Resisting in Silence: Coping with Gender-Based Violence among Internally Displaced Persons in Cameroon

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Abstract: The phenomenon of Gender-Based Violence (GBV) remains a significant problem in zones of conflict, particularly among Internally Displaced Persons (IDPs). Survivors of GBV in Cameroon experience continuous sexual, physical, emotional, and economic violence perpetrated by husbands, armed men, community members, and at times, by humanitarian workers. This study aims to understand the coping strategies of these survivors, which, in most GBV studies, are rarely the focus of attention. The study aims to answer the following three questions: which coping strategies are adopted by Internally Displaced Survivors of GBV in Tiko Sub-Division, Cameroon? How do gender, religion, social support networks, and other relevant factors influence these choices? How do the survivors themselves assess the impact of the coping strategies adopted? A mixed-methods approach that integrates quantitative and qualitative data was employed in this study. One hundred IDP survivors of GBV participated in the study, comprising 76 women and 24 men, through quantitative surveys and qualitative in-depth interviews. The study was guided and analyzed through the Feminist Theory, the Social Ecological Model, and the Power and Control Wheel, which explains the causes of GBV and the power relations involved. These insights assist us in understanding the impact of harmful customs, pervasive gender discrimination, inadequate protective measures, and prevailing conflicts on the risks and experiences of GBV. The results emphasize the lack of more comprehensive support systems centered on the survivor.

Keywords: Gender-Based Violence (GBV), Internally Displaced Persons (IDPs), Coping Strategies, Conflict and Displacement, Feminist Theory, Humanitarian Crisis.

INTRODUCTION

The issue of gender-based violence (GBV) is especially pronounced in the context of international and internal displacement due to armed conflict, political strife, and natural disasters. It poses a critical challenge in the context of humanitarian crises and is of particular concern to Internally Displaced Persons (IDPs). Tiko Sub-Division in Cameroon is currently accommodating a large number of IDPs as a result of the Cameroon Anglophone crisis, which is characterized by the presence of women and children. Much has been written on violence in relation to gender-based violence (GBV) in terms of its manifestation and perpetration. Much less attention is given to the experiences of survivors.

The current study focuses on the internally displaced persons (IDP) within the context of Tiko Sub-Division who have specifically survived gender based violence (GBV) and how they go about managing their experiences. The study seeks to address the following three questions:

1. What coping strategies are undertaken by IDP survivors of GBV in Tiko Sub-Division?

2. Coping strategies are influenced by gender, religion, social support systems, and other relevant considerations. What are these other considerations?

3. From the perspectives of survivors, how are the effectiveness of these coping strategies evaluated?

REVIEW OF LITERATURE

Gender-based violence (GBV) encompasses acts of violence perpetrated on individuals owing to their gender. These acts of violence include physical, sexual, psychological violence, and economic abuse. GBV is fundamentally about the abuse of power and the attempt to control or harm other people. Generally, women and girls are survivors, but men and boys can also suffer the consequences. The risk of GBV increases in the context of conflict and displacement because of inadequate security, destitution, and disintegration of social order.

Research shows that GBV is exacerbated by wars and conflicts. From the studies conducted by UNHCR (2021) and the International Rescue Committee (2020), it is noted that women in refugee camps are highly subjected to rape, forced marriages, and domestic violence. Cameroon is one of the countries witnessing the Anglophone conflict, which has internally displaced hundreds of thousands of people. Most of the people are living in severe fear, insecurity, and impoverished conditions. Research conducted by Fonchingong (2020) and Nfi in (2021) indicates that women of the displaced population from Northwest and Southwest regions suffer from physical and sexual violence and torture.

Scholars such as Lazarus and Folkman (1984) have studied coping as the ways people handle stress. Coping strategies can be emotional (praying, crying), social (talking to others), or practical (avoiding danger). Factors like gender, religion, and family support shape the coping strategies used. In Cameroon, displaced women often turn to prayer, trusted community members, or NGOs for help, although many keep silent due to stigma and fear of not being believed (Wandia, 2023).

THEORETICAL FRAMEWORK

To explain the incidence of GBV and the coping mechanisms employed by the survivors, this study adopts and applies three major theories;

First is Feminist Theory as outlined by Cockburn (2004) and Hooks (2000). This theory depicts a framework of society which allocates more power to men and subjugates women. These power differentials escalate during times of conflict and war. Women and girls become more susceptible to violence due to lack of protection and diminished rights. Feminist Theory also emphasizes that women do not passively accept violence and oppression. They have the capability to challenge and resist. This perspective allows us to appreciate survivors as resourceful individuals who strive to manage and navigate their circumstances, rather than viewing them as passive and powerless.

