



Community Centre for Integrated Development

Building Resilient Communities

FAITH-BASED PERSPECTIVES ON GENDER-BASED VIOLENCE

WORKING WITH FAITH-LEADERS ON PRE- VENTING AND RESPONDING TO GENDER-BASED VIOLENCE IN CAMEROON

FINAL REPORT

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Acronyms

CAR: Central African Republic

CCID: Community Centre for Integrated Development

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

CRC: Convention on the Rights of the Child
CSA: Childhood sexual abuse
FBO: Faith-based organisation
FGM: Female genital mutilation
GBV: Gender-Based Violence
GBVIMS: Gender-Based Violence Information Management System
GDI: Gender Development Index
GenCap: Gender Standby Capacity Project
GII: Gender Inequality Index
HDI: Human Development Index
ICG: International Crisis Group
IDP: Internally displaced person
INGO: International non-governmental organisation
IPV: Intimate partner violence
IRC: The International Rescue Committee
ISWAP: Islamic State in West Africa Province
KII: Key informant interview
OCHA: United Nations Office for the Coordination of Humanitarian Affairs
UN: United Nations
UNFPA: UN Population Fund
VAWG: Violence against women and girls

EXECUTIVE SUMMARY

The complex crisis affecting Cameroon is affected by its geopolitical positioning, internal and neighbouring conflicts and chronic under-development, and pre-existing socioeconomic inequalities and hierarchies within society. Looking at gender inequality from an ecological perspec-

tive, the diversity of aforementioned challenges have culminated in an increase in gender-based violence (GBV). Many Cameroonians and refugees displaced to Cameroon identify as religious; understanding how faith-based organisations (FBOs) and faith leaders can be leveraged to prevent and address GBV is crucial to reducing its prevalence. Therefore, CCID sought to understand: what perspectives do faith leaders hold about GBV, and how can they be best engaged to prevent and address GBV in their communities? Based on analysis of secondary sources and primary data collected via surveys with faith leaders, the Community Centre for Integrated Development (CCID) found that while there is significant traction with faith leaders that can be leveraged to improve on certain dimensions of GBV, attitudinal change with faith leaders and in legal structures needs to improve in order for them to have the greatest impact possible at community level.

I. INTRODUCTION

A. Research Context

Under the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (here forth the Maputo Protocol), violence against women is defined as "all acts perpetrated against women which cause or could cause them physical, sexual, psychological, and economic harm, including the threat to take such acts; or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed conflicts or of war". The Committee on the Elimination of Discrimination Against Women framed GBV as a form of discrimination in their General Recommendation 19:

The Convention [on the Elimination of Discrimination Against Women] in article 1 defines discrimination against women. The definition of discrimination includes gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. Gender-based violence may breach specific provisions of the Convention, regardless of whether those provisions expressly mention violence.

Together, these instrument situate VAWG within the realm of GBV, which remains a horrifying reality for women and girls globally; one in three women experience physical and

for sexual violence during their lives. The cost of GBV is not only devastating for survivors and their families, but also for society as a whole. During emergencies, the risk of GBV increases, as the disruption of communities and services make women and girls in particular even more vulnerable. Delphine Brun, the Inter-agency Gender Standby Capacity Project (GenCap) Advisor for Cameroon, estimated that about 43% of Cameroonian women in a union have experienced domestic violence, nearly 40% experienced emotional violence, and 14.5% endured sexual violence; different sources show variation on these statistics and full disclosure can never be guaranteed. In recent years, rates of GBV have steadily increased, as a result of three separate humanitarian crises . An estimated 979,000 people were in need of GBV interventions throughout Cameroon in 2022. In December 2022 alone, 742 cases of GBV were reported to specialised services providers just in the North-West and South-West regions.

The eruption of the Anglophone crisis in 2016 has disproportionately impacted women in the North-West and South-West regions, making them more vulnerable to coercion. The conflict has caused the internal displacement of approximately 628,000 people and pushed 87,000 over the border into Nigeria. There have been numerous reports of women losing their lives at the hands of armed forces and insurgents, as well as being tortured, sexually assaulted, raped, and forced into marriage. In the Far North region, the armed group Boko Haram has been increasing attacks as has the Islamic State in West Africa Province, resulting in the displacement of populations. More than

378,000 people had been displaced by these attacks by July 2022. Though it may appear that GBV cases reported per month tend to be lower in the region, it must be kept in mind that reporting figures pertain more to availability of and trust in services than to GBV prevalence rates. The Eastern regions of Cameroon are being impacted by the crisis in the Central African Republic (CAR), where the ongoing conflict between Seleka and anti-Balaka rebels is driving refugees into its neighbouring countries. UNHCR estimates that over 200,000 CAR refugees are now present in the Eastern regions of Cameroon and these numbers continue to increase. Displacement puts women and girls at a high risk of GBV, as community-based protection networks have been disrupted if not destroyed, tensions may exist between displaced populations and host communities, shelter is more precarious, shared / public sanitation facilities are less private, and they are often tasked with satisfying the household's basic needs but face greater exposure in completing related tasks (such as collecting water at water points).

Although needs are rising, prevention, risk mitigation and response to GBV are insufficient. Victims of GBV are finding it difficult to get medical care and support, as conflict has affected transport and medical facilities have been destroyed or attacked. Additionally, GBV programming remains perpetually underfunded and therefore humanitarian response efforts and services are insufficiently resourced to meet the level of need. Numerous international and regional instruments aim to bridge this gap, including the Call to Action on Protection from Gender-Based Vio-

lence in Emergencies, and the African Union's Strategy for Gender Equality and Women's Empowerment. Additionally, the inclusion of GBV in Goal 5 of the Sustainable Development Goals indicates a shift in the recognition of the integral nature of GBV prevention in building sustainable societies.

The vast majority of the population of Cameroon claims a religious affiliation (97.8% according to the 2018 Demographic and Health Survey; see section II.B.1 below); faith leaders hold substantial weight in the leadership and direction of their communities. As sources of moral guidance, they also have great potential to affect local understandings of what is acceptable and socially disgraceful behaviour.

B. Purpose/need for the Research

The ecological framework of violence prevention is rooted in evidence that risk of interpersonal violence cannot be attributed to a single factor. Instead, violence is viewed as the interplay between numerous factors at four different levels: individual, relationships, community and societal. Additionally, the model suggests that violence can only be prevented when action is taken at multiple levels at once. Preventing GBV therefore necessitates the engagement of all key actors in each of these levels. With 96.7% of Cameroonians reporting some form of religious affiliation in the latest census (2005) and the power that religious leaders yield, there is a clear need to include faith-based leaders and groups in the fight against GBV at the community and societal levels.

The importance of faith in tackling GBV is increasingly be-

ing leveraged in humanitarian and development work. Faith-based leaders are perceived as gatekeepers of local communities, with a large influence on community beliefs and behaviours. A recent UK government-funded study found that support from faith leaders is an essential element of securing participation of and cooperation with faith communities on GBV issues. Simultaneously, it is important to recognise that faith leaders may serve as barriers to effective GBV responses. Faith communities and their leaders can be undereducated, apathetic, or misinformed, and may reinforce harmful myths or stereotypes. It is within this context that CCID carried out research to understand how faith-based leaders and groups in their target communities in Cameroon perceive GBV, and what services—if any—they provide to survivors/victims of GBV. The research results are accompanied by recommendations at the various stakeholders at different levels of the ecological framework to prevent and address GBV.

C. Methodology

1. Approach to data collection and analysis

This research initiative is based on a secondary literature review, which highlighted the substantial work already done by humanitarian and development agencies and where more evidence was needed to better inform how to engage the faith community in the overall strategic goals of the National GBV Strategy. The aims of the literature review were to:

- Analyse forms of, the legal framework around, GBV in Cameroon
- Assess the impact of the various humanitarian cri-

ses on GBV in Cameroon

Key informant interviews (KIIs) were held with faith leaders to fill gaps in the information already available. KIIs involved qualitative and quantitative questions to develop a complete picture of the perspectives on GBV in faith communities, considering regional variation, and the role faith-based groups play in addressing GBV. Enumerators presented questions in both French and English to ensure comprehension of the survey with all participants.

This research should be read within the larger effort to address GBV within Cameroon by both the government and UN and civil society strategies. In particular, the findings presented herein must be read within the scope of the Cameroon National Strategy to Combat Gender-Based Violence .

2. Limitations

CCID was able to have a large geographic reach in conducting KIIs with faith leaders by engaging enumerators already working in the area. However, the availability and willingness of faith leaders to partake in the survey was lower than desired – originally, 400 respondents were planned to be reached in primary data collection; 220 people finally took part in the surveys. Therefore, the sample is neither representative in terms of geography or religious affiliation. Nevertheless, the findings remain relevant and this limitation may be used to inform targeting and sample sizes for future research initiatives.

Additional limitations in understanding the KII results are noted throughout the Survey results section.

II. LITERATURE REVIEW

A. INTRODUCTION

Cameroon is a Central African country with a complex history, rich culture, and diverse population of around 27.2 million people . The country comprises over 240 tribes across three primary ethnic groups (Bantus, Semi-Bantus and Sudanese) , and although French and English are the two official languages, 24 major African language groups are spoken across the territory . The religious landscape is no less varied. While the majority of the population is Christian, nearly a quarter of the population is Muslim, and folk traditions (including Animism) are still practiced throughout the country.

Despite high levels of urbanisation and recent progress in development, Cameroon remains a patriarchal society. As a result, the country has been marred by high levels of gender-based violence which have only been aggravated by recent crises. Around the world, Covid-19 has led to a significant increase in domestic violence, a phenomenon that has also been witnessed in Cameroon. Internal and external displacement have also drastically increased in recent years. In the Northwest and Southwest regions, the Anglophone crisis has also led to mass displacement since 2016. In the Far North region, continued attacks by Boko Haram militants have forced many people to flee their villages. While asylum seekers fleeing insecurity in CAR have been finding refuge in the eastern regions of Adamawa, North and East since 2013.

