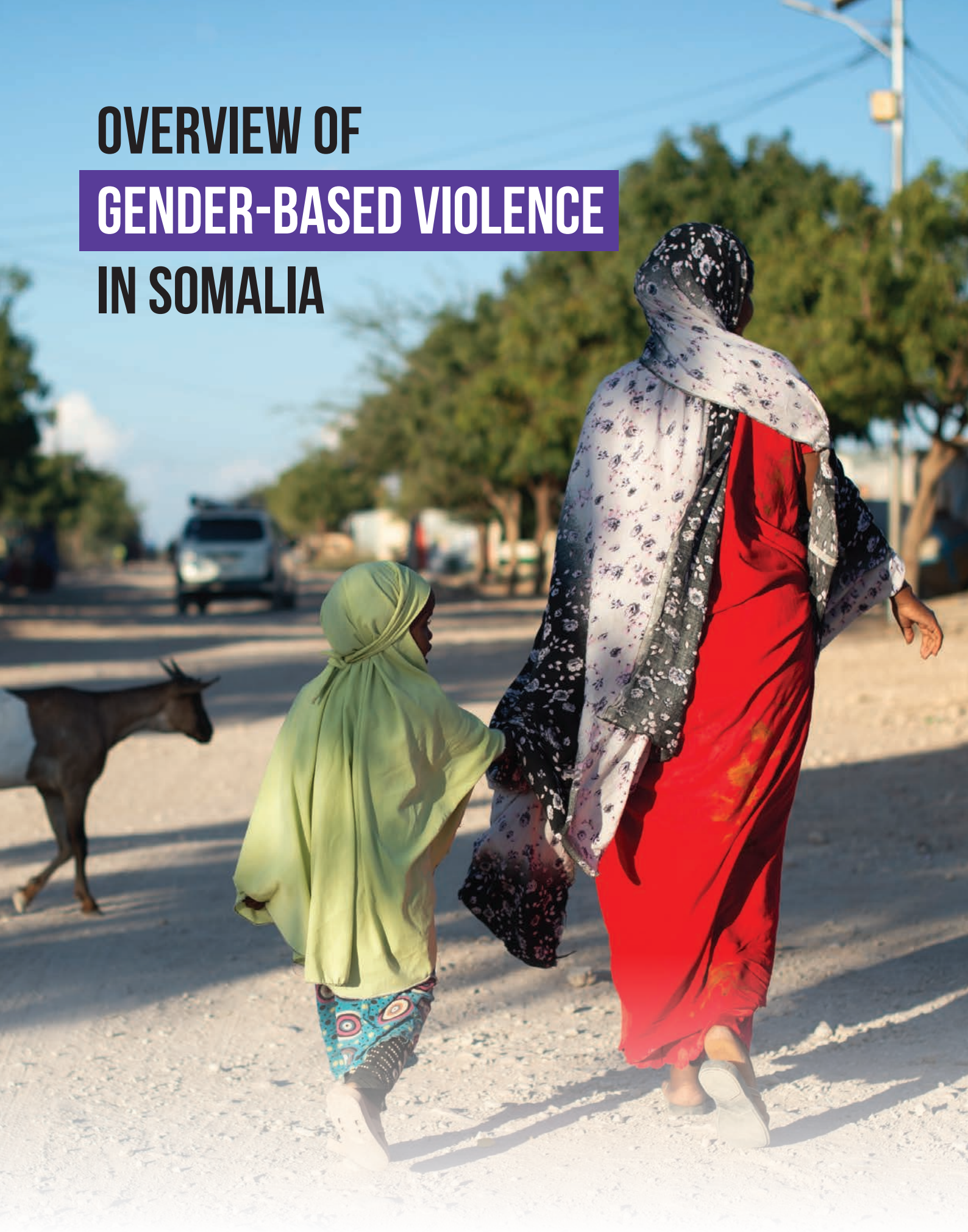
OVERVIEW OF GENDER-BASED VIOLENCE IN SOMALIA



