Overview of Gender-Based Violence Situation in Somalia

Advocacy Brief, 2022
The already large number of recorded incidences of Gender-Based Violence (GBV) in 2021 continued to increase in 2022, especially for sexual violence and Intimate Partner Violence (IPV), due to multiple displacements, flooding, droughts and armed conflicts. An estimated 4.3 million people have been affected by natural disasters and armed conflict, while some 554,000 have abandoned their homes in search of water, food, and pasture in December 2021. The number of people requiring humanitarian assistance in 2022 has been estimated to 7.7 million. The delayed electoral process and tensions related to power struggles among political actors reinforced insecurity and limited mobility for people to seek livelihoods. As the drought and food insecurity persist in Somalia, women, and girls experience alarming levels of poverty and economic depravity: a precursor for increased vulnerability to GBV.

Since November 2021, over 600,000 people have been displaced due to the unprecedented drought. Rising food prices, sporadic conflict over resources, limited humanitarian support and interrupted market systems have all exacerbated the crisis, eroding livelihoods and crippling traditional coping mechanisms across the country, thus affecting the livelihoods of Somalia’s population. The drought has resulted in large scale crop failure and the death of livestock, impacting livelihoods and food supply. As a result, there have been increasing incidences of IPV, rape, sexual exploitation and harassment, and abuse, with higher impact on women and girls living with disabilities. In Internally Displaced Persons (IDP) camps and host communities’ inadequate physical infrastructure; distance to water points and markets; health facilities; schools; poor lightning; lack of doors on toilets; and lack of disaggregation of sanitary facilities are all major factors resulting in the increase of GBV exposure. Distance to distribution centers and lack of specific measures to ensure women’s inclusion and participation in food distributions continue to worsen levels of exposure of women and girls to GBV risks.

Somalia women and girls deserve to live a life in dignity and protection from GBV. This can only become a reality when humanitarian and development actors work together to provide an enabling legal and socio-political environment that encourages women and girls to participate and benefit equally from development mainstream activities with the context of multiple emergencies in Somalia. This document is produced with the aim of promoting advocacy and action among all humanitarian actors towards ending GBV in Somalia. This document is also a call to action by all, including donors, Governments, humanitarian and GBV actors for stronger partnerships and commitment to end violence against women and girls in Somalia.

Anders Thomsen
Representative, UNFPA Somalia

1HNO/HRP Somalia 2022
2Green Litmus Institute for Policy Studies (GLIPS); Somalia Drought Assessment Report 2021-2022
The boundaries on this map represent the pre-war regions of Somalia and do not imply any official endorsement or acceptance by the United Nations Population Fund (UNFPA).

Source: IDPs Figures by UNHCR Protection and Return Monitoring Network (PRMN).
Somalia’s population continues to suffer one of the most complex and protracted humanitarian crises in the world. The 2022 Somalia Humanitarian Response Plan (HRP) for the Gender-Based Violence (GBV) Area of Responsibility (AoR) had estimated that 2.3 million people will need GBV programs and services across Somalia. The estimated number of Persons in Need (PIN) increased by 51 per cent in 2022, compared with 1.7 million PIN in 2021. However, in the first months of 2022, the numbers surged and an additional 4.2 million people in Somalia will be requiring humanitarian assistance and support.\(^3\)

Women, adolescent girls, widows, divorcees, persons with disabilities, older women, divorced women, and women minority clans\(^4\) face heightened exposure to GBV, such as Intimate Partner Violence; rapes; sexual exploitation, harassment and abuse due to displacements, loss of livelihoods, food insecurity and poor infrastructure and sanitary conditions in IDP camps. According to a report by Joint Multi-cluster Needs Assessment (JMNC) of 2021, 29 per cent of respondents lacked proper bathing facilities, 26 per cent poor lighting, and 14 per cent privacy in shelter. The report also indicates that 69 per cent lacked lockable latrines; 93 per cent use common latrines that are far or not in proximity; 7 per cent reported the availability of separate facilities; 26 per cent reported lack of sanitation facilities and 37 per cent reported a complete lack of food. In addition, a report by Gender Based Violence Information Management System (GBVIMS) in 2021 indicated that 62 per cent of the reported GBV incidents were physical assault, 11 per cent rape, 10 per cent sexual assault, 7 per cent denial of resources, 6 per cent psychological/emotional abuse, and the remaining 4 per cent forced/early marriage.\(^5\)

Food insecure families experienced greater risk of IPV due to increased tensions resulting from having to share family resources, especially for polygamous families. The risk of exposure to sexual abuse and exploitation is more significant for women and girls, as they seek casual jobs or go to distribution sites to gain distribution of food or other Non-Food Items (NFIs).

