EXECUTIVE SUMMARY

While nearly half of women in Cameroon have experienced challenges with safety both inside the home and out in the community, the majority tend not to find that the COVID-19 pandemic has significantly impacted their experience of violence. Women who were divorced, living in rural areas, or with children were generally more likely to report that the pandemic has made their circumstances worse. Congruently, the downstream impacts of COVID-19 vary in type and severity, based on pre-existing factors, including socioeconomic status and vulnerability to other stressors. This research delves into the relationships between measures of violence against women (VAW) and the demographic, behavioural and socioeconomic factors related to them.

This study found that women’s feelings of safety in Cameroon are lacking, both within and outside of their households, and women are experiencing significant negative impacts on their mental and emotional well-being. Among the drivers of these feelings, external stressors such as food insecurity and family relations stand out as having a significant impact not only on experiences of safety but also on women’s well-being overall. Additionally, although women may not link their feelings or experiences of safety directly to the COVID-19 pandemic, those who reported feeling more unsafe tend to have changed their behaviours more in response to the pandemic, including by reducing their social interactions and movements.
1. INTRODUCTION

Prior to the COVID-19 pandemic, Cameroon’s Institut National de la Statistique found that 51% of women aged 15–49 have experienced physical violence and/or sexual violence from an intimate partner at least once in their lifetime,¹ which is nearly double the global estimated average of 27%.²

Since the pandemic began, rapid assessments conducted by UN Women using administrative data from police, VAW hotlines and other service-providers suggest an increase in reported cases of violence against women and girls. Measures implemented to limit the spread of the pandemic, such as lockdowns and curfews, have an impact on VAW risk factors, especially for women and girls who face multiple forms of discrimination.

Within this context, UN Women commissioned Ipsos to conduct a rapid gender assessment survey on the impact of COVID-19 on women’s well-being and safety in 13 countries across regions. In adapting the surveying methodology to be feasible in the COVID-19 context, proxy measures on experiences of VAW were used to collect data on sensitive topics to reduce the risk to the respondents, and thus may not be directly comparable to other studies conducted before the pandemic.

Having reliable data that are collected in line with methodological, safety and ethical standards, without putting women at greater distress and risk of violence, is critical to informing where policies and programmes can respond to the UN’s system-wide efforts to scale up actions to address VAW in the context of COVID-19.

This report details the findings of the survey conducted in Cameroon from April to May 2021, with women aged 18 and older who had access to a mobile phone. The population of mobile-phone-owners in Cameroon is estimated to be at par between men and women but may be more concentrated in urban than in rural areas.³

It should also be noted that some questions elicited a noticeable percentage of “don’t know” responses from the interviewees, and while it was not possible to ascribe the different responses or intentions of the interviewees who chose this response, it is important to keep this in mind while analysing the data.

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¹ Proportion of ever-partnered women aged 15–49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime. Source: Institut National de la Statistique (INS) and ICF International. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples du Cameroun 2011. Calverton.

² World Health Organization. N.D. Global Database on Violence Against Women.

KEY FINDINGS

37% of women said that they or other women they know have experienced a form of violence.

20% Verbal Abuse
19% Sexual Harassment
17% Physical Abuse

26% of women feel unsafe in their homes.

27% of women live in households with conflict among adults at least weekly.

35% of women think that the experience of verbal or physical abuse at the hands of a partner is common for women in their community.

23% said this has gotten worse as a result of the COVID-19 pandemic.

16% said conflict between adults has become more frequent as a result of the COVID-19 pandemic.

38% said this has gotten worse as a result of the COVID-19 pandemic.

43% of women think that physical harm, abuse and harassment are a problem for women in their community.

15% of women think physical harm, abuse, and harassment has gotten worse since the onset of the COVID-19 pandemic.

43% of women feel unsafe walking alone at night.

32% of women feel unsafe walking alone during the day.

37% of women think that it is common for women to be harassed in public.
2. PERCEPTIONS OF VIOLENCE AGAINST WOMEN

2.1. Perceptions of violence against women in the community

When asked about physical harm, abuse and harassment in their community, over 4 in 10 (43%) women said they believe it is a problem and an additional 33% said it was “a little bit” of a problem.

Physical harm, abuse and harassment in the community were more likely to be perceived as a problem by women who: earn an income, are heads of their household, had a decrease in income since the start of the pandemic, and by those who experienced frequent conflict or felt unsafe in their homes.

