

## Original Research Article

# Bridging the Gender Divide through Empowerment Narratives: A Case of Survivors of Gender-Based Violence in Mogadishu and Afgoye in Somalia

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**Abstract:** This article examines narratives of empowerment of survivors of gender-based violence (GBV) living in internally displaced persons' camps in Mogadishu, the capital of Somalia, and the district of Afgoye in the Lower Shabelle Region of the Southwest State of Somalia. These empowerment narratives emphasize survivors' tales of resiliency, recovery, and determination. They also demonstrate how survivors regain agency and make choices that improve their well-being. Additionally, the narratives stress how crucial it is for survivors to have access to medical care, legal assistance, and employment opportunities in order to start all over again. The survivors emphasize the importance of support systems, availability of resources, and concerted efforts to bridge the gender divide and in dealing with GBV in Somalia. This includes enlisting men and boys as allies, advocating for policy changes, and initiating community-led projects.

**Keywords:** Afgoye, Advocacy, Agency, Gender Divide, Gender-Based Violence, Resiliency, Social Work.

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## 1. INTRODUCTION

### 1.1 Gender-Based Violence from a Global Perspective

USAID's (2022) Strategy to Prevent and Respond to Gender-Based Violence defines Gender-Based Violence or GBV as: "any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity or expression, sex characteristics, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity." It adds detail to the explanation and states: "Although individuals of all gender identities may experience gender-based violence, women, girls, and gender non-conforming individuals face a disproportionate risk of gender-based violence across every context due to their unequal status in society," (USAID 2022:8). While this definition covers GBV in its physical, non-virtual form, another explanation has emerged that classifies technologically-facilitated (TF) types of GBV that focus on the category

of violence that occurs in virtual spaces and contexts such as social media platforms or through digital media.

Gender-based violence and gender sexual abuse, taken together as sexual and gender-based violence (SGBV), are among discussions at the top of policymakers in many countries of the world. Research specific to the theme has been growing throughout the modern times leading to UN and other international agencies' intervention and urgency to politicians and world leaders to recognize the violence as a serious matter. In many countries gender-based violence (GBV) and/or gender sexual abuse (GSA) is recognized as a vice that negatively impacts not only the victims but also as a dreadful phenomenon that intoxicates the social fabric and the entire development process of the nation. However, while every country on earth has its exclusive aspects and volumes of GBV and GSA, countries categorized as underdeveloped are attributed to have

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high rates of abuses without much change in their endeavor to ameliorate the situation. Somalia, one of the least developed countries in the world with unique characters as war-ravaged, drought-hit and famine-stricken, corruption-riddled, and socially disunited country, among other characterizations, has a high rate of SGBV which has not attracted the scholarly attention it deserves. It is therefore due to the paucity of academic research on the subject that this study attempts to explore the problem by way of accessing survivors who experienced different types of abuse and advocates who assisted the GBV/GSA victims and stood for their support. In particular, the study focuses on survivors in Mogadishu, the capital of Somalia, and the district of Afgoye in the Lower Shabelle Region of the Southwest State of Somalia.

Although research reports indicate that a majority of SGBV is committed by an intimate partner, thus intimate partner violence (IPV), these may simply be a tip of the iceberg. In many parts of the world, particularly in Africa and Asia, numerous incidences of such cases do not see the light of the day, regardless of whether the sexual violences are committed by a stranger or an intimate partner. In many of the unreported cases, according to research, women are blamed for hoarding the information to themselves, despite the various reasons they provide for their silence (Abukar *et al.*, 2025; Ibrahim *et al.*, 2025). On the other hand, although cases of sexual assault by strangers are easier to report as they do not involve “complicating social factors of acquaintance rape, where the rapist may be a family member, personal friend, member of a close social circle or a respected community member such as a religious or political leader, teacher or doctor,” multiple factors related to culture, personal attitude, psychological preparedness and a victim’s personal confidence can impact whether a violent sexual case of any nature is reported or not (Collins 2014:285).

## 1.2 GBV from an African Perspective

In a recent research article, Obagboye & James studied the condition of GBV in the two most populous countries in Africa, namely Nigeria and Ethiopia. They found that an estimated 30% of women have experienced, at minimum, one type of abuse related to gender violence after reaching 15 years of age (Obagboye & James 2022:43), and that “27 of the 30 countries in the world that exhibit inequitable gender indices, are in Africa.” The research scholars’ contention was that in the African continent, GBV “has become institutionalized and accepted rather than challenged in Africa.” Numerous factors are blamed that include “entrenched patriarchal attitudes in Africa, faulty legal framework, and socio-cultural factors” that have since ancient times laid the foundation for the normalization of gender disparity that often positions men with leverage over women. The coauthors propose “a holistic approach that involves socio-legal factors” in order for African

countries to contain SGBV and other forms of abuse inherent to this social morbidity.

