

Domestic Violence Against Women with Disabilities in Ghana: Understanding Risk Factors and
Prevention Strategies. A Systematic Review

By

Akosua Asaa Ampong

A Thesis submitted to the Faculty of Graduate and Postdoctoral Studies of

The University of Manitoba

in partial fulfillment of the requirements of the degree of

MASTER OF SCIENCE

Department of Disability Studies

University of Manitoba

Winnipeg

Copyright © 2026 Akosua Asaa Ampong

ACKNOWLEDGEMENT

First and foremost, I would like to thank God Almighty for my existence and his guidance and support throughout my thesis journey. During this study process, my supervisor, Dr. Nancy Hansen, provided strong support and inspiration; it is hard to describe the significant impact she had on both my work and me. I thank her for her kindness, patience, and fantastic mentorship towards me.

My deepest gratitude to my committee members, Dr. Diane Driedger and Dr. Sid Frankel, for their insightful feedback and suggestions. Your contributions have helped to make this thesis a stronger and more rigorous piece of research.

Finally, I would like to thank my family, Miss Gloria Nimoh and Miss Harriet Awuku for their love and support throughout this journey. Your encouragement has meant the world to me.

DEDICATION

I dedicate this work to my family, whose unwavering support and encouragement have carried me through this academic journey, even in moments of difficulty. To my mentors and friends who believed in me, thank you for your guidance and inspiration.

Also, to all women and girls with disabilities who continue to endure and overcome the challenges of violence and discrimination. Your resilience, courage, and dignity inspire us to pursue knowledge and justice.

I also dedicate this study to the advocates, caregivers, and organizations that work tirelessly to promote inclusion, equality, and protection for persons with disabilities in Ghana, across Africa, and beyond. May this research contribute to amplifying your voices and advancing meaningful change.

ABSTRACT

Background: Violence against women and girls with disabilities in Ghana and broader Africa is pervasive and deeply rooted in socio-cultural and economic structures. Despite its prevalence, empirical research specific to this group remains limited, with existing studies often lacking in intersectional analysis and comprehensive coverage of various disability types and violence forms. Inaccessibility of legal and justice systems further exacerbates their vulnerability, impeding reporting and access to support.

Objectives: This study aims to synthesize existing evidence on the incidence, types, causes, and consequences of violence faced by women and girls with disabilities in Ghana. It also seeks to identify gaps in research, understand the influence of cultural norms, and recommend inclusive strategies for prevention and intervention.

Methods: Employing a systematic review framework guided by PRISMA, across multiple databases and grey literature sources, ten empirical studies were selected after rigorous screening. Data extraction and thematic analysis, using qualitative narrative synthesis and meta-analysis for quantitative data, were conducted. The Mixed Methods Appraisal Tool (MMAT) ensured quality assessment, and ethical considerations were observed.

Findings: Findings indicate that violence against women and girls with disabilities encompasses sexual, social, physical, and economic abuse, often compounded by social isolation, poverty, and discrimination. Legal and institutional barriers, including inaccessible reporting centers and negative staff attitudes, hinder victims' access to justice. Existing policies are insufficiently detailed and poorly implemented. The studies reveal a cyclical relationship

between violence, poverty, and social exclusion, with cultural norms influencing victim experiences and reporting behaviors.

Discussion: The review underscores the urgent need for comprehensive, intersectional research, improved legal frameworks sensitive to disability, and community-based prevention programs. Addressing inaccessibility and attitudinal barriers, alongside fostering societal attitudes that respect the rights and dignity of women with disabilities, are critical steps toward reducing violence and promoting their empowerment.

This study contributes by consolidating knowledge on the unique vulnerabilities of women with disabilities, providing direction for policymakers, advocates, and service providers to develop culturally appropriate and disability-inclusive interventions.

Keywords: domestic violence, women and girls with disabilities, Ghana, risk factors, prevention strategies.

TABLE OF CONTENTS

ACKNOWLEDGEMENT	i
DEDICATION	ii
ABSTRACT	iii
TABLE OF CONTENTS.....	v
LIST OF TABLES AND FIGURES	viii
CHAPTER ONE	1
INTRODUCTION	1
Background	1
Objectives of the study	4
Research questions	4
THEORETICAL FRAMEWORK.....	5
Significance of the study	8
Scope of the study.....	9
Organization of the study	10
LITERATURE REVIEW.....	11
Introduction.....	11
Conceptualizing Disability	11
Medical Model of Disability	11
Social Model of Disability.....	12
Religious Model of Disability	14
Human Rights Model.....	15
Prevalence and forms of violence against women and girls with disabilities.....	16
Forms of violence experienced by women with disabilities.	17
Domestic violence.....	17
Sexual Violence against women with disabilities	18
Emotional and Physical Abuse of women with disabilities	18
Economic Abuse.....	19
Forms of violence experienced by girls with disabilities.	20
Sexual Abuse of girls with disabilities	20

Bullying and Peer Violence	21
Causes and Risk factors for violence against women and girls with disabilities	21
Poverty and economic dependence on caregivers	22
Barriers to reporting violence.....	23
Intersectionality with other identities.....	25
Effects of violence against women and girls with disabilities	25
Physical effects of violence	25
Psychological effects of violence	26
Social Effects of Violence.....	27
Economic effects of violence.....	28
Legal and policy framework in Ghana tackling violence against women and girls with disabilities.....	28
International Legal and Policy Framework.....	28
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	29
The Declaration on the Elimination of Violence against Women.....	29
Convention on the Rights of Persons with Disabilities (CRPD)	29
Convention on the Rights of the Child (CRC)	30
African Charter on Human and Peoples’ Rights and the Maputo Protocol	30
Domestic legal frameworks and policies	30
1992 Constitution.....	31
The Persons with Disability Act, 2006 (Act 715)	31
The Domestic Violence Act, 2007 (Act 732)	32
The Children’s Act, 1998 (Act 560)	32
Other legal protection initiatives	33
Gaps in the legal framework and their implementation	34
Conclusion.....	36
CHAPTER THREE.....	37
METHODOLOGY	37
Introduction	37
Study design.....	37
Search Strategy	38
Database Search.....	39

Additional sources search	39
Exclusion criteria	40
Analysis and interpretation	43
Validity and Reliability	44
Quality Assessment:	45
Ethical considerations	49
Conclusion	49
ANALYSIS AND DISCUSSION OF FINDINGS	50
Introduction	50
Study Characteristics	50
Theoretical concepts guiding various studies	53
Social abuse	73
Physical abuse	74
Capital abuse of children	75
Focus on sexual violence	75
Prevalence of violence	77
Perpetrators of the violence	78
Religion, culture, and disability	79
Poverty	80
Poor relationship with family members	81
Inaccessibility of the legal system and policies	82
Methodological appraisal	83
Limitations and gaps of the selected studies	84
General observation from findings	87
CHAPTER FIVE	91
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	91
SUMMARY	91
CONCLUSION	92
RECOMMENDATIONS	93
APPENDICES	98
REFERENCES	101

LIST OF TABLES AND FIGURES

Figure 1: Prisma Diagram

Table 1: MMAT Quality Assessment of Included Studies

Table 2: Characteristics of Included Studies

Table 3: Theoretical Concepts Guiding the Included Studies

Table 4: Data Extraction Form

Table 5: Methodological Assessment Tool

CHAPTER ONE

INTRODUCTION

Background

Violence against women and girls with disabilities is a pervasive global issue, with particularly acute challenges in Ghana and across Africa (Opoku et al., 2016; WHO, 2024, P. 1). Studies indicate that women with disabilities in Ghana face heightened risks of violence and encounter significant barriers to accessing justice and support services, largely due to entrenched stigma and the absence of robust advocacy frameworks (Opoku et al., 2016). In contrast, Canada has made notable progress in this area through organizations such as DAWN Canada, which have advanced advocacy and legal protections for women with disabilities. Despite these efforts, violence remains widespread: it is estimated that 60% of disabled women in Canada will experience violence in their lifetime, and 40% of participants in a DAWN Canada study reported experiencing some form of abuse (Rajan, 2011).

Domestic violence (DV) is widely recognized as any form of violence involving a close relationship between the perpetrator and the victim, often within familial or intimate partnerships (IDS & GSS, 2016; Ritz & Asamoah, 2021; Owusu Adjah & Agbemaflle, 2016; Garcia-Moreno et al., 2013; Krug et al., 2002). DV manifests in various forms, including physical, verbal, social, economic, and sexual abuse. Physical violence involves assault or cruel treatment (Stockl et al., 2013), while verbal abuse—often the most prevalent—includes insults, threats, and demeaning language that can have profound psychological impacts (Kumar et al., 2005; De Beaudrap et al., 2022). Social violence restricts victims' participation in social activities, and economic violence

occurs when individuals are prevented from engaging in economic activities by those close to them (Gwara et al., 2023). Sexual violence encompasses all non-consensual sexual activities, ranging from harassment to rape (Sakar, 2023).

Cultural and structural factors play a significant role in shaping the prevalence and reporting of domestic violence (Bayat, 2014). Ghana's conservative cultural environment constrains public discourse on sensitive issues such as domestic violence, sexual abuse, and disability, reinforcing silence and stigma (Bayat, 2014; Opoku et al., 2016). This stands in contrast to Canada, where advocacy organizations, survivor networks, and public campaigns foster a more open environment for dialogue and support (Rajan, 2011; DAWN Canada, 2015). Social norms, gender roles, and victim-blaming attitudes further perpetuate abuse and discourage reporting, while limited education and economic opportunities increase vulnerability (Krug et al., 2002; Overstreet, 2013).

The consequences of domestic violence are severe and far-reaching, including increased risks of depression, suicidal ideation, sexually transmitted infections, and unintended pregnancies (Owusu Adjah & Agbemafle, 2016; Stockl et al., 2013). The private nature of abuse, fear of stigma, and lack of support services make identification and reporting particularly challenging, especially in conservative societies (UN Women, 2021; Sarkar, 2023).

In summary, while domestic violence against women and girls with disabilities is a global concern, the conservative culture and lack of advocacy infrastructure in Ghana exacerbate barriers to justice and support, in stark contrast to the more open and supportive environment found in Canada. Addressing these challenges requires comprehensive strategies that promote education, economic empowerment, and accessible support services.

Problem Statement.

Domestic violence is strongly associated with vulnerabilities and power imbalances, disproportionately affecting individuals in marginalized groups (Sarkar, 2023). Persons with disabilities represent one of the most vulnerable populations globally and historically, experiencing significantly higher rates of violence compared to non-disabled individuals—approximately 1.5 times more likely to be victimized ((Avoke, 2002; Agbenyega, 2003; WHO, 2022; Heijden et al., 2019). Among this group, women with disabilities face compounded risks due to intersecting disadvantages of gender and disability, rendering them two to four times more susceptible to violence than women without disabilities (Crenshaw, 1989; WHO, 2022; Goethals, Schauwer & Hove, 2015). Evidence from international studies underscores the severity of this issue: for instance, a survey of 700 women with disabilities revealed universal exposure to physical violence (UN ESCAP, 2016), while in Vietnam, 6.4% of girls with disabilities reported sexual violence before adulthood (UNFPA APRO, 2023).

In Ghana, research on domestic violence has primarily focused on women in general, examining prevalence and contributing factors (Dery & Diedong, 2014; Owusu Adjah & Agbemafle, 2016; IDS & GSS, 2016; Chirwa et al., 2020). However, these studies largely exclude women with disabilities, resulting in a fragmented understanding of their experiences. The absence of disaggregated data obscures the unique vulnerabilities, barriers, and forms of abuse faced by this population, limiting evidence-based policymaking and perpetuating their invisibility in prevention and intervention programs. Consequently, identifying existing research on domestic violence against women with disabilities, associated risk factors, and practical strategies remains challenging. This gap highlights the need for a systematic review to synthesize available evidence, map research deficiencies, and inform inclusive policy and practice.

Objectives of the study

The primary objective of the study will be to conduct a systematic review of the literature that covers domestic violence against women and girls with disabilities in Ghana. The study will do this with the following specific objectives:

- To systematically review and synthesize existing literature on domestic violence against women and girls with disabilities.
- Identify the prevalence and forms of domestic violence experienced by women and girls with disabilities in Ghana.
- To identify the key risk factors contributing to domestic violence against women and girls with disabilities in Ghana.
- Explore current prevention strategies and recommendations for addressing domestic violence against women and girls with disabilities.

Research questions

The study will therefore seek to answer the following research questions?

1. What is the prevalence and nature of violence experienced by women and girls with disabilities in Ghana?
2. What are the key factors contributing to violence against women and girls with disabilities in Ghana?

3. What are the prevention strategies being used and recommendations for reducing the incidence of violence against women and girls with disabilities in Ghana?

THEORETICAL FRAMEWORK

Domestic violence against women with disabilities is a complex issue and therefore developing an understanding of it ~~will also~~ requires a detailed approach. This study adopts the Socio-Ecological Model (SEM) (Cislaghi & Heise, 2018; Murphy et al., 2022; Sarkar, 2023) and Intersectionality (Crenshaw, 1989; Goethals, Schauwer & Hove, 2015) theories, supplemented by disability models relevant in Ghana.

Socio-Ecological Approach

SEM considers multiple contextual factors influencing violence, including individual, relationship, community, and societal levels, highlighting the layered nature of domestic violence

The Socio-Ecological Model (SEM) has traditionally been used to understand the violence experienced by women and children outside of armed conflicts (Murphy et al., 2022). It has also served as a tool for identifying risk factors and drivers of violence, as well as different ways to prevent various forms of violence (Cislaghi & Heise, 2018; Murphy et al., 2022; Sarkar, 2023). This is because the theory considers multiple contextual factors that may contribute to violence.

It suggests that violence results from several factors across different levels. The Socio-Ecological Model acknowledges the complex relationship between various factors and contexts that lead to violence and how it can be addressed (Cislaghi & Heise, 2018). It posits that multiple layers contribute to domestic violence. These layers include individual factors that increase the

risk of domestic violence. Therefore, certain circumstances specific to the victim heighten their likelihood of experiencing violence.

The next layer is the relationship level, which examines how social and interpersonal relationships can influence domestic violence. In this study, disabled women tend to have less power and are more dependent on others, which increases their risk of experiencing domestic violence. The community level considers the role of community support systems and broader social interactions. This includes the availability of social protections and community actions in Ghana to address domestic violence. The final layer is the societal level, which looks at how society's structure—culture, laws, and attitudes—can influence violence (Petrosillo et al., 2015; Cislighi & Heise, 2018; Fulu & Miedema, 2015; Murphy et al., 2022; Sarkar, 2023; Opoku et al., 2016). All these factors are examined to identify violence risks.

Although SEM has been used to explain violence against women, its application is limited when focusing specifically on disabled women. An additional framework, intersectionality, can help address this gap.

Intersectional Approach

Intersectionality examines how multiple identities interact to shape individual experiences, emphasizing how factors such as gender, age, race, and disability combine to produce structural forms of oppression (Crenshaw, 1989; Goethals, Van den Schauwer, & Van Hove, 2015). Originally coined by Kimberlé Crenshaw (1989), the concept highlights how overlapping marginalized identities can create unique forms of discrimination. By moving beyond single-axis

analyses of identity, intersectionality enables a more nuanced understanding of inequality and how different forms of disadvantage reinforce one another.

This theoretical lens is particularly relevant for analyzing the risks of violence faced by women and girls with disabilities, whose experiences cannot be explained by disability or gender alone but by the interaction of multiple social identities.

In the context of this study, disability is a key identity to consider, as evidence shows that risks of violence vary across disability groups (UNICEF, 2013). Women with multiple disabilities may face greater vulnerability compared to those with a single disability, and gender further intensifies this risk. Economic disadvantage adds another layer, as women with disabilities are often in poorer financial positions than women without disabilities. Age also matters, with younger girls with disabilities at heightened risk of violence. Taking these intersecting factors into account provides deeper insight into the experiences of women with disabilities and underscores the need for tailored prevention strategies that address their specific vulnerabilities (Hankivsky, 2012; UN Women, 2017).

Recognizing these intersecting risks not only strengthens academic understanding but also provides a critical foundation for developing policies, advocacy efforts, and interventions that are inclusive and responsive to the lived realities of women with disabilities

Drawing on the intersectional framework, the study systematically reviewed relevant literature to inform its conceptual approach. Each piece of literature was assessed for its consideration of intersecting identities and the roles these may have played in shaping the study's findings. This approach ensured that the analysis did not rely solely on single-axis perspectives but also accounted for how multiple factors, such as gender, disability, age, and socioeconomic

status, interacted to influence outcomes. By evaluating the literature in this way, the study aimed to identify gaps in existing research and to develop a more nuanced understanding of the experiences and vulnerabilities of women with disabilities, in accordance with various models of Disability.

Disability Models

The models of disability that guided this study are the medical, religious, and social models.

The medical model attributes disability to the individual based on impairments (Nikora et al., 2004). Therefore, the approach is to provide therapeutic management strategies, such as medications and assistive devices.

The social model views disability as a problem of society failing to adapt to the needs of individuals (Oliver, 1996). Therefore, the way to deal with disability is for the adaptation of the environment to suit the needs of the person with an impairment.

The religious model sees disability as a religious or spiritual issue and is therefore a result of a curse, punishment from God or a means of testing one's faith (Nikora et al., 2004).

These models reflect the perspectives of several people in Ghana (Avoke, 2002; Agbenyega, 2003; Kassah et al., 2012), and the social model has become widely used in disability research. Therefore, these models are appropriate for conducting the review.

Significance of the study

The study aims to conduct a systematic review of the existing literature on domestic violence against women with disabilities in Ghana. This will synthesize and compile relevant literature on the subject matter. This will help in identifying the incidence of physical, emotional and sexual

violence experienced by women with disabilities. It will also help in identifying risk factors that increase the chances of a woman or a girl with disability experiencing the above-stated forms of violence.

It will also help in identifying the strategies and recommendations that have been found to be effective in reducing violence against women and girls with disabilities. The study can therefore serve as a guiding document for policy makers in Ghana in knowing the strategies that can be adopted to reduce the incidence of violence against women and girls with disabilities in Ghana.

This study will also identify possible areas for further research by mapping out areas that have been under-researched or not researched at all in terms of the different forms of violence, including physical, emotional and sexual violence experienced by women and girls with disabilities in Ghana. This will provide a complete overview of violence against women and girls with disabilities within the Ghanaian context. It will help explain the role of multiple identities in the violence experienced by women with disabilities. This will enable disability rights advocates to tailor their approaches to meet the specific needs that exist in Ghana.

Scope of the study

The study sought to cover relevant literature about violence against women and girls with disabilities in Africa. This involved evaluating studies and reports on domestic violence experienced by women or girls with disabilities, particularly physical, emotional, and sexual violence. It also examines the prevalence of these forms of violence, factors that increase the likelihood of experiencing violence, the perpetrators, and strategies or recommendations effective in reducing domestic violence. Peer-reviewed articles, credible organizational reports,

and PhD dissertations related to Africa from 2010 to 2025 were included to ensure a comprehensive and well-rounded review.

Organization of the study

The study is organized into five main chapters, with details of each provided below.

Chapter One introduces the background, significance, objectives, and scope of the study, setting the context for the research.