Advocacy Brief, 2021

UNFPA

Gender Based Violence AoR Somalia

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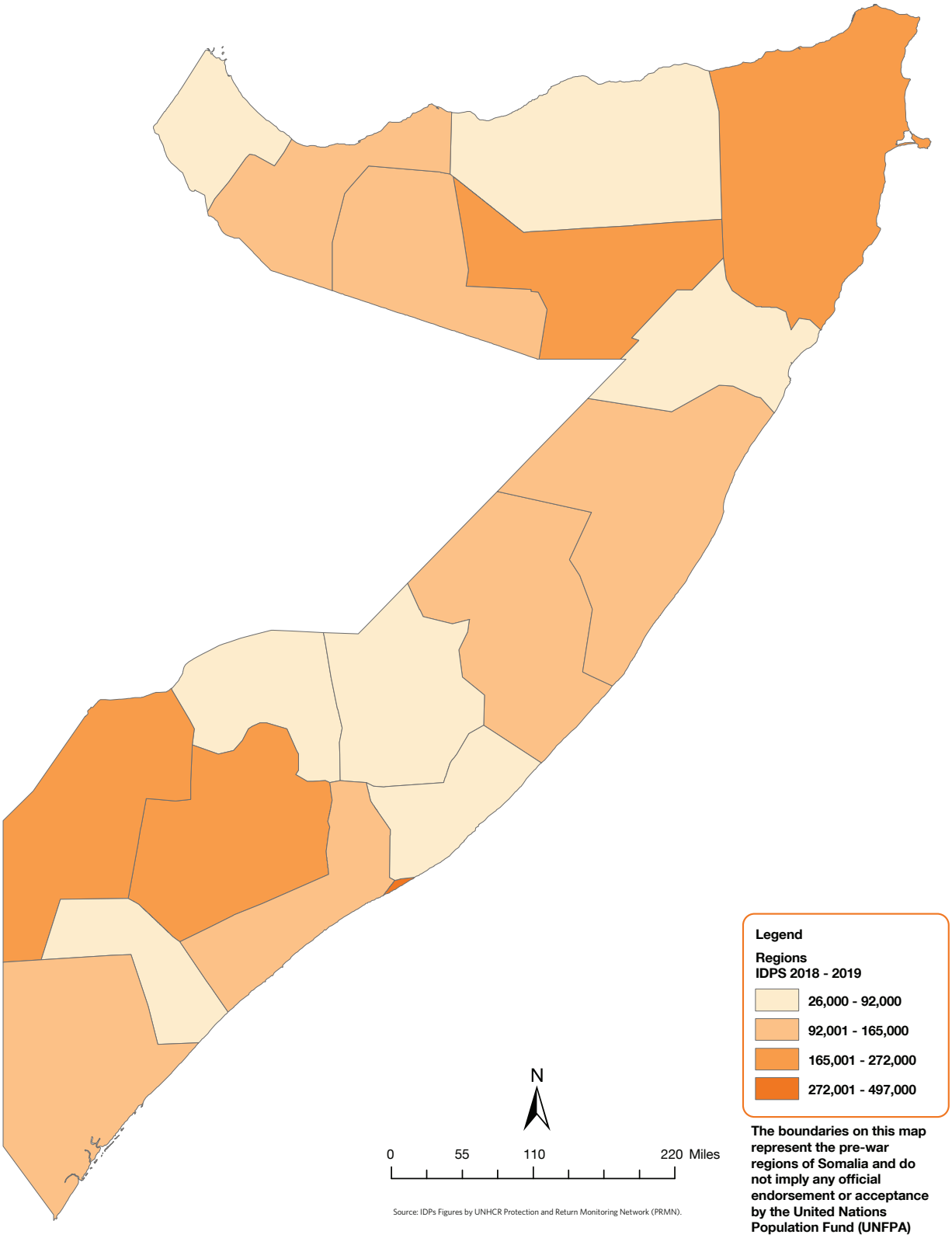
INTRODUCTION

2020 has been a year that witnessed an increase in incidents of gender-based violence against women and girls due to the restrictions imposed by Government due to the COVID-19 pandemic in addition to the persistent communal conflicts, armed conflicts, and natural disasters including droughts and floods. Isolation, loss of livelihoods due to closure of business, disruptions in school calendars, and limitations of movement are associated with an increase in sexual violence, intimate partner violence and female genital mutilation among children, adolescent girls and women. There were also reports of sexual violence against men and boys. Joint multisectoral assessments and media reports indicate a spike in levels of violence due to COVID-19-related restrictions. The closure of GBV service sites due to fear of COVID-19 infection and the unstable political situation created greater challenges for women and girls to access services. It became further challenging for women and girls in remote locations to access quality GBV services given their limited mobility and the closures of services in closest proximity to them. The situation persisted especially with the lack of progress at the Federal Government level in passing the sexual offence legislation that provides some level of protection for vulnerable women and girls and detract perpetrators from implementing GBV with impunity. Somaliland has not yet commenced the implementation of a sexual offences legislation passed in 2018. Puntland has made efforts to implement the sexual offences legislation.