Though SGBV is a global challenge, estimates by the World Health Organization show significantly higher numbers of occurrence in developing countries, ranging as low as 20% to 25% in the United States and Western Europe and nearing 40% in parts of the Middle East and Africa, a disparity of 15% to 20% higher and therefore more suffering for the African women and girls. The figures are based on a survey conducted in 20 countries in different parts of the world, featuring rich and poor countries in a disproportionate manner. The selected countries included Bangladesh, Benin, Democratic Republic of Congo, El Salvador, Ghana, India, Kenya, Malawi, Malaysia, Mexico, Morocco, Rwanda, Somalia, South Africa, South Sudan, United States, Thailand, West Bank/Gaza, Zambia, and Zimbabwe (USAID 2020:3).

Findings of a survey on demography and health in several countries in sub-Saharan Africa demonstrated that gender-based violence in the region is for the most part committed by the victims’ husbands, the most immediate partners—scoring between 70%–80% with the breakdown going as follows in ascending ranks: 20% in Malawi; 30% in Zimbabwe and Rwanda; 40% in Kenya and Cameroon; Zambia 45% and Uganda 48%. Comparatively, the report assesses that physical violence only by someone else (and not by their husband) among the same women was reported by about 10% in Malawi, Rwanda, and Zimbabwe; and by about 15% in Cameroon, Kenya, Uganda, and Zambia (USAID 2010). Klugman’s (2015) connotation that “...around the world no place is less safe for a woman than her own home,” not only confirms the results in the preceding USAID (2010) report but presents an emotionally touching statement that makes every human with sound mind feel and contemplate the seriousness of the vice and the urgency for an appropriate preventive as well as remedial intervention for survivors.

While most of the preceding studies focus on countries which experience better stability and governance than Somalia, GBV remains in the Horn of Africa as a very serious and hardly containable pandemic that calls for special attention, particularly considering the various cultural factors contributing to the problem. Many women do not report cases of abuse because they believe that culturally a husband has a right to behave—meaning *to punish*—his wife physically in certain situations, while bias against women and girls is a dominant factor in Somali culture in general (Abukar *et al.*, 2025; Ibrahim *et al.*, 2025).

Cultural beliefs of this nature have been traditionally internalized by the female folks. As a consequence, they remain among the common problems prevalent not only among Somali women but similarly many African women. The perception has become so

dogmatic that the abuse is stabilized as an unbreachable cultural dogma. Klugman (2015) highlights the same while writing about a participant in a focus group discussion in Niger who acknowledged: “Men have their occupations, women have theirs. It’s like that since childhood, it’s our heritage.” The thinking of society and culture as static instruments deters the fact about reality as a dynamic institution against stagnation in theory and practice, notwithstanding the perception of cultural conservatives in every society.

### 1.3 GBV from a Somali Perspective

Similar to other parts of the country like Somaliland and Puntland, in the capital, Mogadishu, as well as other regions in the south, there is very high prevalence of sexual violence and rape cases. Communities in IDP camps in general and minorities in particular are plagued by vulnerabilities as they stay exposed to the highest risks of insecurity and gender sexual abuse and rape. The vicious practice of gang-raping of women remains incessant notwithstanding the introduction of laws and legislative discussions covering the various types of violence and abuse against women and children (HRW 2014).

More evidence of prevalence is envisaged in Advocacy Brief 2022 of the United Nations Population Fund which submits the continuous increase of gender-based violence (GBV) and compared it to its previous year report, particularly abuses such as violence by intimate partners and sexual violence resulting from the high number of migration and displacements caused by armed conflict, floods, droughts and famine. According to the database of the Gender-Based Violence Information Management System (GBVIMS), in the year 2021, physical assault alone recorded 62% followed by 11% rape, 10% sexual assault, 7% denial of resources, 6% psychological/emotional abuse, and 4% abuse in forced/early marriage (UNFPA 2022:5).

According to a senior official in the administration of the regional state of Puntland, the prosecution officials are advised to forbid traditional leaders or clan elders from interfering with any crimes related to sexual violence as such crimes are now required to be adjudicated under the Puntland Rape Act. The elders and other traditional leaders, as the report elucidates, should refrain from soliciting the reach of a solution through the old traditional means and mechanisms of inter- or intra-family negotiations and compensations. The message is to inform elders in particular and citizens in general that “The Act has therefore removed the power to resolve rape cases through traditional mechanisms from traditional elders and families,” (UN Human Rights Commission 2017).