The second theory is the Social Ecological Model from Heise (1998) and Bronfenbrenner (1979). This model illustrates that violence and coping mechanisms are not the consequence of a single factor. Rather, there are multiple layers that impact one's context. These layers are the individual (their thoughts and feelings), close friends and

family, the individual's community, and the broader society with its culture and laws. At each of these levels, there are interactions that can increase one's risk of violence or can enable coping. For instance, a person may enjoy strong family support (relationship level) but live in a community that is rife with violence (community level). This model allows for increased understanding of the complex reality of GBV in conflict settings such as Tiko Sub-Division.

The third framework is the Power and Control Wheel by Pence and Paymar (1984). This wheel illustrates the various means by which abusers manage and harm survivors. It includes intimidation, threats, emotional abuse, economic control, and isolation from friends and family. In conflict-affected regions with poor functioning police and court systems, these kinds of abuse are perpetrated with greater impunity. This framework sheds light on why so many survivors feel so trapped, and why coping is mitigated. It also demonstrates that the power of the abuser is not simply physical, but also emotional and economic.

These three frameworks, combined, assist us in analyzing the causes of GBV, as well as the difficulties that survivors encounter in coping with it. These frameworks also assist in the analysis by demonstrating the extent which entrenched power imbalances and the context of social and structural environments shaped violence and survival.

METHODOLOGY

This research adopts a mixed method, which is a combination of both quantitative data, which is made up of numbers, and qualitative data, consisting of experiences or stories, in order to comprehend GBV coping mechanisms among IDPs within Tiko Sub-Division.

As far as the quantitative element is concerned, the data was collected from 100 IDP survivors, consisting of 76 females and 24 males. The participants for the research have been taken through purposive sampling and have been limited to those who have suffered some form of GBV. The data has been collected and a structured questionnaire approach has been adopted. The questionnaire consisted of several domains, including the demographics of the participants, the form of GBV that the participants have suffered, and the coping strategies that have been employed. The answers have been analyzed and the answers have been captured in a spreadsheet, and the analysis of the data has been conducted employing the use of descriptive statistics, including the calculation of the percentage and the frequency.

For the qualitative aspect, the researcher undertook deeper detailed interviews with 12 survivors in order to broaden understanding of their experiences and coping mechanisms. Additionally, 4 key informants were interviewed to offer a broader perspective. These included staff from NGOs and community and social workers who have close interaction with displaced and GBV survivors. The response to the inquiry was guided through open-ended questions which enabled the participants to speak without restrictions on their experiences, difficulties, and the services that they are provided or not provided.

The qualitative information acquired from the interviews was processed through thematic analysis. This suggests that the researcher went through each interview transcript, looking for recurring concepts. These concepts were essential in interpreting the underlying meaning of the survey results.

The integration of qualitative and quantitative methods enabled the research to demonstrate not only the number of participants employing specific coping strategies, but also the underlying motivations, feelings, and attitudes associated with these coping strategies. This approach enhanced the value and dependability of the results.

FINDINGS AND DISCUSSIONS

Coping Strategies Used by IDP Survivors of GBV in Tiko Cameroon

The table below presents the coping strategies used by internally displaced persons (IDPs) in Tiko Sub-Division after experiencing gender-based violence (GBV):

Table 1: Coping Strategies of GBV survivors in Tiko Cameroon

Coping Strategy	Frequency	Percentage
Praying/Religious Support	38	38%
Talking to Friends/Family	22	22%
Avoiding Unsafe Places	16	16%
Doing Nothing	13	13%
Seeking Help from NGOs	11	11%

From the table, it is evident that religious support was the most common way of coping, with 38% of the respondents. For survivors, religion became a strength that made them strong, comforted them, and healed them through hope. Many survivors felt that God would give them healing or punish the perpetrator. A woman survivor explained, "Only through praying do I have peace. I don't talk to anyone, but I talk to God every night." This study is supported by findings from Onyango & Hieß (2018) that showed that religion and spirituality became very vital tools for the female survivors in conflict zones across Africa.

This further validates Bronfenbrenner's Social-Ecological Model because it illustrates how spiritual organizations and cultural beliefs on a community level play a part in how survivors react to violence. For example, because churches and mosques are seen as trusted establishments in Tiko, survivors seek assistance from them.

