

Mental Health Conditions of Women from the Anglophone Regions of Cameroon Related to the Secessionist Armed Conflict

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Abstract

Aim: The aim of the study is to investigate how the mental health conditions of women in the Anglophone regions of Cameroon are related to the secessionist armed conflict that has been ravaging these regions since the last quarter of 2016.

Method: Three hundred and two women from four cities in the restive Anglophone regions of Cameroon and Douala, one of the Francophone regions, completed a questionnaire measuring PTSD.

Results: Among the respondents, 74.8 percent were internally displaced, 55.3 percent had been kidnapped, and 36.1 percent had been raped during the conflict. Women who had been kidnapped or raped scored significantly higher than others on symptoms of PTSD. Kidnapped women reported fear, horror, anger, or shame, and trouble remembering the conflict. Women who had been raped scored higher than others on irritability, aggressivity, lack of experiencing positive or loving feelings, strong physical reactions when reminded of the conflict, and trouble remembering the conflict. A correlation was also found between symptoms of PTSD and age.

Conclusions: The study revealed that the mental health conditions of women from the Anglophone regions of Cameroon are related to the secessionist armed conflict currently ravaging said regions.

Key Words: Anglophone crisis, Human Rights, Internally displaced women, Kidnap, Rape, Mental Health.

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1. Introduction

1.1 Aim of the Study

The study aimed to investigate the mental health conditions of women from the Anglophone regions of Cameroon in relation to the secessionist armed conflict.

1.2 Background of the Study

According to the UN Office of the High Commissioner for Human Rights (2023), an overwhelming majority of internally displaced persons are women and children who are often trapped in conflict zones, caught in the crossfire, become targets, or used as pawns by the belligerents and consequently suffer from the worst forms of human rights violations including physical attack, kidnapping, and rape.

Human Rights Watch (2022) has documented gross human rights violations such as the extensive burning of villages, shops, homes, schools, and hospitals, the torture, kidnapping, rape, and extortions of civilians in the Anglophone crisis in Cameroon committed by both the government troops and the armed separatist fighters. Women have unfortunately borne the brunt of this conflict.

The Sustainable Development Goals (SDGs) target 5.2 calls for the elimination of all forms of violence such as trafficking, sexual abuses, and other forms of exploitation against women and girls in both the public and private spheres. This is not only a fundamental human right but an absolute necessity for building a sustainable and prosperous society (United Nations, 2023). The persistent gross human rights violations witnessed because of the Anglophone crisis in Cameroon are evidence of persistent grave gender inequality in the society.

Several studies have investigated the psychological distress suffered by individuals exposed to stressful life events such as wars and conflicts (Hynes, 2004; Kinyanda et al., 2010; Ba & Bhopal, 2017; Musisi & Kinyanda, 2020; Ibrahim et al., 2023). However, most of these studies have focused on investigating the post-traumatic stress suffered by refugees from exposure to war trauma and post-migration condition stressors in the receiving countries (Bogic et al., 2015; Henkelmann et al., 2020).

The literature on post-traumatic stress disorder (PTSD) specifically experienced by internally displaced women because of life stressors such as kidnapping and rape, and how age, marital status, and educational level of women are related to symptoms of PTSD due to conflict is limited. This study intends to enhance the literature.

Cameroon is often described as Africa in miniature, located between West and Central Africa (Amin, 2021), with a population of 27.9 million as of 2022 (World Bank, 2023). Cameroon is a country with a rich cultural and linguistic diversity with approximately 280 to 289 local languages (Mateş, 2019). However, despite this rich linguistic and cultural diversity, French and English, a legacy of colonization, continue to be the country's two official languages (Lee et al., 2023).

Cameroon has ten regions and only two of these regions (South West and North West) comprise Anglophones while the remaining eight are Francophones (Forcha, 2021; Awasom, 2020). To understand the genesis of what has come to be known as the Anglophone crisis in Cameroon, it is important to examine the colonial and post-colonial history of the country.

1.3 The Colonial and Post-colonial History of Cameroon

The ongoing Anglophone crisis in Cameroon can be traced right back to the country's colonial and post-colonial history. Germany annexed Cameroon in 1884 (Bang & Balgah, 2022). The Germans ruled Kamerun (the German name for present-day Cameroon) until their defeat in Kamerun during the First World War (WW1) in 1916 (Amin, 2021). The German forces were defeated and expelled from Cameroon by the allied forces led by France and Britain (Amin, 2021).

German Kamerun was then divided into two unequal parts during the Versailles Treaty in 1919 and placed under the administration of France and Britain (Awasom, 2020; Amin, 2021; Shulika & Tella, 2022; Bang & Balgah, 2022). Four-fifths of the territory (representing 80 percent) went to France while one-fifth of the territory (representing 20 percent) went to Britain (Awasom, 2020; Amin, 2021).