Adult married women, adolescent girls, widows, divorced women, female headed households, pregnant and lactating women, orphans, women, and girls living with disabilities are subjected to various forms of violence and discrimination emanating from social status and gendered social norms. The risk of GBV is more significant for women and adolescent girls living with disabilities who are particularly disadvantaged, due to difficulty to report/escape violence or access services. Women and girls from minority clans also report feeling of exclusion and targeting for humanitarian assistance and are unable to assert their right to own land.\(^6\)

Pregnant and lactating women are also at major risks of abuse and violence, especially in the context of food insecurity. Lack of adequate nutrition and inability to afford care for much needed maternal care services puts them in danger of delivering malnourished babies. They are also equally disadvantaged in the struggle to ensure livelihoods and basic sanitary materials during situations of requiring pregnant women to travel long distances to access these basic needs/service. Pregnant and lactating mothers may not be able to access help or escape situations of intimate partner

---
\(^3\)GBV AoR, HLP Somalia 2022
\(^4\)Voices of Somalia Draft Report 2021
\(^5\)GBVIMS data Report 2021
\(^6\)Voices Somalia – Draft Report 2021
violence because of their pregnancy condition. They also face difficulties in accessing important information on available maternal service, due to limited mobility and high illiteracy levels.

While pre-existing discriminatory gendered norms and practices increase the vulnerability of adolescent girls because of their age and gender, displacements from droughts further diminishes their ability to access resources, opportunities or implement their reproductive rights, resulting in negative health consequences. It accelerates their risks to GBV and other harmful practices, including FGM and child marriage. According to UNFPA commissioned Somalia Health Demographic Study (SHDS) report, 16 per cent of women between the ages of 20-49 had already married by the time they turned 15. Parents often encourage the marriage of young daughters, hoping that marriage will benefit the girls both financially and socially, while also alleviating financially burdens on the family. This common practice in Somalia results in early pregnancies, limiting girls’ opportunities to complete their education and acquire skill that may translate in higher incomes in the future.

Men and boys are also targeted for rape, forceful recruitment, kidnapping, and psychological abuse and trauma. Loss of livelihoods and food insecurity due to multiple displacements forces young boys to step into the roles of providers, thereby increasing levels of school dropouts. A diminished capacity of men to provide for their families contribute to loss of self-esteem, which may lead men to resorting to intimate partner violence as a means to earn back respect from their spouses and family members.

Apart from Puntland state that applies the sexual offences law, strong legal frameworks to protect women and adolescents’ girls from GBV remains weak in Somalia. Nevertheless, are successful prosecuted cases of rape and other forms of GBV occur, and women and girls are gradually gaining the confidence to report cases to achieve justice. In addition, a zero FGM bill was approved by the Executive Cabinet in Puntland and is currently awaiting action at the legislative level. However, the general absence of strong legal framework for the protection of women and young girls across Somalia; the application of obsolete laws; lack of capacity of security personnel to apply a survivor centered approach to manage GBV survivors; mismanagement of forensic evidence; undue reliance of the justice system on evidence of rape to prosecute; interference of community/family based mediation; survivor shaming/stigmatization and limited support for legal services discourage survivors from reporting GBV cases and seeking justice remain barriers to the protection of women and girls from GBV. Even in states such as Puntland that applies a sexual offences legislation need strong enforcement mechanisms and accelerated justice process to build confidence among women and girls to seek justice and reparation.

GBV service provision across Somalia remains low as compared to the needs and geographical landscape response. Limited specialized services, such as rape treatment for rape survivors, case management, psychosocial support, and higher levels of mental health care for traumatized women and girls are major hindrances to expanding provision of timely, confidential and quality GBV services. A limited number of GBV specialized service providers continues to impact both quality and reach of services.