Talking to friends or family members was the second most utilized coping strategy, as stated by 22% of the respondents. Most survivors found comfort, shared their pain, and decreased their loneliness through informal social networks. As indicated, one male participant reported, "I talk to my cousin about what happened. I cannot tell anybody else because I am ashamed, but he understands me." Again, this speaks to the microsystem or close relationships role in shaping the responses to trauma in the way that is outlined within Bronfenbrenner's model.

Along the same lines, Hooks (2000), in her work on feminism, emphasizes that supportive relationships become prime motivators in healing; this certainly applies more so in the context of women in oppressive situations. Such connections give emotional safety and remind survivors that they are not alone.

Avoiding unsafe places was a coping strategy among 16% of survivors. This is a form of self-protection that aims to avoid further trauma. For instance, a woman said, "Since the abuse happened near the market, I now avoid going there even when it means walking longer." This diminishes the chances of repeated violence but also restricts survivor movement, freedom, and access to income or food. Such responses link to Heise's ecological model of 1998, where survivors' behaviors are influenced by unsafe environments.

Of concern, 13% of survivors simply did nothing when they were subjected to GBV. The silence might be directly linked to feelings of shame, fear of the abuser, cultural demands, and non-belief in available help. A 20-year-old female IDP articulated, "I just kept quiet because I don't want people to laugh at me." Drawing on Butler's (2004) feminist argument that social conventions deprive survivors, particularly women, of their powers to resist as they learn to bear pains and harms. This also echoes UNFPA (2022) findings in crisis zones that often, abuse remains hidden as security and reporting mechanisms are generally very poor.

Only 11% sought help from NGOs. This relatively small number might indicate that survivors are either not aware of available services, or they might mistrust these services, fearing that reporting will bring no benefit. One woman said, "I don't know where to go, and people say NGOs just take your name and do nothing." This resonates with Cockburn's argument that sometimes humanitarian aid fails to reach or empower real survivors, especially in cases when it is top-down, not survivor-centered.

These findings indicate that most survivors utilize informal ways of coping, such as religion and friends, because these means are easily accessible, trusted, and free. However, only a few make use of the formal systems, including NGO support, possibly due to lack of awareness, fear, or disappointment with services. What's more, the fact that some survivors do nothing is extremely disturbing and shows just how profound the impact of fear, stigma, and helplessness has been.

These findings reflect, overall, not only feminist theory on how power, social structures, and personal relationships shape the ways in which people are situated with respect to experiencing and responding to GBV- hooks, Butler, Cockburn-but also an ecological model of how individuals experience violence by Bronfenbrenner and Heise. Survivors' decisions are influenced by their faith, families, culture, and access to support systems.

Factors Influencing Coping Choices

Figure 2 below shows the key factors that shaped how survivors of GBV in Tiko Sub-Division chose to cope with their experiences. The five main factors include gender roles, religious beliefs, social support networks, economic dependency, and cultural beliefs or stigma.
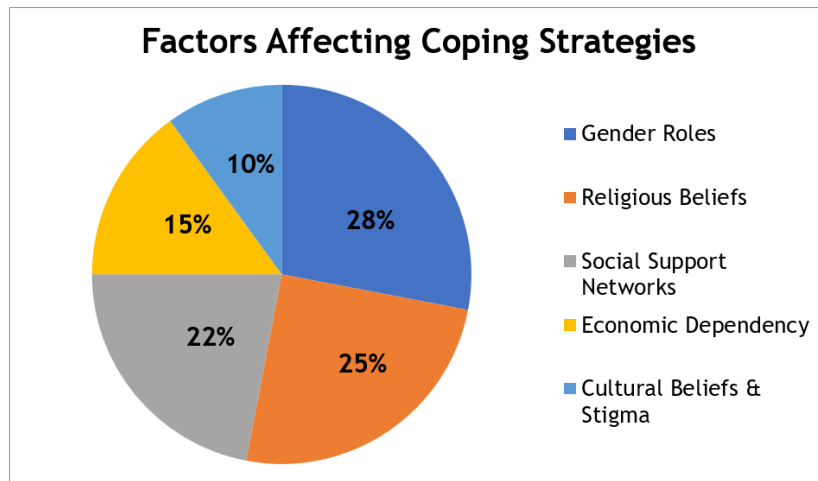
Fig 1: Factors Affecting Coping Strategy Selection

Figure 1 above also shows that the gender roles factor had the highest level of influence, with 28 participants (28%). Many survivors felt the role they had been expected to take in society, such as being a obedient wife or a good mother, had inhibited them from reporting the incident. For instance, a female survivor claimed that

"My husband said if I talk to anyone, I will bring shame to the family. A woman must be quiet and keep her home together, no matter what."