The Francophone part of the country achieved independence as *La République du Cameroun* on January 1, 1960, while Anglophone Cameroon also known as Southern Cameroons at the time was given the option by the United Nations to either gain independence by merging with Nigeria or *La République du Cameroun* (Bang & Balgah, 2022). According to Mateş (2019), the absence of an independent third option for Southern Cameroons constitutes one of the issues that triggered the Anglophone crisis. Great Britain and the United Nations considered the territory not viable from an economic perspective and therefore wanted to avoid the further balkanization of the African continent by creating a microstate (Mateş, 2019).

The United Nations then organized a plebiscite on February 11, 1961, in which Southern Cameroons (Anglophones) voted to reunite with *La République du Cameroun*, thus becoming

the Federal Republic of Cameroon (Chapman & Pratt, 2019; Bang & Balgah, 2022). The Federal Republic of Cameroon was now comprised of East Cameroon (Francophones) and West Cameroon (Anglophones) (Bang & Balgah, 2022). This ushered the way for the two cultures and identities namely the Francophone and Anglophone cultures which have formed and shaped the Cameroonian state as it is today. France and Britain administrations in Cameroon succeeded in inculcating their systems and visions in Cameroonian society before independence (Mateş, 2019).

The 1961 Constitution of the Federal Republic of Cameroon promised the people of West Cameroons equality, strict respect for both their political and economic institutions (a legacy of their colonial past), economic development of both Federated states, and the promotion of bilingualism throughout the Federal Republic of Cameroon (Amin, 2021). Article 47 of the 1961 Constitution of the Federal Republic of Cameroon recognized West and East Cameroon as states within the Federal Republic of Cameroon. This Article strictly prohibited any action altering the country's federal structure (Shulika & Tella, 2022). Francophone and Anglophone Cameroonians were to share equal political and economic power (Chapman & Pratt, 2019).

Mateş (2019) viewed that the 1961 Constitution gave much power to the Federal state and did not specify the tasks under the competency of the Federated states. This constitutional lapse was exploited by the pioneer president Amadou Ahidjo with the support of some Anglophone leaders who were afraid to lose their position of influence within the state to follow a single ambition of abolishing a Federal state to establish a unitary system with a centralized national power, judiciary, and administrative institutions in 1972 (Mateş, 2019; Shulika & Tella, 2022). The creation of the United Republic of Cameroon in 1972 led to the cartographic reorganization of West Cameroon into two provinces, now regions (North West and South West), and this has served as a political compass for the successive regimes in Cameroon in their politics of divide and rule (Mbuagbo, 2022). The current president, Paul Biya, further changed the name of the country to *La République du Cameroun* (the original name of Francophone Cameroon) on February 4, 1984. Some Anglophones saw this as an attempt to erase the Anglo-Saxon identity and forcefully assimilate them into the Francophone-dominated culture which constitutes the majority (Bang & Balgah, 2022).

Awasom (2020) put forward that since the reunification of Southern Cameroons (Anglophone) with *La République du Cameroun* (Francophone), the Anglophones have gone through economic, social, linguistic, and political marginalization. The marginalization is coupled with a bad governance system that pays little or no attention to the democratic values of free and fair elections. Each of these problems contributed to the Anglophone crisis.

1.4 A Brief Overview of the Anglophone Crisis in Cameroon

The hyper-centralization of political power at the detriment of a Federal Government as was agreed in the Constitution of 1961, the destruction and replacement of Anglophone institutions with Francophone ones, the loss of the Anglophone statehood of West Cameroon as a distinct community with its distinctive Anglo-Saxon education, language, law, and public administration among others are the core Anglophone grievances in Cameroon (Awasom, 2020).

Unsatisfied by this display of dominance by the majority Francophone Central Government for decades, some groups of Anglophones decided to retaliate by declaring the independence of Southern Cameroons in 1999 (Shulika & Tella, 2022). Though this declaration failed, it was followed by a series of protests over the years, culminating in the Anglophone lawyers' and teachers' demonstrations, and eventually the masses in October 2016 (Shulika & Tella, 2022). The Anglophone regions of Cameroon have been under an armed secessionist conflict since October 2016, as the various groups involved in the fighting have asked for a return to federalism (as was the case during the Reunification of Cameroon in 1961) or the complete independence of the Anglophone regions in the form of a new nation called Ambazonia (Nganji & Cockburn, 2020).

When the protest started in October 2016, it was relatively timid and characterized by a peaceful march of Anglophone lawyers who were protesting the appointment of Francophone judges trained in French Civil Law jurisdictions to preside over the Anglophone regions where the system of Common Law was practiced (Anchimbe, 2018). They requested reforms in the Common Law legal practice in Cameroon.

