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## **PTSD among Kidnapped and Raped Women from the Anglophone Regions of Cameroon Related to the Secessionist Armed Conflict**

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### **Abstract**

The aim of the study was to investigate symptoms of PTSD among women from the Anglophone regions of Cameroon related to the secessionist armed conflict that has been ravaging the regions since 2016. Three hundred and two women from four cities in the restive Anglophone regions of Cameroon and Douala, one of the Francophone regions, completed a questionnaire measuring PTSD. Of the respondents, 55.3 % had been kidnapped, and 36.1 % had been raped during the conflict. A significantly higher percentage of internally displaced women had been victimised compared to others. They also suffered significantly more often from symptoms of PTSD due to the conflict. Both kidnapped and raped women reported significantly higher scores on PTSD than non-victimised women; both groups reported anger and aggression and trouble remembering the conflict. Kidnapped women also reported specifically strong negative feelings like fear, horror, and shame, while raped women reported higher scores on having trouble experiencing positive or loving feelings, and experienced strong physical reactions when reminded of the conflict. The study revealed that PTSD among women from the Anglophone regions of Cameroon was related to victimisation from kidnapping, rape, and internal displacement during the secessionist armed conflict.

**Keywords:** kidnappings, rape, internal displacement, PTSD, women, Anglophone crisis, Cameroon

## Introduction

Gross human rights violations such as the extensive burning of villages, shops, homes, schools, and hospitals, torture, kidnapping, rape, and extortions of civilians has been documented in the Anglophone crisis in Cameroon (Human Rights Watch, 2022). Atrocities have been committed by both governmental troops and armed separatist fighters. Women have unfortunately borne the brunt of this conflict. An overwhelming majority of internally displaced persons in the world are women and children (UN High Commissioner for Human Rights, 2023). They are often trapped in conflict zones, caught in the crossfire, they become targets, or used as pawns by the belligerents and consequently suffer from the worst forms of human rights violations including physical attack, kidnapping, and rape.

Although several studies have investigated the psychological distress suffered by individuals exposed to wars and conflicts (Ba & Bhopal, 2017; Hynes, 2004; Ibrahim et al., 2023; Kinyanda et al., 2010; Musisi & Kinyanda, 2020) most of them have focused on post-traumatic stress (PTSD) suffered by refugees affected by war trauma and post-migration conditions in the receiving countries (Bogic et al., 2015; Henkelmann et al., 2020). The literature on PTSD experienced by internally displaced women due to kidnapping and rape, and on how age, marital status, and educational level of women are related to symptoms of PTSD due to conflict is limited.

The present study aimed to investigate PTSD among women from the Anglophone regions of Cameroon in relation to victimisation from kidnappings, rape, and internal displacement during the secessionist armed conflict.

## The Anglophone Crisis in Cameroon

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

Unsatisfied by this display of dominance by the majority Francophone Central Government for decades, some groups of Anglophones decided to retaliate by declaring the independence of Southern Cameroon in 1999 (Shulika & Tella, 2022). Though this declaration failed, it was followed by a series of protests over the years, culminating in the Anglophone lawyers' and teachers' demonstrations, and eventually demonstrations by the masses in October 2016 (Shulika & Tella, 2022).

The Anglophone regions of Cameroon have been under an armed secessionist conflict since October 2016, as the various groups involved in the fighting have asked for a return to federalism (as was the case during the Reunification of Cameroon in 1961) or the complete independence of the Anglophone regions in the form of a new nation called Ambazonia (Nganji & Cockburn, 2020). When the protest started in October

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

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

The government's response to these peaceful protests by the lawyers and teachers was inappropriate. The protests were heavily cracked down; some protesters were beaten and incarcerated.

In solidarity with their colleagues, the Anglophone lawyers and teachers responded to the government's indiscriminate use of force by shutting down all the courts and schools in the Anglophone regions (Anchimbe, 2018).

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

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

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

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

separatists attacked and burnt houses, killing 25 people including women, and children (Fokwen, 2023).

The Anglophone crisis has also led to the displacement of 712,000 people who were internally displaced in the Anglophone regions and in some Francophone regions by August 2021, and at least 2.2 million people in need of humanitarian assistance in the Anglophone regions of Cameroon (Human Rights Watch, 2022). Additionally, tens of thousands have fled to neighboring Nigeria where a refugee camp has been established for them (Anchimbe, 2018).

The armed separatist fighters have violently enforced a boycott on education since 2017 and continue to attack educational professionals and students (Human Rights Watch, 2022). The International Crisis Group (2023) reports that close to 600,000 children are today being deprived of education in these Anglophone regions.

