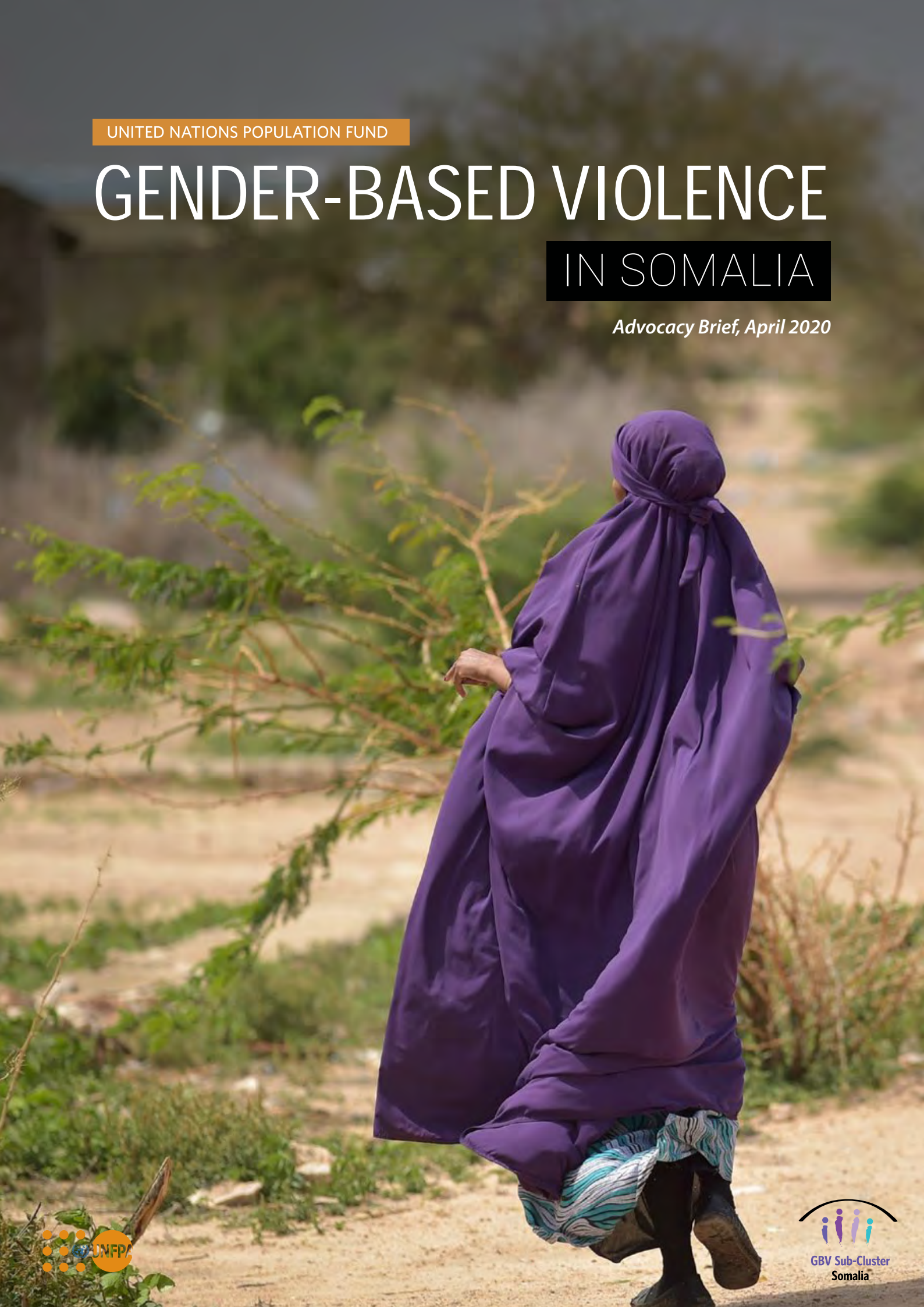


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GENDER-BASED VIOLENCE IN SOMALIA