The teachers immediately joined the strike action and just like lawyers, the teachers were demanding government reforms regarding the Anglo-Saxon educational system which was increasingly *francophonized* (Anchimbe, 2018; Agbor & Cho, 2022). On the grounds of a long-standing marginalization, the protesters soon started to raise questions related to the country's political situation like a return to federalism as was the case in 1961 (Agbor & Cho, 2022).

The government's response to these peaceful protests by the lawyers and teachers was inappropriate. The protesters were heavily cracked down; some were beaten and incarcerated. In solidarity with their colleagues, the Anglophone lawyers and teachers responded to the government's indiscriminate use of force by shutting down all the courts and schools in the Anglophone regions (Anchimbe, 2018).

The lack of willingness from the government to cooperate with the leaders of the protest suddenly metamorphosed what started as a peaceful protest demanding government reforms to protect the Anglo-Saxon culture into a call for secession in the Anglophone regions of Cameroon (Anchimbe, 2018).

The Anglophone crisis in Cameroon is a secessionist crisis based on cultural differences between the minority Anglophone and the majority Francophone Central Government (Fai & Stubbs, 2023). According to Shulika and Tella (2022), this crisis has been simmering since the 1970s and consequently erupted into a peaceful protest in October 2016 in the guise of dissatisfaction with a very rigid legal system and school curriculum that placed the Anglophones in Cameroon at a disadvantage.

Human Rights Watch (2022a) put forward that both the armed separatist fighters and the government forces have committed gross human rights violations in this Anglophone crisis including unlawful killing, and burning of homes and schools, arbitrary arrest, and detention of Anglophones across the Anglophone regions. Furthermore, the armed separatist fighters have imposed restrictions on movements and travel bans on certain days (like the Monday ghost town) across the said regions (Shulika & Tella, 2022). Kidnappings and indiscriminate killings of civilians by both the armed separatists and the government troops have become customary (Shulika & Tella, 2022).

The Anglophone crisis has claimed the lives of over 6,000 Cameroonians including women and children since October 2016 in the concerned regions (International Crisis Group, 2023). The latest of these gruesome killings took place in the early hours of November 6, 2023, at Egbekaw, a neighborhood of Mamfe, where the armed separatists attacked and burnt houses, killing 25 people including women, and children (Fokwen, 2023).

The Anglophone crisis has also led to the displacement of 712,000 people who were internally displaced in the Anglophone regions and in some Francophone regions by August 2021, and at least 2.2 million people in need of humanitarian assistance in the Anglophone regions of Cameroon (Human Rights Watch, 2022). Additionally, tens of thousands have fled to neighboring Nigeria where a refugee camp has been established for them (Anchimbe, 2018). The armed separatist fighters have violently enforced a boycott on education since 2017 and continue to attack educational professionals and students (Human Rights Watch, 2022). The International Crisis Group (2023) reports that close to 600,000 children are today being deprived of education in these Anglophone regions.

1.5 The Concept of Mental Health

The World Health Organization (2022) defines mental health as a state of mental well-being that enables individuals to realize their abilities, cope with life's numerous stresses, learn, work, and contribute to the growth of their communities. Consistent with this definition by the World Health Organization, Patel et al., (2018) of the Lancet Commission on Global Mental Health and Sustainable Development view mental health as a resource or an asset that enables individuals to be in a positive state of well-being that provides the individuals with the capacity to achieve their full potential.

Mental health is a basic human right and constitutes an integral component of health and well-being that supports our individual and collective ability to make appropriate decisions, build relationships, and be capable of shaping the world in which we live (World Health Organization, 2022). Mental health is not simply concerned with the absence of an illness (Patel et al., 2018), but it is also more than just the absence of mental disorders (World Health Organization, 2022). Mental health is, however, related to mental disorders in that a gain in the mental health of a certain population predicts a decline in the mental disorder over time in that same population (Patel et al., 2018).

Mental health exists on a complex continuum, and it is experienced differently by individuals, with a different degree of distress, difficulties, and potentially varying social and clinical outcomes (World Health Organization, 2022). According to Morina et al. (2018), numerous studies from public health in complex humanitarian settings have shown a linear relationship between armed conflicts and the mental health conditions of the population. Forced displacement is also one of the threats that heightens the risk of mental health conditions for an entire population. Studies have shown that conflict-affected populations usually suffer from three mental health-related disorders; depression, anxiety, and post-traumatic stress disorder (PTSD) (Morina et al., 2018).

Post-traumatic stress disorder is the most common mental problem associated with people following exposure to traumatic events (Şalcıoğlu, 2013; Madoro et al., 2020; Koshe et al., 2023). Post-traumatic stress disorder is a chronic and recurring mental health disorder (Freedly et al., 2010).