Furthermore, limited service provision for protective housing for vulnerable women and girls fleeing violence; limited availability of recreational spaces for women and girls to re-build friendships and social capital; and a limited number of specialized service providers to provide specialized services are some of the major gaps that militated against access to services for women and girls in the year 2020. Dilapidating poverty levels due to multiple displacements and loss of livelihoods, compounded by the COVID-19 pandemic, have resulted in more women and girls becoming dependent on cash and voucher assistance for meeting basic needs.

2021 comes with much hope and expectation from vulnerable women and girls for improved programme, policy and legislative action for better protection from gender-based violence. Therefore, this document is produced with the aim of promoting advocacy and action against GBV by all humanitarian actors in Somalia. This is also a call to everyone including donors, Government, humanitarian and GBV actors for stronger partnerships and commitment to end violence against women and girls in Somalia.

DISTRIBUTION OF IDPS NATIONWIDE



Source: GBV AoR Dashboard 2020.

CRISES CONTEXT

Somalia's population continues to suffer one of the most complex and protracted humanitarian crises in the world. The number of people in need of humanitarian assistance in Somalia has increased from 5.2 million to 5.9 million due to the consequences of multiple threats including climatic shocks (flood and drought, tropical cyclones), COVID-19 pandemic, protracted conflict, and desert locusts. About 2.6 million are internally displaced persons (IDPs) across the country. The country's protection and health outcomes are the worst in the world.

Gender-Based Violence (GBV) continues to be an issue of major concern in Federal Members States Galmudug, South West State, Jubaland, Hirashebelle Puntland and in Somaliland especially in the event of the COVID-19. Recent spikes in Intimate Partner Violence, rape, sexual exploitation, sexual harassment and abuse have multiplied GBV risks for women and girls with worsening impact on women and girls living with disabilities. In IDP camps and host communities, inadequate physical infrastructure, distance to water points, markets, health facilities and schools, poor lightening, lack of doors on toilets and lack of disaggregation of sanitary facilities are some of major factors that increase GBV exposure. In addition, distance to distribution centers and lack of specific measures to ensure women's inclusion and participation in food distributions worsen levels of exposure of women and girls to GBV risks. Vulnerable pregnant mothers and women at reproductive age in communities for IDPs and hard-to-reach locations continue to experience restrictions in accessing sexual and gender-based violence services. Loss of livelihoods and food insecurity among female-headed households and other vulnerable women and adolescent girls worsened the dependency on food aid and humanitarian assistance. Harmful coping mechanisms such as early marriage and sex in exchange for favors are common among women and adolescent girls to assure food security.

GBV service provision remains low as compared to the need and geographical landscape in Somalia. This situation is made worse by COVID-19-related restrictions in Somalia which resulted in the closure of some GBV services. Shelter providers were reluctant to admit new GBV survivors seeking assistance due to fear of contracting COVID-19. Also, heightened political tensions and recent targeting of service providers contributed to heightened fears among the service providers to continue to operate to provide services. Limited availability of specialized services such as rape treatment for rape survivors, psycho-social support and higher levels of mental health care for traumatized women and girls are major gaps for GBV service provision in Somalia. This is compounded by the limited number of specialized services providers. At present, the GBV Area of Responsibility (AoR) in Somalia has 52 partners that report on the 5Ws. Out of this number, only very few are specialized service providers. Response efforts by Government, international and national organizations to meet the needs of women and girls become a quite small in relation to the huge population in need.

SNAPSHOT: GENDER BASED VIOLENCE IN SOMALIA

Affected Populations	Women, adolescent, girls and children represent 95 percent of the survivors that reported incidents of GBV in 2020. Most 75 percent were from displaced communities.
Location of Violence	GBV continues to occur everywhere however in 2020 trends show that 45 percent of reported incidents occur at the survivors' residence while others are on the streets, at markets/shopping, at perpetrators' residence, in camp settings.
Consistent Trends	Rape, gang rapes, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services, and psychological/emotional abuse are types of GBV reported in 2020.
Reported more frequently	Intimate Partner Violence and Sexual Violence were more frequently reported in 2020.
Newly Reported Trends	GBVIMS 2020 recorded an increase of sexual violence involving children, and an increase in FGM, from the cases reported to service providers.
Consequences	Gender-based violence undermines the health, dignity, security and autonomy of its survivors. GBV survivors can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually-transmitted infections including HIV, and even 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

GBV risks and incidents are likely to increase in conflict and during natural disasters (drought, flood, cyclones, etc). 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