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FOREWORD

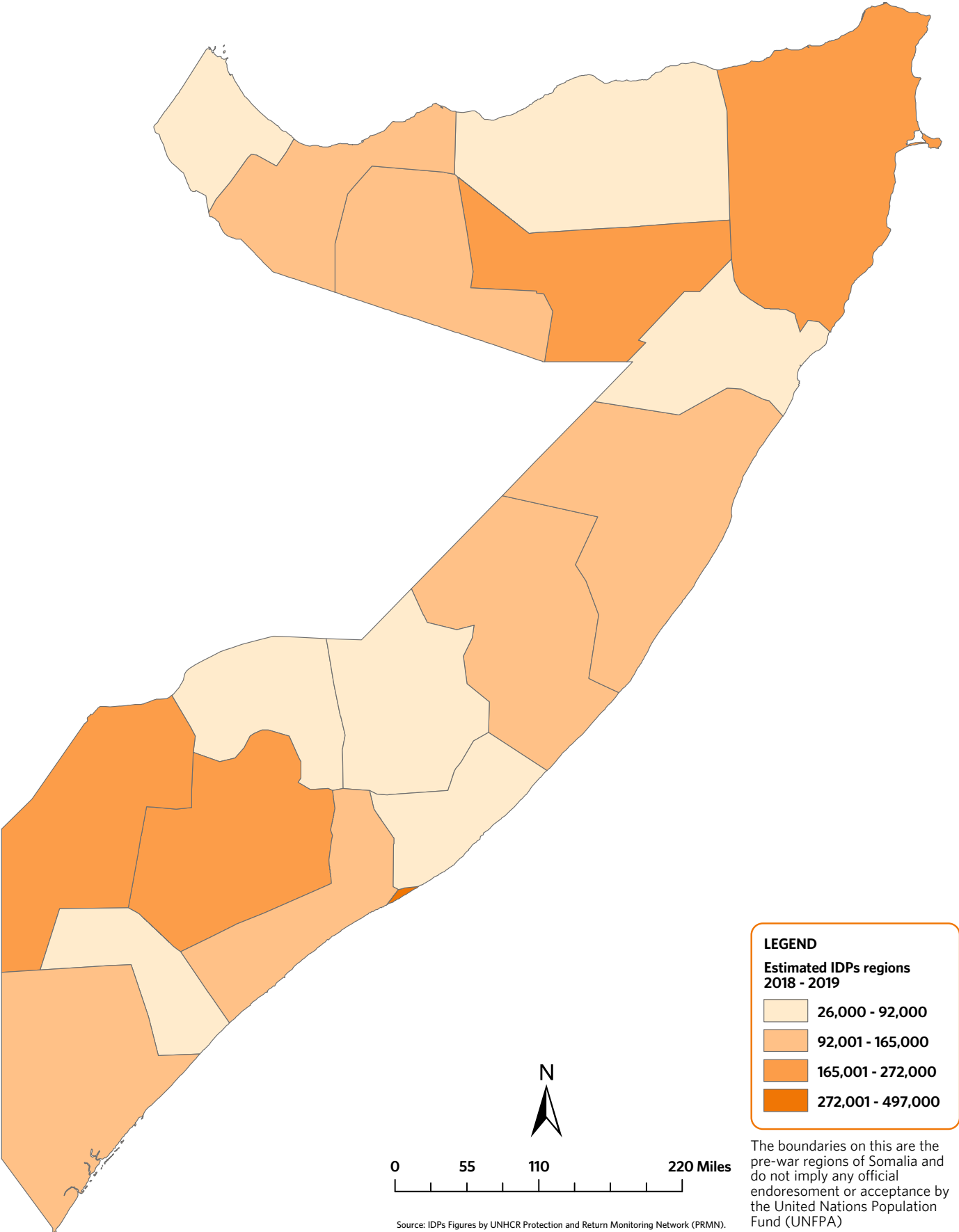
Women and girls in Somalia are subject to high levels of human suffering, deprivation and grave violations of their right to live their lives free from violence, torture, and discrimination. Somalia has not been able to override the conflict and transform the rigid discriminatory gender and social norms that subordinate women and adolescent girls across every sphere of human development. The character of the conflict in Somalia has in some ways reinforced, and even normalized, the increased gender inequalities rooted in tradition and culture. While the conflict has enabled closer attention to be paid to women's need for livelihood support, it has not necessarily translated into a transfer of decision-making power. Deeply-rooted traditional gender and social norms continue to exclude, devalue and deprive women and adolescent girls of access to rights, opportunities and resources and help perpetuate gendered disparities and inequalities.

