

# Sexual Violence against Women with Disabilities in Ghana: Accounts of Women with Disabilities from Ashanti Region

Maxwell Peprah Opoku<sup>1\*</sup>, Nicole Huyser<sup>2</sup>, Wisdom Kwadwo Mprah<sup>3</sup>,  
Eric Badu<sup>4</sup>, Beatrice Atim Alupo<sup>5</sup>

1. University of Tasmania, Faculty of Education, Hobart-Australia.

2. Faculty of Behavioural and Movement Sciences, Department of Movement Sciences, VU University, Amsterdam, the Netherlands

3. Centre for Disability Rehabilitation Studies, School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Ghana

4. Sightsavers International, Strategic Programme Innovations, Development, Evidence and Research (SPIDER), United Kingdom

5. Institute of Governance, Humanities and Social Sciences, Pan African University, Soa, Yaounde, Cameroon

## ABSTRACT

**Purpose:** *Women with disabilities are particularly vulnerable to violence and often at risk of being violated sexually. The study aimed to document the causes and consequences of sexual violence against women with disabilities in Mampong Municipality of Ashanti region in Ghana.*

**Methods:** *This exploratory study recruited 41 participants, made up of women living with intellectual, visual and hearing disabilities, were interviewed using convenience and snowball sampling techniques.*

**Results:** *It was found that many participants had suffered sexual violence and factors such as poverty, rejection by families, isolation and unemployment were given as the cause. It was also found that these women suffered consequences such as unwanted pregnancies, divorce, outright rejection and psychological trauma.*

**Conclusion:** *The current situation of women with disabilities make it impossible for them to escape sexual violence. Therefore, it is essential that national awareness campaigns be fashioned to encourage people to provide support to their family members with disabilities.*

**Key words:** *Women with disabilities, sexual violence, family support, rejection, isolation, poverty.*

---

\* **Corresponding Author:** Maxwell Peprah Opoku, University of Tasmania, Faculty of Education, Hobart-Australia.  
Email:abizep4@yahoo.com

## INTRODUCTION

Violence against women and girls is not limited to a specific political or economic system. It is visible in almost every society worldwide. It cuts across boundaries of wealth, religion, race and culture (United Nations, 2015). By nature, most women are vulnerable due to their inability to protect themselves and this makes them subordinate and at risk of various forms of violence (United Nations Women, 2015; World Health Organisation, 2015). It is estimated that 35% of women globally have become victims of either physical or sexual violence (Aolain, 2011). According to United Nations Children's Fund – UNICEF- (2014), of the total number of women who died globally in 2012, over half the deaths were related to violence and intimidation. A United Nations (2015) study in Peru, Samoa and Tanzania found that 10% - 12% of women had suffered various forms of sexual violence. In Canada, 54% of girls between 15-19 years have been coerced into a relationship (UNICEF, 2014). This confirms that there is widespread violence against women in almost every society in the world.

Studies have found that most women suffer sexual violence at some point in their lives and if they have disability, the risk increases (UNICEF, 2014; WHO, 2015). Having a disability increases women's vulnerability to violence (UN Women, 2015; Washington State Coalition Against Domestic Violence, 2015). According to Sobsey (1994) and Aolain (2011) almost all women with disabilities are at risk of being violated sexually. The UN Women (2015) reported that 60% - 80% of women with disabilities globally have suffered sexual violence, of which 50% have been assaulted more than ten times. Within the European Union, in 2013, 34% of women with disabilities were subjected to sexual violence compared to 19% of women in general (United Nations, 2015). On the other hand, it is important to point out that men with disabilities also encounter sexual violence. For instance, in USA, Mitra et al., (2015) found that nearly 10% of men with disabilities have been sexually assaulted. The study further mentioned that 5.8% and 2.3% reported attempted and non-consensual sexual affairs respectively. In Massachusetts, Mitra et al (2011) found that 13.9% of men with disabilities confirmed sexual abuse. Although there is evidence of sexual violence against men with disabilities, it appears the rate of abuse against women with disabilities might be higher and underreported, especially in developing countries.

