



**BARRIERS FACED BY WOMEN AND GIRLS WITH DISABILITIES IN  
DISCLOSING SEXUAL ABUSE IN THE NORTHWEST REGION OF CAMEROON:  
A CASE STUDY**

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**ABSTRACT:** *Women with disabilities are two to three times more likely to experience violence than women without a disability and are less likely to disclose incidents of sexual violence and domestic abuse. In a typically patriarchal society like Cameroon, being a woman or girl with a disability increases the likelihood of gender-based violence – a risk that has been further exacerbated by the ongoing socio-political crisis in the region. There is a misconception that women and girls with disabilities like their male counterparts are safe from sexual violence given the falsehood that it is an unusual and shameful occurrence to have sexual relations with a woman with a disability. These prevailing prejudices inspired this study to investigate the barriers that prevent women with disabilities from reporting sexual and domestic abuse. The case study design was used to conduct an in-depth content analysis of the situation of women with disability who had been abused. Nonprobability sampling resulted in a selection of 3 cases per disability type including vision, hearing, mobility, and psychosocial impairment types. Results show that there has been dead silence on abuse of women with disabilities due to social pressure, twists in the narrative to focus on blaming the victim, ignorance of what abuse is, and normalisation of abuse amongst other reasons. The study recommends the need to enhance attitudinal change through an integrated awareness strategy that includes both women and girls with disability and the perpetrators on the one hand, and society on the other with consistent capacity building for service providers on identification and pathways to managing women and girls who have been abused.*

**KEYWORDS:** Sexual abuse, domestic violence, reporting abuse, women with disabilities, disability inclusion.



## INTRODUCTION

It is currently documented that over 1 billion persons with disabilities live in the world and according to the World Report on Disability, the female disability prevalence rate worldwide is 19.2%. Within this population, there are between 180 million and 220 million young persons with disabilities, predominantly in developing countries (UNFPA, 2018). The United Nations Convention on the Rights of Persons with Disability (CRPD) explains that: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (CRPD, 2006).

Generally speaking, sexual abuse which uses power to undermine a person’s integrity is among the most horrendous practices globally (Opoku et al 2016). Insecurities and lack of protective services reinforce vulnerabilities amongst survivors and give leeway to perpetrators. As such, risky environments in addition to the limited social and legal protection services often “expose girls and women to harmful crimes which force them to go through excruciating experiences”(Habtemariam Mahider 2015). Unfortunately, studies show that despite these experiences, reporting abuse continues to be daunting and few people denounce it (Samrawit, Yirgashewa & Margarita, 2019; Mitra et al., 2015; Aolain, 2011). As a result, abuse goes unpunished or without any consequence on the perpetrator (often caregivers, strangers, family, etc.) who are most often close to the survivors and understand their vulnerabilities with regards to reporting abuse and those who know that the girls and women are powerless to protect themselves hence, the ever-increasing rates of violence.

Based on these observations, the study set out to identify the barriers that prevent women and girls with disabilities from reporting abuse in the Northwest region of Cameroon despite the inherent consequences.

## Background

The study was carried out in Mezam Division in the Northwest Region of Cameroon which hosts the administrative capital of the region – Bamenda. The Northwest is one of the two English-speaking regions in Cameroon with a population estimated at 2 million inhabitants and a disability prevalence of 10.5% which disproportionately affects more women and girls (Mactaggart, 2014). Since 2017, the Division has been a hub for thousands of internally displaced populations (IDPs), returnees, and host communities to affected persons in the ongoing socio-political crisis. As of December 2020, there are 7 sub-divisional Organizations of Persons with disability (OPDs) and 3 self-help groups of women with disabilities. According to Muntoh (2020), “the socio-cultural and religious setting of Mezam division remains a principal factor perpetuating domestic violence in several communities in Mezam. Alarming rates of domestic violence greatly trouble a majority of women who face a lot of challenges leaving abusive relationships.

Cameroon is a member of the United Nations and the African Union and has ratified many UN Human Rights Conventions including those specific to the rights of women and girls and is a multi-ethnic and multi-cultural country. Cameroonian women represent 52% of the total population and they contribute 75% of agricultural work and produce 80% of the country’s food. With so many ethnic groups, languages, and the representation of most religions of the world, it is difficult to highlight clearly "the Cameroonian" in a gender profile. The legal, socio-



economic, and political status of women in Cameroon shows the link between the high levels of violence against women and their low status in all aspects of life.