Chapter Two reviews existing literature relevant to violence against women and girls with disabilities, highlights conceptual models, and identifies gaps in current knowledge.

Chapter Three outlines the research methodology, including study design, data collection and analysis, ethical considerations, and measures to ensure validity and reliability.

Chapter Four presents and discusses the study's findings, interpreting them in relation to the research questions and the existing literature.

Chapter Five summarizes the main findings, present conclusions, and offers recommendations for future research and practical actions.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews existing literature on violence against women and girls with disabilities globally, including conceptual models, prevalence, types of violence, causes, risk factors, effects, and legal frameworks in Ghana.

Conceptualizing Disability

Disability is a complex, involving multiple aspects of an individual (Oliver, 1996; Barnes, 2003). Most definitions are determined by several models of disability, perspectives through which disability is viewed. Various models reflect perceptions in Ghana, notably the medical, social, religious, and human rights models.

Medical Model of Disability

The medical model ascribes disability due to an impairment caused by disease, trauma, or congenital conditions, which can be managed or cured through rehabilitation or medications (Carlson, 2010). This model views disability as an individual issue, in which the person with the impairment must take the initiative to address their problem and become a useful member of the community (Nikora et al., 2004).

Therefore, assistive technology, such as wheelchairs and medications, can help mitigate the impairment. As Johnstone (2012, p. 16) puts it, “the medical model of interpretation of disability projects a dualism which tends to categorize the able-bodied as somehow ‘better’ or superior to people with disabilities”.

The medical model, while offering certain strategies for addressing disability, fails to recognize the complexity involved; disability encompasses far more than simply the presence of an impairment (Barnes, 2013; Puar, 2017). (Kasser and Lytle, 2005, p. 11) argue that the medical model overlooks how environments can intensify or limit a person's functional abilities, emphasizing that disability is shaped by more than just impairment. For instance, while the medical model focuses on individual impairments, it fails to account for environmental barriers.

A wheelchair user, for example, may be able to move independently but may be unable to access spaces without ramps or elevators, demonstrating how societal structures can restrict participation (United Nations, 2006).

This model also places undue emphasis on medical and rehabilitative solutions, often presenting them as the primary means of addressing disability, even though such interventions can be limited in scope and effectiveness. In Ghana, many people associate disability with illness, leading them to view medical interventions as the primary solution (Avoke, 2002). However, this perspective neglects the role that societal attitudes and physical barriers play in shaping the experiences of people with disabilities.

Social Model of Disability

The social model is the antithesis of the medical model, and it places disability solely due to societal barriers rather than impairment. The Union of the Physically Impaired against Segregation (UPIAS) 1976 manifesto document provided a basic blueprint for the social model. It defined disability as:

a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as incomes, mobility or institutions is treated in isolation, (b) that disabled

people should, with the advice and help of others, assume control over their own lives, and (c) that professionals, experts and others who seek to help must be committed to promoting such control by disabled people (UPIAS, 1976, p. 3)

It differentiates between “impairment,” i.e. the medical condition, and “disability,” i.e. the restrictions imposed by an unaccommodating environment (Oliver, 1996). According to this view, barriers such as inaccessible buildings, discriminatory practices, and exclusionary social attitudes are the true sources of disadvantage for disabled people. Therefore, disability is a result of society and not the individual.

The social model of disability has been widely praised and has significantly shaped modern disability legislation. Key examples include the Convention on the Rights of Persons with Disabilities (United Nations, 2006), the Americans with Disabilities Act (1990), the Equality Act (2010) in the United Kingdom, Canada’s Accessible Canada Act (Government of Canada, 2019), and the European Accessibility Act (European Union, 2019). Each of these frameworks embodies the social model’s emphasis on dismantling societal and environmental barriers to participation (Giddens, 2006). It recognizes the role of society and other complex factors in disability, even though it downplays individual factors such as pain or fatigue and the potential benefits of medical interventions (Thomas, 2004).

Nevertheless, the social model has been instrumental in reducing discrimination and dismantling barriers faced by disabled individuals by reconceptualizing disability because of social and environmental constraints rather than individual impairment. This paradigm shift has informed legislative and policy developments aimed at promoting accessibility and equality, fostered greater public awareness of the social dimensions of disability, empowered disabled

people through collective advocacy, and encouraged the creation of more inclusive physical and social environments.

The concept of the social model is relatively new in Ghana. Despite the influence of the social model on the Persons with Disability Act (Act 715), disability is still largely perceived as a personal or medical issue rather than a collective societal concern. This reflects the persistence of traditional and medical perspectives, which often attribute disability to individual impairment, misfortune, or supernatural causes. Consequently, social attitudes, infrastructural limitations, and gaps in policy implementation continue to reinforce exclusion and marginalization.

Religious Model of Disability

The religious model views disability through a spiritual and religious lens. It is the oldest model of disability, which is common in several faiths, including the Judeo-Christian tradition (Pardeck & Murphy 2012). It sees disability as a punishment due to sin or a test of faith. This model supports the notion that “individuals and families are specially selected by God to receive a disability and are given the opportunity to redeem themselves through their endurance, resilience, and piety” (Niemann, 2005, p. 106). It also explains disability as a curse or a means to develop virtues such as patience and humility (Nikora et al., 2004).

While religion can be a source of comfort, it does not explain the numerous factors that cause disability (Shakespeare, 2014). In many contexts, religious beliefs encourage persons with disabilities to accept their condition as the will of God, viewing it as either a test of faith or a form of divine punishment (Opoku et al., 2017). Consequently, people are often encouraged to strengthen their faith in God, trusting that He will eventually relieve them of their suffering or remove the perceived punishment (Agbenyega, 2003).

Human Rights Model

This builds on the social model and is a more recent evolution of disability theory (Degener, 2016). It changes the focus of disability and places persons with disabilities at the center of the discussion about human rights. It therefore posits that persons with disabilities are entitled to the same rights, freedoms, and dignities as everyone in society (Withers, 2012). The rights model seeks to include “both sets of human rights, civil and political as well as economic, social and cultural rights” (Degener, 2017, p. 44).

It, however, suggests that these rights be adapted to meet their needs. The human rights model not only emphasizes the removal of social barriers but also advocates for the legal and political empowerment of persons with disability (Degener, 2016). It recognizes that some disabled people may want medical interventions while insisting that such choices be made autonomously and with full respect for their rights and not presented to them by experts (Lawson & Beckett, 2021).

Similar to the social model, the human rights model has faced criticism for its inadequacies in comprehensively representing the daily lived realities of individuals with disabilities. While it provides a strong legal and moral framework for promoting equality and removing barriers, it often emphasizes formal rights, legislation, and policy, which may not translate into tangible improvements in daily life. For example, access to education, employment, healthcare, and social inclusion can remain constrained by attitudes, cultural norms, and practical obstacles that legal reforms alone cannot overcome (Shakespeare, 2014; Degener, 2016). Moreover, the human rights model may underrepresent individual experiences of pain, fatigue, or chronic health conditions, as it focuses more on structural and systemic issues than on the personal, embodied realities of disability.

Nonetheless, its emphasis on equality and participation can have significant practical implications, particularly in international policy arenas, advocacy, and empowerment, such as in the study of violence against women and girls with disabilities.

Violence has been a pressing issue against vulnerable persons for decades now. There have been several instances of individuals experiencing one form of violence throughout human history (Dery & Diedong, 2014; Parra & Juan, 2021). Violence encompasses any act or threat of physical, sexual, or psychological harm, as well as neglect or exploitation (Aolain, 2011; Sakar, 2023; Coker, 2016). It therefore does not refer only to acts done to a person that may cause damage, but also to threats of such acts and to neglecting one's responsibilities.

Usually, violence occurs when there is a form of power imbalance between the victim and the perpetrator of the violence, with the dynamics skewed in favour of the perpetrator (Sakar, 2023; UN Women, 2021; UNICEF, 2021).

Due to violence being caused by power differences, there tends to be a greater likelihood of women and girls experiencing violence. (WHO, 1997, p. 5) has defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women”. For girls, violence is considered any act of abuse, neglect, or exploitation that results in actual or potential harm to a child's health, development, or dignity (UNICEF, 2021).

Prevalence and forms of violence against women and girls with disabilities

Overall, women and girls with disabilities are more likely to experience violence than their counterparts without disability. Heijden et al. (2019) estimate that women and girls with

disabilities are 1.5 times more likely to experience violence. The incidence of violence is, however, not uniform globally, or experience the same type of violence. There is a consensus that women and girls in higher-income countries experience lower rates of violence compared to those from lower and middle-income countries (Hughes et al., 2012; Bayat, 2014; Puri et al., 2015).

Furthermore, there are differences in the types of abuse experienced by women with disabilities and girls with disabilities, even though there are similarities. Details of the various forms of violence experienced by women and girls with disabilities are below.

Forms of violence experienced by women with disabilities.

There are several types of abuse experienced by women with disabilities. These are domestic violence, sexual violence, emotional and physical abuse, economic abuse, and institutional and service-related abuse.

Domestic violence

Domestic violence is universally accepted as any form of violence where there is a close relationship, usually familial, between the perpetrator and the victim of the violence (Owusu Adjah & Agbemafle, 2016; Garcia-Moreno et al., 2013). This occurs when a spouse, parent, or sibling commits acts of violence against a woman with disability. This violence can be physical, sexual, emotional, or economic in nature. While sexual partners are the most likely perpetrators of domestic violence, other caregivers have also been found to commit such acts (Gibbs et al., 2017).

Violence committed by a sexual partner is specifically termed as intimate partner violence, and this is a rather major issue for women with disabilities (Brownridge, 2006; Puri et al., 2015;

Bayat, 2014; Sullivan & Knutson, 2000). Studies have shown that women with disabilities are at higher risk of DV than women without disabilities, with the odds of likelihood at times 2–3 times that of women without disabilities (García-Cuéllar et al., 2023; Brownridge, 2006). Brownridge (2006), in a review in Canada, found that approximately 20–25% of women with disabilities reported experiencing domestic violence in the past year, with the prevalence rates even higher when their entire lifetime is considered.

Sexual Violence against women with disabilities

Sexual violence is sexual acts that are committed without the partner's consent (Sakar, 2023). It could be in the form of rape, groping, harassment, and sexual comments that the victim finds inappropriate. Women with disabilities are disproportionately affected by sexual violence, with the rates of sexual assault, coercion, and rape being markedly higher among women with disabilities than those without disabilities (Sullivan & Knutson, 2000; Khetarpal, 2017). Sexual violence against women with disabilities is reported in multiple contexts, including at home, work, and even in the community (Puri et al., 2015; Bayat, 2014). It is estimated by Sullivan & Knutson (2000) that nearly 30–40% of disabled women have experienced some form of sexual violence in their lifetime.

Emotional and Physical Abuse of women with disabilities

Emotional abuse is an incident that affects the emotional well-being of the victim (Plummer & Findley, 2012; De Beaudrap et al., 2022). They can include threats, insults, humiliation, and coercive control, which is pervasive. Women with disabilities often experience isolation, belittlement, and stigmatization, which can exacerbate the psychological trauma associated with

physical violence (Kumar et al., 2005; Plummer & Findley, 2012). Such abuse is often compounded by societal attitudes that dismiss the experiences of disabled individuals.

In many African communities, negative stereotypes about disability contribute to the dehumanization of disabled women. These women are often subjected to isolation and humiliation by both family members and the broader community (Plummer & Findley, 2012).

Physical abuse is an act of violence, such as hitting and kicking, that can cause observable damage to the victim (Stockl et al., 2013). This is much higher in women with disabilities (UN ESCAP, 2016).

Economic Abuse

Economic abuse is an activity that leads to a lack of economic independence of the victims (Gwara et al., 2023; Owusu Adjah & Agbemafle, 2016). This can take the form of exploitation, such as withholding money, taking money earned by the individual, denying access to employment, or misusing disability benefits. This type of abuse prevents the empowerment of women with disabilities and makes them dependent on their abusers. It also makes it difficult for them to leave abusive relationships as they lack the means of taking care of themselves should they do so (Guedes et al., 2016).

Institutional and Service-Related Abuse

Women with disabilities face several challenges in accessing services that should be available to them, such as hospitals, workplaces, and rehabilitation centers. Women with disabilities may face neglect, dehumanization, or even overt abuse in hospitals, care homes, or rehabilitation centers (Owen et al., 2014). In some instances, the various services may not be accessible to women, which prevents them from receiving these critical services (Njelesani et al., 2018).

Forms of violence experienced by girls with disabilities.

Girls with disabilities are at risk of several types of violence. While these are like those experienced by women with disabilities, there are some differences. The forms of violence suffered by girls with disabilities are physical abuse, sexual abuse, emotional abuse, neglect and bullying, and peer violence (WHO, 2013; Groce et al., 2014).

Sexual Abuse of girls with disabilities

Girls with disabilities are at a heightened risk of sexual violence compared to their non-disabled peers. The level and nature of this risk often vary depending on the type of disability. For example, girls with intellectual or psychosocial disabilities may be more vulnerable to sexual abuse due to factors such as limited understanding of consent, communication barriers, and dependence on caregivers, which can be exploited by perpetrators (Groce et al., 2014; WHO, 2013; Jones et al., 2012; Fang et al., 2022). Similarly, girls with physical disabilities may face increased risk due to isolation, reliance on others for daily care, or societal underestimation of their sexuality, which can make them targets for abuse. These variations highlight that vulnerability is not uniform across all disability groups and underscore the need for tailored protective measures and interventions. Sexual abuse is generally more prevalent and severe for girls than for boys due to a combination of **biological, social, and cultural factors**. Biologically, the onset of puberty brings physical changes, such as the development of secondary sexual characteristics, that may make girls more visible as sexual targets (WHO, 2013). Socially and culturally, girls are often more socially restricted, dependent on caregivers, and subject to gender norms that place them in vulnerable positions, which can be exploited by perpetrators (Groce et al., 2014). Additionally, puberty coincides with increased societal perceptions of girls' sexuality, which can lead to heightened risk of sexual harassment, coercion, or abuse. For girls with

disabilities, these risks are compounded by dependency on caregivers, communication barriers, and reduced ability to report abuse, making the consequences of sexual violence even more severe (Sakar, 2023; Owusu Adjah & Agbemafle, 2016; Hasan et al., 2014; Njelesani et al., 2018).

Bullying and Peer Violence

Girls with disabilities also have the added risk of facing bullying by their mates in school, most of whom do not have a disability themselves. This can take the form of being teased with their disabilities or being given demeaning nicknames to refer to their disabilities (Devries et al., 2014). In some instances, girls with disabilities also experience physical violence from their mates without disabilities. Mencap (2007) found that nearly 82% of girls with learning disabilities in the United Kingdom reported being bullied by their classmates. Park et al. (2020) found similar rates in Asia for girls with other forms of disabilities in schools.

Causes and Risk factors for violence against women and girls with disabilities

Women and girls with disabilities are at a greater risk of experiencing violence compared to their counterparts without disabilities. This can be put down to several factors. However, the basic reason for this is that women and girls with disabilities are usually the most vulnerable groups of people in any society (Parra & Juan, 2021; UN Women, 2021). This vulnerability can be caused by the factors below.

Cultural beliefs and traditions

Cultural factors play a crucial role in shaping attitudes toward disability and violence (Hasan et al., 2014; Njelesani et al., 2018). Societies where disability is accepted as a part of life and persons with disabilities are seen to deserve being treated with respect generally have less

incidence of violence against women and girls with disabilities. It is for this reason that the incidence of violence in higher-income countries is much less when compared with that in lower-income countries (UN Women, 2021). African countries generally have a worse incidence of violence against women and girls. In parts of Africa, girls with disabilities may be labelled as “spirit girls” and face extreme abuse or even infanticide because of these beliefs (Bayat, 2014; Kassah et al., 2012).

Others, too, may be seen as a burden and therefore should not be treated with the same level of care and respect as their colleagues without disabilities (Njelesani et al., 2018; Avoke, 2002). Women with disabilities may be stigmatized and seen as less capable or desirable, which can justify their exclusion from social opportunities, making them targets for abuse (Barranti & Yuen, 2008).

Similarly, in some Asian contexts, traditional gender roles and expectations where women are dependent on their partners can increase the chances of a woman with disability experiencing violence (Puri et al., 2015). Cultural factors permeate throughout all aspects of society and are therefore the basis for most of the violence that women and girls with disabilities experience.

Poverty and economic dependence on caregivers

Girls and children in general are not supposed to be working. This makes them dependent on their parents and caregivers. This, coupled with the perception that girls with disabilities are either a burden or a curse, increases their chances of being neglected and maltreated (Opoku et al., 2016; Hasan et al., 2014). Furthermore, they might not be allowed to attend school as their parents do not want to be associated with a child with a disability (Barnes & Mercer, 2003; Kassah et al., 2012).

This leads to girls with disabilities being less educated than those without disabilities.

A woman with disability is therefore more likely to be uneducated compared to those without disabilities (Barnes & Mercer, 2003). This makes it difficult for them to secure the best jobs that would allow them to achieve economic independence. Even educated women with disabilities may have difficulties getting work, as most employers may be reluctant to hire them (UN Women, 2024). Those who are working, therefore, earn significantly less than they should earn. There are also situations where gainfully employed women with disabilities are restricted from accessing money earned by their partners, which creates a cycle of dependence and violence (Guedes et al., 2016).

Barriers to reporting violence

Women and girls with disabilities face considerable barriers to reporting when they experience it. The first of these barriers is the inadequate legal and policy frameworks to protect them (UNICEF, 2021). While several countries have ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), most countries have not developed proper laws to protect women and girls with disabilities. In many countries with legislation, the legal definitions of abuse and neglect do not consider the specific circumstances faced by women and girls with disabilities, thereby limiting their access to justice (UN, 2006; WHO, 2021).

Furthermore, even countries with laws face challenges in implementing them due to negative responses from police officers who are meant to receive the reports (Meyer et al., 2020). This inadequate institutional structure makes reporting difficult and subsequently discourages women and girls with disabilities who might want to report violence from doing so, as they fear they will not get the support needed.

Another barrier is the complexity of reporting caregivers. Many persons with disabilities are reliant on caregivers for daily support, creating an imbalance of power. This makes it difficult for caregivers to be reported when they are the perpetrators of the violence (Puri et al., 2015; Oschwald et al., 2009). The intimate nature of caregiving relationships makes it difficult for victims to report abuse, as they may fear losing essential support (Hasan et al., 2014; Curry et al., 2001).

Another issue that hinders the reporting of violence is the inaccessible institutions for reporting crime. Physical inaccessibility to courts and police stations, communication challenges, and a lack of trained personnel who understand disability mean that even when violence is reported, victims may not receive the support they need (Oschwald et al., 2009; WHO, 2024).

Moreover, institutional practices like a *laissez-faire* attitude of staff may inadvertently reinforce discrimination by failing to include disabled individuals in decision-making processes or by using exclusionary policies and mishandling cases, leading to perpetrators being acquitted (UNICEF, 2021; Devries et al., 2014). Girls with disabilities may also be unable to communicate effectively, contributing to significant underreporting of sexual abuse (Hasan et al., 2014; Njelesani et al., 2018).

