Gender-based Violence Survey

Somaliland

**September 2016**

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# Executive Summary

Gender-based violence (GBV) remains one of the most prevalent and persistent issues facing women and girls globally1. The United Nations High Commissioner for Human Rights’ Committee on the Elimination of Discrimination against Women (CEDAW) defines GBV as “violence that is directed against a woman because she is a woman or that affects women disproportionately” 2. The UN General Assembly Declaration on the Elimination of Violence Against Women (1993) expanded the scope of GBV to encompass physical, sexual and psychological violence, including threats and coercion occurring within families, in the general community, or condoned by the State 3. With growing attention on the vulnerability of men and boys to GBV, the Interagency Steering Committee (IASC) provided an expanded definition of GBV to include males and females. Specifically, the IASC defined GBV as an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

As the majority of previous global populations surveys have focused on women and girl’s experiences of GBV, the World Health Organization (WHO) estimates that 35% of women experience some kind of physical and/or sexual violence at some point in their lives 4. The problem is even more pronounced in humanitarian settings where women and girls are at increased risk of GBV 5,6,7. Several factors have been cited as causing increased risk of GBV in humanitarian settings including extreme poverty, minority status, lack of access to food and water, and disrupted family and community support systems, among others 8. Consequences associated with experiencing GBV range from negative health outcomes (e.g. injuries, depression, infections) to social outcomes, isolation associated with stigma of being a victim and loss of productivity. In Somaliland there is a dearth of information on the prevalence, correlates, and access to care following GBV, though anecdotal reports suggest that women face systematic discrimination and are at risk of GBV. One preliminary assessment in the UNAIDS 2013 Country Report described commonly reported forms of GBV to include: rape and other sexual abuse, female genital mutilation/cutting (FGM/C), and other acts with significant risk of stigmatization of survivors, reduced reporting and low uptake of services and judicial processes by survivors 9. Research among Somalia refugees in Ethiopia have documented cases of GBV perpetrated in Somalia, prior to displacement, and within refugee camps following displacement.10  To address the general inadequacy and limitations of information on GBV and harmful traditional practices in Somaliland, key stakeholders including Somaliland authorities, UN organizations, the World Bank and relevant non-governmental organizations (NGOs) and other stakeholders collaborated to conduct a population-based survey on GBV with both men and women. Specifically, the collaborative team designed and implemented a survey to strengthen understanding of typology and scope of GBV perpetration and victimization and harmful traditional practices in Somaliland and to improve understanding of GBV attitudes and social norms. Eight areas of focus are included in the survey:

1. To Capture Demographic Profile of Respondents
2. To Assess Types of Gender-Based Violence in Somaliland;
3. To Understand Types and Perceptions of Harmful Practices;
4. To Understand Children’s Experience (as reported by adult participants) of GBV;
5. To Identify Community Perceptions of GBV;
6. To Identify Individual and Community Roles, Strengths and Resources;
7. To Identify Perpetration of GBV and Community Perceptions of Perpetrators;
8. To Understand Access to and Response by Existing GBV Services for Survivors of GBV

The team used previously validated questions from global studies on GBV that were adapted to the Somali context by team member for the survey. The anonymous surveys were conducted by trained and skilled research assistant with men and women ages 15 years and older in 14 urban locations across all three regions in Somalia. The findings presented in this report are from the survey implemented in Somaliland.

**Summary of Key Findings**

*Prevalence of Gender Based Violence (GBV) in Somaliland.*Gender-based violence, including intimate partner, non-partner, and childhood violence are common experiences for both women and men participants across the life course in Somaliland. A total of 765 women and 752 men consented and participated in the survey.

*Of the 765 women and 752 men who completed the survey in Somaliland, 12% of women and 18% of men experienced physical or sexual violence in childhood.*

*Violence during childhood.* Participants in the survey reported witnessing violence in the home and experiencing physical and sexual violence in and outside the home during childhood. Childhood experiences of violence increased the risk for both women and men of being victims of violence as adults. For men, experiencing violence as a child increased their risk of perpetrating intimate partner violence and non-partner violence as adults. Overall, 18% of males and 12% of female participants experienced at least one form of physical or sexual violence in childhood (less than 15 years of age; Figure 1). In addition, nearly 17% of women and 19% of men reported seeing or hearing violence between their parents/caretakers during their childhood. Women witnessing violence between parents/caregivers and experiencing physical and sexual violence as a child had an increased risk of both physical and sexual intimate partner violence in their adult relationship. For men, witnessing violence between parents/caregivers and experiencing physical and sexual violence as a child resulted in an increased risk of being a victim of physical violence as an adult. Further, men that experienced physical violence and sexual violence as a child had an increased risk of experiencing sexual violence as an adult. The perpetrators of child violence differ by sex. Women most commonly reported a neighbor, someone from another clan, male friend of family or street gangs as perpetrating violence during childhood. Men most commonly reported a Madrassa teacher, father, other male member of the family, and other teachers were the perpetrators of the violence in childhood. Importantly, for prevention programming, men who witnessed violence as a child or experienced violence as child are more likely to perpetrate physical or sexual violence as adults.

Figure Prevalence of violence in childhood among male and female participants in Somaliland

*Intimate partner violence (IPV).* Violence and abuse by a husband or male partner is a common experience for adult women in Somaliland. One quarter (25%) of women report controlling behavior, 19% psychological/emotional abuse, 20% physical violence, 23% sexual violence and 6% physical or sexual violence during pregnancy by a husband/partner (Figure 2).

*Nearly 10% of women experienced physical or sexual violence from someone other than a partner. Over 20% of men experienced physical violence by a non-partner since the age of 15 years.*

*Non-partner violence.* More men than women reported experiencing non-partner violence since the age of 15 years. Over 20% of male participants reported non-partner physical violence, however, few reported sexual violence (1%) since the age of 15 years. Nearly 10% of women reported physical violence and 1.5% reported sexual non-partner violence since the age of 15 years.

*Exchanging Sex for Resources.* Men and women rarely reported exchanging sex for resources. Few women (2.6%) reported exchanging sex for shelter, food, money or safety, while less than 1% of men reported exchanging sex for shelter, food, money or safety.

**Characteristics associated with GBV**

*Characteristics associated with victimization.* Several factors were identified to increases women’s risk of intimate partner violence in her adult relationship. Specifically, women who had ever been married/partnered, moved to Somaliland from another region, been internally displaced by conflict or disaster, were working outside of the home, did not have enough resources to meet the basic family needs, used khat[[1]](#footnote-1) and witnessed parent violence were significant more likely to be in an abusive intimate relationship.

*Characteristics associated with male perpetration/victimization.* Several factors were associated with male victimization and perpetration of violence. Specifically, men who experienced non-partner violence were more likely to be working outside the home, used khat, and witnessed violence in the home as child. Men who reported perpetrating IPV and/or non-partner violence were more likely to have witnessed violence as a child, experienced physical violence as an adult, and used khat. Interestingly, level of schooling was not associated with men’s perpetration of violence.

Figure 2 Prevalence of lifetime GBV among women in Somaliland

**Harmful Traditional Practices in Somaliland**

Harmful traditional practices are common in Somaliland. Nearly twelve percent (11.5%) of women reported being forced to marry, 18% reported early marriage (aged 15 years or younger), 6% reported entering into a marriage because of wife inheritance and the majority of women (66%) reported undergoing FGM/C in their lifetime, and over one-third (38%) of women with daughters reported that their daughter had undergone FGM/C. Attitudes and norms related to harmful traditional practices were examined and the majority of women reported that they disagreed or strongly disagreed (77%) with girls undergoing FGM/C. While the majority of men also indicated that they disagreed with girls undergoing FGM/C, over one-quarter (27%) of Somaliland men agreed or strongly agreed that men should only marry a woman who has been circumcised.

**Health Consequences of GBV**

Women who experience GBV are at risk for significant health issues. For example, nearly 30% of women who had ever experienced IPV indicated that they had been injured as a result of the violence. Of the injured women, nearly three-quarters (73%) reported never receiving basic health care for the injury. Women that did not access health care services most commonly reported that they could not leave children alone to go to clinic (38%), worried about shame/stigma associated with reporting the violence (28%), healthcare was too far away to access (28%), and their husband would not let them go to the clinic (24%). Very few women (11%) who had experienced IPV had ever reported the IPV to the authorities (e.g. police, community leader) in the community.

Among women who experienced non-partner violence, 34% reported being injured as a result of the violence. Much like women who experienced IPV, the majority of women (74%) that experienced non-partner violence did not access health care clinics for their injury. Reasons for not accessing services for non-partner violence were shame/stigma associated with reporting the violence (29%), not having money for services (18%), no transportation to services (18%) and concerns about more violence if they told anyone about the violence (18%). Less than 5% of Somaliland women that experienced any non-partner violence had ever reported the violence to the authorities in the community.

**Social Norms Towards GBV**

Female and male participants described attitudes and social norms related to GBV. Similar to other global GBV studies, 50% of female participants reported that husbands were justified in beating their wives if she refused to have sex. Close to 30% of women reported strongly agreeing or agreeing that it is socially acceptable to marry before the age of 15 years. Consistent with global GBV surveys, fewer men (31%) than women (50%) reported that a husband was justified in beating his wife if she refuses to have sex. Further, 40% of Somaliland men reported that they strongly agreed or agreed with early marriage of girls; and agreed that a rape survivor should marry her perpetrator if she is unmarried; and agreed that it is a woman or girls’ faults if she is raped. Over 30% of men strongly agreed or agreed that a woman’s reputation would be damaged if it becomes known that she was raped.

