

RÉPUBLIQUE DU CAMEROUN

Paix-Travail-Patrie

Ministère de la Promotion de
la Femme et de la Famille



REPUBLIC OF CAMEROON

Peace-Work-Fatherland

Ministry of Women's
Empowerment and the Family

SITUATIONAL ANALYSIS GENDER-BASED VIOLENCE IN CAMEROON

August 2025





Report

SITUATIONAL ANALYSIS GENDER-BASED VIOLENCE IN CAMEROON

August 2025

Copyright and legal notice:

© Ministry for the Promotion of Women and the Family, Republic of Cameroon, 2025
All rights reserved. No part of this document may be reproduced without written permission.

Contact details for the Ministry:

Ancien Palais Présidentiel, opposite the Ministry of Territorial Administration (MINAT), Yaoundé, Cameroon, Telephone: (+237) 222 23 25 50, (+237) 222 23 14 68
Adresse mail: cab_minproff@yahoo.fr Website: www.minproff.cm

To cite this document:

Republic of Cameroon, Ministry for the Promotion of Women and the Family (MINPROFF). Situational analysis of gender-based violence in Cameroon. Yaounde: MINPROFF; August 2025. 87 p.

Produced with the support of: Vital Strategies, UNFPA and UN Women



Cover photo:

SowetanLIVE. (2022). How to help victims of GBV break the cycle of abuse [Photograph accompanying article]. <https://www.sowetanlive.co.za/news/south-africa/2022-12-09-how-to-help-victims-of-gbv-break-the-cycle-of-abuse/> Used for illustrative purposes in a non-commercial context in accordance with fair use law.



Table of contents

| | |
|---|-----------|
| Preface | 6 |
| List of abbreviations and acronyms | 7 |
| Table of illustrations | 9 |
| Résumé exécutif | 11 |
| Executive summary | 14 |
| | |
| General introduction | 17 |
| 1. Background and justification | 17 |
| | |
| 2. Objectives and expected results of the analysis | 18 |
| 2.1 General objective..... | 18 |
| 2.2 Specific objectives..... | 18 |
| 2.3 Expected results..... | 18 |
| | |
| 3. Methodological approach | 19 |
| 3.1 Data collection..... | 19 |
| 3.2. Data analysis..... | 19 |
| | |
| 4. Structure of the report | 20 |
| | |
| Section 1: general information on GBV in Cameroon | 21 |
| 1.1. Definition of concepts | 22 |
| 1.2. GBV typology | 23 |
| 1.2.1. Classic shapes..... | 23 |
| 1.2.2. Forms in a crisis context..... | 23 |
| 1.2.3. Other forms of violence..... | 24 |
| 1.2.4. Review of the literature on GBV in Cameroon..... | 25 |
| · Work on GBV in the development context..... | 25 |
| · Work on GBV in crisis situations..... | 26 |
| Conclusion of the section | 26 |

| | |
|---|-----------|
| Section 2: current situation of GBV | 27 |
| 2.1. Trends and prevalence of the phenomenon | 28 |
| 2.1.1. National data from surveys..... | 28 |
| 2.1.2. Data from administrative sources..... | 42 |
| 2.1.3. Crisis zone data..... | 46 |
| 2.1.4. Other sources of data..... | 48 |
| 2.2. Causes and consequences of GBV | 52 |
| 2.2.1. Structural, social and economic causes of GBV..... | 52 |
| 2.2.2. Multidimensional consequences of GBV..... | 52 |
| Conclusion of the section | 53 |
| | |
| Section 3: analysis of the national response to the problem of GBV | 55 |
| 3.1. Regulatory and strategic framework | 56 |
| 3.1.1. Internationally..... | 56 |
| 3.1.2. On a regional level..... | 57 |
| 3.1.3. At national level..... | 57 |
| 3.2. Main players | 59 |
| 3.2.1. Government: public institutions..... | 59 |
| 3.2.2. Development partners..... | 60 |
| 3.2.3. Civil Society Organisations (CSOs)..... | 61 |
| 3.3. Flagship initiatives | 62 |
| 3.3.1. Government intervention..... | 62 |
| 3.3.2. Non-governmental intervention..... | 63 |
| 3.3.3. Crisis intervention..... | 65 |
| 3.4. Analysis of the response's strengths, weaknesses, opportunities and threats | 67 |
| 3.4.1. Forces..... | 67 |
| 3.4.2. Weaknesses..... | 67 |
| 3.4.3. Opportunities..... | 67 |
| 3.4.4. Threats..... | 67 |
| 3.4.5. Reasons for the poor response..... | 68 |
| Conclusion of the section | 68 |
| | |
| Section 4: recommendations and next steps | 70 |
| 4.1. Improving response coordination | 71 |
| 4.2. Strengthening the legal and institutional framework | 71 |
| 4.3. Reducing gender inequality | 72 |



| | |
|---|-----------|
| 4.4. Reducing regional disparities | 72 |
| 4.5. Improving the provision of holistic, accessible and integrated services | 72 |
| 4.6. Capacity building for stakeholders | 73 |
| 4.7. Community prevention and empowerment | 73 |
| 4.8. Strengthening the collection, analysis and use of data | 73 |
| 4.9. Funding for GBV eradication | 73 |
| 4.10. Monitoring and evaluation of the response | 74 |
| Conclusion of the section | 74 |
| | |
| General conclusion | 75 |
| Bibliography | 77 |
| | |
| Appendices | 81 |
| Appendix 1: Editorial team | 82 |
| Appendix 2: Tool for collecting primary data from key informants | 83 |
| Appendix 3: Summary tables | 84 |

Preface



The fight against gender-based violence is now a national priority and a fundamental issue in the consolidation of a fairer, more equitable society that respects human rights. In a context marked by a resurgence of cases, exacerbated by poverty, security and humanitarian crises, socio-economic changes and persistent gender imbalances, the Government of Cameroon, under the very high leadership of the President of the Republic, His Excellency Paul BIYA, reaffirms its firm commitment to eradicating all forms of violence against women, girls and vulnerable people.

This situational analysis report on GBV in Cameroon is the result of rigorous work carried out under the leadership of the Ministry for the Promotion of Women and the Family, with technical support from its partners and contributions from national experts. It provides a detailed overview of the problem of GBV in our country, based on reliable data and an in-depth analysis of risk factors, existing responses and unmet needs.

This reference tool comes at just the right time to guide public policy, strengthen multi-sector strategies and promote coordinated, evidence-based action. It is also a call for the collective and sustained mobilisation of all stakeholders: public authorities, technical and financial partners, civil society, the academic community and the population themselves.

Our thanks go to the sectoral administrations, technical and financial partners and civil society organizations, whose contributions were crucial to the success of this work. Their availability, expertise and commitment made it possible to produce a high-quality document based on reliable data and rigorous analysis.

We would particularly like to acknowledge the technical and financial support of the Data for Health Initiative, through the Vital Strategies Data Impact Program, which spared no effort in carrying out this work, as well as that of the consultants and field workers involved in collecting, processing and analysing the information on which this report is based.

In publishing this report, the Ministry of Women's Empowerment and the Family renews its commitment to working tirelessly to prevent, treat, punish and reintegrate survivors/victims as part of the fight against GBV. Protecting the rights and integrity of women, girls and all victims means guaranteeing a safer, fairer and more prosperous future for our nation.

Mme ABENA ONDOA née OBAMA Marie Thérèse
Minister for the Promotion of Women and the Family



List of abbreviations and acronyms

| | |
|---------------------|---|
| ACAFEJ | : Cameroon Association of Women Lawyers |
| AGR | : Income-generating activities |
| ALVF | : Association for the Fight against Violence against Women |
| ANAC | : National Association of the Blind of Cameroon |
| APAC | : Association for the Promotion of Albinos in Cameroon |
| BM | : World Bank |
| CAMEROON DHS | : Cameroon Demographic and Health Survey |
| CCC | : Cameroon Cultural Centre |
| CDHC | : Cameroon Human Rights Commission |
| CDHNU | : United Nations Commission on Human Rights |
| CEDEF | : Convention on the Elimination of All Forms of Discrimination against Women. |
| CIDIMUC | : Council of Muslim Imams and Dignitaries of Cameroon |
| CIPCRE | : International Centre for Promotion and Creation |
| CJARC | : Club of Young Rehabilitated Blind People of Cameroon |
| CTD | : Decentralised Local Authorities |
| DGSN | : General Delegation for National Security |
| DPSF | : Department for the Social Advancement of Women |
| DUDH | : Universal Declaration of Human Rights |
| EAS | : Sexual exploitation and abuse |
| EISS | : Employment and Informal Sector Survey |
| FAJEFIM | : Shelter for young mothers |
| GBV | : Gender-based violence |
| GBVIMS | : Gender-Based Violence Information Management System |
| GDD | : Discussion groups |
| GIZ | : Deutsche Gesellschaft für Internationale Zusammenarbeit |
| HIV | : Human Immunodeficiency Virus |
| ICT | : Information and Communication Technologies |
| IFC | : French Institute of Cameroon |
| IFORD | : Institute for Demographic Training and Research |
| INS | : National Institute of Statistics |
| IOM | : International Organisation for Migration |
| MGF | : Female Genital Mutilation |
| MINAS | : Ministry of Social Affairs |
| MINDDEVEL | : Ministry of Decentralisation and Local Development |

| | |
|----------------------|--|
| MINDEF | : Ministry of Defence |
| MINEDUB | : Ministry of Basic Education |
| MINEFOP | : Ministry of Employment and Vocational Training |
| MINESEC | : Ministry of Secondary Education |
| MINESUP | : Ministry of Higher Education |
| MINJEC | Ministry of Youth and Civic Education |
| MINJUSTICE | : Ministry of Justice |
| MINPOSTEL | : Ministry of Posts and Telecommunications |
| MINPROFF | : Ministry of Women's Empowerment and the Family |
| MINSANTE | : Ministry of Public Health |
| NDH- Cameroon | : New Human Rights Cameroon |
| OCDS | : Cameroon Organisation for the Development of the Deaf |
| OHADA | : Organisation for the Harmonisation of Business Law in Africa |
| OSC | : Civil Society Organisations |
| PCN | : Harmful Cultural Practices |
| PROMHANDICAM | : Promotion of Disabled People in Cameroon |
| RENATA | : National Network of Aunties Associations |
| RPP | : Accountability to Affected Populations |
| SDS | : Defence and Security Forces |
| SDSR | : Reproductive Health Sub-Directorate |
| SED | : Secretary of State for Defence in charge of the Gendarmerie |
| SEPF | : Training Programme Development Department |
| SIS | : Statistical Information System |
| SND30 | : National Development Strategy 2020-2030 |
| SNLVBG | : National Strategy to Combat Gender-Based Violence |
| SSFS | : Internships and Specialised Training Department |
| TDRs | : Terms of reference |
| UA | African Union |
| UDo | : University of Douala |
| UMa | : University of Maroua |
| UNDP | : United Nations Development Programme |
| UNESCO | : United Nations Educational, Scientific and Cultural Organization |
| UNFPA | : United Nations Population Fund |
| UNHCR | : Office of the United Nations High Commissioner for Refugees |
| UNICEF | : United Nations Children's Fund |
| UN-WOMEN | : United Nations Entity for Gender Equality and the Empowerment of Women |
| USRA | : Adolescent Reproductive Health Units |
| UY1 | : University of Yaoundé 1 |
| VSBG | : Gender-based sexual violence |
| WASH | : Water, Sanitation and Hygiene |
| WHO | : World Health Organisation |



Table of illustrations

Liste of tables

| | | |
|----------|---|----|
| Table 1: | Interview guide for key informants | 83 |
| Table 2: | Data on cases of GBV recorded by MINPROFF services in 2024, by type of GBV and by region. | 84 |
| Table 3: | Available administrative data on acts and forms of GBV from the DGSN. | 85 |
| Table 4: | Data available from administrative sources on acts of rape and violence inflicted by a partner in 2024. | 86 |

List of graphics

| | | |
|------------|---|----|
| Graph 1: | Percentage of women who have experienced sexual violence in the last 12 months | 29 |
| Graph 2: | Percentage of men who have experienced sexual violence in the last 12 months | 29 |
| Figure 3: | Percentage of men who said they had experienced sexual violence, by type of perpetrator | 30 |
| Graph 4: | Percentage of women who say they have suffered sexual violence, by type of perpetrator | 30 |
| Figure 5: | Change in the proportion of women aged 15-49 who say they have been sexually abused by their partner, 2004-2018 | 31 |
| Figure 6: | Distribution of female survivors of sexual violence perpetrated by their partner, by survivor's level of education, 2004-2018 | 31 |
| Figure 7: | Distribution of female survivors of sexual violence perpetrated by their partner, by area of residence of the survivor, 2004-2018 | 32 |
| Graph 8: | Percentage of women who have experienced physical violence in the last 12 months | 32 |
| Graph 9: | Percentage of men who have experienced physical violence in the last 12 months | 33 |
| Figure 10: | Percentage of women who said they had suffered physical violence, by type of perpetrator | 33 |
| Figure 11: | Percentage of men who said they had suffered physical violence, by type of perpetrator | 33 |
| Figure 12: | Change in the proportion of women aged 15-49 who say they have suffered physical violence from their partner over the period 2004-2018. | 34 |

| | | |
|------------|--|----|
| Figure 13: | Distribution of female survivors of intimate partner violence by level of education of the survivor over the period 2004-2018. | 34 |
| Graph 14: | Distribution of female survivors of physical violence perpetrated by their partner, by area of residence of the survivor, 2004-2018 | 35 |
| Graph 15: | Proportion of women who have suffered some form of emotional violence from their spouse or partner in the last 12 months | 36 |
| Graph 16: | Proportion of men who have suffered some form of emotional violence from their spouse or partner in the last 12 months | 36 |
| Figure 17: | Percentage of women aged 15-49 currently in a union or in a broken union who have experienced emotional violence at the hands of their husband/partner in the last 12 months | 37 |
| Figure 18: | Percentage of men aged 15-49 currently in a union or in a broken union who have experienced emotional violence at the hands of their husband/partner in the last 12 months | 37 |
| Figure 19: | Change in the proportion of women aged 15-49 who say they have been subjected to emotional violence by their partner over the period 2004-2018. | 37 |
| Graph 20: | Distribution of women survivors of emotional violence perpetrated by their partner by survivor's level of education over the period 2004-2018. | 38 |
| Figure 21: | Distribution of female survivors of emotional violence by spouse by area of residence of the survivor over the period 2004-2018. | 38 |
| Figure 22: | Proportion of women aged 15-49 who mainly decide for themselves how to use the money they earn in 2021. | 40 |
| Figure 23: | Change in the employment rate for people aged 10 and over by gender between 2010 and 2021. | 40 |
| Figure 24: | Employment rates for children aged 10-17 by gender in 2021 | 41 |
| Figure 25: | Proportion of people aged 10 and over in employment in 2021. | 41 |
| Figure 26: | Breakdown of respondents by gender and type of property owned. | 42 |
| Figure 27: | Cases of GBV survivors recorded by the GBVIMS | 47 |
| Graph 28: | Number of GBV survivors treated by the ALVF Centre in 2024. | 48 |

List of figures

| | | |
|-----------|---|----|
| Figure 1: | Flow of GBV data in MINPROFF's SIS | 43 |
| Figure 2: | Femicide cases recorded in January 2025. | 50 |
| Figure 3: | Women victims of femicide in 2025 | 51 |
| Figure 4: | Launch of the 18th 16 Days of Activism against GBV global campaign, 25 November 2024. | 62 |
| Figure 5: | Launch ceremony for safe spaces in 2025 | 64 |

Résumé exécutif

Contexte



Le Cameroun, bien qu'engagé dans la protection des droits humains, demeure confronté à une forte prévalence des Violences Basées sur le Genre (VBC). Le phénomène est exacerbé par les crises sécuritaires, les inégalités sociales persistantes, les normes patriarcales, et les faiblesses du système de prise en charge.

Malgré des avancées politiques et juridiques, plusieurs défis entravent l'efficacité de la lutte contre les VBC. Le manque d'accès aux services intégrés de prise en charge, la faible coordination entre acteurs, l'insuffisance des ressources financières, la stigmatisation des survivantes et la faiblesse des systèmes de données constituent des freins majeurs. Les disparités régionales, les inégalités sociales et les contextes de crise amplifient la vulnérabilité des populations cibles et la difficulté d'intervention.

Objectif du rapport



Ce rapport national vise à dresser un état des lieux actualisé, fondé sur des données probantes, de la situation des VBC au Cameroun. Il a pour objectif de documenter l'ampleur du phénomène, d'identifier les principales lacunes du système de prévention et de réponse, et de formuler des recommandations stratégiques multisectorielles. Une emphase particulière est portée sur les femmes et les filles, qui sont les premières victimes des VBC, afin d'orienter des actions ciblées et équitables pour la protection de leurs droits et l'amélioration de leur bien-être. Les données présentées sont celles disponibles en avril 2025 aux niveaux stratégiques, où elles sont censées éclairer la prise de décision.

Méthodologie



L'analyse repose sur une approche méthodologique mixte, comprenant :

- Une revue documentaire des textes législatifs, politiques et programmes nationaux ;
- L'exploitation de données quantitatives issues des Enquêtes Démographiques et de Santé (EDS), du MINPROFF, du MINSANTE, de la DGSN et du GBVIMS notamment ;
- Des entretiens qualitatifs avec des institutions clés et des organisations de la société civile dans le pays.

Cette triangulation des sources permet de croiser les statistiques officielles, les expériences de terrain et les perceptions des acteurs pour dégager des tendances robustes.

Principaux résultats



- **Violences physiques :** Les violences physiques constituent l'une des formes les plus répandues de VBC au Cameroun. Selon l'EDSC-V de 2018, 39 % des femmes et 42 % des hommes ont déclaré avoir subi une violence physique depuis l'âge de 15 ans. Les femmes en rupture d'union et celles vivant en milieu rural sont les plus touchées. Les conjoints sont les principaux auteurs pour les femmes (46 %), tandis que chez les hommes, ce sont souvent les mères ou les frères. Bien qu'une baisse générale soit observée entre 2011 et 2018, les violences contre les femmes enceintes (7 %) et les violences intrafamiliales persistent. Ces violences traduisent des dynamiques de domination au sein du foyer et des rapports sociaux profondément inégalitaires.

- **Violences sexuelles :** Les violences sexuelles touchent 13 % des femmes et 6 % des hommes au cours de leur vie. Les femmes en rupture d'union, les adolescentes et les femmes déplacées internes sont particulièrement vulnérables. Les principaux auteurs sont les conjoints actuels ou anciens, les amis et parfois des inconnus. Les violences sexuelles sont plus répandues dans les régions du Centre, du Sud-Ouest et du Nord-Ouest. Les données révèlent une sous-déclaration importante liée à la stigmatisation, à la peur des représailles et à l'absence de mécanismes de plainte accessibles. En contexte de crise, les viols, les agressions sexuelles et les mariages forcés se multiplient, aggravant la vulnérabilité des survivantes.
- **Violences psychologiques / émotionnelles :** Les violences psychologiques sont largement répandues mais souvent invisibilisées. Plus d'une femme sur cinq (22,4 %) et près d'un homme sur cinq (18,1 %) ont déclaré en avoir été victimes au cours des 12 derniers mois. Ces violences incluent les insultes, les menaces, les humiliations et le contrôle coercitif. Elles sont fréquemment exercées par le conjoint ou partenaire intime. Leurs effets sur la santé mentale sont dévastateurs, avec des conséquences durables sur l'estime de soi, les relations sociales et la capacité à se reconstruire. Elles restent peu prises en charge par les services sociaux et médicaux, faute de reconnaissance et de ressources adaptées.
- **Violences économiques :** Les violences économiques sont en progression, marquant un recul de l'autonomie financière des femmes. En 2018, seulement 54 % des femmes déclaraient participer aux décisions concernant l'utilisation de leur propre argent, contre 68 % en 2011. Cette forme de violence prend la forme de privation de ressources, d'interdiction de travailler, de dépendance financière imposée ou de contrôle abusif des revenus. Elle est souvent normalisée dans les couples et invisibilisée dans les discours. Les femmes rurales, peu instruites ou vivant en union sont les plus affectées, avec peu de recours institutionnels pour revendiquer leur autonomie.
- **Violences sociales :** Les violences sociales, bien que moins documentées quantitativement, sont très présentes. Elles se traduisent par l'isolement forcé, l'interdiction de fréquentations ou de déplacements, ou encore la privation de participation communautaire. Ces violences sont particulièrement signalées chez les jeunes filles, les veuves, les personnes vivant avec un handicap et les déplacées internes. Elles enferment les victimes dans un cycle de dépendance et de marginalisation, compromettant leur accès aux services et leur pouvoir d'agir. Le silence social qui entoure ces formes de violences contribue à leur banalisation.
- **Pratiques culturelles néfastes :** Les pratiques culturelles néfastes persistent dans plusieurs régions. Le mariage d'enfants reste répandu, particulièrement dans le Nord, l'Extrême-Nord et l'Est, souvent justifié par la tradition ou la pauvreté. Les mutilations génitales féminines (MGF), le repassage des seins et les violences obstétricales sont encore pratiquées dans certains contextes. Le féminicide, bien qu'insuffisamment documenté, est en hausse, illustrant une forme extrême de violence sexospécifique. Ces pratiques sont renforcées par le poids des normes patriarcales, le silence communautaire et l'impunité. Leur éradication nécessite une approche culturelle sensible, inclusive et transformatrice.



Facteurs de risque



- **Crises humanitaires** et conflits armés dans le Nord-Ouest, le Sud-Ouest, l'Extrême-Nord, l'Est et l'Adamaoua exposent davantage les femmes et les filles aux mariages précoces, à la traite, au viol et au harcèlement.
- **Niveau d'éducation** : La prévalence des violences est inversement proportionnelle au niveau d'instruction. Les femmes sans éducation formelle sont les plus exposées.
- **Lieu de résidence** : Les violences sont plus fréquentes en milieu rural, où l'accès aux services de prévention et de prise en charge est limité.
- **Statut marital** : Les femmes séparées/divorcées rapportent des niveaux de violence plus élevés que les célibataires ou les femmes en union.

Recommandations stratégiques



Pour faire face à cette situation, le rapport recommande de :

- Amélioration de la coordination de la réponse
- Renforcement du cadre juridique et institutionnel
- Réduction des inégalités de genre
- Réduction des disparités régionales
- Amélioration de l'offre de services holistiques, accessibles et intégrés
- Renforcement des capacités des acteurs
- Prévention communautaire et autonomisation
- Renforcement de la collecte, l'analyse et l'utilisation des données
- Financement de l'éradication des VBG
- Suivi-évaluation de la riposte

Conclusion : un appel à l'action collective



Les VBG au Cameroun ne sont pas des faits isolés : elles traduisent un déséquilibre profond dans les rapports sociaux de genre. Une réponse multisectorielle, territorialisée, centrée sur les survivant-e-s et fondée sur des données probantes est indispensable. L'implication active des collectivités territoriales décentralisées, des leaders communautaires et des survivant-e-s est essentielle pour un changement durable.

Ce rapport constitue un outil de plaidoyer puissant et une base technique solide pour accélérer les efforts de prévention, de prise en charge et de transformation des normes sociales. L'éradication des VBG est à la fois une urgence humaine, un impératif de justice et un levier pour le développement durable du Cameroun.

Executive summary

Context



Although Cameroon is committed in human rights protection instruments, it still faces a high prevalence of gender-based violence (GBV). The phenomenon is exacerbated by security crises, persistent social inequalities, patriarchal norms and weaknesses in the care system.

Despite political and legal advances, the fight against GBV faces several challenges. Lack of access to integrated management services, poor coordination between stakeholders, insufficient financial resources, stigmatization of survivors and weak data systems are major obstacles. Regional disparities, social inequalities and crisis contexts amplify the vulnerability of target populations and the difficulty of intervention.

Purpose of the report



This national report aims to provide an updated, evidence-based overview of the GBV situation in Cameroon. It aims to document the scale of the phenomenon, identify the main gaps in the prevention and response system, and formulate multi-sectoral strategic recommendations. Emphasis is placed on women and girls, who are the primary victims of GBV, to guide targeted and equitable actions to protect their rights and improve their well-being. The data presented are those available in April 2025 at strategic levels, where they are intended to inform decision-making.

Methodology



The analysis is based on a mixed methodological approach, including:

- A desk review of national legislation, policies and programs.
- Quantitative data from Demographic and Health Surveys (DHS), MINPROFF, MIN-SANTE, DGSN and GBVIMS.
- Qualitative interviews with key institutions and civil society organizations in the country

This triangulation of sources makes it possible to cross-reference official statistics, field experience and stakeholder perceptions to identify robust trends.

Main results



Physical violence: Physical violence is one of the most widespread forms of GBV in Cameroon. According to the 2018 EDSC-V, 39% of women and 42% of men reported having experienced physical violence since the age of 15. Women in broken relationships and those living in rural areas are the most affected. Spouses are the main perpetrators for women (46%), while for men it is often mothers or brothers. Although a general decline was observed between 2011 and 2018, violence against pregnant women (7%) and intra-family violence persists. This violence reflects the dynamics of domination within the home and profoundly unequal social relations.



- **Sexual violence:** Sexual violence affects 13% of women and 6% of men during their lifetime. Women in broken relationships, adolescent girls and internally displaced women are particularly vulnerable. The main perpetrators are current or former spouses, friends and sometimes strangers. Sexual violence is more widespread in the Centre, South-West and North-West regions. Data reveal significant under-reporting linked to stigmatization, fear of retaliations and lack of accessible complaint mechanisms. In the context of crisis, rape, sexual assault and forced marriage are on the increase, exacerbating the vulnerability of survivors.
- **Psychological/emotional violence:** Psychological violence is widespread, but often invisible. More than one in five women (22.4%) and almost one in five men (18.1%) reported having been victims in the last 12 months. Violence includes insults, threats, humiliation and coercive control. It is frequently perpetrated by a spouse or intimate partner. The effects on mental health are devastating, with lasting consequences on self-esteem, social relationships and the ability to rebuild. They are rarely considered by social and medical services, due to a lack of recognition and appropriate resources.
- **Economic violence:** Economic violence is on the rise, marking a decline in women's financial autonomy. In 2018, only 54% of women said they were involved in decisions about the use of their own money, compared with 68% in 2011. This form of violence takes the form of deprivation of resources, prohibition from working, imposed financial dependence or abusive control of income. It is often normalized in couples and invisible in discourse. Rural women, with little education or living in unions, are the most affected, with few institutional recourses to claim their autonomy.
- **Social violence:** Although less well documented in quantitative terms, social violence is very present. It takes the form of forced isolation, prohibition of association or travel, or deprivation of community participation. Such violence is particularly common among young girls, widows, people living with disabilities and internally displaced persons. It traps victims in a cycle of dependence and marginalization, compromising their access to services and their power to act. The social silence that surrounds these forms of violence contributes to their trivialization.
- **Harmful cultural practices:** Harmful cultural practices persist in several regions. Child marriage remains widespread, particularly in the North, Far North and East, often justified by tradition or poverty. Female genital mutilation (FGM), breast ironing and obstetric violence are still practiced in some contexts. Femicide, although insufficiently documented, is on the rise, illustrating an extreme form of gender-based violence. These practices are reinforced by the weight of patriarchal norms, community silence and impunity. Eradicating them requires a sensitive, inclusive and transformational cultural approach.

Risk factors



- **Humanitarian crises** and armed conflicts in the North-West, South-West, Far-North, East and Adamawa put women and girls at greater risk of early marriage, trafficking, rape and harassment.
- **Level of education:** The prevalence of violence is inversely proportional to the level of education. Women with no formal education are most at risk.
- **Place of residence:** Violence is more frequent in rural areas, where access to prevention and care services is limited.
- **Marital status:** Separated/divorced women report higher levels of violence than single or cohabiting women.

Strategic recommendations



To address this situation, the report recommends:

- Improving response coordination
- Strengthening the legal and institutional framework
- Reducing gender inequalities
- Reduction of regional disparities
- Improved provision of holistic, accessible and integrated services
- Strengthening stakeholders' capacities
- Community prevention and empowerment
- Strengthening data collection, analysis and use
- Financing the eradication of GBV
- Monitoring and evaluation of the response

Conclusion: a call for collective action



GBV in Cameroon is not an isolated event: it reflects a profound imbalance in gender relations. A multi-sectoral, territorialized, survivor-centered and evidence-based response is essential. The active involvement of decentralized local authorities, community leaders and survivors is essential for lasting change.