Even those who might be able to report incidents may be unable to see the cases through, due to a lack of financial resources. Most women and girls with disabilities and their families do not have the means to afford lawyers and, therefore, cannot secure convictions. Even those who are willing to report face the challenge of lengthy court procedures and lack motivation to pursue cases of violence (Meyer et al., 2020; Fang et al., 2022; Ritz & Asamoah, 2021; UN Women, 2021).

Intersectionality with other identities

Women and girls with disabilities face challenges related to being female. In most societies, both groups experience their own vulnerabilities and disadvantages (García-Cuéllar et al., 2023). Therefore, women with disabilities must deal with issues related to both their gender and their disability, along with the violence associated with each. The same applies to girls with disabilities (Plummer & Findley, 2012; UN, 2006). This contributes to the higher prevalence of violence against women and girls with disabilities compared to those without disabilities.

This situation is worsened when women and girls with disabilities are also more likely to be poorer, unemployed, or have lower educational qualifications, creating multiple layers of disadvantage. These factors make it harder for them to report abuse, allowing it to occur with impunity (García-Cuéllar et al., 2023; Mays, 2006). Therefore, intersectionality is essential for understanding and addressing the specific needs of these populations.

Effects of violence against women and girls with disabilities

Violence against women and girls with disabilities can have many negative consequences for them. The effects of the violence can range from physical, psychological, economic, and social.

Physical effects of violence

Women and girls with disabilities who experience violence face a heightened risk of various adverse outcomes. A significant concern is the increased including wounds, sores, and dislocations (Hughes et al., 2012). For girls, this risk can be further compounded by the possibility that perpetrators are often males who may possess greater physical strength, thereby increasing the potential for harm. Additionally, ongoing abuse can result in chronic pain due to repeated injuries, ultimately diminishing victims' overall quality of life (Brownridge, 2006).

Persistent physical violence can also increase the risk of secondary disabilities, especially for women and girls with disabilities. Such abuse may cause new physical impairments or aggravate existing ones, particularly if trauma is involved (Hollomotz, 2012). Head injuries can also lead to cognitive impairments (Sherry, 2010). These risks are heightened if victims delay or avoid medical care due to stigma or inaccessible facilities (Hollomotz, 2012).

Again, abuse can result in an increased likelihood of sexual and reproductive health concerns. Women and girls with disabilities who experience rape may be exposed to sexually transmitted infections (STIs) and face the possibility of unintended pregnancies, which could lead to unsafe abortion procedures if confidentiality is a concern (McCarthy, 2011). These experiences may contribute to future gynecological health issues and impact their reproductive choices. Additionally, limited access to reproductive care for women and girls with disabilities can further increase the chances of these outcomes (Plummer & Findley, 2012).

Psychological effects of violence

Exposure to violence can have significant psychological consequences for women and girls with disabilities. One prevalent outcome is Post Traumatic Stress Disorder (PTSD), which is associated with symptoms such as flashbacks, nightmares, and increased anxiety (Hughes et al., 2012). Individuals who have experienced violence frequently report persistent hypervigilance and ongoing fear of re-victimization, sometimes many years after leaving abusive environments (Nosek et al., 2001). These effects often contribute to sustained chronic stress.

There is also an increased likelihood of victims experiencing depression and suicidal thoughts. Trauma resulting from violence has been linked to higher rates of depression among women and girls with disabilities. Feelings of worthlessness associated with abuse are noted as

contributing factors. Furthermore, social isolation can negatively affect mental health, potentially leading to feelings of hopelessness and a greater risk of suicidal ideation (Balderston, 2013).

Also, violence can affect the cognitive and mental development of girls. Experiencing violence during childhood has long-term cognitive consequences. Young girls with disabilities who experience abuse may suffer from developmental delays, learning difficulties, and decreased academic performance due to the psychological distress caused by repeated trauma (Garland-Thomson, 2009). Being hit in the head repeatedly can affect how the brain develops, leading to cognitive issues in adulthood.

Social Effects of Violence

Violence has demonstrable effects on the social skills development of women and girls with disabilities. Isolation and exclusion from educational opportunities can hinder the establishing and developing essential social competencies necessary for community life (Avoke, 2002), thereby challenging the establishment of appropriate relationships in adulthood.

Experiencing abuse is frequently associated with increased social withdrawal, as individuals may fear stigma or judgment related to their experiences (Hughes et al., 2012). This occurs in addition to any societal stigma related to disability itself. Limited access to external support during periods of abuse can further restrict the ability to develop support networks outside the immediate environment (Plummer & Findley, 2012).

Reports indicate that survivors of abuse, particularly sexual abuse, may experience dissolution of marriages and face difficulties forming healthy intimate relationships (Balderston, 2013). Emotional trauma and previous abuse can result in ongoing challenges with trust, intimacy, and self-worth, ultimately affecting future relationships and family dynamics (Shakespeare, 2006).

Economic effects of violence

Different types of violence can impact the earning potential of women and girls with disabilities. Limited access to education may result in fewer qualifications and skills, which increases the likelihood of experiencing poverty compared to those without disabilities. Additionally, women and girls with disabilities who encounter violence may find it challenging to maintain employment. This difficulty can stem from physical injuries, mental health concerns, stigma (Balderston, 2013), or the need to take time off for recovery, which can affect business continuity or lead to job loss.

Legal and policy framework in Ghana tackling violence against women and girls with disabilities

Ghana is governed by several laws and policies. Therefore, several laws exist that can help fight violence against women and girls with disabilities. Some of these laws are simply local laws, while others are a part of international conventions and protocols. Below are some of the legal frameworks, both local and international, that seek to mitigate violence against women and girls with disabilities.

International Legal and Policy Framework

Ghana has ratified several international treaties and conventions that are aimed at protecting vulnerable populations, which include women and girls with disabilities. Details of some of them are below.

Convention on the Elimination of All Forms of Discrimination against Women

(CEDAW)

Ghana ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on 2nd February 1986. This convention seeks to end all forms of discrimination against women. Even though it is not explicitly for women with disabilities, it requires that the laws of a country be modified for there to be equality before the law for all women, including women with disabilities. This convention has been praised for providing the first definition of discrimination against women (Dowuona-Hammond and Hammond, 2022). Both Mensah (2016) and Darko (2016) argue that while CEDAW mandates state action to protect women from violence, its broad language focusing on all women has not always translated into specific protections for women with disabilities, especially in Ghana.

The Declaration on the Elimination of Violence against Women

The Declaration on the Elimination of Violence against Women was adopted in 1993 to complement the CEDAW while expanding on the protections available for women in signatory countries. First, it defines violence against women in general while expanding on what violence against women should be (United Nations, 1993; Dowuona-Hammond & Hammond, 2022). This, therefore, should serve as a basis for countries to introduce their laws to tackle the issues.

Convention on the Rights of Persons with Disabilities (CRPD)

This is one policy that focuses on protecting persons with disabilities from violence and all forms of discrimination. Ghana ratified this convention in 2012. The CRPD seeks to promote, protect, and ensure the full and equal enjoyment of all human rights by persons with disabilities, emphasizing accessibility and full participation of persons with disabilities (Amisshah, 2018). It also has provisions that require countries to provide laws that protect persons with disabilities

from violence and adopt gender-sensitive approaches in implementing programs for violence prevention.

Convention on the Rights of the Child (CRC)

This convention, which Ghana has also ratified, requires that states party to it take appropriate measures to protect children from all forms of violence, abuse, and exploitation (Owusu, 2017). Even though the CRC is for all children, and not specifically children or girls with disabilities, it increases the levels of protection to be offered to girls with disabilities.

African Charter on Human and Peoples' Rights and the Maputo Protocol

Ghana is not only a party to conventions by the United Nations but is also a party to some regional-level treaties. The country adopted the African Charter on Human and Peoples' Rights in 1981. The charter places responsibility on member states to ensure that all persons within their jurisdictions are protected from all forms of violence and discrimination and can enjoy their rights to the fullest (Dowuona-Hammond & Hammond, 2022).

The Maputo Protocol, introduced in 2003, focuses on the rights of women in Africa. It also defines violence against women while having several articles that seek to prevent violence and discrimination against women in Africa and respect their dignity (African Union, 2003; Dowuona-Hammond & Hammond, 2022). This provides an extra layer of protection from violence against women, which should extend to those with disabilities.

Domestic legal frameworks and policies

While the international legal frameworks and conventions, and their Optional Protocols, can provide a level of protection for women and girls with disabilities in Ghana, their efficacy is limited and dependent largely on the local laws. Ghana, therefore, has several laws, some of

which are based on the international conventions that the country is party to, to protect women and girls with disabilities.

1992 Constitution

The 1992 Constitution is the basis of all legislation in Ghana. One of its fundamental provisions is the guarantee of non-discrimination and equality. Section 17 of the Constitution explicitly prohibits discrimination based on gender, social or economic status, and other grounds. While it does not name disability explicitly, the constitution provides broad ideas of what is acceptable within Ghana. It can therefore be used to prosecute offenders who might have been found to violate the spirit of the law, even if disability or persons with disabilities are not specifically named (Mensah, 2016).

Furthermore, its main purpose, according to Adu-Gyamfi (2018), is to create a legal obligation on the nation to create specific laws to protect individuals in the country. To ensure the protection of women and girls with disabilities in Ghana, several acts have been passed by the parliament of Ghana, which are discussed below.

The Persons with Disability Act, 2006 (Act 715)

The Persons with Disability Act (Act 715) was passed in 2006 and is the primary law protecting all persons with disabilities in the country, introduced to place the CRPD fully within the Ghanaian context. The overall aim of the act is to provide equitable access to education, employment, and other public services for persons with disabilities and to prohibit their discrimination. Act 715 specifically has provisions for the protection of persons with disabilities from violence.

There are, however, some limitations in the Act. It does not clearly define disability (Gyasi, 2019). In terms of violence, it does not pay much attention to the differences in violence experienced by women and girls with disabilities and men and boys with disabilities, evidenced by a lack of gender specific provisions on violence and discrimination (Adu-Gyamfi, 2018). It therefore makes it difficult to address the needs of all persons with disabilities appropriately.

The Domestic Violence Act, 2007 (Act 732)

The Domestic Violence Act (Act 732) was introduced in 2007 to tackle intimate partner violence and address forms of domestic violence. It therefore includes sexual abuse, even by a partner, as an offense with punishments and establishes a fund to assist victims. However, the Act does not specifically name women and girls with disabilities, which makes implementation difficult (Boateng and Frempong, 2017).

This is indicated by the gaps in reporting mechanisms and specialized legal support for women and girls with disabilities. Also, Centre for Gender Studies and Advocacy (2016) has criticized the Act for focusing heavily on legal interventions like court and police interventions and medical services at the expense of shelters for victims. This kind of shelter might be very useful for women and girls with disabilities, as they are more likely to be highly dependent on the perpetrators of the violence compared to those without disabilities.

The Children's Act, 1998 (Act 560)

The Children's Act (Act 560) is the law that seeks the well-being of all children in Ghana. It charges parents and caregivers to protect children, including the girl child, from neglect, discrimination, violence, abuse, exposure to physical and moral hazards, and oppression (Dowuona-Hammond & Hammond, 2022). It goes further to state that the age for marriage is 18

years, and no child shall be betrothed before reaching that age, in a bid to protect girls from child and forced marriage.

It bars individuals with criminal convictions related to children from working in areas frequented by children. Act 560 provides children with a certain level of protection. However, like several other laws in Ghana, it fails to consider intersectionality when it comes to girls with disabilities, as references were not made to both children with disability in general and girls with disability specifically.

Other legal protection initiatives

Aside from the various laws that have been passed, several initiatives exist to protect vulnerable people from violence. While most of these initiatives do not target persons with disabilities specifically, they are meant to help all persons who are at risk of violence, including women and girls with disabilities.

One of these is the establishment of the Commission of Human Rights and Administrative Justice (CHRAJ). CHRAJ was established, as mandated by the 1992 Constitution, to address human rights abuses in the country (CHRAJ, 2021). They provide services to all people in Ghana, including women and girls with disabilities. Their work, however, is hindered by a lack of staff and underfunding (Dowuona-Hammond & Hammond, 2022).

Another ,extraordinary institution meant to deal with domestic violence is the Domestic Violence and Victim Support Unit (DOVVSU), formerly known as the Women and Juvenile Unit (WAJU), of the Ghana Police Service. This unit was established in 1998 to handle cases of domestic violence, separate from the Police's regular work (Judicial Service of Ghana, 2018). Staff of the unit are therefore supposed to be explicitly trained in sensitivity to handle such cases.

However, according to ActionAid (2020), this training is not regular and therefore several of the staff struggle to handle cases of domestic violence appropriately. The training is also not specific to persons with disabilities, so it is not clear how the staff will handle domestic violence for women and girls with disabilities.

There have been Gender-Based Violence courts (GBV courts) set up as part of the provisions of the 1993 Judicial Act (Act 459) to handle the prosecution of gender-based and sexual violence cases. These courts are staffed by judges with specialized training in such cases, even though the administrative staff may not have the same training (Judicial Service of Ghana, 2019). They also have specially designed places for children to feel at home.

These courts have been set up only in Accra, Kumasi, Tema, Koforidua, and Sunyani. Therefore, a large portion of cases is still tried in regular courts (Judicial Service of Ghana, 2018). Furthermore, they lack the resources or the sensitivity training to handle cases involving women and girls with disabilities.

Gaps in the legal framework and their implementation

Ghana has a lot of laws and policies, both locally and internationally, that should make the protection of women and girls with disabilities from violence easy. However, there are some gaps in both the laws themselves and their implementation, which might not make this the case.

One of the significant issues of almost all domestic laws and policies is the fact that they do not appreciate the peculiarity of the situation that leads to violence against women and girls with disabilities. Most of the laws do not focus on intersectionality and so have provisions that tackle the needs of a broad group of people without being specific to women and girls with disabilities (Dowuona-Hammond & Hammond, 2022; Mensah, 2016; Owusu, 2017). The Persons with

Disabilities Act, for example, does not name women with disabilities. The Children's Act is also not specific to children with disabilities.

Even the constitution does not name or refer to disability, but rather says 'gender, race, color, ethnic origin, religion, creed, or social or economic status'. This has made the laws have difficulties addressing specifically the needs of women and children with disabilities.

This lack of overt reference to disability has led to the implementation of special duty vehicles for tackling violence to lack the needed skills and training to handle cases of violence against women and girls with disabilities. Almost all the offices of CHRAJ, DOVVSU, and GBV courts do not have sign language interpreters to help persons with hearing disabilities communicate.

Moreover, their staff are not also trained to handle violence against women and girls with disability appropriately and with sensitivity (Dowuona-Hammond & Hammond, 2022; Mensah, 2016; Adu-Gyamfi, 2018).

Another issue is the negative attitude of the staff and the inaccessibility of the buildings. It is common for police stations and courts to have only stairs as a means of access. This prevents wheelchair users and persons with other forms of disabilities from being able to report violence on their own (The Ministry of Gender and Social Protection, 2015). Several persons with disabilities also complain of the negative attitude of the staff of these facilities toward them because of their disability (Judicial Service of Ghana, 2019). This discourages women and girls with disabilities from reporting instances of violence, as they do not think they will be taken seriously.

While Ghana has a lot of laws to protect women and girls with disabilities from violence, these laws are not detailed enough, nor have the existing provisions been implemented with

sensitivity for women and girls with disabilities in mind. This has made punishing perpetrators of violence against them difficult.

Conclusion

This chapter maps out the existing literature globally about the incidence of violence against women and girls with disabilities. It states the various kinds of violence experienced by women and girls with disabilities, the possible causes of this violence, and its effects. It also focuses on the various laws and policies that could help fight violence against women and girls with disabilities, their limitations, and the gaps in implementing them.

CHAPTER THREE

METHODOLOGY

Introduction

This section presents the approach that was used to carry out systematic reviews. It presents the study design, the search strategy to be employed, the inclusion and exclusion criteria, study selection process, screening process, means of assessing the quality of the studies, data extraction and synthesis, analysis and interpretation, how to ensure validity and reliability of the study, and the ethical considerations.

Study design

This systematic review was done by following the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). PRISMA is the most universally accepted guideline for conducting a systematic review; thus, using it will ensure that the review follows a universally recognized strategy and can therefore be comparable to other reviews.

Following this strategy reduced the chances of missing out on key literature and information. Using it will allow for a comparison with other systematic reviews and be more accepted, while improving the overall quality of the study (Moher et al., 2009).

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) is a framework designed to enhance the clarity and thoroughness of systematic reviews and meta-analyses. Initially introduced in 2009 and later revised in 2020, PRISMA offers a structured checklist along with a flow diagram to ensure that all reviews adhere to a standardized approach in identifying, selecting, assessing the quality of, and synthesizing studies (Page et al., 2021).

This comprehensive reporting framework reduces the risk of bias and guarantees that studies can be replicated by other researchers.

PRISMA has gained widespread acceptance as the standard guideline for conducting reviews, particularly in the health and social sciences. Its checklist outlines critical steps, including the formulation of a well-defined research question, an exhaustive literature search, and a structured presentation of findings to facilitate critical appraisal and future reproducibility. By following PRISMA guidelines, researchers can generate high-quality reviews that are valuable to practitioners, policymakers, and fellow academics.

Additionally, PRISMA's standardized approach allows for easier comparison of findings across multiple reviews, assisting researchers, clinicians, and policymakers in evaluating the robustness of evidence. A key element of PRISMA is the use of a flow diagram, which visually illustrates the process of study identification, screening, inclusion, and exclusion. This structured presentation not only aids in producing comprehensive and replicable reviews but also provides a clearer understanding of the strengths and limitations of the evaluated evidence (Moher et al., 2009).

Search Strategy

The review adopted two approaches for a comprehensive search strategy to capture relevant literature that provide insight into violence against women and girls with disabilities. The two search strategies used were database search and searching from additional sources.

Database Search

A systematic search of various electronic databases of scholarly journals was conducted to identify various peer-reviewed articles. The databases include, but are not limited to, Science Direct, PubMed, eScholarship, African Journals Online, WHO, ResearchGate, Scopus, Social Science Research Network, and Google Scholar.

A Google search was also done to identify possible articles that might have been missed during the database search. The search of the database was done using the following key terms will be used to increase the chances of getting only relevant literature: “Violence”, “Abuse”, “Disability”, “Women with disabilities”, “Girls with Disability”, “Domestic Violence”, “Sexual abuse”, and “Ghana”.

Additional sources search

Aside from the database search, available gray literature on the subject matter was also considered. The gray literature search sought to include reports by the government of Ghana, international organizations, non-governmental organizations, and PhD dissertations available in university repositories. Reports of credible organizations with proven track records, such as the government of Ghana and its agencies/ministries, regional bodies the Economic Community of West African States (ECOWAS), the African Union (AU), and international organizations such as UN and WHO, were considered.

This was done through Google searches, searching on their websites, and directly reaching out to the various organizations. Furthermore, only PhD dissertations

Inclusion criteria

Studies had to meet specific criteria to be included in the findings of the study. The following inclusion criteria were used to select the literature for the study:

- Empirical studies that focus on violence against women and girls with disabilities. This included studies about women and girls in general, with data and sections specifically dedicated to those with disabilities.
- Studies conducted in or focused on Ghana.
- Articles published in English.
- Studies that address risk factors and/or prevention strategies.
- Peer-reviewed articles, reports, and dissertations published after 2010. The information contained in documents published within this time frame should be a more accurate representation of the current situation in Ghana.