### **Internal Displacement**

Internally displaced persons (IDPs) are people who have been forced to leave their area of habitual residence because of generalized violence, violations of human rights, natural or human-made disasters etcetera but have not crossed internationally recognized borders (Koshe et al., 2023; Ibrahim et al., 2023). According to data from the end of 2022, over 71.1 million people across the world were internally displaced persons as a result of disasters, violence, and conflicts in many parts of the world (UN High Commission for Human Rights, 2023). According to the UN Office of the High Commission for Human Rights (2023), most of these internally displaced persons are women and children who remain at high risk of being sexually assaulted, physically attacked, abducted, and frequently deprived of adequate food, shelter, and health services.

Internally displaced women are often exposed to violence and traumatic events like kidnapping, starvation, rape, and murder threats, thus making them vulnerable to psychological disorders like PTSD (Ibrahim et al., 2023; Koshe et al., 2023; Madoro et al., 2020). It has been found that the longer the displacement period, the more likely the person will experience behavioral problems (Siriwardhana et al., 2013). Internally displaced women are often disadvantaged compared to refugees because their displacement is not covered by international legal conventions like those applied to refugees (Siriwardhana et al., 2013). Unlike refugees who usually receive assistance from international agencies, internally displaced women do not receive assistance from international agencies except when their national government requests it (Ibrahim et al., 2023). They are often neglected, especially when their displacement is prolonged and end up suffering from adverse economic, social, cultural, and mental health problems.

### **Kidnapping**

Kidnapping has been considered as an egregious crime that has devastating consequences on the victims as well as the entire community (The UN Office on Drugs

and Crime, 2023). PTSD is a chronic and recurring mental health disorder (Freedy et al., 2010) that has been found to be the most common mental problem of victims from traumatic events like kidnapping (Koshe et al., 2023; Madoro et al., 2020; Salcioğlu, 2013).

The Anglophone regions of Cameroon have been marked by kidnappings and extortion by armed separatist fighters since the onset of the Anglophone crisis; the culprits have no fear of being held accountable either by their leaders or law enforcement officers (Human Rights Watch, 2022). People are being kidnapped and held in captivity for days, weeks, and months before being released (Lee et al., 2023).

## **Rape**

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

Rape is any act of non-consensual anal, vaginal, or oral penetration of a sexual nature in the body of another person with the use of an object or any bodily part, including the use of physical violence or putting the victim in a situation where s/he cannot refuse but forced to comply because of fear (UN Women, 2023).

Rape has been found to have devastating effects on a woman's reproductive health including unwanted pregnancies, unsafe abortions, and the spread of sexually transmitted diseases (STDs), it has also been found to lead to mental conditions such as PTSD and even suicide (Kong et al., 2023).

In most wars on the African continent, civilians are being targeted and women are often victims of sexual violence such as rape, causing horrendous trauma syndromes like anxiety, depression, and PTSD (Musisi & Kinyanda, 2020). Apart from bodily harm, the direct threat to their lives, or the war-related socioeconomic stressors that conflict-affected populations in Africa generally face, women are often victims of sexual abuse, and this leads to an increased risk of developing symptoms of PTSD (Ibrahim et al., 2023).

Since the outbreak of the Anglophone crisis in Cameroon between the government and the armed separatist fighters, women and girls in the Anglophone regions have experienced an increase in rape cases, forced marriages, dispossession, displacement, and other gender-based violence (Cyril et al., 2023). Reported cases of pregnancies from rape have also been abounding since the onset of the crisis in October 2016 (Cyril et al., 2023). It has been reported how rape has become a weapon of war by armed separatist fighters and government troops in this part of the country (Jackson, 2019)

Radio France Internationale (RFI) (2020) has reported that women bear the brunt of violence in Cameroon's Anglophone crisis; from forced prostitution to giving birth in the bush, struggling to take care of their families, and being unable to go to school, women in Anglophone regions of Cameroon continue to suffer unabatedly because of the Anglophone crisis.

## **Method**

### **Sample**

Three hundred and two women from the Anglophone regions and Douala in the Littoral francophone region of Cameroon completed a questionnaire. The mean age in the sample was 34.4 years (SD 12.7). During the conflict 167 (55.3 %) of the respondents had been kidnapped and 109 (36.1 %) had been raped. Of the respondents, 74.8 % (n = 226) were internally displaced while 25.2% (n = 76) were not. The mean age of the internally displaced women was 33.9 years (SD 12.7), while that of those not displaced was 35.8 years (SD 12.8). The age difference was not significant [ $t_{300} = 1.1$ , ns]. The educational level of the respondents was: 4.6 % no education, 21.2 % postgraduate, 17.5 % primary, 44.4 % secondary/high school, and 12.3 % undergraduate. Their marital status was: 43.7 % single, 38.4 % married, 9.3 % separated, 6.3 % widowed, and 2.3 % divorced.