*50% of women and 31% of men believe husbands are justified in beating their wives if she refused to have sex.*

*30% of women and 40% of men support early marriage (less than 15 years of age).*

**Study Limitations**

The study has limitations that should be considered when reviewing the findings presented in the report. There are several areas, specifically rural and isolated areas, in Somaliland that were not accessed for the project because of logistical challenges and security concerns for the research assistants and participants, therefore, it is possible that men and women in these rural and isolated areas experience different rates of GBV and harmful traditional practices then in the surveyed urban areas. Although the skilled research assistants reinforced anonymity and confidentiality, male and female participants may have not felt safe or comfortable truthfully answering questions on GBV, harmful traditional practices and the health consequences of GBV questions given the shame, stigma and risk of retaliation that is often associated with GBV victimization and perpetration.

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**Implications of the Findings**

There are several important implications from the results that can inform efforts for improving services, policies, programmes, and planning future evaluation/research projects. The findings demonstrated the burden of partner and non-partner GBV for both women and men in Somaliland across the life course. Children are vulnerable to physical and sexual violence in their home, schools and in public areas. Therefore, continued focus on child protection within diverse settings (i.e. home visitation, schools, religious community, sports programmes) and including parents/caregivers, teachers, school administrators and local and regional leaders in programme development and implementation is critical for the long-term health and well-being of families and communities – as the survey findings show that violence in childhood has significant risk for future violence perpetration and victimization resulting in negative outcomes for women and men in their adult lives.

Understanding the factors that increase risk for GBV is essential to targeted violence prevention and response programming. For example, the findings demonstrated that women who had moved or were internally displaced in Somaliland and do not have resources to meet their basic needs are at increased risk of violence victimization, including increased risk for both IPV and non-partner violence. Further, the use of khat by men increased risk for male perpetration of violence as well as women’s use of khat increased risk of experiencing violence. Therefore, working collaboratively to develop programming with internally displaced populations to improve economic opportunities and safety within their communities is essential to reduction in GBV. Further, there is an opportunity to implement harm reduction strategies (i.e. minimize negative consequences associated with khat use) in partnership with health and social programmes to reduce the impact of khat use on violence victimization and perpetration.

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Harmful traditional practices remain a part of women’s lives in Somaliland, with almost 12% reporting being forced into marriage. Further, the majority (66%) of women report undergoing FGM/C and even through the majority (77%) of women strongly disagreed or disagreed with the practice. Women with daughters continue to employ the practice – as importantly, almost 76% of men strongly disagree or disagree that women should have FGM/C, however, almost half (48%) of men with daughters reported their daughter had undergone FGM/C. Therefore, there remains a need to advance programs with both men and women to prevent FGM/C by changing attitudes, norms and behaviors that support and maintain harmful traditional practices.

GBV in intimate relationships and non-partner violence remains a significant health and social issues for adult women in Somaliland, and importantly the majority of women did not seek health care services or report the violence to authorities for fear of retaliation by perpetrator and/or lack of resources for transportation, childcare or payment for services. As in other national and global GBV surveys. Consistent with national and global surveys, the majority of women support a husband’s use of violence to control and discipline his wife, and importantly the rate of women’s support of control and discipline by husbands is higher than men’s support of use of violence to control and discipline their wives. These findings demonstrate the critical role of interventions in primary prevention of violence, including engaging influential members of the community (i.e. religious leaders, parents, teachers, physicians, traditional leaders) in discussions and actions with men, women and children to change social norms that sustain partner and non-partner violence in families and communities.

As noted above, boys and men are at risk for varying forms of physical and sexual violence in both their family of origin, schools and communities where they live. Men’s experience of physical violence is common across their life course and childhood experience of violence has significant implications for their future use of violence in their own family and community. Therefore, developing community programs to engage men and boys in violence prevention also requires trauma-informed health and psychosocial support services for men and boys that have witness/experienced violence as a strategy to prevent further violence in homes and communities.

In addition to primary prevention (i.e. prevention of violence before it ever happens) programmes across the lifespan, the findings support the need to address secondary (i.e. assessment/disclosure of violence in health care setting) and tertiary prevention (i.e. safety planning with survivors) or response to GBV. For example, developing, and evaluating programs that support skilled providers across multiple sectors (health, legal, child protection) that provide universal education on the association between GBV and negative health and social outcomes, provide trauma informed treatment and care to children, women and men who disclose violence, develop safety plans with warm referrals or hand-offs to appropriate and responsive services and authorities.

The findings support continued efforts and coordination for the Somaliland regional and local policies that define GBV and harmful traditional practices for children and adults as well as provides coordinated resources and services across sectors by skilled workforce. Given the limited resources and services for GBV in many areas of Somaliland, leaders can utilize these findings to prioritize programmes to implement and scale that include primary, secondary and tertiary prevention to reduce the burden of IPV and non-partner violence perpetration and victimization across the life course.

# Background:

Gender-based violence (GBV) remains one of the most prevalent and persistent issues facing women and girls globally 1. The United Nations High Commissioner for Human Rights’ Committee on the Elimination of Discrimination against Women (CEDAW) defines GBV as “violence that is directed against a woman because she is a woman or that affects women disproportionately” 2. The UN General Assembly Declaration on the Elimination of Violence Against Women (1993) expanded the scope of GBV to encompass physical, sexual and psychological violence, including threats and coercion occurring within families, in the general community, or condoned by the State 3. These acts include: intimate partner violence or spousal battery; sexual abuse and violence, including of children; dowry-related violence; rape, including marital rape; female genital mutilation/cutting and other traditional practices harmful to women and girls; non-spousal violence; sexual violence related to exploitation; sexual harassment and intimidation at work, in school and elsewhere; trafficking in women and children; and forced prostitution1. With growing attention on the vulnerability of men and boys to GBV, in 2015, the Interagency Steering Committee (IASC) provided an expanded definition of GBV to include males and females. Specifically, the IASC defined GBV as an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

As noted previously, the majority of global estimates of GBV have focused on GBV against women and girls. For example, the World Health Organization (WHO) estimates that 35% of women experience some kind of physical and/or sexual violence at some point in their lives 4. The problem is even more pronounced in humanitarian settings where women and girls are at increased risk of GBV 5,6,7. A recent systematic review and meta-analysis shows that the prevalence of sexual violence among female refugees and internally displaced persons is 21.4%, a figure that is likely an underestimation of the true prevalence 1. Despite the enormity of the problem, the global burden of GBV in humanitarian settings remains elusive and of great concern to all frontline actors. Several factors have been cited as causing increased risk of GBV in humanitarian settings including extreme poverty, minority status, lack of access to food and water, and disrupted family and community support systems, among others 8. GBV causes a range of serious immediate and long lasting physical, reproductive, and psychological harm 11-13, for example, injuries, STI/HIV, depression, chronic pain, loss of employment, insecure housing, isolation, and stigma. 1-4

* Risk factors for women’s experience of GBV and men’s victimization and perpetration of GBV occur at multiple levels across the lifespan and includes childhood exposure to violence, male dominance and control in household decision-making, frequent marital conflict, poverty, trauma (e.g. conflict related violence, displacement), heavy alcohol/drug consumption, and social norms that condone violence to maintain male authority and control women’s and children’s behavior14. Community factors including prevailing social norms related to masculinity (e.g., honor, toughness, providing for and protecting the family) and gender inequalities (e.g. limit access to education, property, employment) contribute to a social environment that permits GBV14-15. Risk factors interact at multiple levels to increase or decrease risk for GBV.

There is a general lack of information on GBV victimization and perpetration in Somaliland and the information is critical to prioritizing programs and policies to respond to survivors and sanction perpetrators. Therefore, key stakeholders including Somaliland authorities, UN organizations, the World Bank and relevant non-governmental organizations (NGOs) and other stakeholders indicated a need to gather empiric data to assess the context, prevalence and correlates of GBV to inform current and future programs and policies. The purpose of this project was to strengthen understanding of typology and scope of GBV perpetration and victimization and harmful traditional practices in Somaliland and to improve understanding of GBV attitudes and norms. Eight areas of focus are included in the project:

1. To Capture Demographic Profile of Respondents

2. To Assess Types of Gender-Based Violence in Somalia;

3. To Understand Types and Perceptions of Harmful Practices;

4. To Understand Children’s Experience (as reported by adult participants) of GBV;

5. To Identify Community Perceptions of GBV;

6. To Identify Individual and Community Roles, Strengths and Resources;

7. To Identify Perpetration of GBV and Community Perceptions of Perpetrators;

8. To understand Existing Access to Services for Survivors of GBV

This information is intended to provide comprehensive and reliable quantitative data to enable Somaliland authorities and humanitarian and development partners, including UN agencies, the World Bank, the GBV working groups, the clusters/sectors and other relevant stakeholders, to reinforce strategies and interventions addressing pervasive challenges related to GBV and harmful traditional practices in Somaliland and other regions of Somalia.

Methods:

To achieve the project purpose, a quantitative GBV survey was collaboratively designed to address the focus areas identified above. The survey was conducted in 3 urban locations across Somaliland, incorporating the innovative use of secure tablets for survey administration by trained research assistants. The survey sought not only to assess the burden and typology of GBV and harmful practices from residents of Somaliland in their various life situations, but also to analyze the attitudes and norms communities maintain about the nature and magnitude, causes and consequences of these violations.

Survey items were adapted from existing global surveys to provide international reference in light of the limitation related to lack of previous population-based data in the country that would provide a baseline reference.

Study population: Survey research was conducted in Somaliland with adult male and female Somali citizens, aged 15 years and older. Inclusion criteria also required that participants of the quantitative survey were a resident of the household selected for survey. Individuals who did not meet the above criteria, were foreigners, lived outside of Somaliland within the last 5 years, and/or did not provide consent to participate were excluded from participation.