Restrictions in movement, loss of livelihoods, disruptions in SGBV service provisions due to COVID-19 lock down contributed to a rising incidence of GBV. A July 2020 SGBV/FGM assessment during the COVID-19 revealed that 38 percent of responders indicated that there has been an increase in GBV incidents while 35 percent indicated SGBV incidents were the same. The number of GBV survivors calls to help hotlines also increased by 283 percent in Federal Member States (FMS) and 767 percent in Somaliland despite the inactivation of some of the hotlines in the states. There was also media reporting on the alarming increase of the incidence of FGM due to the closure of schools. Practitioners of FGM were reported to be making door to door calls for potential clients to cut. The period of COVID-19 restrictions provided ample of opportunities for parents who desired to mutilate their children as the closure of schools provided ample time for healing. Also, GBVIMS 2020 data showed an increase in GBV during the onset of COVID-19 restrictions in Somalia. There was a notable increase of intimate partner violence (55 percent); physical assault and rape at 61 percent and 12 percent, respectively in contrast with physical assault and rape at 56 percent and 14 percent in 2019. Anecdotal media and programming reports indicated a spike in rape of women and girls including a specific targeting of boys. The closure of courts contributed to greater delays in dispensing justice for GBV survivors who pursued prosecution of perpetrators. This contributed to prolonging the psychological trauma and lack of closure for GBV survivors.

Internally displaced persons (IDPs)

IDPs, returnees and poor host communities without assets and 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 as they travel long distances from their camps in search of casual jobs. Safe and security of women and girls within and beyond IDP camps continued to be compromised 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. Fear of rape and sexual harassment impacts on the mobility of women to perform casual jobs and farming to provide for the needs of the family.

Conflict and Natural Disasters

Prevailing conditions of droughts, floods and armed conflict in 2020 also worsened levels of displacements for women and girls in Somalia further driving them into deprivation, poverty and helplessness. Having lost livelihoods and community and clan protection systems, as result of multiple displacements, women and adolescent girls are faced with economic and financial challenges which makes it difficult for them to meet basic needs for dignity and protection. Findings of assessments carried out in 2020 continued to indicate persistent needs for dignity kits, reusable sanitary towels, solar lanterns and mats by women and adolescent girls for basic comfort and dignity protection.

Food Insecurity

The problem of food insecurity forces poor families including female-headed households to resort to negative coping mechanisms such as female genital mutilation to improve opportunities for their daughters to attract suitors who can provide economic security. Marriage of daughter is also an avenue of shedding the burden responsibility of feeding extra mouths in the family. Low targeting of women for agricultural seedlings to boost their production further impoverished women and ensured the loss of opportunities to transform gendered division of labour within families in line with the changing pattern of family provision brought on by the event of COVID-19. The transfer of gendered male role of family provision, displacements, loss of livelihoods, and food insecurity caused by natural disasters combine to increase dependency of women and girls on food aid and cash and voucher assistance. With the humanitarian response, inadequate specific targeting of women for food aid and direct cash/voucher assistance contribute to sustaining food insecurity in families, and increasing tensions that ultimately result in rising levels of intimate partner violence.

Safe Shelters for Women and Girls

The lack of SGBV shelters to provide protective housing for vulnerable women and girls, and inadequate spaces for recreation and building rudimentary life skills contribute to the inability of women and adolescent girls to recover safely and speedily from trauma from violent incidents. the majority of women and girls fleeing violence in Somalia do not have options for safety and protection. Limited shelter provision forces women and girls to stay in environments that are not safe and further expose them to the risk of GBV. While there are limited numbers of shelters operational in Puntland and Somaliland, other parts of the country have a very limited number of shelters for GBV survivors. In addition, the lack of adequate spaces for recreation for women and girls inhibits recovery and healing which in turn inhibits proper recuperation and reintegration for vulnerable women and girls including GBV survivors.

RISKS OF GBV
IN OTHER SECTORS

WASH

A camp coordination and camp management (CCCM) cluster assessment in Dinsor, Bay region noted poor latrine coverage as a contributor to increasing SGBV incidents. Out of the households assessed, 43.4 percent were found with latrines for excreta disposal while 56.6 percent were either sharing with neighbours or using the bush. The report also revealed that 70 per cent of the IDP settlements lack water facilities. This forces women to collect water from distant water points which increases the possibility of rape, sexual harassment and abuse. The lack of adequate sanitation facilities is complicated by the COVID-19 pandemic in Somalia and further diminishes the ability of vulnerable women and girls to protect themselves effectively from COVID-19 infection and from sexual violence, abuse and harassment.