Notwithstanding the well-drafted legislations, gender-based violence and sexual abuse remains more rampant than reported, particularly in the case of Somalia where record keeping of incidents is rare, research

potential in higher learning institutions is either low or non-existent—in most cases marred extensively by poor education policy and education standards (Eno 2017; Eno *et al.*, 2015; Eno *et al.*, 2014). More specific to the current discussion, social work education and social work professional practice, the most relevant intervention for GBV, are, in their formal nature, currently new and somewhat under incubation in Somalia (Eno *et al.*, 2022a; Eno *et al.*, 2022b). Therefore, one could favorably argue that the recency of the academicization of social work might be a reason for the lack of reliable scholarly studies covering the discipline, hence leaving unscholarly publications by organizations working in the country as the dominant source of data related to GBV and many other areas of study on Somalia.

The documents reviewed suggest that Somalia has a high and increasing rate of GBV compared to many countries in sub-Saharan Africa, in the African continent at large and across the globe while at the same time the country is hindered hugely by insufficient, if not lack of, capacity in needed resources to address the GBV vice—legally, economically, educationally as well as policy formulation and implementation. For instance, there is a very limited-service provision as there are not well-qualified professionals in social work practice or in counseling, due to formal social work education being a recent initiative in the country (Eno *et al.*, 2022a; Eno *et al.*, 2022b). The overall lead for intervention needs to be taken by the government, whether regional/state administration or the federal government. These authorities should consider the introduction of strict gender laws and enact them effectively while simultaneously putting in place an appropriate framework for functional social work policy. Designated authorities can then put into practice the streamlining of nationwide activities designed to cope with the multiple aspects of GBV in the country. Another significant role can be played by the academic institutions by designing appropriate, culturally relevant African and/or national curriculum that shapes the academic prowess of professional social workers in the country.

The local higher education institutions can, among themselves and/or in collaboration with older sister institutions well-versed in the field, design and implement a research agenda that contributes to and benefits from local/regional/continental production of knowledge. Such agenda helps refocus the initiative away from mere consumption of and dependence on social work products (theories, practices, approaches and principles) imported from outside the continent. The adoption of what is local or Ubuntu ushers in contextual moral values that facilitate the effective deconstruction and deprioritization of Western theories. More effectively, it paves way for the process of absolute decolonization of social work knowledge and practice, enshrining the prioritization of indigenous thought that is born and nurtured in Africa (Mbembe 2015; Tusasiirwe

2020, 2022; Twikirize & Spitzer 2019; Tascon & Ife 2020).

## **2. METHODS AND DATA**

### **2.1 Research Design**

The study followed the qualitative case study design as an appropriate method to attain its objective of collecting reliable data (Eno & Dammak 2014; Flevbjerg 2006; Gerring 2007; Creswell 2009; Creswell & Creswell 2018) from two groups of women in two different cities, namely Afgoye and Mogadishu. The method was considered due to its advantages including flexibility for data verification process during the various stages of the study; suitability of personal narratives in the case of focus group discussion (FGD); accessibility to knowledgeable individuals in society such as in the case of key informant interviews (KII); as well as the obtainment of rich data by way of individual face-to-face interviews.

### **2.2 Geographical Scope**

The geographical coverage of this study was restricted to the two locations of Mogadishu, the capital city, and the district of Afgoye, about 28 kilometers southwest of Mogadishu, which is an agricultural town in Lower Shabelle Region, Southwest State of Somalia. These two locations were selected for two reasons: convenience of proximity and IDP camps.

#### **2.2.1 Convenience of Proximity**

The first reason for selecting these two areas is related to their proximity which gave convenience of accessibility. It was easy for the authors and the respondents to commute short distances to participate in the exercise. This way, it was appropriate for the researchers to coordinate the data collection process by convening women from different backgrounds and parts of the country from each location which includes the urban setting as well as the IDP camps within the city or district and in their environs.

#### **2.2.2 IDPs**

The other factor the researchers considered in these two sites is related to the fact that both areas host a massive population of displaced communities from different villages, districts, and regions of the country. This factor was particularly seen useful as it gave the researchers an opportunity to include in the FGD and KII representatives from different parts of the country who otherwise would have been difficult to reach or would have required considerable financial resources beyond the self-contributed budget provided by the individual researchers.

### **2.3 Data Collection Method**

#### **2.3.1 Purposive Sampling**

The population of interest was women with a broad range of experience in the types of violence faced by women in their original homestead or in their current location in the IDP or district in the city where they live.

More specifically, the study opted to employ purposive sampling in order to collect reliable data from the right sources. Accordingly, to satisfy the requirement for selection and relevant to the main objective of the study, only participants who had experienced and survived acts of gender-based violence and/or gender sexual abuse (GSA) were approached and invited for participation in two out of the three tools, namely: the FGD and in the KII. Regarding the third instrument, which was the face-to-face interview, such a requirement was deemed unnecessary since the focus was on matters related to GBV in general and not strictly on experiences of undergoing an ordeal suffered as a result of gender-specific violence—hence the involvement of advocates.