The nature of disability serves as an impediment on the ability of women to escape sexual violations (Sobsey, 1994). Disability places them at high risk because of their lack of privacy, physical difficulties to escape, passivity and dullness, as

well as their incarceration in hospital homes and institutional facilities limiting their movement and ability to escape abuse (Elman, 2005). For instance, a study by Davies (2011) found that women with communication, cognitive and behavioural disorders were found to be more at risk of abuse compared to other disability groups. The study further found that 49% of women with intellectual disability had experienced sexual violence 10 times or more. Similarly, WHO (2015) reported that both hearing and visually impaired women are highly at risk due to the former's inability to call for help and the latter's inability to identify victims when abused sexually. Insults, rejection and the unfriendly nature of physical environments restrict their mobility, which makes it easier for them to be abused sexually (Kabeer, 2014). Also, lack of social support from family and community, discrimination and ignorance were found to be factors that placed women with disabilities at risk of sexual violence (Aolin, 2011; Mitra et al., 2015).

Sexual violence against women has both short and long-term effects (Aolin, 2011; Davies, 2011; Kabeer, 2014). For example, women who are sexually abused are likely to suffer health implications such as sexually transmitted disease and emotional problems such as depression, anxiety and fear of the opposite sex (Elman, 2005; Davies, 2011). A study by Sobsey (1994) found that women who suffered sexual abuse experienced consequences such as psychological trauma, fear, panic attacks, withdrawal, aggression and inappropriate behaviour towards the opposite sex, all of which made it difficult for them to marry. It is important to highlight that unwanted pregnancies were found to be a major consequence of violence against women with disabilities (UN Women, 2015; Washington State Coalition Against Domestic Violence, 2015). Also, sexual abuse of pregnant women was found to result in miscarriage, stillbirth, pre-term delivery and low birth weight babies (WHO, 2015).

Despite global awareness about the need to promote and protect the rights of women, domestic and sexual violence still persist. International and regional legal instruments have clarified the obligations of States to prevent, eradicate and punish violence against women and girls (Aolain, 2011; UN, 2015). For example, The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) requires that countries party to the Convention take all appropriate steps to end violence. In addition, Article 16 of the Convention on the Rights of Persons with Disabilities (CRPD) entreats signatory States to protect women with disabilities from exploitation, violence and abuse (UN, 2006).

## **Objective**

It is unclear whether Ghana has taken steps to protect the rights of women with disabilities who are particularly at risk of abuse. Research on the topic has received little attention in sub-Saharan Africa, and Ghana is no exception. The perspectives of women and girls with disabilities are important to raise more awareness regarding this undervalued subject. Therefore, this study aimed to engage with women with disabilities to discover their hitherto neglected perceptions of the causes and consequences of sexual violence perpetrated against them.

## **Ethical Issues**

Ethical clearance was obtained from Kwame Nkrumah University of Science and Technology's Institutional Review Board before the fieldwork. The researchers ensured that written informed consent was obtained before conducting any interview. Keeping the rights of free choice in mind, the aim of the study was explained to all participants before data was collected. Participation in the study was voluntary and participants were free to withdraw at any time without penalty or repercussions. They were assured of anonymity at all times and no reference was made to their names or other identifying information.

## **METHOD**

### **Study Design**

An exploratory design was followed, employing qualitative methods of data collection and face-to-face interviews with study participants. According to Brown (2006), exploratory research throws more light on a problem which has not received much attention from researchers and policy makers. Thus, the study offered women with disabilities in Mampong municipality the opportunity to share their experiences regarding the causes and consequences of sexual violence they had suffered.

### **Study Area**

Mampong municipality is one of the 30 administrative divisions in Ashanti region of Ghana. It is located north-east of Kumasi, the Ashanti region's capital. The 2010 Population and Housing Census estimate of the population was 88,051 persons, with 53.5% females and 46.5 males. According to Ghana Statistical Service, 2.4% of the population in the district has a disability. Of the population

with disability, 49.2% were employed, 2.7% were unemployed and 48% were inactive. Moreover, 52.5% of males with disabilities were employed while 46.5% of females were also employed (Ghana Statistical Service, 2014). Mampong is one of the few districts in Ghana where the population of females with disabilities was found to be higher than their male counterparts; therefore it was decided that this study was best conducted in the area.

### **Study Population and Sampling**

The focus was on women and girls with disabilities in Mampong municipality. The study participants were women and girls who had visual, hearing, physical or intellectual disabilities.

The study adopted non-probability sampling methods, namely convenience and snowball sampling, to recruit participants from the population with disability. Since the focus was on women with disabilities and there was a disability association in the study area, the researchers decided to recruit participants from the association. They were helped by the municipal executive of Ghana Society for the Physically Disabled, Ghana Association for the Deaf and members of the Ghana Blind Union who provided a list of members. Study participants were recruited after they were contacted over the phone and gave their consent. Some of the women even directed the researchers to contact other women with disabilities before they were enrolled in the study. A total of 41 participants from four different disability groups (intellectual, physical, visual and hearing impairment) were interviewed.