Sampling Quantitative research employed a population-based household survey in Somaliland, Puntland and South Central. A target sample of 1,500 individuals aged 15 years and older was estimated based on power and sample size calculations and study design considerations. Since the primary goal of the survey is to assess prevalence of GBV and access to health care and reporting GBV among the Somaliland population, sampling within each region was proportional to the population size of the region. Sampling was stratified on gender and age (under and over 20 years of age). Table 1 summarizes the sampling frame in Somaliland.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Table 1 Study sampling frame | | | | | | | |
| Region | Location | # of person to be interviewed | # of women >20 to be interviewed | # of women <20 to be interviewed | # of men > 20 to be interviewed | # of men <20 to be interviewed | |
| Somaliland | Hargeisa | 500 | 187 | 63 | 187 | 63 |
| Burao | 500 | 187 | 63 | 187 | 63 |
| Boroma | 500 | 187 | 63 | 187 | 63 |
| Total |  | **1500** | **561** | **189** | **561** | **189** | |

Measures: The survey measures several key domains related to the above eight focus areas. To the extent possible, the survey utilized measures previously developed and used in similar settings, for the purposes of both building on prior experience as well as to produce measures comparable to geographically related populations.

A basic demographic module obtained information on participant’s age, marital status, education, children in home, duration residing in current area, household income, and other demographic information, aligning with the measures collected by the 2012 Somalis Youth Survey.7 Measures of GBV victimization were adapted from the revised Conflict Tactics Scale and the WHO multi-country study 8,9 to collect data on lifetime and recent (past 12 months) experience of intimate partner violence (IPV) and non-partner violence (NPV) among men and women. Additional measures collected data on social norms and community norms related to IPV and NPV. Perpetration of IPV and NPV was measured using items adapted from the recent WHO intimate partner and non-partner violence surveys conducted in East Asia.10 Measures on child abuse and harmful traditional practices were adapted from surveys of neighboring countries, such as the Tanzania Violence Against Children Survey, WHO FGM/C Multi-Country Study, and UNICEF FGM/C survey.11-13 Additional questions were asked to understand subsequent and related social outcomes, such as experiences of stigma, as well as access to healthcare and protection from GBV. The survey underwent pilot testing and was translated and back-translated to Somali language. The tablet-based surveys included logic checks and skip patterns and lasted approximate 45-60 minutes in duration.

Using our previous experience conducting research for the UNICEF sponsored Communities Care Study being conducted in the South Central region, skilled research assistants using a secure tablet directly entered participants’ data and the data was transferred to the study server daily by the team when they returned back to the office from fieldwork. Once transferred, the data was deleted from the tablet. This method allowed for local data collection with secure data storage as well as immediate transfer to JHU and backup during Internet connection. No names were required for participation, so the data is anonymous and confidentiality of respondents’ data is assured.

Field Procedures: To cover the areas that each research assistant was assigned, a starting point from a central point was determined. The random sampling procedures specified that the research assistant knock on the door of every 3 houses/buul/tent with the houses/tent counted on both sides of the street/walk pathways as illustrated below.

|  |  |  |
| --- | --- | --- |
| **2** | **Street** | **3 x** |
| **3 x** | **1** |
| **1** | **2** |
| **2** | **3 x** |
| **3 x** | **1** |
| **(house) 1** | **2** |

**Starting point**

**x: house/tent/bull to be interviewed**

If there was not an answer at the door (no one was home) or the person answering the door was not willing to answer the questions or did not match the sampling target (age range and gender)[[2]](#footnote-2), the research assistant went to the next house/buul/tent. Once an interview was completed, the research assistant went to the next 3rd house (see illustration above). The research assistant documented the outcome for every household approached. On the next day of survey collection, the research assistant started from the place he/she ended the day before. Only one interview with eligible participants was carried out in each household.

Each research assistant was given a quota of the number of participants to recruit within each age/sex strata. Male research assistants only recruited and interviewed male participants and female research assistants only recruited and interviewed female participants. Since men of working age are often harder to find at home during the day, the research assistant was allowed to go to the man’s work place to invite participation in the survey if the work place was in the targeted area.

If the household member met the age and sex criteria for the research assistant’s quota and agreed to participate, the research assistant and participant found a private place/time to complete the interview, a private place where the participant felt comfortable and safe answering sensitive questions. The interview began by thanking the participant for his/her willingness to participate. Next the research assistant read the informed consent pre-programmed on the iPad tablet to participant which explained the purpose of the study, how long it will take, data confidentiality and that participation is voluntary. Research assistants ensured that the participant understood the information before beginning the interview and confirmed consent to participate. The participant could refuse to participate at any time, including after the interview had started. The research assistants were trained to not be judgmental or show disappointment when a potential participant declined to participate. Further, the research assistants were trained to avoid pressuring or trying to influence participation in the interview.

Informed consent was gathered from both the participant and of one of the parents or legal guardian for participants in the household prior to conducting interviews with male and females aged 15 to 17 years. However, informed consent from a legal guardian was not required for children under 18 years old in the following situations:

* If the child participant is the head of the household
* If the child participant is married.

Protection of participants: Several ethical considerations were taken into account when planning this study, given the sensitive nature of this research. Approval from authorities in Somaliland was secured prior to conducting the study. All participants were asked for their consent to participate in all research activities. During this process, participants were informed about the potential risks in participating (e.g. loss of confidentiality, anger of partner/family member for participation) and measures to take to protect them (e.g. anonymous, asking questions only in private, referrals for participants in need of services) from these risks. Training of research assistants’ emphasized confidentiality and safety, including no collection of individual names or identifiers and use of mobile technology to collect data, which protects data in a password protected program. Research assistants were trained to stop the discussion/interview if a participant appears to be upset or distressed by participation. All study data were stored on a password-protected server after transferred by internet at the end of the daily fieldwork. No data were shared with individuals outside the research team. All protocols developed and implemented by JHU and partners were reviewed and approved by JHU Institutional Review Board (IRB) and is consistent with WHO guidelines on research on GBV in emergencies.12

Statistical Analysis: Statistical analysis focused on achieving the objectives noted above through descriptive estimates of GBV, harmful traditional practices and healthcare indicators. Confidence intervals were calculated with prevalence estimates, after adjusting for clustering by district. Simple and multivariable logistic regression analysis was conducted to identify characteristics associated with various forms of GBV victimization and perpetration. STATA statistical software was used for all analysis.

# Somaliland Results:

In general there was no one home in 5.6% of the households approached. Of households where someone was home, 10.7% did not have someone in the household that met the sampling gender and age target. Of the households where someone did meet the sampling target (age range and gender), 91.9% agreed to participate in the survey. Of that 98.4% completed the survey. Common reasons for not participating in the survey were the head of the household saying no to the survey (even when they were not the target participant) and refusal because the topic was too sensitive. The results are presented separately for women and men. The tables in the main body of the report summarize the main findings. Appendix tables provide additional details from the survey.

## *Demographic Characteristics*

A total of 765 women participated in Somaliland with 258 from Boroma, 253 from Burao, and 254 from Hargeisa. A total of 752 men participated in Somaliland with 249 recruited from Boroma, 249 from Burao, and 254 from Hargeisa. Twelve percent (12%) of women and 11% of men had been internally displaced by conflict or natural disaster. The median age of male participants was 26 years (IQR: 21-28) and median age of female participants was 27 years (IQR: 21-35). The majority of the total sample was of Somali origin (96-99%). Nearly 60% of women reported never being married, while the rest had some history of marriage, engagement, or living with a partner, whereas, 38% of men reported never being married. Slightly more than half of the men (65%) and one-third of women (39%) reported ever attending school, of men and women who ever attended school, the majority completed some primary education. Almost half of participants (42% among women and 45% among me) reported that they never have enough money to meet their basic needs each month. Appendix table 1 provides additional demographics information from the Somaliland sample.