This report provides a powerful advocacy tool and a solid technical basis for accelerating efforts to prevent, manage and transform social norms. The eradication of GBV is a human emergency, an imperative of justice and a lever for sustainable development in Cameroon.



Introduction generale

1. Background and justification

GBV is a major violation of human rights worldwide, affecting millions of people, particularly women and girls, who are the main victims. It is rooted in long-standing patriarchal social structures, where power relations between the sexes have historically favoured male domination and the subordination of women (Walby, 1990). Such violence, whether physical, psychological, sexual or economic, has long been considered a private matter, often tolerated or ignored by cultural and legal norms (Heise, 1998). It was not until the 1970s, with the rise of the feminist movement and the struggle for women's rights, that GBV began to be recognised as a major public issue. The Beijing World Conference on Women in 1995 was a historic turning point: it identified violence against women as a violation of human rights and an obstacle to development (United Nations, 1995). Since then, awareness-raising, advocacy and legal reform efforts have multiplied. International instruments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) and the Declaration on the Elimination of Violence against Women (1993) have made the fight against GBV a global priority. Resolution 1325 of the United Nations Security Council (2000) emphasised the importance of protecting women in conflict situations and of involving them in peace processes. More recently, the Sustainable Development Goals (SDGs), adopted in 2015, dedicated SDG 5 to gender equality and the elimination of all forms of violence against women and girls (UN Women, 2015).

The United Nations defines GBV as any harmful act directed against a person because of their gender. The United Nations High Commissioner for Refugees (UNHCR) defines gender-based violence as "*violence directed against a person because of their gender or violence that disproportionately affects persons of a particular gender*". The United Nations Population Fund (UNFPA) stresses that GBV is a major obstacle to gender equality and sustainable development. It includes rape, domestic violence, female genital mutilation (FGM), child marriage, human trafficking, economic violence, etc. The WHO draws attention to the serious health consequences, including reproductive health complications, psychological distress and increased vulnerability to HIV/AIDS. In response, UN agencies are calling for a multi-sectoral approach, strengthened legal frameworks, services tailored to survivors and improved data collection mechanisms to effectively monitor and combat GBV.

In sub-Saharan Africa, GBV remains a pervasive scourge. It is exacerbated by socio-cultural norms, persistent gender inequalities, armed conflict, population displacement and weak legal frameworks. Domestic violence is one of the most common forms of violence, with prevalence rates higher than the global average (UN Women, 2023). In several countries, patriarchy structures strengthen social relations, assigning women and girls traditional roles that expose them to multiple forms of violence. This violence affects all social groups, regardless of economic status or level of education. Wealth, for example, does not necessarily protect a woman or a girl from gender-based violence. It is also important to note that gender-based violence can also target men, when it is part of a logic of gendered domination, particularly in certain contexts of violence between men or in armed groups.

In Cameroon, GBV is a persistent and complex problem. Although the country has ratified almost all the international and regional legal instruments for the protection of women and girls (CEDAW), violence persists in various forms: physical, sexual, psychological and economic. According to the fifth Cameroon Demographic and Health Survey (CAMEROON DHS-V) carried out in 2018, 39% of women and 42% of men aged 15-49 said they had experienced physical violence since the age of 15. Nearly 13% of women had experienced sexual violence at some point in their lives. In terms of economic violence, the percent-

age of women participating in decision-making on the use of the money they earn is down 14 points in 2018 compared to 2011, when it was 68%. The security and humanitarian crises in the North-West, South-West, East and Adamawa regions are aggravating the situation, increasing the risk of violence against women and girls, particularly those who have been forcibly displaced.

Faced with this situation, the government of Cameroon, through the Ministry for the Promotion of Women and the Family (MINPROFF), has developed the National Strategy to Fight GBV (SNLVBC) 2022-2026. This constitutes Cameroon's reference framework for the prevention, management and elimination of GBV. It aims to strengthen multi-sectoral efforts against GBV, based on a holistic, survivor-centred approach. The SNLVBC 2022-2026 is an essential strategic lever for guaranteeing human rights, promoting gender equality and strengthening the resilience of institutions and communities in the face of gender-based violence.

MINPROFF, with the support of its partners, is also making efforts to collect and analyse data on GBV to better guide public policies. This situational analysis is part of this coordinated, evidence-based response.

2. Objectives and expected results of the analysis

2.1 General objective

The general objective of this analysis is to contribute to a better understanding of GBV in Cameroon, to better prevent it and provide an effective response. The aim is to carry out a situational analysis of gender-based violence in Cameroon using existing data, including information on the perception of the phenomenon by certain key informants, with a view to strengthening and better orienting the response to the problem.

2.2 Specific objectives

More specifically, the objectives of the analysis are as follows:

- Taking stock of gender-based violence in Cameroon;
- Identify the causes, risk factors and consequences of GBV;
- To provide official and disaggregated data on the extent of the phenomenon in Cameroon;
- Identify the actors involved in the national response to GBV in Cameroon, highlighting their strengths and weaknesses;
- Make recommendations to improve prevention and care for survivors.

2.3 Expected results

The aim of the analysis is to produce factual, up-to-date information that will shed light on the phenomenon of gender-based violence (GBV) in Cameroon. The results will serve as a basis for guiding prevention and response actions, improving the coordination of interventions and supporting the development of public policies. These are :

- Detailed inventory of gender-based violence (GBV) in Cameroon, including a clear assessment of the scale and current trends of the phenomenon, using existing data and information from key informants.
- Identification of the causes, risk factors and consequences of gender-based violence, enabling an in-depth understanding of the origins and impact of this violence, both at individual and societal level.
- Presentation of official and disaggregated data on gender-based violence, illustrating the scale and geographical distribution of this violence through accurate and reliable statistics.
- Identification of national stakeholders involved in the response to GBV, with an analysis of the strengths and weaknesses of coordination and the effectiveness of existing interventions.
- Formulation of practical recommendations to improve the prevention of gender-based violence and strengthen care for survivors, to guide future policies and interventions.



3. Methodological approach

The working methodology for this analysis was developed in a concerted and participatory manner. In practical terms, this methodology is based on a desk review of survey reports, field studies, government publications and documents from non-governmental and international organisations. This documentary analysis is supplemented by interviews with certain key informants. The thematic scope of this analysis is the general population, but particular emphasis is placed on those who are most vulnerable and exposed to the phenomenon, notably women and girls.

3.1 Data collection

- **Desk review**

Available data comes from administrations and organizations involved in the fight against GBV in Cameroon. Secondary data was collected from governmental and non-governmental organizations, including MINPROFF, MINSANTE, MINAS, DGSN, SED, UNFPA, UN-Women, UNICEF, WHO, UNDP, ALVF, CIDIMUC, etc.

- **Semi-structured interviews**

Interviews were conducted with key informants identified by MINPROFF. Using the questionnaire available in the appendices, the heads of the above-mentioned structures and administrations provided information on the structure and functioning of the GBV response system in their environment.

- **Centralisation of available databases**

Discussions with stakeholders have also led to the creation of a database with data collected by certain administrations and used to calculate indicators and present trends.

3.2. Data analysis

Data from literature search was organised and integrated into the report, taking into account the different axes defined by the research themes.

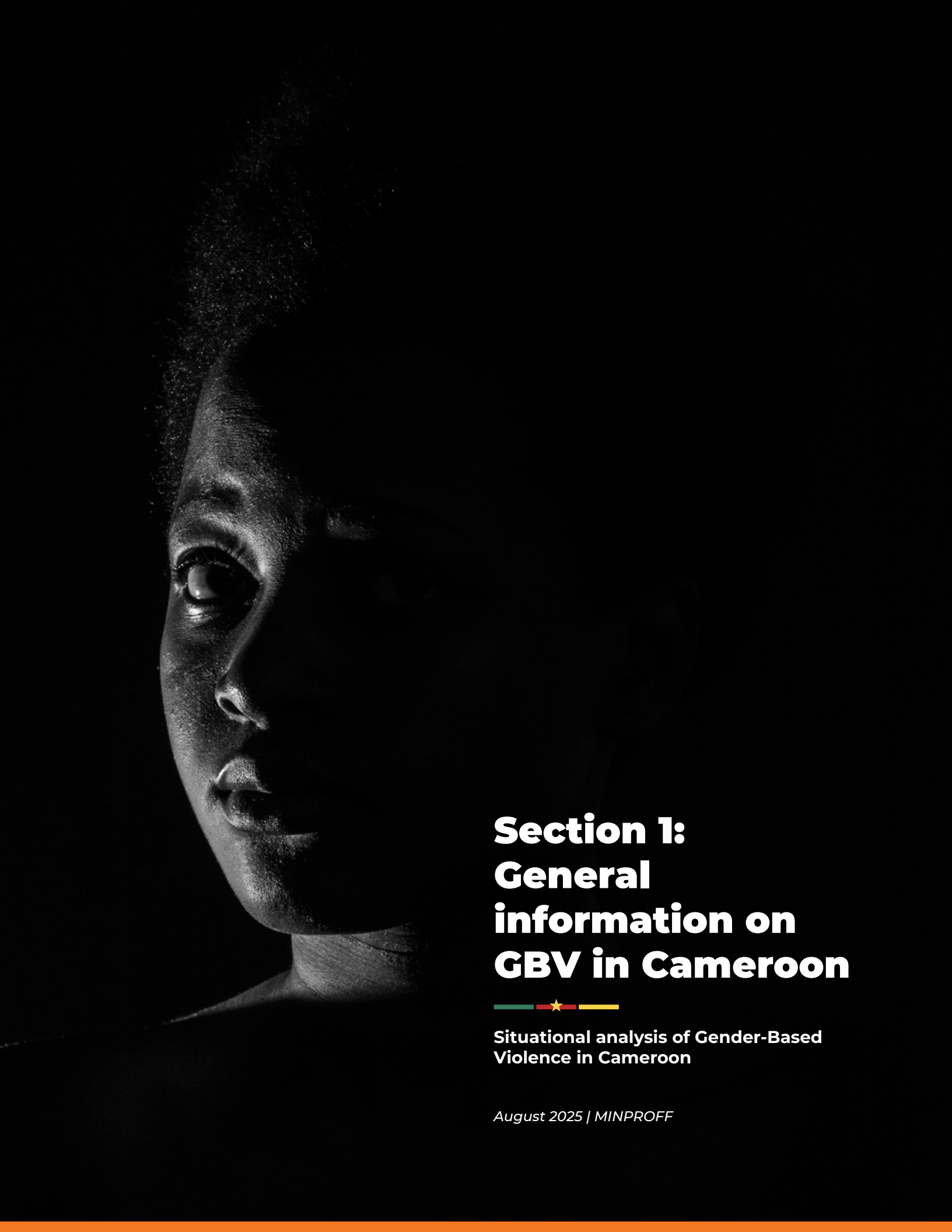
As for the qualitative data collected during the interviews with the resource persons, it was first transcribed in full from the recordings made using recorders. Thematic analyses were then carried out, comparing the information, identifying points of convergence or divergence and highlighting the rationale for action expressed by the players. The aim of this approach is to restore the depth of the discourse, to draw out its latent meaning and to highlight its explanatory significance in the context of GBV in Cameroon.

STATA and Excel were used to process and exploit the databases. These were used to produce tables and graphs

4. Structure of the report

This situational analysis report is organised into four main parts, presented in sections:

- Section 1: General information on GBV.
- Section 2: Current situation of GBV.
- Section 3: Analysis of the response to GBV.
- Section 4: Recommendations



Section 1: General information on GBV in Cameroon



**Situational analysis of Gender-Based
Violence in Cameroon**

August 2025 | MINPROFF



Gender-based violence (GBV) is a major issue in Cameroon. There is an abundance of literature that attempts to make it easier to understand. This first section outlines several related definitions that may help us to better understand this social phenomenon.

1.1. Definition of concepts

As part of the implementation of the National Strategy for the Fight against Gender-Based Violence (SNLVBG) 2022-2026, the Government of Cameroon, through the Ministry for the Promotion of Women and the Family (MINPROFF), has developed a clear and harmonised conceptual reference framework to strengthen the common understanding of key notions relating to gender and GBV. These definitions are essential to orient public policies, guide the actions of national and international players, and guarantee a holistic, coordinated response that respects human rights. They are based on national frameworks, international standards and scientific literature.

- **Genre** is defined as a set of "socially constructed roles and responsibilities attributed to women and men in a given culture and space. They are influenced by perceptions and expectations stemming from cultural, political, environmental, economic, social and religious factors, as well as customs, law, social class, ethnicity and individual and institutional prejudices. Gender attitudes and behaviours are learned and can be changed"¹.
- **Gender-based violence** is defined as "*any act directed against a person because of their sex, which causes or is likely to cause physical, psychological or emotional pain or suffering. It concerns women, men, girls and boys. Thus, gender-based violence is violence directed specifically against a man or a woman because of his or her sex or which affects women or men disproportionately*" (SNLVBG, p.17). There are two key elements to this definition: (i) belonging to a biological sex; (ii) being rooted in the inequality of power relations that tolerate and perpetuate violence with the desire for domination by one group over another. It is therefore directed at a person based on his or her sex, according to the social norms or constructs associated with it, and includes acts that inflict physical, mental or sexual harm or suffering, coercion and other deprivations of liberty, whether in public or private life (INS, 2020a).

Through this strategy, Cameroon is also aligning itself with the definitions used by international bodies, in particular Resolution 1997/27 of the United Nations Economic and Social Council (ECOSOC), which defines GBV as "*any harmful act against the will of a person based on socially ascribed gender differences*" (ECOSOC Resolution 1997/27, §1). (ECOSOC, Resolution 1997/27, §1). This definition encompasses, among other things, physical, sexual and psychological violence, threats, coercion and other forms of deprivation of liberty, in both the public and private spheres. The resolution also highlights that "*gender-based violence is a major obstacle to equality, development and peace*" (Ibid., Preamble). It stresses that, although women and girls are the most affected, anyone can be a victim, particularly in the context of conflict or humanitarian crisis.

In line with the SNLVBG, MINPROFF considers that GBV is a serious violation of human rights, an obstacle to sustainable development and a major challenge to gender equality. Their eradication calls for a multi-sectoral, rights-based, inclusive and survivor-centred response.

1. Ministry for the Promotion of Women and the Family, Cameroon Country Gender Profile, 2020 Edition, page IV

BOX 1. CONTRIBUTION OF THE SCIENTIFIC LITERATURE

In addition, definitions from the scientific literature enrich our understanding of the key concepts and help us grasp the dynamics of these concepts in all their contextual diversity.

- Ngoro (2012) defines gender as a social construct that refers to the roles, responsibilities, behaviours, expectations and perceptions attributed to women and men in each society. Unlike sex, which refers to biological differences, gender is a process of socialisation and varies according to cultural, economic and historical contexts.
- Violence is generally defined as any act or behaviour likely to cause physical, psychological or moral harm or suffering to another person. Violence can take many forms - physical, verbal, psychological, sexual - and can occur in both the public and private spheres.
- Cameroonian literature also sheds some light on GBV. According to Bissala Djague (2023), GBV can be defined as any form of violence perpetrated against a person because of their gender, whether they are a man or a woman. However, several authors point out that this definition, while relevant, does not capture the full complexity of the phenomenon. GBV has its origins not only in biological sex male or female, but above all in the social norms and differentiated power relations that structure relations between the sexes (Bissala Djague, 2023; Mangeda, 2022).

An analysis of available data and studies reveals that women and girls are still the main victims of GBV in Cameroon. The most vulnerable groups identified are adolescent girls, widows and people living with disabilities. Adolescent girls face a double level of vulnerability, as they are subjected both to violence specific to their status as children (domestic violence, violence at school) and violence suffered by adult women (sexual violence, sexual harassment, intimate partner violence). In this respect, the studies compiled in *"Voices from Cameroon"* (2023) highlight the heightened risks during adolescence, when society begins to perceive girls as women.

Furthermore, most of the scientific studies analysed highlight the prevalence of violence against women and girls, while violence against men is poorly documented or insufficiently considered. Even when GBV is defined inclusively (Mangeda, 2022:14) as violence against any person because of their gender, the analyses remain largely focused on female victimisation. The literature on GBV in Cameroon suggests an understanding of reality that highlights violence suffered by women and girls. Very little, if any, consideration is paid to violence against men.

In view of all these definitions, it should be noted that this is a fact of all human societies, with forms that differ according to culture. GBV is a violation of human rights that disproportionately affects women and girls. Indeed, GBV affects everyone regardless of their financial, mental or intellectual stability. Elements of social status such as financial wealth, for example, are not enough to protect a girl or woman from GBV. Depending on the gender roles they play in society, women and girls are the most affected. When violence between men is rooted in gendered power dynamics, in society's expectations of masculinity or in a desire to assert dominance, it can be classified as gender-based violence. For example, violence within a gang of men, if motivated by a desire to uphold male norms or to prove one's dominance, can be considered gender-based violence. Similarly, gender-based violence can also apply to violence suffered by people of other genders.



1.2. GBV typology

1.2.1. Classic shapes

Cameroon's National GBV Response Strategy identifies 6 main types of violence, as follows:

- **Physical violence:** This form of violence is the most visible and includes acts ranging from assault to homicide or attempted homicide, as well as threats. Specific examples include slapping, shoving, kicking, biting, scratching, throwing objects, hitting with or without instruments, beating, strangling, threatening to injure or kill, locking up or tying up the victim. Forced abortion, forced sterilisation and female genital mutilation are also considered specific forms of physical violence (SNLVBG: 18).
- **Sexual violence:** This includes acts such as sexual harassment, complete or incomplete sexual relations without consent and/or under duress, and even rape. Sexual harassment includes insistent approaches, inappropriate compliments, unwanted touching or exposure to pornographic images. Unwanted touching or coercion to perform sexual acts constitutes sexual violence (Idem: 18).
- **Psychological violence:** This violence manifests itself verbally or non-verbally and inflicts mental or emotional wounds. It includes insults, denigration, humiliation, verbal attacks, jealousy, threats, control of activities, attempts to isolate loved ones, and even confinement (Idem: 18).
- **Social violence:** This refers to *"restrictions imposed on a person's social life, such as prohibiting or controlling contacts within the family and outside, in short, forced isolation"* (Idem: 18).
- **Economic violence:** Considered to be an expression of psychological violence, it manifests itself in the deprivation of goods, income, work, exploitation and unequal pay. Clearly, this refers to situations such as *"the prohibition of work or forced labour, financial control, the restriction or disposal of financial resources as well as the financial exploitation of a person, the deprivation of essential means or goods, control or deprivation, sometimes even when the woman is gainfully employed"* (Idem: 18).
- **Harmful cultural practices:** These are a set of discriminatory habits, customs, traditions and practices that have been ingrained in communities for so long that some cultures and societies come to regard them as acceptable. They include Female Genital Mutilation (FGM), child marriage and honour killings.

1.2.2. Forms in a crisis context

Emergency contexts contribute to the exacerbation of violence, given the disorganisation of the environment, resulting in the precariousness and vulnerability of potential survivors who are girls and women, and even men. As a result, the motivations of the perpetrators can also migrate to the point of serving the interests of the belligerents linked to the context of the conflict. Violence against women in the context of conflict can be an act of domination, humiliation, pressure and control. This is because they are already in a state of distress and extreme vulnerability because of the conflict itself, which subjects them or has subjected them to varied and multiple experiences of degradation. Violence could also be used to torture and humiliate an individual, a group or a community, or even an entire country, to achieve objectives considered to be war aims.

Cameroon is experiencing complex security and humanitarian crises, particularly in the North-West, South-West, Far-North and East regions, including Adamawa. These crises are exacerbating the vulnerability of women and girls compared to traditional GBV.

According to the Inter-Organization Standing Committee, which is included in the National Strategy Document to Fight GBV in Cameroon (SNLVBG: 19-20), there are six (6) types of GBV in crisis situations:

- **Rape:** Vaginal/anal penetration of a person without their consent using the penis or any other object, causing serious physical and psychological harm;

- **Sexual assault:** Violent sexual assault committed against a person without their consent, causing serious physical and psychological harm (rape as defined above, incest, paedophilia, sexual harassment, procuring, fondling);
- **Physical assault:** A violent act committed against a person without their consent, causing serious physical and psychological harm;
- **Forced marriage/early marriage:** sending a person of legal age into marriage without their consent/ sending a person below the official age of marriage (18) into marriage;
- **Denial of resources, opportunities or services:** preventing or prohibiting a person from receiving or benefiting from an inheritance, or from carrying out an activity in his or her own interest or that of a third party;
- **Psychological or emotional violence:** an act directed against a person with the aim of devaluing, degrading or affecting their morale.

1.2.3. Other forms of violence

With the profound changes taking place in the world today, we are witnessing the emergence of previously unrecorded or new forms of GBV. These new forms could be the result of technological change and multiple economic challenges. The National Strategy Document for the Fight against GBV in Cameroon (SNLVBG: 20-21) presents them as follows:

- **Femicide:** This refers to the assassination or murder of a woman because she is a woman, but can also refer to any death inflicted on a woman or girl.
Most cases of femicide are committed by partners or ex-partners and are the result of long-term abuse within the home, threats or intimidation, sexual violence or situations where women have less power or resources than their partners or ex-partners. The term femicide goes beyond the simple homicide of a woman; it highlights the gender-specific dimension of the crime. It is an act of extreme violence rooted in unequal power relations between the sexes, where the victim's gender is the primary motivation for the murder. Femicide can also include murders linked to discriminatory practices such as honour killings, lethal female genital mutilation, or deaths resulting from systemic domestic violence.
- **Trafficking in human beings:** This is the acquisition and exploitation of people, by various means such as force, fraud, coercion or deception. Although human trafficking has existed for centuries, it deserves special attention today.
- **Online violence or digital violence, against women in particular:** This refers to any act of violence committed, assisted or aggravated by the use of information and communication technologies (mobile phones, the Internet, social media, computer games, text messaging, emails, etc.) simply because they are women.
- **Hate speech:** This is communication that denigrates people based on their membership of a particular group. It can include any form of expression, such as pictures, plays and songs, as well as speech.
- **Kidnapping:** involves the abduction of a person without their consent, either gently or brutally. The kidnapped person is generally taken to an unknown destination. In the daily scene in Cameroon, search notices on social networks following kidnappings are numerous. The families of kidnapped people are often forced to pay large sums of money in ransom. This is a new form of violence that is gaining ground in Cameroon.
- **Violence in schools:** Schools, once known as places of discipline and tranquillity, have in recent years become places where violence is expressed in many forms. Violence in schools takes various forms and is exacerbated by the use of drugs by many pupils. Bladed weapons (knives, machetes, etc.) often found in school bags are evidence of the extent of the problem in the country.



1.2.4. Review of the literature on GBV in Cameroon

First, it is important to note that other sources of data on GBV in Cameroon are largely based on the National Strategy to Fight GBV presented above. For example, according to concordant sources, GBV can be found in a variety of forms (Focus Cameroon, 2023; Training on the basic concepts of GBV, 2024; Declaration of the Human Rights Commission of Cameroon, 2023; Ngosso, 2023:82). In this respect, we can highlight, among others:

- Domestic violence (economic, psychological, emotional, physical and sexual);
- Femicide: this refers to the assassination or murder of a woman simply because she is a woman.
- Sexual violence other than domestic violence (rape, corrective rape, rape culture);
- Trafficking in women and girls;
- Female genital mutilation (FGM) or genital mutilation;
- Breast ironing;
- Child marriage;
- Online violence or digital violence (cyberbullying, non-consensual sexting and doxing).

• Work on GBV in the development context

Without being exhaustive, it is also worth mentioning that other literature presents GBV in the following, much more global forms:

- **Sexual violence:** Sexual violence includes rape, sexual harassment and sexual exploitation (Madina Mahamat, 2023). In her research work, the author deals with the issue of excision, which she defines as a form of sexual mutilation that aims to remove all or part of the clitoris from a child or adolescent girl. Following this definition, she identifies the three types of excision practised in her research area: clitoridectomy, excision and infibulation.

Still about sexual violence, incest is presented as a sexual deviation that is also very often included in gender-based violence in the family context (Tamekem Ngoutsop, 2015; 2019; 2022). Incest is any sexual relationship (forced or otherwise) between people whose relationship prohibits them from marrying.

- **Psychological or emotional violence:** Psychological or emotional violence includes intimidation, moral harassment and verbal abuse. Early marriage, defined as any pairing up without the girl's consent, is a very recurrent practice in the Mayo-Oulo district (Far North region of Cameroon), and is also part of this pattern (Maitching Ringbe, 2023).

Famanou (2019) explores the issue of early marriage from the perspective of women's rights organisations. The author defines early marriage as a marriage between two people, one of whom is under the legal age of marriage. She believes that the phenomenon of early marriage in the district of Maroua I has its origins in the rebellion of adolescents and their parents' inability to provide them with access to education. Clearly, adolescence is a very delicate phase when young girls seek self-determination, and some adolescent girls escape parental control as a result. This situation leads some parents to send their offspring off to marry.

According to Amnesty International (2025), it is the fact of being married at a very young age against one's will and to a person whom one does not choose.

Psychological violence takes the form of insults and stigmatisation of girls and women by the public and even by their families. For example, being raped or being an unmarried girl from the age of 15 onwards becomes a topic of conversation, a disgrace for the girl and her family, the blame always being placed on the victim and her parents.

- **Economic violence:** This highlights patriarchy as one of the factors leading to gender-based violence (Mboyong, 2023). It is defined here as a form of social and legal organisation based on men holding authority, to the explicit exclusion of women. This form of violence takes the form of symbolic violence, i.e. violence that has succeeded in gaining a foothold in society and has come to acquire a certain legitimacy.

About women's careers in the management system of organisations, we note that women generally face patriarchal considerations and harassment. For example, certain positions of responsibility in public bodies are still reserved for men, to the detriment of women. Women's professional advancement is often conditioned by practices such as sexual, moral and sexist harassment (Nihat, 2023). We also note that one of the forms of GBV suffered by women in public structures in the city of Maroua (Cameroon) is the disparity between the sexes in terms of participation in the labour market and pay for work of equal value. The working environment in the city of Maroua is still marked daily by the sexual harassment to which women are subjected (Maïpele Dairou, 2023).

- **Work on GBV in crisis situations**

In the humanitarian context of the North-West and South-West regions, the report by the association *Femme déplacée Nord-Ouest* (p. 17) reveals that violence is exacerbated in conflict zones by the loss of social networks, financial difficulties and tensions with local communities that displacement entails. Girls, widows, pregnant women and adolescents are particularly at risk of forced marriage. In this climate, some families marry off their children because of pregnancy or poverty, because there is no money to pay school fees or repay loans.

In the same vein, Francis Tazoacha et al (2022: 2) point out that there has been a dramatic increase in cases of violence and sexual assault against women in the North and in the English-speaking regions of North-West and South-West Cameroon. It reports that the main perpetrators of these attacks are "armed separatists, the military and civilians". Children and women have been the main targets of sexual violence during the conflict that has caused mass displacement and harm in Cameroon since 2016.

In addition to all this, there is obstetric violence (Keptchuime, 2023) suffered by women in maternity wards. Exploring the manifestations of this type of violence, we see that it is a type of violence that only affects women, precisely because women are the only sex that uses maternity services in hospitals.

Conclusion of the section

An analysis of the main forms of GBV in Cameroon shows the diversity and complexity of the violence suffered, influenced by social, economic and cultural factors. Although prevention and care mechanisms are in place, major challenges remain in terms of access to services and the coordination and quality of interventions.

The following section provides an update on the GBV situation in Cameroon, based on available data and the dynamics observed in the field.



Section 2: Current situation of GBV



**Situational analysis of Gender-Based
Violence in Cameroon**

August 2025 | MINPROFF

This section provides an overview of GBV in Cameroon, based on available data. The statistics used in this study are classified according to data source: national surveys, administrative sources and other data sources.

2.1. Trends and prevalence of the phenomenon

2.1.1. National data from surveys

Nationally representative surveys are an essential source for determining the extent of GBV at national level. Unlike administrative data, which is often limited by its partial and institutional nature, household surveys such as the Demographic and Health Surveys (DHS) or the Employment and Informal Sector Surveys (EISS) offer a more exhaustive measure of the phenomenon, by capturing unreported cases. Their standardised methodology, based on probability samples, guarantees statistical robustness, making it possible to assess the prevalence of GBV in various socio-cultural contexts.