Table 1 below summarises the demographic characteristics of the study participants. Most of the participants (39%) were visually impaired and only 14.6% had intellectual disability. Nearly 60% of the participants had acquired their disability after birth. Also, the majority of them (63.4%) were members of disabled persons' organisations (DPOs). Regarding marital status, while more than 50% of the participants were single, only 14.6% were married. The mean age of the participants was 32 years; while 31.7% were between 21-30 years of age, 4.9% were between 61-70 years old. More than 40% of them had never been to school before, while only 12.2% had completed university education. More than half of the participants were unemployed, though there was also a small percentage (less than 3%) of civil servants.

**Table 1: Demographic Characteristics of Participants**

<b>Variables (n=41)</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Study Participants</b>		
• Physically impaired	10	24.4
• Visually impaired	16	39
• Hearing impaired	9	22
• Intellectual disability	6	14.6
<b>Membership of DPO</b>		
• Yes	26	63.4
• No	15	36.6
<b>Onset of Disability</b>		
• At birth	17	41.5
• After birth	24	58.5
<b>Marital Status</b>		
• Single	22	53.7
• Married	6	14.6
• Divorced	13	31.7
<b>Age</b>		
• 11-20 years	10	24.4
• 21-30 years	13	31.7
• 31-40 years	8	19.5
• 41-50 years	5	12.2
• 51-60 years	3	7.3
• 61-70 years	2	4.9
<b>Mean Age</b>	<b>32</b>	
<b>Education</b>		
• Primary	12	29.3
• Secondary	7	17.1
• University	5	12.2
• No formal education	17	41.5
<b>Employment</b>		
• Students	5	12.2
• Traders	9	22
• Restaurant operators	3	7.3

• Teachers	2	4.9
• Civil servants	1	2.4
• Unemployed	21	51.2

## Data Collection

The researchers conducted face-to-face interviews with the study participants. A semi-structured interview guide was used to guide discussions. The interviews were generally conducted at the homes of the participants or near their workplace. Due to the sensitive nature of the study, the interviews were not held in the presence of any family member or neighbour. The interview questions were based on the objectives of the study, which were to ascertain the causes and consequences of sexual violence perpetrated against women with disabilities. Some of the issues discussed included whether participants had been sexually assaulted, circumstances leading to the incident, action taken afterwards, and the consequences of the abuse. The interviews were audio-recorded with the consent of the participants. Most participants (26) spoke in Twi, the local language, except for the hearing impaired participants (9) who used sign language. An interpreter translated the sign language by speaking into an audio recorder. Due to the inability of women with intellectual impairment (6) to give an account of what had happened to them, their caregivers were interviewed. Two of the researchers who are native Twi speakers translated the interviews into English.

## Data Analysis

The interviews were conducted in Twi, the local language in Mampong municipality, and recorded with permission from the study participants. Each audio-recording was heard several times before being transcribed verbatim by the researchers. After transcription, the researchers read through the write-ups in order to familiarise themselves with the pattern of responses; this helped to create a picture of trends and recurring ideas. Recurring ideas which answered the research questions were identified and discussed by the researchers during their weekly meetings. Codes were assigned to recurring ideas in the script, and later grouped into categories which were further linked together into themes developed from the research questions. Associated themes were realigned in order to simplify the analysis. This made it easier for the researchers to come up with a summary of the findings.

## Validity and Reliability

The instruments were designed and read several times by the researchers and others, to identify mistakes that might have been overlooked. Ambiguous items were restructured or deleted. After transcription of the recorded interviews, the views of a few of the participants were read out to them so that they could determine whether the recordings were accurate.

## Definition of Concepts

**Sexual violence:** Sexual violence is an act or attempt to engage in sexual activity with a person without his or her consent.

**Disability:** Any person with long-term physical, mental or intellectual impairment that limits their ability to participate in societal activities on an equal basis with others.

**Women with disability:** Women and girls of all ages who are living with any form of disability.

## RESULTS

### Incidence of Sexual Violence

Table 2 summarises the incidence of sexual violence for the various disability groups. Of the 41 participants, 28 (68.3%) indicated that they were victims of sexual violence. In relation to the various disability groups, visually impaired participants (35.7%) reported higher incidence of sexual violence than those with intellectual disability (17.9 %) who had also suffered abuse.