GBV AoR in Somalia has 74 partners that report on the 5Ws matrix reporting, out of which only few are specialized service providers. In 2021, there was slight improvement in the prioritization of GBV prevention, response, and mitigation, however, the efforts remain inadequate in light of number of people in need of GBV services.

GBV service provision across Somalia

---

7W Matrix is tool designed to provide essential information regarding which organizations (Who) are carrying out which activities (What) in which locations (Where) in Which period (When) for which beneficiaries (Whom).
<table>
<thead>
<tr>
<th>SNAPSHOT: GENDER BASED VIOLENCE IN 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affected Populations</strong></td>
</tr>
<tr>
<td>Women, adolescent, girls and children represent 93 per cent of those who reported incidents of GBV in 2021. A total of 74 per cent were GBV survivors from displaced communities.</td>
</tr>
<tr>
<td><strong>Location of Violence</strong></td>
</tr>
<tr>
<td>GBV continues to occur everywhere in Somalia however the data collected in 2021 revealed that 53 per cent of the reported incidents occur in the survivors’ residence, while the remainder others occur on the streets or in gardens, forest and/or bush, in addition to markets and areas of commerce, in the residence of the perpetrator, or around latrines in camp settings.</td>
</tr>
<tr>
<td><strong>Consistent Trends</strong></td>
</tr>
<tr>
<td>The types of GBV reported in 2021 include rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services, and psychological/emotional abuse.</td>
</tr>
<tr>
<td><strong>Reported more frequently</strong></td>
</tr>
<tr>
<td>Intimate Partner Violence and Sexual Violence were more frequently reported in 2021, same as in the previous year.</td>
</tr>
<tr>
<td><strong>Newly Reported Trends</strong></td>
</tr>
<tr>
<td>According to the GBVIMS report, 2021 recorded an increase of sexual violence involving children, and an increase in FGM, from the cases reported to service providers.</td>
</tr>
<tr>
<td><strong>Consequences</strong></td>
</tr>
<tr>
<td>GBV undermines the health, dignity, security, and autonomy of GBV survivors. GBV survivors can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies; unsafe abortions; traumatic obstetric fistulas; sexually transmitted infections, including HIV; and death.</td>
</tr>
<tr>
<td><strong>Negative Coping Mechanisms</strong></td>
</tr>
<tr>
<td>Negative coping mechanisms used by GBV survivors include restriction of movements; suicide or attempted suicide; child marriage and “survival sex” (i.e., sex in exchange for favours); running away from where the abuse took place; isolation; and perpetuation of FGM to promote marriageability of girls and social affinity.</td>
</tr>
<tr>
<td><strong>Positive Coping Mechanisms</strong></td>
</tr>
<tr>
<td>Positive coping mechanisms include self-care; seeking help from others, including family members, relatives, intimate partner, and trusted members of the community; participating in outreach awareness; seeking support services; engaging in trauma healing activities, such as building self-esteem, studying, physical exercise or journaling.</td>
</tr>
</tbody>
</table>
GBV risks and incidents of GBV are likely to increase in conflict and during natural disasters, such as drought, flood, and cyclones. Women and girls continue to face risk of GBV when accessing water and sanitation, food security, education, shelter, and child protection (CP) services.

COVID-19 Pandemic

Somali families, especially female headed households, continue to feel the impact of COVID-19 with loss of jobs and reduced purchasing power. While organizations were forced to terminate workers contracts to cope with the financial consequences of COVID-19, some businesses are re-opening with minimal staff. Micro-enterprises for women and adolescent girls suffered major setbacks, due to the limited cash flow available to support micro-enterprises. Most GBV services that were closed during 2020 to second quarter of 2021 have re-opened and are currently providing services and applying COVID-19 protocols. The GBVIM reports from the last quarter of 2021, showed that IPV rates had reduced from 61 per cent to 43 per cent. This can possibly be attributed to the fact that women and adolescent girls are no longer in isolation and are able to move out of the house to do their daily chores or business. Nevertheless, it will take time to recover from the impact of the COVID-19 pandemic on livelihoods and businesses.