The main survey data used in this analysis are :

- **Demographic and Health Surveys (DHS):** Led by the National Institute of Statistics (INS), these surveys have been carried out in Cameroon since 1991. Although the data available are not always recent, their methodological robustness and exhaustiveness make them of lasting relevance. In the absence of more up-to-date information, they remain a valuable tool for informing public policy, assessing progress made and guiding future action in response to GBV.
- **The Multiple Indicator Demographic and Health Survey (EDS-MICS).** This survey was carried out in 2011 by the INS in collaboration with the Ministry of Public Health and international partners such as UNICEF. The EDS-MICS is an essential source of data for assessing GBV in Cameroon. This national survey, representative of the country's 10 regions, collected data from households, with a specific section dedicated to GBV. Its rigorous methodology, which complies with international standards, provides reliable and comparable indicators.
- **The MICS (Multiple Indicator Cluster Survey),** the most recent of which was carried out in 2014 by the INS with support from UNICEF, is a nationally representative survey providing key indicators on the health, education and well-being of women and children. The survey is part of the international MICS programme, designed to assess progress in human development, particularly in relation to the rights of women and children. One of its major contributions has been to make available valuable data on GBV. These data have been essential in guiding public policies and programmes to combat GBV, providing a solid statistical basis for advocacy and action in Cameroon.
- **The Employment and Informal Sector Surveys (EISS),** the latest of which was carried out in 2021 by the INS, provide key data for analysing the labour market, with a particular focus on gender inequalities and GBV in the workplace. Although these surveys are not specifically dedicated to GBV, they provide indirect indicators for understanding the risks and vulnerabilities to which women are exposed in the formal and informal economy.

The data from the above-mentioned surveys have made it possible to establish an overall estimate of the extent of the various forms of GBV in Cameroon.



2.1.1.1. Sexual violence

According to the 2018 CAMEROON DHS-V, almost 13% of women have experienced sexual violence at some point in their lives and 5% in the previous 12 months. This figure is slightly lower in urban areas (5%) than in rural areas (6%). In addition, sexual violence affects more women who have broken a union than those who are single. Sexual violence is more prevalent in the Centre region than in other parts of the country. Conversely, it is less common in the Far North region.

Percentage of women who have experienced sexual violence in the last 12 months

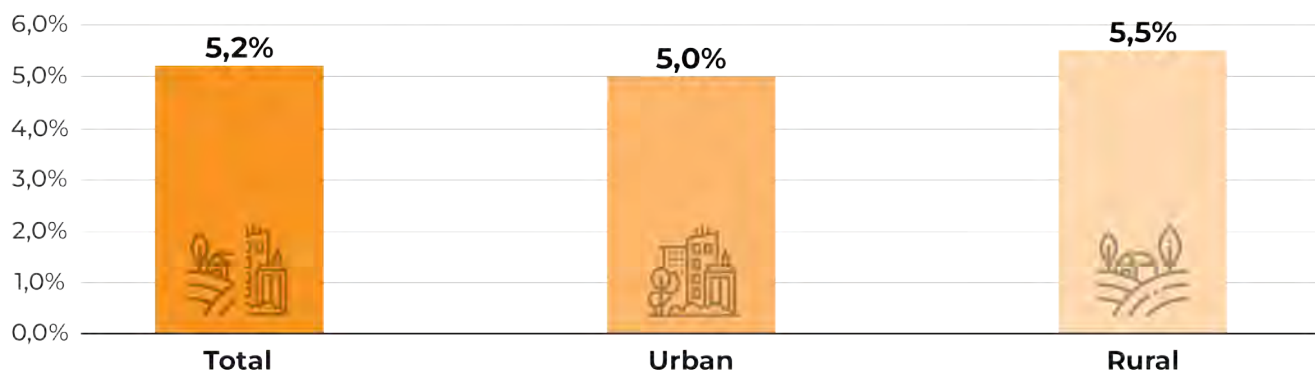


Chart 1: Percentage of women who have experienced sexual violence in the last 12 months

Source: INS, CAMEROON DHS-V 2018

Nearly 6% of men said they had experienced sexual violence at some point in their lives, and 3% in the last 12 months. This phenomenon is slightly higher in urban areas (3%) than in rural areas (2%). Sexual violence affects more men in union (5%) than those who are single (1%). Sexual violence is also more prevalent in the South West region (6%) and in the Centre region (excluding Yaoundé).

Percentage of men who have experienced sexual violence in the last 12 months

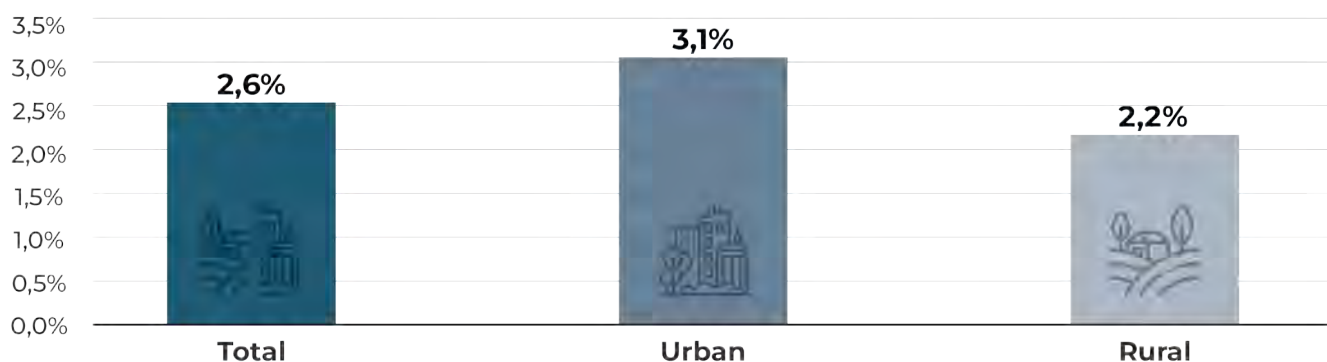


Chart 2: Percentage of men who have experienced sexual violence in the last 12 months

Source: INS, CAMEROON DHS-V 2018

With regards to the main perpetrators of sexual violence, the study reveals that current spouses (39% for women and 57% for men), former spouses (18% for women and 36% for men) and boy/girlfriends (18% for women and 16% for men) are the most frequently reported (Charts 3 and 4).

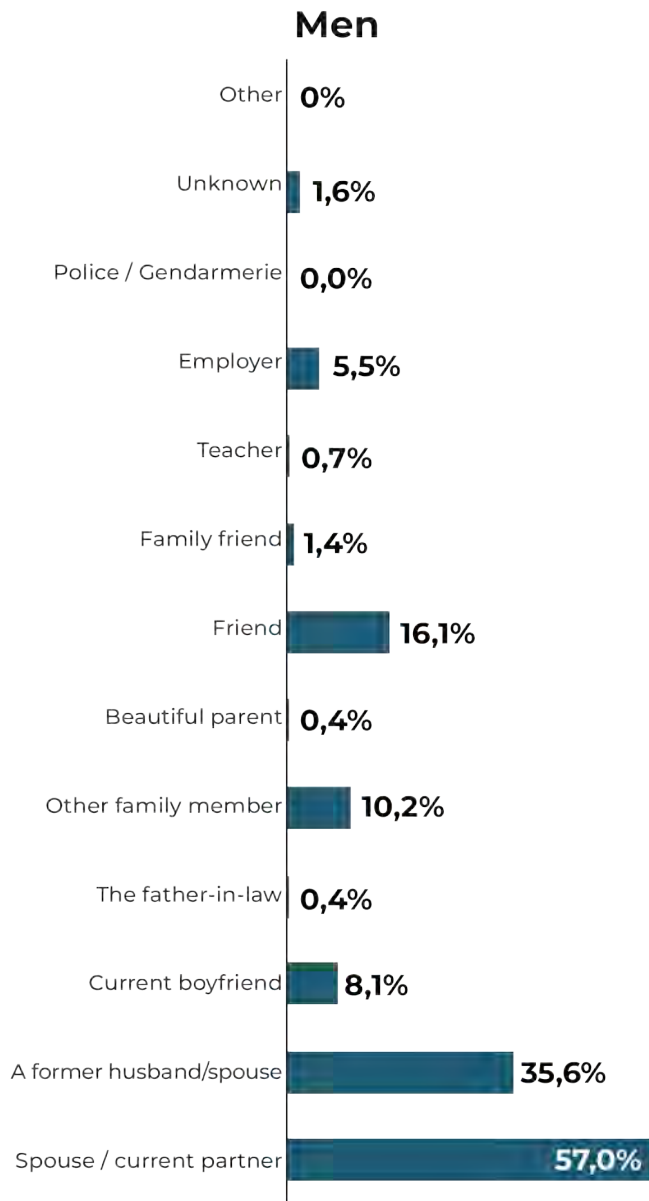


Chart 3: Percentage of men who said they had experienced sexual violence, by type of perpetrator
Source: INS, CAMEROON DHS-V 2018

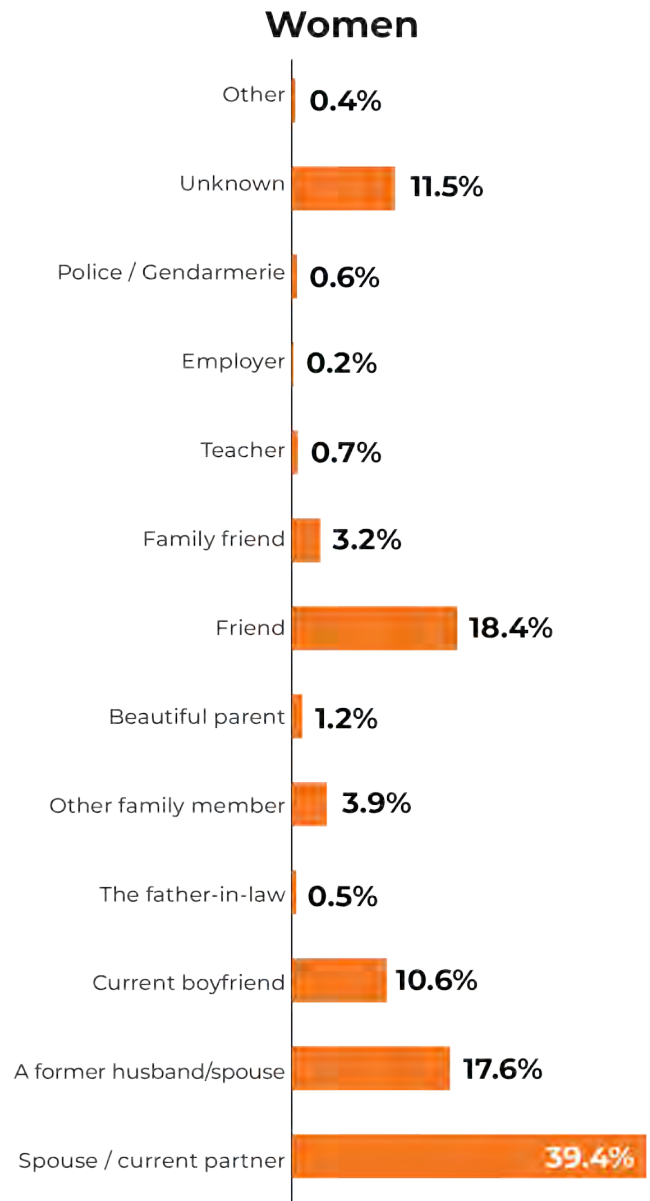


Chart 4: Percentage of women who say they have suffered sexual violence, by type of perpetrator
Source: INS, CAMEROON DHS-V 2018

About sexual violence inflicted on women by their partners, the analyses show that between 2004 and 2018, the proportion of survivors varied irregularly, with a marked increase in 2011, followed by a significant decrease in 2018. There was an increase from 14% in 2004 to 20% in 2011, followed by a decrease from 20% in 2011 to 7% in 2018, with a value of 14% in 2014 (Chart 5).



The reason for these substantial changes in prevalence could be linked to the study methodology. Further research is needed to determine whether this is the result of methodological or other differences. The variations may be linked to the methodology of the 2011 DHS, which was different from that of the other years (2004, 2014 and 2018). This applies to all the results presented in the DHS.

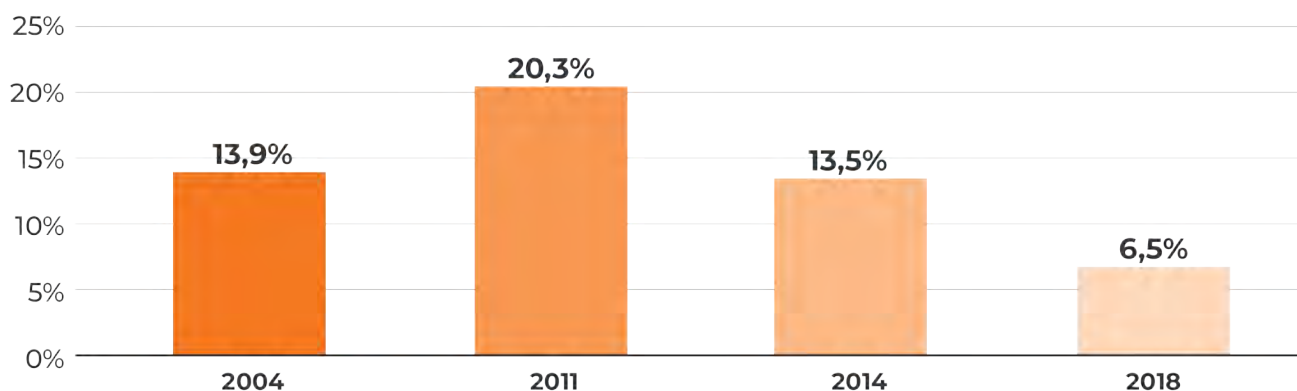


Chart 5 : Evolution in the proportion of women aged 15-49 who say they have suffered sexual violence at the hands of their partner over the period 2004-2018

Source: INS, CAMEROON DHS-III 2004, CAMEROON DHS-IV 2011 and CAMEROON DHS-V 2018

This overall trend masks disparities according to level of education. Women with no education saw their rate rise from 3% in 2004 to 21% in 2011 before dropping to 3% in 2018, while those with primary education peaked at 25% in 2011 before falling to 8% in 2018. Women with higher levels of education (secondary or higher) showed a steady decline, from 18% in 2004 to 7% in 2018 (Chart 6).

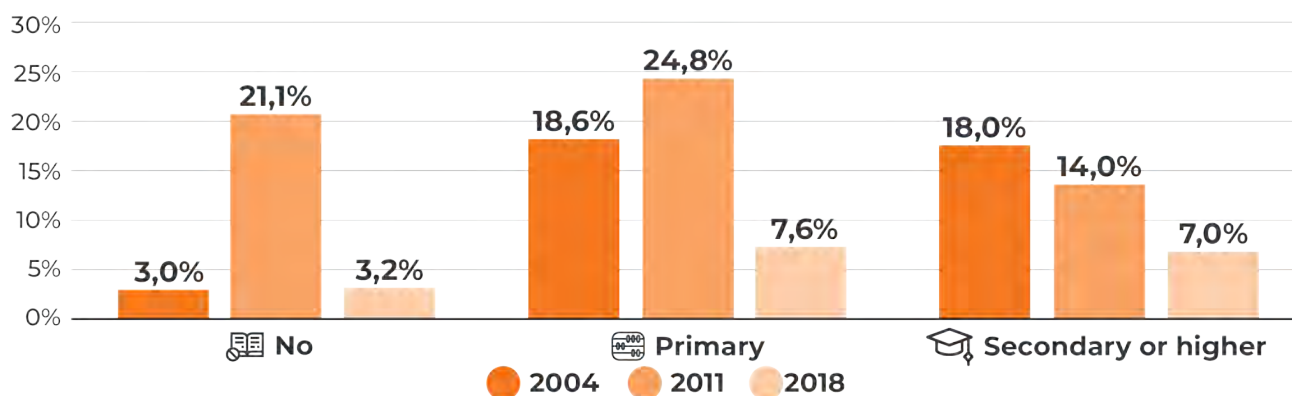


Chart 6: Distribution of female survivors of sexual violence perpetrated by their partner, by survivor's level of education, 2004-2018

Source: INS, CAMEROON DHS-III 2004, CAMEROON DHS-IV 2011 and CAMEROON DHS-V 2018

According to place of residence, the results in chart 7 show that urban and rural areas have experienced similar trends, with a convergence in the proportions obtained in 2011 (19% in urban areas compared with 21% in rural areas) and a parallel decrease in 2018 (7.2% compared with 6.6%). This suggests that urbanisation has not been a determining factor over time. These fluctuations could reflect changes in prevention policies or methodological biases.

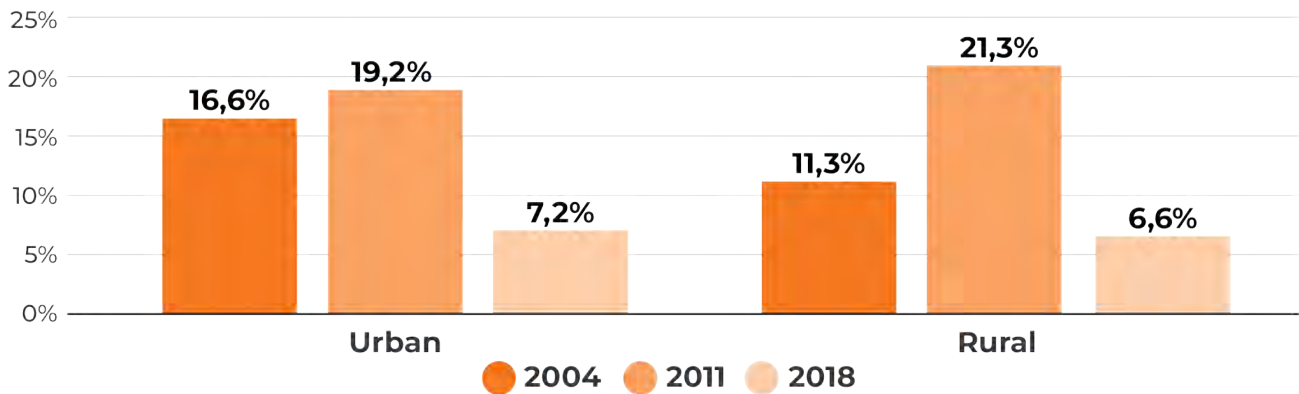


Chart 7: Distribution of female survivors of sexual violence perpetrated by their partner, by place of residence of the survivor, 2004-2018

Source: INS, CAMEROON DHS-III 2004, CAMEROON DHS-IV 2011 and CAMEROON DHS-V 2018

2.1.1.2. Physical violence

According to the results of the 2018 CAMEROON DHS-V, almost 39% of women aged 15-49 said they had experienced physical violence since the age of 15 and 18% in the previous 12 months. This phenomenon is less pronounced in urban areas (16%) than in rural areas (21%). Moreover, physical violence affects more women who have broken up (24%) than those who are single (13%). Physical violence is also more prevalent in the Centre region (35%) than in other regions of the country. While women living in the Centre region (excluding Yaoundé) are the most affected (35%), those living in the Littoral (excluding Douala) are the least affected (13%)

Percentage of women who have experienced physical violence in the last 12 months

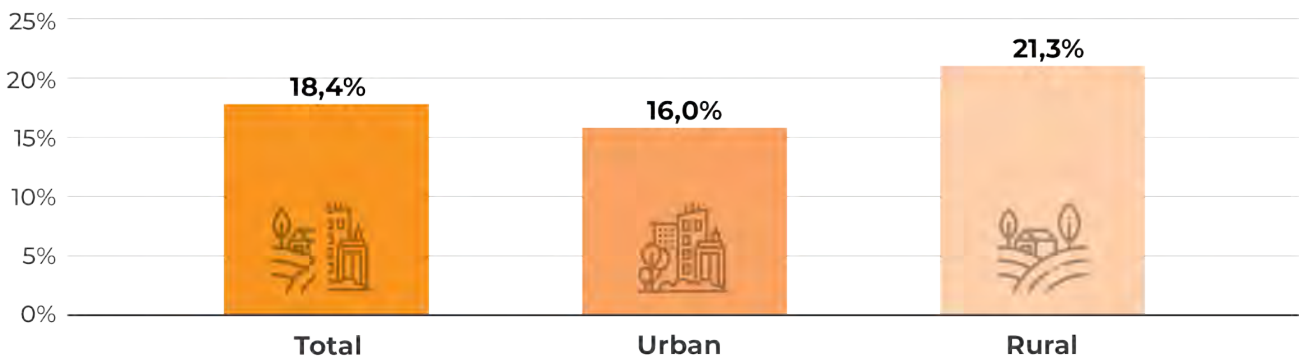


Chart 8: Percentage of women who have experienced physical violence in the last 12 months

Source: INS, CAMEROON DHS-V 2018

Nearly 42% of men said they had experienced physical violence since the age of 15, and 14.1% in the last 12 months. This phenomenon is less pronounced in rural areas (15%) than in urban areas (14%). Moreover, physical violence affects single men (15%) more than those in union (12%). Physical violence is also more prevalent in the North West (23%) and South West (21%) regions than in the other regions of Cameroon.



Percentage of men who have experienced physical violence in the last 12 months

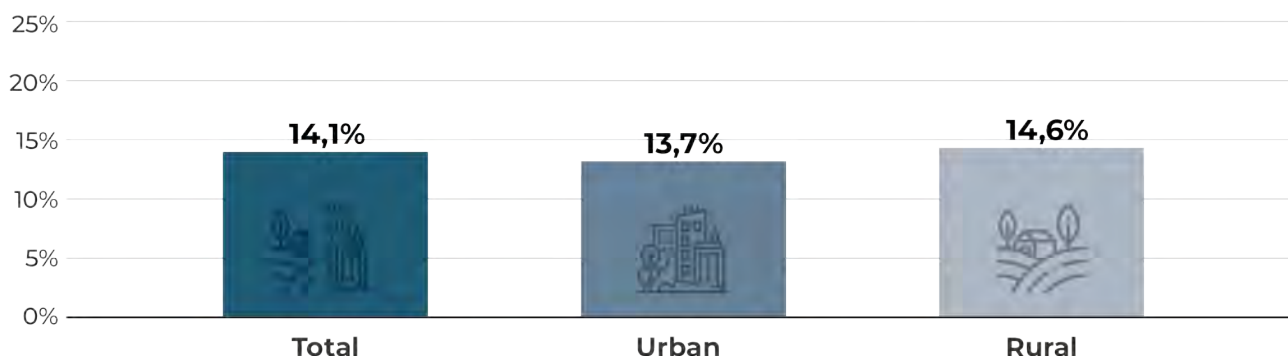


Chart 9: Percentage of men who have experienced physical violence in the last 12 months
 Source: INS, CAMEROON DHS-V 2018

Regarding the perpetrators of physical violence, the data reveal distinct profiles of survivors by gender. In the case of women, most of the violence was perpetrated by a current (46%) or former (15%) spouse, underlining the extent of domestic violence, while single women were mainly subjected to domestic violence (mother/mother-in-law: 29.7%, father/father-in-law: 26.8%) (Chart 10). For men, the mother (27.9%) and brothers/sisters (20%) are the main perpetrators, with a notable proportion of external violence (23.5%). These differences reflect gendered dynamics: male domination within the couple for women, and hierarchical or fraternal family relationships for men (Chart 11).

Women

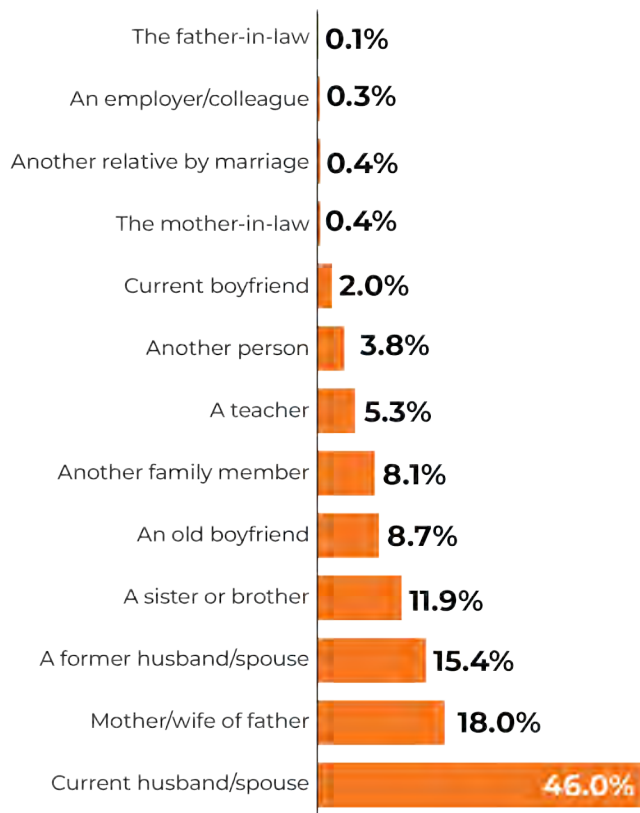


Chart 10: Percentage of women who said they had suffered physical violence, by type of perpetrator
 Source: INS, CAMEROON DHS-V 2018

Men

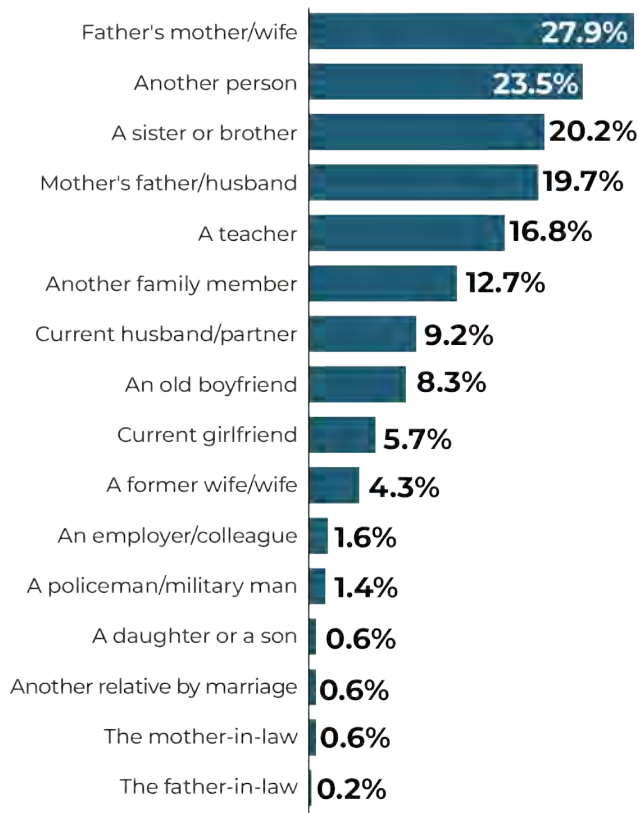


Chart 11: Percentage of men who said they had suffered physical violence, by type of perpetrator
 Source: INS, CAMEROON DHS-V 2018

In terms of physical violence against women perpetrated by their partners, there have been contrasting trends against women in Cameroon over the period 2004-2018. After an increase from 38.6% to 44.8% between 2004 and 2011, probably due to better reporting or a real worsening of the phenomenon, there was a drop to 19.6% in 2018, suggesting the positive impact of public policies (Chart 12).