#### **2.3.2 Data Collection Techniques**

The study utilized a triangulation of three data collection instruments namely FGD, KII, and individual face-to-face interviews with a total of 22 participants in the three approaches. The triangulation approach was necessitated by the need to access different sources and collect data through diverse tools in order to strengthen the results by virtue of applying distinct data collection approaches. In each of these meetings, 2 trained females were involved—one as facilitator while the other was assigned the recording task. The data collectors were given a two-days training in which the first day focused on the FGD and KII data collection processes and procedures, while the second day was devoted to a practical aspect of undertaking data collection scenarios.

##### **2.3.2.1 Focus Group Discussion**

In each of the urban locations, a FGD session of about three hours was held for a group of female participants. Each group consisted of 5 women selected according to regional background as well as current role in her new residence in the IDP or district where she lives.

##### **2.3.2.2 Key Informant Interview**

In addition to the FGD, the study pursued an open discussion with 3 very knowledgeable women in GBV issues either by way of experience as survivors or as mediators in GBV related disputes. Data from these meetings would either supplement or introduce an element of concern not mentioned in the FGD. Because some of the key informants were selected pertinent to their engagement in GBV in a wider scope as mediators or survivors, their version might bring issues of concern that might have been missed in the FGD or augment and therefore reconfirm prevalence of conditions highlighted in the other sessions through a different tool.

##### **2.3.2.3 Face-To-Face Interview**

In each of the two geographical areas covered, 3 structured questions were used to interview 3 women in different administrative positions either in the federal government, the administration of the regional state, or working for a woman-focused NGO.



### 2.3.2.4 Informed Consent

Consent was sought and secured from all participants prior to the conduct of the data collection sessions. The two female researchers were strategically assigned to explain to the participants the objective of the study as being solely for academic purpose and improve women's conditions in society. Anonymity was assured to every participant to protect the right of their privacy and protect their dignity, hence the use of coded names in the quoted statements to protect the identity of the respondent. About thirty minutes of introductory session was held at the beginning of each FGD and KII meeting to discuss the topic in general, facilitate the gain of rapport among the participants and with the research team of females. The aim of the preliminary introductory session was to give the informants the confidence to express themselves honestly and according to their lived experiences. There were follow up meetings which were conducted to verify the accuracy of their responses before the final report was written.

### 2.4 Data Analysis Method

Thematic analysis and coding method were used to condense the bulk of the qualitative data captured in the recording. After every session, data was immediately transferred to a safe computer storage with its accessibility secured by a password. Later, the oral data was instantaneously transcribed into written text and then translated from Somali to English. In many cases, rather than reduce the essence of the response to codified expressions and inferences derived from the oral text of the response, preference was given to a verbatim citation of the respondents as recommended by Flevbjerg (2006). Hence to present the "mutually exclusive concepts" of the respondents, in order to preserve the validity of the original data as expressed by the informants, in other words the reality embedded in "the very value of the case study," the researchers maintained not to lose "the contextual and interpenetrating nature of forces," characterized in the respondents' variant experiences (Peattie 2001:260).

## 3. RESULTS

### 3.1 Overview

The age range of the participants varied from 26 to 55 years and included married and divorced women at the time of the study. All of the participants had at least some Koranic education while some among them had studied up to primary although a number of them have not completed it. Very few of them completed secondary school, some while still married. The shortest period of marriage lasted 3 years while the longest was 26 years and continuing. Half of them were divorced twice compared to a quarter who experienced divorce more than twice and the remaining quarter never experienced divorce. Although many of the informants admitted to having experienced some kind of battery and physical assault by their intimate partner, and in this case a husband, more than four times in their marriage life,

some of them have been a victim of physical assault by either a sibling of the husband or his mother. Among the overall 16 participants comprised of FGD (10 participants) and KII (6 participants), 4 have suffered from sexual abuse as rape, while one admitted to the torment of surviving gang rape perpetuated by clan animosity and another one due to her ethnic background as a minority.

### 3.2 FGD

The FGDs in both locations revealed the nature of the various types of violence the participant survivors had undergone, possible factors that could have provoked the violence, who the perpetrator involved was, approximate recurrence of the violence experienced, whether the incident was reported or not and the reason for either choice, whether legal or communal customary remedy was sought, and the outcome of the remedy process. The participants agreed unanimously that the traditional system of customary (xeer) remedy does not satisfy them at all, "in any way, because it usually benefits the elders themselves who take the biggest part of the compensation money to share among themselves. Always very little or nothing remains for the victim and her family."