| **Table 2. Demographic characteristics of female (N=765) and male (N=752) participants in Somaliland** | | | | |
| --- | --- | --- | --- | --- |
|  | **Female (N=765)** | | **Male (N=752)** | |
|  | **n/N** | **%** | **n/N** | **%** |
| **Age (median, IQR)** | 27 | (21-35) | 26 | (21-28) |
| **Have you ever attended school?** |  |  |  |  |
| Yes | 296/754 | 39.3 | 481/742 | 64.8 |
| **What is the highest level of school you attended?** | |  |  |  |
| SOME PRIMARY, BUT DID NOT COMPLETE | 65/293 | 24.9 | 76/478 | 15.9 |
| COMPLETE PRIMARY | 73/293 | 22.2 | 81/478 | 16.9 |
| SOME SECONDARY, BUT DID NOT COMPLETE | 61/293 | 20.8 | 146/478 | 30.5 |
| COMPLETED SECONDARY | 35/293 | 11.9 | 66/478 | 13.8 |
| SOME COLLEGE | 32/293 | 10.9 | 50/478 | 10.5 |
| COMPLETED COLLEGE | 27/293 | 9.2 | 59/478 | 12.3 |
| **What is your nationality?** |  |  |  |  |
| SOMALI | 733/760 | 96.4 | 733/741 | 98.9 |
| ETHIOPIAN | 22/760 | 2.9 | 5/741 | 0.7 |
| YEMENI | 2/760 | 0.3 | 0/741 | 0 |
| DIJBOUTIAN | 0/760 | 0 | 2/741 | 0.3 |
| OTHER | 0/760 | 0 | 1/741 | 0.1 |
| **How long have you lived in this town/city?** |  |  |  |  |
| LESS THAN ONE YEAR | 41/748 | 5.5 | 26/736 | 3.5 |
| BETWEEN 1 AND 3 YEARS | 51/748 | 6.8 | 111/736 | 15.1 |
| BETWEEN 4 AND 10 YEARS | 108/748 | 14.4 | 108/736 | 14.7 |
| BETWEEN 11 AND 15 YEARS | 132/748 | 17.6 | 110/736 | 14.9 |
| ALL MY LIFE (BORN HERE) | 416/748 | 55.6 | 381/736 | 51.8 |
| **What is your occupation?** |  |  |  |  |
| JOBLESS / LOOKING FOR A JOB | 336/699 | 48.1 | 116/736 | 15.8 |
| CASUAL WORKER | 83/699 | 11.9 | 262/736 | 35.6 |
| EMPLOYEE / FORMALLY / PAID | 71/699 | 10.2 | 96/736 | 13 |
| STUDENT | 91/699 | 13 | 210/736 | 28.5 |
| SMALL BUSINESS OWNER | 32/699 | 4.6 | 32/736 | 4.3 |
| WORKING FOR HUSBAND/FAMILY BUSINESS | 10/699 | 1.4 | 3/736 | 0.4 |
| LARGE BUSINESS OWNER | 5/699 | 0.7 | 6/736 | 0.8 |
| PASTORALIST | 15/699 | 2.1 | 11/736 | 1.5 |
| HOUSEWORK | 56/699 | 8 | 0/736 | 0 |
| **Each month do you have enough money to:** |  |  |  |  |
| NEVER HAVE ENOUGH TO MEET THE BASIC NEEDS OF YOUR FAMILY DURING THE MONTH | 281/671 | 41.9 | 274/611 | 44.8 |
| MEET BASIC NEEDS OF FAMILY FOR LESS THAN HALF OF THE MONTH | 37/671 | 5.5 | 17/611 | 2.8 |
| MEET BASIC NEEDS OF FAMILY FOR ABOUT HALF OF THE MONTH | 30/671 | 4.5 | 36/611 | 5.9 |
| MEET BASIC NEEDS OF FAMILY FOR MOST BUT NOT ALL OF THE MONTH | 50/671 | 7.5 | 52/611 | 8.5 |
| MEET BASIC NEEDS OF FAMLY | 273/671 | 40.7 | 232/611 | 38 |
| **What is your current marital status?** |  |  |  |  |
| MARRIED | 443/759 | 58.4 | 280/730 | 38.4 |
| WIDOWED | 14/759 | 1.8 | 0/730 | 0 |
| NEVER MARRIED | 232/759 | 30.6 | 426/730 | 58.4 |
| ABANDONED | 7/759 | 0.9 | 7/730 | 1 |
| DIVORCED / SEPARATED | 37/759 | 4.9 | 9/730 | 1.2 |
| ENGAGED | 21/759 | 2.8 | 3/730 | 0.4 |
| LIVING WITH SOMEONE, BUT NO MARRIED | 5/759 | 0.7 | 5/730 | 0.7 |
| **During any of your marriages, has your husband had other wives in addition to you? (Men: have you had more than one wife at the same time?)** | | | | |
| Yes | 103/478 | 21.5 | 31/275 | 11.3 |
| **Number of other wives (median, IQR)** | 2 | (2-2) | 2 | (2-3) |

***Prevalence of the Women’s Experience of Partner and Non-partner Violence***

In their lifetime 29% of women experienced intimate partner violence and 26% reported IPV in the past 12 months. Less than 10% of women reported experiencing non-partner violence in their lifetime. Data from female participants Somaliland on self-reported experiences of GBV in adulthood (after the age of 15 years) are presented on Table 3a. The survey found that:

With respect to intimate partner violence,

* 25% of women in Somaliland (34% Nationally) reported at least one form of controlling behavior by a husband or partner
* 19% of women in Somaliland (25% Nationally) reported experiencing psychological/emotional abuse by their husband or partner
* 20% of women in Somaliland (28% Nationally) reported physical violence by their husband or partner
* 23% of women in Somaliland (25% Nationally) reported sexual violence by their husband or partner
* 6% of women in Somaliland (15% Nationally) reported violence by a husband or partner during at least one pregnancy.

With respect to non-partner violence,

* 9% of women in Somaliland reported non-partner physical violence
* 2% of women in Somaliland reported non-partner rape/forced sex
* Overall, 11% of women in Somaliland reported some form of non-partner violence since the age of 15 years.

| **Table 3a. Experiences of GBV in adulthood among female Somaliland participants (N=765)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **INTIMATE PARTNER VIOLENCE** |  |  |
| **Partner Controlling Behaviors** |  |  |
| Ever experienced any form of partner controlling behaviors (n=454) | 115 | 25.3 |
| Experienced any form of partner controlling behaviors in last 12 months (n=442) | 98 | 22.2 |
| **Emotional abuse** |  |  |
| Ever experienced any form of emotional abuse (n=460) | 86 | 18.7 |
| Experienced any form of emotional abuse in last 12 months (n=449) | 72 | 16.0 |
| **Physical violence** |  |  |
| Ever experience any form of physical violence (n=456) | 92 | 20.2 |
| Experienced any form of physical violence in last 12 months (n=448) | 80 | 17.9 |
| **Sexual violence** |  |  |
| Ever experience any form of sexual violence (n=454) | 103 | 22.7 |
| Experienced any form of sexual violence in last 12 months (n=441) | 88 | 20.0 |
| *Any experience of physical or sexual IPV (n=463)* | 137 | 29.6 |
| **Violence during pregnancy** |  |  |
| **Ever a time that you were beaten, physically or sexually assaulted during any of your pregnancies? (n=442)** | | |
| Yes | 24 | 5.7 |
| **In how many pregnancies were you physically beaten? (median, IQR)** | 1 | (1-2) |
| **Were you ever punched or kicked in the abdomen while you were pregnant? (n=24)** | | |
| Yes | 12 | 50.0 |
| **During any of your pregnancies, were you ever forced to be pregnant when you did not want to? (n=444)** | | |
| Yes | 51 | 11.5 |
|  |  |  |
| **ADULT NON-PARTNER VIOLENCE** |  |  |
| **Since the age of 15 years, has anyone (other than your partner/ husband) ever beaten you physically? (n=660)** | | |
| Yes | 60 | 9.1 |
| **Since the age of 15 years, has anyone (other than partner/husband) ever raped you or force you to have sex when you did not want to? (n=659)** | | |
| Yes | 10 | 1.5 |
| **IF YOU HAVE BEEN RAPED, did you ever become pregnant as a result of the rape? (n=7)** | | |
| Yes | 1 | 14.3 |
| **IF YOU HAVE BEEN RAPED, have you ever been gang raped (raped by more than one person at a time)? (n=5)** | | |
| Yes | 1 | 20.0 |
| **IF YOU HAVE BEEN GANG RAPED, was this in the last 12 months? (among those ever raped, n=10)** | | |
| Yes | 1 | 10.0 |
| **Have you ever had to have sex with someone in exchange for food, clothing, or money? (n=687)** | | |
| Yes | 18 | 2.6 |
| **IF SO, how many times have you had to do this? (N=17)** |  |  |
| Once/twice | 12 | 70.6 |
| More than once | 5 | 29.4 |
| ***Any experience of non-partner violence (after age 15, N=650)*** | |  |
| Yes | 73 | 11.2 |

Prevalence of the Men’s Experience of Non-Partner Violence

**Over 20% of men have experienced non-partner physical violence since the age of 15 with 1% reporting being raped.** Men report the following experience of violence since the age of 15 years. Table 3b presents data from male Somaliland participants related to experiences of adult violence victimization.

* 21% of men reported experiencing non-partner physical violence
* 1% of men reported non-partner rape/forced sex
* 0.4% of men reported exchanging sex for food, clothing, money or other item of value
* Overall, 23% of the men experienced some form of violence since the age of 15 years.

|  |  |  |
| --- | --- | --- |
| **Table 3b. Violence victimization among adult male participants in Somaliland (N=752)** | | |
|  | **n** | **%** |
| **Since the age of 15 years, has anyone ever beaten you or physically mistreated you? (n=747)** | | |
| Yes | 153 | 20.5 |
| **Since the age of 15 years, has anyone ever raped you/forced you to perform a sex when you did not want to? (n=703)** | | |
| Yes | 7 | 1.0 |
| **IF YOU HAVE BEEN RAPED, have you ever been gang raped? (n=7)** | | |
| Yes | 1 | 14.3 |
| **Have you ever had to have sex with someone in exchange for food, clothing, money, or other item of value? (n=699)** | | |
| Yes | 3 | 0.4 |
| **IF SO, how many times have you had to do this? (n=2)** | | |
| Once/twice | 1 | 50.0 |
| More than once | 1 | 50.0 |
| **Any experience of violence (after age 15, n=688)** | | |
| Yes | 155 | 22.6 |

Demographic characteristics associated with the experience of GBV. Among women who have ever been married/partnered, those who experienced intimate partner violence (IPV) are significantly more likely to have moved to Somaliland, be internally displaced, working outside the home, witnessed parent violence, less likely to have resources to meet the basic needs of their family, and more likely to use khat. Approximately 10% of the women who have not experienced IPV were internally displaced whereas approximately 20% who have experienced IPV were internally displaced. The percent of women who have enough money to meet the basic needs of their family is 9%-17% lower for those who have experienced IPV. Being internally displaced increased the prevalence of physical violence by 82% and sexual violence by 115%. Witnessing violence between parents as a child increased the prevalence of psychological violence by 145%, physical violence by 244%, and sexual violence by 132%. Table 4 summarizes the results of bivariate analyses examining the association between demographic factors and the experience of GBV.

*What women are at risk for experiencing intimate partner violence? Those who are internally displaced, poorer, and use khat are more likely to experience intimate partner violence.*

*What are the characteristics of husbands of women who experience IPV? They have more than one wife and use khat daily.*

The husband/partners of IPV survivors were more likely to report having more than one wife (30% versus 16%) and use of khat daily (55% versus 31%) compared to husband/partners of women not in an abusive relationship. Having more than one wife is associated with a 69% increase in the prevalence of psychological violence, 149% increase in prevalence of physical violence and 120% increase in sexual violence. Using khat regularly is associated with 139%, 111%, and 86% increase in the prevalence of psychological, physical and sexual violence, respectively.