As a result of the multitude of humanitarian crises and

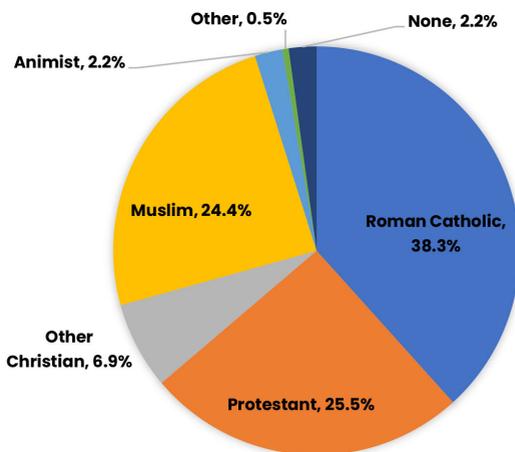
general under-development across the country, Cameroon's resources and infrastructure are under intense strain, leaving women and girls particularly vulnerable to violence. Victims have limited access to dedicated services and urgent intervention is needed.

B. FAITH, FAMILY AND GENDER NORMS IN CAMEROON

I. A BRIEF RELIGIOUS HISTORY

According to the latest census, 97.8% of Cameroonians report a religious affiliation. The vast majority of the population is Christian (70.7%), while about one quarter is Muslim. Historically, Animism was an integral part of the culture with traditions being passed down from one generation to the next. Islam was introduced in the early 19th century by the Fulani, a pastoral nomadic group, as they migrated from Nigeria. By the late 19th century, the northern regions of Cameroon were mostly Muslim, although the influence of traditional religions remained strong across the country.

Figure 1. Religions in Cameroon.



The subsequent spread of Christianity is deeply rooted in Cameroon's colonial history. The first Christian missionaries arrived from the United Kingdom in 1845, leaving when the country came under German colonial rule in 1884. The Christian missionaries that followed engaged in the so-called "civilising missions" of colonial powers, intent on converting the population into obedient and faithful practitioners that would submit to colonial authority. Through their social projects—including building schools and hospitals—Christian missionaries sought to create a moral order that would give legitimacy to colonial authorities and cultivate loyalty towards colonisers .

At the start of the 20th century, Cameroon was seemingly divided into two distinct religious geographies: Muslim in the north and Christian in the south. However, religious populations today are fairly evenly mixed between Christian, Muslim and traditional folk religions. Seven out of ten regions in Cameroon have a mix of Christian and Muslim populations, while the three northern regions remain majority Muslim. The Roman Catholic Church is the largest Christian denomination, and the only religious denomination to embrace both Francophone and Anglophone regions. In large cities, each religious population is well represented, with mosques and churches often found close to one another. Traditional religions on the other hand have remained predominantly rural due to their local nature . FBOs have proliferated in Cameroon since its independence in 1960 and reunification in 1961, continuing to provide important social services like education and health. Many FBOs are viewed as foundational elements of the

current health system, having acted as regional or district hospitals since the 19th century . Their presence in local communities, coupled with the critical services that they provide, enable FBOs and their leaders to enjoy significant support from community members. Furthermore, the breakdown in the provision of social services due to the ongoing humanitarian crises in Cameroon has seen an uptick in donor engagement with FBOs.

2. THE FAMILY STRUCTURE

In a country where so many religious, ethnic and cultural identities intersect, it is important to understand how families—and by extension, communities—are structured. The concept of family is not restricted to the biological sense, but is extended to the social and geographical sense, such as a person's village community of origin. This has a particular importance in creating a sense of belonging in the family context. In a recent study conducted among Cameroonian asylum seekers, participants defined their identity as intrinsically linked to their village community of origin and the social positions they held within them.

Across Cameroon, communities are organised around the extended family model. Extended families are composed of at least three generations—the nuclear family, plus grandparents from both sides—along with other biological and non-biological kin, such as in-laws, uncles, aunts, and cousins. Extended families denote a collective culture where all members are interdependent and share responsibilities, such as raising children. Marriage is a key feature of the family system, securing the socio-econom-

ic status of both men and women. Although young people are choosing to marry at a later age and pre-marital births are becoming more common, marriage still remains a major life event for Cameroonians.

While the extended family system provides its members with a strong sense of belonging and solidarity, it also comes with certain expectations and obligations. Traditional gender roles are enforced within the family structure, particularly with respect to the division of labour and responsibilities. While fathers remain the acknowledged head of the family and primary decision-makers, women and children are expected to take care of household chores and child rearing. Each family member should fulfil a role and contribute in order to earn the right to belong in the structure and gain respect or run the risk of exclusion.

3. GENDER NORMS AND INEQUALITIES

Gender inequalities in Cameroon are rooted in the gender norms applied to women and girls within the family structure. They are expected to take on the responsibility for a large range of daily tasks, including cooking, fetching water, cleaning the house, and caring for children and other dependents (people with disabilities, illnesses, older people, etc.) In total, women spend on average 8.2 hours per week more than men on domestic tasks; consequently, they are deeply affected by time poverty and have little free time to spend on income generating activities.

The patriarchal principles found in family structures are pervasive within Cameroonian society as a whole. Gender inequalities are a major hindrance to the country's

development, as demonstrated by the statistics reported against UNDP's Gender Development Index (GDI) and the Gender Inequality Index (GII).

The GDI takes into account three key dimensions of development: health, education, and command over economic resources (see Table 1). The inequality gap between women and men is smallest when the ratio is closest to 1. For 2021, Cameroon ranked 148 out of 172 countries in the index. While inequalities exist in the dimension of health, they are particularly stark for education and economic empowerment. When school fees are prohibitive of all children continuing education, schooling is prioritised for boys while girls are relegated to completing household tasks or supplementing the family income. According to the senior GenCap adviser at the UN Office for the Coordination of Humanitarian Affairs (OCHA) in Cameroon, while 39% of the population lives below the poverty line, this number shoots up to 51.5% for women specifically. Additionally, women have limited land ownership rights, with only 1.6% of women owning a land title in their name.

Table 1. Cameroon's GDI for 2021 relative to selected groups

	F-M Ratio	Human Development Index (HDI)		Life expectancy at birth		Expected years of schooling		Mean years of schooling		GNI per capita (\$)	
	GDI value	F	M	F	M	F	M	F	M	F	M
Cameroon	0.885	0.540	0.610	62.0	58.7	12.4	13.8	4.8	7.5	2,981	4,264
Sub-Saharan Africa	0.907	0.519	0.572	62.1	58.2	10.0	10.6	5.1	6.9	2,970	4,429
Medium HDI	0.880	0.586	0.666	69.4	65.6	12.0	11.9	6.5	7.4	2,912	9,668

Complementing the GDI is the GII, which looks at three further dimensions that hinder human development: re-

productive health, female empowerment and economic participation (see Table 2). The closer the GII is to 0, the more equal men and women are. In this index, Cameroon ranked 148 out of 170 countries in 2021. Adolescent birth rates in the country are high compared to the rest of Sub-Saharan Africa and other countries in the Medium Human Development group. While labour participation rates are relatively high compared to selected countries, it is important to note that on average, eight out of ten women are underemployed. This means that while women may be engaged in work, they are typically underpaid or underutilised in their jobs. The ongoing humanitarian crises in Cameroon are increasingly putting women in positions where they are the sole breadwinners for their family and engage, in some instances, in risky forms of work to make ends meet.

Table 2. Cameroon's GII for 2021 relative to selected groups.

	GII value	Maternal mortality ratio	Adolescent birth rate	Female seats in Parliament (%)	Population with at least some secondary education (%)		Labour force participation rate (%)	
					F	M	F	M
Cameroon	0.565	529	110.4	31.1	36.8	55	70.2	80.7
Sub-Saharan Africa	0.569	536	100.9	25.7	31.1	44.3	62.1	72.3
Medium HDI	0.494	175	38.1	21.8	44.0	54.2	28.8	71.3

C. CONCEPTUALISING GENDER-BASED VIOLENCE IN CAMEROON

1. DEFINITION OF GENDER-BASED VIOLENCE

GBV is one of the most widespread human rights violations around the world. From intimate partner violence (IPV) to verbal abuse, each form of violence has devastating im-

pacts for women and girls. Although the term 'GBV' is often used interchangeably with 'violence against women and girls' (VAWG), it is important to note that men, boys, and people of diverse gender identities can also experience GBV. Given the much higher prevalence of GBV committed against women and girls, and the recognition of VAWG as a form of gender-based discrimination prohibited by customary international law, the term GBV will be used exclusively as it pertains to women and girls in the context of this report.

From a global perspective, GBV is defined within international human rights law by the Committee on the Elimination of Discrimination Against Women (CEDAW Committee), through the lens of discrimination:

"6. The Convention [on the Elimination of All Forms of Discrimination against Women] in article 1 defines discrimination against women. The definition of discrimination includes gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. Gender-based violence may breach specific provisions of the Convention, regardless of whether those provisions expressly mention violence.

7. Gender-based violence, which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms under general international law or under human rights conventions, is discrimination within the meaning of

article 1 of the Convention.”

This definition was given regional character and specificity pertaining specifically to violence against women via the Maputo Protocol, drawing from the foundation set by the CEDAW Committee:

“Violence against women’ means all acts perpetrated against women which cause or could cause them physical, sexual, psychological, and economic harm, including the threat to take such acts; or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed conflicts or of war;

‘Women’ means persons of female gender, including girls.” .