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. Lack of segregation of sanitary facilities, distance to schools, sex of teachers are also obstacles that deter parents from enrolling their female children into formal education. Also, son preference is a major factor for some families with low financial resources in determining who qualifies to benefit from formal education. The need to marry daughters off in compliance to cultural expectations and the quest for social and financial security promotes the need for families to mutilate their daughters. As a result, the closure of schools due to COVID-19 presented opportunities for families to undertake female genital mutilation.

Shelter

Findings from multi-sectoral safety audits in 2020 indicate specific GBV risks for women and girls. They include inadequate fencing of IDP camps, poor shelters constructed with inappropriate and light housing materials (e.g. dump clothes, plastic sheets and sticks), poor lighting, lack of private spaces for sleeping, over-crowding, and faulty solar lanterns and torches, predisposing women and girls to sexual harassment and rape. Lack of land to assure space or construction of proper family units with provision for privacy for women and girls leads to over-crowding which can increase tensions and may lead to sexual or intimate partner violence.

Food Security

Food insecurity is a reoccurring issue in Somalia. Most of the times women and girls in Somalia are primarily responsible for procuring and cooking food in the family. Food insecurity in emergencies can contribute to an increased risk of GBV. Also women and girls can be sexually exploited in exchange for access to and use of assistance. 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 and also increases vulnerability to violence.

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. Female children are doubly disadvantaged because of their lack of power and voice due to gender and age disparities. In Somalia forced recruitment of children and adolescents are major risks to expose them to sexual violence and abuse.

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 and women and girls in marriage relationships or cohabiting are the major survivors of IPV. Incidents of IPV are attributed to tensions in families as a result of limited financial resources which affects prioritization of issues that are of concerns to women and adolescent girls (a key example is access to reproductive health services). Changing roles of provision and targeting of cash vouchers assistance are also major factors that can bring misunderstanding among women and men co-habiting or married. Loss of esteem and confidence that accompany the men's inability to provide for their families can cause them to resort to violence in an attempt to reclaim traditional male authority in households. 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 impact on already displaced women and girls living in IDP camps and unfamiliar environments. There have been 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.

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 and dignity protection can be major contributors for emotional and psychological violence. In 2020, a rise was observed in the number of men and boys who accessed pyscho-social support to cope with debilitating circumstances of job loss and sexual abuse. Sexual violence and abuse, and witness to death of loved ones by armed groups have caused psychological torture on women, men, boys and girls and has led to an increased need for psycho-social counselling and support.

Early and Forced Marriage

Early and forced marriage continue to be pervasive in Somalia especially within the context of prevailing poverty and the 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. Women are traditionally valued according to their ability to procreate. Marriage provides the platform for women and young girls to demonstrate this value to 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 (religious and Government actors) on the age of marriage/maturity.