Our analysis of the discussions demonstrates that all the participants in both locations, Mogadishu and Afgoye, mentioned that battery, physical assault, insults and verbal abuse, and denial of education and job or trade opportunities are the most frequent types of abuse they experienced mainly from the husband, male siblings living with them in the family house, or in several cases the parents who believe girls need not be educated because they will be married off to someone and they will be taken care of by the husband. They affirm that the acts of discrimination and abuse start from within the family and "well before marriage or any other abuse or violence by a husband or strange abuser." Below is an account of the extract from their discussion:

The abuses are uncountable because men are uncontrollable. One day, it was in the afternoon; I served my husband with coffee and dates. He said there were small insects in the dates I served him with the cup of coffee. I had not seen the ants when I was putting the dates on the plate. I had bought the dates from a nearby shop in our neighborhood a few hours earlier. I just felt hot liquid on my neck and back. When I looked back he was angry, screaming and abusing me with very bad language I cannot say here. He said I wanted to kill him with the insects he saw in the dates. After I checked the dates I saw the small bugs and I took the dates back to the shop to show the shop-owner what he had sold me. He apologized and refunded me, although that could not heal the battery and verbal abuse I got because of his maybe expired dates.

Another participant took over to narrate her story:

You were lucky! For me, he threw the cup with the hot tea. It struck me here, on my nose; do you see it?. You see the black dot here [she pointed her finger at it]? It is three years since the incident but the mark is not disappearing yet. I asked him what the problem was or whether the tea was not good; but he did not answer. He just walked out of the house, murmuring things I could not hear properly; but the children told me that he was saying, “this silly woman!” Until today he did not tell me what that problem was. But there were many batteries after that. They are not countable; I got used to them.

A participant we codenamed Fanta recounts her experience:

One night my husband pushed me against the wall then dropped me on the ground with terrible force. I thought my head was cracked. He just walked out of the room with intimidating words. Another time he punched me several times in the face in the stomach, in the chest, all over my body. I waited until daybreak. In the morning I took my three children and went to my parents’ house. My parents were angry and my brothers wanted to beat him and kill him but my mother stopped them from any action. After a couple of days elders came to my parents’ house and the matter was solved in the traditional way. Traditional elders from his side gave apology to my family and I returned to my house.

Many of the survivors were becoming emotional severally as their compatriots narrated the torment and torture suffered under siege of violence and abuse. One such emotional moment was aroused by this victim:

I experienced a day I regretted why I ever came to this world. First of all, had it not been my mother’s advice and insistence to forget, and pretend as if nothing had happened to me, I would have committed suicide. I’d have left this world long time ago. But my mother was a big support and adviser. I was out to fetch water for the family from a distant well. Two men caught up with me, dragged me into the forest while I was screaming and pleading with them to let me go. One of them punched me hard in my face while the other one wrestled me to the ground. I passed out completely; I knew nothing about what was going on around me or where I was and what happened to me. When I woke up later, my clothes were tattered, and I was very wet in my private parts. For quite a while I felt weak, unable to hold my feet properly on the ground, my steps uneven like I was going to

collapse... like I wanted to fall down. But I kept strong.

One of the women, codenamed Loos, shared her story about a day when she was confronted by a group of four men who asked her about her clan and lineage etc.:

I thought maybe they could be my lineage so I told them the truth. They happened to be from a group with a grudge against my people. They did not rape me but they assaulted me very mercilessly. They said so many dirty insults against me and my sub-clan and told me to tell the male of my kinship to trace them for a revenge. I was hospitalized for more than 4 weeks and the issue was settled on customary terms of compensation. Most of the compensation money was shared among members of the elders’ committee. What my family received was not enough even for 3 days of my hospital bill.

A participant, Joos, recalls a situation in which her small business was almost ruined by her husband. Her story:

He was jobless so I used my skills by cooking and supplying snacks to several coffee shops. When my husband saw our way of living was a little bit improving, he asked me to budget money for his parents. I couldn’t do that because my earnings were enough only for our family; we had three children that time but now we have five. He became angry and stopped me from doing that trade; yet he was not providing anything for the family. It became a big issue and I had to seek help from my parents. They approached elders who summoned him. He was told to choose between allowing me to continue my business, or, if I had to stop it, he had to say how much money he would provide to us, me and my children, each day. Because he did not have a job and he didn’t want to look for a job, he had to allow me to do my small business. That day, the elders did justice to me!

A participant codenamed Timir, who appeared to have more advanced education than the others, had to explain her story:

I applied for a job. I submitted the required documents. I was called for the interview and I finished and I returned home. After about two days one of the male interviewers contacted me. He said it was easy for him to recruit me had I also become understanding in accepting his date. He insisted for it even after I told him I am a newly married woman. I did not hear from them after that phone conversation. Now the same man has a big position in the district administration. I know him and he knows me.

Another woman we gave the codename Shaah shared a similar story about her sister and sister-in-law, both of whom have experienced abuse and violence for job offer:

Dating for enjoyment before getting a job is a very common problem many girls are facing every day. My sister had a similar situation. She was desperate for the job and accepted the date. The man also promised to marry her. After a few weeks she couldn't reach him and the job was offered to another lady. My sister-in-law fell into the same trap. Both of her male interviewers dated her separately but they did not offer her the job. Many girls are abused like this but most of them keep it secret, because they are used and they don't get the job.