GBV varies in its manifestation according to countries, regions, cultures, and time. According to UNHCR, GBV includes IPV, sexual violence, child marriage, female genital mutilation (FGM), and honour crimes. This also extends to economic coercion, verbal abuse and online harassment. While there is no exhaustive list of acts constituting GBV, it is broken down into six main categories: rape; sexual assault; physical assault; forced marriage; denial of resources, opportunities, or services; and psychological / emotional abuse. It is estimated that a third of all women and girls experience physical or sexual violence in their lifetime, mostly at the hands of an intimate partner.

2. GENDER-BASED VIOLENCE IN CAMEROON

GBV in Cameroon is a product of the patriarchal values that exist within families and society as a whole. Violence takes on many forms in the country, the most frequent

of which are IPV and domestic violence. Local organisations report that marital rape is the most prevalent form of domestic violence; there is a notable lack of protection in cases of marital rape because Cameroon has failed to regard this form of GBV as illegal in its legislation. The Inter-agency GenCap advisor for Cameroon estimates that about 43% of Cameroonian women in a union have faced violence from a partner, while close to 40% and 14.5% of women respectively have faced emotional and sexual violence. Although violence against women and girls was already pervasive prior to the outbreak of Covid-19, studies now confirm that it has significantly increased as a result of the pandemic. Lockdowns have reduced women's mobility and trapped them at home with their abusers, limiting their access to services and support networks. The pandemic has also increased economic precarity and driven social instability, increasing the risk of other forms of GBV. Current insecurity across the country has also increased the risk of human trafficking due to the high number of internally displaced people and diminished police and judicial presence. Government officials and NGO representatives report that criminal groups prey on women, displaced people, homeless children and orphans, coercing them into sex trafficking and forced labour. Additionally, fraudulent labour brokers have been known to recruit Cameroonian women for domestic work in the Middle East where they are sex trafficked or forced into domestic servitude. Although the pandemic reduced these events on account of border closures, the risk was not eliminated.

Certain harmful traditional practices such as FGM and

child marriage persist in Cameroon. Recent survey results found that 30% of women and girls aged 15 to 49 were married by the time they turned 15; this figure increased to two thirds of women and girls being betrothed by the time they turned 18. Poverty levels, education, patriarchal and religious practices, gender norms and traditional attitudes, and its perception as protection against sexual violence are all drivers of child marriage in Cameroon. School closures due to Covid-19 and economic uncertainty are likely to have pushed more girls into early and forced marriage . Data from the UN Population Fund (UNFPA) shows that 1% of girls aged 15–19 were subjected to FGM between 2004 and 2020; while this indicates a decline in the practice, it still continues to be inflicted on girls in certain regions of the country.

Anecdotal reports suggest that girls are still being subjected to FGM in the Far North, East and Southwest regions, and among the Choa and Ejagham ethnic groups. It is also being reported that FGM resurfaced during the Covid-19 pandemic, as former practitioners who had previously been receiving financial assistance returned to the practice to improve their incomes. Other traditional practices negatively affecting gender equality are the rights extended to widows. Widowhood rites and practices are deeply entrenched in patriarchal norms and limit their ability to inherit from their deceased spouse or to remarry, leaving them directly and indirectly economically vulnerable. Traditional practices entwined with widowhood also include degrading treatment and violations of their rights to privacy and bodily autonomy.

3. LEGAL AND POLICY FRAMEWORK

Cameroon has ratified a number of international, regional and sub-regional legal instruments related to GBV, most notably the following (listed with year of ratification):

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW; 1994) and its Optional Protocol providing for consideration of individual communications (2005)
- Convention on the Rights of the Child (CRC; 1993) and its First Optional Protocol to on the involvement of children in armed conflict (2013)
- African Charter on Human and Peoples' Rights (1989) and its Protocol on the Rights of Women in Africa (the Maputo Protocol; 2011)
- African Charter on the Rights and Welfare of the Child (1997)

It should be noted that Cameroon has not ratified either the CRC Second Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (signed 2001) or the CRC Third Optional Protocol on a communications procedure (not signed). This leaves open the potential for Cameroon to strengthen the national legal framework and redress mechanisms available through international action that will have implications at country level.

National laws have been passed to criminalize specific forms of GBV; however, there is a lack of comprehensive legislation on the issue as well as enforcement of existing laws. Additionally, IPV and marital rape—two of the most common forms of GBV—have yet to be recognised as criminal offenses.

Rape is criminalised under Section 296 of the Penal Code and punishable by five to 10 years of imprisonment. However, cases of rape are rarely investigated or prosecuted, in part due to a lack of reporting by survivors. Sexual harassment is prohibited under Section 302-1 with offenders facing six months to one year of imprisonment with a fine. If the victim is a minor, the penalty increases to one to three years of imprisonment. If the offender is the victim's teacher, the penalty increases to three to five years of prison. Despite the inclusion of this legislation in the 2016 Penal Code, sexual harassment continues to be widespread. The US Department of State notes that in 2021, no one was fined or imprisoned on charges of sexual harassment. As with rape, this is in part due to a reluctance by victims to file official complaints.

FGM is prohibited under Section 277-1 for all women and girls, and punishable by 10 to 20 years of prison. If the perpetrator regularly carries out the practice for commercial purposes or if the practice results in death, the penalty is life in prison. Child marriage is criminalised under Section 356 where the victim is under the age of 18 and punishable by five to 10 years with a fine. However, few cases are prosecuted as children require parental representation and, more often than not, they are themselves the perpetrators of—if not guilty of aiding and abetting—the crime.

Recent efforts have been made at a national level to curb GBV trends. In 2022, a National Strategy to Combat Gender Based Violence was established, along with a response framework and operational plan. It is shaped on a wide

range of national strategies and laws, regional policies and initiatives, and international undertakings such as the Women, Peace and Security agenda. Although the strategy identifies religious leaders and environments in schema about typologies of GBV, it fails to offer constructive and contextualised guidance on how to engage religious leaders in GBV preventative and management capacities.

D. UNDERSTANDING THE IMPACT OF THE ONGOING CRISES ON GENDER-BASED VIOLENCE.

Cameroon has been rocked by three humanitarian crises in recent years which have created a precarious situation for women across the country. In the Anglophone North-west and Southwest regions, armed conflict has negatively impacted local populations, especially women and girls. In the Far North region, increased attacks by the Islamist armed group Boko Haram have led to the displacement of local populations. Additionally, climate change-related challenges not only create a situation of precarity for residents, but also compound violence. Finally, refugees from CAR continue to flee into the eastern regions of Cameroon (East, North and Adawama), putting increased pressure on already limited resources and services.

During emergencies, the risk of GBV increases, as the disruption of communities and services in particular make women and girls even more vulnerable. In December 2022 alone, 742 cases of GBV were reported to specialised services providers just in the North-West and South-West regions. Although needs are rising, prevention, risk mitigation and response to GBV are insufficient. Victims of GBV

are finding it difficult to get medical care and support in conflict areas, where all forms of transport have been affected and medical facilities have been destroyed or attacked.

In conflict areas, women and girls who have lost fathers or husbands to violence find themselves at the head of their household (a position usually reserved for men under traditional binary gender roles), sometimes resorting to survival sex in order to support their families. In certain cases, sexual relations can take place in exchange for the release of husbands or sons. For displaced women, the burden of domestic duties increases. As the extended family model breaks down, childcare responsibilities increase for women and daily tasks, such as water and wood collection, become harder. As implied above, displacement and conflict can also compromise the traditional role of a man as the head of the family, reducing or completely hampering his ability to earn an income. As men find themselves unable to fulfil their socially prescribed role by providing for the family, this situation is perceived by some as economically emasculating. The resulting frustration can manifest itself through domestic violence, as a means of asserting authority and dominance.

1. THE ANGLOPHONE CRISIS

The Anglophone conflict erupted in late 2016, when the government used lethal force against peaceful protestors seeking to preserve the Anglophone legal and education systems. This followed over 50 years of perceived marginalisation by the country's majority Francophone government. As government forces cracked down on protestors

and arrested key leaders in the movement, the situation started to devolve . Although the initial demand was to return to two-state federalism, dozens of armed separatist groups formed to fight for an independent state called Ambazonia. By the end of 2017, the crisis had transformed into a full-blown armed conflict.

Since then, the UN and the International Crisis Group (ICG) estimate that around 573,900 people have been displaced by the violence . Both government forces and separatist groups have been accused of perpetrating violence against civilians. OCHA estimates that 4 million people are affected by the crisis, with about 1.3 million in urgent need of humanitarian assistance - 53% of these are women and girls .

There have been numerous reports of women losing their lives at the hands of government forces and insurgents, as well as being tortured, sexually assaulted, raped, and forced into marriage. Lockdowns and curfews, as well as ghost town operations, have resulted in an increase in domestic violence and sexual violence . The UN has stated that victims of GBV do not have access to services and are at risk of HIV, STIs, unwanted pregnancies, unsafe abortions, as well as mental health issues.

Sex trafficking is also becoming an issue for both women in the area and displaced women. The 2022 Trafficking in Persons Report cites observer reports that government forces have coerced women to have sex in the divisions of Ndian, Buea, Ekona and Muyuka, by using their authority and food insecurity as leverage. NGOs reported that displaced women seeking refuge in Nigeria's eastern states have fallen victim to forced labour and sex trafficking.

Many women have become widows as a result of the crisis. In the Southwest, they represented 31% of households and 39% in the Northwest for 2020, a 10% increase from 2017. These women find themselves especially vulnerable to the risk of abuse and GBV, having lost the protection afforded by having a male head of household.