Exclusion criteria

Literature was not considered for the study if it met the following criteria.

- Studies focusing on violence but not on women or girls with disabilities. Editorial articles and opinion pieces were not included.
- Studies conducted outside Ghana.
- Articles not published in English.
- Newspaper and magazine publications, even if they covered the subject matter and focused on Ghana.
- Published before 2010.

The screening process used is described below:

- An initial search of online databases mentioned above was done using the keywords that were stated earlier to retrieve scholarly articles. Also, research was done at the library and on the internet to identify possible gray literature that could be useful for the study. Different government agencies were also contacted for various studies that met the requirements of the study.
- The title and abstracts of the study were then read to identify the various literature that met the inclusion criteria for the study and were then used for the data extraction and synthesis, which were recorded in the data extraction sheet.

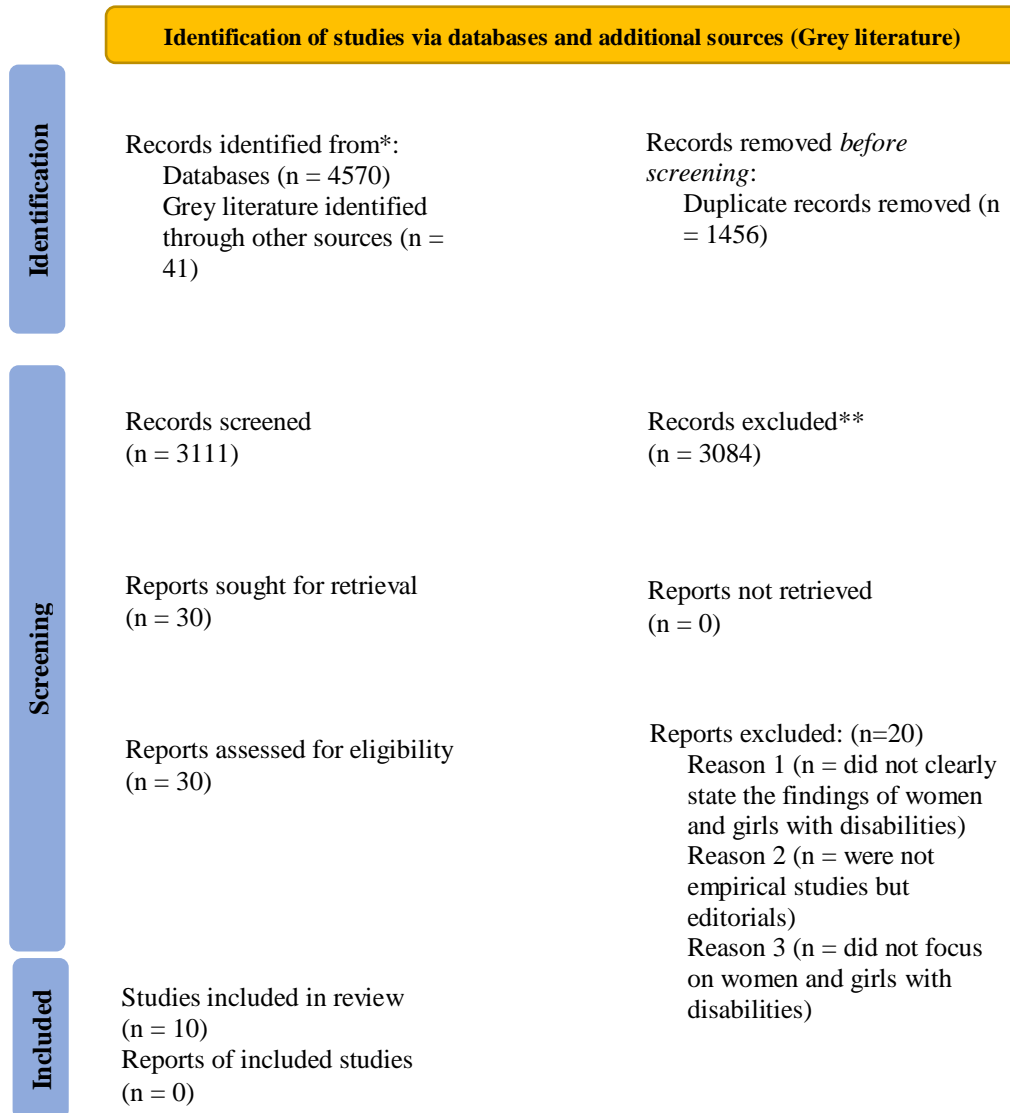
A search of the databases for scholarly articles and another search for grey literature led to 4611 papers, made up of 4570 scholarly articles and 41 grey literature. The various studies were checked all duplicates were removed. This led to 1456 of the identified papers being removed due to duplicity. Subsequently, the remaining 3111 articles were screened through their titles and abstracts. This screening led to 3084 articles being excluded and 30 selected for full reading. Out of the 30, 20 were removed for the following reasons:

- They were not empirical studies but editorials.
- They did not clearly state the findings of women and girls with disabilities from those who did not have a disability.
- They did not focus on women and girls with disabilities.

Finally, 10 papers that met the inclusion criteria were selected for the review. The process of screening articles was documented using the Preferred Reporting Items for Systematic Reviews

and Meta-Analyses (PRISMA) Extension for scoping reviews and the result is presented in flow diagram in Figure 1 below.

Figure 1: PRISMA flow diagram for the scoping review process.



Adapted from Page et al. (2021)81

A data extraction form was used to ensure that the necessary information contained in each of the literature will be consistently retrieved. This form also made it easy to identify the key data points that were synthesized for the study.

The information derived from each of the studies was the authors, year of publication, title, type of literature, theoretical concept guiding the study, aim and objectives, methodology, key findings, and the various limitations of the study, where applicable. This extracted information served as the basis for the quality appraisal of each of the studies and was also synthesized to form the basis of the themes by trying to identify similarities and differences and any general trends that exist among them.

Analysis and interpretation

For literature that employed a qualitative approach to gather data, a narrative synthesis approach was used (Braun and Clarke, 2006). This was done with the following approach:

- Themes were drawn from various literature. This involved mapping out similar findings and coding the themes. For example, all studies that discussed the various forms of domestic violence faced by women with disabilities were placed under one major thematic area, just as those that talk about the causes, effects, and even regulations on violence against women and girls with disabilities, among others.
- Similar sub-themes under each of the various thematic areas were also identified and given appropriate codes. For example, the reported types of domestic violence against women with disabilities will be identified and given codes. All other themes and possible subthemes will be collated similarly.

- The themes identified were then summarized and compiled to form a narrative of the state of domestic violence against women with disabilities in Ghana and present a comprehensive overview of the situation.

For studies that used quantitative methods, a meta-analysis was done. Meta-analysis is a statistical technique of analysis that is used to analyze results from different studies to achieve a single narrative. Analysis of the quantitative studies will involve extracting quantitative data, including effect sizes, from each eligible study (Morton et al., 2018).

Quantitative and qualitative analyses were aggregated. This will involve finding patterns and themes and addressing the various variability that may exist among studies. Analyzing the included studies to identify recurring patterns and themes related to violence against women and girls with disabilities in Ghana.

These patterns could include the common types of domestic violence faced by women with disabilities, the causes, interventions, prevalence, and violence-mitigating legislation, and the associated challenges. All areas of further research that each of the studies might suggest will also be noted.

Validity and Reliability

The guidelines elaborated by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) were used to ensure that the findings of this review were valid and reliable. Furthermore, details of each of the selected literature were accurately filled in the Data Extraction form.

Quality Assessment:

To ensure that every article included in the study was of the appropriate quality, the Mixed Methods Appraisal Tool (MMAT) as revised by Hong et al. (2018) was used. MMAT was designed to judge the quality of studies included in systematic reviews when qualitative, quantitative, or mixed methods were used in different studies. MMAT presents 5 questions to be asked, depending on the method used to gather data, to judge the accuracy of the methods and the conclusions drawn from the data. For each question, one of three answers can be provided, namely: “Yes”, “Can’t Tell”, and “No”. Each answer comes with a corresponding score, with “Yes” being 1, “Can’t Tell” being 0.5, and “No” being 0. This allows for a comparison between different methods, as each study is rated out of 5. This method was used as studies that used both qualitative and quantitative methods were included in the review.

The Mixed Methods Appraisal Tool (MMAT) is a comprehensive instrument designed to critically assess the methodological quality of empirical studies that employ qualitative, quantitative, and mixed methods designs. Developed initially to address the challenges of appraising heterogeneous study designs in systematic reviews, the MMAT has evolved through several iterations to enhance its robustness, clarity, and applicability across diverse research contexts (Hong et al., 2018).

A key feature of the MMAT is its dual-structure approach. It begins with a set of screening questions applicable to all study types, ensuring that each study meets basic quality standards before further appraisal. Following this, the tool offers design-specific criteria tailored to qualitative studies, randomized controlled trials, non-randomized studies, quantitative descriptive studies, and mixed methods studies. This structured format not only streamlines the evaluation process but also ensures that critical aspects—such as the appropriateness of research design,

data collection methods, and analytical procedures—are rigorously examined (Hong et al., 2018).

The strengths of the MMAT lie in its unified framework, which facilitates the appraisal of studies with diverse methodologies within a single systematic review. By providing clear, concise criteria and a standardized scoring system, the MMAT promotes transparency and reproducibility in quality assessment. This is particularly advantageous in fields where mixed methods of research are prevalent, such as health and social sciences, as it enables reviewers to synthesize evidence from studies that might otherwise be challenging to compare (Pluye et al., 2011).

However, the MMAT is not without its limitations. Some researchers have noted that the tool may introduce a degree of subjectivity, particularly when raters interpret criteria for complex or hybrid study designs. Variability in inter-rater reliability can occur if evaluators have different levels of familiarity with the methodological nuances inherent in diverse research designs. Moreover, while the MMAT is effective in providing a broad appraisal, it might not capture all context-specific quality issues that could influence the interpretation of study results (Pluye et al., 2011).

Despite these challenges, the MMAT remains widely used due to its adaptability and comprehensive nature. Its iterative revisions, informed by ongoing research and user feedback, have contributed to its continued relevance in contemporary evidence synthesis. The ability of the MMAT to offer a consistent appraisal framework across multiple research designs makes it an invaluable tool for systematic reviewers seeking to integrate evidence from both qualitative and quantitative studies. The MMAT is a significant advancement in the field of research synthesis. It provides a structured, transparent, and unified approach to quality appraisal, which

is essential for minimizing bias and ensuring the reliability of systematic reviews and is therefore appropriate for this study.

The Mixed Methods Appraisal Tool (MMAT) was used as the studies employed quantitative and mixed methods and therefore will have different qualities to judge to decide the quality of the work. This allowed for appropriate comparison as each of the studies was graded out of 5.

The qualitative studies were Opoku et al (2016), Azumah et al. (2019), Opoku et al. (2015), and Kassah et al. (2012). Both studies had a quality appraisal score of 5. Gagbo et al. (2023) was a mixed-method study and had a quality appraisal score of 4.0. The study by Seidu et al (2024) employed a quantitative descriptive method and had a score of 4.5. The breakdown of the scores for each of the studies is presented in Table 1 below.

Table 1: MMAT quality assessment of included studies

Included studies	Quality criteria/questions for studies					Overall score
	Responses and Scores (Yes = 1, Can't tell = 0.5, & No = 0)					
	For Qualitative Studies					
	Is the qualitative approach appropriate to answer the	Are the qualitative data collection methods adequate to address the	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?	Is there coherence between qualitative data sources, collection, analysis and	

	research question?	research question?			interpretation?	
Imurana et al. (2024)	Yes	Yes	Yes	Yes	Yes	5.0
Women Enabled International. (2016)	Yes	Yes	Yes	Yes	Yes	5.0
Opoku et al. (2016)	Yes	Yes	Yes	Yes	Yes	5.0
Azumah et al. (2019)	Yes	yes	Yes	Yes	Yes	5.0
Opoku et al. (2015)	Yes	Yes	Yes	Yes	Yes	5.0
Kassah et al. (2012)	Yes	Yes	Yes	Yes	Yes	5.0
For Mixed Methods						
	Is there an adequate rationale for using a mixed methods design to address the research question?	Are the different components of the study effectively integrated to answer the research question?	Are the outputs of the integration of qualitative and quantitative components adequately interpreted ?	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	
Gbagbo et al. (2023)	Yes	Can't tell	Can't tell	Yes	Yes	4.0

	For Quantitative Descriptive Studies					
	Is the sampling strategy relevant to address the research question?	Is the sample representative of the target population?	Are the measurements appropriate?	Is the risk of nonresponse bias low?	Is the statistical analysis appropriate to answer the research question?	
Valentine et al. (2019)	Yes	Can't tell	Yes	Can't tell	Yes	4.0
Odimegwu et al. (2025)	Yes	Can't tell	Yes	Can't tell	Yes	4.0
Seidu et al. (2024)	Yes	Yes	Yes	Yes	Can't tell	4.5

Ethical considerations

As this paper did not involve gathering data from human participants, there was therefore no need to seek ethical clearances from an Institutional Research Board. However, findings from selected papers were accurately reported and appropriately cited.

Conclusion

This chapter detailed the method for conducting the scoping review methodology to explore the violence experienced by women and girls with disabilities in Ghana. The chapter discussed the study design, search strategy, inclusion and exclusion criteria, study selection process, data extraction and synthesis, analysis and interpretation, validity and reliability, and ethical considerations.

CHAPTER FOUR

ANALYSIS AND DISCUSSION OF FINDINGS

Introduction

The chapter encompasses the preliminary search and the studies that were obtained, initial findings, and the results of the quality appraisal of the selected articles, and relevant information and the analysis and summary of key findings of the selected articles. It also contains a synthesis of the findings of the selected studies, the gaps in the literature work, and other peculiar observations during the review

Study Characteristics

The ten studies that were selected for the review based on the criteria were Opoku et al. (2016), Azumah et al. (2019), Opoku et al. (2015), Kassah et al. (2012), Gbagbo et al. (2023), and Seidu et al. (2024), Imurana et al. (2024), Valentine et al. (2019), Odimegwu et al. (2025), Women Enabled International. (2016). The first three studies employed quantitative methods, while Gbagbo et al. and Seidu et al. employed mixed and quantitative methods. Details of the study area, the aims of the studies, methodology and data source, and the sampling information of each of the four studies are presented in Table 2 below.

Table 2: Characteristics Of Included Studies

Study	Study area	Aim	Method description and data source(s)	Sample information
Imurana et al. (2024)	Sub-Saharan Africa	Review sexual violence against girls and young women with disabilities	Systematic literature review	Multiple studies across SSA
Valentine et al. (2019)	Uganda	Assess intimate partner violence among women with disabilities	Quantitative, secondary analysis of survey data	1,030 women with physical, sensory, and intellectual disabilities from the Uganda Demographic and Health Survey
Odimegwu et al. (2025)	Africa (multiple countries)	Examine the prevalence and interventions addressing violence against women with disabilities	Quantitative methods; systematic review and secondary data analysis	Multiple studies across Africa;
Women Enabled International. (2016)	Ghana	Document gaps in reporting and services for women with disabilities experiencing GBV	Qualitative, NGO report based on interviews and focus groups	Interviews with stakeholders and service providers; women with disabilities consulted indirectly
Opoku et al. (2016)	Mampong Municipality in the Ashanti Region	Identify the causes and consequences of sexual violence	Exploratory and qualitative	41 Women with disabilities, 6 with intellectual, 16 with visual, 9

		against women with disabilities		with hearing, and 10 with physical disabilities recruited through convenience and snowball sampling
Azumah et al. (2019)	Kumasi Metropolis of the Ashanti Region	Investigate the prevalence and forms of gender-based violence experienced by visually impaired individuals and examine the coping mechanisms adopted by the victims	Exploratory and qualitative	15 persons with visual impairments made up of 10 women and 5 men
Opoku et al. (2015)	Mampong Municipality in the Ashanti Region	Examine the extent of reporting of sexual violence and the barriers to reporting sexual violence by women with disabilities	Exploratory and qualitative	41 Women with disabilities, 6 with intellectual, 16 with visual, 9 with hearing, and 10 with physical disabilities recruited through convenience and snowball sampling
Gbagbo et al. (2023)	Public university	Explore sexual coercion/harassment of university students with disabilities	Mixed methods involving a questionnaire and interviews	119 students with disabilities (62 males and 57 females) filled questionnaire, and 12 students with disabilities (7 females and 5 males) were interviewed. For quantitative, whole population

				sampling, and purposive sampling based on responses to the questionnaire for interviews
Seidu et al. (2024)	Special schools for children with visual and hearing disabilities	Determine the prevalence and factors associated with sexual coercion among students with disabilities in Ghana.	Quantitative	979 students with visual or hearing disabilities who have engaged in a sexual act before
Kassah et al. (2012)	Workplaces of key informants	Identify the various forms of abuse experienced by children with disabilities in Ghana	Qualitative	3 key informants. 1 is the parent of a child with a learning disability who runs a school for children with learning disabilities, an administrator at the Special Education Unit of the Ministry of Education, and a deputy head of a special school.

Theoretical concepts guiding various studies

Four of the ten studies were conducted to assess sexual violence among women and/or girls with disabilities. Only the studies by Seidu et al. (2024), Azumah et al. (2019), and Kassah et al. (2012) employed theoretical concepts, which were the ecological systems model, behavioral and resource theories, and the social others concept, respectively. Except for the study by Gbagbo et

al. (2023) and Kassah et al. (2012), all the studies attempted to determine the prevalence of sexual violence or whether each of the participants had experienced that form of violence in the future. The study by Kassah et al. (2012) was dedicated exclusively to identifying the forms of abuse that children with disabilities experience. A detailed breakdown of the various disability groups that served as participants for the studies, the type of violence studied, and the theoretical methods that guided each of the studies are presented in the table below.

Table 3: Theoretical Concepts Guiding the Various Studies

Study	Various disability types are considered	Women or children with disabilities	Different types of violence are considered	Prevalence determined	Conceptual Model used
Imurana et al. (2024)	Different disabilities across Sub-Saharan Africa	Girls and young women with disabilities	Sexual violence	No	None
Valentine et al. (2019)	Physical, sensory, and intellectual disabilities	Women with Disabilities	Intimate Partner Violence	Yes	None
Odimegwu et al. (2025)	Various disabilities	Women with disabilities	Gender-based violence	No	None
Women Enabled International. (2016)	Physical, sensory, and intellectual disabilities	Women with disabilities	Gender-based violence	No	None
Opoku et al. (2016)	Intellectual, visual, and hearing disabilities	Women with disabilities	Sexual	Yes	None
Azumah et al. (2019)	Visual impairment	Women	Gender-based violence	No	Behavioral and resource theories

Opoku et al. (2015)	Intellectual, visual, and hearing disabilities	Women with disabilities	Sexual	Yes	None
Gbagbo et al. (2023)	Different disability groups, though not clearly stated for the genders	All students with disabilities	Sexual	No	None
Seidu et al. (2024)	Visual, hearing	Students with disabilities	Sexual	Yes	Ecological systems model
Kassah et al. (2012)	All types of disabilities	Children with disabilities	Different kinds	No	Social others concept

Summary of findings

The methodology, key findings, limitations, and the niche filled by the various studies selected for the review are presented in detail below.