### 3.3 KII

#### 3.3.1 Lack of Reporting

In the KII, the study had its focus on issues relating to women's less desire and little courage in reporting the abused and vicious acts of violence they undergo. The reason was because the participants in the KII were selected purposely not only for personal real-life experience of suffering from SGBV but also in part due to their extensive knowledge of issues concerning the violence from other perspectives. This is because among the KII participants are mediators who encountered specific cases of GBV and sexual violence against women.

Several studies, including sources of organizations operating in Somalia, acknowledged survivor's reluctance to report the incidents of violent abuse they experience. Key informants in this study elaborate some of the reason confirming, "Most of the Somali victims and survivors of GBV or GSA do not feel culturally encouraged to disclose the ordeal they undergo in such abuses and crimes, regardless of whether the perpetrator is an intimate partner, an acquaintance or a stranger." However, even though individual survivor's reasons may vary from one view to another, most of the reasons to the silence are associated to "preservation of the dignity of the victim and her family," according to an informant who experienced several IP battery and assaults and three situations of sexual abuse "one by someone I know; and two by strangers; and I reported none of them."

A section of GBV and GSA victims prefer silence because of their "unreliability on the customary system of recompense" where so-called elders help most of the compensation money to themselves with "only a very meagre trickle" of it reaching either the victim or her family. The participants expressed their extreme dissatisfaction with the national legal process where most of them declare either "little or no trust at all on the justice system," most frequently in the case of ethnic minorities who are more vulnerable and therefore "an easy prey to such abuses." In most cases, it is obvious that these unpleasant perceptions cause "lack of self-

confidence" and lead to discouragement from being assertive towards the apprehension of the perpetrator.

The predicament of the victims and helplessness in their psycho-traumatic condition is further exacerbated by what the face-to-face interviewers emphasized as "inadequacy of well-trained social workers" and psychosexual therapists and counsellors who can engage the survivors effectively from the moment the ordeal is reported and throughout the course of their healing process. Such intervention, in other words the intervention provided by the social workers requires the observation of a professional social work association with expert supervisors "who can conduct effective leadership in the quality of service provided."

A well-informed respondent in her early forties, who is also an outspoken advocate for women rights, extrapolated how a very high proportion of GBV and GSA survivors in the Somali peninsula live with unremedied psychological wound more than the physical injuries because of "intimidation due to retaliation in case they identify the rapist or any other abuser of their safe spaces." Another learned young lady among the interviewees disclosed that "while young girls conceal the abuse for fear of its impact on their future marriage, married women keep their rape secret in order to maintain their current marital relationship and as a mechanism to avoid a divorce." Additionally, "They will live with the sexual trauma for long, because of the absence or insufficiency of psycho-trauma and sexual trauma healing interventions. They live with the trauma; they will be haunted by the violence throughout their lifetime. It is this particular habit of avoidance of reporting that I am afraid will affect them later at some point in their life. You know, the violence will keep haunting them; horror and nightmare they can't forget until they die." She concludes with a reflective but also worryingly empathetic statement: "They live in a difficult kind of dilemma," which constantly perpetuates their negotiation through the thin line between living with intrinsic individual suffering and maintaining avoidance of extrinsic public humiliation.

The factors demonstrated here make only a part of what the participants have observed in society although there is a host of other reasons that discourage survivors from sharing the sensitive information about their privacy, especially when an intruder had a violent carnal knowledge of them. For participants who tried to seek remedy through the justice system or channels in the customary law, not many have been successful in achieving satisfactory remedial outcome.

According to a key informant working for one of the organizations actively involved in GBV and girl-child abuse, a very large number of Somali women are reluctant to report sexual abuse and violence "and the reported figures many not be close to the actual occurrences of the incidents." Because an undesirable

description of taboo will be attached to her, “A woman victim or a girl of thirteen or fourteen years may never disclose the abuse to anyone in fear of the stigma society, even including other women or girls, may attach to her, lest they embarrass her.”

Another respondent, Lady Danan, a long-serving but retired executive of a local NGO, with expertise in GBV issues in Somalia, articulates:

Had women been reporting the many hidden cases of GBV and sexual abuse against them, it would have alarmed the whole nation and the entire world. But I’ve also seen how hard it used to be for us to convince women to come forward and share the reality of the incident. In fact, we used to meet some of them who, after they shared details of a violent abuse with us, used to tell us not to tell anyone and not to file any complaint against the perpetrators.

One of the female informants in a KII session, Maandeeq, said,

They hide the incidences of violence and abuse because they don’t want confrontation between their husband or siblings or close relatives and the perpetrator. According to them, hiding the committal of abuse against them is a means of avoiding problems that may extend to further revenges and killings and bloodshed between their relatives and the culprit’s family and clan or sub-clan.