Internally displaced persons (IDPs)

IDPs are the most affected and impacted by GBV. The GBVIMS report from 2021 consistently indicated that most of the reported (over 74 per cent) GBV incidences originated from female IDPs. IDP camps are poorly resourced with inadequate shelter materials, overcrowded shelters, unsecured and inadequate latrines, and other sanitary facilities that are not separated by gender. Schools, health facilities and water points are usually located far away from the camps. The majority of those who experienced multiple displacements in 2021, due to drought, conflict and/or election-related insecurity across the country, were women and adolescent girls. The lack of recreational spaces within the IDP camps impacts on the ability of affected women and girls to build social networks and learn new skills that would increase their ability to re-integrate into the community.
GENDER INEQUALITIES AND RISK OF GBV ACROSS CLUSTERS

Food Insecurity

The below average rainfall in the Deyr 2021 (between October and December), and Gu 2021 (between March to June) extended an already long dry season, resulting in severe implications for food security, nutrition, and livelihoods. This was compounded by the effects of desert locusts and the poor temporal distribution of the Deyr 2020 rains. Over 3.5 million people are reported to be in stressed (IPC Phase 2) or higher levels of food insecurity (IPC phase 3) and emergency conditions between October-December 2021. Currently, around 2.5 million people are food insecure and require humanitarian support. The key drivers of food insecurity are conflict, flooding, and below average rainfall. There have been water, food, and pasture shortages (FSNAU 2021). In addition, the purchasing power of households and provision of public services continue to deteriorate rapidly. While economic opportunities are still limited for both men and women, female headed households remain among the most vulnerable population.8

WASH

The lack of adequate, secured, and gender-separated sanitary facilities are a major GBV risk for women and adolescent girls. In Somalia, women and girls bear the responsibility of collecting water, leaving them vulnerable to GBV while traveling long distances to collect water and firewood for domestic use. While water trucking has reduced the daily labour of accessing and transporting water for women and girls, not all can afford this mechanism daily. Given the loss of livelihoods due to natural disasters, conflict, and the COVID-19 pandemic, as well as the large-scale illiteracy and unemployment among Somalia women and girls, water trucking remains an expensive alternative for ensuring water supply.

Camp Infrastructure/Shelter

Inadequate shelter infrastructure for family units, lack of privacy and over-crowding exposes women and girls and remains a major source of GBV risks, especially in IDP camps. Shelters in most IDP camps in Somalia are constructed with old clothes, sticks and raffia materials that are easily destroyed by rain and do not offer adequate protection. According to a 2021 Rapid Assessment conducted by the Shelter and NFIs cluster focusing on shelter for IDPs in Wanla Wyne district, 90 per cent of IDPs reported that their shelter does not provide privacy nor protect them from rain, heat, wind or cold nights. The makeshift shelters have no lockable doors or windows, roofs contain holes that leak whenever it rains, and walls that are transparent and unable to secure privacy9. The lack of segregated toilets and bathrooms, insufficient lightening and secure locks on latrine doors further worsen GBV risks. In camps where latrines are not available, women and girls are forced to practice open defecation, further increasing their vulnerability of sexual abuse and exploitation.

8Green Litmus Institute for Policy Studies (GLIPS); Somalia Drought Assessment Report 2021-2022
9Wanla Weyne Shelter Rapid Assessment report, March 2021
**Education**

The burden of having to care for households, the generally practiced ‘son preference’ and limited financial resources for households are major drivers of school dropouts for girls in Somalia. According to an assessment carried out by Save the Children, 61 per cent of the children surveyed reported that drought-related issues affected their education and worried they might dropout. Furthermore, there are several factors that deter parents from enrolling their female children in formal education, such as the lack of segregated sanitary facilities, long distances to schools, and teachers predominantly being male. A joint GBV/CP assessment conducted in March 2022 in Somaliland revealed that 42 per cent of the respondents indicated that their children dropped out of school due to forced migration as a result of the drought. A total of 34 per cent reported that schools were closed due to lack of water and food. Other reasons for the closure of schools included the inability to pay school fees, children being responsible for keeping livestock, and the lack of schoolteachers, as teachers themselves were forced to relocate to find water and pasture. 10

**Housing Land and Property**

Women continue to be disadvantaged due to lack of access to housing and property, especially in the context of drought and displacements. Existing discriminatory practices concerning women’s access to land and property are exacerbated in the ongoing humanitarian emergency, with insecurity and unclear land tenure arrangements 11. Newly displaced women and girls live in existing IDP settlements with no secure tenure arrangements in place are exposed to higher risks of GBV due to lack of adequate physical protection. Existing gendered inequalities for housing and property in Somalia deter their capacity to ensure physical and economic security for themselves and their families.

