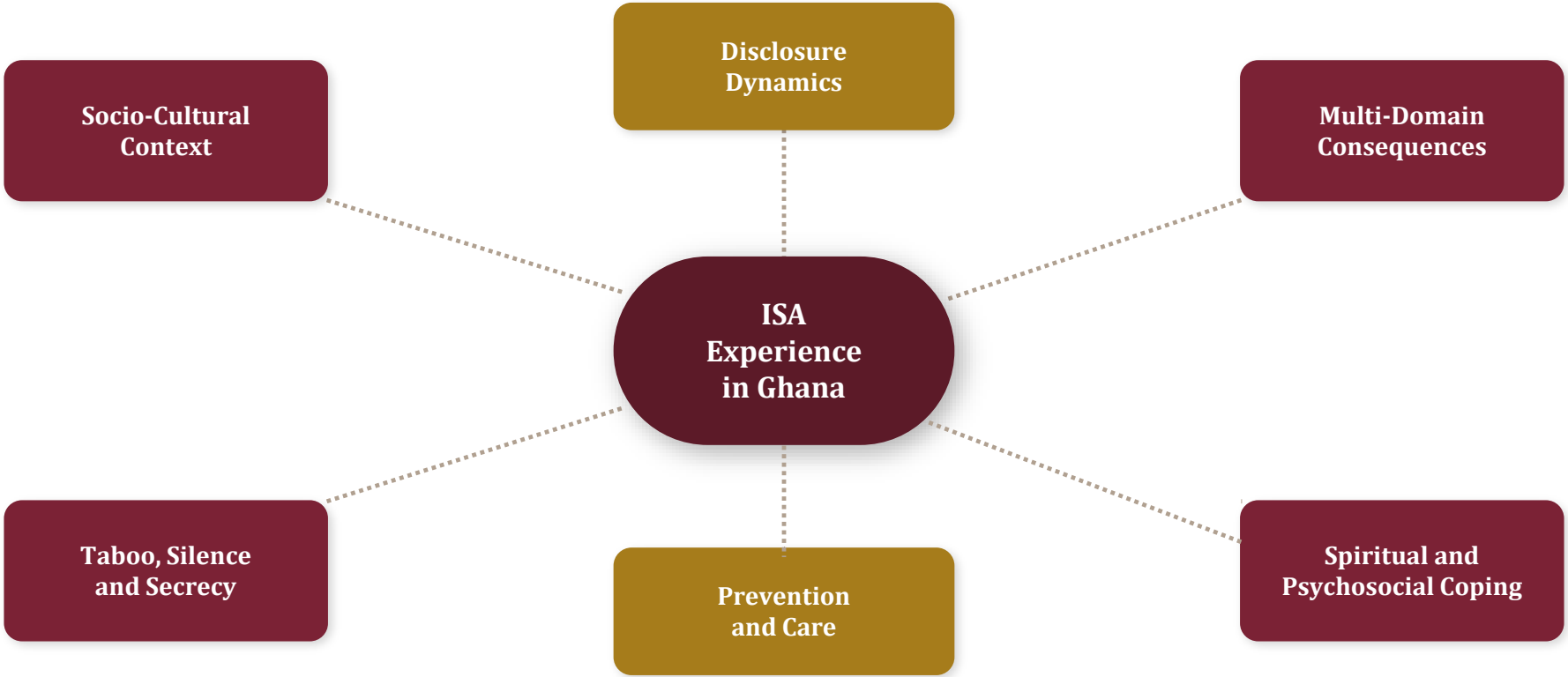
CULTURAL REFLECTION

Reading the Findings Through Culture

Taboo and Collective Shame	Sex is unspeakable; a family's reputation can outweigh a child's safety, reinforcing silence and preventing disclosure.
Patriarchy and Gender Norms	Male authority within the home normalises sexual entitlement and places the duty of obedience on children, especially girls.
Virginity, Marriage and Honour	Loss of virginity through ISA threatens a survivor's marriage prospects and family honour, deepening stigma.
The Extended Family: Double-Edged	The same kinship networks that protect and foster children can also create proximity to potential abusers.
Religion as Primary Coping	Where professional mental health care is scarce, faith communities and prayer become the most accessible source of support.