This corresponds with Feminist Theory, particularly from perspectives found in Cockburn (2004) and Butler (1990) who observe that societal notions of gender realities silence and condone violence in conflict zones. The Savior and Caregiver roles also limit a woman's ability to seek assistance and support.

Beliefs about religion affected 25% of responders. Prayer and forgiveness were considered only alternatives by some of the survivors. A 40-year-old female said:

"I leave everything to God. My pastor says we must forgive, even though it hurts." This finding is consistent with the notion posited by Heise (1998), as found in the Social-Ecological Model, which illustrates the manner by which religious systems may affect the manner in which individuals react to GBV within their communities. Religion may provide emotional solace, as well as act as a deterrent to seeking justice.

Having social support groups was significant for 22% of respondents. For those who had someone they trusted, like a close friend or family member, they were more likely to share about the violence they may have witnessed or received informal support. One male respondent said:

"I could not turn to my family, but I could turn to my friend at church, who ended up helping me. He made me feel like I wasn't alone." This aptly identifies the findings of Baines (2014), who emphasizes that informal support systems play an essential role for survivors in retrieving dignity and hope in times of crises.

Economic dependency was identified as a hindrance to survival for 15% of the survivors. It was revealed that some of the women were remaining in violent relationships because of a lack of economic freedom, especially single mothers. This showed how one of the survivors stated:

For example, "If I leave him, how will I feed my children? He controls all the money." This corresponds to the Power and Control Wheel by Pence & Paymar (1993), which defines the use of economic control as a trap as part of this category.

Finally, cultural beliefs and stigmas affected 10% of the subjects. Some of the women were worried that if they spoke about their abuse, they would be blamed or shunned by their society. A 25-year-old participant gave the following account:

"They will blame it all on me. They do not believe a husband is capable of raping his wife." This is in line with a study by Jewkes et al. (2002), which claims that in African society in general, the social taboo against those with disabilities is a major factor in preventing people with the condition from seeking help and judicial support or having recourse to justice.

Based on the coping mechanisms that GBV survivors used, as shown in the coping mechanisms identified in the findings placed above, it is sure that the process of coping with GBV is affected by social, cultural, and economic factors. Constriction of action due to dependence, social stigma, and religious influence, as well as lack of social support, are some of the elements that support Social Ecological Model theory, as identified by Bronfenbrenner in 1979, which suggested that GBV response can be affected at any given level: individual, relational, community, or societal levels.

I now introduce Section 5.3 entitled "Survivors' Evaluation of Their Coping Strategies," which is based on the layout provided in Table 2.

Survivors' Evaluation of Their Coping Strategies

Table 2 presents how survivors of GBV in Tiko Sub-Division rated the coping strategies they used. These include praying, talking to others, avoiding unsafe places, doing nothing, and seeking help from NGOs. The table shows whether each strategy was considered effective or not.

Table 2: Survivors' View on the Effectiveness of Coping Strategies

Strategy	Effective	Not Effective
Praying	24	14
Talking to Others	18	4
Avoiding Unsafe Places	12	4
Doing Nothing	2	11
Seeking Help from NGOs	10	1

Prayer was the most practiced coping technique. It was reported effective by 24 participants but not effective by 14. Prayer helped some of the survivors find emotional strength and consolation. A 38-year-old woman replied: "When I pray, I feel calm inside. It helps me survive the pain. For some survivors, prayer was insufficient on its own. A respondent stated that

> *"I prayed and prayed. The beatings just kept going." This ambivalence and mixed experience can be found in research carried out by Heise (1998), whose findings indicate that while spiritual ways of dealing with trauma can be effective on an emotional level, they cannot lead to a halt in violence. It is further underlined in Bronfenbrenner's Model (1979).*

Talking to other people, for example friends or neighbors or leaders of community organizations, was felt to be effective by 18 of 22 survivors who used this strategy. This is important to convey family members. A male respondent said:

> *»Talking to the girlfriend helped to realize that you were not alone." Talking to the friend made the survivor realize they were not alone. This is in support of the opinion by Baines, 2014, that overcoming the aspect of being alone is a component of taking control. The people who speak out withdraw less.*

Avoiding unsafe locations is also a strategy adopted positively by 12 survivors. This is where the survivors avoided locations where they had been previously attacked or harassed, such as market places, farms, or watering points. This indicates a type of protective mechanism. This strategy is, however, not effective, according to four survivors, because violence can occur at home or in unexpected locations.