10 GBV/CP joint assessment, Somaliland. March 2022
11 Briefing paper, March 2022; Worsening droughts escalate evictions in Banadir region
Child Protection

Persistent drought and conflict continue to expose children to child labour and GBV. When parents and care givers are forced to relocate in search of food and water for themselves and their livestock, or as a result of shrinking financial resources, children are taken out of school. Instead, girls are required to support household chores and boys are engaged in child labour, such as shoe menders, car washers, among others. While boys bear the burden of shared household provision, girls are also commonly used as vendors to contribute to the economy of the household. Children in general, and girls, who drop out of school to support their families are exposed to heightened risks of sexual violence, exploitation, and abuse, as well as extortion and denial of wages. In addition, boys face the risk of forced recruitment by armed actors. These are all factors that contribute and complicate the opportunities for children to gain a formal education to develop human capacity and contribute to the future socio-economic growth of Somalia.
ANALYSIS OF THE TYPES OF GBV IN SOMALIA

Intimate Partner Violence (IPV)

IPV has consistently remained the highest reported incident of GBV by the GBVIMS reports of 2021 in Somalia. Women and girls in marriage relationships or cohabiting are the major survivors of IPV. Incidents of IPV are attributed to tensions in families mainly due to limited financial resources, affecting how finances are used in the family. IPV also occur when families have limited financial resources to cover needs which may lead to situations of tension among women and men. Polygamous relations and competition for resources among wives are also some of the notable factors that contribute to IPV.

Sexual Violence, Sexual Exploitation and Abuse

Increased hostilities perpetuated by communal violence and struggle over scarce resources, such as land and water, also negatively impact already displaced women and girls living in IDP camps and unfamiliar environments. In the last three years, there have been a spike in the reported cases of rape of adult, adolescent, and female children over the years, however, more recently, adolescents and girls have become the major targets. Long distances to seek health services, schools, water points and latrines are major factors that continue to increase the risks of rape of women and girls in Somalia.

Emotional and Psychological Violence

Women in Somalia are subjected to psychological and verbal abuse, as reported by the GBVIMS. The challenges of meeting basic needs for food, dignity, and protection may be contributors for emotional and psychological violence. In 2020, there was a spike in the number of men and boys who accessed psychosocial support to cope with debilitating circumstances of job loss and sexual abuse. Sexual violence and abuse and witnessing the death of a loved one by armed groups have caused psychological torture for women, men, boys and girls and have led to an increased need for psychosocial counselling and support.

Early and Forced Marriage

Early and forced marriage continues to be pervasive in Somalia, especially within the context of prevailing poverty and gender bias, i.e., the perceived favouritism of boys over girls. While girls are usually married at an early age due to the need for families to ensure social and economic security, women are traditionally valued according to their ability to procreate. Marriage provides the platform for women and young girls to demonstrate this value in society to retain the privilege of respect and recognition as a mother of children. Early marriage is perceived to be both a cultural and a religious requirement in Somalia, as there continues to be a lack of consensus among key stakeholders (i.e., religious and Government actors) on the age of marriage/maturity.
Female Genital Mutilation (FGM)

A severe form of GBV that continues to be systematically practiced in Somalia is FGM. FGM is normalized violence in Somalia: it is socially accepted, considered to be for the good and protection of the female child and therefore performed on most girls. According to the latest Somali Health and Demographic Survey (SHDS, 2020), 99 per cent of women between the ages of 15 and 49 have been subjected to FGM. FGM is not understood as a violation of the human rights of women and girls and has remained pervasive and a strong social norm as it is seen as a requirement for girls to marry. Families seeking to escape poverty and build social acceptance and affinity, will chose to mutilate their female children. According to the findings of the SHDS, there has been a shift from the extreme type 3 Pharaonic FGM to type 1 Sunna, which is a step in the right direction, however as most communities do not consider Sunna as FGM or harmful in any form (physical or psychological), it remains a normative practice. As of yet, Somalia does not have a law against FGM.