**Table 2: Incidence of Sexual Violence per Disability Group**

Variable	Frequency	Percentage (%)
<b>Victim of abuse (n=41)</b>		
• Yes	28	68.3
• No	13	31.7
<b>Abuse per disability group (n=28)</b>		
• Intellectual disability	5	17.9
• Visually impaired	10	35.7
• Physically impaired	6	15.6
• Hearing impaired	7	25

Participants were asked whether they had suffered or heard about sexual violence against women or girls with disabilities in their respective communities. Almost all of them answered in the affirmative - either they had at some point in their lives suffered sexual violence or they had heard about other women with disabilities being harassed. Participants who were once victims discussed that they were molested by people who knew about their disability and weaknesses. These included friends, teachers, co-tenants and close family members. They recounted their experiences and circumstances leading to such abuse.

*"I have been raped twice. Eight years ago when I was twelve years; the first one was a senior student and the second one was a teacher. The teacher closed the door, so I couldn't escape. And for the boy, there was a toilet and he locked the door so I was not able to escape"* (Hearing impaired 3).

*"I have suffered once. We used to live in the same house with the person who did that to me. I was outside and the boy called me to a nearby bush. That is where he molested me. There were so many girls of my age but none of them went into that problem. But I am disabled, that is why the boy called me to the bush"* (Hearing impaired 6).

*"About four people have forced in me and have sex with me in my own room. They come as friends and when I am alone or in my room, they will force me. Because I am visually impaired, they just bumped in to my room and forced me. I was powerless and couldn't resist or call for help since my sister and all the children are not around during the day"* (Visually impaired 1).

*"I have been forced three times by two different people. The first one, the person asked me to come and help him and doing that, he had sex with me. We were staying in the same house. He was a tenant. The second person invited me to come for some shoes. And he took me to his room and tied my hands and legs to have sex with me"* (Physically impaired 5).

Other participants mentioned that although they had not been sexually harassed, they had heard stories from other women with disabilities in their communities who had become victims.

*"When we go for meetings, we hear some stories about some women who have been in such a situation based on their disability. People take advantage of them based on how they are. Their disabilities have made them vulnerable to exploitation by others"* (Physically impaired 4).

*“There was a deaf person who lived in a compound house and because she was sleeping alone in the room, at dawn some people were sneaking in to have an affair with her, although they knew her condition and she was alone and cannot report. That was what they used to do on a daily basis” (Physically impaired 2).*

*“One of my friends told me she has been raped several times by her own uncle. She is always home and not working so the man comes back from work and forces her when no one is home. It has been going on for a long time but she don’t trust anyone, that is why she confided in me as a fellow disabled person” (Visually impaired 7).*

The participants’ accounts point to the fact that victims generally know who has molested them.

### **Causes of Sexual Violence**

Participants were led to discuss possible reasons for their continuous harassment. Most participants, especially those who had suffered abuse in the past, discussed some of the factors that made them easy targets for the opposite sex. Several participants mentioned that poverty and lack of support from family members had resulted in their continuing dependence on other people who ended up abusing them sexually. Their inability to work due to disability, coupled with rejection by their families, forced them to seek assistance from other people who eventually exploited them. Some participants summarised their experiences as follows:

*“My father died and life became hard for us. I used to meet a man who decided to help me. He used to give me presents like money, food etc. It got to a point where I couldn’t say no to him. So that is what happened” (Hearing impaired 3).*

*“There are a lot of hardships. When you are not working, it can be easy for men to influence you with money. It is not everything that the family gives us, and this makes it easier for neighbours who know our problem to take advantage” (Physically impaired 3).*

*“I have a friend whose parents just left her and a man decided to take care of her. Initially, the man gave her a single room in which she was staying. Later the man said he wanted to pack some things so the girl should come and sleep with him in the hall and the man would be in the chamber. But finally it ended up with the girl becoming pregnant” (Physically impaired 7).*

Other participants discussed that they were harassed because of their disabilities. The nature of their disability restricted their movements, keeping them indoors,

and this accounted for their harassment. For instance, the caregiver of a girl with intellectual disability said that, *"Because of her condition they have taken advantage of her and they find her weak. She can't talk very well. If there is a problem, it very difficult for her to express herself or even shout"*.

Some participants gave their explanations:

*"I can't see and I'm mostly home. When everyone goes to work, I am mostly left alone, that is why those men were able to harass me. There is nothing I could do. I shouted but no one came to assist me. This is a farming community where people go to farm everyday"* (Visually impaired 4).

*"Although we are protected by the law, our condition makes us prone to sexual violence. I can't walk or go out when my children go to school. I may be in the house alone and someone comes in when the place is very quiet. That is how my own friend took advantage and raped me"* (Physically impaired 1).