This advocacy document contributes to the body of information and data on the situation of women and girls and their exposure to gender-based violence within the protracted Somali humanitarian context. This is also a call to everyone, including donors, government, humanitarians and GBV actors, for stronger partnership and commitment to end violence against women and girls in Somalia



Anders Thomsen, UNFPA Representative, Somalia

DISTRIBUTION OF IDPs NATIONWIDE



LEGEND
Estimated IDPs regions
2018 - 2019

- 26,000 - 92,000
- 92,001 - 165,000
- 165,001 - 272,000
- 272,001 - 497,000

The boundaries on this are 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).

CRISIS CONTEXT

Severe climatic conditions and clan and communal conflicts in Somalia continue to expose women, girls, men and boys to gender-based violence (GBV). An estimated 2.6 million people remain internally displaced, either in rural areas or in informal settlements surrounding urban areas. Women and girls, who are already the most vulnerable in times of crisis, experience heightened risks and compromised capacity to protect themselves from GBV. Weak camp infrastructure, poor WASH facilities, limited access to markets, water points, and health facilities often equates to inadequate protection mechanisms. This is exacerbated by limited livelihood opportunities especially for female headed households who often have to engage in casual labour or petty trading to secure basic living needs.

Conflict related GBV risks for women and girls in Southern and Central regions are largely related to multiple displacements, forced evictions, inadequate shelter quality, overcrowding, poor lighting and lack of segregation of sanitary facilities in IDP camps. Also evident is discrimination from host communities due to limited access to basic social amenities as well as ideological, religious and communal differences.

SNAPSHOT: GENDER-BASED VIOLENCE IN 2019

AFFECTED POPULATIONS	Women and girls, including adolescents and female-headed households, are those most affected by GBV (for 95% of the reported incidents in 2019, 76% of which are displaced).
LOCATION OF VIOLENCE	GBV continues to occur everywhere. Trends in 2019 show that 65% of reported incidents occur at the survivors' residences, while other incidents occur on the streets, at markets/shopping centers, at perpetrators' residence, and in camp settings.
CONSISTENT TRENDS	Rape; sexual assault; physical assault; forced marriage; denial of resources, opportunities or services; and psychological/emotional abuse are types of GBV most frequently reported.
REPORTED MORE FREQUENTLY	Intimate partner violence and sexual violence were more frequently reported in 2019.
NEWLY REPORTED TRENDS	The 2019 GBVIMS recorded an increase in reported cases of sexual violence against children and FGM.
CONSEQUENCES	Gender-based violence undermines the health, dignity, security and autonomy of its survivors, yet it remains shrouded in a culture of silence. GBV survivors can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies; unsafe abortions; traumatic fistula; sexually transmitted infections, including HIV; and death.
NEGATIVE COPING MECHANISMS	Negative coping mechanisms used by GBV survivors include restriction of movements, suicide or attempted suicide, child marriage and survival sex (sex in exchange for favours), and perpetuation of FGM to promote marriageability of girls and social affinity.
POSITIVE COPING MECHANISMS	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.

GENDER-BASED VIOLENCE

RISKS & VULNERABILITIES

INTERNALLY DISPLACED PERSONS AND HOST COMMUNITIES

IDPs, returnees and poor host communities without assets/income remain vulnerable, especially to gender-based violence, and have limited access to livelihood opportunities and limited recourse to justice systems. Within IDP camps and host communities, women and girls face GBV risks as they strive to meet basic survival needs. The main GBV risks are related to safety and security, exacerbated by poor quality shelters and poor lighting at night; a lack of male/female segregated and lockable toilets, and the distances women and girls have to walk to water and fuel wood collection points, as well as to health facilities and markets. Women and girls are harassed as they journey back and forth to do petty trading or to seek cash paying domestic chores. Girls in particular are persistently harassed along dark paths in IDP camps and host communities as they go to fetch water. Fear of rape, sexual harassment and abuse oppresses and impoverishes female-headed households especially since women and girls are unable to move freely to perform casual jobs/farming to provide for the needs of the family.