2. BOKO HARAM AND THE LAKE CHAD CRISIS

In the Far North region, the presence of Boko Haram militants along the Nigerian border is causing a complex refugee crisis. As of the end of February 2023, 126,151 people from Nigeria have sought refuge in Cameroon to escape militants. However, the group's violence isn't limited to Nigeria, as their members regularly cross the border into Cameroon – attacking, burning and looting villages, stealing cattle and food, and kidnapping people in the area. As a result, there are currently 385,372 internally displaced persons (IDPs) in the Extreme-Nord / Far North region.

This security situation is worsened still by the effects of climate change on the Far North region, including low water levels in Lake Chad, floods and disease outbreaks. At the end of 2021, inter-communal clashes broke out over scarce land and water resources, leading to the displacement of more than 70,000 people. The combination of the effects of climate change and insecurity has created a situation where local populations are unable to build sufficient food stocks, leaving them at risk of food insecurity .

Research by the Institute for Security Studies shows that women and girls are the most affected demographic by this situation, with the crisis harming their livelihoods and

exposing them to the risk of GBV. Women in the region are primarily engaged in small-scale trade selling of vegetables and other retail products, however many have become victims of looting. Reports indicate that women and girls have also fallen victim to abductions, child and forced marriage, rape and sexual slavery among other forms of violence. The heightened risk of GBV has made markets unsafe places for women and a decrease in business profitability has pushed some women to engage in survival sex. Additionally, women fleeing their villages are finding refuge in camps for displaced people where they also face GBV. Instances of displaced women and girls being used as 'bargaining chips' with the government or as suicide bombers have been reported.

3. THE CAR REFUGEE CRISIS

The eastern part of Cameroon - in the East, North and Adamawa regions - is marred by another refugee crisis. The ongoing conflict between Seleka and anti-Balaka rebels in CAR has triggered massive forced displacement into neighbouring countries, including Cameroon, since 2013. UNHCR now estimates that 347,593 refugees from CAR are present in Cameroon and these numbers continue to increase, putting pressure on resources, living conditions and limiting access to services for host communities.

Displacement puts women and girls at a high risk of GBV for a plethora of reasons, in this context in particular due to sharing of shelters, water points and sanitation facilities with the host population. According to some reports, CAR rebels are disguising themselves as refugees and infiltrating camps in Cameroon where they sell ammunition and

drugs. This puts already vulnerable women and girls at an even greater risk of violence.

E. EXPLORING THE ROLE OF FAITH IN GENDER-BASED VIOLENCE

The ecological framework of violence prevention is rooted in evidence that risk of interpersonal violence cannot be attributed to a single factor. Instead, violence is viewed as the interplay between numerous factors at four different levels: individual, relationships, community and societal. Additionally, the model suggests that violence can only be prevented when action is taken at multiple levels at once. Preventing GBV in Cameroon therefore necessitates the engagement of all key actors in each of these levels. With 96.7% of Cameroonians reporting some form of religious affiliation in the latest census (2005) and the power that religious leaders yield, there is a clear need to include faith-based leaders and groups in the fight against GBV at the community and societal levels.

The importance of faith in tackling GBV is increasingly being leveraged in humanitarian and development work. Despite this, there is a growing gap in service delivery for victims of GBV due to a lack of financial resources, as well as a lack of safe spaces for internally displaced women and girls. Unfortunately, the extent of humanitarian action focused on GBV risk mitigation measures are insufficient to meet the level of need. In Cameroon, faith-based groups have a history of providing healthcare, as well as counselling services and are well placed to fill in exist-

ing gaps. According to the Ministry of Health, faith-based health providers contribute up to 40% of health services in the country. The Ministry has also officially acknowledged faith-based health providers and networks as partners. Faith-based leaders are perceived as gatekeepers of local communities, with a large influence on community beliefs and behaviours. Simultaneously, it is important to recognise that faith leaders may serve as barriers to effective GBV responses. Faith communities and their leaders can be undereducated, apathetic, or misinformed, and may reinforce harmful myths or stereotypes. Rape is highly stigmatised and many victims do not report incidents due to family and wider community pressure. Those survivors that do report sexual assault can face humiliation, stigmatization and isolation from society.

1. FAITH AS AN INSTIGATOR OF GBV

Historically, religious teachings around the world can be seen to instigate and perpetuate the social norms that enable GBV. Examples of violence against women can be found in the religious texts of many faith-based traditions. Faith communities typically promote patriarchal values and cultures that reinforce gender inequalities. Faith leaders can be unwilling to engage on GBV issues, viewing them as taboo or topics that should be handled within the family. This can not only implicitly condone harmful practices, but also may retraumatise victims. In some instances, faith leaders also actively participate in GBV. The 2022 Trafficking in Persons Report indicates that in Cameroon, trafficking networks typically consist of local community members which can include religious leaders.

The majority of religions and religious institutions in Africa have a tremendous influence on culture and societal norms. Unfortunately, faith-based institutions have been blamed for enforcing beliefs, practices and traditions that empower men to the detriment of women. A study of African church responses to GBV in East Africa found that churches are key patriarchal institutions which inherently limits their ability to respond adequately to GBV.

This is especially apparent in terms of IPV, where studies show that religion and faith communities support drivers of this form of GBV. Faith advocates certain behaviours within intimate relationships, including a ‘family first’ approach. While men who perpetrate violence against women justify their actions through religious ideologies or interpretations, victims of violence also use religious language to explain and tolerate these actions. In a study on 18 different African countries, IPV was found to be linked with religion; specifically, Christian women and those belonging to other faiths were more likely to be victims of IPV than Muslim women. Literature also shows that women with deep Christian beliefs factor in religious doctrines and the perceived attitudes of their faith community into the decision of leaving an abusive relationship.

2. FAITH AS A POWERFUL TOOL IN GENDER-BASED VIOLENCE PREVENTION AND VICTIM SUPPORT

The importance of faith in tackling GBV is increasingly being leveraged in humanitarian and development work. A recent UK government-funded study found that support from faith leaders is an essential element of securing par-

participation of and cooperation with faith communities on GBV issues. In a household survey conducted by Tearfund in remote, rural communities in the Democratic Republic of Congo, 86% of respondents felt that “faith communities should counsel men and boys on harmful attitudes and practices” while 84% of respondents said that “faith communities should be a safe space for those affected by GBV”.

While faith-based institutions can be perceived as implicitly shaping the values that allow GBV to exist and propagate, faith can also be seen as a powerful tool in fighting this issue. Faith and religion are heavily influential on the socialisation and moral code adhered to by an individual, providing them with a framework of what are considered (un)acceptable behaviours within society. In this way, faith can be utilized to help community members rethink gender roles and sanction GBV. Across faiths, religious texts can become powerful resources for not only strength and courage, but also compassion and justice for those who have been harmed by another in the community.

In addressing GBV, engaging with faith leaders directly is of particular importance. In Cameroon—with its amalgamation of languages, religions and ethnic groups—faith leaders have a critical understanding of local dynamics and are well placed to develop targeted interventions on GBV. Additionally, faith communities and faith leaders can be seen as a source of stability when political and social structures fail.

Beyond their power to change the way GBV is perceived by the community, faith leaders also have the ability to support a dimension of healing victims of GBV through faith.

Religious texts can be used as resources to support victims through their recovery process, while prayer can be a source of comfort and support for women of faith. As many Cameroonian women fear stigmatisation and humiliation for reporting cases of GBV, faith communities must be transformed into safe spaces where survivors can find healing and support.

III. KII RESULTS

A. BACKGROUND

Building on the information gathered and gaps identified in the literature review (Section II), CCID conducted KIIs to gain an up-to-date and contextualised understanding of the perspectives of religious community members on prominent GBV issues and how they are approached from a faith perspective. Given the regional specificities of humanitarian crises affecting Cameroon as well as faith and language variations, a stratified sample was taken from various regions across the country. Yaoundé was surveyed separately from the rest of the Central region to account for urban / rural variance. Although a greater reach was targeted, the following number of respondents were able and willing to participate in the survey:

Table 3. Distribution of survey respondents across Cameroon

REGION	RELIGIOUS AFFILIATION						TOTAL
	Catholic	Protestant	Other Christian denomination	Islam	African folk religion and Animism	Other belief / none listed	
Littoral	8	3	12	5	8	0	36
Nord (North)	5	9	7	18	0	3	42
Nord-Ouest (North West)	3	0	29	5	0	0	37
Ouest (West)	3	0	4	3	0	7	17
Centre (Central)	6	0	20	17	1	3	47
Yaoundé	10	1	30	0	0	0	41
Total	35	13	102	48	9	13	220

Interviews were conducted either in French or in English, depending on which was more prominent in the targeted area or in which the respondent expressed they were more

comfortable / confident.

B. SURVEY RESULTS

The survey focused on perceptions faith leaders about what constitutes VAWG, gender roles and power dynamics, acceptability and management of violence, support for people who experience VAWG, prevalence and sites of VAWG, and individual and faith-based teaching on topics relevant to gender equality, VAWG, and family relations.

The survey is available in Annex I.

The below reviews key findings or trends from the survey results on select questions and on comparative analyses between questions, highlighted due to the indications of the results or because of what they reveal about potentially constructive ways to engage religious leaders in preventing and responding to GBV.