Opoku, M.P., Huyser, N., Mprah, W.K., Badu, E., and Alupo, B.A. (2016). Sexual Violence against Women with Disabilities in Ghana: Accounts of Women with Disabilities from Ashanti Region

This study sought to identify the incidence of sexual assault among women with disabilities in the Mampong Municipality of the Ashanti Region. The study, therefore, had 41 women with disabilities as the respondents. This was made up of 6 with intellectual disability, 16 with visual disability, 9 with hearing disability, and 10 with physical disability. The respondents were

recruited through convenience and snowball sampling through the municipal executives of the Ghana Society for the Physically Disabled, Ghana Association for the Deaf, and members of the Ghana Blind Union, the Disabled Persons' Organizations (DPOs) in the Municipality. Data was gathered through interviews.

The study found that 28 of the 41 respondents had experienced sexual assault in their lifetime. 5 of the 6 respondents with intellectual disabilities had experienced sexual assault, and 7 out of the 9 respondents with hearing disabilities had. For those with visual and physical disabilities, 10 out of 16 and 6 out of 10, respectively, had experienced sexual assault in their lifetime. Even those who were not assaulted were aware of other women with disabilities who had been sexually assaulted. Almost all the respondents who were assaulted knew the person who assaulted them. This included their friends, teachers, co-tenants, and close family members.

The respondents gave several factors as the causes of the assault, including poverty due to their inability to work and lack of support from family members. Other causes included being targeted due to their disability and inability to fight back or call for help or because of the perception that sex with them could provide spiritual fortification. 16 of the respondents reported being pregnant due to their assault, though most of the perpetrators denied responsibility.

For some of those who became pregnant, their families abandoned them, and several of their marriages ended because of the assaults. The authors concluded that the current societal views of disability in the municipality increase the chances of women with disabilities being sexually assaulted; therefore, awareness campaigns will help change the negative perception about disability.

This study is one of the most detailed studies on sexual assault in Ghana. It used an appropriate method to gather data, namely interviews, as this allowed the respondents to express every aspect of their thoughts that could have been missed with other methods, like a questionnaire.

Furthermore, their method of contacting the various DPOs increased their chances of reaching a greater number of people. The use of convenience and snowball sampling prevents random sampling, but the ability to reach a significantly higher number of respondents can alleviate this. It, however, presents a starting point for further investigation.

Azumah, F. D., Krampah, S., Nachinaab, O. J., & Asante, S.S. (2019). Gender-based violence against persons with visual impairment and their coping strategies in Kumasi metropolis, Ghana. *Journal of Disability Studies*, 5(1), 16–23.

This article investigates the prevalence and forms of gender-based violence experienced by visually impaired individuals in the Kumasi Metropolis, Ghana, and examines the coping mechanisms adopted by the victims. Employing a qualitative case study design, the authors conducted in-depth interviews with 15 participants with visual impairments (10 females and 5 males) using a snowball sampling technique. The authors utilize behavioral and resource theories to frame their analysis.

The study provides a detailed account of three main types of violence: physical, psychological, and sexual, and identifies close relatives and spouses as the primary perpetrators. The study also found that females with visual impairments experienced more violence than males with visual impairments. There were also mixed findings about the role played by the

police and other legal authorities in getting the perpetrators punished; some said they were helpful, while others disagreed.

The article is significant in its exploration of an under-researched intersection between disability and gender-based violence. It underscores the challenges that visually impaired individuals face in accessing justice due to social, economic, and infrastructural limitations.

Furthermore, the study highlights the ineffectiveness of existing police and legal responses and recommends comprehensive measures, including enhanced counseling services, legal reforms, community education, and economic empowerment of visually impaired persons to mitigate such violence.

Despite its limited sample size, which the authors acknowledge as a constraint, the research offers valuable qualitative insights and contributes to the broader discourse on gender-based violence by illustrating its multifaceted causes and impacts on a specific disability group

Opoku, M.P., Huyser, N., Mensah, J.K., and Amponteng, M. (2015). Barriers in the reporting of sexual violence against women with disabilities in the Ashanti region of Ghana

This study shares several similarities with the previous study by Opoku et al. (2015) stated above. It therefore had the same study site (Mampong Municipality of the Ashanti Region), methodology (exploratory and qualitative), sampling (purposive and snowball), and respondents (41 women with different disability types, including intellectual, visual, hearing, and physical disabilities). However, this subject aimed to determine the extent of reporting of sexual violence by women with disabilities and the barriers limiting their ability to report.

This study found that most of the respondents had knowledge about where they could lodge complaints about the sexual violence they experienced, or if they experienced one, namely the police station. Despite this, the majority of those who had experienced sexual violence did not report it to the authorities for legal actions to be taken against the perpetrators of the offense. They would rather tell individuals in their lives, such as family and friends, due to the feeling of shame.

Another reason they gave for not reporting to the authorities or telling anyone at all in their lives was that they felt that persons with disabilities, especially women, were not respected in the community or treated with dignity. They therefore did not think that reporting them would lead to the punishment of the perpetrators. Even those who reported the violence to their friends and family said that those they told did not take any action, and therefore the perpetrators went scot-free. Those who acted preferred to deal with the issue out of court. This led to most of the families, not the person with disability who was the victim of sexual violence, receiving compensation, which was mainly money. Other reasons that were given for their inability and reluctance to report sexual violence were poverty of both the person with disabilities and their families.

Another reason they gave was the inaccessible justice system. These include long distances from their places of residence to the nearest police station, negative attitudes of police officers and other workers of the legal system to persons with disabilities and communication barriers, especially for women with hearing disabilities. Another reason why some chose not to tell anyone was due to the poor relationships they had with their families. They therefore did not think that their families would support them through the long and arduous legal battles that

usually accompany sexual violence cases or would even want to know that such a situation had happened to them.

The authors concluded that the situation for women with disabilities in the community makes it impossible for them to report abuses committed against them. They therefore suggested possible incentives to encourage women with disabilities to report sexual abuse committed against them. Also, they stressed the need for awareness campaigns to urge families and communities to accept women with disabilities and provide them with their needs to reduce the likelihood of them being sexually abused.

Together with the previous study, the two studies paint a detailed picture of the experience of sexual violence by women with different disability groups, beginning with the frequency of abuse, the causes, and the ability of the victims to report the sexual violence to the appropriate authorities. It therefore serves as a very good starting point for a more detailed study of sexual violence. It also presents basic information that could be studied in detail in future studies to determine whether the experiences of women with disabilities concerning sexual violence are similar in different parts of the country or are only peculiar to the Mampong Municipality.

Gbagbo, F.Y., Rockson, G.N.Y., Quansah, F., and Ameyaw, E.K. (2023). Sexual Coercion and Harassment of Students with Disabilities in a Public University in Ghana

This study was conducted at a public university that has a significant number of students with disabilities (173) to explore sexual harassment and coercion in the school. 8 of the students were used to test the instruments and were therefore excluded from the final study. The remaining 165 were to serve as the respondents for the study, but 46 declined, leaving 119 to serve as the respondents for the study. The 119 students (62 males and 57 females), therefore answered the

questionnaire, and the 12 students (7 of whom were females) were selected for the interview based on the answers in their questionnaires

The study found that most of the respondents were not aware of the policies of the school about sexual harassment and the reporting procedure if they were harassed. One of the female students who had a hearing disability even wondered whether the school authorities believed that persons with disabilities could not be sexually harassed. There was barely any difference in the types of sexual harassment experienced by males and females, with most of the respondents reporting that they were being pestered by others for sexual acts that they were uncomfortable with.

The common perpetrators of sexual harassment for female students in order were “people who don’t have any disabilities” (40.1%), “other students not course mates for help” (26.3%), “males only” (22.8%), “our lecturers for marks” (21.1%) and “our colleagues who also have disabilities” (17.5%). The authors concluded that more needed to be done to raise awareness about the sexual harassment policies of the school, and sexual harassment was an issue for students with disabilities. They therefore recommend that the policies and programs be strengthened to protect students with disabilities from such unwarranted acts.

While the primary focus of this study was not necessarily on female students with disabilities, it contained enough separate information about the sexual coercion of the female students to be included. The information from the interviews was, however, not clearly differentiated, but there are a few themes to glean some themes specifically for the female students. The study, however, did not explicitly ask the respondents if they had experienced sexual harassment and coercion within the past year. This makes it difficult to determine the true extent of sexual harassment of female students with disabilities.

Also, choosing respondents for the interviews based on their answers to the questionnaire increases the chances of biases, especially as the criteria for the selection were not stated, and three of the authors were males. The authors also did not present the responses based on the different disability types, and therefore, it is difficult to determine if there are different experiences for the various disability groups.

Furthermore, the authors did not state the theoretical concept or model of disability underpinning disability. The study, however, fills a very important niche as it presents information about students in the university that could be lacking. The experiences in university might be different from outside the school, but they could hinder access to education.

Seidu, A.A., Kumi-Kyereme, A. and Darteh, E.K.M. (2024) Self-reported sexual coercion among in school young people with disabilities in Ghana

Seidu and his co-authors conducted this study to determine the prevalence and factors associated with sexual coercion among in-school young people with disabilities in Ghana. This study is part of a larger study entitled “Sexual and Reproductive Health and Leisure Needs of Young People with Disabilities in Ghana,” which is supported by the Directorate of Research, Innovation and Consultancy (DRIC), University of Cape Coast. At the time the review was conducted, other parts of the larger study had not yet been published, and therefore their merit for inclusion in the review could not be determined.

The study purposely chose 16 out of the 35 special schools in Ghana, 14 of which were schools for children with hearing impairment, and two were schools for the visually impaired. The criteria for choosing the schools to participate in the study were that the school serving students with visual and hearing impairment had students between 10 and 24 years old. One of

the schools declined to participate in the study. Students who were less than 10 or older than 24 years were not included in the study, just like those with more than one form of disability. The study employed a whole population sample for the 979 respondents who reported they had engaged in sexual activity. The study wanted to know if their sexual encounter was consensual and to determine the factors associated with whether it was consensual or not.

The study had 395 females as its respondents, out of which 264 (66.84%) had been sexually coerced. This level of sexual coercion is similar in both females and males (69.86%). The study determined how the other factors relate to being sexually coerced. These factors include age, religion, ecological zone (coastal, middle, and northern), and disability type. The study found that students with hearing impairments were more likely to have been sexually coerced than those with visual impairments (70.77% to 54.33%).

The authors concluded that the prevalence of sexual coercion of students with disabilities is relatively high and even called it a “serious public health issue,” which therefore requires the various authorities to take deliberate efforts, such as sex education and pragmatic steps to solve the issue.

Except for being able to determine the proportion of females who were coerced into having their sexual experiences, the study does not differentiate the factors based on gender. It could have indicated how many females with visual impairments and those with hearing impairments were coerced. While it states the individual factors, it treats them as separate and therefore cannot establish possible intersectionality. The use of a questionnaire also makes it difficult to establish details about the factors that are associated with sexual coercion. The results of the questionnaire can only give facts about what happened, but not the causes.

Kassah A.K., Kassah, B.L.L., and Agbota, T.K. (2012). Abuse of disabled children in Ghana

This study by Kassah and his colleagues was to identify the various forms of abuse that children with disabilities experience. This was done by contacting three individuals who have close contact with persons with disabilities and their families. They were a woman with a child with a learning disability who also runs a school for children with learning disabilities and played a major role in the drafting of the Persons with Disability Act. The second person is an administrator at the Special Education Unit of the Ministry of Education. The final person is a deputy head teacher at a special school. These people told stories of abuse they were aware of.

This led to six stories being told by the key informants. The interviews were conducted guided by the social other concept, which seeks to explain the cause of violence to be a result of differences that the victim might have. The first story details the rites performed by some families to transform babies born to others into animals, which is what some people believe. In truth, the babies are killed instead. Story 2 talked about two brothers who were both born with a disability and were isolated from their mother and siblings by their father till they were murdered. Story 3 was about a mother who left her child with disability in the care of a shop attendant, only to come back and meet the lady outside, with the excuse that she did not want to be attacked by dwarves, as that was the time when people with disability had meetings with them.

Story 4 tells of the physical abuses that children with disabilities experience. This includes the instance where a child with disability was whipped by an entire congregation at the behest of the pastor, as he believed this would drive the evil spirit that caused the disability. The fifth story was about a worker at a care center who noticed a student was no longer coming to school. Upon enquiry, the parent said she had been sent to visit family in another part of the country. She later

admitted that the child had been killed. The final story was about a man overseas who kept sending remittances to his mother for the child to be sent to a special school nearby. Turns out that the child was not sent to school and did not interact with other members of the family, even though the father was told that he was.

This was the only study that focused on the abuses and violence experienced by children. While it does not focus primarily on girls, the stories that were presented could happen to either gender. It presents the general idea of how children with disabilities are viewed. The lack of distinction and focus does not mean that these stories can happen to girls with disabilities, as some of the stories were about girls. The main issue with the study is the fact that none of the stories are first-hand accounts. Almost all of them are hearsay. Of course, it is impossible to get a murdered child to tell his story, and it is impossible to get parents who oversaw such abuse to admit it to strangers.

The fact that the key informants had close relationships with persons close to children with disabilities makes them the next best option as a source of information. Another issue is the reluctance of workers in special education, who were all the key informants, to report instances of abuse they have noticed in schools. This makes it difficult to know the extent of violence and the forms that exist in institutions for children with disabilities. The study, however, is a useful source of empirical evidence of abuse against children rather than the many anecdotal evidence that exists.

Ashraf, F., Haider, S. I., & Ashraf, S. (2018). Violence against women with disabilities: A qualitative investigation. *Annals of King Edward Medical University*, 24(1), 742–747.

Ashraf (2018) conducted a qualitative investigation into the lived experiences of women with disabilities, specifically physical or sensory impairments, when confronted with various forms of violence. The study includes five participants aged 25 to 40 who have experienced violence. The authors used interpretive phenomenological analysis to gain a more nuanced understanding of how these women survive and cope with violence, as well as recommendations for reducing the conditions that lead to violence (Ashraf et al., 2018).

Participants reported experiencing multiple types of violence and disability specific violations like denial of assistive devices and medical neglect. The study demonstrates how dependency on caregivers for daily tasks increases vulnerability, reduces agency, and exposes participants to exploitation. The women also talked about institutional and attitudinal barriers, such as insensitive or dismissive responses from health care providers, social stigma, and a lack of accessible reporting or support mechanisms, all of which contributed to their isolation and silence.

The authors highlight that, while coping strategies vary, they frequently include internal resilience, the development of social support when possible, avoiding confrontation, or seeking informal help rather than institutional service due to fear of disbelief in formal systems. The discussion emphasizes that interventions must go beyond the legal classification of violence to address visibility, attitudinal change, and accessibility.

The study's strength lies in its phenomenological depth, which prioritizes the voices of women whose stories are often marginalized, allowing insight into less visible forms of violence. However, the small sample size and narrow focus on physical and sensory impairment. Limit its generalizability.

Furthermore, it does not delve deeply into severity or investigate intersectional dimensions such as socioeconomic status, rural/urban location, or age groups beyond the 25-40 bracket. The authors' use of self-reported narratives may influence findings based on recall and participants' willingness to share information.

Despite these limitations, the study provides valuable insight into how violence against women with disabilities manifests in settings where disability heightens risk and complicates access to protection. The article highlights the importance of disability sensitive policies and services, such as inclusive reporting mechanisms, service provider training, accessible infrastructure, and community awareness, to reduce stigma. It suggests larger qualitative and quantitative studies across a wider range of disability types and locations, as well as a closer look at coping and resilience strategies as sources of strength and intervention sites.

Valentine, A., Akobirshoev, I., & Mitra, M. (2019). Intimate Partner Violence among Women with Disabilities in Uganda. *International Journal of Environmental Research and Public Health*, 16(6), 947.

The authors conducted a secondary analysis of data from the 2011 -2016 Uganda Demographic and Health Surveys to determine the prevalence of intimate partner violence among Ugandan women with disabilities. The study looked at married or partnered women aged 15 -49 and used univariate and multivariate logistic regression models to investigate the link between disability, IPV, and marital and child health indicators.

The study found that nearly two-thirds (64%) of women with disabilities had experienced physical, sexual, or emotional IPV at some point in their lives, compared to slightly more than half (55%) of women with disabilities. Women with disabilities were approximately 1.4 times

more likely to experience sexual violence and 1.4 times more likely to experience emotional violence than their non-disabled counterparts. Furthermore, women with disabilities were nearly twice as likely as women without disabilities to be subjected to specific acts of violence as physically forcing them to have sex.

These findings highlight the increased vulnerability of women with disabilities to IPV in Uganda, emphasizing the importance of targeted interventions to address the issue. The study adds to the growing body of literature on IPV among women with disabilities, especially in low- and middle-income countries where such research is limited.

Imurana, A. A., & Bhartiya, A. (2024). Assessment of sexual violence against girls and young women with disabilities in Sub-Saharan Africa: A review. *International Journal of Educational Knowledge Society (IJEKS)*, 3(9), 1–12

This article examines sexual violence against girls and young women with disabilities in sub-Saharan Africa, attempting to map the prevalence, risk factors, consequences, and coping strategies employed by survivors. Unlike many primary studies, this work does not generate new data but rather conducts a desk review of published and possibly grey literature to identify patterns and vulnerabilities.

Their main finding is that girls and women with disabilities are significantly more likely to be sexually abused than their non-disabled peers, with contributing factors including perceived vulnerability or lower threat due to disability, economic hardship, limited mobility, unemployment, familial rejection, and isolation. Offenders operate in a variety of environments, but familial contexts, domestic care settings, and situations involving high dependency are

especially risky. Consequences cited include unintended pregnancies, social stigma, divorce, and difficulty securing marital prospects, in addition to psychological trauma.

The implications of this review are powerful for policy, programs, and further research: there is a need for multi-sectoral strategies that combine legal protection, accessible services (physical accessibility, communication accommodations, and caregivers/trusted supports), social protection to alleviate poverty, community awareness to reduce stigma, and survivor-centered psychosocial support. Research needs include nationally representative prevalence studies disaggregated by disability type and severity, qualitative work to deepen understanding of the nature of abuse and coping, and evaluation of interventions designed specifically for girls and young women with disabilities.

In sum, Imurana & Bhartiya's review adds important synthesis at the regional level, reinforcing that disability significantly heightens risk of sexual violence among young girls and women in SSA, and confirming that many of the same structural and social vulnerabilities found in country-based studies (poverty, stigma, isolation, dependence) are pervasive. It also makes clear that, despite increased awareness, gaps in measurement, the lack of disaggregated data, and insufficient evidence of interventions persist, highlighting urgent priorities for policy, advocacy, and research.