EVICION OF IDPS

Eviction of IDPs is another major problem/challenge facing vulnerable displaced people not only in Mogadishu, Baidoa but also in other major towns in the country. According to 2019 eviction risk assessment in Baidoa by IOM/CCCM and protection partners, over 30,000 displaced persons are at very high risk of eviction by private landowners in areas where IDPs are currently settled. A recent spike in rape reports of adolescents in Somalia was attributed to displacements; increased militarization of conflicts, weak community and clan protection systems and the weak state of legal protection. Women and girls are further exposed to conflict-related violence such as sexual slavery, forced marriages, and forced pregnancies by armed groups, phenomena which are believed to be on the increase in Somalia given the increase in clan conflict.

NATURAL DISASTERS

Natural disasters happen in Somalia like drought and flood conditions in 2019 impacted negatively on already destitute households among displaced and host communities. While the impact of the past drought was felt across the three regions, rural areas under the control of non-state actors where humanitarian partners have little or no access are even more vulnerable. Rising prices for basic commodities along with reduced livelihood opportunities from farming or pastoralism are straining already limited resilience to cope. As mobile populations, women and adolescent girls face rejection by host communities. hygiene products. Moreover, loss of clan protection and social networks increases their vulnerability to gender-based violence.

CONFLICT-RELATED GBV RISKS

Rape, forced pregnancy, sexual exploitation and abuse for women and girls in Somalia are mainly related to multiple displacements, forced evictions, inadequate shelter quality and overcrowding, poor lighting and lack of segregation of male/female sanitary facilities in IDP camps. Additional factors involve discrimination of host communities caused by the constant struggle over limited basic social amenities and ongoing ideological religious and communal differences.

PERCEPTIONS OF SAFETY FOR WOMEN AND GIRLS

Safety concerns and the perception of being safe is key to GBV programming with women and girls in the Somalia response. It affects the help-seeking behavior of women and girls to access basic livelihoods support, access fuel wood, water and latrines especially at night or late evenings. Areas in Somalia where women and girls report to be unsafe as identified by the table below.

Amina's Journey

Amina is a young girl aged 16 who was living in an IDP camp located in Baidoa with her mother and her two younger sisters. Her father died in a conflict between the Government and Al Shabaab in Labatanjirow village (outside Baidoa). She was originally from Labatanjirow about 23 kilometers out of Baidoa and was living there with her mother and two siblings dependent on farming a piece of land her father had left behind. They left the land when the drought hit their village. Amina and her family moved to Baidoa and settled in an IDP camp known as Awil barwaqo.

One day, Amina went to the bush to fetch firewood, while her mother was washing clothes for the host community. She was stopped by two armed gunmen on her way home with the firewood. Amina shouted for help but there was no one to respond or help, and the armed men grabbed her, tore her clothes, raped her and left her bleeding. Later people passing by saw her and took her to Bayhaaw Hospital which was close by. After she was treated, she was referred to an INGO member of the GBV sub cluster for case management and was also provided with a dignity kit since her clothes were torn. She was also provided with psycho-social counselling. When asked whether she would like to seek legal service assistance she refused consent fearing further victimization.

Amina is still receiving services from INTERSOS.





ANALYSIS OF THE TYPES OF GBV IN SOMALIA

INTIMATE PARTNER VIOLENCE- (IPV)

IPV has consistently remained the highest reported incidence of GBV by the GBVIMS in Somalia. The rising incidence can be attributed to the changing gender provision roles and the friction caused by the challenge to the male traditional authority of primary breadwinner. The prolonged humanitarian emergency in Somalia has caused loss of livelihoods, increased displacements and migration of men to seek better livelihoods. Humanitarian assistance has also focussed on targeting women for cash, seedlings and other related assistance to improve household economy. All of which are necessary but must be done with a gender transformative approach to ensure it does no harm. The result of the change in gendered roles in provisioning is a corresponding increase in the use of violence by men to reinforce their authority and traditional control. IPV is also due to the lack of adequate private living quarters and overcrowding in camps which creates situations of tension among women and men.