About one in six women (15%) said physical harm, abuse and harassment have increased in their community since the start of the COVID-19 pandemic. However, those who felt unsafe or lived in households with frequent conflict were more likely to report that harm, abuse and harassment have worsened as a result of the pandemic, indicating that COVID-19 may have exacerbated current conditions.
2.2. Proxy measures of violence against women in the community

When considering ways of measuring violence against women at the community level, it is important to keep in mind the context of the study. Due to the remote nature of this survey, indirect questions were asked as proxy indicators of VAW, meaning it is not possible to distinguish respondent experiences from those of other women in their community or to know whether this experience occurred within or outside of the household. Therefore, while data from this study should not be interpreted as prevalence data, it nevertheless provides critical information on the impact of COVID-19 on women’s perceptions of safety and well-being.

Women were asked whether they or any woman they knew had experienced different forms of VAW, such as physical harm, denial of basic needs, sexual harassment, restrictions or verbal abuse. While one in five women reported experiences (theirs or others’) with specific types of abuse, nearly 4 in 10 women reported experiences any type of violence. Experiences of verbal abuse were more reported among women who feel unsafe when out in their community at night, those who feel unsafe in their homes and those who experienced frequent household conflict.

FIGURE 2
Percentage of women who reported experiencing or knowing someone who has experienced different types of violence, by their feelings of safety

<table>
<thead>
<tr>
<th></th>
<th>Among women who felt unsafe at home</th>
<th>Among women who felt unsafe walking alone</th>
<th>All women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been yelled at, called names, humiliated</td>
<td>20%</td>
<td>28%</td>
<td>40%</td>
</tr>
<tr>
<td>Been the subject of inappropriate jokes, suggestive comments,</td>
<td>19%</td>
<td>27%</td>
<td>37%</td>
</tr>
<tr>
<td>leering, or unwelcome touching/kissing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had resources, like healthcare, or basic needs (like money,</td>
<td>18%</td>
<td>24%</td>
<td>31%</td>
</tr>
<tr>
<td>water, shelter, denied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had been slapped, kicked, had things thrown at them, or other</td>
<td>17%</td>
<td>25%</td>
<td>33%</td>
</tr>
<tr>
<td>physical harm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been forced to stay alone for long periods of time or denied</td>
<td>16%</td>
<td>24%</td>
<td>28%</td>
</tr>
<tr>
<td>communication with others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Women who reported that they or someone they knew had been subjected to VAW were more likely to be food insecure (55–59%), compared to women who did not (34–36%), indicating that structural and economic factors could be a significant driver of violence against women.
3. SAFETY IN THE PUBLIC SPHERE

3.1. Personal safety in the public sphere

When out in their communities, one third of women said they feel unsafe walking around the areas where they live during the day (32%), and 4 in 10 women reported feeling unsafe when asked the same question about walking alone at night (40%). One in five (21%) said they feel less safe while out at night since the start of COVID-19. Within the country, most domestic travel has been open since May 2020 and businesses are operating with mask requirements and capacity restrictions.

Experiences of safety in the public sphere also differed by marital status, with divorced women more likely to say they feel unsafe during the day or at night than married or partnered women, who in turn are more likely to say they feel unsafe than single women. Additionally, women who headed their households on their own (55%) or jointly with a partner (60%) were more likely to say they feel safe walking alone at night than women whose husbands are the head of the household (41%). Women whose husbands are the head of the household were also more likely to feel that the pandemic had made them less safe (26%) than other women, particularly those in jointly headed households (13%).

FIGURE 3
Perceptions of safety while out in public, by marital status
It is notable that, even when considering demographic factors, the impact of COVID-19 on women’s perceptions of safety in Cameroon is more limited than in other contexts, perhaps reflective of the pre-existing conditions of unrest and safety concerns in the country.

3.2. Women’s perceived safety in the public sphere

Women’s perceptions of their own personal safety were consistent with their perceptions of safety for other women in their community. More than one-third (37%) of women said it is common for women to experience harassment and safety issues in public at night, consistent with 43% of women who themselves reported feeling unsafe at night. Similar to other areas, one in three women said that the pandemic had worsened women’s experiences of harassment when alone at night (31%).

Women who reported generating an income for their household were particularly likely to report feeling unsafe walking alone, perhaps related to the fact that they are more likely to be in public spaces.