### **Instrument**

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

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

Response alternatives were on a five-point scale (0 = never, 1 = seldom, 2 = now and then, 3 = often, 4 = very often). Cronbach's Alpha for the scale was .95. The questionnaire also contained items for measuring the following traumatic events due to the crisis: kidnappings, rape, injury, killings, and hearing gunshots.

## **Procedure**

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

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

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

The leaders coordinated the process of administering the questionnaire by acting as liaisons between the researchers and the women and encouraged them to fill in the questionnaire.

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

The Anglophone community leaders, church leaders, and local organizations working to help the internally displaced and not displaced women gathered them into groups to facilitate the answering process of the questionnaire. The researchers also moved around safe areas within the communities of Mamfe, Buea, Mutengene, Bamenda, and in specific target areas in Douala, where respondents were assembled to administer the questionnaire to the women. The data collection process took place from September 11 to October 18, 2023.



Ethical Considerations

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

Results

Exposure to Traumatic Experiences Due to the Conflict

Of the respondents, 55.3 % (n = 167) had been kidnapped, and 36.1 % (n = 109) had been raped during the conflict. Table 1 illustrates the percentages of internally displaced, and not displaced, women who had been exposed to different traumatic experiences due to the conflict. A significantly higher percentage of internally displaced women had been raped or kidnapped or both since the onset of the conflict compared to those who were not internally displaced. Only three respondents (1 %) had not heard gunshots close to their settlement during the conflict.

**Table 1.** Percentages of Women, Internally Displaced (n =226) and Not Displaced (n = 76), who had Been Exposed to Traumatic Experiences Due to the Armed Conflict. Significant Differences Are Measured with Chi-square.

	Among Internally Displaced (n)	Among Not Displaced (n)	$\chi^2$	df	p
Was kidnapped	58.8 % (133)	44.7 % (34)	4.58	1	.032
Was raped since the onset of the conflict	39.8 % (90)	25.0 % (19)	5.42	1	.020
Was both kidnapped and raped	33.2 % (75)	19.7 % (15)	4.92	1	.030
Unwanted pregnancy due to rape	19.5 % (44)	13.2 % (10)	1.54	1	ns
Someone was forced to pay ransom for the woman to be released	58.8% (133)	46.1% (35)	3.77	1	.052
Has relatives who were severely injured/maimed during the armed conflict	85.8 % (194)	85.5 % (65)	0.00	1	ns
Has relatives who were killed during the conflict	81.0 % (183)	81.6 % (62)	0.01	1	ns
Had witnessed the act that killed relatives	39.8 % (90)	28.9 % (22)	2.88	1	.090
Relatives were kidnapped	74.8% (169)	69.7% (53)	0.74	1	ns
Someone was forced to pay ransom for the relatives to be released	73.0% (165)	68.4% (52)	0.59	1	ns



The length of time some of the women and some of their relatives were held in abduction is presented in Tables 2.

**Table 2.** Length of Time the Women (n = 163) and their Relatives (n = 79) Were Held in Abduction

Length of Time	Number of Kidnapped	
	Women	Relatives
4-5 hours	3	2
2-10 days	25	24
One week	46	7
Two weeks	46	11
Three weeks	8	8
Four weeks	4	1
One month	21	12
Two months	7	5
Above three months	3	9

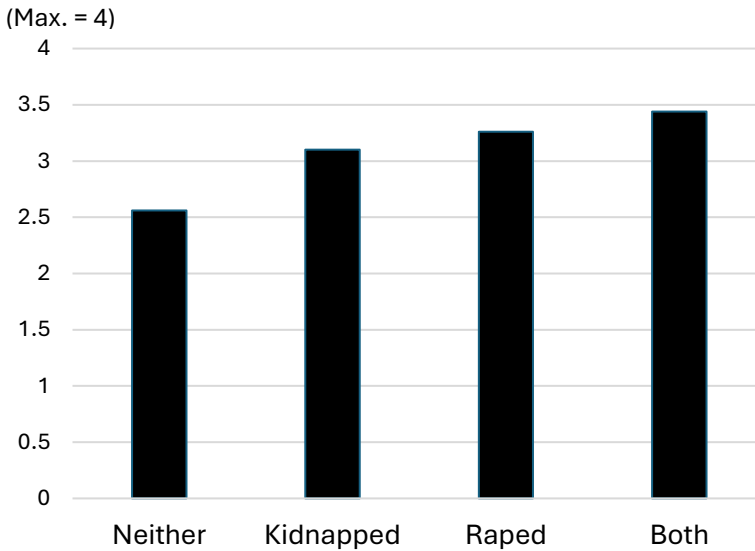
### The Full PTSD-Scale: Kidnapping, Rape, and Internal Displacement