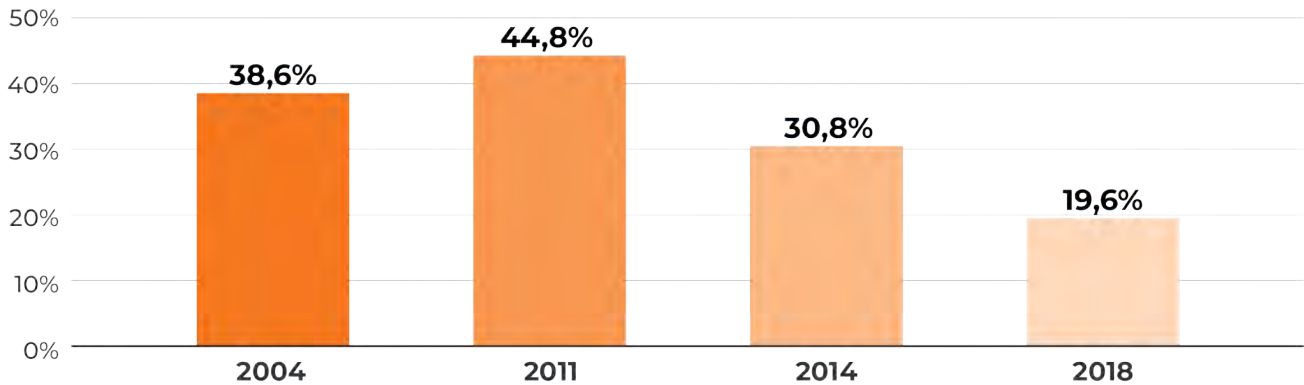


Chart 12: Evolution in the proportion of women aged 15-49 who say they have suffered physical violence at the hands of their partner over the period 2004-2018.

Source: INS, CAMEROON DHS-III 2004, EDS-MICS 2011, MICS, 2014 and CAMEROON DHS-V 2018

By level of education, the analyses show a general decline in physical violence, regardless of the woman's level of education, between 2004 and 2018. For women with no education at all, the proportion fell from 29.4% (in 2004) to 14.9% in 2018. The same applies to survivors with primary education (from 41.3% to 22.8%) and secondary or higher education (from 43.5% to 20.1%).

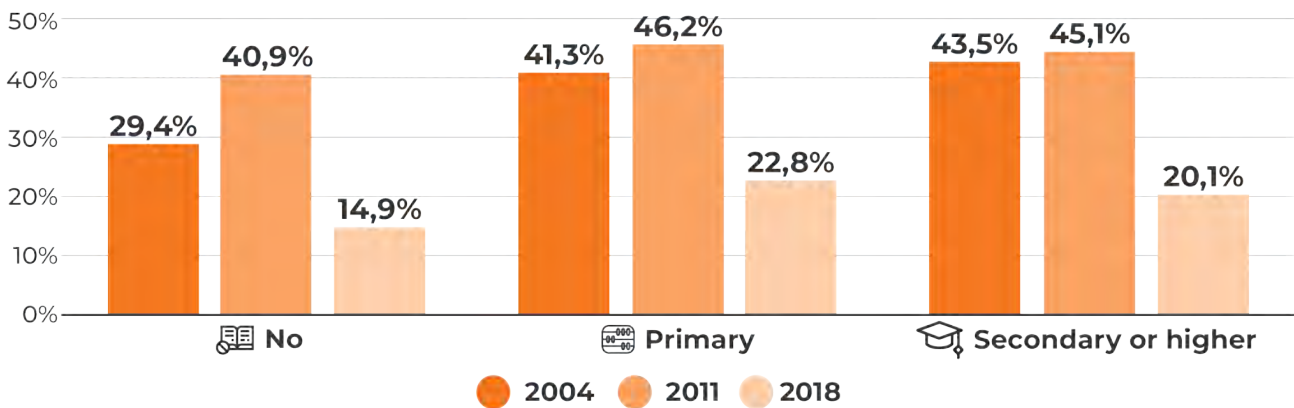


Chart 13: Distribution of female survivors of violence perpetrated by their partner, by survivor's level of education, 2004-2018.

Source: INS, CAMEROON DHS-III 2004, CAMEROON DHS-IV 2011 and CAMEROON DHS-V 2018

Depending on place of residence, the trend has reversed. In 2004, urban areas (40%) were more affected than rural areas (37.1%), but in 2018, physical violence was more frequent in rural areas (21.4%) than in urban areas (17.6%). These results, which can be seen in chart 14, highlight possible inequalities in access to protection services against GBV.

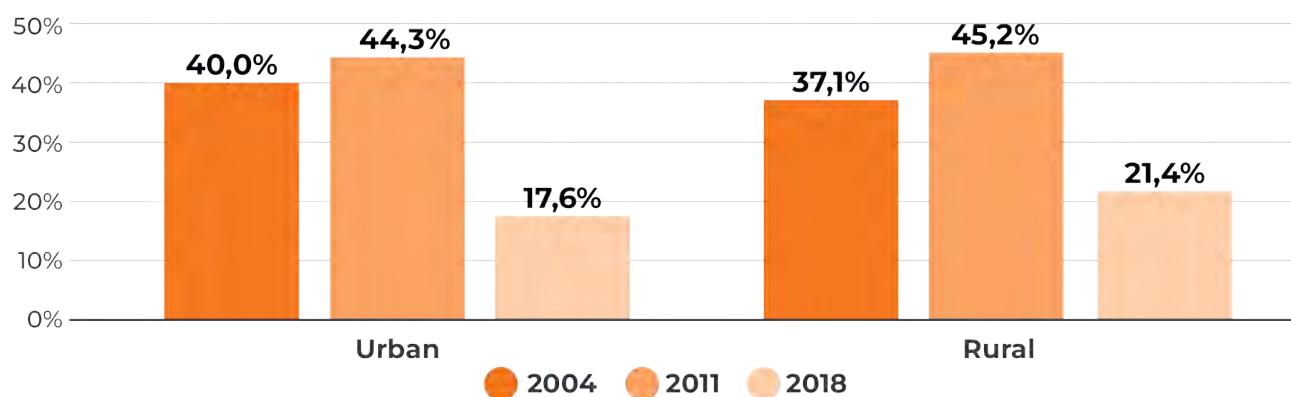


Chart 14: Distribution of female survivors of physical violence perpetrated by their partner, by place of residence of the survivor, 2004-2018

Source: INS, CAMEROON DHS-III 2004, CAMEROON DHS-IV 2011 and CAMEROON DHS-V 2018

Pregnant women are not spared from physical violence. In 2018, 7% of pregnant women were survivors of physical violence in the last 12 months. Pregnant women living in rural areas (8%) suffer more than those living in urban areas (5%). Women in the Centre (15%), North-West (12%) and South (10%) regions are also more affected than those in other regions (CAMEROON DHS-V 2018).

Intra-family violence remained relatively stable between 2004 and 2018: violence committed by the mother's father/husband remained at 16% over the study period, while violence committed by the father's mother/wife rose from 17% to 18%. However, a significant increase was observed among sisters or brothers, from 3.8% to 11.9%. This could reflect complex family dynamics and the need for greater attention to sibling violence.

Analysis of these data reveals complex and sometimes contradictory trends in the evolution of physical violence against women in Cameroon. Although progress has been made in some areas, there are still major challenges to be met, particularly about post-break-up violence and family dynamics. Indeed, the increase in violence against women by their ex-partners highlights the need to strengthen specific prevention and intervention strategies for managing relationships after separation. Psychological and legal support for survivors and perpetrators of violence could be crucial.

The stability of violence by parents and the increase in sibling violence indicate that interventions must adopt a systemic approach, considering family dynamics. Despite some reductions, the persistence of high levels of domestic and intra-family violence highlights the importance of continuing efforts to raise awareness and prevent violence at all levels of society.

2.1.1.3. Emotional or psychological violence

According to the Cameroon DHS-V 2018 survey, emotional or psychological violence was measured among women and men aged 15 to 49, currently in a union or in a broken union.

The results show that 22.4% of women declared that they had experienced some form of emotional violence from their spouse or partner in the last 12 months, of which 9% 'often' and 13.7% 'sometimes'. The acts most frequently experienced by women included being threatened with injury (16.3%), being insulted or belittled (15.6%) and being humiliated in public (12.1%). This phenomenon is more common in rural areas (24.0%) than in urban areas (20.7%). It is most prevalent in the West (33.8%) and North-West (30.9%) regions.

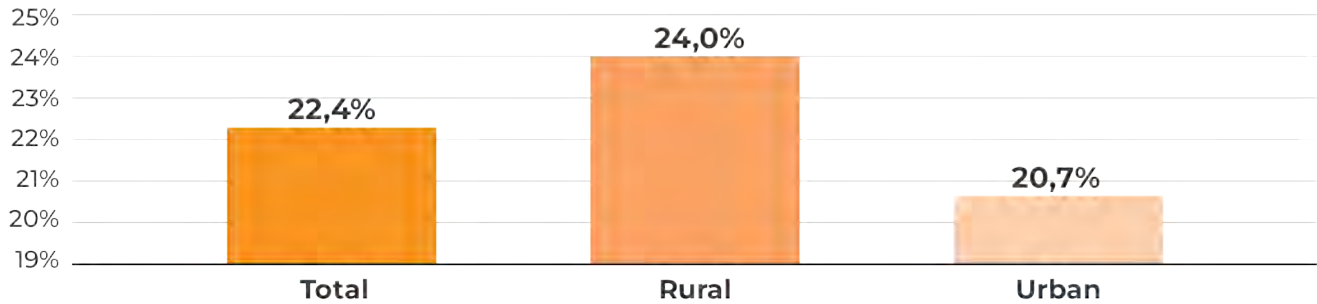


Chart 15: Proportion of women who have experienced some form of emotional violence from their spouse or partner in the last 12 months

Source: INS, CAMEROON DHS-V 2018

Among men, 18.1% said they had experienced emotional violence, with 6.0% 'often' and 12.1% 'sometimes'. The most frequent acts were being insulted or belittled (14.8%), being humiliated in public (9.9%) and being threatened with injury (4.8%). This phenomenon is just as common in rural areas (18.4%) as in urban areas (18.2%). It is most common in the Centre region (30.5%).

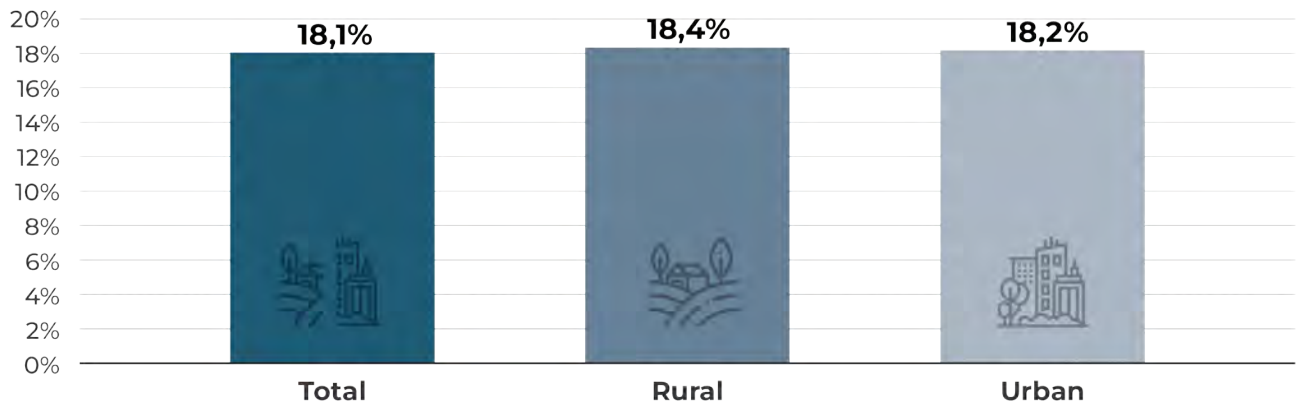


Chart 16: Proportion of men who have experienced some form of emotional violence from their spouse or partner in the past 12 months

Source: INS, CAMEROON DHS-V 2018

Despite the persistence of emotional violence, in 2018 there was a 14-point drop in the percentage of women who are survivors, compared with 2011 when 42% of women said they had been survivors at some point in their lives and 22% in the last 12 months. This form of violence is much more widespread in the Centre (excluding Yaoundé), West, South and East regions.

The perpetrators of this emotional violence differ according to the sex of the survivor. For women, the perpetrators are mainly their husbands or current or former partners, as evidenced by the acts reported (threats, insults, humiliation).

For men, the perpetrators are mainly their wives or current/recent partners, although the violence reported is less frequent and less intense than for women.



Women

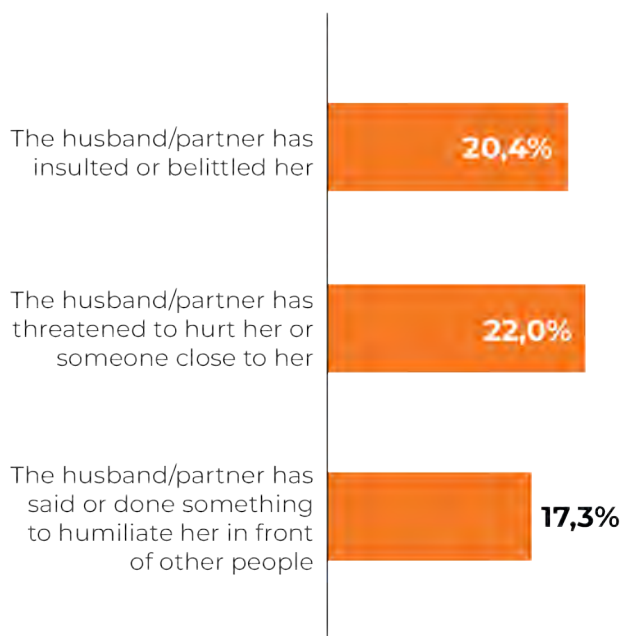


Chart 17: Percentage of women aged 15-49 currently in a union or in a broken union who have experienced emotional violence from their husband/partner in the last 12 months

Source: INS, CAMEROON DHS-V 2018

Men

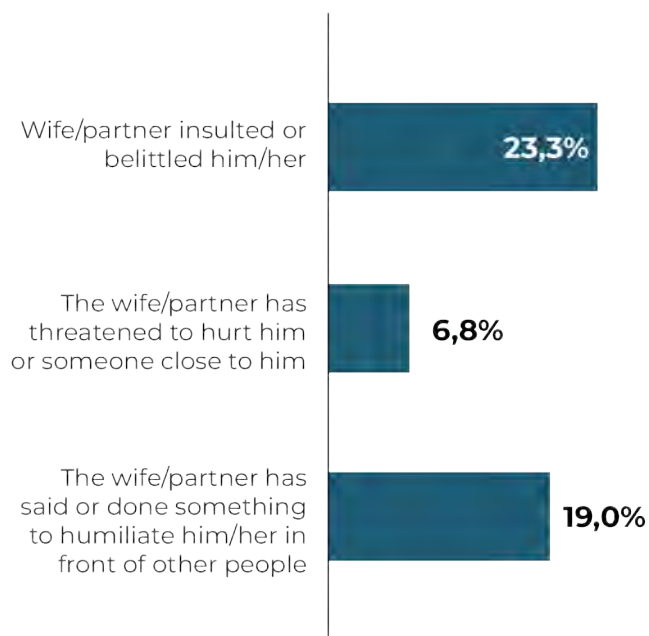


Chart 18: Percentage of men aged 15-49 currently in a union or in a broken union who have experienced emotional violence at the hands of their husband/partner in the last 12 months

Source: INS, CAMEROON DHS-V 2018

About trends in emotional violence suffered by women aged 15-49 by their partner, the results of the analysis in chart 19 show contrasting trends in emotional violence against women between 2004 and 2018. Between 2004 and 2011, there was an increase in the number of cases, from 27.9% to 41.9%, followed by a further rise in 2014 (47.2%), before a marked drop in 2018 (22.4%). This trend could be explained by increased awareness and reporting, or by a real worsening of the violence, while the drop in 2018 could reflect the effectiveness of prevention policies or societal changes.

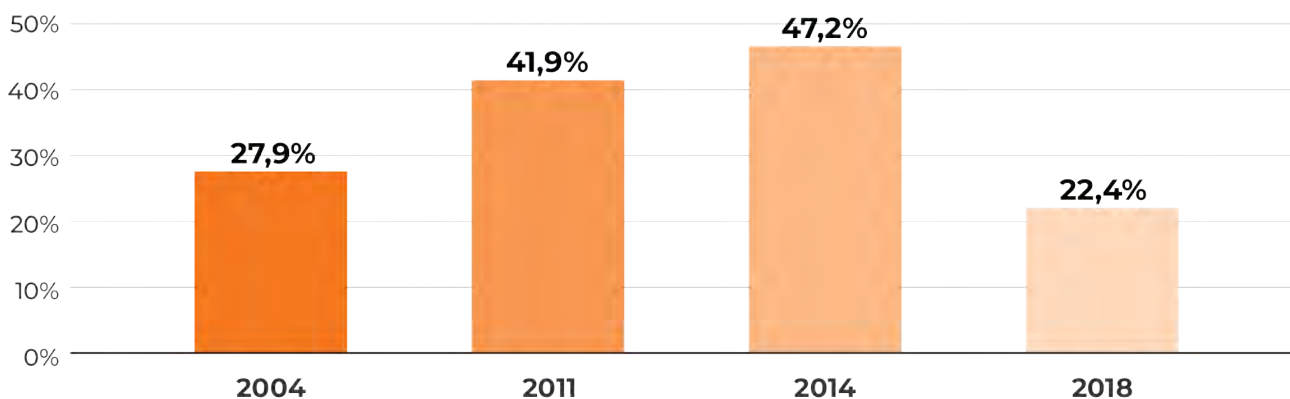


Chart 19: Evolution in the proportion of women aged 15-49 who say they have been subjected to emotional violence by their partner over the period 2004-2018.

Source: INS, CAMEROON DHS-III 2004, EDS-MICS 2011, MICS, 2014 and CAMEROON DHS-V 2018

By level of education, women with secondary education or higher were most affected in 2004 (33.6%), but in 2011 it was those with primary education who were most affected (44.0%). In 2018, the proportions have decreased overall, but women with primary education are still the most vulnerable (26.1%).

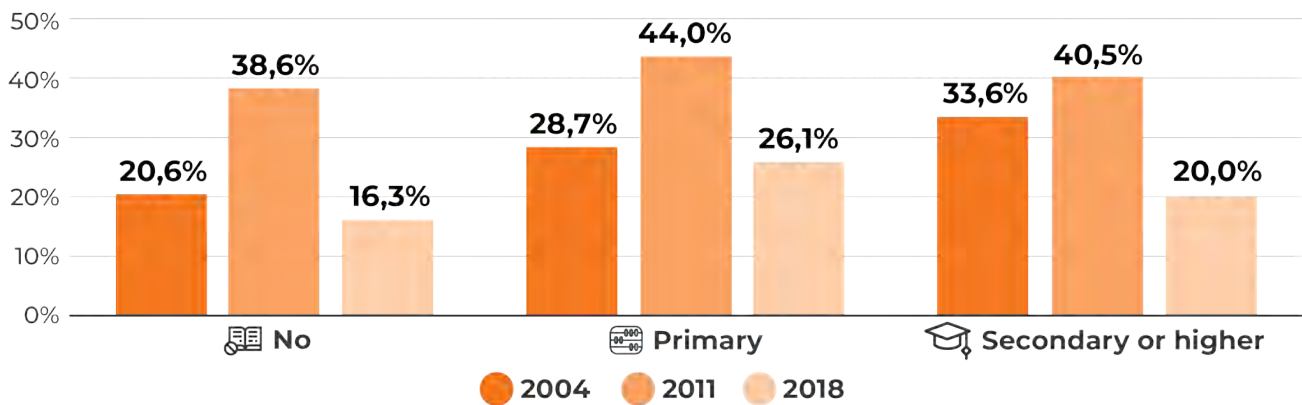


Chart 20: Percentage of women survivors of emotional violence perpetrated by their partner by survivor's level of education over the period 2004-2018.

Source: INS, CAMEROON DHS-III 2004, CAMEROON DHS-IV 2011 and CAMEROON DHS-V 2018

In terms of place of residence, women in urban areas were slightly more affected in 2004 (29.4% compared with 26.4% in rural areas), but this trend was reversed in 2011 and 2018, when it was women in rural areas who had higher proportions (43.2% compared with 24.0% in urban areas in 2018). This suggests increased vulnerability due to isolation or limited access to support services.

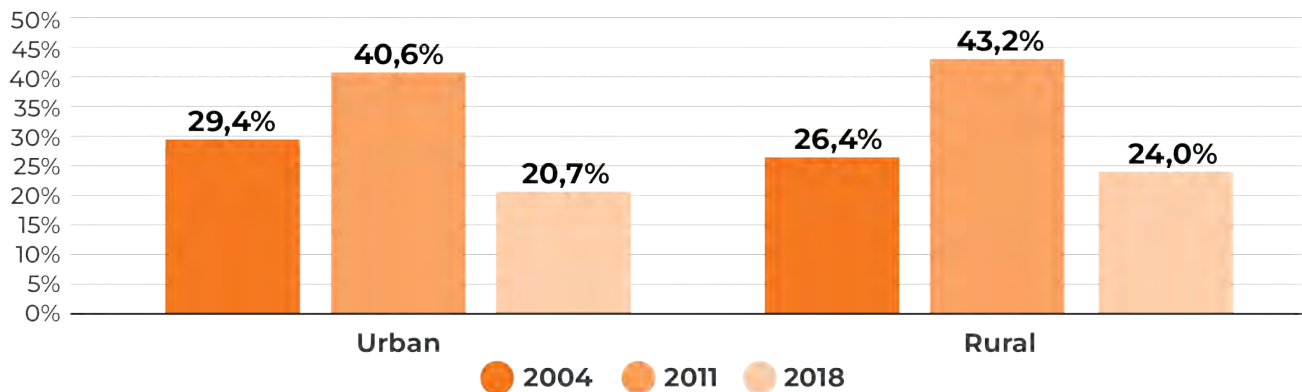


Chart 21: Percentage of female survivors of emotional violence by spouse by place of residence of the survivor over the period 2004-2018.

Source: INS, CAMEROON DHS-III 2004, CAMEROON DHS-IV 2011 and CAMEROON DHS-V 2018



2.1.1.4. Harmful cultural practices

Harmful cultural practices are a violation of human rights and endanger the sexual and reproductive health of women and girls. This study focused mainly on female genital mutilation (FGM), early marriage, breast ironing and widowhood rites.

Female genital mutilation (FGM) remains a deeply rooted practice in some Cameroonian communities, despite legislative efforts and awareness campaigns. Data from the CAMEROON DHS-III (2004) reveals that almost 50% of girls are mutilated between the ages of 5 and 9, while 20% are mutilated between the ages of 10 and 14, and one in five before the age of 5. The 2011 and 2018 DHS no longer collected this information, and the current situation may be different from that in 2004. Motivations include traditional beliefs related to virginity, hygiene and social acceptance, transcending religious affiliations (Muslim, Christian, animist). Although a national plan to combat the practice was adopted in 1998, it persists, particularly in rural areas and among poorly educated populations, highlighting the gap between political measures and their application on the ground. The main reasons for this resistance are social pressure, the persistence of patriarchal norms and the absence of effective sanctions, making it necessary to adopt an integrated approach combining education, female empowerment and the involvement of community leaders.

Early marriage remains a major challenge, with significant geographical and socio-economic disparities. According to the 2018 CAMEROON DHS-V, nearly 30% of women aged 20-24 were married before the age of 18, with peaks of 58% in the Adamawa and Far North regions, compared with 14-15% in Yaoundé and Douala. The median age at first marriage rose from 16.5 (1991) to 17.6 (2004), but has since stagnated, reflecting limited improvement. Key factors include poverty, poor access to education (56% of out-of-school girls aged 15-19 are married) and social norms that value early marriage. Although the law sets the minimum age for girls at 15, enforcement is uneven, and informal unions often escape state control.

Breast ironing involves applying a hot object to the breasts to prevent or delay their growth. For the same purpose, some mothers bandage their daughters' breasts. These practices can leave the victim with lasting pain, burns and complications when breastfeeding. The perpetrators generally do this to protect their daughters from the lust of men. Some mothers explained that they were trying to delay not only the onset of sexual activity, but also the age of marriage, sometimes to enable them to study: a motive shared by some teenage girls who have ironed their own breasts.

Widowhood rites are practised throughout Cameroon. Although degrading rites are implicitly prohibited by various international treaties ratified by Cameroon, they are not all specifically sanctioned by national laws.

2.1.1.5. Economic violence

The denial of resources is a form of economic violence based on gender. Women have increasingly less autonomy over how their own income is used. According to the *Enquête Emploi et Secteur Informel* (EESI), the percentage of women participating in decision-making about the use of the money they earn fell by 14 percentage points between 2011 and 2018—from 68% in 2011. This trend, drawn from EESI data, contrasts with figures cited from the Demographic and Health Survey (DHS) in the previous section, and underscores the persistent barriers to women's economic empowerment.

However, older women (aged 45-49) have more autonomy over the money they earn than younger women. Women living in the Adamawa, North and Far North regions appear to have more autonomy over the use of the money they earn. When the woman is the sole breadwinner, or when both spouses have similar incomes, decisions tend to be taken collectively within the couple. However, when the wife has no source of income, the husband/partner tends to decide alone how to use the money he earns.

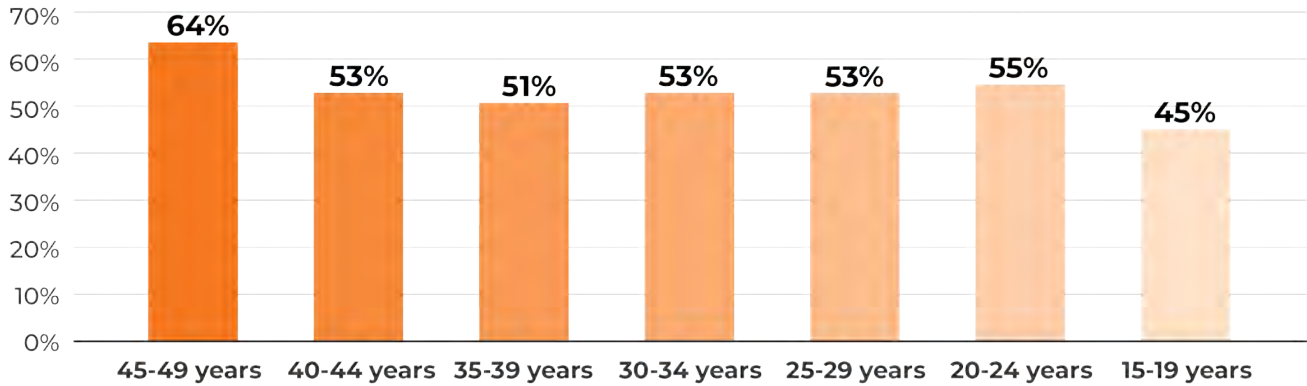


Chart 22: Proportion of women aged 15-49 who will mainly decide for themselves how to use the money they earn in 2021.

Source: EISS 3, Cameroon, 2021.

Women are increasingly involved in making certain important household decisions. Whereas in 2011, in most cases, it was the husband who mainly decided on the woman's health care, major household purchases and visits to the woman's family, in 2018 these decisions are in most cases taken by mutual agreement between the woman and her husband/partner. As for the man's health care, in most cases (59%), it is mainly the man who makes the decision (INS, 2020).

In short, the disparities between men and women in their contribution to economic development reveal persistent inequalities in Cameroon. Despite efforts to reduce these disparities, a significant gap remains in various areas. In the area of employment, the employment rate for men is much higher than that for women, with a gap of 11 points between 2010 and 2021: 72% compared to 61% in 2010 and 57% compared to 46% in 2021 (chart 23). In 2021, more than half of all women were unemployed; the extended unemployment rate is also higher for women (11.0%) than for men (6.7%).

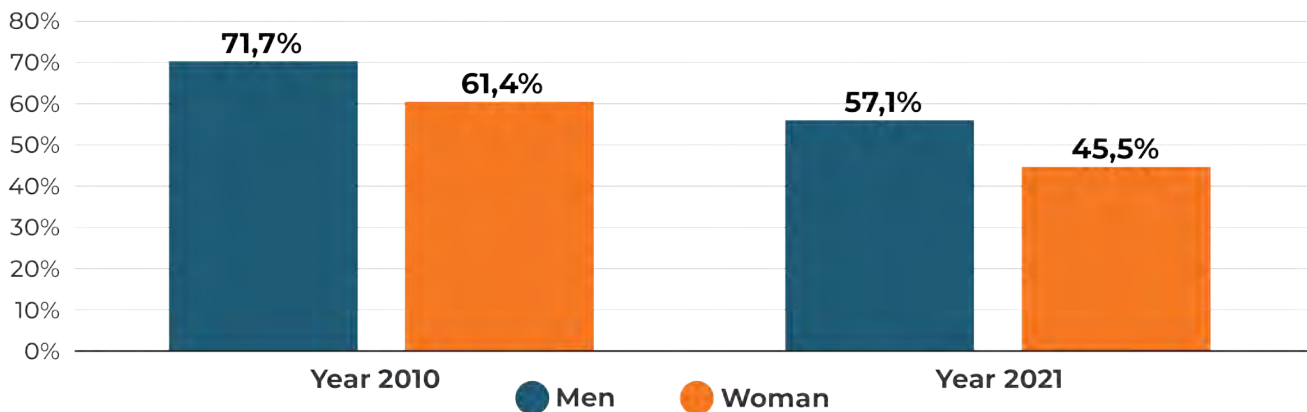


Chart 23: Trend in the employment rate for people aged 10 or over by gender between 2010 and 2021.