Internally displaced women are often exposed to violence and/or traumatic events like kidnapping, starvation, rape, and murder threats, thus making them vulnerable to psychological disorders like PTSD (Madoro et al., 2020; Koshe et al., 2023; Ibrahim et al., 2023). The longer

the displacement period, the more likely the person will experience behavioral problems (Siriwardhana, 2013).

According to Başoğlu & Şalcioglu (2011), the symptoms of PTSD can be categorized into four main types as seen in Table 1.

Table 1

Types of Post Traumatic Stress Disorder (PTSD) Symptoms According to Başoğlu & Şalcioglu (2011)

Intrusive thoughts	Heightened physiological arousal	Avoidance	Negative mood and Cognition
Memories	Hypervigilance	Memories	Emotional numbing
Nightmares	Sleep disturbance	Thoughts	Guilt
Flashbacks of traumatic events	Increased startle response	Feelings	Memory/concentration problems
		Situations that are related to trauma	Suicidal thoughts

1.6 Internally Displaced Women

Internally displaced persons (IDPs) (women) are groups of people who have been forced to leave their area of habitual residence because of generalized violence, violations of human rights, natural or human-made disasters etcetera but have not crossed internationally recognized borders (Koshe et al., 2023; Ibrahim et al., 2023). According to the UN Office of the High Commission for Human Rights (2023), most of these internally displaced persons are women and children who remain at high risk of being sexually assaulted, physically attacked, abducted, and frequently deprived of adequate food, shelter, and health services.

Internally displaced women are often disadvantaged compared to refugees because, unlike refugees who usually receive assistance from international agencies, internally displaced women do not receive assistance from international agencies except when their national government requests it (Ibrahim et al., 2023). They are often neglected, especially when their displacement is prolonged and end up suffering from adverse economic, social, cultural, and mental health problems. Their displacement is not covered by international legal conventions like those applied to refugees (Siriwardhana et al., 2013).

According to data from the Internal Displacement Monitoring Centre (IDMC), at the end of 2022, over 71.1 million people across the world were internally displaced persons and this was

a result of disasters, violence, and conflicts in many parts of the world (UN High Commission for Human Rights, 2023).

1.7 Relationship between Kidnapping and PTSD

The Anglophone regions of Cameroon have been marked by kidnappings and extortion by armed separatist fighters since the onset of the Anglophone crisis, with no fear of being held accountable either by their leaders or Cameroon law enforcement officers (Human Rights Watch, 2022). Lee et al. (2023) recount stories of people being kidnapped and held in captivity for days, weeks, and months before being released. Women who experience such stressful life events as kidnapping can suffer from symptoms of PTSD (Ibrahim et al., 2023). The UN Office on Drugs and Crime (2023) considers kidnapping and extortion as egregious crimes that have devastating consequences on the victims as well as the entire community.

1.8 Relationship between Rape and PTSD

Rape is any act of non-consensual anal, vaginal, or oral penetration of a sexual nature in the body of another person with the use of an object or any bodily part, including the use of physical violence or putting the victim in a situation where s/he cannot refuse but forced to comply because of fear (UN Women, 2023). Since the outbreak of the Anglophone crisis in Cameroon between the government and the armed separatist fighters, women, and girls in the Anglophone regions have experienced the heaviest brunt of this crisis with an increase in rape cases, forced marriages, dispossession, displacement, and other gender-based violence (Cyril et al., 2023). In a report, the International Rescue Committee (2019) revealed that many women and girls have been victims of rape, intimate partner violence, sexual assault, psychological abuse, early marriage, and physical violence because of the armed secessionist crisis presently going on in Cameroon. Reported cases of pregnancies from rape have also been abounding in these Anglophone regions since the onset of the crisis in October 2016 (Cyril et al., 2023). Jackson (2019) reports how rape has become a weapon of war by armed separatist fighters and government troops in this part of the country.

Acts of sexual violence against women like rape in situations of armed conflicts constitute a serious violation of the human rights of women (UN Women, 2023). Rape and other cases of sexual violence could constitute a 'crime against humanity' when they are committed as part of a widespread or systematic attack directed against the civilian population with the full knowledge of the attack (United Nations, 2021).

Musisi and Kinyanda (2020) assert that in most wars within the African continent, civilians are being targeted and women are often victims of sexual violence like rape, causing horrendous trauma syndromes like anxiety, depression, and PTSD. According to Ibrahim et al. (2023), apart from bodily harm, the direct threat to their lives, or the war-related socioeconomic stressors that conflict-affected populations in Africa generally face, women are often victims of sexual abuse, and this helps to increase the risks of developing symptoms of PTSD.

1.9 Research Questions

The following research questions were posed:

- a) How are age, marital status, and educational level of women from the Anglophone regions of Cameroon related to *PTSD symptoms* due to the ongoing secessionist armed conflict in the country?
- b) How is victimization from *kidnapping* and *rape* related to the secessionist armed conflict related to *symptoms of PTSD* in women from the Anglophone regions?
- c) How do internally displaced and not displaced women differ regarding exposure to traumatic experiences and PTSD symptoms due to the conflict?

