



TRENDS AND PATTERNS OF GENDER-BASED VIOLENCE IN SOMALIA

Consolidated report from July 2012 to June 2013

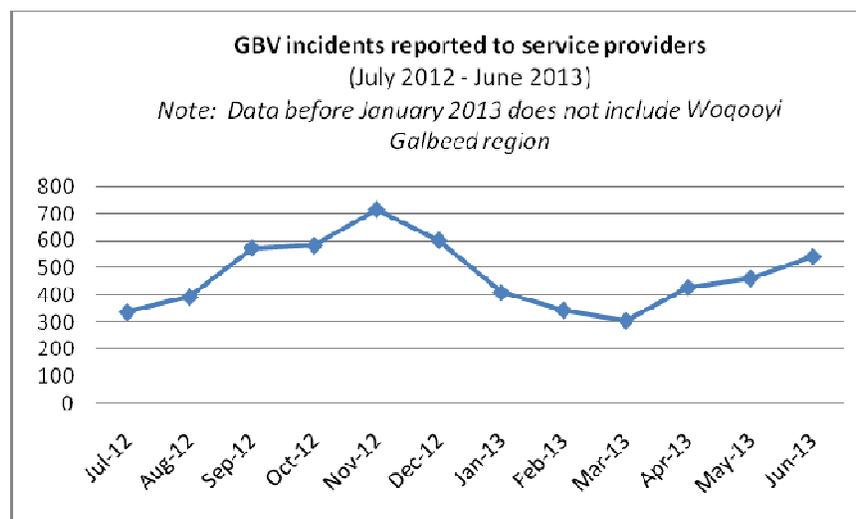
While reading this gender-based violence (GBV) trends and patterns report, please pay attention to the following caveats:

- The data is only from reported incidents to service providers directly working with GBV survivors. The consolidated data is in no way representative of the total incidents nor prevalence of GBV in Somalia. It is widely acknowledged that reported incidents of GBV are likely to be the tip of the iceberg.
- The report has been prepared using a process to ensure that no harm comes to any survivor, service provider or the community from information sharing efforts.
- The report has methodically mitigated the risk of double reporting of incidents. Nevertheless, the possibility of capturing double reported cases is not excluded.

Please note that none of the information provided in this report should be shared further without the caveats mentioned above.

BACKGROUND

The report is based on reported incidents of GBV to service providers from Banadir, Middle Shabelle, Lower Shabelle, Bari (July 2012 to June 2013), and Woqooyi Galbeed regions (from January to June 2013). GBV is distinguished from other forms of violence by its relation to gender inequality and power imbalance. The six core GBV types include rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services and psychological/emotional abuse. Other types of GBV can be defined by a combination of criteria including core GBV type, perpetrator and age of survivor. These include intimate partner violence, child sexual abuse, early marriage, sexual exploitation, sexual slavery and harmful traditional practices (including female genital mutilation/cutting (FGM/C)). In total during the reporting period there were almost 5700 reported cases in five regions of the country, of which, 84% of GBV incidents were reported in Banadir, Middle and Lower Shabelle¹.



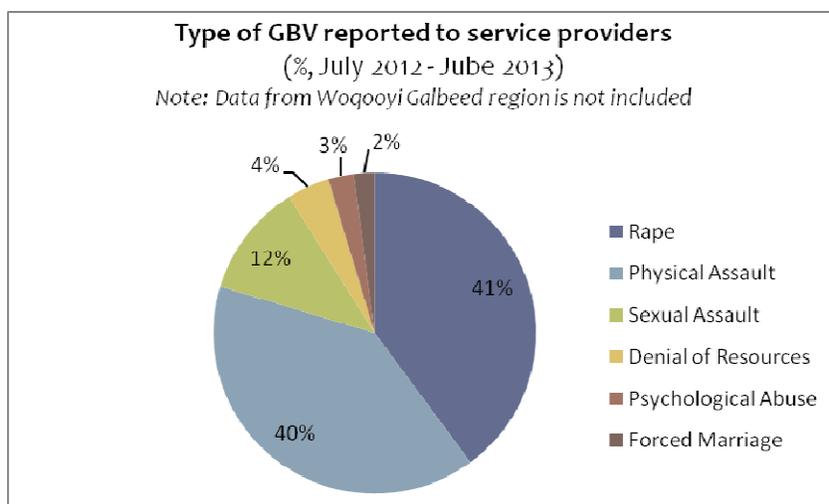
¹ It is important to note that there are more service providers and a larger displaced population in Banadir region, with therefore greater possibility that incidents were reported by service providers. This figure does not indicate prevalence of gender-based violence across the country.