Daruuro, one of our informants with that pseudo name, who doubles as community counselor and traditional midwife, chronicles how a distressed neighbor approached her one early morning. She had been told about the tragic situation of her female child who was hospitalized after two days of bleeding due to female genital mutilation (FGM), known in Somalia also as Gudniinka Fircooniga (Pharaonic circumcision). The young girl was taken to visit her grandparents in a rural village where her father gave the permission for the exercise to be carried out without informing his wife. He did not inform her because she had disagreed with him earlier after his mother proposed her granddaughter’s circumcision. After the health centers upcountry could not deal with the young girl’s condition, they referred her to Mogadishu. It took very long for the doctors to treat her although she felt better after about two weeks of admission.

### 3.4 Face-To-Face Interview

#### 3.4.1 Focus on Factors for Reporting the Abuse

Unlike women who conceal their ordeal, there are brave, confident women who feel strong enough to report the violence to either relatives or the authority for redress. Several stories about such women was told by some of the participants. The first one came from a KII participant:

I saw a courageous woman who immediately after the incident rushed to the authorities in her neighborhood and reported the violent sexual abuse. She was referred to the hospital where she was treated well. The man was apprehended; he was put in police custody. He was not taken to court. Elders from the woman’s side and others from him intervened. I heard that he was later released after he was fined to pay compensation money.”

One of the elite women interviewed in Afgoye told about women who were unshakeable in their vigor to hold the perpetrator accountable for his crime. While in her office one day:

A very pretty young woman with a child on her chest entered our office, asking for responsible women to share her story with. We took her into a private office. We introduced ourselves and assured her of our support and confidentiality. She had a horrible story of a rape case done to her by her neighbor. It seemed recent as scars were visible on her body and a slight cut under her eye which she suffered in the scuffle to protect herself. Even after she screamed and her daughter cried loudly, these could neither stop him nor alert the neighbors of the dreadful situation she was undergoing. We rapidly took her to the police station to write a statement of the occurrence, got her a referral letter to the hospital, and filed a case against the rapist. He was arrested and arraigned in court.

Though not much scholarly interrogation has been committed to an empirical exploration of GBV and GSA in Somalia from the perspective of the survivors, the stories in their memory as a consequence of the violent experiences they have undergone could provide a better reflection in society’s understanding of the magnitude of the quandary haunting the survivors. In essence, further research could lay open unknown types of violence whose nature of causes as well as impact would remain hitherto unimagined and undiscovered.

One of the interviewees with the codename Asluub, explains: “We witnessed another case in which a police imposter was abusing a woman by threatening her that he would send her to jail for years if she did not satisfy his sexual desire. He had forced carnal knowledge with her twice. The third time she completely refused and it ended up in a vicious rape. She confided the incident with her sister who sought help from one of the women elders in the area. We were alerted about the situation after which we invited the lady. After listening to her story, we reported the incident to the authority. They apprehended the culprit and found out that he was not a police officer but an imposter who was denting the reputation of the police force. Later, the police investigators came to know that he had several other cases related to rape and armed robbery. The case was



transferred to the courts in Mogadishu while we continued supporting and caring for the victim to return to her normal life. But living after surviving a violent rape is a lifetime agony, a difficult memory. What can we do? The country has degenerated into chaos and lawlessness for a long time and women are most victims of the consequences.”

Sounding very concerned about women’s mental and physical wellbeing, one of our individual interviewees talked about how she and her two colleagues had a hard time convincing a brutally beaten victim to report the violence: “She was brought to us by a university student who knew about our organization’s support to GBV victims. Blood was flowing from her mouth, her lip was cut, and marks on her cheek, probably from the effect of slapping, were visibly evident. But she finally agreed to report. The violator was not her husband as we had been (mis)presuming, but her younger brother who was addicted to chewing *khat* and thought their sister in the UK had sent him money through her. He spent about 3 nights in police cells before the parents and elders intervened to settle the problem as an intra-familial matter.”

#### 4. DISCUSSION OF THE FINDINGS

Although scholarly studies on GBV and GSA are very scarce, almost non-existent in the public domain in the context of Somalia, the current investigation illuminates on some of the types of violence that women face in the country. While similar to other countries violence by an intimate partner i.e. husband prevalently exists, other varieties of abuse such as by a sibling have been unraveled here. Unlike strangers, who assault the victim away from the homestead, these close relatives who in most cases have unlimited access to the compound where the victim lives. These can be described as more dangerous to the safety and wellbeing of a woman compared to strangers against whom the female can take some precautionary measures.