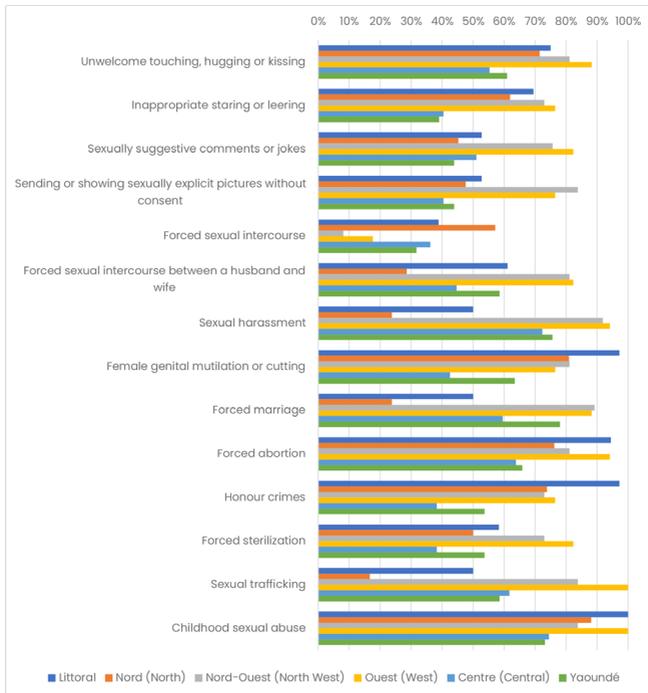
1. Perceptions about forms of VAWG

Faith leaders' ideas about what constitutes VAWG is indicative of cultural patterns of understanding about GBV, due to the majority of the population having some form of religious affiliation. Their responses to this question also inform how the rest of survey results should be understood – a faith leader may be less likely to respond appropriately or at all if the form of violence experienced by a person does not fall within the faith leader's idea about GBV.

As can be seen in Figure 2 below, childhood sexual abuse (CSA) consistently ranks high as a perceived form of VAWG across all regions, though rates of recognition are surprisingly lower in the Central region and Yaoundé than other

areas of the country. Ideas about sexual harassment varied greatly between regions – it was considered by most respondents in the North West, West, and Central regions as well as Yaoundé to be a form of VAWG, whereas very few respondents in the Littoral and North regions categorised it as such. Forced abortion was most commonly seen as a form of VAWG in the Littoral, North, and West regions. Respondents in the Littoral and North regions were more likely to share the perspective of forced marriage not qualifying as VAWG, in contrast to the survey results from the North West and Yaoundé. Similarly, sexual trafficking was less often recognised in the Littoral and North regions, and more often categorised in the North West region, as a type of VAWG.

Figure 2. Perceptions of what constitutes violence against women or girls by region



The most common form of VAWG that respondents did not think qualified as such was forced sexual intercourse. Other than in the North, this ranked as the least often recognised forms of VAWG, with a notable difference with how respondents viewed forced sexual intercourse between a husband and wife.

Table 4. Comparative perception of forced sexual intercourse (general) versus forced sexual intercourse between a husband and wife, by region.

Form of violence	Littoral	Nord (North)	Nord-Ouest (North West)	Ouest (West)	Centre (Central)	Yaoundé
Forced sexual intercourse between a husband and wife	61%	29%	81%	82%	45%	59%
Forced sexual intercourse	39%	57%	8%	18%	36%	32%

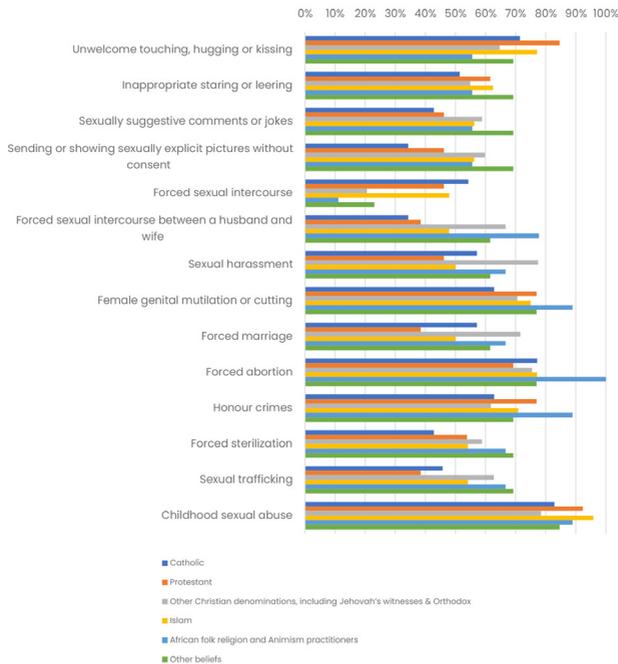
Low recognition of forced sexual intercourse as a form of VAWG is especially concerning and needs specific attention in a strategy for working with faith leaders on preventing and addressing GBV in their communities.

A comparative analysis of what faith leaders consider to constitute VAWG, seen according to religious affiliation, also reveals variances that can be capitalised on for preventing and addressing GBV.

Consistent with regional trends, CSA was most commonly identified across faiths as a form of VAWG. This is important because it verifies the shared perspective on this form of GBV, and confirms that no one faith or region is balancing out the opposing perspective of the other on CSA. These results can be contrasted against the view of forced sexual intercourse (general). A mere 11% of African folk / Animist respondents, 21% of respondents from other Christian denominations, and 23% of respondents of other belief systems categorised it as VAWG across all regions (aligned to

the cross-regional finding of this being the least likely form of violation to be recognised as VAWG); 54% of Catholic and 46% of Protestant respondents acknowledged that forced sexual intercourse qualifies as VAWG. Similarly, the views on forced sexual intercourse specifically between a husband and wife varied widely by faith. It was least recognised by Catholic (34%), Protestant (38%), and Muslim (48%) respondents, yet much more likely to be considered as a form of VAWG by respondents affiliated to other belief systems (62%), other Christian denominations (67%), and African folk beliefs / Animism (78%). Therefore, addressing perception of forced sexual intercourse—both in general terms and specifically in heterosexual marital relations—by faith may be a more effective strategy for improving understanding of what constitutes GBV. These findings also reveal that any effort to ground advocacy for changing the laws on marital rape may gain better traction with certain faith groups rather than others.

Figure 3. Perceptions of what constitutes violence against women or girls by religious affiliation.



The factors potentially influencing these variances by region and faith should be questioned, as they may include actual and / or perceived prevalence of the forms of VAWG raised in the survey. Further, it should be noted that neither this question on what qualifies as VAWG, nor another question posed to respondents, directly addressed perception of types of VAWG on general terms compared to which forms of VAWG may be most common in their communities. Therefore, the results illustrated in Figure 2 and Figure 3 must be understood strictly as faith leaders' categorisation, without explicit relation to the types of GBV they may hear of or address the most. For instance, FGM was

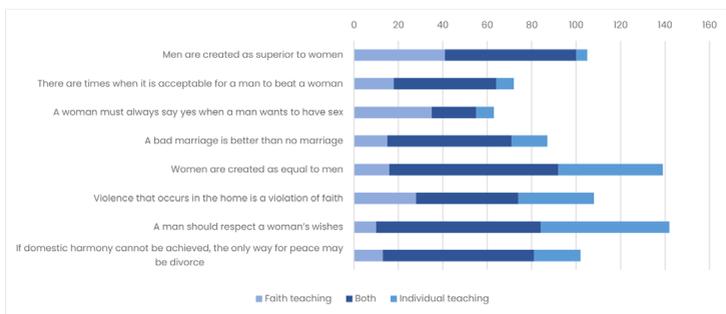
most often seen as VAWG in the Littoral and North regions, but this recognition says nothing about if FGM is common practice in these areas.

For additional detail to Figure 2 and Figure 3, please see the reference tables available in Annex III.

2. What respondent understands their faith to teach about GBV and gender equality versus what the respondent teaches their community

Survey participants were asked about select concepts related to GBV and gender equality, and whether that concept is taught in their faith, if they promote it as an individual within their community, or both. Of the respondents who answered referring to any of the multiple choice options given, the following results emerged:

Figure 4. Views on if gender equality and GBV concepts align with individual and / or faith teachings



The most common concepts cited as part of faith teaching, individual teaching, or both were that a man should respect a woman's wishes and that women are created as equal to men. Respondents most often these two concepts as part of their individual teaching either alone or as

arising concurrently with what their faith teaches. Of responses including that a man should respect a woman's wishes, 93% of people noted that they promote this idea as part of individual teaching either alone or because it overlaps with ideas in their faith. For those citing that women are created as equal to men, 88% of respondents saw this concept as part of their individual teaching either alone or because it overlaps with ideas in their faith. Only 12% of respondents citing this concept saw it as part of their faith teachings alone. This can be contrasted against the number of respondents including 'men are created as superior to women' as part of their answers. Of those citing this gender unequal concept, 39% saw it as part of their faith teachings and another 56% consider it part of both their faith and an idea they individual promote as an individual. This was the most common concept to be cited as part of both faith and individual teachings.

The contrast between those citing that their faith teachings include the idea that 'men are created as superior to women' and those whose answers involved 'women are created as equal to men' can be further clarified:

Table 5. Overlapping and exclusive survey responses regarding creation of men and women as equals as part of faith teachings

	Respondents whose answer included:			
	Men are created as superior to women (only)	Women are created as equal to men (only)	Both	Neither
Number of respondents	75	74	18	42
Percentage of total respondents ¹⁷	36%	35%	9%	20%

Therefore, only 9% of respondents held self-contradictory views that their faith teaches both that men are created as superior to women and that women are created as

equal to men. While this is a small percentage of the total responses, when taken with those whose responses did not include either concept, there may be notable space to capitalise on in working with faith leaders on understanding their religious texts through the lens of gender equality and building allyships.