Source: EESI 2 and EESI 3, Cameroon, 2021.



About child labour, it was found that 5.0% of children aged 10-17 are in employment. The employment rate is much higher in rural areas (7.3%) than in urban areas (3.3%). By gender, the employment rate is higher for boys (6.3%) than for girls (3.7%). The 14-17 age group is three times more exposed than the 10-13 age group, regardless of gender (chart 24).

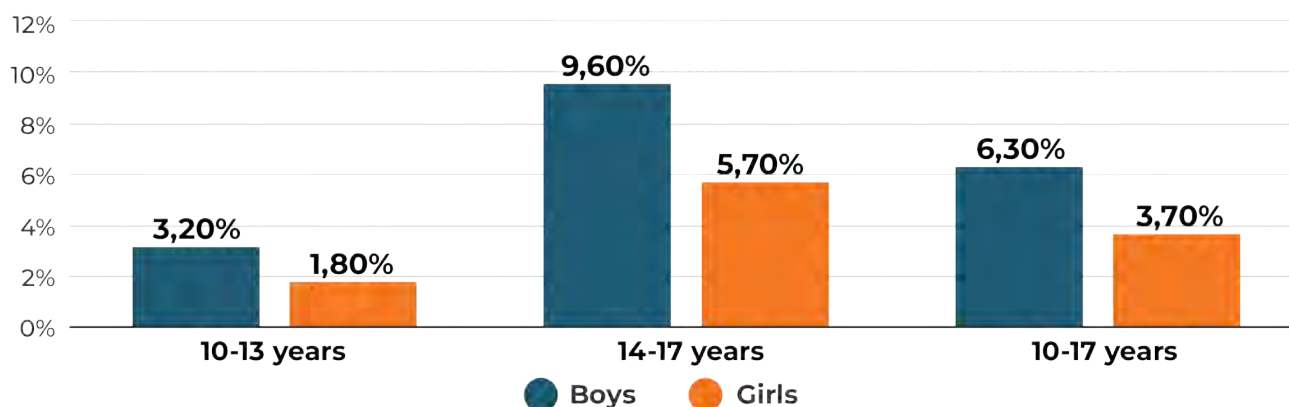


Chart 24: Employment rate for children aged 10-17 by gender in 2021

Source: EESI 3, Cameroon, 2021.

Depending on the sector of employment, women are relatively more numerous in the informal sector than men: 54% compared with 50% in non-agricultural informal employment and 37% compared with 33% in agricultural informal employment. Men (10%) outnumber women (6%) in the public sector. In the formal private sector, there are half as many men as women (chart 25).

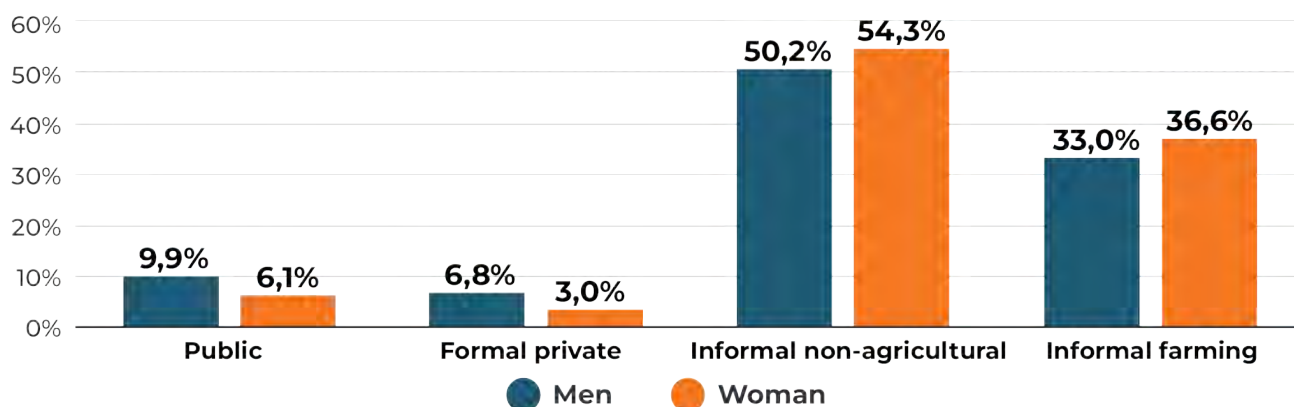


Chart 25: Proportion of people aged 10 and over in employment in 2021.

Source: EESI 3, Cameroon, 2021

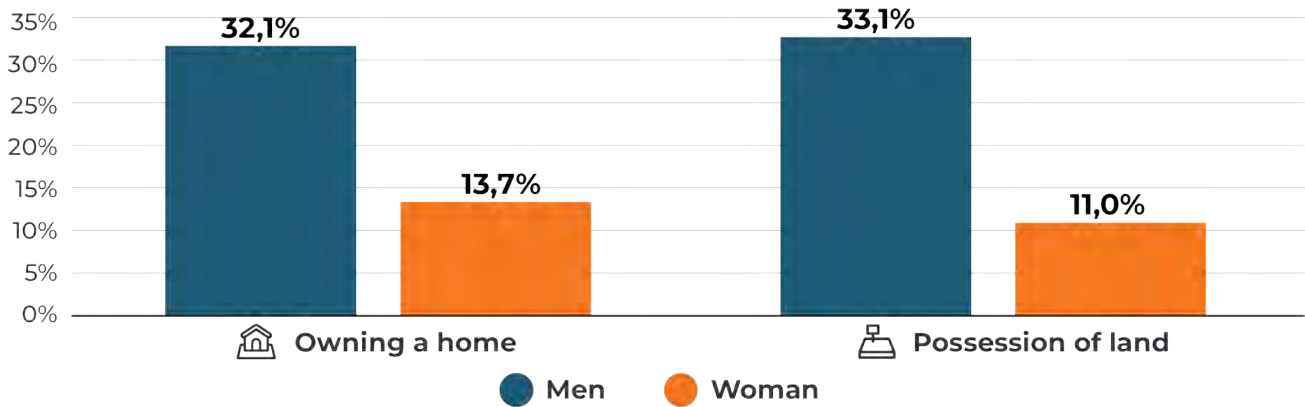


Chart 26: Breakdown of respondents by gender and type of property owned.

Source: CAMEROON DHS 2018

In terms of access to resources, men are twice as likely as women to own a house and three times as likely to own land. Disparities are also observed in terms of ownership of property, particularly in terms of specifying the owner's name on the land title.

2.1.1.6. Social violence

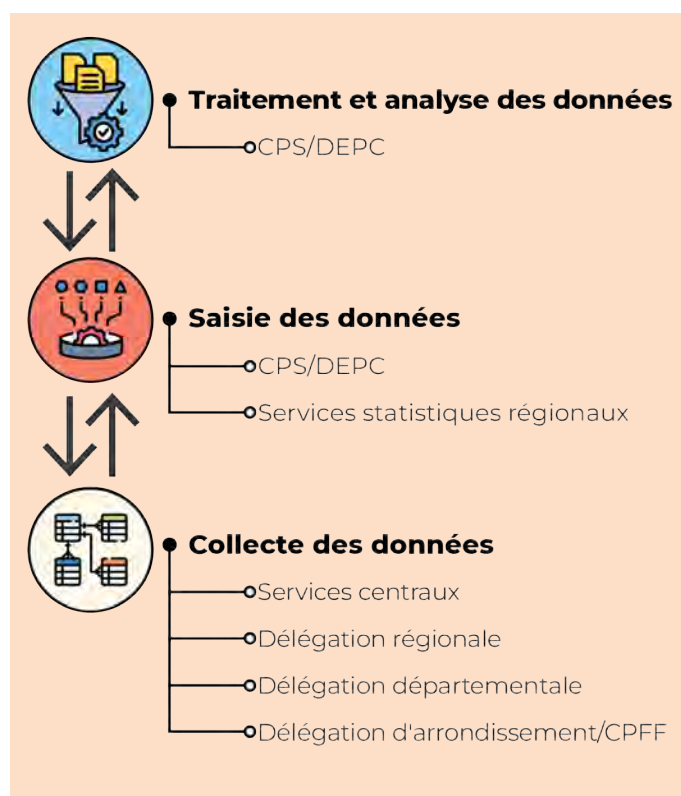
Social violence, although often invisible, is a devastating reality that hampers the social life of individuals. In Cameroon, this form of violence manifests itself in a variety of ways, including legal, cultural, spatial and institutional, particularly affecting women, ethnic minorities, the elderly and political opponents. The various facets of this violence include forced isolation, control of interpersonal relationships and geographical restrictions, such as those observed in the conflict-ridden English-speaking regions. In addition, discriminatory cultural practices, such as the exclusion of widows or the marginalisation of disabled people, illustrate the extent of this problem within Cameroonian society.

An analysis of the statistics reveals the alarming scale of social violence in Cameroon. A study by the NIS (2022) shows that 30% of women in rural areas are confined to their homes by their husbands. About vulnerable minorities, Handicap International (2023) points out that 60% of disabled people have no access to public spaces. Finally, the World Health Organisation (WHO Cameroon, 2023) reports a 40% increase in cases of depression in conflict zones. These data highlight the tragic consequences of social violence on the mental health and well-being of the populations affected.

2.1.2. Data from administrative sources

Data from administrative sources on GBV in Cameroon play a crucial role in understanding and analysing this worrying societal phenomenon. This data, collected by various government agencies and institutions, makes it possible to quantify the extent of GBV, identify trends and better target interventions. However, many cases of GBV go unreported and many events that occur in communities are not documented by public services. By integrating information from social services, health and other sectors, these statistics provide an overview of the challenges faced by victims and help to guide public policies and awareness-raising programmes. Administrative data obtained from specialised structures in this area for the year 2024 were analysed. This includes data from the following organisations:

- **Ministry for the Promotion of Women and the Family (MINPROFF).** MINPROFF's Statistical Information System (SIS) operates in three stages, first data collection by users who report cases of GBV in various centres. The regional statistical services then enter and centralise the data before sending it to the Planning and Statistics Unit (CPS) at central level. Finally, the CPS processes and analyses the data collected to draw conclusions. The data shown in table 2 were collected by MINPROFF's central service in March 2025.



The Statistical Information System (SIS) at MINPROFF operates in three stages:

- *Data collection. Users report cases of GBV to the Women and Family Promotion Centres (CPFF), the District Delegations (DAPROFF), the Departmental Delegations (DDPROFF), the Regional Delegations (DRPROFF) and the Technical Departments.*
- *Data entry. This is done by the regional statistical services, which are responsible for centralising the data from the decentralised services before sending them to the Planning and Statistics Unit (CPS) at central level. At central level, the CPS is responsible for data entry.*
- *Processing and analysis. Once the data has been collected and entered, it is all sent to the CPS where it is processed and analysed.*

Figure 1: Flow of GBV data in MINPROFF's SIS

Source: DPSF, MINPROFF

- **Délégation Générale à la Sûreté Nationale (DGSN):** It mainly collects data on sexual violence through law enforcement mechanisms, focusing on criminal investigations, documentation of cases and judicial follow-up. Survivors can report incidents at police stations, where officers specially trained to combat sexual violence record complaints. Some police stations have offices dedicated to gender issues, ensuring a confidential reporting process centred on survivors. Information on cases is recorded in manual registers as well as in digital crime databases, providing an essential source for national crime statistics. Finally, the DGSN publishes annual crime reports, including statistics on GBV. These reports are shared with various government agencies such as MINPROFF and MINJUSTICE, as well as with international partners such as Interpol and the United Nations Office on Drugs and Crime (UNODC). The data available to the DGSN came from the gender desks of the central police stations in KUMBA, Buea, Limbe and Kousseri, but was not available for a full year. Some police stations have gender desks responsible for dealing with cases of GBV. These gender desks do not exist in all police stations, and data collection and transmission to the Délégation Générale à la Sûreté Nationale still face many structural difficulties (lack of equipment and staff, non-existence of a common data collection tool, etc.);
- **Ministry of Public Health (MINSANTE):** MINSANTE's administrative data on GBV are obtained from DHIS2. In 2024, MINSANTE collected information on survivors of rape and intimate partner violence in all health facilities (hospitals).

2.1.2.1. Sexual violence

Administrative data on GBV provides additional insight into the cases reported to the relevant institutions. The Ministry for the Promotion of Women and the Family (MINPROFF) recorded 6,626 cases of GBV in 2024, including 142 rapes, with marked regional disparities. The Délégation Générale à la Sûreté Nationale (DGSN) documents incidents of rape and sexual harassment via its gender desks in certain police stations, although the lack of complete annual data at central level and the difficulties involved in collecting it limit the scope of this information. Thanks to its DHIS2 system, the Ministry of Public Health (MINSANTE) recorded 5,741 cases of GBV in 2024, including 2,221 rapes and 3,520 cases of violence inflicted by an intimate partner, with a notable concentration in the Centre and Littoral regions. These statistics, which are the highest among administrative sources, do not, however, cover all forms of GBV. The discrepancies between the data from MINPROFF, the DGSN and MINSANTE probably reflect differences in the services offered and the reporting mechanisms, highlighting the need for methodological harmonisation.

2.1.2.2. Physical violence

Data from administrative sources provide additional insight into the physical violence reported to the relevant institutions. The Ministry for the Promotion of Women and the Family (MINPROFF) recorded 1,893 physical assaults in 2024, making it the second most frequent form of violence after the denial of resources. An analysis by region of Cameroon reveals particularly active hotbeds of violence, notably in the South-West (445 cases), the Centre (220 cases) and the East (156 cases). At the same time, the Ministry of Public Health (MINSANTE), via its DHIS2 system, recorded 3,520 cases of violence inflicted by an intimate partner, a category that includes physical violence in a marital context. The Centre (1,163 cases) and Littoral (480 cases) regions were the most affected. The Délégation Générale à la Sûreté Nationale (DGSN), for its part, documents cases of "assault and battery" via its gender desks, but the data available remain fragmentary (for example, 1 case recorded in Limbe in March 2024). These discrepancies between institutions reflect differences in the services offered and reporting channels, underlining the need to harmonise methodologies.

2.1.2.3. Emotional or psychological violence

Data from administrative sources have gaps in the collection of data specific to psychological violence. This makes it difficult to accurately assess the national scale of psychological violence using these institutional data sources. However, the Ministry for the Promotion of Women and the Family (MINPROFF) recorded 2,265 cases of psychological violence in the 10 regions of Cameroon, with a higher number of cases in the Centre region (417 cases) in 2024.

2.1.2.4. Harmful cultural practices

Statistics from administrative sources, although useful, reflect only a fraction of the reality, being limited to officially declared cases. For example, in 2024, the Ministry for the Promotion of Women and the Family (MINPROFF) recorded nearly 271 cases of forced marriage, 169 of which were in the Far North region. Data from the DGSN and the Ministry of Public Health (MINSANTE), presented in other reports, do not explicitly mention FGM, breast ironing or widowhood rites, reinforcing the hypothesis that these practices are structurally minimised in official statistics.

2.1.2.5. Economic violence

Data on economic violence from administrative sources only capture a fraction of cases, as they are closely linked to reporting mechanisms. For example, of the 6,626 cases of GBV recorded nationally in 2024 by the Ministry for the Promotion of Women and the Family (MINPROFF), 1,460 cases involved the denial of resources, which makes it the second most reported form of GBV, after physical violence. Regional disparities were also observed, with peaks in the Far North (418 cases) and Centre (134 cases) regions.

2.1.2.6. On social violence

Social violence, although often invisible, is a devastating reality that hampers the social life of individuals. In Cameroon, this form of violence manifests itself in a variety of ways, including legal, cultural, spatial



and institutional, affecting particularly women, ethnic minorities, the elderly and political opponents. The various facets of this violence include forced isolation, control of interpersonal relationships and geographical restrictions, such as those observed in the conflict-ridden English-speaking regions. In addition, discriminatory cultural practices, such as the exclusion of widows or the marginalisation of disabled people, illustrate the extent of this problem within Cameroonian society.

BOX 2. COMPARATIVE ANALYSIS OF GBV DATA

The data collected from MINPROFF, MINSANTE and the DGSN reveal contrasting trends, reflecting both regional dynamics and the structural limitations of GBV data collection systems in Cameroon.

1. Contrasting trends according to institutional sources

MINPROFF recorded 6,626 cases of GBV in 2024, with a predominance of physical assaults (1,893 cases) and denial of resources (1,460 cases). These forms of violence are particularly concentrated in the Far North and South West regions, which alone account for 42% of the cases recorded nationally. This regional weight may be linked to persistent insecurity, but also to the persistence of discriminatory socio-cultural norms.

MINSANTE reports 5,741 cases of GBV recorded in health facilities. The data show a marked prevalence of domestic violence (3,520 cases) and sexual violence, particularly rape (2,221 cases). These cases are mainly concentrated in the Centre and Littoral regions, where health facilities are more accessible. This contrast suggests that, in better-served urban areas, victims are more likely to turn to health services, whereas in rural or crisis areas, they are more likely to turn to social services, such as those provided by MINPROFF

2. Uneven geographical coverage of DGSN data

The DGSN, whose data comes from police stations, provides more targeted and localised figures, but on a limited sample. In March 2024, for example, 25 cases of domestic violence were recorded in Limbe, and several cases of rape were reported in Kumba and Limbe.

However, these data remain limited to a few specific localities and periods. For example, while the Far North is one of the regions most affected according to MINPROFF, the DGSN recorded only 9 cases in Kousseri in 2023. This disparity suggests probable under-reporting in several regions, influenced by the uneven presence of gender desks in police stations and by the persistent mistrust of many victims towards the forces of law and order.

3. Gaps and limitations in collection systems

Cross-analysis of the data reveals structural flaws in the current GBV monitoring systems. MINPROFF lists 76 cases that have not been classified, illustrating the difficulties in categorising or processing certain cases. Although MINSANTE has the largest volume of data, its system does not include certain specific forms of violence, such as forced marriage or female genital mutilation (FGM). As for the DGSN, its ability to capture the true scale of the phenomenon is limited to areas where there is an active and aware police station.

Conclusion and recommendations

These discrepancies between institutional sources reflect a fragmentation of information systems and partial coverage of the phenomenon at national level. Harmonisation of data collection methodologies, supported by standardised and interoperable tools, is essential. It is also recommended that reporting mechanisms be strengthened through inter-institutional collaboration between social, legal and medical players. Such an integrated approach would ensure holistic care for survivors, improve the quality of data and enhance the effectiveness of national strategies to combat GBV.

2.1.3. Crisis zone data

The GBVIMS (Gender-Based Violence Information Management System), implemented by UNFPA in Cameroon, is a standardised system for collecting, storing, analysing and securely sharing data on incidents of GBV. It aims to improve coordination between humanitarian and governmental actors, strengthen the protection of survivors and guide evidence-based multi-sectoral responses. Adapted to the Cameroonian context, particularly in regions affected by humanitarian crises (Far North, North West, South West), the GBVIMS enables regular reports to be produced while ensuring confidentiality and ethics in data management.

2.1.3.1. Sexual violence

The GBVIMS reported 2,386 incidents in the North-West and South-West regions of Cameroon in the first half of 2023, 15.5% of which involved sexual violence. These incidents mainly included cases of rape and sexual abuse. Most of the sexual violence was perpetrated by intimate partners, accounting for 69.5% of reported cases of rape. In addition, 4.3% of the sexually abused survivors were children, and 2.9% were married at an early age, which constitutes a serious violation of children's rights.

2.1.3.2. Physical violence

Contrary to claims that the GBVIMS does not capture data on physical violence, the system does in fact collect such information. In the North West and South West regions, 20.2% of incidents recorded through the GBVIMS relate to physical assaults. These acts of violence may include beatings, injuries, or other forms of physical attack. Most incidents occur within intimate relationships or domestic settings, highlighting the persistent physical insecurity faced by women and girls.

2.1.3.3. Emotional or psychological violence

Emotional or psychological violence accounts for 21.7% of the cases recorded by the GBVIMS. These forms of violence include insults, humiliation, intimidation, verbal threats and social isolation. Such violence is often chronic and has lasting effects on the mental health and psychological well-being of survivors, especially in a context of social and security instability.

2.1.3.4. Harmful cultural practices

The system documented that 5.2% of incidents involved forced marriages, often imposed by the family or under community pressure. At the same time, 2.9% of incidents involved early marriages, particularly of young girls, often under the legal age. These practices are linked to persistent socio-cultural norms that violate the fundamental rights of girls, particularly in situations of vulnerability due to conflict.

2.1.3.5. Economic violence

Denial of resources, opportunities or services, considered a form of economic violence, is the most frequent category according to GBVIMS data, accounting for 37.6% of cases. It includes denial of access to money, education, work, property or medical care. This form of violence reduces the survivors' economic autonomy and increases their dependence on the perpetrators.

2.1.3.6. Social violence

The Office of the United Nations High Commissioner for Refugees (UNHCR) has estimated that more than 700,000 people will be displaced by conflict in the English-speaking regions of Cameroon by 2023. This situation leads to family dislocation, loss of livelihood, and exposes women and girls to various forms of violence, including sexual, economic and psychological violence, in displacement sites or host communities. This type of violence, although difficult to quantify statistically, is an aggravating factor across the board.

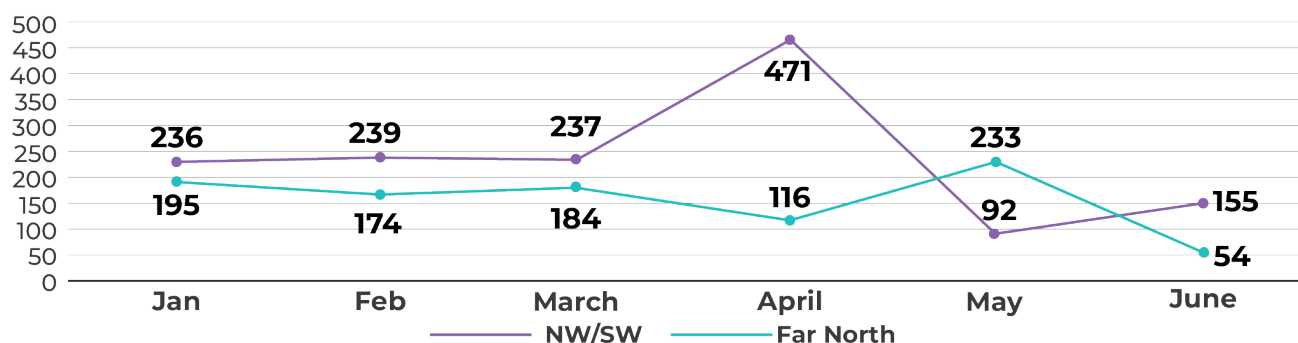


Chart 27: Cases of GBV survivors recorded by the GBVIMS

Source: GBVIMS Statistics Cameroon, 1st semester 2023

BOX 3. CROSS-SECTIONAL DATA ON GBV IN CRISIS SITUATIONS

- Gender of survivors: 97% women, 3% men.
- Marital status: 55% married, 31% single, 9% divorced/separated, 5% widowed.
- Profile of the perpetrators:
 - 73.7% of the perpetrators were intimate partners or former partners.
 - 7% were family members other than the spouse.
 - 4.4% were members of the resident community.
 - 4.3% were primary carers.
- Time of incident :
 - 41.5% in the evening or at night.
 - 24.8% in the morning.
 - 18.6% in the afternoon.
 - 15.3% at unknown times.
- Reporting timeliness:
 - 29% of cases reported within 0 to 3 days.
 - 35% after more than a month
- Access to services:
 - 93.6% received psychosocial support.
 - 23.9% had access to medical or health services.
 - 8.6% received legal assistance.
 - 28.7% were referred to other providers.
 - Other services provided: safe shelter, security, livelihoods, child protection.

| Type of GBV | Proportion (%) | Further details |
|----------------------------------|------------------------------|--|
| Sexual violence | 15,5% | 69.5% rape by intimate partners, 4.3% child abuse, 2.9% early marriage |
| Physical violence | 20,2% | Physical assaults, often in the home |
| Emotional/psychological violence | 21,7% | Insults, humiliation, threats, isolation |
| Harmful cultural practices | 5.2% (forced) + 2.9% (early) | Early and forced marriages |
| Economic violence | 37,6% | Denial of resources, opportunities or services |
| Social violence | Not quantified | Forced displacement, increased vulnerability in host countries |

2.1.4. Other sources of data

The use of alternative data sources is gradually becoming an essential tool for gaining a better understanding of the complexity of GBV in Cameroon. Complementing data from administrative systems and national surveys, these sources - although unconventional - offer new and often more responsive perspectives. They make it possible to document cases not captured by traditional channels, to identify early signals of crises (for example, online hate speech) and to better target interventions, especially in contexts where traditional data is insufficient or fragmented. Several of these sources - including the feminist platform Griote.tv, the care services of the Association de Lutte contre les Violences faites aux Femmes (ALVF), and the activities of the GBV prevention and response programme implemented by UNFPA - shed complementary light on the different types of GBV. These include:

- **Griote TV:** This is a feminist digital media in Cameroon that has developed a rigorous method of collecting and analysing data on GBV, particularly femicide. Since 2019, their team has been conducting in-depth field investigations, based on direct testimonies, press reports, community sources and cross-checks with local authorities. Each documented case is classified according to specific categories such as marital crimes, murders linked to insecurity, matricides or fratricides. Griote.tv is a key player in documenting GBV in Cameroon.
- **Prevention and response programme for survivors of GBV:** This is a programme set up by UNFPA to provide services and information on gender-based violence.
- **Branch Centre of the Association de Lutte Contre les Violences Faites aux Femmes (ALVF):** This is a care centre that receives survivors who come on their own initiative. In 2024, the centre's ALVF branch, which operates autonomously like the other two AFVF branches (in Bafoussam and Douala), dealt with 37 cases of survivors of domestic violence, 5 cases of survivors of sexual violence and only 1 case of survivors of physical violence (chart 28).

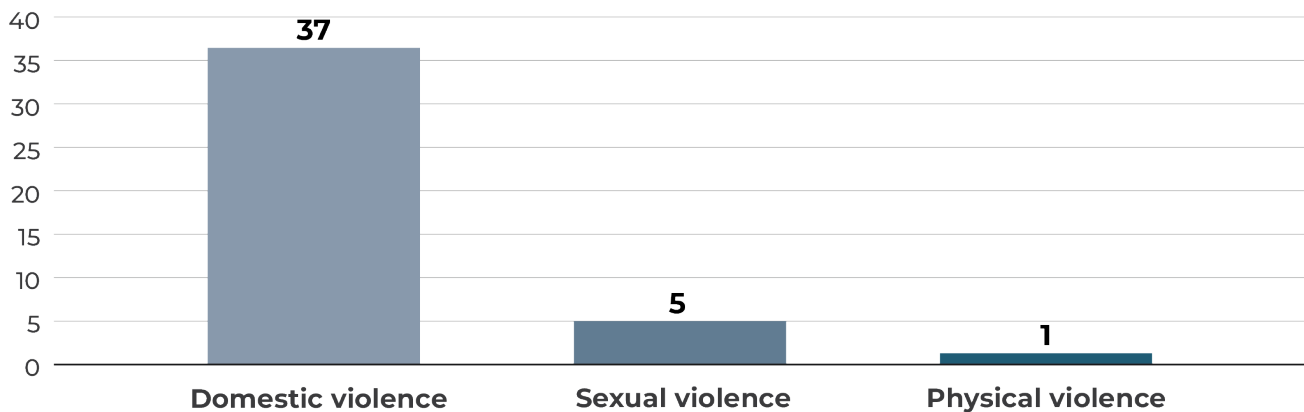


Chart 28: Number of GBV survivors cared for by the ALVF Centre in 2024.