Of the respondents, 116 (38.4 %) had not been either kidnapped or raped, 77 (25.5 %) had been kidnapped but not raped, 19 (6.3 %) had been raped but not kidnapped, and 90 (29.8 %) had been both kidnapped and raped.

A oneway ANOVA revealed a significant difference between the four groups regarding symptoms of PTSD ( $F_{(3, 298)} = 22.80, p < .001, d = .187$ ) (Fig 1.). Post Hoc tests showed that the women who had not been kidnapped neither raped had significantly less symptoms of PTSD than the other three groups ( $p < .001 - .005$ ). There was no significant difference in levels of PTSD for women who had been kidnapped but not raped and those who had been raped but not kidnapped. Women who had been both kidnapped and raped showed a tendency to more frequent symptoms of PTSD compared to those who had been kidnapped but not raped ( $p < .051$ ). There was no significant difference to those who had been raped but not kidnapped.

The internally displaced women (3.08) suffered significantly more often from symptoms of PTSD (the full computed scale) due to the conflict compared to those who were not internally displaced (2.79) [ $t_{(300)} = 2.52, p = .012, d = .85$ ]. A significant positive correlation was found between symptoms of PTSD and age ( $r = .11, p = .049$ ). The marital status and educational level of the women were not related to the level of PTSD symptoms.

Fig. 1. Mean values on symptoms of PTSD among women from four different groups (N = 302).



### PTSD Single Items

A multivariate analysis of variance (MANOVA) was conducted with kidnapped/not kidnapped, and raped/not raped as independent variables and the 12 single items of the PTSD scale as dependent variables. The multivariate analysis was significant for both kidnapping and rape (Table 3). No interaction effect was found.

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

**Table 3.** Results of a Multivariate Analysis of Variance (MANOVA) with Kidnapped (yes/no), and Raped (yes/no) as Independent Variables and 12 Items Measuring Symptoms of Post Traumatic Stress as Dependent Variables (N = 302).

	F	df	p ≤	$\eta_p^2$	Means Yes	No
<b>Effect of Kidnapping</b>						
Multivariate Analysis	2.47	12, 287	.004	.094		
Univariate Analyses						
a) Behaving irritably or aggressively, having angry outbursts.	2.03	1, 298	ns	.007	3.11	2.55
b) Strong negative feelings like fear, horror, anger, or shame.	<b>17.40</b>	1, 298	.001	.055	3.46	2.72
c) Feeling upset when reminded of the conflict.	2.36	1, 298	ns	.008	3.34	2.87
d) Repeated, disturbing, and unwanted memories of the conflict.	4.16	1, 298	.042	.014	3.39	2.88
e) Trouble falling asleep.	3.48	1, 298	.063	.012	3.18	2.65
f) Feeling distanced or cut off from other people.	1.93	1, 298	ns	.006	3.23	2.75
g) Trouble experiencing positive or loving feelings.	4.14	1, 298	.043	.014	3.25	2.58
h) Repeated, disturbing dreams about the conflict.	5.18	1, 298	.024	.017	3.24	2.62
i) Experiencing strong physical reactions when reminded of the conflict.	6.44	1, 298	.012	.021	3.37	2.68
j) Loss of interest in activities that you used to do.	7.48	1, 298	.007	.024	3.18	2.55
k) Feeling jumpy or easily startled.	8.38	1, 298	.004	.027	3.26	2.61
l) Trouble remembering the conflict.	<b>12.83</b>	1, 298	.001	.041	3.39	2.50
<b>Effect of Rape</b>						
Multivariate Analysis	2.78	12, 287	.001	.104		
Univariate Analyses						
a) Behaving irritably or aggressively, having angry outbursts.	<b>18.64</b>	1, 298	.001	.059	3.23	2.65
b) Strong negative feelings like fear, horror, anger, or shame.	4.25	1, 298	.040	.014	3.46	2.94
c) Feeling upset when reminded of the conflict.	13.53	1, 298	.001	.043	3.48	2.93