Setting aside answers where the respondent held that the concept in question was both part of their individual as well as faith teachings, answers where the concept only fell into one category or the other for the respondent are worth reviewing. For instance, the most common concept that respondents said was part of their faith teaching, but not what they espoused individually, was 'A woman must always say yes when a man wants to have sex' (56%); this was one of the least common concepts to appear only as an individual teaching (13%). The most common concept that respondents said was part of their individual teaching, but not within their faith's teaching, was 'A man should respect a woman's wishes' (41%); accordingly, this was one the least common concept to appear only as part of a person's faith teaching (7%). This trend in responses indicates that there is much more individual focus on ideas better aligned to gender equality that should be capitalised on when working with faith leaders.

Three concepts garnered similarly high rates of response that they appear in both faith and individual teachings: if domestic harmony cannot be achieved, the only way for peace may be divorce (67%); A bad marriage is better than no marriage (64%); and there are times when it is accept-

able for a man to beat a woman (64%). The prevalence of respondents' views that this last concept is both part of faith and individual teaching is especially concerning and requires specific attention when engaging faith leaders in preventing and responding to GBV.

3. IPV AND REPORTING OF VAWG

Respondents were asked about both whether IPV is a private or a spiritual matter, and to whom VAWG should be reported.

Table 6. IPV as a private matter compared to reporting of VAWG

If a man uses violence against his wife, this is a private matter and should be handled within the family	If a woman or a girl experiences violence, who do you think they should report it to?				
	The police	A medical professional	A family member	A religious leader	A close friend
Strongly agree	13	6	26	10	3
Agree	19	3	31	33	19
Unsure	5	3	4	4	4
Disagree	34	25	43	32	25
Strongly disagree	54	43	38	38	21

When faith leaders considered IPV to be a private matter, they thought it least appropriate for VAWG to be reported to a medical professional and most appropriate to report to a family member. When faith leaders disagreed to at least some degree that IPV is a matter to be handled within the family, they most commonly responded that VAWG should be reported to the police or a family member.

Table 7. IPV as a spiritual matter compared to reporting of VAWG

If a man uses violence against his wife, this is a spiritual matter and should be handled through prayer	If a woman or a girl experiences violence, who do you think they should report it to?				
	The police	A medical professional	A family member	A religious leader	A close friend
Strongly agree	10	3	14	6	3
Agree	18	11	39	37	22
Unsure	7	1	7	7	4
Disagree	34	26	41	34	21
Strongly disagree	54	39	39	39	20

Strongly disagree 54 39 39 39 20

When faith leaders considered IPV to be a spiritual matter, they thought it least appropriate for VAWG to be reported to a medical professional and most appropriate to report to a family member. When faith leaders disagreed

to at least some degree that IPV is a matter to be handled through spiritual measures, they most commonly responded that VAWG should be reported to the police or a family member.

Respondents overall disagreed with both ideas, that IPV is either a private or a spiritual matter. The trends in most appropriate support to whom VAWG should be reported are consistent regardless of if IPV is seen as a private or spiritual matter. In neither case did respondents see a significant role for religious leaders in reporting, nor did they express strong views against involvement of religious leaders as resourced to whom a person who experienced VAWG could report.

It is worth noting that IPV in more general terms was not considered in the survey questions focused on what faith leaders consider to constitute VAWG (see 'Perceptions about forms of VAWG' above).

4. ROLE OF FAITH IN ADDRESSING VAWG

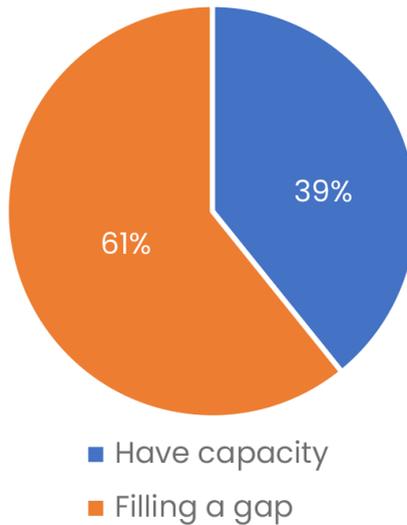
Despite respondents' lack of a strong positive view on faith leaders as a reporting option for people who experience IPV, they did report seeing a role for themselves in supporting victims of violence on a more general level.

Table 8. Reporting instances of VAWG to faith leaders compared to if faith leader reported that they are typically involved in supporting a person who experienced GBV

What kind of support or treatment do victims of violence typically receive from your community?: Support from faith leader	Yes	No
If a woman or a girl experiences violence, who do you think they should report it to?: Report to a religious leader		
Yes	93	25
No	19	83

If a respondent said that if a woman or girl experiences who violence should report it to a religious leader, they were also very likely to indicate that victims of violence in their community typically receive support from a faith leader. If they did not include a religious leader a potential person to report to, they were also likely to respond that victims of violence in their community did not receive support from faith leaders. The two concepts appear to go hand in hand, and may be affected by reported capacity of faith leaders to offer support to victims of violence.

Figure 5. Faith leaders' self-reported capacity to offer services to women and girls who experience violence.



Nearly two thirds of respondents who answered the survey question about their capacity to offer services to women and girls who experience violence said that they are simply filling a gap due to a lack of other service providers in the area. This result could also indicate community trust in faith leaders to offer the support they need, if other service providers are in the area but potentially relied on less by women and girls who experience violence; this requires further investigation as it was not covered in the survey.

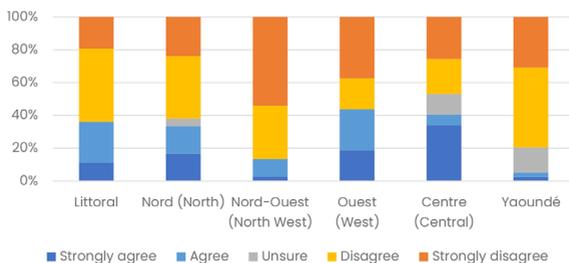
5. GENDER EQUALITY

In addition to the indications that the above results give regarding perspectives of faith leaders on gender equality through the lens of violence against women, their responses to questions about economic empowerment and the importance of family illustrate where there may be potential inroads to working with faith communities on gender equality.

• MEN'S AND WOMEN'S WORTH

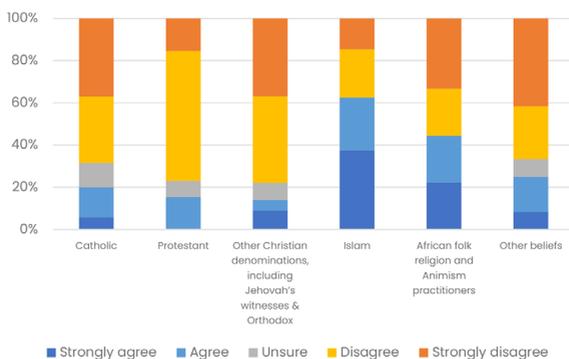
Survey participants were asked about the degree to which they agreed with the statement, "A man is worth more than a woman". Overwhelmingly across the Littoral, North, and North West regions as well as in Yaoundé, respondents expressed disagreement with this idea incompatible with gender equality. More respondents thought there was a degree of truth to this statement in the West (25% agreed and 19% strongly agreed) and Central regions (6% agreed and 34% strongly agreed).

Figure 6. A man is worth more than a woman, disaggregated by region (percent)



Reviewing responses to the same question when disaggregated by religious affiliation draws out where faith may have a particular influence on views about gender equality. From a country-wide view of those surveyed, people adhering to various forms of Christianity (Catholicism, Protestantism, other Christian denominations) were more likely to disagree with the idea that a man is worth more than a woman. African folk / Animist believers, Muslims, and people of other belief systems held more strongly to this statement being valid.

Figure 7. A man is worth more than a woman, disaggregated by religion (percent)



Taking a closer look at the West and Central regions due to the high rate of justification of gender inequality as expressed through the given statement, respondents affiliated with African folk beliefs / Animism and Islam in the Central region and those affiliated with Catholicism and other Christian denominations in the West region were most likely to espouse this view. These results only partially track with the macro view presented in Figure 7 above.

Table 9. A man is worth more than a woman, disaggregated by religious affiliation per region (reported in percentages based on respon-

ents of each faith per region)

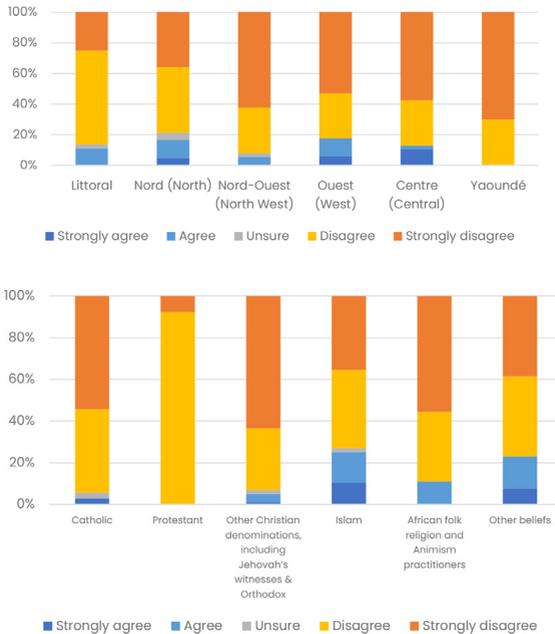
Level of agreement with statement	Ouest (West)						Centre (Central)					
	Catholic	Protestant	Other Christian	Islam	African folk / Animist	Other beliefs	Catholic	Protestant	Other Christian	Islam	African folk / Animist	Other beliefs
Strongly agree	0	—	50	0	—	14	17	—	25	53	100	0
Agree	67	—	0	33	—	14	0	—	5	12	0	0
Unsure	0	—	0	0	—	0	33	—	15	0	0	33
Disagree	0	—	0	67	—	14	0	—	30	18	0	33
Strongly disagree	33	—	50	0	—	43	50	—	25	18	0	33

When disaggregated by both region and religion, the data demonstrates inconsistency within a given faith about views on gender equality. Therefore, there may be space for cross-regional intra-faith exchange, learning, and influencing about reading gender equality into religious texts.