Source: ALVF Centre region, 2024.

It should be noted here that these cases of domestic violence included different types of violence (physical, psychological/emotional, sexual and economic). One of the major limitations of these data is that the type of domestic violence reported was not specified, given that domestic violence also includes sexual violence and physical violence



2.1.4.1. Sexual violence

Sexual violence remains one of the most serious and taboo forms of GBV. In 2024, the ALVF's Centre branch dealt with five cases of survivors of sexual violence. Although this figure may seem small, it is indicative of the many barriers to reporting: fear of stigmatisation, lack of protection and limited trust in institutions. Griote.tv has also documented several cases of femicide preceded by rape. Among the cases reported in January 2025, two women were raped before being killed, illustrating the extreme brutality of certain forms of sexual violence. This data sheds light on forms of violence that are often ignored in official reports.

2.1.4.2. Physical violence

Physical violence appears explicitly in the alternative sources, particularly through the feminicides recorded. Since 2019, Griote.tv has been carrying out rigorous citizen documentation based on field investigations, eyewitness accounts and cross-checks with the authorities. In January 2025, several cases of women killed were reported, some of which directly involved intimate partners or family members. These tragic deaths illustrate the ultimate consequence of physical violence, often preceded by long periods of abuse. The ALVF, Centre branch, recorded one explicit case of physical violence, in addition to the 37 cases of domestic violence, in which physical violence is frequently present but rarely detailed.

2.1.4.3. Psychological or emotional violence

Psychological or emotional violence is more difficult to document, not least because it is often invisible and subjective. No separate figures were found in the alternative sources analysed. However, it is likely that a significant proportion of the domestic violence recorded by the ALVF - which includes several forms of violence - includes psychological violence. This highlights the need to improve data categorisation to better identify the extent of this form of violence, which has considerable long-term effects on the mental health and autonomy of survivors.

2.1.4.4. Harmful cultural practices

No specific data on harmful cultural practices (early marriage, female genital mutilation, etc.) was found in the alternative sources consulted. This silence may be interpreted as a lack of media or community coverage on the subject, or as a lack of mobilisation of stakeholders around this specific category of GBV. More systematic documentation of these practices, which are often rooted in deeply entrenched social norms, should be encouraged.

2.1.4.5. Economic violence

There are few details of economic violence in the data from alternative structures. The ALVF includes it in the broader category of domestic violence, without offering a clear breakdown. This makes it difficult to carry out a detailed analysis of their frequency and nature (deprivation of resources, ban on working, confiscation of income, etc.). This lack of precision is a major limitation to understanding the dynamics of economic control within households, a phenomenon that is widespread and structurally linked to gender inequality.

2.1.4.6. Social violence

Social violence, though often indirect and less visible, plays a structurally significant role in shaping inequalities. While some recent studies have begun to shed light on these issues, coverage remains limited. The available evidence points to forms of violence that are frequently overlooked yet have deep and lasting impacts on the social inclusion, mental health, and overall well-being of marginalized populations.

BOX 4. FEMINICIDE IN CAMEROON: A SOCIETAL ALERT

In at least three cases clearly identified in 2025, the intimate partner was involved:

- On 1 January in Douala, Aurelie Murielle Nya, aged 24, was found lying on the ground, and her partner was arrested;
- On 24 January in Obala, Kati died a few days after being beaten by her military husband;
- On 27 January in Mora, 19-year-old Nafissatou Babarou died because of a marital rape.

In the case of 1 January in Douala (Bependa), Carine, aged 27, was discovered in a state of putrefaction in her bedroom, and her partner is being sought.



Data collected by Griote.tv on femicides in January 2025 paints a disturbing picture of lethal violence against women in Cameroon. Documented cases reveal murders in marital or family contexts, or because of sexual violence. For example, three victims were killed by their intimate partners, and others were entrapped or abducted before being murdered. Some victims suffered sexual violence before being killed, as in the cases reported in Dschang and Yaoundé. The platform also notes cases of murder within the family, in particular matricide.

These cases are not limited to isolated acts but reflect a structural phenomenon. Their recurrence highlights the need for a stronger national response in terms of prevention, protection and justice for survivors and women at risk. Griote.tv's work, based on community-based data collection and rigorous verification of cases, is helping to break the silence surrounding these crimes, which are often ignored or played down in official reports.

Figure 2 : Femicide cases recorded in January 2025.

Source : Griote.tv

Violence also occurs within the extended family: On 3 January in Bafoussam, Tatiana Noubissie died after being beaten by her partner. The term "companion" may refer to an intimate partner, but the context suggests a violent domestic relationship. Tragically, on 23 January in Mokong, a matricide (a woman killed by her son) was recorded.

There have also been reports of sexual violence followed by murder:

- Pauline Flore Atenkeng was raped and killed in Dschang on 11 January.



On 23 January in Yaoundé, Angèle Ekole was also raped and killed in the family home, and her body mutilated.



Figure 3: Women victims of femicide in 2025. Photo credit: griote.tv - © All rights reserved.

Some cases involve disturbing and potentially premeditated circumstances: On 18 January in Kribi, Darolle was trapped after a false job offer, then kidnapped and killed. This case suggests deliberate planning and intent to cause harm. On 10 January in Dschang, a woman was killed by her 40-year-old son.

Conclusion

Administrative data on GBV in Cameroon is incomplete, heterogeneous and unreliable due to under-reporting, lack of staff training, variable collection methods and the absence of a centralised database, which limits its use for effective policies.

Data from alternative sources (GBVIMS, griote.tv, UNFPA, ALVF) reveal common trends but also marked discrepancies. They highlight the prevalence of domestic violence, with different approaches and levels of detail, underlining the seriousness of certain forms of GBV and the limits of current coverage.

The heterogeneity of the methodologies and collection criteria limits direct comparability. For example, GBVIMS and UNFPA focus on standardised quantitative indicators (types of violence, services offered), while griote.tv relies on media accounts, offering contextual granularity but without systematisation. The ALVF data, while accurate, suffers from a lack of detail on the sub-types of violence (physical versus sexual within domestic violence), which blurs the fine-grained analysis. These discrepancies reflect a major issue: the lack of a unified data collection framework, as the report notes, hampers the overall assessment of GBV. Nevertheless, the complementary nature of the sources sheds light on distinct aspects of the phenomenon - from structural dynamics (GBVIMS) to institutional responses (UNFPA) to individual accounts (griote.tv).

2.2. CAUSES AND CONSEQUENCES OF GBV

2.2.1. Structural, social and economic causes of GBV

2.2.1.1. Discriminatory patriarchal social and cultural norms

In Cameroon, deeply patriarchal social norms maintain male domination and the submission of women, perpetuating a system in which violence against women is often tolerated or even justified. According to the DHS, 30% of women aged between 20 and 24 were married before the age of 18. In the Far North and Adamawa regions, this rate exceeds 58%. Harmful traditional practices such as breast ironing, humiliating widowhood rites and female genital mutilation are still observed. In addition, 64% of physical violence is perpetrated by current spouses, reflecting the fact that domestic violence is becoming commonplace.

2.2.1.2. Economic inequalities and financial dependence

MINPROFF data reveals that the denial of resources is the second most frequent form of GBV recorded in 2024, with 1,460 cases. Women remain economically dependent: less than 46% of women aged 10 or over are employed, compared with 57% of men. Only 6% of women are employed in the public sector. Furthermore, a minority (25%) have sole control over the use of their income, which limits their decision-making power and makes them vulnerable to forms of economic violence.

2.2.1.3. Low level of education and unequal access to education

Education is a key factor in the prevention of GBV. Data shows that women with no education are three times more likely to experience sexual violence than those with secondary or higher education. Early marriage is strongly correlated with dropping out of school: 56% of girls aged 15 to 19 who are not in school are married, compared with only 13% of girls who are in school.

2.2.1.4. Armed conflict and prolonged insecurity

Crisis situations (North-West, South-West, Far-North) increase the vulnerability of women and girls. According to GBVIMS data, 2,386 cases of GBV were recorded in the North-West and South-West in the first half of 2023, 97% of which involved female survivors. Sexual violence accounted for 69.5% of cases, most of which were committed by intimate partners. Forced displacement, loss of income and the collapse of essential services increase the risk of violence and limit access to protection and care.

2.2.1.5. Incomplete legal framework and limited enforcement

Despite some progress, Cameroon still does not have a specific law on GBV. The current Penal Code does not specifically cover all forms of GBV, including economic, obstetric and digital violence. Customary courts, which are still influential in several regions, maintain discriminatory practices such as forced marriage and out-of-court settlements in cases of rape. This legal vacuum and the poor enforcement of existing laws encourage impunity.

2.2.2. Multidimensional consequences of GBV

2.2.2.1. Health consequences

Violence has a severe impact on the physical and reproductive health of survivors. In 2018, 7% of pregnant women said they had been victims of physical violence in the previous 12 months. Injuries, obstetric complications, sexually transmitted infections, including HIV, and unwanted pregnancies are common. The WHO has reported a 40% increase in cases of depression in conflict zones in 2023. Female genital mutilation and breast ironing cause chronic pain, hormonal disorders and breastfeeding problems.

2.2.2.2. Psychological and emotional consequences

Emotional and psychological violence has a profound effect on the self-esteem and mental health of survivors. Some 22.4% of women said they had been victims of emotional violence, mainly in the form of humiliation, threats or insults from their partner. These invisible traumas are often kept hidden, ag-



gravating anxiety disorders, depression and the risk of suicide. Rural women are the most affected (24% compared with 20.7% in urban areas).

2.2.2.3. Economic consequences

GBV directly affects the productivity and economic independence of survivors. Women who are victims of violence may lose their jobs, give up their economic activity or be prevented from accessing it by their aggressors. In 2021, only 46% of women were economically active, compared with 57% of men. Survivors also face high costs in accessing healthcare, legal services or shelter.

2.2.2.4. Family and intergenerational consequences

Violence in the home has a serious impact on children, who are either witnesses or indirect victims. Between 2004 and 2018, cases of violence between brothers and sisters tripled, rising from 3.8% to 11.9%. Repeated exposure to violence in childhood increases the risk of reproducing violent behaviour in adulthood. Furthermore, 5% of children aged between 10 and 17 work, often in precarious conditions where they may be exploited or victims of violence.

2.2.2.5. Institutional consequences

The institutional response to GBV is weakened by victims' loss of confidence and the fragmentation of systems. In 2023, 35% of survivors waited more than a month before reporting the incident, often for fear of reprisals or stigmatisation. The discrepancies between the statistics of MINPROFF, MINSANTE and the DGSN bear witness to the lack of coordination of data. This hampers strategic planning, monitoring and evaluation, and the allocation of resources.

Conclusion of the section

GBV in Cameroon is the result of a complex interaction between social inequalities, patriarchal norms, economic insecurity, the absence of a specific legal framework and institutional fragility. The persistence of GBV has far-reaching consequences for health, family stability, the economy and social cohesion. Systemic, multi-sectoral reform is urgently needed, with particular attention to prevention, justice, protection of survivors and empowerment of women and girls.

BOX 5: PRIORITY AREAS FOR IMPROVEMENT

The persistence of GBV in Cameroon reveals major shortcomings in prevention, care and response coordination. Analyses of the literature and interviews with key informants highlight several areas for improvement.

1. Strengthening community and institutional prevention

- Raising awareness: Stepping up information campaigns in schools and communities is crucial to breaking the silence and taboos.
- Changing social norms: Deconstructing sexist stereotypes and redefining masculinity are essential to preventing violence.
- Involvement of men: Greater inclusion of men in initiatives to combat discrimination remains a challenge, as men sometimes perceive policies as overprotective of women.
- Security force training: Police and gendarmerie gender desks are often poorly equipped, with officers not always familiar with the appropriate procedures.

2. Improving access to healthcare and support services

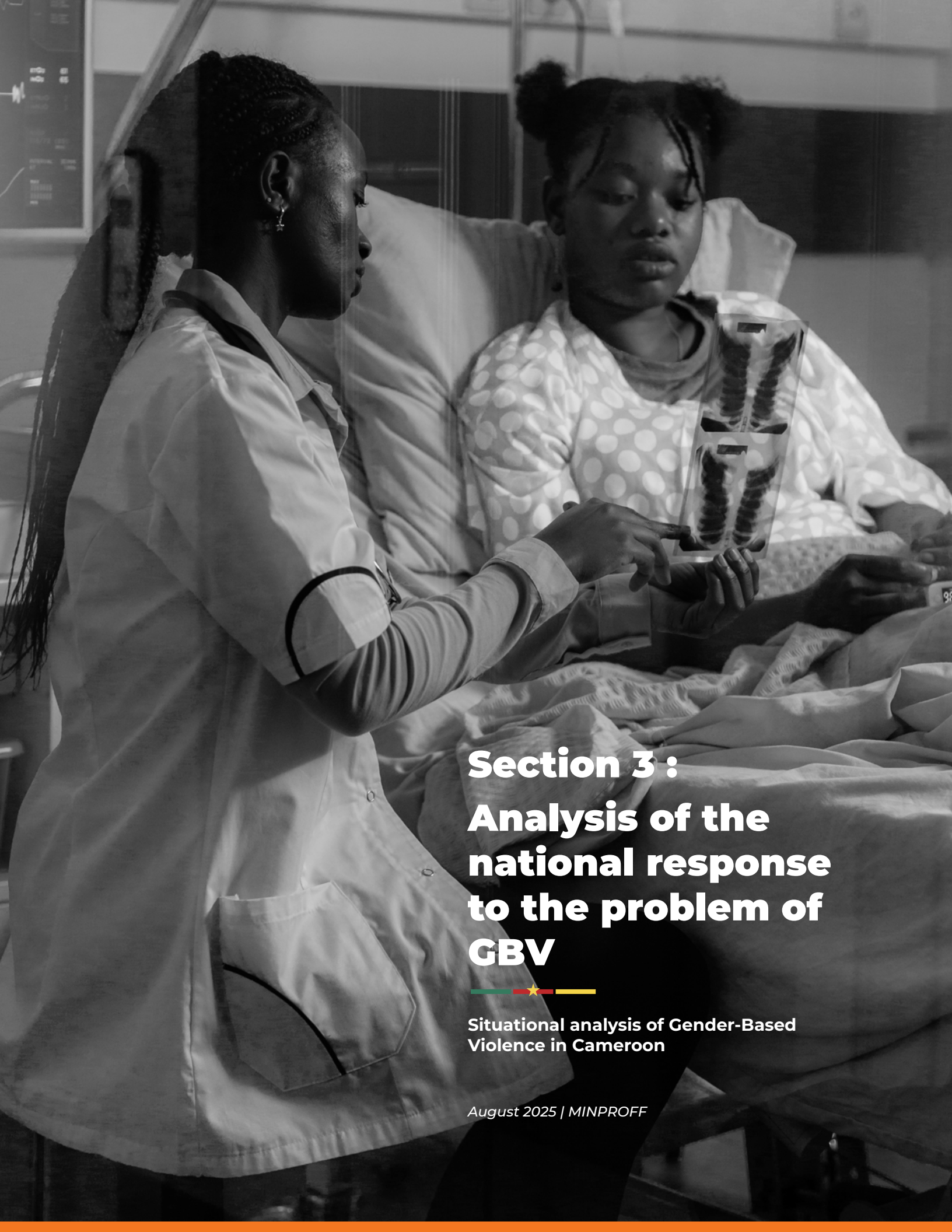
- Medical care: Few facilities provide comprehensive care for survivors, particularly in rural areas or prisons.
- Psychological support: The lack of specialist psychologists, particularly in prisons, limits diagnosis and appropriate support (Ngosso, 2023).
- Legal protection: Access to legal assistance remains limited, which is a barrier to filing complaints.
- Emergency accommodation: The supply of shelters is insufficient to meet growing needs.
- Economic empowerment: Support remains marginal due to the targeted funding of NGOs and the lack of sustainable resources (Bangoup, 2024).

3. Addressing institutional and structural weaknesses

- Data and planning: The lack of an integrated system for collecting and centralising data (despite contributions from GBVIMS or UNFPA) hampers strategic planning.
- Application of the law: The impunity of perpetrators, customary management of cases ("amicable settlements") and the absence of specific legislation on GBV hamper access to justice.
- Human and material resources: The shortage of trained staff, particularly in insecure areas (North-West, South-West, Far-North), is compromising care.
- Multi-sector co-ordination: The low level of mobilisation of the GBV working group in several regions, the lack of co-ordination between stakeholders and the absence of effective monitoring and evaluation are making interventions more fragile.

4. Ensuring inclusive and protective governance

The government is struggling to provide consistent support for young rape survivors, who are exposed to lasting health, psychological and social consequences. Recognition of GBV as a public health problem calls for strengthened, inclusive and gender-sensitive governance (Tamekem Ngoutsop, 2017).



Section 3 : Analysis of the national response to the problem of GBV



**Situational analysis of Gender-Based
Violence in Cameroon**

August 2025 | MINPROFF

GBV in Cameroon takes place in a multifaceted context. To present the response to GBV in Cameroon, we must first outline the normative framework in this area. This framework will examine the political, legal and economic context. We will also look at the main players involved in the fight against GBV in Cameroon daily. But first, we present the socio-demographic characteristics of the population in Cameroon.

Socio-demographic characteristics

Cameroon's population is characterised by rapid demographic growth (2.9% per year) and a youthful structure, with 44% under the age of 15 (RGPH, 2005). This dynamic is leading to increased pressure on social services, particularly education and health, with an estimated population of 28.8 million in 2024. Territorial distribution is uneven, with contrasts between urban and rural areas. Cameroon is also ethnically and religiously diverse: Christians (Catholics 38%, Protestants 26%) and Muslims (21%) dominate, while animism and new religions account for around 10%.

In socio-economic terms, despite sustained economic growth, 37.5% of the population lives below the poverty line (2014). The labour market is characterised by the predominance of the informal sector (90% of jobs) and chronic underemployment (70%). The official unemployment rate (3.84%) conceals widespread insecurity, particularly for women, young people and vulnerable groups (disabled people, minorities, people living with HIV/AIDS). These inequalities limit the impact of growth on inclusive development.

The demographic explosion is intensifying demand for education, with an increase of 22.5% in primary school enrolments and 24.9% in secondary school enrolments between 2010 and 2019. This pressure raises challenges in terms of school infrastructure and equitable access to education. At the same time, health needs are growing, requiring appropriate public policies to address socio-economic disparities and ensure sustainable development.

3.1. Regulatory and strategic framework

The Normative Framework refers to the main international, regional and national instruments for the protection of women and girls applicable in Cameroon. There is a great deal of literature on the subject (*Report by the State of Cameroon on the 25th anniversary of the Beijing Platform for Action, May 2019; Declaration by the Cameroon Human Rights Commission on the celebration of the International Day for the Elimination of Violence against Women (25 November 2023); National Action Plan for the Elimination of Female Genital Mutilation in Cameroon 2022-2026*). This normative framework includes, but is not limited to, the following:

3.1.1. Internationally:

3.1.1.1. Declarations and Resolutions

- Universal Declaration of Human Rights (10 December 1948)
- Declaration on the Protection of Women and Children in Emergency and Armed Conflict (1974)
- Declaration on the Elimination of Violence against Women (20 December 1993)
- United Nations Security Council Resolution 1325 on Women, Peace and Security (2000)
- United Nations Security Council Resolution 2106 on the prevention of sexual violence in conflict situations (2013)
- United Nations General Assembly Resolution A/C3/67/21/Rev on intensifying efforts to combat female genital mutilation (2013)

3.1.1.2. Agreements and covenants

- Geneva Convention relative to the Protection of Civilian Persons in Time of War and its Additional Protocols (1949)
- Equal Remuneration Convention (ILO) No. 100 (1951)
- International Convention on the Elimination of All Forms of Racial Discrimination (21 December 1965, ratified on 24 June 1971)



- International Covenant on Civil and Political Rights (16 December 1966, ratified on 27 June 1984)
- Optional Protocol to the International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights (16 December 1966, ratified on 27 June 1984)
- Convention on the Elimination of All Forms of Discrimination against Women (18 December 1979, ratified)
- Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (1999)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984, ratified)
- Convention on the Rights of the Child (1989, ratified)
- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)
- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)
- United Nations Convention against Transnational Organized Crime (2000)
- Additional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000)
- International Convention for the Protection of All Persons from Enforced Disappearance (2006)
- Convention on the Rights of Persons with Disabilities (2006)
- Optional Protocol to the Convention on the Rights of Persons with Disabilities (2006)
- ILO Convention No. 190 concerning the elimination of violence and harassment in the workplace (2019)

3.1.2. On a regional level

3.1.2.1. Conventions, Charters and Protocols

- African Charter on Human and Peoples' Rights (27 June 1981, ratified on 21 October 1986)
- African Charter on the Rights and Welfare of the Child (1990, ratified in 1997)
- African Convention on the Specific Aspects of Refugees (1969, entry into force 1974)
- Inter-African Convention to combat trafficking in persons (women and children)
- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) (2003, ratified by Cameroon)
- African Union Convention on Preventing and Combating Corruption (2003)
- African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention, 2009)
- African Youth Charter (2006)
- African Union Agenda 2063 (including the elimination of GBV as a strategic objective)
- African Union Convention on the Elimination of Violence against Women and Girls in Africa (Lomé, February 2025)

3.1.2.2. Related economic instruments

- Treaty on the Harmonisation of Business Law in Africa (OHADA, 1993) and its Uniform Acts

3.1.3. At national level

Cameroon's legal framework provides a set of laws that contribute to the protection of citizens. The preamble to the Constitution of 18 January 1996, like those of the protocols to the Constitutions (1961; 1972), proclaims that human beings, without distinction of race, religion, sex or belief, possess inalienable rights. The principle of the protection of women and girls is guaranteed both in the family and in the social, economic and political spheres (Mbouka Abena, 2024:101). This protection is governed by several articles, including:

3.1.3.1. Constitutional and penal texts

- Constitution of the Republic of Cameroon (20 January 1996; revised in 2008)
- Penal Code of Cameroon (Law No. 2016/007 of 12 July 2016 amending and supplementing certain provisions of Law No. 67/LF/1 of 12 June 1967 on the Penal Code)
 - Article 277: Genital mutilation
 - Article 302: Sexual harassment
 - Article 344: Corruption of young people
 - Article 350: Child abuse
 - Article 356: Forced marriage

Furthermore, Chapter V of the Code, entitled "*Offences against the child and the family*", and more specifically Article 338, entitled "*Violence against a pregnant woman*", stipulates that: "*Anyone who, by violence against a pregnant woman or a child in the process of being born, causes the death or permanent disability of the child, even unintentionally, shall be punished by imprisonment of between five (5) and ten (10) years and a fine of between one hundred thousand (100,000) and two million (2,000,000) francs*".

Although this article deals with violence against pregnant women, it does not really cover obstetric violence. The obstetric dimension of this violence is not defined. The lack of precision in many aspects of social life limits the effectiveness of Cameroon's legal framework in the fight against GBV.

3.1.3.2. Other sectoral legislation

- Labour Code (Law No. 92/007 of 14 August 1992)
- Law No. 2010/002 of 13 April 2010 on the protection and promotion of people with disabilities
- Law No. 2011/024 of 14 December 2011 on combating human trafficking and migrant smuggling
- Law N°2009/004 of 14 April 2009 on legal aid
- Law No. 2019/024 of 24 December 2019 on the General Code of Decentralised Local Authorities
- Law N°2019/014 of 19 July 2019 creating the National Human Rights Commission
- Project in progress: Specific law on the protection of women and girls against violence (under consideration)

3.1.3.3. Administrative and strategic instruments

Cameroon is a diverse nation with a variety of cultural and ethnic traditions. The legal system recognises human rights, particularly women's rights, through the constitution and international conventions. However, the application of these laws is sometimes limited, and discriminatory practices persist. In Cameroon, as in other African countries, there is legal pluralism, with civil law on the one hand and traditional jurisdictions on the other. These vary from region to region and from community to community, reflecting different value systems and modes of social and political organisation. Other regional differences may be influenced by economic or other factors. For example, conflicts in the North West and South West regions have created an environment where GBV is widespread. The fight against GBV is a concern of the government of Cameroon, in particular through:

National strategic frameworks

- Vision 2035 and National Development Strategy 2020-2030 (NDS30) - Pillar 2 (social protection and inclusion)
- National Gender Policy (PNG 2020-2030) - Priority 4: Preventing and responding to GBV
- Social Sector Development Strategy
- National strategy to combat gender-based violence 2022-2026



- National Action Plan for the implementation of United Nations Security Council Resolution 1325 (2nd generation)
- National action plan for the elimination of female genital mutilation

Implementation instruments and practical tools

- Terms of reference for local committees to combat female genital mutilation
- A practical guide to legal support for widows
- Legal support guide for widows (Ewondo version)
- Guide to legal support for widows (pidgin version)
- 1980 circular on the readmission of pregnant students
- Decrees and orders relating to women's access to land ownership
- Interministerial orders setting up committees to combat human trafficking (2010, 2013, 2014)
- Creation of Gender Desks in police stations (from 2019)
- Statements by the National Human Rights Commission on cyberstalking and the sale of children.

3.2. Main players

As part of the fight against GBV in Cameroon, a range of actions have been implemented, which can be clearly identified in the literature. Stakeholders include public institutions, development partners and civil society organisations (SNLVBG 2022-2026).

3.2.1. Government: public institutions

- **Ministry for the Promotion of Women and the Family (MINPROFF):** MINPROFF is responsible for developing and implementing measures relating to the respect of women's rights and the protection of the family. Decree No. 2012/638 of 21 December 2012 on the organisation of MINPROFF created a Department for the Social Advancement of Women, with certain responsibilities relating to, on the one hand, the implementation and monitoring of programmes for the protection and promotion of women's rights and gender in the political, economic, social and cultural spheres; and on the other hand, taking measures to eliminate discrimination prejudicial to the development of women. The Ministry for the Promotion of Women and the Family has a GBV sub-group, chaired by the Minister, which brings together all those involved in the fight against GBV in Cameroon, including technical and financial partners and civil society players, representing all ten regions of the country. These "GBV sub-groups" also exist at regional level.

To carry out its missions, MINPROFF has forged partnerships with agencies in the United Nations system such as the United Nations Population Fund (UNFPA) and the United Nations Organisation for the Empowerment of Women (ONUFEMMES). These collaborative frameworks have led to the establishment of survivor care units such as Call Centres and Safe Spaces within the Centres for the Promotion of Women and the Family, as well as Gender Desks within police stations. The purpose of these structures is to receive and support women and girl survivors of violence.

- **The Ministry of Social Affairs (MINAS):** As part of its role of taking care of the indigents or social cases, MINAS also plays a role with survivors such as children in difficulty.
- **The Ministry of Justice (MINJUSTICE):** MINJUSTICE's law enforcement mission is of proven importance in terms of punishing the perpetrators of GBV, thus contributing effectively to their fight.
- **The Ministry of Youth and Civic Education (MINJEC):** MINJEC is responsible for the civic and moral education of young people and is developing an interest in the issue of GBV.

- **The Ministry of Defence (MINDEF), the State Secretariat for Defence in charge of the Gendarmerie (SED) and the General Delegation for National Security (DGSN)** play a role in investigating cases of GBV. They also work with identified survivors and perpetrators
- **The Ministry of Public Health (MINSANTE):** There is a gender focal point at the Ministry of Health in Cameroon to deal with issues of gender-based violence.
- **Ministries in charge of education and teaching (MINEDUB, MINESEC, MINESUP) :** These ministries are involved in raising awareness about GBV in schools and universities, thus working on prevention rather than the care of survivors;
- **The Ministry of Employment and Vocational Training (MINEFOP):** This ministry is responsible for promoting women's self-employment and supporting the creation and management of income-generating activities (IGAs) to reduce the risk of GBV;
- **The Ministry of Decentralisation and Local Development (MINDDEVEL):** Together with BUNEC, MINDDEVEL plays a leading role in actions relating to the issuing of civil status certificates, with particular emphasis on birth certificates. In many communities in Cameroon, particularly in priority education zones such as the North and East of the country, many children, mostly girls, are excluded from school because their birth certificates have not been issued, exposing them to an increased risk of gender-based violence.
- **Decentralised Territorial Authorities (DTAs):** The Ministry of Decentralisation and Local Development works with local authorities to implement the national strategy to combat GBV in Cameroon. It is through these authorities that the national strategy is adapted to local realities.
- **The mission of the Cameroon Human Rights Commission (CDHC)** is to promote and protect human rights.