Predictors of GBV among adult women and men

| **Table 4a. Demographics associated with adult intimate partner violence victimizations among women in Somaliland** | | | | | | | | | |  | |  | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Any psychological IPV victimization** | | | | **Any physical IPV victimization** | | | | **Any sexual IPV victimization** | | | | | | | |
| **Item** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** | **No (%)** | | **Yes (%)** | | **p-value** | | **aOR (95%CI)** | |
| Age (years) |  |  | **0.13** | 1.0 (1.0-1.0) |  |  | 0.15 | 1.0 (0.9-1.0)\*\* |  | |  | | 0.41 | | 1.0 (9.6-1.0) | |
| 15-19 | **7.2** | **8.8** |  |  | 7.8 | 7.6 |  |  | 8.4 | | 4.9 | |  | |  | |
| 20-29 | **34.7** | **38.6** |  |  | 35.2 | 37.0 |  |  | 34.7 | | 36.3 | |  | |  | |
| 30-39 | 29.7 | 27.1 |  |  | 29.9 | 29.4 |  |  | 29.5 | | 30.4 | |  | |  | |
| 40-49 | 12.8 | 17.9 |  |  | 12.3 | 19.6 |  |  | 13.3 | | 18.7 | |  | |  | |
| 50 and over | 15.6 | 7.9 |  |  | 14.8 | 6.5 |  |  | 14.2 | | 9.8 | |  | |  | |
| Any school (reference: No) | 28.4 | 30.4 | 0.65 |  | 28.0 | 27.5 | 0.80 |  | 28.2 | | 30.3 | | 0.69 | |  | |
| Moved to current town (reference: No) | 42.1 | 57.4 | p<0.01 | 2.13 (1.1-4.4)\* | 42.5 | 59.4 | p<0.01 | 2.6 (1.1-6.4)\* | 40.6 | | 66.0 | | p<0.001 | | 2.9 (1..3-6.3)\* | |
| Internally displaced by conflict or disaster (reference: No) | 9.8 | 20.0 | p<0.01 | NS | 10.4 | 20.7 | p<0.01 | NS | 9.7 | | 24.3 | | p<0.001 | | **NS** | |
| Working outside the home (reference: No) | 10.5 | 14.5 | 0.23 |  | 9.7 | 18.7 | 0.02 | **3.6 (1.1-11.4)\*** | 9.5 | | 18.6 | | 0.01 | | **3.6 (1.1-11.7)\*** | |
| Scale of having enough dollars each month to… | | | 0.16 |  |  |  | 0.02 |  |  | |  | | p<0.01 | |  | |
| Meet basic needs of the family | 40.9 | 31.1 |  |  | 42.2 | 25.0 |  |  | 40.9 | | 30.2 | |  | |  | |
| Meet basic needs for most of mo. | 10.7 | 7.6 |  |  | 10.5 | 8.0 |  | 1.4 (0.3-5.6) | 11.8 | | 4.2 | |  | | 0.5 (0.9-3.0) | |
| Meet basic needs for about half the mo. | 4.1 | 6.1 |  |  | 4.3 | 6.8 |  | 0.7 (0.1-5.3) | 4.4 | | 6.3 | |  | | 1.2 (0.2-6.8z0 | |
| Meet basic needs for less than half | 5.7 | 8.3 |  |  | 5.1 | 10.2 |  | 1.5 (0.4-6.5) | 4.7 | | 12.5 | |  | | 2.3 (0.5-11.2) | |
| Never have enough to meet basic needs | 38.7 | 47.0 |  |  | 37.9 | 50.0 |  | 2.2 (0.8-6.2) | 38.2 | | 46.9 | |  | | 2.4 (1.0-5.5)\*\* | |
| Participant khat use (reference: Never) |  |  | 0.04 |  |  |  | 0.24 |  |  | |  | | 0.13 | |  | |
| Once a month to a few times a month | 0.3 | 3.1 |  | 7.3 (0.7-75.0)\*\* | 0.6 | 2.4 |  |  | 6.2 | | 3.1 | |  | |  | |
| Once a week to almost daily | 7.9 | 7.9 |  |  | 7.4 | 9.6 |  |  | 7.4 | | 8.k3 | |  | |  | |
| Witnessed parent violence | 8.9 | 33.7 | p<0.001 | 5.8 (2.4-13.7)\* | 9.5 | 40.0 | p<0.001 | 6.3 (2.5-15.8)\* | 11.4 | | 32.3 | | p<0.001 | | 3.3 (1.4-7.7)\* | |
| ***Spouse Characteristics*** |  |  |  |  |  |  |  |  |  | |  | |  | |  | |
| Spouse any school | 47.0 | 51.3 | 0.43 |  | 47.0 | 52.0 | 0.43 |  | 47.8 | | 53.5 | | 0.35 | |  | |
| Husband has/had >1 wife at same time | 16.1 | 29.9 | p<0.01 | 1.1 (0.5-2.6) | 15.7 | 38.6 | p<0.001 | 2.8 (1.0-7.9)\*\* | 16.1 | | 36.5 | | p<0.001 | | 1.6 (0.6-4.1) | |
| Spouse working outside the home | 79.1 | 84.4 | 0.23 |  | 79.6 | 84.9 | 0.30 |  | 80.5 | | 83.7 | | 0.49 | |  | |
| Spouse khat use (reference: Never) |  |  | p<0.001 |  |  |  | p<0.001 |  |  | |  | | p<0.01 | |  | |
| Once a month to a few times a month | 6.5 | 3.5 |  | 0.2 (0.1-2.3) | 6.2 | 2.7 |  | 0.5 (0.1-4.7) | 6.4 | | 3.5 | |  | | 0.2 (0.0-2.0) | |
| Several times a month to almost daily | 29.5 | 51.3 |  | 1.9 (0.9-4.0)\*\* | 31.3 | 54.7 |  | 2.1 ( | 31.5 | | 51.8 | |  | | 1.5 (0.7-3.3) | |
| Note: \*Adjusted model significant at p<0.05; \*\*Adjusted model marginally significant at p<0.10. Final model includes those variable that were marginally significant in bivariate analysis at p<0.10; aOR: adjusted odds ratio produced by multi-variable model; NS not significant in adjusted model – separate model run to include IDP and exclude moved but found to be non-significant; Age is included as a continuous variable in the multivariable model. | | | | | | | | | | | | | | | |

**Women who have experienced non-partner violence are more likely to be internally displaced, work outside of the home, and are less likely to have resources to meet the basic needs of their family.** Being internally displaced increases the prevalence of non-partner physical violence by 171%, working outside the home by 145% and witnessing violence between parents by 199%. The correlates of non-partner violence are similar to those of partner violence and presented below.

| **Table 4b. Demographics associated with adult non-partner violence victimization among women in Somaliland** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Any physical NPV victimization** | | | | **Any sexual NPV victimization** | | | |
| **Item** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** |
| Age (years) |  |  | 0.20 | 1.0 (0.9-1.0) |  |  |  | 0.9 (0.9-1.1) |
| 15-19 | 16.1 | 23.3 |  |  | 16.4 | 30.0 | 0.11 |  |
| 20-29 | 36.6 | 30.0 |  |  | 36.9 | 10.0 |  |  |
| 30-39 | 24.9 | 18.3 |  |  | 24.3 | 10.0 |  |  |
| 40-49 | 11.0 | 18.3 |  |  | 11.3 | 30.0 |  |  |
| 50 and over | 11.4 | 18.3 |  |  | 11.1 | 20.0 |  |  |
| Any school (reference: No) | 34.3 | 44.1 | 0.13 |  | 35.3 | 50.0 | 0.33 |  |
| Moved to current town (reference: No) | 44.0 | 62.1 | p<0.01 | NS | 44.9 | 66.7 | 0.19 |  |
| Internally displaced by conflict or disaster (reference: No) | 10.3 | 26.7 | p<0.001 | 1.4 (0.5-4.3) | 11.7 | 10.0 | 0.86 |  |
| Working outside the home (reference: No) | 10.3 | 24.1 | p<0.01 | 5.3 (2.3-12.0)\* | 11.5 | 30.0 | 0.07 | **1.6 (0.3-8.3)** |
| Scale of having enough dollars each month to… | | |  | 0.46 |  |  | 0.01 |  |
| Meet basic needs of the family | 39.5 | 31.3 |  |  | 39.5 | 12.5 |  |  |
| Meet basic needs for most of month | 8.1 | 4.2 |  |  | 7.7 | 25.0 |  | 4.4 (0.3-61.6) |
| Meet basic needs for about half the month | 4.3 | 6.3 |  |  | 4.2 | 25.0 |  | 11.1 (0.6-98.0) |
| Meet basic needs for less than half of the month | 5.7 | 4.2 |  |  | 5.9 | 0.0 |  | -- |
| Never have enough to meet basic needs | 4.2 | 5.4 |  |  | 42.8 | 37.5 |  | 1.6 (0.1-17.9) |
| Participant khat use (reference: Never) |  |  | 0.73 |  |  |  | 0.67 |  |
| Once a month to a few times a month | 1.2 | 0.0 |  |  | 1.1 | 0.0 |  |  |
| Once a week to almost daily | 9.1 | 7.5 |  |  | 9.1 | 0.0 |  |  |
| Witnessed parent violence | 15.6 | 40.0 | p<0.001 | 3.7 (1.7-8.4)\* | 17.1 | 60.0 | 0.01 | 9.4 (1.2-71.4) |
| Note: \*Adjusted model significant at p<0.05; \*Adjusted model marginally significant at p<0.10. Final model includes those variable that were marginally significant in bivariate analysis at p<0.10; aOR: adjusted odds ratio produced by multi-variable model; Age is included as a continuous variable in the multivariable model. | | | | | | | | |