EMERGING THEORY

The Emerging Theory of ISA in Ghana



DISCUSSION

A Contribution to Theory

Western ISA models (psychobiological, traumagenic, ecological) explain many consequences but were built without African realities in mind.

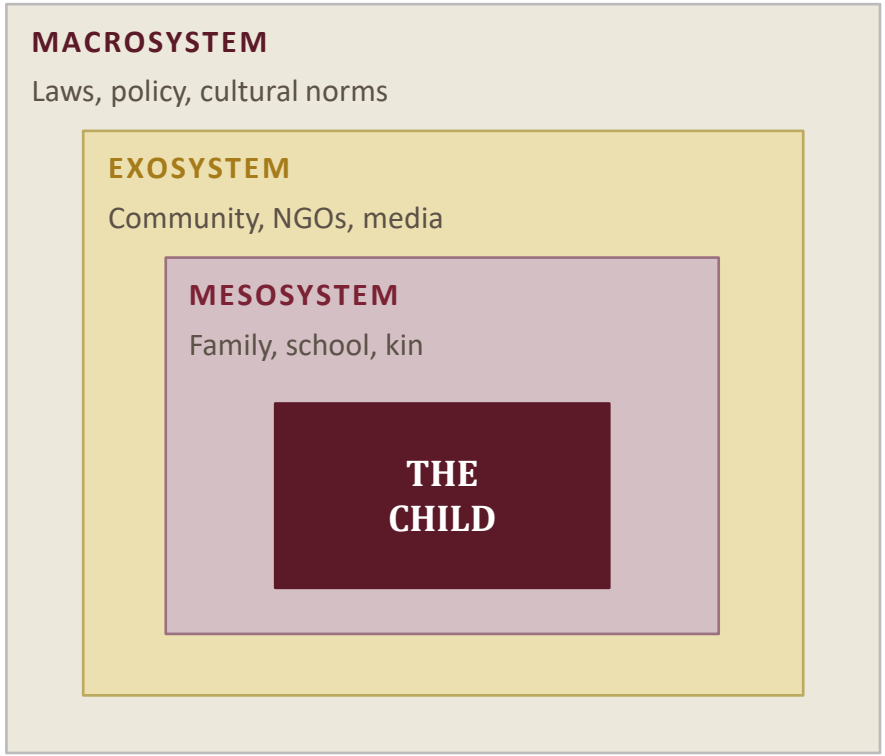
This study extends those models, grounding them in Ghanaian survivors' own words and lived experiences.

It adds elements absent from Western theory: taboo, virginity, defilement, collective shame and the dual role of the extended family.

Religion and spirituality emerge as central, not peripheral, to how survivors cope with ISA.

IMPLICATIONS

Ecological Approach to Prevention and Care



Bronfenbrenner's ecological model maps onto four levels, showing where prevention and care must act simultaneously:

- Prevention: education and empowerment of children, family and school awareness, community campaigns and legal reform.
- Care: trauma-informed therapy, family therapy, pastoral and psychospiritual accompaniment, and material support: shelter, education and livelihood.
- No single level is sufficient. Change must happen at the level of the child, family, community and nation together.

REFLECTIONS

Limitations and Future Directions

Limitations and Next Steps

- Small sample (n = 8); all female and Christian; some recruited from clinical or NGO settings.
- Findings reflect the Ghanaian context; generalisation to the continent should be made with care.
- Future research should include male survivors, child survivors, mixed methods and multi-country samples.
- Further pastoral and theological scholarship on ISA and healing in African contexts is recommended.

FROM RESEARCH TO ACTION

Interventions

Research that remains on library shelves saves no one. Sr. Rejoice has taken her findings directly into communities.

Survivor Support Programme

30+

2019-2026

- Psychosocial counselling and therapeutic accompaniment.
- Vocational skills training to build economic independence.
- Access to schooling secured for survivors' children.

Child Protection Training

100+

training advocacy and awareness creation

- Training through the IADC e-learning.
- Participants: priests, religious sisters, lay faithful and teachers.
- Equipping communities to recognise, respond to and prevent ISA.

CONCLUSION

ISA in Ghana is sustained by silence, taboo and unequal power within the family.

Yet survivors show remarkable resilience through faith, support and the courage to speak.

ISA must not be condoned by silence. Every individual, family, community and organisation must commit to zero tolerance, beginning with the home.

Questions & Discussion

Thank You

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