2. Method

2.1 Sample

Three hundred and two (302) women from the Anglophone regions and Douala in the Littoral (Francophone) region of Cameroon completed a questionnaire. The mean age of the sample was 34.4 years (SD 12.7). Of the respondents, 74.8 % ($n = 226$) were internally displaced while 25.2% ($n = 76$) were not. The mean age of the internally displaced women was 33.9 years (SD 12.7), while that of those not displaced was 35.8 years (SD 12.8). The age difference was not significant [$t_{300} = 1.1$, ns]. The educational level of the respondents was: 4.6 % no education, 21.2 % postgraduate, 17.5 % primary, 44.4 % secondary/high school, and 12.3 % undergraduate. Their marital status was: 43.7 % single, 38.4 % married, 9.3 % separated, 6.3 % widowed, and 2.3 % divorced.

2.2 Instrument

A questionnaire was constructed for the study. It contained a scale for measuring PTSD based on the American Psychiatric Association's (2013) criteria. The scale was a shorter version of a scale created by Anih and Björkqvist (2018). The scale included the following 12 items:

- a) Behaving irritably or aggressively, having angry outbursts.
- b) Strong negative feelings like fear, horror, anger, or shame.
- c) Feeling upset when reminded of the conflict.
- d) Repeated, disturbing, and unwanted memories of the conflict
- e) Trouble falling asleep.
- f) Feeling distanced or cut off from other people.
- g) Trouble experiencing positive or loving feelings.
- h) Repeated, disturbing dreams about the conflict.
- i) Experiencing strong physical reactions when reminded of the conflict.
- j) Loss of interest in activities that you used to do.
- k) Feeling jumpy or easily startled.
- l) Trouble remembering the conflict.

Response alternatives were on a five-point scale (0 = never, 1 = seldom, 2 = now and then, 3 = often, 4 = very often). Cronbach's Alpha for the scale was .95.

The questionnaire also contained items for measuring the following traumatic events due to the crisis: kidnappings, rape, injury, killings, and hearing gunshots.

2.3 Procedure

The researcher made use of social networks and familiarity with the terrain to contact Anglophone community leaders, church leaders, and local organization leaders working to help the internally displaced and not displaced women. Following the discussion and explanation of the research topic and the questionnaire to these leaders, they agreed to assist the researcher in liaising with the internally displaced and not displaced women (respondents) in the various localities where they could act as facilitators.

The cities chosen to administer the questionnaire were Bamenda, Buea, Mamfe, and Mutengene (Anglophone regions) and Douala (one of the Francophone regions of Cameroon). The city of Douala was chosen considering the massive inflows of internally displaced women that have been observed due to the Anglophone crisis, and it is a neighboring city to one of the Anglophone regions (UN-Habitat, 2024).

The researcher was assisted in the task of administering the questionnaire by three female research assistants who were holders of at least a postgraduate diploma and provided them with the necessary training and resources in terms of internet, transportation, food, and water to conduct the tasks. The research assistants agreed to work voluntarily. The choice of the research assistants was also guided by their familiarity with the terrain in which the questionnaire was to be administered.

The leaders coordinated the process of administering the questionnaire by acting as liaisons between the researchers and the internally displaced and not displaced women and encouraging them to answer the questionnaire.

The high level of insecurity made it difficult for the researchers to easily have access to the internally displaced and not displaced women individually. The researcher then decided to use cluster sampling to access the internally displaced and not displaced women. Cluster sampling was also less costly and gave the researcher the possibility of getting the questionnaire answered within a shorter period (Dorofeev & Grant, 2006).

The Anglophone community leaders, church leaders, and local organizations working to help the internally displaced and not displaced women gathered them into groups to facilitate the answering process of the questionnaire. The researcher also moved around safe areas within the communities of Mamfe, Buea, Mutengene, Bamenda, and in specific target areas in Douala,

where respondents were assembled to administer the questionnaire to internally displaced and not displaced women. The data collection process took place from September 11 to October 18, 2023.

2.4 Ethical Considerations

The study adheres to the principles concerning human research ethics of the Declaration of Helsinki (World Medical Association, 2013), as well as the guidelines for responsible conduct of research of The Finnish Advisory Board on Research Integrity (2012).

3. Results

3.1 Exposure to Traumatic Experiences Due to the Conflict

Of the respondents 55.3 % ($n = 167$) had been kidnapped while 44.7 % ($n = 135$) had not been kidnapped, 36.1 % ($n = 109$) had been raped during the conflict while 63.9 % ($n = 193$) had not been raped

Only three respondents (1 %) had not heard gunshots close to their settlement during the conflict. Table 2 illustrates the percentages of internally displaced, and not displaced, women who had been exposed to different traumatic experiences due to the conflict. A significantly higher percentage of internally displaced women had been raped or kidnapped since the onset of the conflict compared to those who were not internally displaced.