d) Repeated, disturbing, and unwanted memories of the conflict.	9.90	1, 298	.002	.032	3.48	2.98
e) Trouble falling asleep.	13.19	1, 298	.001	.042	3.35	2.72
f) Feeling distanced or cut off from other people.	12.58	1, 298	.001	.041	3.39	2.80
g) Trouble experiencing positive or loving feelings.	<b>18.09</b>	1, 298	.001	.057	3.44	2.67
h) Repeated, disturbing dreams about the conflict.	12.42	1, 298	.001	.040	3.36	2.74
i) Experiencing strong physical reactions when reminded of the conflict.	<b>14.23</b>	1, 298	.001	.046	3.50	2.81
j) Loss of interest in activities that you used to do.	9.94	1, 298	.002	.032	3.32	2.66
k) Feeling jumpy or easily startled.	7.01	1, 298	.009	.023	3.34	2.76
l) Trouble remembering the conflict.	<b>15.88</b>	1, 298	.001	.051	3.56	2.67

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## Discussion

### Summary of Findings

Frequent symptoms of PTSD were found in the sample of female victims of kidnapping and rape related to the armed secessionist conflict in the Anglophone regions of Cameroon. This is in line with previous findings showing that women who have suffered kidnapping and/or rape due to wars and conflicts are prone to symptoms of PTSD (Ba & Bhopal, 2017; Franco et al., 2006; Freedy et al., 2010; Kinyanda et al., 2010; Koshe et al., 2023; Musisi & Kinyanda, 2020; Roberts et al., 2008). Kidnapping is not only a gross violation of human rights but also the uncertainty characterizing the outcome is a life stressor to the victim and the individual's family and immediate environment (Franco et al., 2006). According to the UN Population Fund (2018), the violence in the Anglophone regions of Cameroon has led to deep psychological trauma for many of the women who were either victims or witnesses of violence, and the situation is even more alarming for women who are survivors of any form of gender-based violence. Gender-based violence has been on the rise in these Anglophone regions since the onset of the conflict (UN Population Fund, 2018).

In the present study, women who had been kidnapped or raped, or both, scored significantly higher than women who had not been victims of either of them on

symptoms of PTSD. Kidnapped women scored higher on strong negative feelings like fear, horror, anger, or shame, and trouble remembering the conflict. Women who had been raped scored significantly higher than the others, particularly on behaving irritably or aggressively, having angry outbursts, trouble experiencing positive or loving feelings, experiencing strong physical reactions when reminded of the conflict, and trouble remembering the conflict.

The present study showed that internally displaced women suffered significantly more often from symptoms of PTSD (the full computed scale) due to the conflict in the Anglophone regions of Cameroon when compared to those who were not internally displaced. Out of the 302 women to whom the questionnaire was administered, 75% were internally displaced. A significantly higher percentage of the internally displaced women had either been raped, or kidnapped, or both, since the onset of the conflict compared to those who were not internally displaced. The finding is in line with the study by Arnoso-Martínez et al. (2017) who found that internally displaced women faced high levels of symptoms of PTSD because of the violence and the psychological damage resulting from the forced relocation and worsening quality of life.

### **Limitations of the Study**

The study has limitations which should be noted. The first limitation is the number of cities in which the questionnaire was administered: Bamenda, Buea, Mamfe, Mutengene (Anglophone regions), and Douala (Francophone region). The internally displaced women of the Anglophone crisis can be found in at least seven out of the ten regions of Cameroon. Thus the results cannot be applied to the whole of Cameroon. The questionnaire was only administered in three regions. Furthermore, the study focused only on PTSD among women. It should be noted that also men, children, and adolescents have been tremendously affected because of this secessionist armed conflict plaguing the Anglophone regions of the country.

### **Implications of the Study**

No previous study has focused on PTSD among women from the Anglophone regions of Cameroon related to the secessionist armed conflict that has been ravaging these regions since 2016. The study demonstrates that exposure to traumatic events like the case of the Anglophone crisis contributes significantly to symptoms of PTSD among the investigated women. This study can hopefully enlighten the government of Cameroon and the international community about gross human rights violations committed against women in these Anglophone regions of Cameroon. Hopefully, it will also catalyze the aspirations for a peace deal that will bring together all the sons and daughters of Cameroon to a round table negotiation capable of paving a pathway for a peaceful settlement of the crisis for the betterment of women of these regions and Cameroon in general.

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

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

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