Odimegwu, C., Bolarinwa, O. A., & Adebisi, Y. (2025). Measuring and addressing violence against women with disabilities in Africa. *African Journal of Disability*, 14(0), a1576

Odimegwu, Bolarinawa, and Adebisi (2025) investigated the measurement and prevention of violence against women with disabilities in Africa. The study emphasizes women with

disabilities' increased vulnerability to various types of violence, including domestic, sexual, and gender-based violence. The authors note that, despite the gravity of the problem, empirical data on violence against women with disability (VAWD) are scarce, owing to reporting gaps, methodological limitations, and lack of disability-disaggregated data in national surveys.

The study argues that traditional measurement tools, such as the Washington Group Short Set on Functioning, are insufficient to capture the nuanced experiences of African women with disabilities. The authors argue that culturally and contextually appropriate instruments are required to gain a better understanding of the prevalence and nature of violence against this population. They argue that incorporating comprehensive disability measures into national surveys and developing context-specific tools could improve data accuracy and inform the design of interventions and policies to reduce VAWD.

The authors also discuss policy implications, pointing out that many African countries' current legal and institutional frameworks fail to meet the needs of women with disabilities. They advocate for comprehensive legislation, targeted interventions, and service provider training programs to improve protection and support. While the study shed light on the systemic gaps in addressing VAWD, it primarily summarizes existing literature and highlights recommendations rather than presenting new primary data.

Finally, Odimegwu et al. (2025) emphasize that reducing VAWD in Africa necessitates context-specific measurement tools, inclusive policies, and tailored interventions. Their work adds to the growing recognition that addressing VAWD is critical to advancing gender equality and protecting the rights of women with disabilities across the continent.

Women Enabled International. (2016). *Gender-based violence against women with disabilities in Ghana*.

<https://rodra.co.za/images/countries/ghana/research/GENDER%20BASED%20VIOLENCE%20AGAINST%20WOMEN%20WITH%20DISABILITIES%20GHANA.pdf>

This report on Gender-Based Violence against women with Disabilities in Ghana was developed as a national advocacy and policy document to highlight the experiences of women with disabilities in relation to violence, gaps in service provision, and weaknesses in legal protections. Unlike prevalence-based epidemiological studies, this report adopts a qualitative and advocacy-oriented approach, drawing on survivor testimonies, stakeholder interviews, and a review of Ghana's legal and institutional frameworks. The main purpose of the report is to shed light on the invisibility of women with disabilities within national GBV policy responses and to recommend strategies that make services more inclusive.

The evidence presented in the report shows that women with disabilities in Ghana face a variety of intersecting forms of violence, including physical abuse, sexual assault, emotional harm, neglect, and economic exploitation. The report emphasizes that these abuses are frequently exacerbated by disability-specific vulnerabilities, such as a reliance on caregivers for mobility or daily needs, which can be used to coerce and control. Unlike studies that quantify prevalence, the report employs narratives to demonstrate the widespread but hidden nature of this violence, giving a voice to those who are frequently silenced or ignored.

The report makes an important contribution by analyzing the structural and social factors that contribute to vulnerability. Poverty, stigma, and entrenched cultural beliefs all contribute to women with disabilities social isolation. In contrast, misconceptions about disability, such as the belief that women with disabilities are asexual or less credible witnesses, undermine their ability

to seek justice. This is consistent with findings from other African studies that show how disability and gender interact to increase the risk of violence. The report also identifies practical barriers to reporting, including inaccessible police stations and courthouses, the absence of sign language interpretation or easy-to-read materials, and a lack of awareness among service providers. These barriers contribute to chronic underreporting, which means that even when laws exist, women with disabilities have difficulty accessing justice.

The report's strength is its rights-based orientation, which focuses on survivors' lived experiences and connects them directly to systemic failures in Ghana's legal and policy framework. It looks beyond individual cases to identify patterns of exclusion that necessitate structural change. However, its limitations are evident. The lack of representative prevalence data makes it difficult to estimate the scope of the problem or compare it to other types of disabilities. The report also treats disability as a broad category, rather than fully disaggregating findings by impairment type or gendered intersectionality within disability groups, which could provide a more nuanced picture.

Despite its limitations, the report contributes significantly to the literature on gender, disability, and violence in Ghana. It emphasizes the underrepresentation of women with disabilities in mainstream gender-based violence responses and advocates for practical solutions such as making service facilities physically accessible, training frontline officers in disability sensitivity, ensuring legal accommodations for alternative communication in court, and strengthening social protection schemes to reduce economic dependence. The report's emphasis on survivor experiences and systemic advocacy makes it an important tool for policymakers, NGOs, and researchers looking to address the layers of vulnerabilities that women with disabilities face in Ghana.

While each study addresses different facets of violence – with some focusing on the cultural and effects of violence, others quantifying the health, economic, and social impacts of violence in Ghana, and another focusing on political empowerment of women and girls – all of them underscore the complex interplay between cultural beliefs, individual behavior, and structural risk factors. Together, they highlight the urgent need for multidisciplinary and multi-level interventions to combat violence against women and girls.

However, each of them does not meet all the requirements needed to be included in the final review, with the most common factor being that they do not focus on women and/or girls with disabilities. They are therefore useful in understanding violence in general, but not as it relates specifically to women and girls with disabilities.

DISCUSSION

This section contains the main themes that were derived from the various studies selected for the review. The themes include the type of violence focused on by the studies, the prevalence of the violence, the causes of the violence, and the barriers to reporting the violence. It also contains some of the gaps and limitations of the selected studies.

Social abuse

One of the major abuses identified was social abuse. This was very common in the study by Kassah et al. (2012), and it showed up with several children with disabilities being isolated from other members of the family and the community. Another way this showed up was in preventing them from going to school. This hindered both the right of the children to movement and to

education. The shop attendant, who also left the child alone in the room, is abusing the child socially.

Another form of abuse, though not explicitly stated or the focus of the study, was the poor relationships that existed between the women with disabilities and their families. Opoku et al. (2015) and Opoku et al. (2016) both suggest that the relationship between the women and their families was not the best before the abuse. Some of the women even suggested that the poor relationship contributed to them being sexually assaulted as they sought help from members of the community rather than their families.

It appears that the primary driving force behind women and girls being abused is the fact that most of their relatives do not want to be associated with someone with disability (Avoke, 2002; Agbenyega, 2003). This abuse not only affects their social skills currently but also in the future. Furthermore, preventing girls from attending school damages their earnings prospects in the future.

Physical abuse

This is closely related to social abuse, especially in children with disabilities. Most of the stories that were told by the key informants had details of the children being hit for different reasons. Arguably, the worst instance was the child who was whipped by an entire congregation. The reasons for the abuse can vary, but it seems to be a means of driving away the cause of the disability or a way by which the perpetrators further dissociate themselves from the child with disability. It all appears to be a self-protective mechanism rather than having the best interest of the child at heart.

While not stated, likely, the women with disabilities who suffered sexual violence might also have experienced a bit of physical violence. It is very likely that the sexual violence, especially if it was rape, involved a bit of physical violence to subdue to women if they resisted. Even if the women did not resist, there was a threat of physical violence that they might have been aware of, leading them to be much more pliable.

Physical violence is very risky as it can lead to several consequences, including physical injuries and chronic pain, worsening of their existing disabilities and emotional issues (Owusu Adjah and Agbemafle, 2016; Krug et al., 2002; Kumar et al., 2005). The worst consequence of the abuse is stated as a theme below.

Capital abuse of children

Almost all the stories ended with the child in question being murdered. It appears that there is a major risk of children with disabilities being murdered. None of the stories even seems to indicate that the murders were accidental from physical abuse, but rather the intention. This makes it extremely unsafe for children and agrees with the findings of Njelesani et al., (2018) about the risk of death for children with disabilities in African countries.

Focus on sexual violence

All the selected studies focus on sexual violence in one form or the other. While studies used different terms with different written differences, they all deal with sexual violence. Opoku et al. (2016) and Opoku et al. (2015) both used the term “sexual violence” and defined it as “an act or attempt to engage in sexual activity with a person without his or her consent”. Both Seidu et al. (2024) used the term “sexual coercion” as the type of violence being studied.

While Seidu et al. did not define the term, their working explanation is whether the students' first sexual experiences were consensual or not. Both Gbagbo et al. and Azumah et al. did not define sexual coercion/violence but rather gave situations of what will be considered as sexual coercion such as being lied to for sexual intercourse, being worn down to due to persistent request for sexual favors, threats or the use of another's authority for sex or being touched sexually by others without the consent of the individual.

While these definitions might be very different and interpretations might be very different, they all communicate the same idea. This idea is that women and girls with disabilities do not have total control of their sexual interactions. This could be as clear as them not being able to give their consents. This shows up in some of the examples of the sexual violence that the respondents gave for experience, which include forced kissing, unsolicited touches of a sexual nature, spreading rumors about their sex lives, and showing unwarranted sexually explicit pictures or objects. Even those who might have given their consent might have done so to people who misrepresented themselves, such as lying, or those who used their privileged position to do what the women and girls with disabilities might not have done otherwise. This strengthens the assertion that violence against women and girls with disabilities has a lot to do with power and influence (Sakar, 2023; Stockl, 2013). The greater the power imbalances between them and those they interact with, the higher the chances of them experiencing violence.

The study by Kassah et al. (2012) did not have any stories of girls being sexually abused. This does not necessarily mean that girls with disabilities in Ghana are not victims of sexual assault. It is more likely to be a result of the use of second-hand and even third-hand accounts by the key informants. Sexual violence usually occurs in the privacy of their homes and therefore the best persons to recount them are the victims (Owusu Adjah and Agbemaflle, 2016; Dowuona-

Hammond and Hammond, 2022). It is unlikely that a parent who has sexually assaulted the child will tell another person, no matter how much such a person is trusted and respected. But since the children were not the respondents, it is not clear the extent of sexual violence against girls with disability. This also raises the issue of gathering data about sexual violence against girls, as it is a sensitive subject that might be difficult to recount to strangers.

Furthermore, there will be a need to seek the consent of the girls' parents, which might be difficult to get. Even if the parents gave their consent, the girls might be unlikely to share their information with others, especially if they had not already informed their parents.

Prevalence of violence

While the prevalence of sexual violence of any form was not the focus of three of the studies, there was information about the proportion of the respondents who had experienced the violence. 68.3% and 66.8% of the respondents of the study by Opoku et al. (2016) and Seidu et al. (2024) had experienced sexual violence. This indicates that several women and girls with disabilities might have encountered sexual violence at one point in their lives. It is very difficult to determine this from the studies that were conducted, but the preliminary findings from these studies suggest that it might be very common.

This rating does not factor in the limitations of how the respondents were asked about their sexual violence experiences. Seidu et al., for example, only used respondents who indicated that they had had sexual intercourse and wanted to know whether that was consensual. While this is one dimension of sexual violence, the experience of sexual violence might be higher, as there would be students who might not have had sexual encounters but might have also experienced sexual violence, like receiving unsolicited sexual pictures. Such respondents would not be

included in this study. Also, Opoku et al. (2016) asked whether the women had experienced sexual violence without explicitly defining it. Some forms of sexual violence may likely have been considered mild by the respondents and so were not considered as sexual violence. Therefore, there is the likelihood that sexual violence might be higher among women and girls with disabilities than the estimates of around 66-68%.

Perpetrators of the violence

Almost all the studies that sought to explain the perpetrators of the violence showed that those who committed the sexual violence were known to the respondents. It appears that it is rare for strangers to do this. The offending partners range from neighbors, co-tenants, to friends. In the study by Gbagbo et al. (2023), the students reported that some of those who harassed them included their classmates and lecturers, who did so as they had promised to award them with marks. One respondent in the study by Azumah et al. (2019) stated that those around her touched her all over under the pretense of helping her.

It is noteworthy that family members and spouses were not indicated as perpetrators of the violence. There could be several reasons for this. One might be the general inappropriateness of sexual interactions between close family members in Ghana (Owusu-Addo et al., 2023; Avoke, 2002; Agbenyega, 2003). This might discourage such people from committing sexual violence. Another likely cause, especially when it comes to sexual violence by spouses, is that the respondents might not consider such to be abuse. They might believe that husbands have the right to sexual relationships with their partners at any time, as was found by Ogum Alangea & Ohemeng (2022), who conducted their study for the public. The women and girls with disabilities might have the same opinion and therefore fail to include them.

For children with disabilities, it appears that the violence is a more systemic issue that involves several groups of people. This includes the parents in almost all instances, but also other members of the community. The term “medicine man” was used in the first story for the person who does the actual killing but claims that the child transforms back into an animal. Also, strangers can be abusers, as was found in the congregation. However, these groups could not have done that without the consent, explicitly or implicitly, of the parents and caregivers.

Religion, culture, and disability

It appears that faith is a major contributor to the violence experienced by women and girls with disabilities. Most of the children who are abused are abused mainly due to the beliefs about disability that exist. It also does not seem to matter about the faith involved is, as all of them play a role. The term “medicine man” is usually used in Ghana to refer to fetish priests who are mediators between the gods and the people in the African Traditional Religion. Also, the fact that a child was whipped in a church suggests that Christianity, or Charismatic Christianity as used by the informant, seems to suggest violence as the answer to impairment in children. It therefore appears that the different religions in Ghana have different opinions of disability, which leads to increased risk of violence against women and girls with disabilities. But this makes me wonder how the view of the traditionalist agrees with the long-held expression of unity and love that exists in most societies. Furthermore, Jesus’s main message was one of love, and therefore, how can whipping a defenseless child by everyone within the congregation be an expression of that love?

It appears also that most religious perspectives are negative for the person with disability, even if others can get benefits from them. Having sex with a woman with disability will give the man spiritual fortification and the woman with disability absolutely nothing. A child can

communicate with dwarves and does not ask the dwarves to help them in life, but only to attack their caregiver. It seems that no point does religion gives no benefits to women or children with disability. It is important to note that it is likely that most people of the various religions in Ghana might not share the same opinion. It is perhaps why the informant had to be explicit that it was a Charismatic Church where the abuse took place. Such churches are known for their primary focus on power and can lead to abuse. Moreover, since these studies focused on abuse, religious practices that are positive will not show up.

It could also be that the negative attitude towards disability is rather a result of cultural beliefs which both Avoke (2002) and Agbenyega (2003) rather than religious beliefs. If that was the case, there is an instance of religious syncretism where a belief from the culture has been assimilated into their religious belief. This is further evidenced by most of the stories of the murder, especially taking place in rural areas rather than in the capital, where the stories were being recounted and where the children with disabilities lived with their families.

Another form of cultural acceptance of the poor treatment of persons with disability is the fact that it seems that none of the parents or persons involved in the murder of children with disabilities faced prosecution, even though the Persons with Disabilities Act explicitly bans it. It means that other members of the community who might have exposed them and reported to the authorities are aware of it but choose not to do so. Even the tone of the key informants seems to suggest that they are resigned to their fate, and prosecution might not be feasible.

Poverty

The major cause of sexual violence reported by the respondents was poverty. Poverty leads to sexual violence as the respondents might be promised financial help by the perpetrators, and

therefore makes them vulnerable to the violence. The victims, therefore, take advantage of them needing their help and abuse them. Poverty further strengthens the power dynamics factor as a cause of sexual violence (Sakar, 2023; Stockl, 2013). People in poverty generally have less urgency in their lives as they are likely to be more dependent on others. This makes them less able to control their actions.

Poverty is not just a major cause of sexual violence but also leads to difficulties in reporting sexual violence. Several of the respondents indicated that they could not report to the authorities due to their inability to afford to pursue the cases. It is also poverty that will lead to families settling the cases of sexual violence out of court, sometimes for one goat. However, most of these out-of-court settlements do not go to the victim of sexual violence. It is likely that the family heads, who are normally men, will take the rewards for themselves, leaving the victims with nothing.

Poor relationship with family members

The negative relationships that exist between women and girls with disabilities and their families were a cause of violence, a barrier to them reporting the violence, and an effect of violence. Several women in the study by Opoku et al. (2016) found that several of the respondents said they experienced sexual violence as they went to other community members for help. This indicates that it is less likely that they would have experienced sexual violence if they had sought help from their relatives. This was also given as a reason why they did not report to the authorities, as they felt that their families would not have supported them. Even those who told their families also indicated that the families preferred to keep their assault secret as a means of protecting themselves, but not to help their already-strained relationship with the women with disabilities. Sexual violence also led to poorer relationships with their families, as several of

them reported being abandoned by their families after experiencing sexual violence, especially those who became pregnant because of the violence. Some of them even reported that their marriages ended as their partners were unwilling to stay with a victim of sexual violence.

A study by Owusu-Addo et al. (2023) about sexual violence during the closure of schools due to the COVID-19 pandemic showed that girls with good relationships with their families were less likely to experience sexual violence. Likely, this is further heightened in sexual violence against women and girls with disabilities.

Inaccessibility of the legal system and policies

Most of the studies showed inaccessibility in one form as a major hindrance to fighting sexual violence. Some of the victims of sexual violence could not report to the authorities as they had to travel long distances to report the offense. This was made worse by the unwillingness of their relatives to help them report. This made it difficult for the women with disabilities to travel the long distances to report. Those with hearing disabilities were unwilling to report due to difficulty in communication. This same difficulty in communication is one factor why students with hearing disabilities in the study by Gbagbo et al. (2023) suggest that the school does not consider people with disabilities as being able to fall victim to sexual violence.

The communication about the university's policies on sexual harassment does not seem to reach students with disabilities. This makes it difficult to determine if they have experienced such and the appropriate reporting method. The university was chosen specifically due to its reputation for having a significant number of students with disabilities. If such an institution cannot communicate the policies to its students with disabilities, it makes you wonder how students with disabilities in other universities with fewer students with disabilities are faring.

Azumah et al. (2019) had contrasting views about the roles played by the police in fighting gender-based violence. Most of the respondents seem to agree that the police promptly arrested the perpetrators of the violence, but one of the respondents had a different view. She said that the police prioritize cases where the victims could compensate them financially. This discerning view about the motivation of police could explain why several persons with disabilities do not pursue legal redress, as they cannot afford to give the police money. This is, however, the perspective of one respondent and therefore gives a reason for further investigation to understand the situation faced by persons with disabilities when they report cases to the police.

Methodological appraisal

The findings from the Mixed Methods Appraisal Technique (MMAT) showed that all three of the studies (Opoku et al., 2015; Opoku et al., 2016; Kassah et al., 2012) that employed qualitative methods had a score of 5.0. This meant that the qualitative method that they used was appropriate for the gathering of data. The interviews gave a blank canvas for the respondents to paint a detailed word picture of the experiences of abuse and violence that they have experienced or are aware of.

For the quantitative and mixed studies which were by Seidu et al. (2024) and Gbagbo et al. (2023), respectively, their appraisal scores were 4.5 and 4.0. The main issue with the mixed study was the difficulty of adequately interpreting the quantitative and qualitative aspects of the study together. It felt like both aspects were a bit disconnected from each other. The quantitative method used by Seidu et al. (2024) could not adequately be used to determine the factors that lead to sexual violence of students with disabilities, which was also an objective of the study. It appears that having a section for the qualitative method and therefore using a mixed method would have been more appropriate.

It is therefore suggestive that most research that focuses on the various forms of violence against women and girls should be primarily qualitative. It does not mean that quantitative and mixed methods will not have usefulness. They might be appropriate in large-scale prevalence studies. But in their use, areas of concern must be carefully observed and handled. Thus, both the quantitative and the qualitative sections of the research must be accurately interpreted together to create a single, complete narrative. Should a quantitative method be adopted, it must be able to identify all the objectives of the study.