The majority of women (81%) expected that women experiencing harassment or abuse in the public sphere would seek help, and one in three (36%) said that they expected women would go to the police.

While more than one third (37%) of women only rarely saw friends or their social groups during the pandemic, other data suggest a more complicated relationship in terms of how they interact with their communities. The majority of women (88%) said that they still leave their house at least once a week, but only 21% saw their friends and social groups with the usual frequency. While it is difficult to disentangle the effects of pandemic movement restrictions and reductions in seeing or speaking to members of social circles, it should be noted that information around socialization may present an avenue by which to improve women’s agency and increase their empowerment.
4. SAFETY INSIDE THE HOME

4.1. Personal safety inside the home

Regarding safety within the household, 27% of women said that there had been conflict between adults in their household at least weekly over the past six months, and 16% said this had become more frequent as a result of the COVID-19 pandemic. Notably, women in rural areas were much more likely to report household conflict at least weekly (38%) than women in urban areas (21%). Those who experienced conflict frequently were more than five times more likely than women in households with infrequent conflict to say that the frequency of conflict had increased as a result of the pandemic, suggesting that already existing household tensions have been exacerbated by the pandemic.

![Figure 5: Changes in household conflict as a result of COVID-19](image)

One in four women (26%) said they had felt unsafe in their household in the last six months, and 23% of women said that the COVID-19 pandemic had made things worse in terms of their feelings of safety in their household. Women who experienced frequent conflict (at least weekly) between adults in their household were more than twice as likely to have felt unsafe in their homes, compared to women who experienced infrequent conflict.
Women who felt unsafe in their homes were more likely than others to be moderately food insecure, to generate an income, and to live in rural areas – suggesting that household geography and dynamics both have an impact on women’s risk inside their homes.

When the 26% of women who felt unsafe in their homes were asked why, they cited verbal (48%) and physical abuse (30%) as well as issues around trust (31%) as the main drivers. Women who said they were income-earners were much more likely than non-income earners to cite verbal abuse as a reason why they felt unsafe (51%). When it came to physical abuse, employed women and women in jointly headed households were those most likely to cite this as a reason they felt unsafe (36% and 44%, respectively).
4.2. Women’s perceived safety inside the home

When considering the broader community, 35% of women said they think the experience of verbal or physical abuse at the hands of a partner is common for women. This proportion was higher among women who perceived violence, abuse or harassment to be a problem in their community (42%).

This figure is much higher than the indirect prevalence estimates (please refer to Figure 2) of either verbal (20%) or physical abuse (17%), suggesting that there may be a disconnect between women’s perceptions of abuse within their own social circles and their perceptions of abuse in the greater community. This is also true when looking at the impact of COVID-19, where 38% of women said they think the experience of verbal or physical abuse at the hands of a partner has become more common for women since the start of the pandemic, compared to 23% of women who said their own safety at home has suffered due to the pandemic (23%).

**FIGURE 7**
Reasons for women feeling unsafe in their homes, among the 26% who reported feeling unsafe

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was verbal abuse in my household</td>
<td>50%</td>
</tr>
<tr>
<td>I was living with people I could not trust</td>
<td>31%</td>
</tr>
<tr>
<td>There was physical violence in my household</td>
<td>30%</td>
</tr>
<tr>
<td>I was unable to communicate/reach out for help</td>
<td>25%</td>
</tr>
<tr>
<td>Other adults in the household had hurt me</td>
<td>25%</td>
</tr>
<tr>
<td>I had a serious medical condition or disability and felt vulnerable</td>
<td>24%</td>
</tr>
<tr>
<td>Children in the household had been hurt</td>
<td>23%</td>
</tr>
<tr>
<td>There was substance abuse (e.g., alcohol or drugs) in the household</td>
<td>22%</td>
</tr>
<tr>
<td>My shelter was insecure (e.g., there are no locks)</td>
<td>20%</td>
</tr>
<tr>
<td>Other adults in the household had been hurt</td>
<td>19%</td>
</tr>
<tr>
<td>Another reason</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Indicates reasons most closely tied to violence*
Women who said it was common for women to experience violence at the hands of a partner were more likely to be food insecure, whether that was ‘moderately’ or ‘severely’ combined (44%) or ‘severely’ in particular (22%), relative to women who thought it was very uncommon (24% and 11%, respectively). Additionally, women who reported feeling unsafe in their own home were much more likely to think that abuse at the hands of a partner is common for women (54%), as were women that live in rural areas (41% compared to 32% in urban areas) as well as women who said that they or another woman they know had experienced any type of violence.
These data points suggest that women may be including their own experiences when reporting on the experiences of women in their community, as well as bolstering the evidence-based theory that women who report abuse happening within their homes are more likely to think that abuse is common in the community overall.