Female Genital Mutilation

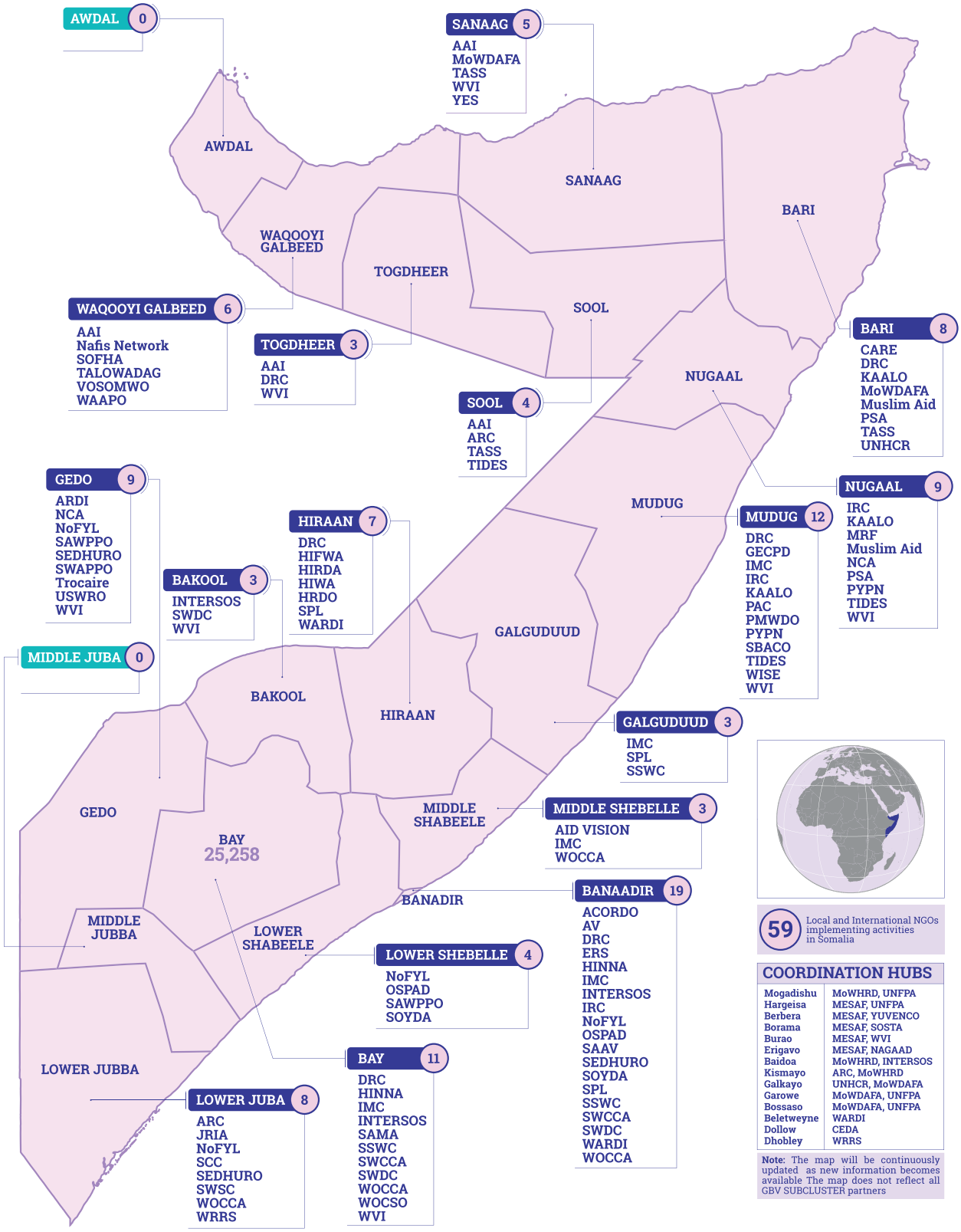
A severe form of gender-based violence that continues to be almost universal among women and girls in Somalia is female genital mutilation (FGM). It is normalized violence in Somalia as most girls and women are mutilated and perceive it as normal. FGM is socially accepted to be for the good and protection of the female child and it is not understood as a violation of the human rights of women and girls. It has remained pervasive and a strong social norm because of its requirement for marriage for girls. It has become more compelling for families seeking to escape poverty and build social acceptance and affinity by mutilating their female children. The Somalia National Health and Demographic Survey 2020 reports a shift from the extreme type 3 Pharaonic FGM to type 1 Sunna. Most communities do not view Sunna as FGM or harmful in any form (physical or psychological). Somalia does not have a law against FGM.