Limitations and gaps of the selected studies

The various studies have their own limitations and gaps, which future studies can pay attention to. These include the following

A lack of guiding conceptual models and theories

Of the six selected studies, only three had guiding theories. These theories are the social other concept, which was used by Kassah et al. (2012), the ecological systems model, used by Seidu et al (2024), and the behavioral and resource theories by Azumah et al. (2019). All these models have their strengths and limitations. The social other concept attributes violence to differences between people with and without disabilities (Hechter and Horne, 2003). It is therefore more appropriate when considering the causes of violence between the two major groups, but not how it affects various sub-groups. Therefore, this model can explain why children with disabilities experience more violence than those without disabilities, but it might not be reflective enough to explain the factors that cause violence against girls and boys with disabilities.

The ecological systems model considers all external factors that can lead to violence against women and girls with disabilities (Merill and Fivush, 2016). It resembles intersectionality in this

way. It would have served a better role if the model were considered with intersectionality, so that all possible areas are covered. Both concepts are better than having no guiding theoretical model, though.

The behavioral theory focuses on the use of functional assessment to reduce episodes of violence to zero rates through behavioral theory (Shorey et al., 2008). It is therefore common in clinical psychology to teach abusers self-control by identifying the triggers and consequences of violence (Bonem et al., 2008).

The resource theory proposes that the lack of access to resources and dependency leads to increased chances of individuals experiencing violence (Kalmuss & Strauss, 1990). Both theories are incredible in explaining and even preventing violence, but were not necessarily designed to focus on the complexities of disability.

None of the studies explicitly said the models of disability reflected in their findings, or the ones that could help prevent and fight violence against women and girls with disabilities. This also makes a true understanding of disability in Ghana difficult to ascertain, and which of the best models of disabilities will be used to make changes.

Lack of studies on various forms of disabilities

The studies that met the inclusion criteria covered these types of violence: sexual violence for women with disabilities, and social, physical, capital, and sexual violence for girls with disabilities. The other forms of violence that affect the two groups might not have been captured. Even though the studies by Opoku et al. (2015) and Opoku et al. (2016) both hinted that there was social isolation of the women with disabilities, this was not the goal of the studies and therefore was not a clear finding. It was my interpretation based on the reading of the transcripts

of the interviews included in the published papers. It is therefore not possible to determine the other forms of violence experienced by women with disabilities.

For girls with disabilities, there might have been more about different kinds of disabilities, but most of this was from the paper by Kassah et al. (2012), which did not always state the gender of the victim of the violence. So, while a fair idea about the extent of violence could be gleaned from the studies, a detailed understanding is not possible. Moreover, the violence being experienced at the institutional level, such as special schools, is completely absent from the studies.

A lack of information about the other forms of violence also makes knowledge about the barriers faced in fighting them unknown. Are they different from the barriers faced in fighting sexual violence? This information is needed for an appropriate strategy to be implemented.

A major gap that was noticed is the lack of studies focused solely on girls with disabilities. The current studies either had information about children with disabilities or females with disabilities, and the information about girls had to be extracted from their findings.

Lack of longitudinal studies

Another issue with the existing literature is a lack of longitudinal studies. All five of the studies conducted were cross-sectional studies that focused on the experiences up to that moment in the lives of the respondents. This makes it difficult to know if the violence experienced by girls changes as they grow up, which will be useful in determining the lifetime risk of violence for females with disabilities in Ghana (Sakar, 2023). Having information about such things will help in knowing what risks girls with disabilities face at different points in their lives, so activists and policymakers can adopt appropriate strategies to fight them.

Intersectionality

Intersectionality has become a major theory in disability research, especially for women and girls with disabilities, as it allows for the identification of their peculiar situations (WHO, 2022; Goethals, Schauwer & Hove, 2015). However, none of the studies used that theory specifically. Their information might not, therefore, be as specific to women and girls with disabilities as it should be if intersectionality were employed.

General observation from findings

One observation from the findings suggests that the causes of violence can lead to it being cyclical. Women with disabilities who have poor relationships with their families are more likely to be abused, which further ruins their relationships with their families or causes their divorce from their partners. This further increases the chances of them being abused in the future. This can also be applied to poverty, as poor women with disabilities become poorer after having a child, due to sexual violence, and therefore increasing the likelihood of violence.

The religious model of disability seems to increase violence against women with disabilities. It appears that women with disabilities are believed to be a source of good luck, which increases their chances of being sexually assaulted. It is not clear if the religious model will have an influence on other forms of disabilities, and in what form such influence will take

Positionality Statement

An incident that occurred earlier this year shaped my understanding of the complexities associated with researching intimate partner violence. while simultaneously reinforcing my determination to study it. I participated in a research session in which we were asked to submit our proposals for discussion. I delivered my presentation on violence perpetrated against Indigenous women in Canada.

Following my lecture, an Indigenous woman approached me and said that this was a highly sensitive subject and advised me against discussing it. This illustrates the hesitancy to discuss a matter deemed sensitive, resulting in discomfort for many individuals when addressing it. My supervisor and I later discussed the need for sensitivity when approaching such subjects. However, sensitivity should not exclude discussion.

While the above incident occurred in Canada, it made me wonder how domestic violence is viewed in my home country, Ghana. As someone who has lived in both countries, it could be said that Ghana is relatively more conservative than Canada. In Ghana, many subjects, including domestic violence, sexual abuse, and disability, are considered inappropriate for open discussion, whereas Canadian society is more open to addressing such issues publicly (Bayat, 2014; Opoku et al.,2016).

The comparatively conservative cultural environment of Ghana renders subjects such as domestic violence and disability significantly more inappropriate, therefore constraining public discourse and access to support services (Bayat, 2014). For example, when I initially proposed researching violence against women with disabilities during my undergraduate studies in Ghana,

my supervisor discouraged me, arguing that participants would be difficult to recruit since discussing violence was viewed as culturally inappropriate.

It will be academically dishonest on my part if I do not admit the possibility of my background affecting the interpretation of the findings of this systematic review, even though I tried to take precautions to reduce the chances of this happening. I must first admit that I am writing this paper from an etic perspective. While I am a Ghanaian and a woman, I do not have any form of disability. I can therefore not understand the exact conditions facing women and girls with disabilities, as I am an outsider in their experience (Gurr et al., 2024; Chavez, 2008). Not even my background as a disability rights advocate with a bachelor's degree in Disability and Rehabilitation Studies, which has exposed me to a lot of information and interactions with women and girls with disabilities, can make me grasp the full understanding of their experiences. However, I have tried to be as objective as possible while understanding the plights of women and girls with disabilities (Wilson et al., 2022).

My being a Ghanaian, on the other hand, with academic experience in Ghana, has, however, made me aware of clues and hints that might not be explicitly stated. I understand the Ghanaian culture and how studies are conducted. This has made it possible for me to draw out clues from studies that the authors and respondents meant that might be missed by someone without the same background. This can make the review better or insert my biases into it. I therefore try to keep such assertions to a minimum.

Another factor that could have affected my objectivity is my religious background. I am a Christian raised in the Protestant tradition. I therefore might have an understanding of Christianity that could be different and cloud my judgment. This is very likely in the section about religion, culture, and disability.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY

The review obtained five studies that met the inclusion criteria and contained enough information about violence faced by women with disabilities. Most of the studies conducted in Ghana focused on the general female population without specific information about women and girls with disabilities.

The systematic review reveals that violence against women and girls with disabilities in Ghana is a pervasive and complex phenomenon characterized by multiple forms of abuse, including sexual, social, physical, and even capital abuse.

Another important finding from the review is the significant barrier posed by inaccessible legal and justice systems. Long distances to reporting centers, communication barriers, especially for those with hearing impairments, and negative attitudes among law enforcement and judicial officials further discourage victims from coming forward. Even those who report to the police might lack the financial capacity to see the case through. In addition, the poor relationship between victims and their families, whether as a cause or consequence of violence, exacerbates the challenges faced by these individuals in accessing support and justice.

A comparison of the studies that met the inclusion criteria and were therefore included in the study, and those that did not, reveals similar causes, effects, and challenges to seeking legal redress for violence. It is not possible to compare violence between women and girls with disabilities and those without disabilities due to a lack of studies. A lot of studies on violence do not focus on women and girls with disabilities.

Methodologically, the review identifies important gaps in literature. Although the selected studies employed robust qualitative, quantitative, and mixed methods designs, with all the studies, especially the qualitative studies, scoring highly on the Mixed Methods Appraisal Tool (MMAT), there is a noted lack of longitudinal research and a limited focus on intersectional frameworks. Moreover, few studies have specifically targeted girls with disabilities, leaving a gap in understanding the gendered nuances of their experiences.

CONCLUSION

The evidence shows that sexual violence is highly prevalent. Furthermore, the perpetrators of these abuses are predominantly known to the victims, ranging from family members and friends to educators and community members, or do so with the knowledge and/or consent of such people. This underscores the insidious nature of abuse within trusted social networks. It is, however, difficult to ascertain the depth of the various violence that women and girls with disabilities face from the studies, as a lot of areas are understudied.

Key socio-cultural factors compound these vulnerabilities. Deep-seated negative attitudes toward disability, often reinforced by cultural and religious beliefs, contribute to the marginalization and isolation of women and girls with disabilities. This isolation not only increases their risk of abuse but also limits their ability to seek help. The review also highlights the role of poverty as a critical driver of violence. Economic dependency not only heightens vulnerability but also discourages reporting due to fears of financial and social repercussions.

The literature suggests that the focus of researchers on violence faced by females does not put much emphasis on women and girls with disabilities. This leaves a significant gap in understanding the barriers that women and girls with disabilities face and the causes of the

violence they face. Furthermore, intersectionality is rarely employed when conducting such studies, so the peculiar challenges are not adequately known.

Collectively, these findings suggest that violence against women and girls with disabilities in Africa is both widespread and deeply embedded in socio-cultural and economic structures. They also point to a cyclical relationship between violence, poverty, and social isolation, indicating that the repercussions of abuse extend beyond immediate physical and emotional harm to long-term socio-economic disenfranchisement.

However, the number of empirical studies on violence faced by women and girls with disabilities is quite limited, with most of them being either opinion pieces, anecdotes, or other systematic reviews. Violence is, however, a well-researched area in Ghana and most parts of Africa; violence against women and girls with disabilities, on the other hand, is under-researched.

RECOMMENDATIONS

Considering these findings, the following recommendations are proposed to guide future policy, practice, and research. These recommendations aim to inform policymakers, practitioners, and researchers about the urgent need for a multifaceted and inclusive strategy to address violence against women and girls with disabilities in Ghana. By combining legal reforms, public awareness initiatives, community engagement, and targeted research, it is possible to create a safer and more equitable environment that not only protects vulnerable individuals but also promotes their full participation in society.

1. Policy and Legal Reforms

There must be some changes to the legal and policy framework to better protect women and girls with disabilities from violence and to punish the perpetrators of the violence. These include:

- **Strengthening existing legal and policy framework:** The government and relevant stakeholders must review and amend existing laws, such as the Persons with Disabilities Act, to ensure they explicitly address the needs and vulnerabilities of women and girls with disabilities. This includes establishing clear protocols and accessible reporting mechanisms that accommodate various communication needs. Also, methods for reporting violence, like DOVVSU and the Gender-based Violence Courts, should have personnel trained and qualified to interact with women and girls with disabilities as part of their provisions.
- **Enhance enforcement and removal of barriers to access:** There should be training for law enforcement, judicial officials, and other key actors is essential to foster a better understanding of disability issues and to ensure that cases of abuse are handled with sensitivity and urgency. This should help improve the attitudes of these officials when women and girls with disabilities seek to report violence against them. Also, all police stations and courts should be made physically accessible to all persons with disabilities so a woman or a girl with disability can report violence without needing to bring a companion.

2. Public Awareness and Cultural Change

There must be approaches to change the culture of Ghanaians to violence against vulnerable persons, especially women and girls with disabilities. This can include:

- **Awareness Campaigns:** Disability rights campaigners can launch comprehensive public education initiatives aimed at challenging negative cultural and religious perceptions regarding disability. Such campaigns should promote messages of inclusion and respect while highlighting the rights of women and girls with disabilities. They should also talk about the negative effects of violence on society.
- **Community Engagement:** Disability rights campaigners, Disabled Persons Organizations (DPOs), and other groups that seek the interests of women and girls with disabilities should work with local leaders, religious institutions, and community-based organizations to facilitate discussions and workshops that address the harmful stereotypes and practices that contribute to the marginalization of persons with disabilities.

3. Social and Economic Empowerment

There should be a focus on empowering women and girls with disabilities so they can be less vulnerable to experiencing abuse. This will also enable them to seek justice should they face violence. Women and girls with disabilities can be empowered through the following ways.

- **Support Services:** Through the Ministry of Gender and Social Protection, the government should develop and expand accessible support services, including legal aid, psychosocial counseling, and economic empowerment programs, to help survivors rebuild their lives. Establishing safe spaces and victim support centers can also encourage reporting and provide immediate assistance.
- **Family and Community Support:** There can be initiatives that strengthen family bonds and promote supportive community networks that can help mitigate the isolation experienced by many victims. This can be done by leveraging the traditional authorities like the chiefs and queen mothers and the religious authorities like pastors, priests, and

imams to use their platforms to educate their members. Programs should also address intra-familial dynamics and promote positive communication.

4. Educational and Institutional Interventions

Changes can be made to the educational system to reduce violence within schools, which can also lead to changes in the community. This can include:

- **Inclusive Education Policies:** All educational institutions should ensure that their policies on harassment and abuse are clearly communicated and accessible to all students. Regular training and sensitization programs for staff and students are critical to safeguard the rights of female students with disabilities.
- **Curriculum Integration:** The school curriculum should also incorporate disability rights and gender sensitivity into school curricula to foster early awareness and reduce stigma from a young age. This will reduce the chances of students without disabilities abusing people with disabilities both while in school and after graduating

5. Future Research Directions

These are some recommendations for future research into violence faced by women and girls with disabilities in Ghana.

- **Longitudinal Studies:** There should be future research that adopt longitudinal designs to explore how violence against women and girls with disabilities evolves over time and to assess the long-term impacts of abuse on their well-being.
- **Intersectional Approaches:** Researchers should employ intersectional frameworks to capture the multiple dimensions of identity which include disability, gender, socio-economic status, and cultural background that influence vulnerability to violence. Other

theories that explore multiple dimensions of the cause of violence can also be used but intersectionality should be the dominant one.

- Focused Research on Girls: There is a critical need for studies that focus exclusively on girls with disabilities, as their experiences may differ significantly from those of adult women or boys.
- Studies to compare rates between women and girls with disabilities and those without disabilities: Studies must be conducted that compares the rates of the different forms of violence experienced by female with disabilities and those without disabilities to reveal the extent of disability specific causes of violence in the country.
- Studies can be conducted to determine the experiences of women and girls with disabilities who report incidences of violence to the police to determine the factors that could support or hinder their reporting.
- Appropriate mixed methods integration: Further research should refine mixed method approaches to ensure that quantitative data and qualitative narratives are effectively integrated, providing a more comprehensive picture of the phenomena. Otherwise, qualitative studies should be the primary methodology.

APPENDICES

Table 4: Data Extraction Form

Study Identification:

1. Study Title:
2. Authors:
3. Year of Publication:
4. Journal/Source:
5. DOI/URL (if available):
6. Study Design (e.g., qualitative, quantitative, mixed methods):
7. Sampling Method:
8. Sample Size:
9. Data Collection Method:
10. Analytical method:

Themes and Codes:

- a. Types of violence:
 - Social abuse
 - Physical abuse
 - Capital abuse of children
 - Sexual violence
- b. Prevalence of the Violence:
- c. The causes of the violence:
 - Religion, culture and disability
 - Poverty
 - Poor relationship with family members
- d. The barriers to reporting the violence:
 - Inaccessibility of the legal system and policies
 - The barriers to reporting the violence:

Key Findings:

11. Summary of Key Findings Relevant to Domestic Violence Against Women with Disabilities

Table 5: Methodological Assessment Tool.

Quality criteria/questions for studies					Overall score
Responses and Scores (Yes = 1, Can't tell = 0.5, & No = 0)					
For Qualitative Studies					
Is the qualitative approach appropriate to answer the research question?	Are the qualitative data collection methods adequate to address the research question?	Are the findings adequately derived from the data?	Is the interpretation of results sufficiently substantiated by data?	Is there coherence between qualitative data sources, collection, analysis, and interpretation?	
For Mixed Methods					
Is there an adequate rationale for using a mixed methods design to address the research question?	Are the different components of the study effectively integrated to answer the research question?	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	
For Quantitative Descriptive Studies					
Is the sampling strategy relevant to address the	Is the sample representative of the target population?	Are the measurements appropriate?	Is the risk of nonresponse bias low?	Is the statistical analysis appropriate to answer the	

research question?				research question?	
---------------------------	--	--	--	---------------------------	--

REFERENCES

- ActionAid Ghana, 2020, 'Fighting Domestic Violence in Ghana: How DOVVSU Set-ups Provide Safe spaces for Survivors.'
<https://ghana.actionaid.org/sites/ghana/files/publications/DOVVSU%20AAG%20book%20Print%20-%20Final%20Approved.pdf>.
- Adu-Gyamfi, E. (2018) 'Assessing the Impact of Social Protection Programmes on Disabled Women in Ghana', *Journal of Social Policy and Development*, 14(2), pp. 165–182.
- African Union, 2003, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, <https://www.refworld.org/docid/3f4b139d4.html>.
- Agbenyega, J. (2003). The power of labeling discourse in the construction of disability in Ghana.
<http://Citeseerx.ist.psu.edu/Viewdoc/Download/?doi=10.1.1.214.8974&rep=rep1&type=pdf>
- Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. (1990).
Available at: <https://www.ada.gov/>
- Amissah, E. (2018) 'International Human Rights Obligations and Domestic Policy: The Case of Disability Rights in Ghana', *African Human Rights Law Journal*, 18(1), pp. 53–78.
- Appiah, K. (2015) 'Barriers to Justice for Women with Disabilities in Ghana: An Analysis of the Evidence Act and Building Regulations', *Ghana Law Review*, 7(1), pp. 101–125.
- Avoke, M. (2002). Models of disability in the labelling and attitudinal discourse in Ghana.
Disability & Society, 17(7), 769–777. <https://doi.org/10.1080/0968759022000039064>
- Aolain F (2011). Women, vulnerability, and humanitarian emergencies. *Michigan Journal of Gender and Law*, 18(1), p.1-23