Furthermore, it appeared that some men preferred to have sex with women with disability for superstitious or ritualistic reasons such as fortification, protection and even prosperity.

*"The man who forced me to have sex with him, told me that witches want to kill him so the only means for him to live and enjoy life is to sleep with a blind woman before he can be saved. He went to a witch doctor and that was the solution given to him. He pleaded with me and when I resisted, he forced me"* (Visually impaired 5).

*"Do you know that albinism is also a disability? And so women with albinism for instance in the Volta region, they also suffer the sexual abuses. They have beliefs, in the south of Volta region, that when you have sex with a woman with albinism, you are going to prosper because you can use their spells for some rituals that will make you rich"* (Visually impaired 2).

Poverty and rejection by their families emerged as the main factors responsible for women with disabilities being subjected to sexual abuse.

## Consequences

Most participants suffered in the aftermath of violence perpetrated against them. Several participants (16) became pregnant after they were abused sexually. Sadly, most of the perpetrators refused to take responsibility, leaving the victims to struggle to cater for themselves and their children. Participants shared their experiences about the consequences of the abuse they suffered.

*"I have experienced that before (sexual abuse) and as a result of this I became pregnant. I have given birth. The man tried to take the child away but because we did not agree, he has abandoned his duties and is not taking care of the child" (Physically impaired 1).*

*"The man who raped me came and apologised. I became pregnant and my parents informed him about it. He took off the next day and I have not seen him again. The child is 14 years and I'm doing my best to provide for him since I have no one to help me" (Visually impaired 3).*

*"I have heard of a woman in my community, it was a taxi driver who made advances and she became pregnant in the process but because of the pregnancy he abandoned her and didn't take responsibility for the child. That has happened twice to the same person with two different men" (Visually impaired 7).*

Some participants discussed how they were abandoned by their families when they became pregnant. It appeared that families were not prepared to cater for women with disabilities and their unborn babies, leading to their ejection from family homes.

*"My mother was very angry with me because the person who impregnated me denied doing that. It was a shame to the family since I was going to give birth to a bastard. I was thrown out of the house. It is God who has been taking care of us ever since " (Visually impaired 2).*

*"I didn't know where the boy stays because I was raped in school. I realised I was pregnant when we had completed school and I couldn't tell them where the guy who made me pregnant comes from. My parents became very annoyed and brought me to the village to stay with my grandmother" (Hearing impaired 3).*

*"Actually, someone was just called by a man, had sex with the girl and the girl became pregnant. The parents had to sack the girl from the house because they don't see a reason for a visually impaired girl to be pregnant without having a proper husband" (Visually impaired 1).*

Additionally, some participants disclosed that they were divorced after they were sexually assaulted by other men.

*"My husband was very annoyed with me. He thought I was the one who caused everything. He left and remarried another woman. Now I have five children to cater for. The good thing is that I'm working and I'm able to provide for the children" (Physically impaired 5).*

*"I was staying peacefully with my husband until I was raped by my neighbour. The mistake I made was that I didn't tell him after the incident. I informed a friend I trusted who told him. He became very angry with me. He divorced me because of that"* (Hearing impaired 6).

On the other hand, some participants discussed how the violence they experienced made it very difficult for them to marry as it had made them afraid. They explained that the incident had affected them psychologically and they found it difficult to get over it even after several years.

*"I'm afraid of all men since I was forced to have sex by that man. He pretended to be helping me, not knowing he wanted to have sex with me. I am scared to be in the same place with men. I'm not married because I'm so afraid of interacting with men"* (Physically impaired 1).

*"I have never discussed this with anyone. I have been fighting over this in my head. I'm scared to even sit on the same seat with men even if others are present. I know it is the reason why I'm not married. Anytime a man starts talking to me, my mind goes to the incident so I try hard to avoid men"* (Hearing impaired 2).

It is evident that most women with disabilities in this study have been victims of sexual abuse. Even those who had not suffered abuse confirmed hearing accounts of other women who had been harassed. This has unfortunately escaped the notice of relevant stakeholders.

## DISCUSSION

The study aimed to document the causes and consequences of sexual violence against women with disabilities in Mampong municipality in Ashanti region of Ghana. It was found that most women with disabilities were at risk of sexual violence due to reasons such as the nature of their disability, poverty, rejection by their families, and superstitious beliefs. Moreover, most women with disabilities who were sexually abused suffered consequences including unwanted pregnancy, rejection, divorce, fear and psychological trauma. The results of the study were consistent with findings of other studies conducted in both developed and developing countries (Sobsey, 1994; Elman, 2005; Davies, 2011; Mitra et al, 2011; Kabeer, 2014; Mitra et al., 2015; UN Women, 2015; Washington State Coalition Against Domestic Violence, 2015).