Coping mechanisms

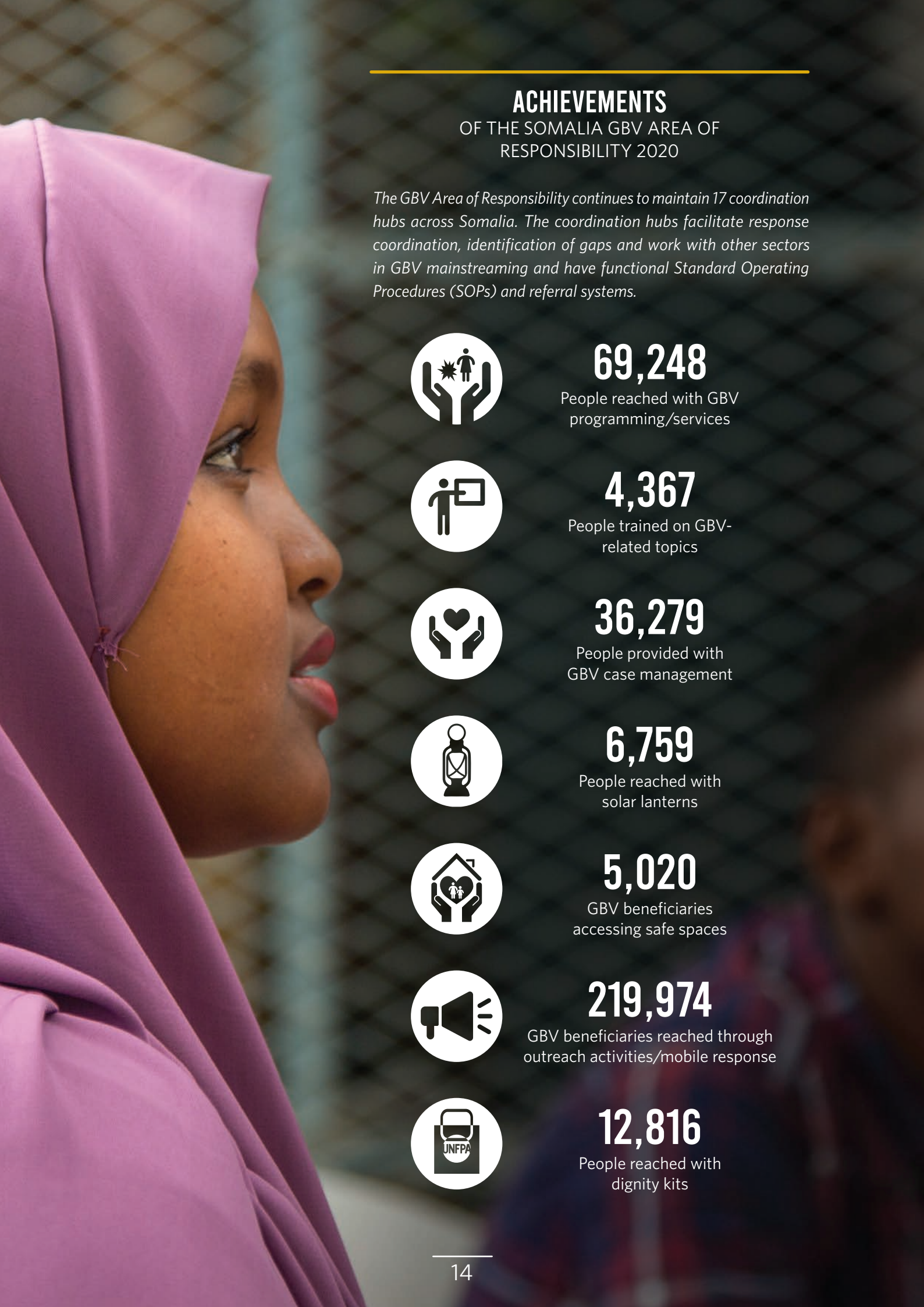
Withdrawal, social Isolation, victim blaming, restriction of movement, arranging accompaniment for women and girls when they travel long distances, and silence are some of the major negative coping mechanisms for women and girls in Somalia. Early marriage is also emerging as a major coping mechanism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

GENDER-BASED VIOLENCE

PARTNERS PRESENCE MAP IN SOMALIA



Source – GBV AoR Dashboard 2020



ACHIEVEMENTS
OF THE SOMALIA GBV AREA OF RESPONSIBILITY 2020

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.

69,248
People reached with GBV programming/services

4,367
People trained on GBV-related topics

36,279
People provided with GBV case management

6,759
People reached with solar lanterns

5,020
GBV beneficiaries accessing safe spaces

219,974
GBV beneficiaries reached through outreach activities/mobile response

12,816
People reached with dignity kits

RECOMMENDATIONS

Mobilizing national and global efforts to create a better environment and conditions for women, girls and communities at large.

For Donors

- Sustain and increase 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, and prioritize both the emergency response and acute humanitarian GBV needs.
- 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.
- 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 GBV prevention interventions that tackle the root causes of GBV and work toward changing harmful social norms. That includes increased support to legislative, policy and community advocacy and action to improve protection of women and girls from GBV.

For Government

- Government should continue to ensure approval and the implementation of policies and laws that prevent and mitigate the risks of gender-based violence. Key legislation such as the sexual offences bill and which is pending at the Federal Parliament is very important. It is also important that Somaliland commences the implementation of the sexual offenses law.
- 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.
- Provide leadership that a strategic approach to GBV risk mitigation is a priority for the Government of Somalia and that it 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 have targeted for GBV mitigation and response.
- Integrated referral pathways to address the multi-dimensional needs of GBV survivors are 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.
- Provide quality protective housing through GBV shelters is a priority to ensure that vulnerable women and girls have options for safety. GBV actors both in Government and outside Government should support shelters.
- 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. And support to adapt and implement the Prevention of Sexual Exploitation and Abuse (PSEA) code of conduct to reduce the incidence of exploitation and abuse.
- Support 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.