When compared to experiences of violence outside the home, a majority of respondents (65%) said they believe that women would seek help if they experienced verbal or physical abuse at the hands of a partner. However, the sources of support differed, with only 7% of respondents expecting women to go to the police, and 43% saying women would seek support from family. This indicates that domestic violence may be vastly underreported to authorities in comparison to other forms of VAW.

<table>
<thead>
<tr>
<th>Violent Activity</th>
<th>Thought violence at the hands of a partner is common</th>
<th>Did not think violence at the hands of a partner is common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>24%</td>
<td>18%</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>31%</td>
<td>17%</td>
</tr>
<tr>
<td>Resource restriction</td>
<td>27%</td>
<td>15%</td>
</tr>
<tr>
<td>Forced isolation</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td>Sexual harassment</td>
<td>30%</td>
<td>17%</td>
</tr>
</tbody>
</table>

**FIGURE 9**
Percentage of respondents who reported knowing of or experiencing different types of violence, by whether they thought violence at the hands of a partner is common.
5. IMPACTS OF VIOLENCE AGAINST WOMEN

The study indicates strong relationships between measures of VAW and changes in women’s behaviour and their feelings of mental and emotional well-being. Impressions and experience of safety (or lack thereof) appear to be a driver of women’s ability to handle personal problems in their life, as well as their mental and emotional well-being. Women who said they felt unsafe, whether it was in their home or in the public sphere, were more likely to report that the COVID-19 pandemic had exacerbated challenges to their well-being or to say that the COVID-19 pandemic has had a negative impact on their mental and emotional health more generally.

**FIGURE 10**
Measures of mental health by feelings of safety in the home and the public sphere

<table>
<thead>
<tr>
<th></th>
<th>All women</th>
<th>Knew of experience of violence</th>
<th>Felt unsafe at home</th>
<th>Felt unsafe walking alone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVID-19 has made mental and emotional health challenges worse</strong></td>
<td>36%</td>
<td>42%</td>
<td>36%</td>
<td>44%</td>
</tr>
<tr>
<td><strong>COVID-19 has had negative or mixed mental/emotional health effects</strong></td>
<td>53%</td>
<td>69%</td>
<td>63%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Women who said that COVID-19 has had negative impacts on their mental health were also more likely to be food insecure compared to those who said the pandemic has had positive impacts. This suggests, as previous reports have found, that the negative impacts of COVID-19 are felt the strongest by those already experiencing hardship. Violence against women in both public and private spheres is also observed when analysing women’s socialization and movement patterns. There were strong connections between the frequency of movement outside the home and women’s perceptions of their own safety or of the safety in the community more generally.
Women who felt unsafe in their homes, lived in homes with frequent conflict, thought violence and harassment was a problem in their communities, or felt unsafe while walking alone were all more likely to leave their homes infrequently or never. Women who headed their households alone or together with a partner were more likely to leave their homes daily (50 and 53%, respectively) when compared to women whose husbands head their households (33%). Additionally, women who reported feeling unsafe in their own home were more likely to say that they do not see their friends at all.

6. RECOMMENDATIONS

Cameroon maintained relatively low rates of COVID-19 during the first year of the pandemic, but has experienced a spike preceding the study period, although reporting can be sparse. Cameroon’s recent spike in the spring of 2021 outpaced many of its neighbours’ and the continent’s overall rate, relative to the size of its population. Although women are not currently identifying COVID-19 as a primary factor worsening aspects of their safety, it is important to acknowledge that the downstream effects of the recent spike may not yet be apparent in survey results.

Beyond the impacts of COVID-19, VAW in Cameroon, both in public and in private spheres, is significant and cannot be ignored. With more than one third of women likely experiencing food insecurity (39%) and 40% saying they had lost income due to the COVID-19 pandemic, external stressors that can increase the risk of VAW are on the rise.