Most of the survivors saw doing nothing as an ineffective strategy; only 2 found it helpful while 11 said it did not improve matters. These latter survivors reported feelings of powerlessness or normalization of the violence. One young woman elaborated:

> *"I was tired. I just kept quiet and waited for things to change." Such an attitude of silence and resignation is understood by Hooks (2000), who writes that long-term exposure to violence could make survivors feel hopeless or undeserving of rescue. It also reflects deep internalization of gendered oppression, especially in crisis settings.*

Lastly, seeking help from the NGOs was the most effective way with 10 out of 11 displaying a positive result. This was where the survivors accessed psychosocial services, legal assistance, or livelihood support. A 29-year-old female IDP said:

> *"The NGO provided me with counseling and training. Now I can support myself." This finding validates research by UNFPA (2022) and Amnesty International (2021) that recognize the significance of intervention by humanitarian agencies to address GBV-affected IDPs. This also proves the effectiveness of intervention approaches mentioned in the Social-Ecological Model based on community approaches.*

The results indicate that survivors' assessment of their coping strategies is not altogether positive. The emotional strategies of praying and talking to others were a source of solace yet still had limitations. The strategy of doing nothing rendered survivors helpless.

Formal support from NGOs was highly valued yet not always accessible to all. This analysis would, therefore, suggest that while personal strength remains important, support systems from outside are extremely important for enabling survivors to recover and rebuild their lives.

LIMITATIONS OF THE STUDY

There are a few limitations of the study. First, some survivors selected might not have reported their experiences accurately because of the emotional trauma the events caused. Second, the study was conducted only in Tiko, which may not represent regions in the rest of the Cameroon whose experiences people from that around the world. Third, participants might have been constrained to respond to certain questions because of the language, stress, and emotions during the interview.

RECOMMENDATIONS

To the community leaders, NGO staff, government officials, and relief agents, it is very essential that you provide more conducive environments for survivors of GBV to be offered the needed psychosocial and emotional support, as well as an opportunity for safe venting. This will go a long way in the recovery process. There is a great void in the educational response of community leaders and NGO staff. They require the correct understanding and level of training on GBV for appropriate actions to be taken. This will go a long way for survivors to access essential services with dignity. You must not forget the educational role you play in making the public aware about GBV awareness and the essential support required for survivors. Many survivors lack access to available support. Therefore, creating awareness for them can reduce stigmatization and encourage them to seek assistance. Financial assistance and psychosocial support are key. This is because survivors are facing great challenges in rebuilding their lives despite going through such trauma. Don't forget to include support for survivors who are male. They are affected too but are less recognized. Engage them in all support programs. By taking these steps, you can build a conducive arena for all survivors of GBV.

I would like to tell you, survivors of violence against women, that you're not alone and that your voices matter. Do the best you can to reach out to someone you can trust, maybe a family member or a friend or perhaps a leader in your community, and tell them what you've gone through. By speaking out, you can make yourself feel stronger and not so alone in what you're going through. If you can reach out to support groups, leaders of different faiths, or NGOs, please do so.

They can help you, safeguard you, and give you guidance to move forward. Do your best to safeguard your emotional and physical health by not being afraid to go to the doctor if you need to, and taking time for yourself to heal. Always remember that you're not to blame for what's happened to you and that you deserve to live a safe and respectful life free of violence. Do the best you can to not go to or be around people who might endanger you, but by no means should you give up hope because help is available and you can get back your life through seeking help.

CONCLUSION

The study has been able to reveal that gender-based violence is a major concern for the internally displaced persons living in Tiko Sub Division, Cameroon. A great majority of the survivors suffer physical violence, sexual, emotional, and economic violence. Because of the painful experience, many survivors seek ways to cope. While prayers are effective for some, other survivors talk to family and friends, avoid dangerous situations, and approach organizations for help. Despite these strategies, many survivors continue to suffer in silence. Incessantly they hide their suffering-out of fear of violence or shame of the judgment of society-or due to a lack of confidence in the help system available.

The coping mechanisms and strategies used by the survivors are highly influenced by the roles, religion, and the surrounding societies that the survivors belong to. These and many other factors combine to ensure that it becomes even harder for the survivors to come forward and seek help. Societal norms and stigma ensure that it is extremely hard for females to come forward and seek assistance. However, the survivors do find comfort in religion and social networks in other cases.