The study found that the nature of the physical environment, including the built environment in most societies, made it difficult for women with disabilities to

move about with relative ease. As a result of their limited mobility they were mostly confined indoors and, with other family members away at work, these vulnerable women were at the mercy of abusers who could take advantage of them. Studies by Davis (2011), Kabeer (2014) and Mitra and Mouradian (2015), found that the limited mobility of persons with disabilities made them prone to sexual violence, intimidation and harassment.

Due to lack of family and unavailability of support services for their caregivers, women with intellectual disability are denied the care needed for their integration into society. Caregivers who double as breadwinners find it very hard to constantly monitor the movements of these women. It was therefore inevitable that all the women with intellectual disability in the study sample had experienced sexual abuse at some period in their lives. This finding validates the study by Davis (2011) which found that the inability of caregivers to control women with intellectual impairment means that they are at high risk of abuse outside their homes.

Generally, persons with disabilities, especially women, are unemployed due to their limited access to education (Kassah, 2008). Often they are also poor, and this makes them dependent on others. The presence of family members with disabilities increases the financial burden on families due to the medical care requirements, and often a member of the family has to stop working and attend to their needs (Filmer, 2008). Families are likely to be fed-up when they realise that the condition of disability will remain as such for the rest of their lives (Baffoe, 2013). The notion that persons with disabilities cannot make any meaningful contribution to the family might result in their ejection from family homes, making them easy prey for sexual harassment. It is not surprising that most participants had suffered sexual violence from people who tried to assist them after they were rejected by their families. This finding validates studies by Kabeer (2014) and WHO (2015) which found that lack of family support and rejection were among the reasons for high incidences of sexual violence against women with disabilities.

The most visible consequence of sexual violence is unwanted pregnancy. Since disability is viewed as a curse by many families, this negative perception is likely to influence most men to shy away from accepting responsibility and taking care of both the mother and child. It was therefore not surprising to find that most men who had sexually abused women with disabilities did not accept responsibility when the women became pregnant. Additionally, most women with disabilities are dependent on family members, so already over-burdened families are likely

to eject them from home when they become pregnant. Most of the participants in the study discussed being ejected by their families after they became pregnant. This finding is consistent with the study by Baffoe (2013) which found that the negative myth surrounding disability results in people in society dissociating themselves from persons with disabilities.

## **Policy Implications**

The results revealed that nearly 70% of women with disabilities who participated in the study were at risk of sexual violence. Therefore, there is the need for concerted effort by policy makers to promote programmes and policies which will provide protection for women with disabilities.

In the first place, there is the need for sexual health and reproductive education for women with disabilities in order to provide them with defence mechanisms that they can employ in the event of abuse from the opposite sex. In a study in Ghana, Mprah (2011) found that most women with hearing impairment were ignorant about their reproductive health. The current study also found that most women who had suffered sexual abuse were unable to defend themselves and it is vital that they receive some education on the best ways to protect themselves.

Secondly, victims of sexual violence suffered psychological trauma from sexual abuse. Thus it is imperative that counselling programmes are organised for them. The results of the study showed that victims of sexual violence harboured some sort of fear in relating to the opposite sex after the abuse. Therefore, Ministry of Health, Ghana Health Service and DPOs should embark on community outreach programmes to interact with women with disabilities, listen to their stories and provide them with the necessary support to overcome mental distress.

The study also found that rejection and isolation of women with disabilities by family members rendered them more vulnerable to abuse. It is therefore essential that national awareness campaigns are carried out to urge family members to accept and support their members with disabilities. If families are encouraged to support their members with disabilities and provide them with their needs, it will save women with disabilities from depending on neighbours and well-wishers for assistance. According to Aldersey (2012), family support and acceptance is necessary as it makes persons with disabilities feel they are important members of the family as well as the community.

Furthermore, the study found that most women with disabilities were unemployed due to their inability to access formal education. The government should prioritise education of persons with disabilities by providing a suitable environment for them to participate in numbers. Opoku et al (2015) stated that the ability of persons with disabilities to have access to education will help prepare them for future jobs, thus breaking the yoke of poverty with which most persons with disabilities are encircled. Also, there is the need for cash transfer programmes to be institutionalised by the government so as to provide support to women with disabilities, especially to those who have given birth and are at risk of rejection by their families or even partners. This will enable them to have a means of livelihood to cater for their children. Filmer (2008) indicated cash transfer was one way of mitigating poverty rate among persons with disabilities.