3.2.2. Development partners

Development partners play an essential role in preventing and responding to GBV in Cameroon. These include United Nations agencies (such as UNFPA, UNICEF, UN Women and UNHCR), international non-governmental organisations (such as Vital Strategies, Médecins Sans Frontières, Plan International and the International Rescue Committee), as well as bilateral and multilateral donors (such as the European Union, USAID, GIZ and the World Bank).

Their action aims to create an environment conducive to reducing GBV, improving survivors' access to quality services, and strengthening the resilience of communities in the face of gender inequalities and humanitarian or social crises. It translates into a financial and technical support (*SNLVBC, 2022-2026, p.46*):

- **Technical and financial support:** assisting sectoral ministries and national NGOs in implementing strategies for the prevention and management of GBV;
- **Capacity building:** training for service providers (health, justice, protection, police, etc.) to ensure an effective multi-sector response that complies with international standards;
- **Support for coordination:** support for national coordination through sectoral groups (in particular the Protection Cluster's GBV sub-group), data collection and analysis, and the development of protocols and action plans;



- **Advocacy** : engagement pour l'intégration de la lutte contre les VBG dans les politiques publiques, la mobilisation des ressources, et la promotion des droits des femmes, des filles et des populations vulnérables.

3.2.3. Civil Society Organisations (CSOs)

In support of government efforts, Cameroon benefits from a particularly dense and diversified network of national organisations involved in the fight against gender-based violence (GBV) and the protection of women's and girls' rights. These organisations are involved in prevention, care, legal support, advocacy and the social and community transformation of discriminatory norms.

Among the leading players is the Association de Lutte contre les Violences faites aux Femmes (ALVF), which has been working for several decades on prevention, care for survivors and advocacy for a stronger legal framework. The Réseau National des Associations des Tantines (RENATA) makes an essential contribution to the psychosocial support and empowerment of adolescent girls and the prevention of teenage pregnancies, by mobilising a vast network of peer educators. The Centre International de Promotion de la Création (CIPCRE) works on the transformation of socio-cultural norms and community mediation. The Association Camerounaise des Femmes Juristes (ACAFEJ) provides invaluable legal and judicial support to survivors, while the Council of Protestant Churches of Cameroon (CEPCA), the Islamic Council of Cameroon (CIDIMUC) and the Interfaith Vision Foundation Cameroon (IVFCam) mobilise religious leaders to prevent GBV and promote human rights.

Several organisations specifically target young people and students, such as the Cameroon Youths & Students Forum for Peace (CAMYOSFOP), while others, such as Horizon Femmes (HF), Hope for a Better Tomorrow (HOBET), the Center for Advocacy, Gender Equality, and Action for Development (CAGEAD), Leap Girl Africa (LGA) and Women for a Change Cameroon (WFAC), are involved in promoting women's leadership, the economic empowerment of survivors and community awareness-raising. The Alert GBV project, supported by Women in Tech Cameroon (WETECH), introduces a digital innovation for reporting and documenting cases of GBV.

On the humanitarian front and in areas affected by humanitarian crises, organisations such as Reach Out Cameroon (ROC), Better World Cameroon (BWC), Community Initiative for Sustainable Development (COMINSUD), Reach Out Women and Youth Development Organization (ROWYDO) and Young Women for Change (YW4C) play a key role in preventing and responding to GBV in situations of displacement and insecurity. Other community structures, such as the Association des Femmes Haoussa pour le Développement (AFHADEV), the Association pour la Lutte Contre les Violences faites aux Enfants et aux Femmes (ALCOVIEF), Women in Alternative Action Cameroon (WAA Cameroon), the Association pour la Promotion du Leadership Féminin (APLF) and the Association Camerounaise des Femmes et Filles Autochtones (ACFFA), Association pour l'Intégration et le Développement des Femmes Autochtones Pygmées (AIDFAP), Femmes et Jeunes Leaders pour la Paix et le Développement (FEJEL-PD) and Global Welfare Association Cameroon (GLOWA) complete the associative landscape with field actions adapted to the different socio-cultural realities and local vulnerabilities.

Cameroon also has several organisations specialising in the protection of vulnerable groups and people with disabilities, who are particularly vulnerable to GBV. These include the Promotion des personnes handicapées du Cameroun (PROMHANDICAM), the Club des Jeunes Aveugles Réhabilités du Cameroun (CJARC), the Organisation Camerounaise pour le Développement des Sourds (OCDS), the Association pour la Promotion des Albinos du Cameroun (APAC), the Association Sourires de Femmes (ASDF) and the Association Nationale des Aveugles du Cameroun (ANAC). These organisations provide specific support in the areas of prevention, access to healthcare, rights education and empowerment for women and girls with disabilities.

All these national players, alongside state institutions and technical and financial partners, form an essential and complementary ecosystem in the national response to GBV. Their presence on the ground, their diverse expertise and their deep roots in the community enable them to provide concrete, appropriate responses to the many forms of violence that affect women and girls in Cameroon (Bangoup, 2024).

CSOs are also essential partners for public authorities and international agencies in implementing national strategies and projects to combat GBV. Their in-depth knowledge of the field, their proximity to communities and their ability to act in complex contexts (including in crisis zones) make them key players in an effective, sustainable response that focuses on survivors.

However, in addition to these players, we can also mention:

- Community and religious leaders: traditional chiefs, religious leaders.
- Health and social care professionals: doctors, nurses, social workers.
- The media: journalists, press organs.

3.3. Flagship initiatives

As part of the fight against GBV, Cameroon has a range of response tools. These have been put in place by both the Cameroonian government and its various partners.

3.3.1. Government intervention



Figure 4 : Launch of the 18th 16 Days of Activism against GBV global campaign, 25 November 2024.

According to the Declaration of the Human Rights Commission of Cameroon on the celebration of the International Day for the Elimination of Violence against Women (25 November 2023), the following are examples of the government's efforts to reduce GBV against women in Cameroon:

- The official launch, under the patronage of the Ministry for the Promotion of Women and the Family (MINPROFF), of the "Women, Peace and Security in Central Africa" project in Cameroon, initiated by the Association to Combat Violence against Women (ALVF), took place in Yaoundé on 8 November 2023;
- The launch of the drafting process for the GBV law by MINPROFF on November 7, 2023, at the Yaoundé Hilton Hotel. This is a brand new law in the making in Cameroon to supplement the existing provisions of the Cameroon Penal Code in terms of penalties for GBV. If this law is passed by the National Assembly, it will have the merit of focusing exclusively on GBV, with a much more in-



depth treatment of related offences. GBV currently occupies very little space in Cameroon's Penal Code. As far as the current bill is concerned, there is no law that really punishes the perpetrators of violence. A bill is currently being finalised to fill the legal gap around gender-based violence in Cameroon.

- The organization of an awareness campaign against GBV in three villages in the commune of Kette, in the Department of Kadey, Eastern Region, by the Association Foyer d'accueil pour jeunes filles mères (FAJEFIM) in partnership with the MINPROFF Regional Delegation for the East, during the period from August to October 2023;
- Organising awareness-raising campaigns on women's rights to mark International Women's Rights Day.
- The creation of platforms to fight GBV by the Cameroonian government through the Ministry for the Promotion of Women and the Family. The Cameroonian government has set up platforms to combat violence in the country's 10 regions. These platforms are coordinated by the administrative authorities, who work with the regional delegates.
- The creation of "safe spaces" for abused women. These are reception centres, small refuge areas for women survivors who come to MINPROFF's decentralised departments. These are temporary shelters for these women and girls.

Similarly, according to the *National Action Plan for the Elimination of Female Genital Mutilation in Cameroon 2022-2026* (p.13-14), specific action against FGM in Cameroon began timidly in 1987. Legislation on FGM at national level is very recent. We can cite Law N°2016/007 of 12 July 2016 on the Penal Code in its articles 277 et seq. In terms of policies and programmes, the issue of FGM is considered in the National Development Strategy 2030 (SND30). Other concerted actions have been taken by the government and other stakeholders (CSOs and development partners). These actions focused on advocacy and legislation (support for excisers with a view to their retraining, the celebration since 2008 of the International Day for the Elimination of FGM on 6 February, the organisation of the "16 days of activism against violence against women" campaigns in collaboration with partners, the dissemination of the National Action Plan to Combat Female Genital Mutilation in Cameroon, etc.); awareness-raising, study and research, and training.

3.3.2. Non-governmental intervention

Non-governmental action, particularly by NGOs, is varied. The Focus Cameroun Report (2023) cites the following actions:

- The setting up of a branch in Yaoundé and another in Maroua of the Association de lutte contre la violence faite aux femmes (ALVF). As part of its regalian missions, ALVF provides psychosocial and material support to survivors. In other words, this organisation listens carefully to survivors, by making psychologists available to them. Some survivors also benefit from support and legal assistance. At the end of their treatment, ALVF provides them with financial support through income-generating activities (Famanou, 2019).
- The creation of a directory of safe spaces where women can be consulted, by the United Nations Population Fund (UNFPA).
- The "Safe Spaces, Strong Voices Against GBV" project was officially launched on 24 February 2025 in Yaoundé, under the aegis of the United Nations Development Programme (UNDP) and the Ministry for the Promotion of Women and the Family (MINPROFF). The aim of the initiative is to step up the fight against GBV in Cameroon, where 54.6% of women aged 15 and over have been victims of all forms of violence. According to data presented at the event, 56.4% of Cameroonian women have been victims of GBV, and in 2024, 67 women lost their lives because of GBV.



Figure 5 : Launch ceremony for safe spaces in 2025
Photo credit: griote.tv - © All rights reserved

The launch ceremony was marked by the presentation of reports, proposals and recommendations concerning the situation of survivors and their care within the safe havens. The main objective is to provide a secure and confidential setting where women and girls who are victims of GBV can receive psychosocial, legal and medical support, while making their voices heard and promoting their empowerment. These discussions helped to identify ways of improving the response to the needs of survivors, particularly in terms of community support, reintegration and advocacy for an effective multi-sectoral response to gender-based violence.

The project also provides for the creation of 45 safe spaces across the country, although this number is still deemed insufficient by the authorities. These spaces will serve as listening, support and accompaniment centres for survivors, while facilitating access to essential services and raising community awareness.

According to Ngoro (2012), GIZ has supported the integration of the gender approach into its interventions. This has made it possible to strengthen gender equality, both within GIZ and in the context of its partnership with the Cameroonian government. It has also strengthened the synergy between gender mainstreaming and parity within the organisation.

NGOs opt for psychological follow-up because they recognise the importance of mental well-being in caring for individuals affected by difficult situations, such as survivors of GBV. In NGOs, this involves providing empathetic listening and emotional support using therapeutic techniques. The aim is to help victims cope with their emotional difficulties, overcome trauma and improve their mental well-being.

Major NGOs such as *Nouveaux Droits de l'Homme Cameroun* (NDH- Cameroon), *Club des Jeunes Aveugles Réhabilités du Cameroun* (CJARC), *Organisation Camerounaise pour le Développement des Sourds* (OCDS), *Sourire de femmes*, *Association pour la Promotion des Albinos au Cameroun* (APAC), *Promotion des personnes handicapées du Cameroun* (PROMHANDICAM), *Association Nationale des Aveugles du Cameroun* (ANAC) are working in Yaoundé to combat violence against women with disabilities. They also contribute to the socio-professional integration of women with disabilities through training in small trades such as sewing, knitting and many others. These NGOs implement programmes, projects and activities aimed at promoting the rights of women and people with disabilities, and enabling women and girls to flourish in society. Because they target the most disadvantaged and vulnerable groups, they carry out activities aimed at empowering women and girls by considering issues related to the violence of which they are survivors (Bangoup, 2024:36).



3.3.3. Crisis intervention

A joint Government-United Nations programme on the fight against GBV entitled "Accelerating the prevention of gender-based violence and holistic care for survivors in the most affected regions of Cameroon" was developed by 8 UN agencies and co-signed with the Ministry for the Promotion of Women and the Family in 2014 (Republic of Cameroon, 2019:23).

During the month of January 2025, the GBV response programmes implemented by UNFPA through the GBVIMS tool effectively reached nearly 18,887 survivors with services and information on gender-based violence (GBV). The data highlights a multidimensional approach encompassing the provision of services, information sharing, psychosocial support and targeted assistance. Significantly, 78% of these people were women and girls, highlighting the disproportionate impact of GBV on this vulnerable population group. It also implies that approximately 4,155 men and boys also received these services and information. These services were provided through a variety of means, including:

- 15 Safe Spaces for Women and Girls supported by UNFPA and its partners in the Far North, North West and South West regions. These spaces are crucial for offering safety and support to survivors of GBV. A dedicated team of 30 social workers has been mobilised to provide these services in these safe spaces and the surrounding communities.
- Awareness-raising sessions on GBV prevention and risk mitigation measures reached 18,887 people. These sessions covered important topics such as gender equality, the consequences of early and forced marriage, SRH, sexually transmitted infections (STIs) and menstrual hygiene management. The fact that this number is the same as the number of people receiving services and information suggests a strong integration of awareness-raising within wider GBV interventions.
- The involvement of 444 women and girls in activities such as knitting, sewing, embroidery, farming and crafts, as well as individual and group therapy. These activities aim to provide psychosocial support and potentially economic empowerment.
- The provision of mental health and psychosocial support services (MHPSS) to 86 survivors, underlining the importance attached to addressing the psychological impact of GBV.
- The distribution of 72 dignity kits to women and girls affected by flooding in the Logone et Chari department. This demonstrates targeted support to address specific vulnerabilities exacerbated by the crisis.
- The provision of case management services to survivors of GBV, with a positive outcome reported by 82% of those who completed the process, declaring an improvement in their well-being.
- 1,091 people were reached by GBV prevention, mitigation and response activities. It is not explicitly clear whether this figure is distinct from the 18,887 mentioned above, but it suggests a broader scope for specific GBV interventions.
- Financial support for survivors of GBV: As part of the management of cases of GBV in humanitarian situations in 2022, to help survivors find solutions to their specific needs and to support their healing process, UNFPA initiated the project "EMPOWERING WOMEN AND ELIMINATING VIOLENCE: Cash assistance as part of the management of cases of GBV in Cameroon". As part of this project, cash assistance was distributed to GBV survivors without conditions or restrictions, so that each survivor could spend the money as she saw fit. All beneficiaries received a one-off transfer of cash assistance as part of their action plan. The amount transferred was calculated according to the cost of goods and services in the local contexts of the intervention, the objectives of the programme and the needs of the survivors. The amount transferred ranged from XAF 50,000 to XAF 80,000 (approximately USD 80 to USD 130). For example, to meet the immediate need to go to a medical centre for treatment, GBV survivors received XAF 50,000 (UNFPA, 2024).

BOX 6. SPECIFIC VULNERABILITIES OF MEN AND ADOLESCENTS IN THE CONTEXT OF THE CRISIS IN CAMEROON

The report *A More Generous Embrace* (GenCap/NRC, 2022) highlights a dimension that is often insufficiently considered in the analysis of gender-based violence in Cameroon, particularly in the North-West and South-West regions, which have been heavily affected by armed conflict and massive population displacements.

While vulnerability is generally associated with women and girls, men and boys, particularly adolescents, are also exposed to forms of violence and abuse, directly linked to the security context.

- **Targeting as potential suspects:** Men and boys make up the overwhelming majority (80-95%) of victims of serious violations such as arbitrary arrests, torture, enforced disappearances, extortion and extrajudicial executions. These violations are based on the presumption that they are likely to be associated with armed groups or to be active members of them.
- **Psychosocial and economic consequences:** Restricted mobility, loss of livelihood and the constant threat of arrest cause significant psychological distress, encourage risky behaviour (use of psychoactive substances, aggression) and disrupt family relationships.
- **Transformation of gender roles:** The inability of men to assume their traditional role as breadwinners often leads to women taking primary responsibility for household income. This change in family organisation can alter power relationships within the household and be a source of tension and violence within the family.
- **Limitations of protection systems:** Humanitarian responses and protection systems are still mainly focused on women and children, and are still struggling to integrate the specific needs of men and boys, who remain largely invisible in the responses implemented.

Report recommendations :

To ensure more inclusive and appropriate care, the report recommends:

- Systematically integrate gender and age analysis into the assessment, planning and implementation of interventions;
- Create safe spaces where men and boys can express their needs and experiences;
- Develop psychosocial support services tailored to their specific needs;
- And to promote a global and inclusive approach to vulnerability in crisis situations.

As the report points out: *"Protection requires a wider circle of humanity - where every voice, especially those of the excluded, redefines the solutions"* (p. 32).

Source: Brun D. (2022). *A More Generous Embrace: Why addressing the needs of adolescent boys and men is essential to an effective humanitarian response in Cameroon's North West and South West*. GenCap/Norwegian Refugee Council (NRC), July 2022.



3.4. Analysis of the response's strengths, weaknesses, opportunities and threats

Based on existing literature and discussions with various stakeholders involved in the fight against GBV in Cameroon, it appears that the effectiveness of responses and interventions can be assessed in two ways: strengths and weaknesses.

3.4.1. Forces :

In terms of the strengths of the response to GBV, interviews with stakeholders revealed that there is now a synergy of action between the government and community leaders in the field. Previously, community leaders were reluctant to collaborate in the fight against GBV, but now they have become 'relays' for government action in the field. This global response is improving the situation in the fight against GBV.

This glimmer of hope is also linked to MINPROFF's desire to see progress on the bill submitted to the National Assembly, aimed at drafting a law that effectively punishes the perpetrators of GBV in Cameroon. On the other hand, this progress cannot hide certain real pitfalls.

3.4.2. Weaknesses

Despite the efforts made, the effectiveness of responses to GBV remains mixed in Cameroon. Firstly, the laws are only partially applied. In fact, traditional jurisdictions continue to support certain discriminatory practices. There is also a lack of resources. Here, care services are often inadequate and poorly equipped. On the ground in the communities, the stigma and taboos are not disappearing. Fear of stigmatisation and taboos prevent many survivors from reporting acts of GBV. Until such time as the bill submitted to the National Assembly is passed, perpetrators continue to go unpunished. Perpetrators of GBV are rarely prosecuted. Prevention mechanisms are not very effective, given the persistence of the phenomenon and the low level of law enforcement.

Added to all this is a lack of financial resources for key activities in the field. MINPROFF always calls on NGOs and technical and financial partners for support. Limited financial resources are a real weakness. Under these conditions, it is difficult to carry out activities in the field relating to the renewal of statistics, for example. In Cameroon, the only statistical data available and the most recent is the CAMEROON DHS 2018. However, the documentation currently available should be updated, as it is obsolete. It is important to base policies on relevant evidence-based data. This is not the case today.

Another weakness, according to observations made with key informants, is the lack of involvement, or the low level of involvement, of the beneficiaries of GBV projects in the design and implementation of these projects. The approach is criticised for not being participatory. The national response should be based on an essentially participatory approach that puts potential survivors of violence at the forefront. Involve them from the project design stage to ensure effective implementation.

3.4.3. Opportunities

There are several major opportunities for action to combat GBV in Cameroon. One of the most important is the prospect of drafting a specific law on GBV, which would make it possible to fill the current legal gaps and structure a more coherent response at all levels. Added to this is the presence and availability of technical and financial partners, ready to support the efforts of the government and civil society. This external support can contribute to capacity building, project implementation and the sustainability of actions. In addition, concrete initiatives such as the "Women, peace and security in Central Africa" project, run by the Association de lutte contre les violences faites aux femmes (ALVF), offer structured frameworks for action that can be built on. Finally, the growing potential for involvement by men and boys in the fight against GBV represents an opportunity to promote lasting changes in social norms and behaviour.

3.4.4. Threats

However, these opportunities come up against several threats that hamper the scope and effectiveness of interventions. The persistence of social stigma and taboos within communities discourages survivors from reporting violence, creating a climate of silence and resignation. This situation is exacerbated by the growing fear of reprisals or rejection by family and community. In addition, the low level of

involvement of beneficiaries, particularly the survivors themselves, in the design and implementation of projects limits their relevance and local impact. Persistent security instability in the Far North, North West, South West and Adamawa regions compromises access to essential services and the continuity of actions. Lastly, the large influx of refugees into the East and Adamawa regions is putting pressure on available resources and increasing the risk of GBV in already fragile contexts.

3.4.5. Reasons for the poor response

The weak response to GBV in Cameroon can be explained by a combination of structural, institutional and socio-cultural factors.

Firstly, the absence of a specific law on the protection of women and girls against violence is a major legal loophole. As it stands, the various forms of GBV are partially covered by several provisions of the Criminal Code, the Labour Code and other sectoral laws. This fragmentation limits the legibility of the legal framework, creates legal loopholes and makes it more difficult to provide holistic care for survivors. In the absence of a unified text, it is difficult to ensure coherent prevention, protection, repression and reparation.

Furthermore, data collection systems are still fragmented and insufficiently harmonised between the various ministries (MINPROFF, MINSANTE, MINJUSTICE, DGSN) and technical and financial partners. Although initiatives such as GBVIMS are in place, the interoperability of these systems remains weak, making it difficult to carry out a consolidated analysis of the true extent of GBV and to guide public policies on a robust factual basis.

In operational terms, the geographical disparity of care services is a major obstacle. Most of the specialised services are concentrated in the major cities and certain pilot regions, leaving vast rural and crisis areas (Far North, North West, South West) without effective access to quality care, psychosocial counselling or legal support. These gaps are exacerbated by security and humanitarian crises, which complicate the mobility of teams and survivors.

There is also a lack of institutional and technical capacity. Health, justice and security professionals are still inadequately trained in gender-sensitive aspects, resulting in treatment that is sometimes inappropriate or even traumatic for survivors. In addition, multi-sectoral coordination mechanisms lack systematisation and resources. At a socio-cultural level, deep-rooted discriminatory social norms continue to fuel the stigmatisation of victims and the trivialisation of many forms of violence, particularly in the context of marriage and family. The social silence surrounding rape, early marriage and female genital mutilation is still widely tolerated in some communities.

Finally, dependence on external funding undermines the sustainability of existing systems. In the absence of a substantial and permanent national budget line specifically dedicated to the fight against GBV, most interventions rely on the support of international partners, exposing the national response to funding uncertainties.

All these factors underline the need for a strengthened and integrated response, combining legal reform, institutional strengthening, social transformation and a national budgetary commitment.

Conclusion of the section

As we can see, GBV is a concern at both the international and local levels. Indeed, Cameroon has a whole arsenal of internal administrative structures that work in synergy with international partners in the fight against GBV. Government departments, led by the Ministry for the Promotion of Women and the Family, followed by other ministries, civil society organisations, etc., define the legal, political and economic context of GBV.



BOX 7: SWOT ANALYSIS

Strengths (favourable internal factors)

- Existence of a dedicated institutional framework: presence of MINPROFF, gender focal points, regional platforms, care units in certain health structures.
- Availability of multi-source data: DHS, MIN-SANTE, MINPROFF, DGSN, GBVIMS, providing a basis for monitoring and advocacy.
- Mobilisation of civil society: experienced organisations such as ALVF, RENATA, Horizons Femmes, involved in prevention, awareness-raising and care.
- Successful pilot projects: implementation of safe spaces, survivor-friendly clinics, community initiatives for social transformation.
- Institutional recognition of gender as a cross-cutting priority, particularly in national policies and humanitarian strategies.

Weaknesses (Unfavourable internal factors)

- There is no specific law on GBV, which limits the legal scope and protection of victims.
- Fragmentation of data collection systems (non-harmonisation between ministries and partners).
- Unequal access to care services, particularly in rural and crisis areas.
- Poor training of health, justice and security personnel in gender-sensitive care.
- Implicitly low involvement of beneficiaries (particularly survivors) in the design, implementation and monitoring of projects.

Opportunities (Favourable external factors)

- Possibility of adopting a specific law on GBV, currently being considered by national bodies.
- Availability and commitment of technical and financial partners to support prevention, coordination and care efforts.
- Deployment of structuring initiatives, such as the "Women, peace and security in Central Africa" project run by ALVF.
- Increasing involvement of men and boys in community programmes to change norms.
- Increasing inclusion of the fight against GBV in decentralisation policies and local development plans.

Threats (Unfavourable external factors)

- Persistence of discriminatory social norms: stigmatisation of survivors, trivialisation of domestic violence, social tolerance of rape.
- Prolonged security crises in the Far North, North West and South West, limiting access to services and reporting mechanisms.
- Influx of refugees and internally displaced persons, particularly in the East and Adamawa, increasing pressure on available resources.
- Survivors' distrust of the authorities and institutions, discouraging them from using formal services.
- Risk of excessive dependence on external funding, in the absence of a structured and sustainable national budget dedicated to the fight against GBV.

Source: Data from literature and socio-anthropological interviews, Yaoundé, March-April 2025.



Section 4 : Recommendations and next steps



**Situational analysis of Gender-Based
Violence in Cameroon**

August 2025 | MINPROFF



The situational analysis carried out reveals a worrying prevalence of GBV in Cameroon, particularly among women aged 15 to 49, 39% of whom have suffered physical violence and 13% sexual violence, with marked regional and social disparities (Far North, North West, South West, East, rural areas and poor communities). It also highlights the under-reporting of certain forms of GBV (femicide, domestic violence, cyber-violence), the fragmentation of data, and the weak capacity of the national system to provide an integrated, coordinated and evidence-based response. The following recommendations are therefore aimed at strengthening structural, community, technical and institutional responses, based on the findings of the data analysed.

The root causes are rooted in patriarchal social norms, impunity, poverty, the low level of empowerment of women and girls, and the fragmentation of interventions. Considering the country's economic, social, health and institutional realities, the recommendations below aim to propose multi-sectoral, sustainable strategies adapted to all levels of the national system for combating GBV.



4.1. Improving response coordination

The fight against GBV mobilises many institutional and community players and technical partners in Cameroon. However, the lack of effective coordination mechanisms between these players leads to duplication, gaps and poor synergy between actions. It is essential to strengthen multi-sector governance at all levels to ensure a coherent, effective and complementary response.

- Set up a national multi-sector coordination mechanism around MINPROFF, with clear roles and responsibilities for each sector.
- Strengthen the functionality of regional and local GBV coordination platforms.
- Develop a harmonised national monitoring and accountability framework for the various stakeholders (ministries, NGOs, international agencies).
- Set up regular coordination meetings to monitor the response.



4.2. Strengthening the legal and institutional framework

There are still gaps in the national legal framework for protection against GBV, in the absence of a specific law and consolidated legal mechanisms. Strengthening the legal and institutional framework is essential to guarantee greater protection for survivors, harmonise judicial practices and support the effectiveness of specialised services.

- Adopt a specific law on violence against women and girls, in line with international standards (including the African Union Convention).
- Strengthen the capacities of those involved in the judicial and legal system (magistrates, security forces, court officers).
- Harmonise traditional and modern legal systems to eliminate discriminatory practices.
- Provide a legal basis for support structures (call centres, one-stop centres, gender desks, reception centres).
- Create a National Observatory for Gender Equality to monitor and analyse inequalities.
- Strengthen the operation of multi-sectoral platforms to combat GBV at all levels.



4.3. Reducing gender inequality

Structural gender inequalities fuel the vulnerability of women and girls to GBV. In addition to the violence itself, persistent gaps in access to education, employment, economic resources and political participation limit women's empowerment and their ability to protect themselves and claim their rights. Acting on these structural determinants is therefore a fundamental lever for prevention.

- Designing and implementing specific programmes to empower adolescent girls, displaced women, out-of-school girls and women with disabilities.
- Increase the representation of women in decision-making and political bodies.
- Promoting women's access to vocational training and productive employment.
- Strengthen national awareness-raising campaigns on women's rights and gender equality.



4.4. Reducing regional disparities

Some regions of Cameroon have alarmingly high levels of prevalence of GBV, exacerbated by security and humanitarian crises. These regional disparities require differentiated, targeted and reinforced interventions to ensure equitable access to prevention and care services, particularly in areas of high vulnerability.

- Intensify interventions in high-prevalence regions (Far North, North West, South West) with multi-service centres, mobile teams and targeted campaigns.
- Extending care services to rural and peri-urban areas, which are often underserved.