• **Women’s economic participation**

The issue of women’s economic participation shows greater congruence and promise, with survey results showing consistent disagreement with the idea that women should not be allowed to work both when disaggregated by region and by religious affiliation.

Figure 8. Women should not be allowed to work, disaggregated by region (percent)

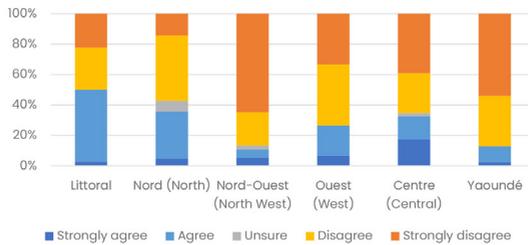


It should be noted that the KIIs did not touch on or review the gendered division of productive, reproductive, and community managing roles in the communities surveyed. If survey respondents hold the view that there is conditionality to women working—they must still fulfil all reproductive roles and there is no shift in the traditional gendered breakdown of household responsibilities, for example—this was not exposed by the format of the survey. While the responses given are encouraging in terms of cultural acceptance of women’s economic participation from a faith-based perspective and in general terms, this needs to be given greater dimensionality through a deeper gender analysis that reviews roles and responsibilities at the individual, household, communal, and societal levels. The type of work deemed acceptable was also not reviewed in the KIIs, therefore leaving space for further investigation of women’s participation in the formal versus informal economies. The job insecurity, higher likelihood of indecent working conditions, and less organised nature of productive work in the informal economy may mean women are more likely to be exposed to GBV in the workplace and not have adequate redress measures available to them.

- Perceived importance of women’s experience with violence compared to family unity
Analysis above (Sections “IPV and reporting of VAWG”, “What respondent understands their faith to teach about GBV and gender equality versus what the respondent teaches their community”) highlighted the importance of family in the scope of VAWG, according to the views of

faith leaders. Looking specifically at the perceived balance to be struck between VAWG and family unity reveals where additional action and engagement may be required for faith leaders to have a more positive effect on acceptability of domestic violence.

Figure 10. A woman should tolerate violence to keep her family together, disaggregated by region (percent)

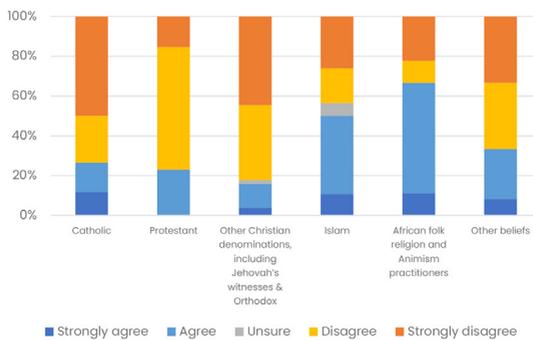


When considered from a geographic perspective, the majority of regions disagreed with the idea that women should tolerate violence for the sake of family unity. The greatest level of disagreement was found amongst respondents in Yaoundé (87% disagreeing or strongly disagreeing), followed by the North West (86%). More respondents agreed with the concept that women should tolerate violence to keep her family together in Littoral (50% agreeing or strongly agreeing).

Analysing the results of this question when disaggregated by religion shows much more variance in perspectives and where faith has a stronger effect than regional culture or localised contextual elements such as the effects of humanitarian crises. Respondents adhering to various forms of Christianity (Catholicism (71%), Protestantism (77%), other Christian denominations (81%)) were very like-

ly to disagree or strongly disagree with women tolerating violence in order to maintain family unity. Respondents of African folk / Animist belief systems and Muslim respondents were much more aligned to the idea that family unity should be prioritised, even if it means women tolerating violence. Overall, 67% of African folk / Animist respondents and 48% of Muslim respondents either agreed or strongly agreed with the given statement.

Figure 11. A woman should tolerate violence to keep her family together, disaggregated by religion (percent)



The very low rate of 'Unsure' responses—both when answers to this question are disaggregated by regional and religious affiliations of the respondents—indicate that the idea posed by this question and the positions held by respondents are clear and unambiguous. Addressing gender unequal perspectives on this matter will require a strong reorientation of ideas rather than convincing of people who may stand in a grey area on the matter. Demonstrating how gender equality does not conflict with family values will be especially important.

C. ADDITIONAL COMMENTS

As noted throughout the section on Survey results above, the findings from primary data collection and its analysis reveal great potential for diving deeper into certain topics as well as the benefit that would come from having a more profound, multidimensional understanding of gender relations in the targeted communities.

The question arises of, where are the barriers to improving on gender equality and reducing / preventing VAWG a matter of faith, and where does it intersect with or stem from other cultural sources? Gender equality generally and preventing and addressing GBV specifically are not single-issue matters; effective progress under Sustainable Development Goal 5 (“Achieve gender equality and empower all women and girls”) requires multisectoral efforts engaging stakeholders across the public and private spheres.

IV. RECOMMENDATIONS

Based on the analysis of the survey results, the following recommendations should be considered by key stakeholders when seeking to engage faith leaders in improving gender equality and preventing and responding to GBV:

Government

- Ratify the outstanding Second and Third Optional Protocols to the CRC. Faith leaders may be allies in garnering public support on this due to their overwhelming view of CSA as a form of VAWG.
- Under the leadership of the Minister of Women’s Affairs, draft, sign into law, and roll out comprehensive legislation on GBV with accompanying enforcement measures. This should involve a review of existing legislative, judicial,

and administrative means for preventing and addressing GBV, considering their coverage, effectiveness, accessibility, and any unintended indirect discrimination they produce when implemented.

- Criminalise in all forms IPV and marital rape. Though this should fall under a comprehensive legislative package on GBV (see point above), it will likely require specific and targeted action considering the current legal framework and attitudes within communities—as represented by faith leaders—for top-down national leadership on these forms of GBV to be recognised and encoded in law.

International donor agencies

- Earmark funds for partners to integrate community-led approaches to affecting perceptions about forms of VAWG into their programming, particularly those working with and through faith leaders on changing perceptions. In such interventions—as is typically the case with protection programming—the number of beneficiaries reached should not be considered a core indicator, but rather the focus should be on quality and depth of impact.

- Resource inter-agency protection coordination efforts to ensure up-to-date information is available on the GBV situation in each region of the country in easily accessible formats, and that regional coordination addressing localised needs is appropriately funded to function smoothly and maximise efficiency in the humanitarian response.

- Facilitate or extend technical expertise on GBV legislation to the Government of Cameroon, particularly the Ministry of Women’s Empowerment and the Family, with great care to ensure feminist legislation is not perceived

as a post-colonial imposition by Western powers. In this regard, the efforts of international donor agencies may be better placed in consulting with and funding such support coming from the African Union.

United Nations entities

- Establish a working group on Communicating with Communities under the Inter-Sector Coordination sector, the Terms of Reference of which should include a focus on engaging faith leaders in humanitarian response broadly and in combatting GBV specifically.
 - Related to the former point, expand the coverage of the GBV Working Group and the Inter-Sector Coordination group and the recommended Communicating with Communities working group to have regional presence, facilitating the contextualisation of involving faith leaders in GBV programming and protection-oriented humanitarian response.
 - Relaunch and / or conduct new induction / refresher trainings on the GBVIMS to overcome loss of institutional knowledge due to staff turnover and to revitalise using this crucial resource, and consider training faith leaders on contributing to the GBVIMS, or ensuring the process is facilitated by a partner organisation.
 - Stress the importance of reporting into the OCHA Financial Tracking System with all implementing partners, and create clear guidelines on how to report division of funds across sectors (particularly for multi-sectoral projects). Proper evidence-based advocacy on the lack of general protection and specific GBV funding cannot be conducted on a weak or inconsistent information base.
- International, national, and community-based humani-

tarian and development agencies

- Sensitise faith leaders and their communities on what constitutes GBV in line with the Global Protection Cluster's definition, giving contextualised examples to highlight how forms of VAWG often thought to fall outside the scope of GBV in fact constitute forms of this violation.
- Sensitisation efforts should also give specific emphasis to the unconditional categorisation of forced sexual intercourse as a form of VAWG. Relatedly, equip faith leaders with an up-to-date understanding of consent according to international human rights law and international criminal law jurisprudence ("yes means yes"), as well as with the tools to teach their communities about both GBV and consent.
- Undertake a review of GBV referral pathway maps to ensure faith leaders are integrated appropriately and their capacities are recognised. In line with this, where there is willingness on the part of faith leaders to take on more service provision in un- or under-served areas, develop capacity building and resourcing plans so that they may be more confident and better prepared to provide quality support to community members who experience GBV. Pairing faith leaders with specialised agencies may create stronger bonds for longer-term follow-up and ongoing coordination on emerging GBV trends and areas where additional support is required.
- Similarly, actively seek out partnership with registered faith organisations for implementing GBV programmes (with respect for internal guidelines and compliance issues) and build relationships with faith leaders as key stakeholders in GBV programme design, imple-

mentation, monitoring, and evaluation.

- Ensure proper integration of GBV and gender equality considerations into women's economic empowerment programmes. Pursuit of or programmes targeting this sector should ensure they do not contribute to, and in fact lighten, women's triple role, and that the work they are encouraged to enter into meets ILO standards for decent work. Transparent, straightforward, and easily accessible redress mechanisms in case of GBV in the workplace should be established with any employer engaged in this kind of intervention.
- Conduct gender analyses in target communities to better understand gender dynamics and the gendered division of roles and responsibilities, using faith communities as a dimension affecting focus group discussion formation and result analysis. Other intersectional factors such as age and disability should also be accounted for when carrying out gender analyses.