### **Limitations of the Study**

The main limitation of the study was that data was collected from women with disabilities in a restricted geographical area. Also, these women were members or known to members of the DPO in the study area, so their responses might not be representative of other women with disabilities who were non-members of the association and lived in other parts of Ghana. If the study had covered a larger area or more districts, a holistic picture could have been gained but this was not possible due to limited resources. Owing to the small sample size, the researchers did not intend to generalise the findings. In addition, the use of only one qualitative method of data collection (interviews) is a weakness since the results cannot be checked by triangulation.

### **CONCLUSION**

The study aimed to examine the causes and consequences of sexual violence perpetrated against women with disabilities in Mampong municipality. It was found that nearly 70% of the study participants had become victims of sexual violence due to factors such as limited mobility, poverty, rejection by families and unemployment which kept women with disabilities idle and indoors, making them easy targets. As for consequences, it was found that sexual violence resulted in unwanted pregnancies, homelessness, divorce, as well as difficulty in getting married for some participants. This seems to have compounded the already deplorable condition of women with disabilities.

Women with disabilities will continue to be at risk of sexual violence because not much has been done to safeguard them. Steps have to be taken to address the menace of sexual violence. Therefore, it is essential that policy-oriented measures such as national awareness campaigns are launched to raise awareness among families to support their members with disabilities. Secondly, it is important that women with disabilities are educated about reproductive health as well as armed with defence mechanisms which they could use in the event of being attacked. The study focussed only on women with disabilities in Mampong municipality and it is likely that men with disabilities may also be at risk of sexual violence. Hence it is recommended that future studies focus on men with disabilities in order to ascertain the level of sexual violence perpetrated against them.

## REFERENCES

- Aldersey HM (2012). Family perceptions of intellectual disability: Understanding and support in Dar es Salam. *African Journal of Disability*; 1(1): 1-12. <http://www.ajod.org/index.php/ajod/article/view/32>. <http://dx.doi.org/10.4102/ajod.v1i1.32>
- Al Jazeera (2015). Sexual violence against women a 'global epidemic,' study finds. Al Jazeera. Retrieved from <http://america.aljazeera.com/articles/2015/3/9/sexual-violence-global-epidemic.html>
- Aolain F (2011). Women, vulnerability, and humanitarian emergencies. *Michigan Journal of Gender and Law*, 18(1), p.1-23.
- Baffoe M (2013). Stigmatisation, discrimination and marginalisation: Gateways to oppression of persons with disabilities in Ghana, West Africa. *Journal of Education and Social Research*; 3(1): 187-198.
- Brown RB (2006). *Doing your dissertation in business and management: The reality of research and writing*. Sage Publications
- Davis L (2011). People with intellectual disabilities and sexual violence. Retrieved from <http://www.thearc.org/document.doc?id=3657>.
- Elman A (2005). *Confronting the sexual abuse of women with disabilities*. Pennsylvania Harrisburg.
- Filmer D (2008). Disability, poverty, and schooling in developing countries: Results from 14 household surveys. *The World Bank Economic Review*; 22: 141-163. <http://dx.doi.org/10.1093/wber/lhm021>
- Ghana Statistical Service (2014). *Profile of Mampong Municipality*. Retrieved from [http://www.statsghana.gov.gh/docfiles/2010\\_District\\_Report/Ashanti/MAMPONG%20MUNICIPAL.pdf](http://www.statsghana.gov.gh/docfiles/2010_District_Report/Ashanti/MAMPONG%20MUNICIPAL.pdf)
- Kabeer N (2014). *Violence against women as 'relational' vulnerability: engendering the sustainable human development agenda*. Occasional Paper, United Nations Development Programme, New York, USA.

Kassah AK (2008). Begging as work: A study of people with mobility difficulties in Accra, Ghana. *Disability & Society*. *Disability and Society*; 23(2): 163-170. <http://dx.doi.org/10.1080/09687590701841208>

Mitra M, Mouradian VE, Diamond M (2011). Sexual violence victimisation against men with disabilities. *American Journal of Preventive Medicine*; 41(5): 494-7. <http://dx.doi.org/10.1016/j.amepre.2011.07.014>. PMID: 22011420

Mitra M, Mouradian VE, Fox MH, Pratt C (2015). Prevalence and characteristics of sexual violence against men with disabilities. *American Journal of Preventive Medicine*; 50(3): 311-7. <http://dx.doi.org/10.1016/j.amepre.2015.07.030>. PMID: 26474667

Mprah WK (2011). Sexual and reproductive health needs assessment with deaf people in Ghana. Published thesis (PhD). University of Illinois, Chicago.