4.5. Improving the provision of holistic, accessible and integrated services

Access to care and support services remains limited, often fragmented and poorly adapted to the needs of survivors. An integrated, survivor-centred approach offering coordinated medical, psychosocial, legal and economic care is essential to improve the quality and accessibility of services across the country.

- Include the management of GBV in the Minimum Package of Activities (MPA) of health facilities.
- Appoint a GBV focal point in each health district and build staff capacity through ongoing training.
- Create or strengthen multi-sector referral mechanisms (health, justice, police, social affairs).
- Set up a free 24/7 helpline to report cases and provide guidance to survivors.
- Expand safe spaces and train providers in holistic care (medical, psychosocial, legal, economic).
- Provide each region with at least one One Stop Centre, with priority given to areas in crisis.
- Develop standardised protocols (SOPs) to manage all forms of GBV.
- Guarantee free access to post-rape care, including emergency treatment and psychological support.



4.6. Capacity building for stakeholders

The quality of the response to GBV depends largely on the skills of those involved at all levels. However, there is still a great need for training and capacity building, particularly in the health, justice, security and social sectors. Structured, ongoing and appropriate training initiatives are essential to ensure effective, gender-sensitive care.

- Intensify awareness campaigns in high-prevalence regions, taking account of cultural specificities.
- Integrate gender equality and human rights education into school curricula.
- Promoting the involvement of men and boys through approaches that transform masculinities.



4.7. Community prevention and empowerment

Socio-cultural norms and traditional practices play a central role in the perpetuation of GBV. Involving communities, their leaders and grassroots organisations in actions to prevent, transform norms and empower survivors is an essential lever for sustainable change in behaviour and attitudes.

- Train and involve community, religious and traditional leaders in the fight against standard GBV practices (breast ironing, early marriage, dowry).
- Support community organisations and survivor networks with technical and financial resources.
- Integrate the fight against GBV into local development plans and municipal budgets, including in humanitarian contexts.



4.8. Strengthening the collection, analysis and use of data

Gaps in the availability, quality and analysis of data limit the ability of decision-makers to guide interventions effectively. The establishment of an integrated national GBV data management system is essential to provide solid evidence, monitor trends and better target prevention and response actions.

- Set up a unified, interoperable Information Management System (IMS/VBG) connected to the sectoral systems.
- Create a national GBV dashboard with disaggregated indicators (age, gender, type of violence, survivor status).
- Improve the quality and granularity of data, particularly on emerging forms of GBV (digital violence, obstetric violence, hate speech).



4.9. Funding for GBV eradication

The response to GBV remains largely dependent on funding from partners, which weakens its sustainability. The institutionalisation of structured and equitable public funding is essential to guarantee the continuity, quality and extension of services, while ensuring a fair distribution of resources based on real needs on the ground.

- Create a national fund to support survivors of GBV, financed by the State, decentralised local authorities and technical and financial partners. This fund should be allocated equitably, based on high-prevalence areas and the needs identified by the data, to ensure a targeted, sustainable and responsive response to GBV.



4.10. Monitoring and evaluation of the response

Monitoring and evaluation are still insufficiently structured. The absence of harmonised national indicators, comprehensive baselines and regular accountability mechanisms limits the evaluation of the real impact of interventions. The development of a national monitoring and evaluation framework, linked to the National Statistics System and sectoral systems, is an essential condition for accountability.

- Develop a harmonised national framework for monitoring and evaluating the response to GBV, with common indicators for results and impact.
- Organise annual multi-sector reviews to measure progress, identify bottlenecks and adjust strategies.
- Promoting continuous learning from field data and participatory evaluations.

Conclusion of the section

Given the scale and complexity of GBV in Cameroon, these recommendations constitute a comprehensive, multi-sectoral strategic framework adapted to national realities. Their concerted implementation will help to strengthen the protection of women and girls, reduce territorial and social inequalities, and promote a fairer and more egalitarian society. A sustained commitment from the State, communities and partners is essential to transform these guidelines into concrete and sustainable actions in favour of the dignity and fundamental rights of all. The data analysed in this report has highlighted not only the scale, but also the diversity and complexity of GBV in Cameroon. By structuring recommendations based on this data, it is possible to effectively guide policies, optimise resources and ensure that each intervention is appropriate, measurable and equitable. These strategies call for the immediate mobilisation of the State, local authorities, technical and financial partners and communities, so that together, Cameroon can make a lasting dent in the scourge of GBV.

Sustainably reducing GBV in Cameroon requires systemic change, supported by strong political will, effective strategic partnerships and far-reaching social transformation. The strategies proposed here are based on field observations and existing resources, while calling for greater national and community mobilisation. Investing in prevention, protection and justice for survivors means building a fairer, more resilient and more prosperous society.

General conclusion

This situational analysis of GBV in Cameroon was carried out in a context where there is a pressing need for up-to-date and reliable data to develop effective policies to combat GBV. The overall objective of this work was to contribute to a better understanding of GBV in Cameroon, to improve the protection and holistic care of GBV survivors. The methodological approach adopted combined a rigorous literature review with socio-anthropological interviews with key informants.

The first section of the study was dedicated to understanding GBV in Cameroon. It shows that GBV is defined as any harmful act based on gender. However, practical definitions often tend to focus on violence inflicted on women and girls, while men are sometimes referred to as 'collateral survivors'. The risk factors identified include socio-cultural constraints, patriarchy, poverty and various vulnerabilities. The consequences of such violence are multiple and severe, affecting survivors physically as well as psychologically, emotionally, health-wise and socially.

The second section provides an overview of the current GBV situation in Cameroon by analysing the available data on the extent of the phenomenon. The study used the results of national surveys (DHS, EISS, MICS), which are robust sources, although potentially outdated. It also incorporated data from administrative sources (MINPROFF, DGSN, MINSANTE), as well as other alternative sources (GBVIMS, griote.tv, UNFPA, ALVF).

The context of GBV in Cameroon is examined in Section III, which describes the relevant social, political, legal and economic framework, while identifying the main players involved in combating this violence, including the government, civil society organisations and international partners. This section also analysed national responses and interventions, detailing the actions undertaken by public authorities and non-governmental actors. The evaluation of their effectiveness highlighted certain strengths, such as the growing collaboration with community leaders. However, it also revealed significant weaknesses, such as the partial application of laws, the absence of specific legislation on GBV, insufficient data, poor coordination and limited resources. Considerable needs in terms of prevention, protection, health and support services were highlighted.

Finally, Section IV made recommendations aimed at prevention, responding to violence, improving services, building local capacity and establishing monitoring and evaluation mechanisms. The main recommendations include strengthening the legal framework, promoting gender equality, supporting community initiatives, developing targeted programmes and involving men and boys. Improving data collection and management was identified as a cross-cutting priority.

The statistical data presented reveal contrasting trends depending on the sources and forms of violence. National surveys, such as the DHS and MICS, show a high prevalence of physical violence (39% of women have suffered violence since the age of 15) and sexual violence (13% of women), with marked regional and socio-economic disparities. Psychological and economic violence are also significant, particularly in rural areas and among less educated women. Administrative data from MINPROFF and MINSANTE confirm these trends, with 6,626 cases recorded in 2024, dominated by physical assaults (1,893 cases) and denial of resources (1,460 cases). However, alternative sources, such as GBVIMS and griote.tv, highlight extreme forms of violence, such as femicide and marital rape, which are often under-reported in official systems. These discrepancies reflect both the seriousness of the phenomenon and the limitations of the data collection mechanisms.



These results highlight the influence of patriarchal norms and socio-economic inequalities in perpetuating GBV. Regions such as the Far North and South West, which are affected by conflict and high levels of poverty, have higher rates of violence, illustrating the link between contextual vulnerability and exposure to GBV. Data from MINSANTE, which focuses on domestic violence and rape, suggests under-reporting in rural areas, where access to services is limited. Finally, the UNFPA and ALVF initiatives, while promising, reveal gaps in the holistic care of survivors, calling for harmonisation of data collection methods and an integrated approach to better respond to this multidimensional crisis.



Bibliography

- Amnesty International (2020). Cameroon: Internet blackouts as a tool of repression.
- World Bank, (2024). Training on the basic concepts of GBV, sexual exploitation and abuse, 10 December 2024.
- Bangoup, S. (2024). Les organisations non gouvernementales face aux violences sur les femmes en situation de handicap à Yaoundé : contribution à une analyse des logiques d'intervention. Master's thesis in Sociology of Population and Development. University of Yaoundé 1.
- Bell, G. B. (2023). Vécu traumatique et investissement narcissique du corps chez les femmes survivantes de violences physiques dans le couple. Master's thesis in psychology. University of Yaoundé 1.
- Bissala Djague, A. R., (2023). La crise sécuritaire, recrudescence des VBG et réponse communautaire des déplacés internes d'Ouro-Tada (Mayo-Tsanaga, Extrême-Nord). Master's thesis, University of Maroua.
- Brun D. (2022). A More Generous Embrace: Why addressing the needs of adolescent boys and men is essential to an effective humanitarian response in Cameroon's North West and South West. GenCap/ Norwegian Refugee Council (NRC), July 2022.
- Cameroon Human Rights Commission (2023). Statement by the Cameroon Human Rights Commission to mark the international day for the elimination of violence against women.
- Craig, J. (2021). Sexual violence pervasive in Cameroon's anglophone regions. Al Jazeera. 29 April.
- Declaration by the Human Rights Commission of Cameroon on the celebration of the International Day for the Elimination of Violence against Women (25 November 2023). Theme: all united! Investing to prevent violence against women and girls).
- Elizabeth Glaser Pediatric AIDS Foundation. (2018). Preventing and responding to gender-based violence in children and adolescents in Cameroon.
- Weaknesses Focus Cameroon, Situation of women, VBG, Bern-Wabern, 19.12.23.
- Famanou, G., (2019). Mariage précoce et l'action des organisations féminines de défenses des droits des femmes : Cas de l'ALVF (Association de Lutte Contre les Violences faites aux Femmes) à Maroua. Master's thesis, University of Maroua.
- United Nations Population Fund. (2023). GBV AoR annual report Cameroon 2022.
- Institut National de la Statistique (2020 a). Gender-based violence in Cameroon: Magnitude and challenges: Policy brief.
- Handicap International (2023). Accessibility and exclusion of people with disabilities.
- Institut National de la Statistique & ICF. (2020 b). Demographic and Health Survey 2018.
- Institut National de la Statistique, (2020 c), Violences basées sur le genre au Cameroun : Ampleurs et défis, August 2020.
- IRESCO, Yaoundé, Étude sur la pratique du repassage des seins au Cameroun, 2013. <https://iresco-cm.org/Etude-sur-la-pratique-du-repassage> (27.09.2023).
- Keptchuime Kouahou, M. (2023). Prise en charge des femmes enceintes et violences obstétricales

dans les hôpitaux publics de Yaoundé: formes, facteurs et implications à la maternité d'Efoulan. Master's thesis in Sociology of Population and Development. University of Yaoundé 1.

- Laouan, F. Z., (2016). (Care International), Évaluation des violences basées sur le genre au sein des réfugiés centrafricains et leurs populations hôtes dans les départements de la Kadey et du Mbéré (Régions de l'Est et l'Adamawa- Cameroun), Cameroon.
- Voices from Cameroon, 2023.
- Madina M. (2023). Ethno-analyse de la persistance de l'excision à OULIDELEB (Logone-Birni). Master's thesis, University of Maroua.
- Mayo Mboyong, J. L., (2023). Patriarchal culture and women's economic activities in Maroua, Cameroon. Master's thesis, University of Maroua.
- Maïtching Ringbe, M. (2023). School dropout and early marriage: the case of Fali girls in the Mayo-Oulo district. Master's thesis, University of Maroua.
- Maïpele Dairou, A., (2023). Analyse des inégalités genre-poste et stratégies d'adaptation des femmes dans les administrations publiques de Maroua. Master's thesis, University of Maroua.
- Mbouka Abena, P. E. (2024). Internally displaced populations and gender-based violence in the Far North of Cameroon. A contribution to the anthropology of development. Doctoral thesis/PhD Anthropologie du développement. University of Yaoundé 1.
- Mangeda, V. C. (2022). Gender and violence in revivalist churches in Yaoundé (Cameroon). Professional Master's thesis in Gender and Development. Department of Sociology: University of Yaoundé 1.
- Mbome Efeti, B. (2023). Violence against women and its impact on children's academic performance: the case of Yaounde VI municipality. Master's thesis in special education. University of Yaoundé 1.
- Mattes, R., & Patel, J. (2022). Experienced poverty resurfaces. Afrobarometer Policy Paper No. 84.
- Mildred, A. (2014). A situational analysis of gender-based violence in Cameroon. Foretia Foundation.
- MINPROFF, Stratégie nationale de lutte contre les violences basées sur le genre 2022-2026, Yaoundé, p. 47. <https://web.archive.org/web/20230716093409/https://minproff.cm/wp-content/uploads/2023/02/STRATEGIENATIONALE-DE-LUTTE-CONTRE-LES-VBG.pdf>
- MINPROFF, National Strategy to Fight GBV in Cameroon 2022-2026.
- Moussi, C. A. (2024). Violence against women in Cameroon: The Maputo protocol and Cameroon's human rights obligations.
- Nihat, F. (2023). Carrière des femmes dans le système managérial des organisations: Cas de l'administration publique camerounaise. Master's thesis, University of Maroua.
- Ngosso Ada, F. (2023). Gender and the treatment of female prisoners in the central region: the case of Mfou prison. Professional master's thesis in gender and economic and technical development. University of Yaoundé 1.
- Nguefack-Tsague et al (2024). Gender-based violence and its health risks on women in Yaoundé, Cameroon. Archives of Public Health, 82(1), 90.
- Nyangono, E. J., (2021). "Évaluation des mécanismes de lutte contre les violences basées sur le Genre dans le Grand Nord Cameroun", Nkafu Policy Institute.
- Ngambouk V. (2016). "The social context of breast ironing in Cameroon," Athens Journal of Health, 3 (4), 2016, p. 340. <https://doi.org/10.30958/ajh.3-4-5>
- Ngono Nnanga, J. P. (2023). La prise en charge de la sexualité et du mariage précoces des jeunes filles scolarisées dans la région de l'Est Cameroun: cas de la localité de Gbiti (1990-2023). Master's thesis in History. Department of History: University of Yaoundé 1.
- Ngoro, J. B., (2012). Analyse genre au sein du projet GIZ d'appui à la COMIFAC, Yaoundé-Cameroun.



- Ntigui, J. (2024). Accompagnement psychosocial et processus d'insertion des réfugiées survivantes de violences basées sur le genre: étude menée à Gado-Badzéré. Master's thesis in Specialised Education. University of Yaoundé 1.
- National action plan for the elimination of female genital mutilation in Cameroon 2022-2026.
- Report by the State of Cameroon on the 25th anniversary of the Beijing Platform for Action, May 2019.
- Rapport étude de base et analyse genre projet PASEPRO, May 2023.
- Tamekem Ngoutsop M., "Incest among the Béti and Bamiléké of Cameroon: socio-institutional issues, constraints and challenges. Contribution à une socio-anthropologie comparée de la famille", PhD thesis Ph. D in Sociology, University of Yaoundé I, July 2015.
- Tamekem Ngoutsop M., " L'omerta sur l'inceste au Cameroun: La famille comme espace de violences sexuelles sur l'enfant et la femme ", Text presented at the International Colloquium on the theme " Violences et abus sexuels sur les enfants et sur les femmes en Afrique ", 16-18 Juin 2022, Abidjan, Côte d'Ivoire. (Unpublished)
- Tamekem Ngoutsop M., "La question de l'appui institutionnel aux jeunes filles survivantes de viols et d'incestes au Cameroun: Quelle gouvernance dans la gestion de ce "problème genré" de santé publique?", in Afrique et développement, CODESRIA, Volume XLII, N° 1, September 2017, pp. 177-197.
- Tamekem Ngoutsop M., "Intergenerational incest and survivors' "bio-psycho-social" malaise. Une sociologie des vulnérabilités intrafamiliales à l'Ouest-Cameroun ", in J. Nzhe Engono, A. Leka Essomba, et Y. B. Djouda Feudjio (Sous la Dir.), LA VULNERABILITE SOCIALE EN DEBAT AU CAMEROUN: Approches et interrogations sociologiques plurielles, Revue Camerounaise de Sociologie, Vol. 1 N° 01 - Mai 2019, Paris, L'Harmattan, pp. 147-157.
- Tamekem Ngoutsop M., "La sexualité intrafamiliale en crise: les enjeux socioculturels de la transgression du tabou de l'inceste chez les Bamiléké du Cameroun", Revue Perspectives & Sociétés, N°2, Vol. 1, January 2011, pp. 207-222.
- Tanang Tchouala, (2024). Genre et violences au Cameroun: une analyse explicative des violences faites aux femmes sous le prisme des rapports de genre au sein du couple, Thesis in population sciences, IFORD, Yaoundé.
- Tazoacha F., Masah C., Kibu, O., GBV: beyond the crises in Cameroon and the effects on mental well-being, May 2022.
- UNHCR (2023). Report on internally displaced persons in Cameroon.
- UNFPA, New York. Cartographie des Espaces sûrs à l'usage des femmes et des filles fonctionnelles dans la région de l'Extrême-Nord, Cameroun - Avril 2023. <https://reliefweb.int/report/cameroon/cartographie-desespaces-surs-lusage-des-femmes-et-des-filles-fonctionnels-dans-la-region-de-lextrême-nord-cameroun-avril-2023>.
- UNFPA, New York. UNFPA safe spaces provide training for vulnerable women and girls, 20.01.2021. <https://cameroon.unfpa.org/fr/news/unfpa-safe-spaces-provide-training-vulnerable-women-andgirls>
- ENVEF (2021). National survey on violence against women.
- United Nations. Transforming our world: The 2030 Agenda for Sustainable Development [Internet]. New York: UN; 2015 [cited 2025 Mar 14]. Available from: <https://sdgs.un.org/2030agenda>.
- UN Women. Measuring the shadow pandemic: Violence against women during COVID-19 [Internet]. New York: UN Women; 2022 [cited 2025 Mar 14]. Available from: <https://www.unwomen.org/en/digital-library/publications/2022/11/measuring-the-shadow-pandemic-violence-against-women-during-covid-19>
- United Nations High Commissioner for Refugees (UNHCR). Gender-Based Violence [Internet]. Geneva: UNHCR; 2020 [cited 2025 Mar 14]. Available from: <https://www.unhcr.org/gender-based-violence.html>

- UN Women. What is gender-based violence? [Internet]. New York: UN Women; 2023 [cited 2025 Mar 14]. Available from: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>
- United Nations Population Fund (UNFPA). Gender-based violence and harmful practices [Internet]. New York: UNFPA; 2022 [cited 2025 Mar 14]. Available from: <https://www.unfpa.org/gender-based-violence>
- World Health Organization. Violence against women prevalence estimates, 2018: Global, regional and national estimates for intimate partner violence against women and global and regional estimates for non-partner sexual violence against women [Internet]. Geneva: WHO; 2021 [cited 2025 Mar 14]. Available from: <https://www.who.int/publications/i/item/9789240022256>
- World Health Organization. Violence against women: A global perspective [Internet]. Geneva: WHO; 2021 [cited 2025 Mar 14]. Available from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
- World Health Organization (WHO). Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook [Internet]. Geneva: WHO; 2021 [cited 2025 Mar 14]. Available from: <https://www.who.int/publications/i/item/9789240025684>

Appendices



**Situational analysis of Gender-
Based Violence in Cameroon**

August 2025 | MINPROFF

Appendix 1: Editorial team

This report on the situational analysis of gender-based violence in Cameroon was made possible by the mobilisation of a multidisciplinary team made up of institutional experts, technical partners and academic researchers. This collaboration has produced a reference document that is both methodologically rigorous and relevant to national realities.

Ministry For The Promotion Of Women And The Family

- Ms Martine ONGOLA, Director of Women's Social Promotion
- Mr Alain MATIP, Head of Studies, Planning and Cooperation Division
- Ms Françoise BEKONO, Deputy Director for the Promotion of Women's Rights
- Mr Pancrace NGONG NTSAMA, Assistant Research Officer 2, DEPC
- Mr Joseph NGORO, MINPROFF
- Mr Pierre MENGATA, MINPROFF
- Mr Calice ABESSOLO, MINPROFF
- Mr Wilfried KAMDEM, MINPROFF

Other administrations

- Col. Emilienne VIORONG, SED
- CPP. Hamadou ABDANE BOUBA, DGSN
- CP. Florence DJAMBOU, DGSN
- Ms Ernestine NGO MBENOUN, DGSN
- Ms Flore NDO, MINSANTE
- Mrs LONGUE, MINAS
- Ms Bernadette MBIAH SANZI, MINESEC
- Dr. Germaine NKENGAFAC epse MBONGUE, MINESUP
- Mr Anaclet DZOSSA, INS
- Ms Mourine NDENGHO nee NDIFOR, MINAS
- Dr. Yves PUNJOM NJEFI, DSF/MINSANTE
- Mr Inoussa MOLUH, DSF/MINSANTE
-

Development partners

- Dr Ruxana JINA, Director Data Impact Program, Vital Strategies
- Luis OCARANZA ORDAZ, Senior Technical Advisor, Data Impact, Vital Strategies
- Samuel Kamwa, Country Coordinator Data Impact Program, Vital Strategies
- Ms Tatianna NKOFO, Program Assistant DI/CRVS Programs
- Ms Joséphine MEDJOM, UN Women
- Mr Sédric TIOBO'O, UN Women
- Mrs Liliane MUNEZERO, UNFPA
- Mrs Agnes C. NDONDOCK, UNFPA
- Ms Elise Pierrette MEMONG MENO, ALVF
- Mr ABOUBACAR, CIDIMUC
- Mr MOHAMADOU BAKODJI HAMOA, CIDIMUC

Consultants

- Dr Moïse TAMEKEM NGOUTSOP, Sociologist, University of Douala
- Dr Olivier ABONDO NGBWA, Demographer, University of Yaoundé 2
- Dr Leonel KONGUEP KEPTUIME, Sociologist, University of Yaoundé 1
- Mr Gervais MEVONO, Doctoral student in sociology, University of Yaoundé 1
- Mr Jean TAMSA, Doctoral student in sociology, University of Maroua
- Ms Jacqueline TSAPI, Master's degree in sociology, University of Yaoundé 1



Appendix 2: Tool for collecting primary data from key informants

Table 1: Key informant interview guide

| AREAS OF EXCHANGE | WORK ISSUES |
|--|---|
| Knowledge of GBV issues in Cameroon | <ul style="list-style-type: none"> • How do you define gender-based violence? • What types of gender-based violence do you identify in your work? |
| Causes and risk factors of GBV in Cameroon | <ul style="list-style-type: none"> • What is the profile of GBV survivors in Cameroon? And what do you think? • What factors expose survivors to gender-based violence? |
| The impact of GBV on survivors | <ul style="list-style-type: none"> • What do you think are the consequences of gender-based violence for girls/women? • What impact do you think gender-based violence has on boys and men? • |
| The various players involved in preventing and responding to this violence | <ul style="list-style-type: none"> • In your region, who are the actors involved in the fight against gender-based violence? (Explore the different sectors: public, private, civil society, etc.) • What do you think of the profile of these players? • What actions have you identified to prevent and/or respond to gender-based violence? |
| The national response to GBV in Cameroon | <ul style="list-style-type: none"> • Tell us about Cameroon's national response to gender-based violence. • How is this national response organised? • What do you think of its impact on the ground? |
| The strengths and weaknesses of this national response | <ul style="list-style-type: none"> • What are the strengths of Cameroon's national response to GBV? • What are the weaknesses of the national response to GBV in Cameroon? |
| Existing documentation on GBV | <ul style="list-style-type: none"> • What do you think of the existing documentation on GBV in Cameroon? • Do you think this documentation could help us to redirect our policies in the fight against GBV? |
| Recommendations and suggestions for improving prevention and care for survivors. | <ul style="list-style-type: none"> • What concrete action is being taken to prevent GBV in Cameroon? • What suggestions do you have for improving prevention? • What concrete action is being taken to support survivors? • What can be done to improve care for survivors of gender-based violence? |

Appendix3: Summary tables

Table 2: Data on cases of GBV recorded by MINPROFF services in 2024, by type of GBV and by region.

| Region | Number of cases | Rape | Sexual assault | Physical assault | Forced marriages | Denial of resources | Psychological violence | MGF | Femicide | Other |
|-----------------|-----------------|------|----------------|------------------|------------------|---------------------|------------------------|-----|----------|-------|
| Adamawa | 173 | 9 | 0 | 83 | 21 | 0 | 40 | 0 | 0 | 20 |
| Centre | 949 | 0 | 178 | 220 | 0 | 134 | 417 | 0 | 0 | 0 |
| East | 670 | 32 | 26 | 156 | 30 | 202 | 221 | 0 | 3 | 0 |
| Far North | 1371 | 35 | 84 | 318 | 169 | 418 | 288 | 5 | 0 | 54 |
| Coastline | 391 | 0 | 5 | 98 | 0 | 94 | 194 | 0 | 0 | 0 |
| North | 552 | 0 | 0 | 217 | 44 | 99 | 189 | 0 | 3 | 0 |
| Northwest | 249 | 3 | 2 | 68 | 0 | 84 | 92 | 0 | 0 | 0 |
| West | 325 | 17 | 4 | 106 | 1 | 37 | 146 | 14 | 0 | 0 |
| South | 530 | 0 | 0 | 182 | 0 | 82 | 264 | 0 | 2 | 0 |
| South West | 1476 | 46 | 195 | 445 | 6 | 310 | 414 | 0 | 0 | 0 |
| National | 6626 | 142 | 494 | 1893 | 271 | 1460 | 2265 | 19 | 76* | 74 |

* At national level, 76 cases were recorded in 2024. However, these cases are not being passed on to central services.

Source: MINPROFF Planning and Statistics Unit.



Table 3: Data from administrative sources available on acts and forms of GBV from the DGSN

| Region | Gender desk | Month | Domestic violence | Sexual harassment | Rape | Violence against pregnant women | Blows and injury | Insults | Death threats | Total | |
|------------|-------------|---------------------------------|-------------------|-------------------|------|---------------------------------|------------------|---------|---------------|-------|----|
| South West | KUMBA | November 2023 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 4 | |
| | | March 2024 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 3 | |
| | | April 2024 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 3 | |
| | | May 2024 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 6 | |
| | | June 2024 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | |
| | | July 2024 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | |
| | | August 2024 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | |
| | | September 2024 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | |
| | | October 2024 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| | | April 2024 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| BUEA | | May 2024 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | |
| | | June 2024 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | |
| | | Sept 2024 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | | December 2023 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 3 | 6 |
| | | March 2024 | 25 | 0 | 4 | 0 | 0 | 0 | 2 | 2 | 33 |
| LIMBE | | May 2024 | 5 | 0 | 0 | 0 | 1 | 2 | 2 | 10 | |
| | | August 2024 | 3 | 0 | 1 | 0 | 0 | 0 | 5 | 9 | |
| | | Year 2023 | 0 | 0 | 4 | 2 | 3 | 0 | 0 | 9 | |
| Far North | KOUSSERI | 2 nd quarter of 2024 | 0 | 1 | 3 | 0 | 2 | 2 | 0 | 8 | |

Source: Délégation Générale à la Sûreté Nationale, 2024.

Table 4: Data available from administrative sources on acts of rape and violence inflicted by a partner in 2024.

| Region | Rape | Intimate partner violence | Total |
|--------------|-------------|---------------------------|-------------|
| Adamawa | 43 | 76 | 119 |
| Centre | 490 | 1163 | 1653 |
| East | 163 | 366 | 529 |
| Far North | 145 | 160 | 305 |
| Coastline | 415 | 480 | 895 |
| North | 58 | 90 | 148 |
| Northwest | 270 | 357 | 627 |
| West | 283 | 290 | 573 |
| South | 83 | 304 | 387 |
| South West | 271 | 234 | 505 |
| Total | 2221 | 3520 | 5741 |

Source: DHIS2, MINSANTE, January to December 2024

RÉPUBLIQUE DU CAMEROUN
Paix-Travail-Patrie

Ministère de la Promotion de
la Femme et de la Famille



REPUBLIC OF CAMEROON
Peace-Work-Fatherland

Ministry of Women's
Empowerment and the Family



SITUATIONAL ANALYSIS GENDER-BASED VIOLENCE IN CAMEROON

August 2025