Faith leaders

- Identify and build on or establish networks for faith leaders in given regions (intra- and inter-faith, within and across different regions) to foment the re-interpretation of religious texts through a feminist lens. This must address the viewpoint espoused by many faith leaders in KILs that there are times when it is acceptable for a man to beat a woman. Exchanges, learnings, and influencing about reading gender equality into religious texts may have greater traction if coming from other leaders within a person's same faith.
- Lead on demonstrating to faith communities and other faith leaders how gender equality does not con-

flict with family values, particularly though not exclusively in relation to women's tolerance of violence for the sake of family unity. Addressing gender unequal perspectives on this matter will require a strong reorientation of ideas rather than convincing of people who may stand in a grey area on the matter.

- Use platforms as revered and respected community members who orient the moral compass of religious followers to promote more gender equal ideas and reshape standings about acceptability of GBV.

V. CONCLUSIONS

CCID found that while there is significant traction with faith leaders that can be leveraged to improve on certain dimensions of GBV, attitudinal change with faith leaders and in legal structures needs to improve in order for them to have the greatest impact possible at community level.

Changing perceptions about GBV is a long-term effort. Faith leaders are well positioned within their communities to make significant contributions to shifts in ideas about and attitudes toward GBV and gender equality. However, faith leaders cannot be expected to promote ideas that they do not believe in themselves.

VI. ABOUT THE COMMUNITY CENTRE FOR INTEGRATED DEVELOPMENT

Community Centre for Integrated Development (CCID) is a non-governmental humanitarian organisation created in 2016. The CCID is committed to advancing the rights of communities, women, girls, and young people in Cameroon while strengthening community leaders and community-based organisations to respond to indigenous people's needs.

CCID aims to empower individuals and communities to uplift women, young people - especially girls - and the wider community to be leaders for positive change. It is made

up of community development experts who recognize that in order to create a sustainable world, one must harness the potential of communities. CCID strongly believes that women and young people in Cameroonian communities

are major assets whose full potential remains untapped. The organisation is also cognizant that the majority of indigenous people in communities across Cameroon live under the poverty line and work with community-based organisations to meet their needs.

Hence, CCID works with communities to bring diverse groups together and leverage their abilities, interests, and resources in order to engender shared values and benefits. It ensures local ownership of initiatives by working with communities to drive program design and implementation. The organisation highly values the importance of developing a comprehensive understanding of the social, cultural, political, and economic dynamics in the communities where we implement our programs and interventions. For more information about the ongoing initiatives, you can browse CCID official website: <https://comuceid.org>.

VII. ANNEX I –KII SURVEY (ENGLISH)

QUESTIONNAIRE ON VIOLENCE AGAINST WOMEN

Name	
Age	
Place of residence	
Institution or organization	
Role within the institution	
Religious denomination	

1) Which of the following constitutes violence against women or girls?

- Unwelcome touching, hugging or kissing
- Inappropriate staring or leering
- Sexually suggestive comments or jokes
- Sending or showing sexually explicit pictures without consent
- Forced sexual intercourse
- Forced sexual intercourse between a husband and wife
- Sexual harassment
- Female genital mutilation or cutting
- Forced marriage
- Forced abortion
- Crimes in the name of 'honour'
- Forced sterilization
- Sexual trafficking
- Childhood sexual abuse

2) Please select the extent to which you agree or disagree with the following statements

		Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure
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A	A woman's most important role is to take care of her home and cook for her family					
B	A man always deserves the respect of his wife and children, no matter what he has said or done					
C	A man is worth more than a woman					
D	Women should not be allowed to make their own decisions in the household					
E	Women should not be allowed to work					
F	A woman should not deny a man sex					
G	Violence is acceptable to ensure a woman obeys her husband					
H	A woman should tolerate violence to keep her family together					
I	If a man uses violence against his wife, this is a private matter and should be handled within the family					

J	If a man uses violence against his wife, this is a spiritual matter and should be handled through prayer					
K	Violence against women is often caused by the woman's careless behaviour					
L	Women who say they were abused often make up or exaggerate claims of abuse or rape					
M	Women are more likely to be raped by a stranger than someone they know					

- 3) Do you think it is justifiable for a man to be violent towards his wife for any of the reasons below?
- If she breaks anything in the house
 - If she refuses to have sex
 - If their children do not perform well in school
 - If she neglects their children
 - If she raises her voice or screams
 - If she argues with him
 - If she spends too much money
 - If she spends her own money without asking permission
- 4) If a woman or a girl experiences violence, who do you think they should report it to?
- The police
 - A medical professional
 - A family member
 - A religious leader
 - A close friend
- 5) What are the most common forms of violence

against women in your community?

- Physical violence
 - Sexual violence, including rape
 - Sexual harassment
 - Sex trafficking
 - Forced marriage
 - Female genital mutilation or cutting
- 6) How common do you think they are?

- Very common
- Common
- Not so common
- Not at all common

7) Where is violence against women or girls the most common in your community?

- In the private space (at home)
- In public spaces (on the street, at work...)

8) What kind of support or treatment do victims of violence typically receive from your community?

- Medical treatment
- Support from family
- Support from community members
- Support from faith leader
- Individual coping strategy

9) Do you feel that violence against women or girls is increasing in your community?

- Yes
- No
- Maybe
- Not sure

10) Please elaborate on your answer to the previous question (9) below

- 11) How likely are women or girls to turn to you for support after incidents of violence?
- Very likely
 - Likely
 - Somewhat likely
 - Unlikely
 - Unsure
- 12) Which of the following services have you provided women or girls?
- Immediate medical care
 - Access to medical services
 - Counseling and/or therapy
 - Shelter from abusers
 - Support groups
 - Crisis intervention
 - Connection to other services - e.g. humanitarian organization, women's group...
 - Practical support - e.g. police report, legal support, protection...
 - Telephone helplines
 - Educational workshops
 - Community outreach
 - Other (please specify below)
- 13) For any of the services selected above, do you have capacity to offer these services or are you filling a gap?
- 14) What does your faith teach about violence against women or girls? Please select all statements that apply

-
- Men are created as superior to women
 - There are times when it is acceptable for a man to beat a woman
 - A woman must always say yes when a man wants to have sex
 - A bad marriage is better than no marriage
 - Women are created as equal to men
 - Violence that occurs in the home is a violation of faith
 - A man should respect a woman's wishes
 - If domestic harmony cannot be achieved, the only way for peace may be divorce
- 15) As an individual, what do you teach your community about violence against women or girls? Please select all statements that apply
- Men are created as superior to women
 - There are times when it is acceptable for a man to beat a woman
 - A woman must always say yes when a man wants to have sex
 - A bad marriage is better than no marriage
 - Women are created as equal to men
 - Violence that occurs in the home is a violation of faith
 - A man should respect a woman's wishes
 - If domestic harmony cannot be achieved, the only way for peace may be divorce
- 16) In what ways does your faith deal with violence against women or girls?

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IX. ADDITIONAL REFERENCE TABLES

Table 10. Perceptions of what constitutes violence against women or girls by region (reported in percentages based on respondents of per region).

Form of violence	Region					
	Littoral	Nord (North)	Nord-Ouest (North West)	Ouest (West)	Centre (Central)	Yaoundé
Unwelcome touching, hugging or kissing	75%	71%	81%	88%	55%	61%
Inappropriate staring or leering	69%	62%	73%	76%	40%	39%
Sexually suggestive comments or jokes	53%	45%	76%	82%	51%	44%
Sending or showing sexually explicit pictures without consent	53%	48%	84%	76%	40%	44%
Forced sexual intercourse	39%	57%	8%	18%	36%	32%
Forced sexual intercourse between a husband and wife	61%	29%	81%	82%	45%	59%
Sexual harassment	50%	24%	92%	94%	72%	76%
Female genital mutilation or cutting	97%	81%	81%	76%	43%	63%
Forced marriage	50%	24%	89%	88%	60%	78%
Forced abortion	94%	76%	81%	94%	64%	66%
Honour crimes	97%	74%	73%	76%	38%	54%
Forced sterilization	58%	50%	73%	82%	38%	54%
Sexual trafficking	50%	17%	84%	100%	62%	59%
Childhood sexual abuse	100%	88%	84%	100%	74%	73%

Table 11. Perceptions of what constitutes violence against women or girls by religious affiliation (reported in percentages based on respondents of each faith)

Form of violence	Religious affiliation					
	Catholic	Protestant	Other Christian denominations, including Jehovah's witnesses & Orthodox	Islam	African folk religion and Animism practitioners	Other beliefs
Unwelcome touching, hugging or kissing	71%	85%	65%	77%	56%	69%
Inappropriate staring or leering	51%	62%	55%	63%	56%	69%
Sexually suggestive comments or jokes	43%	46%	59%	56%	56%	69%
Sending or showing sexually explicit pictures without consent	34%	46%	60%	56%	56%	69%
Forced sexual intercourse	54%	46%	21%	48%	11%	23%
Forced sexual intercourse between a husband and wife	34%	38%	67%	48%	78%	62%
Sexual harassment	57%	46%	77%	50%	67%	62%
Female genital mutilation or cutting	63%	77%	71%	75%	89%	77%
Forced marriage	57%	38%	72%	50%	67%	62%
Forced abortion	77%	69%	75%	77%	100%	77%
Honour crimes	63%	77%	62%	71%	89%	69%
Forced sterilization	43%	54%	59%	54%	67%	69%
Sexual trafficking	46%	38%	63%	54%	67%	69%
Childhood sexual abuse	83%	92%	78%	96%	89%	85%