Coping mechanisms

Some of the major negative coping mechanisms for women and girls in Somalia include withdrawal and social isolation, victim blaming, restriction of movement, arranged accompany when travelling long distances, relocation, and silence. Early marriage is emerging as a concerning coping mechanism in the humanitarian emergency. Positive coping mechanisms include seeking support from family and community members; utilizing available GBV services through the referral pathways; and modelling positive behaviour on reporting GBV cases.
Gender-Based Violence AOR
PARTNERS PRESENCE MAP IN SOMALIA

Source – GBV AoR Dashboard 2021
ACHIEVEMENTS
OF THE SOMALIA GBV AREA OF RESPONSIBILITY 2021

The GBV Area of Responsibility continues to maintain 17 coordination hubs across Somalia. The coordination hubs facilitate response coordination, identification of gaps and work with other sectors in GBV mainstreaming and have functional Standard Operating Procedures (SOPs) and referral systems.

100,105 People reached with GBV programming/services

9,852 People trained on GBV-related topics

50,770 People provided with GBV case management

10,382 People reached with solar lanterns

9,866 GBV beneficiaries accessing safe spaces

418,862 GBV beneficiaries reached through outreach activities/mobile response

21,770 People reached with dignity kits
RECOMMENDATIONS

For Donors

- Sustain support for specialized GBV services to cover the geographical needs and meet standards of quality as indicated in the Inter-Agency Minimum Standards for GBV in Emergency Programming.

- Increase support for a multi-sectoral response to GBV survivors, for example focusing on the integration of sexual and reproductive health and GBV services for humanitarian emergency.

- Support the establishment of a pooled funding mechanism to address acute GBV needs and services in hard-to-reach locations including MPHSS, protection, health and women and girls’ safe spaces.

- Support GBV prevention interventions that tackle the root causes of GBV and work toward changing harmful social norms inclusive of support to legislative, policy and community advocacy and action to improve protection of women and girls from GBV.

- Improved support to cash assistance for individual protection assistance to prevent GBV.

For Government

- Enact and implement key legislations, such as sexual offences and FGM bills that protect women and girls from GBV and harmful traditional practices.

- Relevant institutions, such as the Police and justice systems, should be capacitated and empowered to provide safe and accessible services for the vulnerable communities including women and girls and gender-based violence survivors.

- Improved collaboration among government ministries and parastatals to develop and implement action plans, policies and programmes that reduce GBV and end FGM
For Humanitarians

• Prioritize addressing GBV as key to the humanitarian response and development agenda.

• Enhanced collaborations for GBV mitigation through adopting cluster response in line with IASC guidelines for mainstreaming GBV concerns into humanitarian emergencies.

• Sustain and implement integrated referral pathways as a way of improving access for women and girls, including GBV survivors, to timely, quality, comprehensive, safe, and confidential services for GBV survivors in Somalia.

• Strengthen safety and protection of persons receiving humanitarian assistance by ensuring that organizations have and implement Prevention of Sexual Exploitation and Abuse (PSEA) codes of conduct.

• Develop and implement programmes that ensure non-discrimination by adopting inclusion of women and girls living with disabilities and women from minority clans.

For GBV Actors

• Expand the geographical coverage and quality of GBV specialized services, including case management and psychosocial counselling and support, cash and voucher assistance, legal and livelihood services.

• Improve the provision of quality protective housing through GBV shelters to give vulnerable women and girls a choice to escape violence.

• Work with the GBV coordination mechanisms to identify relevant gaps and to ensure access to technical support and coordination with actors within the humanitarian emergency for improved multi-sectoral response.

• Support to address barriers to access to services as well as specific GBV risks of different groups, especially adolescent girls, older women, women, and girls with disabilities, and widowed and divorced women and girls.