- Balderston, S. (2013). Victimized twice: The impact of violence on disabled women. *Disability & Society*, 28(5), 709-722.
- Barnes, C. and Mercer, G. (2003) *Disability*. Malden, MA: Blackwell Publishers.
- Barnes, C. (2013) *The Disability Studies Reader*. (3rd ed.) New York: Routledge.
- Bayat, M. (2014) ‘The stories of “snake children”’: killing and abuse of children with developmental disabilities in West Africa’, *Journal of Intellectual Disability Research*, 58(1), pp. 1–10. doi: 10.1111/jir.12118.
- Boateng, A. and Frempong, G. (2017) ‘Intersectionality and the Legal Protection of Women with Disabilities in Ghana’, *International Journal of Gender Studies*, 5(3), pp. 235–256.
- Brownridge, D.A. (2006) ‘Partner violence against women with disabilities: prevalence, risk, and explanations’, *Violence against Women*, 12(9), pp. 805–822.
- Brownridge, D.A. (2008) ‘Understanding women’s heightened risk of violence in common-law unions: Revisiting the selection and relationship hypotheses’, *Violence against Women*, 14(12), pp. 1371–1391.
- Brinkman, A., Rea-Sandin, G., Fitzpatrick, O., Gusman, M. S., Lund, E., & Boness, C. L. (2022). Shifting the Discourse on Disability: Moving to an Inclusive, Intersectional Focus.
- Centre for Gender Studies and Advocacy, 2016. ‘Beyond Domestic Violence Laws: Women’s Experiences and Perception of Protection Services in Ghana’, [Online] <http://cegensa.ug.edu.gh/sites/cegensa.ug.edu.gh/files/Beyond%20Domestic.pdf>.
- Chavez, C., (2008). Conceptualising from the Inside: Advantages, complications, and demands on insider positionality. *The Qualitative Report*, 13 (3) 474-49

- Chirwa, E., Jewkes, R., Van Der Heijden, I. and Dunkle, K. (2020) Intimate partner violence among women with and without disabilities: a pooled analysis of baseline data from seven violence-prevention programmes. *BMJ Global Health* 5:e002156. DOI:10.1136/bmjgh-2019-002156
- Coker, D. (2016). Domestic Violence and Social Justice. *Violence Against Women*, 22(12), 1426–1437. <https://doi.org/10.1177/1077801215625851>
- Cooper, B. (2016). Intersectionality. In L. J. Disch & M. E. Hawkesworth (Eds.), *The Oxford handbook of feminist theory* (pp. 385–407). Oxford: Oxford University Press.
- Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics*. University of Chicago Legal Forum, 1989(1), 139–167.
- Curry, M.A., Hassouneh-Phillips, D. and Johnston-Silverberg, A. (2001) ‘Abuse of women with disabilities: an ecological model and review’, *Violence against Women*, 7(1), pp. 60–79.
- Darko, S. (2016) ‘International Human Rights Treaties and Domestic Legal Reform in Ghana’, *Ghana Journal of International Law*, 24(2), pp. 201–220.
- Davis, L.J. (2013) *Bodies of Difference: Essays in Disability Studies*. New York: New York University Press.
- DAWN Canada. (n.d.). Fact sheet on women with disabilities and violence. DAWN Canada. Retrieved October 1, 2024, from <https://www.dawncanada.net>
- De Beudrap, P., Mouté, C., Pasquier, E., Tchoumkeu, A., Temgoua, C.D., Zerbo, A., Mac-Seing, M. & Beninguisse, G. (2022) Burden of and risk factors for sexual violence among

women with and without disabilities in two sub-Saharan African countries, *Global Health Action*, 15:1, 2077904, <https://doi.org/10.1080/16549716.2022.2077904>

Dery, I, and Diedong, A.L. (2014) Domestic Violence against Women in Ghana: An Exploratory Study in Upper West Region, Ghana *International Journal of Humanities and Social Science* 4(12): 228-244

Dowuona-Hammond, C. and Hammond, A.F. (2022) “Responding to Sexual Violence, Protecting Survivors and Ending Impunity in Ghana” in Budoo-Scholtz and Lubaale, E.C. (eds) *Violence Against Women and Criminal Justice in Africa: Volume II* Pelgrave Macmillan [Online] <https://doi.org/10.1007/978-3-030-75953-7>

Equality Act 2010, c. 15. (U.K.).

Available at: <https://www.legislation.gov.uk/ukpga/2010/15>

European Union. (2019). *Directive (EU) 2019/882 of the European Parliament and of the Council on the accessibility requirements for products and services (European Accessibility Act)*.

Fang, Z., Cerna-Turoff, I., Zhang, C., Lu, M., Lachman, J.M. and Barlow, J. (2022) ‘Global estimates of violence against children with disabilities: an updated systematic review and meta-analysis’, *The Lancet Child & Adolescent Health*, 6(5), pp. 313–323. doi: 10.1016/S2352-4642(22)00033-5.

Fulu, E., & Miedema, S. (2015). Violence against women: Globalizing the integrated ecological model. *Violence against Women*, 21(12), 1431–1455.

<https://doi.org/10.1177/1077801215596244>

- García-Moreno, C., World Health Organization, London School of Hygiene and Tropical Medicine and South African Medical Research Council (2013). *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. Geneva: World Health Organization.
- Garland-Thomson, R. (2009). *Staring: How we look*. Oxford University Press
- Goethals, T., Schauwer, E. D., & Hove, G. V. (2015). Weaving Intersectionality into Disability Studies Research: Inclusion, Reflexivity and Anti-Essentialism. *DiGeSt. Journal of Diversity and Gender Studies*, 2(1–2), 75–94.
<https://www.jstor.org/stable/pdf/10.11116/jdivegendstud.2.1-2.0075.pdf>
- Government of Canada. (2019). *Accessible Canada Act, S.C. 2019, c. 10*.
Available at: <https://laws-lois.justice.gc.ca/eng/acts/A-0.6/>
- Groce, N., Kett, M., Lang, R., & Trani, J. F. (2014). *Disability and poverty: The need for a more nuanced understanding of implications for development policy and practice*. *Third World Quarterly*, 35(8), 1496–1514. <https://doi.org/10.1080/01436597.2014.953940>
- Guedes, S., et al. (2016) ‘Associations between childhood abuse and domestic violence and mobility disability in old age’, *Journal of Epidemiology & Community Health*, 70(7), pp. 660–666.
- Gurr, H., Oliver, L., Harvey, L., Subedi, M. & van Teijlingen, E. (2024) The Importance of Positionality for Qualitative Researchers *Dhaulagiri Journal of Sociology and Anthropology* 18(1), pp. 48-54
- Gwara, J., Ekor, D. and Attoe, A.D. (2023) Discrimination and Violence against Women with

Disabilities in Africa: Introducing Innocent Asouzu's Complementarity *PHILOSOPHIA AFRICANA* 21(2): 63-77 <https://doi.org/10.5325/philafri.21.2.0063>

Gyasi, E. (2019) 'Cultural Norms, Stigma, and Violence: The Plight of Women with Disabilities in Ghana', *African Journal of Sociology and Social Anthropology*, 13(1), pp. 89–110.

Hasan, T., et al. (2014) 'Prevalence and experiences of intimate partner violence against women with disabilities in Bangladesh: results of an explanatory sequential mixed-method study', *Journal of Interpersonal Violence*, 29(17), pp. 3105–3126. doi: 10.1177/0886260514534525.

Hanass-Hancock, J., Taukobong, D., Keakabetse, T. and Mthethwa, N. (2018) *Preventing Violence against Women and Girls with Disabilities in Botswana* USAID

Hechter, M. & Horne, C. (eds.), 2003. *Theories of Social Order: A Reader*. Palo Alto: Stanford

Heijden, I., Abrahams, N., & Harries, J. (2019). Additional layers of violence: The intersections of gender and disability in the violence experiences of women with physical disabilities in South Africa. *Journal of Interpersonal Violence*, 34(4), 826–847.

<https://doi.org/10.1177/0886260516645818>

Hollomotz, A. (2012). Learning difficulties and sexual vulnerability: A social approach. *Sexualities*, 15(3-4), 273-289

Hong, Q. N., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O' Cathain, A., Rousseau, M.-C., & Vedel, I. (2018). *Mixed methods appraisal tool (MMAT), version 2018. Registration of copyright (#1148552)*. Canadian Intellectual Property Office, Industry Canada.

http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf

Hughes, K., Bellis, M.A., Jones, L., Wood, S., Bates, G., Eckley, L. and McCoy, E. (2012)

‘Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies’, *The Lancet*, 379(9826), pp. 1621–1629. doi: 10.1016/S0140-6736(11)61851-5.

Imurana, A. A., & Bhartiya, A. (2024). Assessment of sexual violence against girls and young women with disabilities in Sub-Saharan Africa: A review. *International Journal of Educational Knowledge Society (IJEKS)*, 3(9), 1–12

Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates (2016), *Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences*, Brighton: IDS.

Jones, L., Bellis, M.A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T. and Officer, A. (2012) ‘Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies’, *The Lancet*, 380(9845), pp. 899–907. doi: 10.1016/S0140-6736(12)60692-8.

Judicial Service of Ghana, 2018, ‘*Children before the Courts in Ghana: Towards Child-Friendly Justice*’. Accra: Judicial Service of Ghana

Judicial Service of Ghana, 2019, ‘*Operational Guidelines, Child-Friendly Gender-Based Violence Courts in Ghana*’. Accra: Judicial Service of Ghana

Kassah, A.K., Kassah, B.L.L. & Agbota, T.K. (2012) Abuse of disabled children in Ghana,

Disability & Society, 27:5, 689-701 <https://doi.org/10.1080/09687599.2012.673079>

Krug, E.G., Mercy, J.A., Dahlberg, L.L. and Zwi, A.B. (2002) The world report on violence and health. *Lancet*. 360 (9339):1083–8

Kumar, S., Jeyaseelan, L., Suresh, S. and Ahuja, R.C. (2005) Domestic violence and its mental health correlates in Indian women. *Br J Psychiatry*. 187(1):62–7

Lawson, A. and Beckett, A.E. (2021) 'The social and human rights models of disability: towards a complementarity thesis', *The International Journal of Human Rights*, 25(2), pp. 234–250.

Mays, J. (2006) 'Feminist disability theory: domestic violence against women with a disability', *Disability & Society*, 21(2), pp. 147–158.

McCarthy, M. (2011). Women with intellectual disabilities: Their sexual lives in the 21st century. *Disability & Society*, 26(2), 133-145

Mensah, J. (2016) 'Constitutional Guarantees and the Protection of Vulnerable Groups in Ghana', *Ghana Constitutional Review Journal*, 3(2), pp. 45–67.

Merrill, N. and Fivush, R. (2016) Intergenerational narratives and identity across development. *Dev Rev*. 40: 72–92.

Meyer, S.R., Lasater, M.E., Lee, L. and Garcia-Moreno, C. (2020) 'Measurement of violence against women and disability: protocol for a scoping review', *BMJ Open*, 10(12), e040104. doi: 10.1136/bmjopen-2020-040104.

Morton, S.C., Murad, M.H., O'Connor, E., Lee, C.S., Booth, M., Vandermeer, B.W., Snowden, J.M., D'Anci, K.E., Fu, R., Gartlehner, G., Wang, Z. and Steele, D.W. (2018) *Quantitative synthesis—an update. Methods guide for comparative effectiveness reviews*. (Prepared by

the Scientific Resource Center under Contract No. 290-2012-0004-C). AHRQ Publication No. 18-EHC007- EF. Rockville, MD: Agency for Healthcare Research and Quality. Posted final reports are located on the Effective Health Care Program search page.

<https://doi.org/10.23970/AHRQEPCEMETHGUIDE3>

Nikora, L.W., Karapu, R., Hickey, H. and Te Awekotuku, N. (2004) 'Disabled Maori and disability support options', *Maori & Psychology Research Unit*, University of Waikato, pp. 5–7.

Nosek, M. A., Foley, C. C., Hughes, R. B., & Howland, C. A. (2001). Violence against women with disabilities: Barriers to prevention, reporting, and intervention. *Journal of Disability Policy Studies*, 12(1), 27-34.

Njelesani, J., Hashemi, G., Cameron, C., Cameron, D., Richard, D. and Parnes, P. (2018) 'From the day they are born: a qualitative study exploring violence against children with disabilities in West Africa', *BMC Public Health*, 18, 1–9. doi: 10.1186/s12889-018-5057-x.

Odimegwu, C., Bolarinwa, O. A., & Adebisi, Y. (2025). Measuring and addressing violence against women with disabilities in Africa. *African Journal of Disability*, 14(0), a1576

Official Journal of the European Union.

Available at: <https://eur-lex.europa.eu/legalcontent/EN/TXT/?uri=CELEX%3A32019L0882>

Ogum Alangea, D. & Ohemeng, F. (2020). *COMBAT: A community Structure to Prevent Violence against Women & Girls - Baseline findings from 10 communities in the Agona East & West Districts in the Central Region of Ghana*. Gender Studies and Human Rights Documentation Centre, Accra, Ghana.

- Opoku, M., Huyser, N., Mprah, W., Badu, E., & Alupo, B. (2016). Sexual violence against women with disabilities in Ghana: Accounts of Women with Disabilities from Ashanti Region. *www.dcidj.org*. 27(2); <https://doi.org/10.5463/DCID.v27i2.500>
- Opoku, M., Huyser, N., Mensah, J.K. and Amponteng, M. (2015) Barriers in reporting of sexual violence against women with disabilities in Ashanti region of Ghana *J. Disability Stud.* 1(2), 77-84
- Owusu-Addo, E., Owusu-Addo, S.B., Bennor, D.M., Mensah-Odum, N., Deliege, A., Bansal, A., Yoshikawa, M. and Odame, J. (2023) Prevalence and determinants of sexual abuse among adolescent girls during the COVID-19 lockdown and school closures in Ghana: A mixed method study *Child Abuse & Neglect* 135(105997)
<https://doi.org/10.1016/j.chiabu.2022.105997>
- Owusu Adjah, E.S. and Agbemafle, I. (2016) Determinants of domestic violence against women in Ghana *BMC Public Health* 16:368 DOI: 10.1186/s12889-016-3041-x
- Owusu, R. (2017) ‘Data, Disaggregation, and the Policy Response to Violence against Women with Disabilities in Ghana’, *Ghana Social Research Review*, 11(3), pp. 77–95.
- Overstreet, N. M. (2013). The intimate partner violence stigmatization model and implications for intervention. *Psychology of Women Quarterly*, 37(3), 287–303.
<https://doi.org/10.1177/0361684313482689>
- Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., (2021) The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 372:n71. <https://doi.org/10.1136/bmj.n71>

- Petrosillo I., Aretano, R. and Zurlini, G. (2015) Socioecological Systems *Reference Module in Earth Systems and Environmental Sciences*, Elsevier. <https://doi.org/10.1016/B978-0-12-409548-9.09518-X>
- Plummer, S. B., & Findley, P. A. (2012). Women with disabilities' experience with physical and sexual abuse: A review of the literature and implications for the field. *Trauma, Violence, & Abuse*, 13(1), 15-29.
- Puar, J.K. (2017) *The Right to Maim: Debility, Capacity, Disability*. Durham: Duke University Press.
- Puri, M., Misra, G. and Hawkes, S. (2015) 'Hidden voices: prevalence and risk factors for violence against women with disabilities in Nepal', *BMC Public Health*, 15, p.261. doi: 10.1186/s12889-015-1610-z.
- Ritz, I., and Asamoah, K. (2021). *Leave No Woman Behind: Situation of Women and Girls with Disabilities*. N.p.: Global Call to Action against Poverty. <https://gcap.global/wp-content/uploads/2021/03/Africa-Regional-Study-on-LNWB-final.pdf>
- Sarkar, R. (2023) Domestic violence against women with disabilities *International Journal of Current Advanced Research* 12(09): 2512-2517
- Shaffril, H.A.M., Samsuddin, S.F. and Samah, A.A. (2021) The ABC of systematic literature review: the basic methodological guidance for beginners *Quality & Quantity* 55:1319–1346 <https://doi.org/10.1007/s11135-020-01059-6>
- Shakespeare, T. (2006). *Disability rights and wrongs*. Routledge.
- Shakespeare, T. (2014) 'The social model of disability', in Davis, L.J. (ed.) *The Disability Studies*

Reader. (4th ed.) London: Routledge, pp. 214–221.

Sherry, M. (2010). *Disability hate crimes: Does anyone really hate disabled people?* Ashgate.

Stockl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C. and Garcia-Moreno, C. (2013). “The Prevalence of Intimate Partner Homicide: A Systematic Review”, *Lancet* 382

Sullivan, P. and Knutson, J. (2000) ‘Maltreatment and disabilities: a population based epidemiological study’, *Child Abuse & Neglect*, 24(11), pp. 1647–1663.

The Constitution of the Republic of Ghana, 1992.

The Ministry of Gender and Social Protection, (2015), ‘*National Gender Policy: Mainstreaming Gender Equality and Women’s Empowerment into Ghana’s Development Efforts*’. Accra: The Ministry of Gender and Social Protection

The Republic of Ghana Children’s Act, 1998 (Act 560).

UNICEF (2021) *The State of the World’s Children 2021: Children, Food and Nutrition – Growing well in a changing world*. New York: UNICEF. Available at: <https://www.unicef.org/reports/state-of-worlds-children-2021>

UNICEF (2013) *The State of the World’s Children 2013: Children with Disabilities – From Exclusion to Inclusion* New York

United Nations, (1993), *Declaration on the Elimination of Violence against Women*, UN Doc A/RES/48/104, December 20, 1993.

United Nations (2006) *Convention on the Rights of Persons with Disabilities*. Available at: <http://www.convenciondiscapacidad.es>

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

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-andfigures>

UNFDP APRO (2023) *Disability Inclusion and Gender based violence programming: promising practices and innovative approaches from UNFPA Asia and the Pacific country offices* Bangkok

Valentine, A., Akobirshoev, I., & Mitra, M. (2019). Intimate Partner Violence among Women with Disabilities in Uganda. *International Journal of Environmental Research and Public Health*, 16(6), 947.

Versluys, E. (2019) *Gender norms, child marriage and girls' education in West and Central Africa*. Save the Children www.eenet.org.uk/resources/docs/child_marriage_2019_en.pdf

Wilson, C., Janes, G., Williams, J. (2022). Identity, positionality and reflexivity: Relevance and application to research paramedics. *British Paramedic Journal* 7(2): 43–49

Withers, A.J. (2012) 'Rights Model', *Journal of Disability Policy Studies*, 22(3), pp. 150–157.

WHO (1997) *Violence against Women: A Critical Public Health Issue*. Geneva: World Health

Organization.

WHO (2001) *International Classification of Functioning, Disability and Health: ICF*. Geneva: World Health Organization.

WHO (2021) *Violence against Women Prevalence Estimates, 2018*. Geneva: World Health Organization. Available at: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

WHO (2024) 'WHO calls for greater attention to violence against women with disabilities and older women', *WHO News Release*, 27 March. Available at: <https://www.who.int/news/item/27-03-2024-who-calls-for-greater-attention-to-violence-against-women-with-disabilities-and-older-women>

Women Enabled International. (2016). *Gender-based violence against women with disabilities in Ghana*.

<https://rodra.co.za/images/countries/ghana/research/GENDER%20BASED%20VIOLENCE%20AGAINST%20WOMEN%20WITH%20DISABILITIES%20GHANA.pdf>

World Health Organization (WHO). (2013). *World report on disability*. WHO Press. <https://www.who.int/publications/i/item/9789241564182>

World Health Organization (2022) *Global Report on Health Equity for Persons with Disabilities* Geneva.