HUMAN INTEREST STORIES ON FEMALE GENITAL MUTILATION

STORY 1

"I suffered a lot because of FGM, I will not accept it to happen to young girls"

Nimo Ahmed, 19, was born in the remote rural area of Somaliland. When she was only eight, she experienced FGM and suffered a severe complication including bleeding during FGM. She experienced periodontal pain which sometimes causes her to visit hospitals. She thinks she is not living a normal life in many ways, particularly that she is still feeling stress and anxiety caused by the circumcision.

Doctors advised that she get an open space for a menstrual cycle, but she was rejected by her parents who said "it's a bad idea because it will affect her future and nobody will accept her to marry. Better to endure the pain instead."

"Of course, If I had power this would not have happened to me. We need to save young girls from this horrible practice" Nimo said.

Although Nimo suffered, she is happy that she will be able to save her daughters from FGM and that they will not suffer as she did.

"Whatever happened to me should not happen to my daughters and other girls of Somaliland. I still remember how painful the practice was. We need to save the future general" she said.

Nimo her problems caused by FGM will be eternal. She still feels the pain during menstruation, she knows that she will sever when she gets married. She also knows that that she will suffer whenever she delivers a baby.

"I suffered, my mother suffered, women have been suffering for centuries. We should not let this to go forever." She said.

Nimo support eradication of all forms of FGM in Somaliland, particularly in the rural areas. She would like to join organizations that do FGM work in rural areas if she gets the chance.

"I am from the rural, and I think the worst forms of FGM take place in the rural areas. We need not to focus on big cities only but fight FGM in rural areas as well" Nimo said.

STORY 2

I am survivor of FGM, in the year 2010 at the age of 18 my mother instructed me to clean up, I was curious as to why I would be asked to clean myself. I thought I would be taken out for a special occasion though I was not sure about it. This was very unusual but I proceeded to do what I was told to do.

Once I was done with cleaning up myself, I saw woman who seemed to me a stranger but I was surprised to find out the woman had a razor and other objects. I immediately sensed that the woman was a traditional circumciser whose job was to mutilate me.

I made a decision to run away because I heard from peers that this traditional practice of cutting is painful and has far reaching health consequences on young girls. My mother sent my brothers to immediately apprehend me, I was crying while they brought me back home. I was taken to the room, forced to lay down on my back while the circumciser came in with a blade and other traditional medicines. I was blindfolded, while my mother and other women who were in the room completely immobilized me by holding my arms and legs. I was cut immediately and I could feel the pain, it was the most painful experience i have ever undergone.

After the process was over, I was bleeding and sobbing in pain to an extent that i could not sit down or urinate due to severe burning sensation. The pain continued for a while and my mother was advised to use a Somali traditional herbal medicine (malmal) in case of infection. This worsened my pain and I was not taken to a hospital due to myths believed by the community that the pain and infection as a result of the cut will not have any health complications in the long term.

As a result of the pain, I developed psychological trauma due to the pain, shock and the use of physical force by those who performed the cut. I struggled with post trauma stress disorder after the horrible experience that I went through. While I try to overcome the trauma and pain, I still experience pain during my monthly menstrual cycle.

As a young adolescent adult - would you have agreed to be subjected to FGM?

I would neither agree nor advise any girl to be subjected to this inhumane and barbaric practice, because it has no health benefits and leads to long-term physical and psychological consequences. As a FGM survivor, I would like to become an FGM champion in order to advocate against these harmful traditional practices and to raise awareness by speaking out against FGM and breaking the culture of silence in our community. If we continue to be silent, the practice will continue. We must speak out against FGM.

STORY 3

Asma Mohamed is 18 years and is preparing the first degree of Nutrition Science at the University of Hargeisa. She is also one of the Youth Peer Network (Y-PEER) recent trainees. In early years of her live, she underwent FGM and suffered chronic pain during her adulthood which on many occasions caused here to leave the school and stay at home because of the menstruation pain.

As an FGM survivor, Asma believes that FGM is human rights violation as well as violation against Islamic religion. She learned Qur'an and could not find a verse encouraging female circumcision. She why this was done to her and is now committed to fight against all forms of FGM and other harmful practices.

"When I feel severe pain, I used to miss classes. And then it was difficult for me to catch up on classes I missed. I frequently asked students to help me and this made me feel ashamed, because I didn't want them to think that I have no capacity to study. I still feel the psychological scars the FGM caused to me" she said.

Asma would like to continue to fight against FGM in Somaliland. She is now a volunteer that closely works with Y-PEER. She particularly collects information on FGM and is planning to write a series stories about the FGM in Somaliland. "I will do my best to save young girls" Asma said in an interview with Somaliland Y-PEER.

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