SEXUAL VIOLENCE, SEXUAL EXPLOITATION AND ABUSE

Increased hostilities perpetuated by communal violence and struggle over scarce resources such as land and water also impacts on already displaced women and girls living in IDPS camps and unfamiliar environments. Incessant cases of rape of adult, adolescent and young female children over the years, however more recently adolescents and children have become the major target. 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. Women and girls have reported harassment as they travel far to seek menial jobs to contribute to the family economic support. Anecdotal reports indicate that in some instances women and girls may need to negotiate sexual favours in exchange for food items. Also rape is weaponized by armed groups as a mark of superiority and victory in conflict in Somalia.

EMOTIONAL AND PSYCHOLOGICAL VIOLENCE

Women in Somalia are subjected to psychological and verbal abuse as reported by GBVIMS. The low status of the women and girls in Somalia and the lack of value for the work performed in the domestic sphere and a pervasive culture for son preference worsens the situation for women and girls and the tendency for male relatives and husbands to resort to verbal abuse.



EARLY AND FORCED MARRIAGE

Early and forced marriage continue to be pervasive in Somalia especially with the context of poverty, perceptions around the value of girls versus boys in families and communities. Girls are usually married at early age because of the need for families to ensure social and economic security especially within the context of deep poverty created by protracted conflict. The value of the girl child in Somalia is closely related to her being able to have children. Marriage provides the platform for the girl reproductive value and for families to ensure protection for their daughters. Early marriage is perceived to be both cultural and religious requirement in Somalia as there continues to be a lack of consensus among key stakeholders (religious and government actors) on the age of marriage/maturity.

FEMALE GENITAL MUTILATION

A severe form of gender based violence that continues to be almost universal among women and girls in Somalia. FGM is normalized violence in Somalia as most girls and women and indeed the larger Somalia community does not perceive it as mutilation or a grave violation of the rights of women and girls. It has remained pervasive and a strong social norm because of its requirement for marriage for girls. Especially within the context of humanitarian emergencies, it has become more compelling for families seeking to escape poverty and build affinity with host communities to cut their girls to gain social acceptance and assure marriageability. With increasing reports of deaths from FGM and calls for action to end FGM, there has been a shift from the extreme Pharonic FGM type 3 to type 1 – Sunna. At present, there is no consensus, national legislative or policy action to end FGM in Somalia.

COPING MECHANISMS

Withdrawal, social isolation, victim blaming, restriction of movement, arranging accompaniment for women and girls when they travel long distances; silence is some of the major negative coping mechanisms for women and girls in Somalia. Early marriage is also emerging as a major coping mechanism in the humanitarian emergency. Positive coping mechanisms include seeking support from family and community members and leveraging available GBV services through the referral pathways.

ACHIEVEMENTS

The GBV Sub-cluster has established 14 GBV coordination hubs across Somalia. The coordination hubs facilitate response coordination, identification of gaps and work with other sectors in GBV mainstreaming and have functional SOPs and referral systems.



58,115

People reached with GBV programming/services



1,582

People accessing safe spaces



30,218

People provided with GBV case management



4,857

People trained on GBV-related topics



182,953

People reached through outreach/mobile teams



11,132

People reached with dignity kits

GENDER-BASED VIOLENCE

RISKS IN OTHER SECTORS



WASH

When using communal water and sanitation facilities, women and girls are at risk of sexual violence. Women and girls also often have to walk long distances to fetch water, or wait a long time in queues to receive water; or to use toilets – increasing their exposure to sexual violence and abuse. For example, women and girls who walk longer distances to collect water or collect fuel wood to generate meager revenues in lower Shabelle areas of Marka, K50, Janaale, Awdhegale, Barawe, Qoryoley, Kuntunwarey and Sablale face increased risk of GBV. With women and girls constantly moving to seek better environments for basic survival; they are prone to become more impoverished; access fewer basic amenities; engage in survival/transactional sex; and resort to early marriages in search of some form of social security.