As a result of the intersectionality of VAW, policy and programmatic interventions require tailoring to the factors driving different experiences of violence. Not only does the type of response that is best suited to address VAW vary based on the specific experiences of women, but the resources they seek out vary as well. This work stresses the importance of partnering with the existing infrastructure that supports women in vulnerable situations to empower communities with the full suite of resources they may need to support women. Considering this, the research supports three recommendations:

1. Interventions that are meant to address VAW should consider how policy interventions in other areas may alleviate some of the root causes of VAW, which are disproportionately felt by women.

The intersection and continuum of VAW calls for a comprehensive policy framework on VAW, which mainstreams the issue and its impact across all policy areas. Women in rural areas of Cameroon (which tend to be less resourced in general), tend to be more vulnerable and tend also to expect that violence and harassment, both in public and at home, are more common.

More specifically, the results of this survey call for the further linking of programmes aimed at connecting resources to more isolated rural areas with initiatives on ending VAW, as they highlight the reciprocal causal effects of both location and infringements on women’s rights. As with any programme implementation, however, it is critical to acknowledge the impacts of changing cultural norms that may

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4 Johns Hopkins University Coronavirus Resource Center data. https://coronavirus.jhu.edu/map.html
5 Our World in Data. N.D. "Coronavirus rates per million".
differ between urban and rural areas on relational stress between family members, as well as the downstream effects that may result from shifting connections outside the community. Additionally, any response or recovery plans, including those primarily focused on the impacts of COVID-19, should integrate planning and measures to address VAW.

2. Trust in existing institutions and community-level infrastructure in Cameroon should be capitalized on to bolster women’s confidence and feelings of safety while moving around public spaces.

These types of initiatives could help improve feelings of safety for women that are often out in their communities for work or because they are socializing with others. Similarly, improving resources available at local police stations and other local community leaders’ spaces, including providing training or capacity-building, may encourage women to report violence, abuse or harassment that happens in their communities. Police departments may be able to serve their communities more effectively by providing dedicated staff who are familiar with VAW to respond to complaints of this nature, or by linking women who come to the police to report VAW with specialized community resources.

3. The challenges associated with intra-household conflict will require programmatic interventions that leverage familial support structures and empower women to take on head-of-household roles together with their husbands.

Centralized resources may not be accessible for all women experiencing violence from a partner or other household member, not only because domestic violence is often considered a private matter but also because of a lack of accessibility and fear of repercussions. Such cases require careful placement of resources in more informal channels where women feel comfortable reporting, for instance through a trusted female family member who may benefit from access to resources that she can pass on to the affected woman. Additionally, women who take on leadership roles either on their own or together with their husbands tend to report higher feelings of safety while out in their communities, as well as more frequent interaction with their communities. As with programmatic gender mainstreaming, it is important to consider the downstream impacts that interventions may have on particular external stressors, such as intentional or accidental shifting of gender roles and norms that could easily do more harm than good if not carefully accounted for.
7. METHODOLOGY

The survey was fielded via Computer-Assisted Telephone Interviewing using random-digit dialing to mobile numbers between 30 April–30 May 2021. The total number of completed interviews was 1,226. Cameroon has maintained relatively low rates of COVID-19 during the first year of the pandemic, but experienced a spike preceding the study period, although reporting is rather spotty from day-to-day. A government-approved vaccination effort began in the country in May 2021.

The sample was drawn via random-digit dialing among the population with mobile phone numbers, so the sample population is limited to women aged 18 or over with mobile phone access. Targets by region and age were reached or nearly reached without significant difficulty. There were no deviations between the targeted percentages and weighted percentages across age groups.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Percentage of adult women (from UN DESA)*</th>
<th>Percentage of adult women from sample data</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–29</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>30–39</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>40–49</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>50–59</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>60+</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

DEFINITIONS

**Community:** A term referencing the geographic area in which the respondent lives.

**Food insecurity:** This study used the World Food Programme/Food and Agriculture Organization’s formulation to measure food insecurity with an eight-statement battery of questions. These data can be used to establish estimates of the proportion of the sample who are moderately or severely food insecure, which can also be disaggregated by other variables of interest through the use of the FAO Food Insecurity Experience Scale (FIES) module. Any references in the report to prevalence of moderate or severe food insecurity represent estimates of the prevalence and should be interpreted as such.

**Partnered:** A term referring to women who are married or living/cohabiting with a partner.

**Violence against women (VAW):** Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.