### **Problem Statement**

Gender-based violence especially among young women with disabilities is increasingly prevalent in the Northwest Region of Cameroon and Mezam Division in particular, according to Wango (2014); Wango et al 2019). While certain customs and beliefs of the people exacerbate this (Wango (2014); Wango et al 2019), the Anglophone crisis which since 2017 escalated to a violent conflict has continued to plague the region resulting in growing numbers of reported cases of gender-based violence and domestic abuse including among women and girls with disabilities. According to OCHA Cameroon's Humanitarian Response: GBV AoR last updated (5<sup>th</sup> August 2023), "the number of reported GBV cases tripled in the second quarter of the year 2022, where 3,511 cases were reported compared to 1,064 cases reported in the first quarter". OCHA's update maintains that "of the 1,943 GBV cases reported to GBV specialised service providers, it is worth mentioning that 93% of survivors of the GBV incidents are women, with 1% being survivors with disabilities". This percentage is even smaller when further broken down. This made the case of investigating barriers that prevent women with disabilities from disclosing sexual violence or domestic abuse in the Mezam Division of the Northwest Region relevant and timely.

Based on the above, the main aim of this study is to identify the barriers preventing women and girls with disabilities from disclosing sexual violence and domestic abuse, especially in the context of the ongoing socio-political crisis. The specific objectives are listed below

### **Specific Objectives**

1. To establish the reasons why women and girls with disabilities do not report sexual violence and domestic abuse.
2. To understand the meanings women and girls with disabilities give to sexual violence and domestic abuse.
3. To make recommendations to empower women and girls with disability to report sexual violence and domestic abuse and seek help.

### **Methodology**

Given the need to collect in-depth information about the phenomenon, the qualitative phenomenal approach was used to obtain perspectives of both women with various disabling impairments on abuse and the voices of gender-based violence service providers because their role in promoting participation and dismantling barriers to disclosure is pivotal. Additionally, triangulation from different sources provided a deep insight into the phenomenon through a 'thick' description.

Based on the foregoing and given the focus of this research, the accessibility of this design was ensured by a model that includes 3 tiers: universal design, accommodations, and modifications as well as disability-inclusive research designs. This includes not just involving women with a disability as other studies have done, but ensuring that they are part and parcel of the research process from identification of the problem, recruitment of study participants, data collection, data analysis, interpretation, and presentation of the key findings. Given the observed paucity



of knowledge on research processes by women and girls with disability, training was done to ensure optimal participation of the women with disability on the research team. The participation of women with disability in the process was important and key lessons have been learnt from this process. The in-depth analysis and perspectives provided by research team members have shaped the research process bringing in more details from the analysis.

### **Model for Accessibility and Inclusion**

This research was a Participatory Action Research (PAR) in the light of Barnes and Mercer (1997). We recognised: the Northwest Association of Women with Disabilities (NWAwwD), and the Gender and Disability Inclusive Development (DID) Community of Practice (Gender DID CoP) as the participants who are affected by the phenomenon under investigation. Based on this, they were engaged in all research processes as partners from identification of the problem to data analysis to strengthen their experience and expertise on the subject. As part of the research team, they took part in the dissemination of the findings and played a key role in mitigation activities. In this model, the Cameroon Baptist Convention Health Services (CBCHS) role was to facilitate the research process. Research activities were undertaken based on agreed ground rules and identified roles and responsibilities. The research team remained in control of the key decisions about the focus and direction of the research, while the CBCHS assisted at different stages in the research.

In this light, the Northwest Association of Women with Disabilities (NAwwD) took part in defining selection criteria and led in using the guidelines to shortlist participants with disabilities. These criteria included being a woman with a disability, a survivor, residing in the study area, and providing informed consent to participate. In a like manner, the Gender and DID community of practice also defined criteria for selection of service providers who constituted CoP members with a focus on gender and disability inclusion.

### **Population and Sampling**

The study used a non-probability sampling method in the form of purposive sampling to recruit the women and girls with disabilities and service providers targeted in this study. The 23 participants selected for the study were recruited through purposive sampling and presented as follows.