This study clearly indicates that more can and should be done for the survivors. Listening to the survivors express their needs and experiences is imperative. To take care of the survivors means that shelter havens that cater to psychological and health assistance as well as economic assistance that reduces their dependence on their abuser must be created. There must be more enlightenment and cooperation to do away with GBV.

The needs and struggles of the survivors, and the plight they face, can be improved by efforts aimed at helping survivors of GBV and others forcibly displaced through conflict. It is the responsibility of the citizenry to assist GBV survivors and rebuild the broken lives they face through crises and disasters.

This research can further be utilized for the assessment of the coping strategies that exist in other regions of Cameroon where conflict continues to occur. There is also a research gap when it comes to the long-term impact of GBV that internally displaced individuals suffer. The research will further help in widening the discussion that surrounds the topic when considering the case of male victims of GBV.

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RESEARCH INSTRUMENTS

Informed Consent Form

Dear Participant,

You are invited to participate in a research study titled "Resisting in Silence: Coping Strategies for Gender-Based Violence in Cameroon's Tiko Sub-Division Internally Displaced Persons." The purpose of this study is to explore the strategies used by internally displaced persons (IDPs) to cope with gender-based violence (GBV) in the context of the Anglophone crisis.

Participation is voluntary, and you may choose to withdraw at any time without penalty. All information provided will remain confidential and anonymous. Your name will not appear in any report resulting from this study.

There are no direct risks or benefits to you for participating in this study. However, your responses will help improve understanding and support for GBV survivors.

If you agree to participate, please sign below.

Name of Participant: _____

Signature: _____

Date: _____

Name of Researcher: _____

Signature: _____

Date: _____

A. QUESTIONNAIRE FOR IDP SURVIVORS OF GBV

Section 1: Demographic Information

1. Age: _____

2. Gender: □ Male □ Female □ Other

3. Marital Status: □ Single □ Married □ Separated □ Widowed

4. Number of Children: _____

5. Education Level: □ None □ Primary □ Secondary □ Tertiary

6. Occupation: _____

7. Duration of Displacement: _____

8. Duration of stay in current location: _____

9. Religion: _____

Section 2: Experience with GBV

10. Have you experienced any form of gender-based violence during displacement? □ Yes □ No

11. If yes, what type of GBV did you experience? (Tick all that apply)
□ Physical violence
□ Sexual violence
□ Psychological/emotional violence
□ Economic violence
□ Other (please specify): _____

12. Who was the perpetrator(s)?
□ Partner/spouse
□ Community member
□ Armed group/military
□ Humanitarian worker
□ Stranger
□ Other (please specify): _____

Section 3: Coping Strategies

13. What did you do after the incident(s)?
□ Reported to police
□ Reported to a community leader
□ Told a friend/family member
□ Prayed or sought religious help
□ Did nothing
□ Other (please specify): _____

14. What support helped you cope with the experience? (Tick all that apply)
□ Emotional support from family/friends
□ Religious or spiritual practices
□ Support from an NGO or counselor
□ Financial support
□ Community solidarity

□ Self-isolation

□ Other: _____

15. Have you received any counseling or psychosocial support? □ Yes □ No

16. In your opinion, which coping strategy was most helpful and why?

_____

17. What were the challenges you faced in coping?

_____

18. What support do you wish had been available to you?

_____

B. KEY INFORMANT INTERVIEW (KII) GUIDE

1. What forms of GBV are most common among IDPs in this area?

2. Which groups are most affected and why?

3. What are the most common ways survivors cope with GBV in this community?

4. Are there any cultural or religious practices that influence coping strategies?

5. What services exist to support survivors of GBV?

6. What are the main gaps in response services for survivors?

7. How do survivors' gender or age affect their access to support?

8. How can community actors better support coping and healing for survivors?

9. What role do NGOs or local leaders play in enabling safe coping strategies?

C. FOCUS GROUP DISCUSSION (FGD) GUIDE

Target Groups: Separate FGDs for Women IDPs, Men IDPs, and Youth IDPs (male/female mixed)

Introduction Prompt:

"Today we want to learn about how displaced persons, especially women and youth, cope with violence or abuse they may have experienced. You can share your views freely. Your names won't be used, and you can choose not to speak if you're not comfortable."

1. What challenges do women/men/youth face since displacement?

2. What kinds of violence or abuse are common here?

3. How do survivors usually react or cope after facing violence?

4. What support do survivors usually receive?

5. Are there traditional or religious ways people use to cope?

6. What barriers stop survivors from getting help?

7. What kind of support would help survivors heal better?

8. What advice do you have for others who are silently suffering?