Among the various abuses women suffer from are battery and assault both of which are related to very dreadful physical and emotional violence. The consequence, excruciating as it is physically and experientially enduring in memory, does not render preference to whether the perpetrator was a husband, male sibling, distant relative, or stranger. The feelings of subjugation, degradation, loss of self-esteem, disgrace, and recurrent nightmares women experience as a consequence of the violence can never have any form of remedy or recovery, no matter the type of treatment they receive, or quality of redress sought and meted to the abuser. All these are insufficient mechanisms, approaches that can never remedy the perpetual haunting the survivor lives with throughout her entire life, regardless of the punishment the law applies against the culprit.

The results reveal how in the Somali context, feud between archrival clans or sub-clans in remote rural

villages are expanded into urban and sub-urban areas where a woman is treated as a delicate object for revenge for a crime committed by a male kinsman she had never met or heard about. According to the abuser, simply belonging to clan so-and-so is enough justification for him to aggress and abuse a woman, despite her not being involved in the act of violence she is the object of clan vengeance.

The visible injuries, as demonstrated on the victim’s body as evidence of the violence undergone, may be treated and be gone after a while. However, the psychological and emotional wounds left in the survivor’s memory stay forever as perpetual reminders of the experience—indicating the seriousness of the consequence of the violence. The degradation and demeaning of the woman by verbal insults, which more often than not is done in front of her children, have the negative potential of painting ill marks in the children’s memory who often regard their mother a source of happiness and a role model in their life. The other instances of violence meted in the form of threats and other types of intimidation to deter her from reporting or retaliation, augment the subjugation women have to tolerate to protect their marriage and make spousal relationship intact.

Violence and abuse of women begins in Somalia at very early age in the life of the girl child when the evil practice of circumcision and genital mutilation is exacted before the age of adolescence in many cases. Misconceived earlier as a religious requirement for female purification, mutilation of the genitalia is a cultural practice that poses physical and psychological harm to young girls. The example mentioned above is just a random one among a practice and suffering that Somali girls have been undergoing as a traditional necessity, despite the precariously fatal consequences. Although in recent years a *Sunna* (mild) form of genital mutilation is practiced according to Islam, the severe aspect of the practice is incessantly dominant in most parts of rural Somalia where urban and sub-urban girls are secretly taken to undergo the heinous genital surgery. In addition, no reliable statistics exist that accurately provide either the number of girls abused through the malpractice or those who lose their life as a result of the violent surgery. The other abuse of serious concern relates to coercive control as mentioned above by one of the participants whose business was almost crippled by her husband. Although in the particular case in our context in this study the female resisted by engaging elders for intervention, it nevertheless indicates that coercive control in the economic sector and other aspects of female coercion is possible and need to be considered in the awareness and intervention strategies.

#### 5. CONCLUSION AND RECOMMENDATIONS

##### 5.1 Conclusion

This study explored the GBV conundrum and related abuses among Somali women and girls. In

particular, the study focused on narratives and experience of survivors in Mogadishu and Afgoye internally displaced persons' camps. The results demonstrate the numerous types of abuses suffered by women and girls through stories narrated by the survivors and the traumatic situations they tolerate individually, socially and psychologically. The stories and situations point to the cultural barrier against women that denies them to seek redress after violence. Community elders who in most cases operate as intermediaries (rent-seekers in other words) cover up for the culprits under the shade of customary laws (*xeer*) whose judgment never equates to the torments suffered nor provides adequate compensation directly to the victim, nor soothes the psycho-traumatic wound she has to live with throughout the rest of her life.

The study further revealed the victims' hesitation and common neglect to report incidences of violence and obedience to biased cultural norms as a major flaws against effective means of addressing GBV. Reasons are mentioned that lead to the neglect or hesitation of reporting i.e. to avoid social/family disgrace or not to flare clan or sub-clan confrontation with the culprit's group—though inadequate to warrant such oblivion in the part of the victim. Nevertheless, the study demonstrated the lack of confidence in the remedial process where a congregation of an all-men committee convenes to determine and agree upon the value of compensation to the victim and her family, after the elder satisfy themselves with a huge chunk of the compensation. Surprisingly, women assert that the negligence and reluctance to report are caused by the lack of confidence they have in both the legal system and the biased customary laws culturally invoked to remedy gender abuse and sexual violence against women and girls.

## 5.2 Recommendations

In order to address the GBV menace, as respondents have acknowledged, there is need for concerted efforts encompassing the federal and state authorities, community-based organizations (CBOs), non-governmental organizations (NGOs), youth organizations, learning institutions, parents, community elders, as well as other organs of society. The multi-sectoral approach and collaborative initiatives, including robust participation of the various media houses and performance artists and theatricals, will usher in new dynamics that can lead to a new shift in principle and new perspectives toward women development. Appropriate legislation, awareness and orientation in society can shift the ground to a more prosperous, development-oriented society engaged in the exploitation of the vast opportunities laden to women empowerment and gender capacity building.

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