- 3 Women or girls with visual impairment (blind)
- 3 Women or girls with profound hearing impairment (deaf)
- 3 Women or girls with orthopaedic impairment
- 2 Women or girls with psychosocial impairment
- 6 GBV frontline workers: case workers, clinical managers for rape (doctors), the legal delegation (state counsels) and lawyers.
- 6 parents and caregivers of girls with disabilities



## **Data Analysis**

The study used thematic analysis to identify the common issues that recur and identify the main themes that summarise all the views. The thematic analysis was guided by the key research questions on why women with disabilities do not report sexual violence and domestic abuse and the resultant measures to curb abuse. This is the most common method for descriptive qualitative research. The recorded data was transcribed word verbatim and further inputted into an Excel database in terms of recurrent themes and ideas using a previously established coding scheme. Analysis followed qualitative methods taking into consideration the recurrence of ideas as well as group-to-group validation. Observation equally informed the analyses and the opinion of women with disabilities who constituted the research team was primordial.

## **Ethical Considerations**

The research team had responsibilities to protect the research participants, the research assistants, and other collaborators, including CBM and the CBCHS.

We carefully considered the context in which we were working knowing that it was a sensitive topic that could be traumatising to respondents. As such the counselling services of the CBCHS were available in case of any traumatic experience. All respondents consented to participate in the study and were free to withdraw at any time. All the ethical principles of autonomy, beneficence, non-maleficence, and justice were considered.

## **Findings**

This section discusses the key findings of the study related to the main research objective which was to identify the key barriers that stop women with disability from reporting abuse. In summary, the study findings show that the reasons why females with disabilities do not report sexual violence and domestic abuse are related to social pressure, twists in the narrative to focus on blaming the victim, ignorance of what abuse is, and normalisation of abuse amongst other reasons. These and more are discussed in the following section.

The limited understanding of sexual abuse by the survivors was noted to prevent women with disability from reporting sexual abuse. The study reveals that women and girls with disability understand sexual abuse to mean “forced sexual intercourse” forgetting that exposure to pornography, touching sexually sensitive parts of their body, use of sexually sensitive language, and violation of their bodily privacy; people exposing their private parts to them and people deliberately seeing their private parts is regarded as violence. It is important to note here that the understanding of sexual violence as found in the study to mean having sexual intercourse is a very shallow understanding of sexual abuse. This is more reason why based on such a narrow understanding of sexual abuse, it is difficult for them to adequately report cases of sexual violence and failure to report is susceptible to lead to increase in abuse. Most women with disabilities have a limited understanding of what constitutes sexual violence as they consider sexual violence to be forceful sexual intercourse only. Consequently, when they experience other forms of sexual violence they do not bother to report it.





## Fear

Fear was noted to manifest in different ways and for different reasons including fear of the perpetrator, fear of the unknown, and fear of regression. The perpetrators were noted to in many instances pose threats to the survivors that impending consequences would ensure if they reported the abuse. Given the position of vulnerability of women and girls with disability, they preferred to stay mute than to attract more consequences. This is further compounded by the fear of losing the source of livelihood which the perpetrator was providing given that some of the perpetrators were reported to be caregivers and family members. A service provider during the focus group discussion emphasised this by saying *“The challenges they faced at times is that the victims sometimes do not even know that they are being assaulted because the perpetrators have made them dependent on the assaulter that they don’t even know that they are being assaulted”*. Some respondents had developed mechanisms to cope with sexual and domestic violence which unfortunately are counterproductive to reporting abuse. The fear of opening old wounds thus and managing the situation themselves posed a serious barrier to reporting

## Self-Pity

Another point brought forth was self-pity as the abusers feel humiliated by the act and find it difficult to report it as it will cause them more pain. A respondent with hearing impairment said *“When he did what he did, I felt humiliated ...I was ashamed and annoyed, so I did not want to cause myself more pain so I decided not to report”*

It is worth noting that this finding is related to the misconceptions in society about women with a disability as potentially not credible and as people who do not have a sexual life. That is why they are not trusted given the general belief that someone cannot have sexual activity with a woman with a disability.