Table 2

Percentages of Women, Internally Displaced and Not Displaced, who had Been Exposed to Traumatic Experiences Due to the Armed Conflict

	Among Internally Displaced $n = 226$	Among Not Displaced $n = 76$	χ^2	df	p
Raped since the onset of the conflict	39.8 %	25.0 %	5.42	1	.020
Unwanted pregnancy due to rape	19.5 %	13.2 %	1.54	1	<i>ns</i>
Was kidnapped	58.8 %	44.7 %	4.58	1	.032
Someone was forced to pay ransom for the woman to be released	58.8%	46.1%	3.77	1	.052
Has relatives who were severely injured/maimed during the armed conflict	85.8 %	85.5 %	0.00	1	<i>ns</i>
Has relatives who were killed during the conflict	81.0 %	81.6 %	0.01	1	<i>ns</i>
Had witnessed the act that killed relatives	39.8 %	28.9 %	2.88	1	.090
Relatives were kidnapped	74.8%	69.7%	0.74	1	<i>ns</i>
Someone was forced to pay ransom for the relatives to be released	73.0%	68.4%	0.59	1	<i>ns</i>

The length of time some of the women and some of their relatives were held in abduction is presented in Tables 3 and 4.

Table 3

Length of Time Some of the Women Were Held in Abduction

Length of Time	Number of Women
4-5 hours	3
2-10 days	25
One week	46
Two weeks	46
Three weeks	8
Four weeks	4
One month	21
Two months	7
Three - six months	3

Table 4

Length of Time Some of the Women's Relatives Were Held in Abduction

Length of Time	Number of Relatives
4-5 hours	2
2-10 days	24
One week	7
Two weeks	11
Three weeks	8
Four weeks	1
One month	12
Two months	5
Three - six months	7
Six months and above	2

3.2 Internal Displacement, Kidnapping, Rape, and the Full PTSD-Scale

The internally displaced women suffered significantly more often from symptoms of PTSD (the full computed scale) due to the conflict compared to those who were not internally displaced [$t_{(300)} = 2.52, p = .012$]. Women who had been kidnapped scored significantly higher than the others on symptoms of PTSD [$t_{(300)} = 6.68, p < .001$]. Women who had been raped also scored significantly higher than the others on symptoms of PTSD [$t_{(300)} = 6.53, p < .001$]. A significant positive correlation was found between symptoms of PTSD and age ($r = .11, p =$

.049). The marital status and educational level of the women were not related to the level of PTSD symptoms.

3.3 PTSD Single Items

A multivariate analysis of variance (MANOVA) was conducted with, kidnapped/not kidnapped, and raped/not raped as independent variables and the 12 single items of the PTSD scale as dependent variables. The multivariate analysis was significant for both kidnapping and rape (Table 5). No interaction effect was found.

The univariate analyses showed that women who had been kidnapped scored significantly higher than other women on all items except three. Particularly high F -values were found for kidnapped women on strong negative feelings like fear, horror, anger, or shame, and trouble remembering the conflict. Women who had been raped scored significantly higher than the others on all 12 symptoms of PTSD. Particularly high F -values were found for women who had been raped for behaving irritably or aggressively, having angry outbursts, trouble experiencing positive or loving feelings, experiencing strong physical reactions when reminded of the conflict, and trouble remembering the conflict.

Table 5

Results of a Multivariate Analysis of Variance (MANOVA) with Kidnapped (yes/no), and Raped (yes/no) as Independent Variables and 12 Items Measuring Symptoms of Post Traumatic Stress as Dependent Variables (N = 302)

	F	df	$p \leq$	η_p^2	Means	
					Yes	No
Effect of Kidnapping						
Multivariate Analysis	2.47	12, 287	.004	.094		
Univariate Analyses						
a) Behaving irritably or aggressively, having angry outbursts.	2.03	1, 298	<i>ns</i>	.007	3.11	2.55
b) Strong negative feelings like fear, horror, anger, or shame.	17.40	1, 298	.001	.055	3.46	2.72
c) Feeling upset when reminded of the conflict.	2.36	1, 298	<i>ns</i>	.008	3.34	2.87
d) Repeated, disturbing, and unwanted memories of the conflict.	4.16	1, 298	.042	.014	3.39	2.88
e) Trouble falling asleep.	3.48	1, 298	.063	.012	3.18	2.65
f) Feeling distanced or cut off from other people.	1.93	1, 298	<i>ns</i>	.006	3.23	2.75