**There is only one predictor of men who have experienced non-partner violence. It is witnessing violence between his parents which increases the prevalence by 131%. Over 37% of men who experience adult violence witnessed violence between their parents whereas only 13% of those who did not experience adult violence witnessed violence between their parents.**Factors associated with adult violence for men were examined only for physical violence. There were too few cases of sexual violence to estimate stable associations with demographic factors

| **Table 4c. Demographics associated with adult violence victimization among men in Somaliland** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Any physical violence victimization** | | | |  | | | |
| **Item** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** |  |  |  |  |
| Age (years) |  |  | 0.76 | 1.0 (1.0-1.0) |  |  |  |  |
| 15-19 | 21.6 | 25.7 |  |  |  |  |  |  |
| 20-29 | 35.7 | 35.5 |  |  |  |  |  |  |
| 30-39 | 19.4 | 16.5 |  |  |  |  |  |  |
| 40-49 | 10.4 | 11.2 |  |  |  |  |  |  |
| 50 and over | 13.1 | 11.2 |  |  |  |  |  |  |
| Any school (reference: No) | 63.8 | 69.5 | 0.19 |  |  |  |  |  |
| Moved to current town (reference: No) | 47.6 | 51.0 | 0.46 |  |  |  |  |  |
| Internally displaced by conflict or disaster (reference: No) | 9.8 | 12.4 | 0.34 |  |  |  |  |  |
| Working outside the home (reference: No) | 8.9 | 14.5 | 0.05 |  |  |  |  |  |
| Scale of having enough dollars each month to… | | |  |  |  |  |  |  |
| Meet basic needs of the family | 39.1 | 33.7 | 0.34 |  |  |  |  |  |
| Meet basic needs for most of mo. | 8.5 | 8.9 |  |  |  |  |  |  |
| Meet basic needs for about half the mo. | 5.3 | 8.9 |  |  |  |  |  |  |
| Meet basic needs for less than half | 2.4 | 5.0 |  |  |  |  |  |  |
| Never have enough to meet basic needs | 4.5 | 43.6 |  |  |  |  |  |  |
| Participant khat use (reference: Never) |  |  | 0.32 |  |  |  |  |  |
| Once a month to a few times a month | 9.7 | 10.6 |  |  |  |  |  |  |
| Once a week to almost daily | 28.7 | 37.9 |  |  |  |  |  |  |
| Married | 40.5 | 46.7 | 0.17 |  |  |  |  |  |
| Witnessed parent violence | 12.6 | 37.4 | p<0.001 | 4.3 (2.5-7.2)\* |  |  |  |  |
| Note: \*Adjusted model significant at p<0.05; \*\*Adjusted model marginally significant at p<0.10. Final model includes those variable that were marginally significant in bivariate analysis at p<0.10; aOR: adjusted odds ratio produced by multi-variable model; NS not significant in adjusted model – separate model run to include IDP and exclude moved but found to be non-significant; Age is included as a continuous variable in the multivariable model; + Multivariable model not run due to small cells (only n=7 participants reported sexual violence in Somaliland) | | | | | | | | |

*Traditional Harmful Practices*

The survey asked about various traditional gender-based practices. Twelve percent (12%) experienced a forced marriage. Table 5a summarizes the findings for women. Early marriage and FGM/C were common. Of women participants in Somaliland:

*FGM/C in Somaliland:* *The vast majority of women (66%) have had FGM/C and of the women with daughters, 38% have had their daughter undergo FGM/C.*

* 66% of women (65% Nationally) reported undergoing FGM/C in their lifetime
* Of women with daughters, 38% (33% Nationally) reported having them undergo FGM/C
* 18% of women reported early marriage (aged 15 years or less)
* 12% of women reported forced marriage
* 6% (6% Nationally) reported entering into a marriage because of wife inheritance

The most common reason for undergoing FGM/C was social pressure, followed by preservation of virginity, to control sexual desires, and religious reasons. Over 40% of women who had undergone FGM/C reported menstrual pain, and approximately 12-19% sexual dysfunction, pain during FGM/C, difficult childbirth and pain during sexual intercourse.

| **Table 5a. Experiences and perceptions of harmful traditional practices reported among female participants in Somaliland (N=765)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **Before your marriage with your current/most recent husband, were you asked whether you wanted to marry him or were you forced to marry him? (n=489)** | | |
| Not asked, forced to marry | 56 | 11.5 |
| **During any of your marriages, have you ever entered a marriage because of wife inheritance? (n=482)** | | |
| Yes | 28 | 5.8 |
| **Early marriage (age) (n=474)** |  |  |
| 15 years or younger | 84 | 17.7 |
| 16-17 years | 99 | 20.9 |
| 18 years or older | 291 | 61.4 |
| **Have you ever undergone FGM/C? (n=722)** |  |  |
| Yes | 473 | 65.5 |
| **Main reason for FGM/C: (n=473), multiple responses** | |  |
| Social Pressure | 312 | 66.0 |
| Preserve Virginity | 156 | 33.0 |
| Control Sexual Desires | 100 | 21.1 |
| Religious reasons | 67 | 14.2 |
| Prevent growth of clitoris | 40 | 8.5 |
| Make childbirth easier | 7 | 1.5 |
| Other | 52 | 11.0 |
| **Health consequences of FGM/C (n=473), multiple responses** | | |
| Menstrual Pain | 193 | 40.8 |
| Sexual dysfunction | 81 | 17.1 |
| Pain during FGM/C | 83 | 17.5 |
| Difficult childbirth | 92 | 19.5 |
| Pain During Sexual Intercourse | 58 | 12.3 |
| Infections in genital area | 15 | 3.2 |
| Loss of Bladder Control | 58 | 12.3 |
| Fibrous scar in genital area | 27 | 5.7 |
| Fistula | 19 | 4.0 |
| Other | 38 | 8.0 |
| No Problems | 113 | 23.9 |
| I**f you have daughters have any of them undergone FGM/C (n=322)** | | |
| Yes | 123 | 38.2 |

**Male participants in Somaliland provided their perspective on harmful traditional practices such as forced marriage, wife inheritance, early marriage and FGM/C. Somaliland men are consistent with men in the other 2 regions (Puntland and South Central) in reporting on harmful traditional practices as noted below:**

Men reported on experiences and perceptions related to harmful traditional practices in Somaliland.

* 7% of men in Somaliland (6% Nationally) reported marrying a woman through wife inheritance
* 50% of men reported (60% Nationally) having a wife who had undergone FGM/C
* Of men with daughters, 48% in Somaliland (50% Nationally) reported having their daughters undergo FGM/C.

|  |  |  |
| --- | --- | --- |
| **Table 5b. Experiences and perceptions of harmful practices reported by male participants in Somaliland (N=752)** | | |
|  | **n** | **%** |
| **Before your marriage with your current/most recent husband, did you/anyone else ask her for permission to marry you or was she forced? (n=300)** | | |
| No, forced | 10 | 3.3 |
| **During any of your marriages, have you ever entered a marriage because of wife inheritance (n=294)** | | |
| Yes | 19 | 6.5 |
| **Have any of your wives ever undergone female genital mutilation? (n=296)** | | |
| Yes | 147 | 49.7 |
| **Among all men, main reason you would want a wife who had undergone FGM/C: (n=752)** | | |
| Preserve Virginity | 113 | 15 |
| Social Pressure | 83 | 11 |
| Control Sexual Desires | 62 | 8.2 |
| Religious Reasons | 34 | 4.5 |
| Prevent Growth of Clitoris | 13 | 1.7 |
| Make Childbirth Easier | 4 | 0.5 |
| Other | 14 | 1.9 |
| **If you have daughters have any of them undergone FGM/C (n=148)** | | |
| Yes | 71 | 48 |

## ***Childhood Experiences of Violence***

Men and women reported witnessing and experiences of violence during childhood (less than 15 years of age) summarized in Figure 2 and Tables 6a and 6b. Among all participants,

* 17% of males and 9% of females reported experiencing physical violence as a child
* 2.6% of males and 5.7% of females reported sexual violence as a child
* Overall, 18% of men and 11% of women experienced at least one form of physical or sexual violence in childhood

The most commonly reported perpetrator of sexual violence against girls were neighbor (33%), someone from another clan (26%), male friend of family (15%), street gangs (10%), other male family member (8%), and boyfriend (8%). Of those girls who experienced physical or sexual violence, 11% reported ever being injured, as a result the majority of which were classified scratch, abrasion, bruises, and lost consciousness. For boys the most commonly reported perpetrator of any childhood violence was fathers (43%), Madrassa teacher (16%), other male family members (12%), and other teacher (15%). Of boys, 9% reported ever being injured as a result of this violence with 36% reporting scratch, abrasion, bruises, 27% reporting cuts, punctures, bites, and 7% reporting pain going to the bathroom.