EDUCATION

The burden of care for relatives and household chores not only limits and drains family incomes but it also compels adolescent girls to drop out of school and get married. Those staying in school must contend with the lack of segregated male and female sanitary facilities and the stigmatization around menstrual hygiene. Families, uprooted from their social ties by displacement, seek social affinity and acceptance within the new communities by continuing to practice Female Genital Mutilation (FGM) to ensure social acceptance and the marriageable value of their girls.



SHELTER

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FOOD SECURITY

Food insecurity is a recurring issue in Somalia and evidence has shown that food insecurity in emergencies can contribute to increased risk of GBV. The unequal treatment of women - who are often over-burdened with domestic responsibilities, poorly educated and discriminated against in ownership rights of land, housing and other assets- increases economic dependence on others. Yet women and girls remain primarily responsible for procuring and cooking food in the family. Increasing the risks of sexual exploitation for the exchange for access to food or assistance.



CHILD PROTECTION

Children are at heightened risk of experiencing violence in humanitarian settings. In Somalia, the protracted conflict and multiple disasters have eroded social protection systems leaving children increasingly at-risk of physical abuse, sexual abuse, corporal punishment, and other forms of domestic violence. Children are also more easily exploited and coerced than adults, and are often taken advantage of by people in authority. Proximity to armed forces, overcrowded camps, and separation from family members all contribute to an increased risk of exposure to violence.

GENDER-BASED VIOLENCE

RECOMMENDATIONS

FOR DONORS

- Sustain and increase support for specialized GBV services to cover the geographical needs and meet standards of quality in line with the Peer to Peer recommendations of the Executive Directors mission in Somalia in 2017.
- Increase support for a multi-sectoral response to GBV survivors, for example focusing on the integration of sexual and reproductive health and GBV services, and prioritize both the emergency response and acute humanitarian GBV needs.
- Support the establish of a pool funding to address acute GBV needs and services in hard to reach locations including MPHSS, protection health and women and girls safe spaces
- Increase support for GBV risk mitigation in other sectors to make the humanitarian response in Somalia safer, including through direct funding GBV risk mitigation initiatives conducted by different sectors.
- Support for GBV prevention interventions that tackle the root causes of GBV and work toward changing harmful social norms. That includes increased support legislative, policy and community advocacy and action to improve protection of women and girls from GBV.

FOR GOVERNMENT

- The Government should continue to ensure approval and the implementation of policies and laws that prevent and mitigate the risks of gender based violence. Key documents like the sexual offences bill and which is pending at the Federal Parliament is important.
- Relevant institutions like police and justice systems are capacitated and empowered to provide safe and accessible services for the vulnerable communities including women and girls and gender based violence survivors.
- Provide leadership that strategic approach to GBV risk mitigation is priority for the Government of Somalia and that should be implemented and supported by all actors.

FOR HUMANITARIANS

- Humanitarian leadership should continue to ensure that a strategic approach to GBV risk mitigation is used in the Somalia response. GBV should remain in the agenda of humanitarian coordination and response in Somalia at all levels.
- GBV risk mitigation is non-negotiable in humanitarian response. Humanitarian actors should therefore ensure that each sector assesses and addresses GBV risks throughout the humanitarian programme cycle. Key clusters in Somalia humanitarian response, such as CCCM, WASH, and education, must prioritize GBV mitigation and response.
- Integrated referral pathways to address the multi-dimensional needs of GBV survivors is ongoing and should be sustained to ensure timely, quality, comprehensive, safe and confidential services for GBV survivors in Somalia.

FOR GBV ACTORS

- Expand the geographical coverage and quality of GBV specialized services, including case management and psychosocial support, and implement targeted GBV prevention interventions in an effort to change negative social norms that perpetuate GBV.
- Work with the GBV coordination mechanisms to identify relevant gaps and to ensure access to technical support and coordination with other actors, and work with other sectors to enhance multi-sectoral support to survivors. Implement the PSEA code of conduct to address the incidence of exploitation and abuse.
- 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.

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