g) Trouble experiencing positive or loving feelings.	4.14	1, 298	.043	.014	3.25	2.58
h) Repeated, disturbing dreams about the conflict.	5.18	1, 298	.024	.017	3.24	2.62
i) Experiencing strong physical reactions when reminded of the conflict.	6.44	1, 298	.012	.021	3.37	2.68
j) Loss of interest in activities that you used to do.	7.48	1, 298	.007	.024	3.18	2.55
k) Feeling jumpy or easily startled.	8.38	1, 298	.004	.027	3.26	2.61
l) Trouble remembering the conflict.	12.83	1, 298	.001	.041	3.39	2.50
Effect of Rape						
Multivariate Analysis	2.78	12, 287	.001	.104		
Univariate Analyses						
a) Behaving irritably or aggressively, having angry outbursts.	18.64	1, 298	.001	.059	3.23	2.65
b) Strong negative feelings like fear, horror, anger, or shame.	4.25	1, 298	.040	.014	3.46	2.94
c) Feeling upset when reminded of the conflict.	13.53	1, 298	.001	.043	3.48	2.93
d) Repeated, disturbing, and unwanted memories of the conflict.	9.90	1, 298	.002	.032	3.48	2.98
e) Trouble falling asleep.	13.19	1, 298	.001	.042	3.35	2.72
f) Feeling distanced or cut off from other people.	12.58	1, 298	.001	.041	3.39	2.80
g) Trouble experiencing positive or loving feelings.	18.09	1, 298	.001	.057	3.44	2.67
h) Repeated, disturbing dreams about the conflict.	12.42	1, 298	.001	.040	3.36	2.74
i) Experiencing strong physical reactions when reminded of the conflict.	14.23	1, 298	.001	.046	3.50	2.81
j) Loss of interest in activities that you used to do.	9.94	1, 298	.002	.032	3.32	2.66
k) Feeling jumpy or easily startled.	7.01	1, 298	.009	.023	3.34	2.76
l) Trouble remembering the conflict.	15.88	1, 298	.001	.051	3.56	2.67

4. Discussions

4.1 Summary of Findings

This study provides information about the mental health conditions of women from the Anglophone regions of Cameroon related to the secessionist armed conflict. The research established that marital status and educational level of women are not related to the level of symptoms of PTSD. A significant positive correlation was found between symptoms of PTSD and age.

Frequent symptoms of PTSD were found among the women victims of kidnapping and rape because of the armed secessionist conflict in the Anglophone regions of Cameroon. Wars and conflicts cause women to suffer indiscriminately from life-stressor events like kidnapping and/or rape which makes them prone to symptoms of PTSD (Franco et al., 2006; Roberts et al., 2008; Kinyanda et al., 2010; Freedy et al., 2010; Ba & Bhopal, 2017; Musisi & Kinyanda, 2020; Koshe et al., 2023). This is because rape has devastating effects on a woman's reproductive health including unwanted pregnancy, unsafe abortions, and the spread of sexually transmitted diseases (STDs), and can easily lead to mental conditions such as PTSD and even suicide (Kong et al., 2023).

Kidnapping is not only a gross violation of human rights but also the uncertainty characterizing the outcome is a life stressor to the victim and the person's family or immediate environment (Franco et al., 2006). Kidnapping can cause severe consequences on the mental health of the women directly involved leading to symptoms of PTSD as is the case in the Anglophone crisis in Cameroon. According to the UN Population Fund (2018), the violence in the Anglophone regions of Cameroon has led to deep psychological trauma for many of the women who were either victims or witnesses of violence and the situation is even more alarming for women who are survivors of any form of gender-based violence. Gender-based violence has been on the rise in these Anglophone regions since the onset of the conflict (UN Population Fund, 2018).

In the univariate analyses, women who have been kidnapped scored significantly higher than other women on symptoms of PTSD except for behaving irritably or aggressively, having angry outbursts; feeling upset when reminded of the conflict; and feeling distanced or cut off from other people, while women who have been raped scored significantly higher than other women in the 12 dependent items measuring PTSD. Particularly high *F*-values were found for raped women with behaving irritably or aggressively, having angry outbursts; trouble experiencing positive or loving feelings; experiencing strong physical reactions when reminded of the conflict; and trouble remembering the conflict. A higher *F*-value signifies that the women

suffered from a stronger effect of the symptoms of PTSD because of the rape. High *F*-values were also found for kidnapped women with strong negative feelings like fear, horror, anger, or shame; and trouble remembering the conflict. A positive correlation was found between rape and symptoms of PTSD.