| **Table 6a Experiences of Violence During Childhood Among Female Participants in Somaliland (N=765)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **Before the age of 15 years, do you remember if anyone ever beat you or physically (n=686)** | | |
| Yes | 58 | 8.5 |
| **Before the age of 15 yrs., did anyone ever touch you sexually or made you do something you did not want to? (n=687)** | | |
| Yes | 39 | 5.7 |
| **Any experience of physical or sexual violence as a child (n=681)** | | |
| Yes | 83 | 12.2 |
| **Person reported to perpetrate child sexual violence (n=39)** | | |
| Neighbor | 13 | 33.3 |
| Someone from another clan | 10 | 25.6 |
| Male Friend of Family | 6 | 15.4 |
| Street Gang | 4 | 10.3 |
| Other male family member | 3 | 7.7 |
| Boyfriend | 3 | 7.7 |
| Stranger | 1 | 2.6 |
| Female Family Friend | 1 | 2.4 |
| Female Friend of Family | 0 | 0.0 |
| Father | 0 | 0.0 |
| Stepfather | 0 | 0.0 |
| **Have you ever been injured as a result of physical or sexual violence that you experienced (n=83)** | | |
| Yes | 9 | 10.8 |
| **Injury(ies) caused by childhood violence: (n=9)** | |  |
| Scratch, Abrasion, Bruises | 6 | 66.7 |
| Lost Consciousness | 2 | 22.2 |
| Cuts, Punctures, Bites | 1 | 11.1 |
| Sprains, Dislocations | 1 | 11.1 |
| Penetrating Injury, Deep cuts | 1 | 11.1 |
| Fracture Broken Bone(s) | 1 | 11.1 |
| Broken Teeth | 0 | 0.0 |
| Broken Eardrum, Eye Injury | 0 | 0.0 |
| Other | 0 | 0.0 |

| **Table 6b Experiences of Violence During Childhood Among Male Participants in Somaliland (N=752)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **Before the age of 15 years, do you remember if anyone ever beat you or physically (n=715)** | | |
| Yes | 122 | 17.1 |
| **Before the age of 15 yrs., did anyone ever touch you sexually or made you do something you did not want to? (n=696)** | | |
| Yes | 18 | 2.6 |
| **Any experience of physical or sexual violence as a child (n=694)** | | |
| Yes | 125 | 18 |
| **Have you ever been injured as a result of physical or sexual violence that you experienced (n=120)** | | |
| Yes | 11 | 9.2 |
| **Injury(ies) caused by childhood violence: (N=11)** | |  |
| Scratch, Abrasion, Bruises | 4 | 36.4 |
| Cuts, Punctures, Bites | 3 | 27.3 |
| Pain going to the bathroom | 2 | 6.9 |
| Sprains, Dislocations | 0 | 0 |
| Penetrating Injury, Deep Cuts | 0 | 0 |
| Fracture, Broken Bone(s) | 0 | 0 |
| Burns | 0 | 0 |
| Other | 3 | 27.3 |
| **Person reported to perpetrate child physical violence (n=122)** | | |
| Father | 53 | 43.4 |
| Madrassa Teacher | 19 | 15.6 |
| Other Male Family Member | 15 | 12.3 |
| Other Teacher | 18 | 14.8 |
| Female Family Member | 11 | 9.0 |
| Police | 11 | 9.0 |
| Someone From Another Clan | 9 | 7.4 |
| Girlfriend | 5 | 4.1 |
| Stepfather | 5 | 4.1 |
| Street Gang | 4 | 3.3 |
| Neighbor | 4 | 3.3 |
| Stranger | 4 | 3.3 |
| Male Friend of Family | 3 | 2.5 |
| Female Friend of Family | 1 | 0.8 |
| Someone at School (Classmate) | 0 | 0.0 |
| Other | 2 | 1.6 |
| **Person reported to perpetrate child sexual violence (n=18)\*** |  |  |
| Father | 9 | 50.0 |
| Male friend of family | 2 | 11.1 |
| Stranger | 1 | 5.6 |
| Female friend of family | 1 | 5.6 |
| Police | 1 | 5.6 |
| Someone from another clan | 1 | 5.6 |
| Other | 1 | 5.6 |
| \*No reports of sexual violence perpetrated by other male/female family members, teachers, street gangs | | |

Over one-half (60% females, 62% males) of men and women reported that they lived with both their parents/caretakers while growing up. Over 16% of women and 19% of men reported seeing or hearing violence between their parents/caretakers in the home, with 12-15% reporting intimate partner violence perpetrated by both their mother and father during their childhood. Table 6c presents witnessing violence in home during childhood.

| **Table 6c Experiences of witnessing violence in the home in Somaliland** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **Female Participants** | | |
| **Did both of your parents (or caretaker(s) live in your household for the majority of your time growing up? (n=702)** | | |
| Yes | 424 | 60.4 |
| **When you were a child did your father ever hit your mother/female caregiver? (n=419)** | | |
| Yes | 63 | 15.0 |
| **When you were a child did your mother/female caregiver ever hit your father/male caregiver? (n=423)** | | |
| Yes | 50 | 11.8 |
| **As a child, did you see or hear violence between your parents/caregiver? (n=418)** | | |
| Yes | 70 | 16.7 |
|  |  |  |
| **Male participants** |  |  |
| **Did both of your parents (or caretaker(s) live in your household for the majority of your time growing up? (n=717)** | | |
| Yes | 443 | 61.8 |
| **When you were a child did your father ever hit your mother/female caregiver? (n=443)** | | |
| Yes | 53 | 12 |
| **When you were a child did your mother/female caregiver ever hit your father/male caregiver? (n=441)** | | |
| Yes | 58 | 13.2 |
| **As a child, did you see or hear violence between your parents/caregiver? (n=434)** | | |
| Yes | 81 | 18.7 |

***Relationship between childhood experience of violence and adult experience of violence***

**For women, witnessing violence between parents/caregivers partners and experiencing physical and sexual violence as a child increased risk for experiencing both physical and sexual intimate partner violence in their adult relationship**. **For men, witnessing violence between parents/caregivers partners and experiencing physical or sexual violence as a child had an increased risk for experiencing physical violence as an adult**(adult male IPV victimization was not tested due to the small number of events). Table 7 summarizes the bivariate analyses examines childhood experience of violence as a predictor of adult experience of violence.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 7. Relationship between childhood experience of violence and adult experience of violence among female and male participants in Somaliland** | | | | | | | | |
|  | **Any physical IPV victimization** | | | | **Any sexual IPV victimization** | | | |
| **Women** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** |
| Witnessed parent /caregiver violence | 9.6 | 40.0 | p<0.001 | 5.3 (2.3-12.2)\* | 11.4 | 32.3 | p<0.001 | 2.7 (1.2-6.1)\* |
| Experience of physical violence as a child | 3.3 | 17.6 | p<0.001 | 4.2 (1.1-16.1)\* | 2.8 | 16.8 | p<0.001 | 5.0 (1.6-15.5)\* |
| Experience of sexual violence as a child | 2.5 | 11.0 | p<0.001 | 2.9 (0.6-14.0) | 1.7 | 12.8 | p<0.001 | 2.4 (0.5-12.2) |
|  | **Any physical violence victimization** | | | |  | | | |
| **Men** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** |  |  |  |  |
| Witnessed parent /caregiver violence | 12.6 | 37.4 | p<0.001 | 3.1 (1.6-5.9)\* |  |  |  |  |
| Experience of physical violence as a child | 4.1 | 66.4 | p<0.001 | 19.8 (10.4-37.6)\* |  |  |  |  |
| Experience of sexual violence as a child | 0.2 | 11.5 | p<0.001 | 16.4 (2.1-126.2)\* |  |  |  |  |
| Note: Adjusted model significant at p<0.05; Adjusted model marginally significant at p<0.10. Final model includes those variable that were marginally significant in bivariate analysis at p<0.10; aOR: adjusted odds ratio produced by multi-variable model; | | | | | | | | |

***GBV Perpetration by Men***

Male participants also provided insight into perpetration of GBV against women. Men reported lower rates of perpetration of intimate partner violence than women reported experiencing intimate partner violence. As noted previously, the survey was implemented with one eligible participant per household, so we did not interview husbands/wives.

*96% of men who report that they have forced their wife to have sex against her will felt that it was his right to force her, 69% had been chewing khat, and 95% were sexually attracted to her.*

In terms of intimate partner violence, of men who were currently or had been in an intimate partner relationship (N=534)

* 18% of married/partnered men in Somaliland (20% Nationally) reported ever using controlling behavior with their wife/partner
* 8% of men reported (13% Nationally) ever perpetrating psychological/emotional abuse against their wife/partner
* 12% of men reported (17% Nationally) ever perpetrating physical violence against their wife/partner
* 12% of men reported (15% Nationally) ever perpetrating at least one form of sexual violence against their wife/partner
* Overall, 18% of men in Somaliland reported ever perpetrating at least one form of IPV against their wife/partner

In terms of non-partner violence, among all men responding to the survey (N=682), 4% reported ever physically abusing a woman who was not their partner, less than 1% reported perpetrating non-partner sexual violence. Overall, 4.4% of men reported perpetrating any non-partner violence.