## Social Pressures

Social pressures expressed in varied ways constituted a key barrier to reporting domestic and sexual abuse by women with disability. This ranges from family attitudes, peer pressures, and societal misconceptions. Most families do not believe in reports from the survivors given the societal prejudice that women with disability are not sexually active. Some even exacerbate the situation by pushing the survivor to the abuser to relieve the family of the ‘stress’ of taking care of the girl with a disability. Due to pressure from the family given the above circumstances, the families turn to protect the perpetrators thereby giving the leeway for further abuse. *I was scared that if I talked it was going to be a disgrace to the man so I decided to stay quiet”*.

Other female family members were noted to have been a barrier to reporting domestic abuse through the pressure exerted of their female counterparts. To them, when they want to report domestic abuse, their female in-laws will threaten them not to wash the dirty linen in public as it will tarnish the family name. Having a woman or a child with disability is considered to already be enough stigma and further reporting abuse is regarded as too much to bear by the family therefore the pressure not to report. Consequently, when they are abused, they remain silent to protect the family's name and pride. A respondent with mobility impairment mentioned, *“My mother and sisters always tell me not to say anything to people in the community as this might cause people to run away from them”*.



As earlier mentioned, some of the perpetrators are family members and the family preferred that non-family members should not know about the abuse especially in cases of sexual violence for fear that the family will be stigmatised and brought to shame. The issue of family secrets makes it difficult for social workers and other stakeholders to obtain accurate information from the concerned family thereby putting the victim at risk of further abuse. Also, other female friends were noted to have discouraged and prevented the perpetrators from reporting abuse because they narrated their own failed story of reporting which yielded no fruit.

***“It was a shameful thing for me to go and sit down and be telling someone about this kind of thing, that this man has done something to me in that kind of way. So, I really consider it to be a shameful thing...[Silence] ...***

### **Communication**

The barrier of communication is obvious and a significant impediment to reporting abuse. ***“When we talk people do not understand us, so I am afraid to tell somebody because he/she will laugh at me”***, this was disclosed by a respondent with hearing impairment. People in the community do not understand sign language so they hardly communicate with people with hearing impairment not to talk of those who are deaf and nonverbal. It is evident that women with hearing and speech impairment cannot report abuse because of communication barriers even if they want to report. Most of the time, they depend on interpreters to report abuse in a community where very few exist. This further compounds the situation. Not only is the glaring situation of those with speech impairment but equally significant is that of women and girls with intellectual impairment who society places at the threshold of comprehension. Nobody has the patience to listen to what they say which is often relegated as irrelevant and not true.

### **Attitude of women with disability**

Due to societal prejudices discussed earlier, women and girls in the mainstream generally have low self-esteem, and living with a disability further aggravates the situation. There was a noticeable limitation in the understanding of women’s rights with the faulty impression that women’s rights do not consider women with disability. That is why survivors of abuse were noted to have relegated themselves to the background and will not come out to report abuse because they believe no one will listen to them. This has of course resulted in varying behaviours which further expose women and girls with disability to abuse. ***“I could not shout because I know him.....I like him though I did not think he could do such a thing to me”***. While the victim here is blaming herself, this is more of an issue of abuse of confidence than the victim’s fault. While the research team thought that sexual abuse was detrimental, it became challenging when some respondents believed ***“It makes me feel like a woman as nobody wants to approach me”***. While this could be related to ignorance, the research team had challenges enabling them to understand the level of abuse. This was mostly for those who had been abused severally by the same abuser. While it is challenging to accommodate this perspective, it is also true that all women need sexual pleasure and that in the absence of due process for this, women with disability found solace in abusers and found no reason to report the abuse. Given all these, the respondents reportedly were easily lulled to believe in fake promises of marriage, protection, and love at the onset of relationships which prevented them from reporting abuse focusing on fake promises.



### **Slow and expensive judicial processes**

Furthermore, the slow and expensive judiciary procedures cause women with disabilities not to report sexual violence and domestic abuse. In Cameroon, the judicial procedures are usually long with many adjournments which require the victims to appear in court many times. This involves financial expenditures that women with disabilities can hardly afford. A respondent with psychosocial impairment said, ***“I hear people talk about going to court and nothing was done to their favour, so to me going to seek justice in the court is a waste of time”***. Again some of the women with disabilities do not believe in the judicial system of the country as they think it is corrupt. To them reporting incidents of sexual violence and domestic abuse is a waste of time and resources. This point was reinforced by a respondent with visual impairment who assumed that ***“Justice in Cameroon is for the rich and not for the poor. If I report, the abuser will corrupt the officials of the legal system and the case shall be dismissed”***.