Opoku MP, Badu E, Amponteng M (2015). Accessibility and availability of special schools for children with disabilities in Ghana. *Journal of Disability Management and Special Education*; 5(2): 1-10.

Sapir D (1993). Natural and man-made disasters: the vulnerability of women-headed households and children without families. *World Health Stat. Q*; 46(4): 22-33.

Sobsey D (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore: Paul H. Brookes Publishing Co.

United Nations (2006). *Convention of the rights of persons with disability*. Retrieved from <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

United Nations (2015). *Human Rights Violation: The Problem*. Retrieved from <http://www.un.org/en/women/endviolence/situation.shtml>

United Nations Children's Fund (2014). *A Statistical Snapshot of Violence against Adolescent Girls*. UNICEF Publication: New York. [http://www.unicef.org/publications/files/A\\_Statistical\\_Snapshot\\_of\\_Violence\\_Against\\_Adolescent\\_Girls.pdf](http://www.unicef.org/publications/files/A_Statistical_Snapshot_of_Violence_Against_Adolescent_Girls.pdf)

United Nations Women (2015). *Facts and Figures: Ending Violence against Women*. Retrieved from <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

Washington State Coalition against Domestic Violence (2015). *Disability Community*. Retrieved from <http://www.wcsap.org/disability-community>

World Health Organisation (2015). *Violence against adults and children with disabilities*. Retrieved from <http://www.who.int/disabilities/violence/en/>

# **Appendix I - Interview Guide**

## **Introduction to the interview**

- Explain the goal of the research and introduce myself
- Signing informed consent
- Ask for permission to record the interview

## **Knowledge on safety and sexual rights**

In this part of the interview the participants will be questioned about their knowledge and understanding of their rights in relation to safety and sexual health.

1. Do you think that women with disabilities have the same rights as women without disabilities (why/why not)?
2. Do you feel that this resembles the situation for women with disabilities in Kumasi/Ashanti region?
3. What measures have been taken to ensure people with disabilities have access to the legal justice system (by whom)?
4. Do you think women and girls with disabilities are sufficiently protected from violence and abuse (why/why not)?
5. What do you think about women and girls with disabilities and reproductive and family planning education?
6. What reproductive and family planning education did you get?
7. Do you think women and girls with disabilities are treated the same by the health care system as women and girls without disabilities (why/why not)?

## **Sexual violence**

In this section the participants will be asked if they know a story about someone else who experienced sexual violence or if they themselves experienced sexual violence and how the situation was dealt with afterwards.

8. Have you ever seen, heard about, or experienced different kinds of sexual exploitation and abuse of women and girls with disabilities in your community?

9. How long ago was this?
10. How many times did this happen?
11. Which women are most vulnerable to this abuse and why?
12. Have you ever reported an abuse or have you heard of others in the community doing so?
13. How would you report an abuse?
14. What other action might you take in response to a case of abuse?
15. Are there reasons why someone in your community might not report an abuse?
16. What can be done to encourage people in your community to report an abuse?
17. What other action should be taken to stop this abuse from happening?

### **Influential factors**

This section will discuss how the participant feels the different factors have influenced the situation described in the previous section. This section is only for those who experienced sexual violence themselves.

18. Has your disability influenced the abuse (did it prevent from seeking help and avoid or escape abuse)?
19. Can you tell something about the offender? (His occupation, relation to the victim, etc.)
20. Are/were you dependent on the offender and in what way?
21. Would you talk about what happened with your family members and/or friends (why/why not)?
22. Where did the sexual violence take place?
23. Was there anything in your environment that hindered escaping or avoiding abuse?

In this section the participants will be asked if they feel certain factors may influence sexual violence against women and girls with disabilities. This section is only for those who did not experience sexual violence.

24. What do you think about the vulnerability of women and girls with disabilities with respect to sexual violence?
25. How do you think the community sees women and girls with disabilities?
26. In what way may the way the community sees women and girls with disabilities have an influence on becoming a victim of sexual violence?
27. What influence do you think a good bond with family members and friends has on sexual violence?
28. What do you think could improve the safety of women and girls with disabilities?

**End**

Do you have any questions or other remarks?

Thank you very much for participating!