The graph of reported incidents shows that there was a significant increase in reported incidents from September 2012, peaking in November 2012, with a significant decrease after December 2012. Service providers in South Central Somalia attribute this sharp drop in reported incidents to the high profile case of arrest of the alleged rape survivor and journalist reporting the alleged incident in January 2013. Subsequent declarations made the Federal Government of Somalia announcing stronger punishment for such crimes appear to correspond with a steady increase in reported incidents from April 2013 onwards.

TYPES OF GBV

Across Somalia the majority of GBV cases reported were rape (41%), followed by physical assault (40%) of which almost two thirds of cases were perpetrated by intimate partners. In Banadir, Middle and Lower Shabelle regions the majority of GBV cases reported were rape (45%). In Bari region, the majority of GBV cases were physical assault (64%).



In addition 4% of cases reported were harmful practices such as FGM/C. Intimate partner violence cases reported were 29%, child sexual abuse accounted for 10%, and early marriage were reported as 2%. Possible sexual exploitation stood for 1% with possible sexual slavery as 1%. Most incidents took place at evening/night (50%), while secondly morning (28%) was reported.

Survivor characteristics

The majority of survivors were female (97%). In total, 16% of survivors were children. Most incidents (56%) took place against girls and married women. Most survivors came from the IDP community, with IDP community represented by 78% of survivors. Some cases were reported by survivors with disabilities (1%).

PERPETRATOR INFORMATION

Most reported cases are perpetrated by a person the survivor knows. In Banadir, Middle and Lower Shabelle, 35% of cases are perpetrated within the larger family. In Bari, 59% of cases are perpetrated within the larger family. 16% of cases reported included several perpetrators. In case of rape the main perpetrators were unknown to the survivor. In Banadir, Middle and Lower Shabelle, from July to December 2012, 23% of reported cases were perpetrated by armed men in uniform.



REFERRALS AND SERVICE PROVISION

In most cases it took survivors 0-3 days to report to a service provider after the incident occurred. In Banadir, Middle and Lower Shabelle, 60% survivors reported to a service provider within 3 days. In Bari, 94% survivors reported to a service provider within 3 days.

Psychosocial support: More than 75% of survivors received emotional support. In Bari, from January to June 2013, 27% of survivors accessed livelihood opportunities, however, in Banadir, Middle and Lower Shabelle, less than 1% of survivors accessed livelihood opportunities. There is a gap in provision of livelihood opportunities, particularly in Banadir, Middle and Lower Shabelle regions, since survivors could not be referred as services are unavailable.

Medical assistance: In Bari, almost 70% of survivors accessed medical care. In Banadir, Middle and Lower Shabelle, during the first six months of the analysed period, 74% of survivors accessed medical care, whilst from January to June 2013 only 29% of survivors accessed medical care.

Protection & Justice: In Banadir, Middle and Lower Shabelle, only 2% of survivors wished to be referred to security/protection services and 4% were referred to legal aid. In Bari, 32% of survivors wished to be referred to security/protection services and 16% were referred to legal aid.

RECOMMENDATIONS

The majority of GBV incidents reported during the period was rape, particularly among women and girls of internally displaced populations. However, reporting rates appear to be significantly affected by local and national authority's attitude towards the issue. Practical actions must be taken to translate commitments outlined in the Joint Communiqué of 7th May 2013 by the Federal Government of Somalia and United Nations, and support authorities in South-Central, Somaliland and Puntland.

Recommendations include:

- The Federal Government and Regional Authorities to reiterate that impunity will not be tolerated, which includes support transparent investigations into reported cases of rape and sexual assault, particularly among security personnel. It is essential that these processes respect the rights to safety, dignity and privacy of the survivor.
- Donor community and UN to increase support for service provision, specifically improve livelihoods for women from displaced populations, improved medical response, and longer-term support for rebuilding formal legal systems with the Ministry of Justice.
- The Ministry of Health, UN and NGO partners to improve access to medical support for survivors (particularly training for staff, drug supply and infrastructure).
- Government and partners to implement practical solutions to strengthen the protection of IDP communities and for their access to formal redress mechanisms.
- Improved support to collect regular incident data and provide disaggregated analysis to support evidence-based programming and advocacy efforts.

FOR FURTHER INFORMATION

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