The judicial process also has accessibility issues that need to be handled. While women with disability think that the legal processes are corrupt, they also think that they are not accommodating of persons with disability. For instance, in a focus group discussion with lawyers, it was noted that though some of them who collaborate with disability programs make efforts to ensure processes are accessible like bringing in sign language interpreters, their colleagues feel that it is a waste of time and will dissociate themselves from cases related to persons with disability. Also, there is this impression that persons with disability are poor and legal proceedings need finances that they cannot afford.

### **Lack of knowledge on where to report**

The referral pathways for both GBV and domestic violence are not known by these women and young girls with disabilities though some of them are ready to report cases of abuse. This point was recurrent in the responses as a respondent said ***“Even if I want to report I do not know where to go and report”***. They claim that reporting for the sake of reporting will instead put them at risk of harm because the perpetrators might come after them. ***“If we know where to report and we are sure that the perpetrator shall be punished we will go and report”*** as noted by a respondent with hearing impairment. This shows not just a lack of knowledge on where to report abuse but also the fact that the respondent has no faith in the systems that ensure follow-up of the case. The only place some knew that they could report abuse is the police and as earlier noted the police is considered corrupt therefore going there is a waste of time to them. Others complain of exorbitant amounts to be paid before their cases could be heard. For others, you must know somebody in authority before you can report a case of abuse even if you know that you are being abused. ***“My husband beats me regularly and I know he can kill me one day; however, I do not know anybody in authority that I can report to”*** opined a respondent with hearing impairment.

### **RECOMMENDATION**

From the analysis of this study on the barriers that prevent women and girls with disabilities from reporting sexual and domestic abuse, it is evident that the predominant factor is fear. This has been developed into various facets including fear of family pressure, fear of the unknown, fear of losing livelihood, fear of stigma, and fear of trauma. From a superficial reading, one will immediately think that it is more of an internal factor that comes from the woman with





disability but a closer look shows that this fear is a consequence of societal pressures that force the woman with disability to adopt this attitude that further compounds the situation. It is therefore important for actors to adopt a comprehensive approach to responding to violence against women with disability with strategies targeting both environmental and personal factors. Such a twin-track approach will identify issues around empowerment to ensure that the woman with a disability knows her rights is able to defend them anywhere and understands the pathway to seeking justice. On the other hand, advocacy and sensitisation should be directed towards society to ensure inclusive structures and understanding of the level of vulnerability of women with disability with regard to abuse. This society has further been compounded by the socio-political crises that have made women with disabilities even more vulnerable than was the case before 2016 when the crises started. The humanitarian response has been limited in being inclusive and considering the peculiarities of women with disabilities thereby forcing some of them to remain in their hiding places. The situation is overwhelming and there is very little focus on disability issues except for the few NGO programs mentioned above. There is thus a need for capacity building and system strengthening of stakeholders on disability-inclusive action to curb abuse, development of a referral pathway to facilitate reporting abuse and development of survival strategies for women with disabilities who have been abused.

## CONCLUSION

The incidence of sexual violence and domestic abuse of women and girls with disabilities will be on the increase if the victims do not report these abuses for action and corrective measures to be taken. From the findings of this study, some perpetrators keep on violating and abusing women and girls with disabilities because they are not punished when they commit these criminal acts. This study has identified the reasons why women and girls with disabilities do not report sexual violence and domestic abuse. These reasons emanate both from the limitations within the individual and are exacerbated by society and the ongoing crises. From the findings, it is evident that women and girls with disabilities have experienced at least one form of domestic abuse since the onset of the socio-political crisis in the Northwest region of Cameroon in 2017. Some have experienced sexual violence that has led to unwanted pregnancy and caused them trauma. It is thus important that measures be taken to encourage women to report abuse because it's the only way we can punish the perpetrators and stop the cankerworm from eating deep into society. Such measures will target both the individual and the society in which they live and a comprehensive twin-track approach considering principles of disability inclusion.

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