The research established that internally displaced women suffered significantly more often from symptoms of PTSD (the full computed scale) due to the conflict in the Anglophone regions of Cameroon when compared to those who were not internally displaced. Out of the 302 women to whom the questionnaire was administered, 226 of these women were internally displaced and a significantly higher percentage of these internally displaced women have either been raped or kidnapped since the onset of the conflict compared to those who were not internally displaced. Internally displaced women face high levels of symptoms of PTSD because of the violence and the psychological damage resulting from the forced relocation and worsening quality of life (Arnosó-Martínez et al., 2017). Arnosó-Martínez et al. (2014) also put forward that women often suffer from violence inflicted upon their families and communities. *Radio France Internationale* (RFI) (2020) reported that women bear the brunt of violence in Cameroon's Anglophone crisis; from forced prostitution to giving birth in the bush, struggling to take care of their families, and being unable to go to school, women in Anglophone regions of Cameroon continue to suffer unabatedly because of the Anglophone crisis.

4.2 Limitations of the Study

The study certainly has limitations. The first limitation was the number of cities in which the questionnaire was administered: Bamenda, Buea, Mamfe, Mutengene (Anglophone regions), and Douala (Francophone region). The internally displaced women of the Anglophone crisis can be found in at least seven out of the ten regions of Cameroon. The questionnaire for this study was only administered in three regions. Furthermore, the study focuses only on the mental health conditions of the women related to the armed secessionist conflict. It should also be noted that men, children, and adolescents have also been tremendously affected because of this secessionist armed conflict plaguing the Anglophone regions of the country.

4.3 Implications of the Study

No previous study has focused on the mental health conditions of women from the Anglophone regions of Cameroon related to the secessionist armed conflict that has been ravaging these

regions since 2016. The study demonstrates that exposure to traumatic events like the case of the Anglophone crisis contributes significantly to symptoms of PTSD among women in the Anglophone regions of Cameroon. Some of the women have been victims of rape, kidnapping, and have been internally displaced. This research can also enlighten the government of Cameroon and the international community about gross human rights violations committed against women in these Anglophone regions of Cameroon. Hopefully, it will also catalyze the aspirations for a peace deal that will bring together all the sons and daughters of Cameroon to a round table negotiation capable of paving a pathway for a peaceful settlement of the crisis for the betterment of women of these regions and Cameroon in general.

Additionally, the study can serve as an exhortatory to the government of Cameroon to uphold its human rights obligations and work toward safeguarding the everlasting peace and security of women in the Anglophone regions. The government of Cameroon and the International Community must also ensure that the perpetrators of these heinous crimes *face the full wrath of the law* for the crimes committed.

Finally, the study indicates the need for immediate and proper treatment of most women in the Anglophone regions of Cameroon as well as women who have been displaced to other regions because of the Anglophone crisis. This could be achieved through establishing mental health facilities that are closer to the people to administer mental health therapeutics and educational programs capable of improving the mental health conditions of women.

4.4 Suggestions for Future Research

This study has provided insight into the mental health conditions of women from the Anglophone regions of Cameroon related to the secessionist armed conflict. Although women bear the brunt of this Anglophone crisis in Cameroon, children and adolescents have also *paid the highest price* for this crisis. According to the UN Office for the Coordination of Humanitarian Affairs (2022), fighting between the military and separatist fighters has led to the closure of over 4,000 schools thereby disrupting the education of over 700,000 children in the Anglophone regions of Cameroon. This disruption is also due to the ban by the separatist fighters on education which has led to the shutdown of around 80 percent of the schools in the Anglophone regions of Cameroon (UN Children's Fund, 2019).

The separatist fighters have attacked education by burning, destroying, looting, and damaging school buildings. They have beaten, threatened, abducted, and terrorized students and educational professionals and harassed and intimidated families to keep their children out of

school (Human Rights Watch, 2021). Children and adolescents have also lost their lives because of this crisis. On October 24, 2020, 8 schoolchildren were killed and at least 12 injured inside their classroom in the town of Kumba (a city in the Anglophone region) by gunmen wearing civilian clothes (Amnesty International, 2020). In November 2023, at least 20 people including women and children were killed by gunmen in Egbekaw village, a neighborhood in the town of Mamfe in Cameroon's restive Anglophone regions (Aljazeera, 2023; RFI, 2023). The latest attack on children took place on February 11, 2024, considered a National Youth Day in Cameroon: an improvised explosive device (IED) detonated around the grandstand hosting the event marking the National Youth Day in Nkambe (a city in the Anglophone region). This explosion resulted in one death and eighty-two seriously injured (OCHA, 2024). Children and adolescents from the Anglophone regions because of this crisis have suffered: from being deprived of their right to education which constitutes a basic human right that works to raise women and men out of poverty, and level inequalities, to being beaten, abducted, killed, lost their parents, and becoming internally displaced persons or refugees, etcetera, children have borne the brunt of this crisis. Future research should therefore focus on examining the mental health conditions of children and adolescents related to the secessionist armed conflict currently ravaging the Anglophone regions of Cameroon.

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