Table 8 displays self-reported perpetration of intimate partner and non-partner violence among men in Somaliland.

| **Table 8. Reports of GBV perpetration among male participants in Somaliland (N=752)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **INTIMATE PARTNER VIOLENCE PERPETRATION** | |  |
| **Partner Control** |  |  |
| Any form of control of female partner (n=276) | 49 | 17.8 |
| Any form of control of female partner in the last 12 months (n=258) | 26 | 10.1 |
| **Emotional violence** |  |  |
| Any form of emotional violence (n=272) | 21 | 7.7 |
| Any form of emotional violence in the last 12 months (n=257) | 4 | 1.6 |
| **Physical violence** |  |  |
| Any form of physical violence (n=271) | 33 | 12.2 |
| Any form of physical violence in the last 12 months (n=416) | |  |
| **Sexual violence** |  |  |
| Any form of sexual violence (n=271) | 33 | 12.2 |
| Any form of sexual violence in the last 12 months (n=261) | 20 | 7.7 |
| *Any form of physical or sexual IPV perpetration* | 48 | 18.2 |
| **IF EVER FORCED PARTNER TO HAVE SEX, did she ever become pregnant as a result? (n=22)** | |  |
| Yes | 2 | 9.1 |
| **Thinking about the last time you forced your wife/partner to have sex against her will, what were the reason(s)? Number and percent or strongly agree or agree.** | | |
| I was sexually attracted to her (n=22)\* | 21 | 95.4 |
| It was my right (n=26) | 23 | 88.4 |
| I wanted to have sex (n=25) | 22 | 88.0 |
| I had been chewing khat (n=16)\* | 11 | 68.8 |
| I was bored (n=13) | 8 | 61.5 |
| I wanted to punish her (n=12) | 7 | 58.3 |
| I wanted to have fun (n=10) | 5 | 50.0 |
| I was angry with her (n=16) | 3 | 18.8 |
| I had been drinking (n=12) | 2 | 16.7 |
| *Any intimate partner violence (n=264)* | 48 | 18.2 |
| **NON-PARTNER VIOLENCE PERPETRATION** |  |  |
| Ever beaten or physically mistreated any female (other than your partner; n=682) | 26 | 3.8 |
| ...happened in the past 12 months (n=25) | 11 | 44.0 |
| Median age when first physically hurt a woman? (n=26; IQR) | 16.5 | (12-19) |
| Ever raped or forced any female (other than your partner/ wife) to have sex with you (n=686) | 4 | 0.6 |
| Median age first raped or forced a woman to have sex (n=4; IQR) | 13.5 | (8-16) |
| Woman(en) ever become pregnant as a result (n=4)\* | 0 | 0.0 |
| Ever participated with other men in the rape/forced sex of any female? (n=4)\* | 0 | 0.0 |
| ...happened in the past 12 months\* (n=4) | 0 | 0.0 |
| Ever forced or talked a women into having sex with you or someone in exchange for food, clothing, money or other item of value? (n=677) | 1 | 0.1 |
| ...happened in the past 12 months (n=677) | 1 | 0.1 |
| *Any non-partner violence* (n=660) | 29 | 4.4 |
| **Thinking about the last time you forced a woman to have sex against her will, what were the reasons why you did it?** (n=3)\* | | |
| I wanted to have fun | 3 | 100.0 |
| I was bored | 3 | 100.0 |
| I wanted to have sex | 3 | 100.0 |
| I was sexually attracted to her | 3 | 100.0 |
| I had been chewing khat | 2 | 66.7 |
| I was angry with her | 1 | 33.3 |
| It is my right | 1 | 33.3 |
| I wanted to show that I could do it | 1 | 33.3 |
| I wanted to punish her | 0 | 0.0 |
| **Which of the following consequences did you experience after forcing a woman to have sex when she did not consent? (n=29)** | | |
| Felt Guilty | 12 | 41.4 |
| Worried That Others Would Find Out | 2 | 6.9 |
| Jail | 2 | 6.9 |
| Violence from Someone | 1 | 3.4 |
| I Married Her | 1 | 3.4 |
| Punishment from Family/Friends | 0 | 0.0 |
| Threats from Someone Supporting Her | 0 | 0.0 |
| Arrested with a Court Case | 0 | 0.0 |
| Arrested and Charges Dropped | 0 | 0.0 |
| Other | 1 | 3.4 |
| No Consequences | 1 | 3.4 |

***Correlates of Perpetration of Violence***

**Men who witnessed violence as a child or experienced violence as a child are more likely to perpetrate violence as an adult.** Witnessing violence as a child increases the prevalence of perpetration of non-partner violence by 391% and IPV by 162%. Consistent with other results men who perpetrate violence are more likely to use khat. Interestingly, schooling is not associated with perpetration of violence in Somaliland. Table 9 summarizes the relationship between demographic factors, witness violence as child, experience of violence as adult and perpetration of IPV and non-partner violence

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 9. Correlates of male perpetration of IPV and non-partner violence among men** | | | | | | | |  |
|  | **Any IPV perpetration** | | |  | **Any NPV perpetration** | | |  |
|  | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** | **No (%)** | **Yes (%)** | **p-value** | **aOR (95%CI)** |
| Age (years) |  |  | 0.27 | 1.0 (1.0-1.0) |  |  | 0.05 | 1.0 (0.9-1.0) |
| 15-19 | 21.1 | 31.0 |  |  | 2.3 | 2.1 |  |  |
| 20-29 | 35.1 | 24.1 |  |  | 15.8 | 29.2 |  |  |
| 30-39 | 18.5 | 27.6 |  |  | 27.9 | 29.2 |  |  |
| 40-49 | 11.8 | 3.5 |  |  | 21.9 | 28.1 |  |  |
| 50 and over | 13.6 | 13.8 |  |  | 32.1 | 12.5 |  |  |
| Internally displaced by conflict or natural disaster | 11.3 | 13.8 | 0.68 |  | 14.4 | 12.5 | 0.73 |  |
| Any School | 64.4 | 62.1 | 0.80 |  | 47.9 | 52.1 | 0.60 |  |
| Currently Working | 10.8 | 7.4 | 0.58 |  | 11.3 | 20.8 | 0.08 | 2.0 (0.4-9.3) |
| Scale of having enough dollars each month to… |  |  | 0.67 |  |  |  | 0.05 |  |
| Meet basic needs of the family | 38.1 | 52.4 |  |  | 41.2 | 27.7 |  | Ref |
| Meet basic needs for most but not all of mo. | 9.5 | 9.5 |  |  | 12.3 | 14.9 |  | 5.0 (1.0-26.4)\*\* |
| Meet basic needs for about half of the month | 6.7 | 4.8 |  |  | 4.3 | 12.8 |  | 10.2 (1.4-71.5)\* |
| Meet basic needs for less than half the month | 2.9 | 4.8 |  |  | 1.9 | 6.4 |  | 1.7 (0.2-19.9) |
| Never have enough to meet basic needs | 42.9 | 28.6 |  |  | 40.3 | 38.3 |  | 5.9 (1.6-22.3)\* |
| Participant khat use (reference: Never) |  |  | 0.22 |  |  |  | 0.02 |  |
| Once a month to a few times a month | 10.2 | 9.1 |  |  | 11.3 | 6.4 |  | 0.6 (0.1-4.1) |
| Once a week to almost daily | 30.1 | 54.6 |  |  | 25.6 | 46.8 |  | 0.4 (0.1-1.5) |
| Witness violence as a child | 18.8 | 59.1 | p<0.001 | 6.1 (2.2-16.5)\* | 22.0 | 53.3 | p<0.01 | 5.9 (1.8-19.4)\* |
| Experience of violence as an child | 16.6 | 51.9 | p<0.001 | 2.6 (1.0-7.2)\*\* | 16.4 | 31.9 | 0.01 | 1.6 (0.5-5.7) |
| Note: Adjusted model significant at p<0.05; Adjusted model marginally significant at p<0.10. Final model includes those variable that were marginally significant in bivariate analysis at p<0.10; Age is included as a continuous variable in the adjusted model. aOR: adjusted odds ratio produced by multi-variable model; | | | | | | | | |

***Social Norms Related to GBV***

Despite the frequency of the practice, female participants reported disagreeing or strongly disagreeing with girls undergoing FGM. While the majority of male participants also reported disagreeing with girls undergoing FGM, nearly 30% agreed that girls should undergo FGM and 20% agreed that men should only marry a woman who has been circumcised. Table 10 presents social norms related to harmful traditional practices among female participants from Somaliland.

Female participants also described social norms related to GBV. Over half (53%) of female participants reported that husbands were justified in beating their wives if she refused to have sex, 54% reported violence was justified if the wife disobeys her husband, 51% if she argued with her husband, and 51% of women reported that husbands were justified if the wife neglected children/household. Nearly 29% of women strongly agreed or agreed that it is socially acceptable to marry before the age of 15 years and that a husband had the right to force his wife to have sex, even if she did not want to (30%), and to marry the perpetrator of rape if she is unmarried (29%).

*Despite the frequency of FGM/C, 23% of women and 24% of men agree that girls should undergo FGM/C.*

*29% of women and 52% of men support early marriage (less than 15 years of age).*

Table 10 displays social norms related to GBV from men in Somaliland. In general, men are less likely to endorse the following social norms than women. Over 31% of men reported that a husband was justified in beating his wife if she refuses to have sex; 38% of men report that violence is justified if she disobeys orders; and 33% if she argues with her husband. However, men are more likely than women to support early marriage, over one-third (39%) of men strongly agreed or agreed with early marriage of girls; and support the marriage of a rape survivor to her perpetrator if she is unmarried (41%); and that it is a woman or girls’ fault if they are raped (50%). Over 31% of men strongly agreed or agreed that a woman’s reputation would be damaged if it becomes known that she was raped.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 10: Proportion of male and female participants who agree or strongly agree with select social norms** | | | | |
|  | Women (N= 765) | | Men (N=752) | |
|  | **n/N** | **%** | **n/N** | **%** |
| It is acceptable for women to be married before the age of 15 | 215/750 | 28.7 | 287/737 | 38.9 |
| Girls should have FGM/C | 170/737 | 23.1 | 176/715 | 24.6 |
| Men should only marry a girl who has been cut | 197/735 | 26.8 | 147/709 | 20.7 |
| It is okay for a husband to beat his wife to discipline her | 245/745 | 32.9 | 241/715 | 33.7 |
| A husband has the right to force his wife to have sex when she does not want to | 223/743 | 30.0 | 127/721 | 17.6 |
| A man should have the right to demand sex from a woman or girl even if he is not married to her | 40/759 | 5.3 | 55/746 | 7.4 |

***Access to and Uptake of Services for GBV***

***Nearly 30% of women who reported ever experiencing IPV indicated that they had an injury as a result of the violence.*** ***Of these women, 73% reported never receiving care related to IPV.***  Those who did receive care predominantly received basic medical care (91%). Those who did not access care for IPV most commonly reported that they could not leave children to go (38%), worried about stigma/shame when accessing care (28%), healthcare was too far away (28%), and husband did not allow her to go the clinic (24%). Eleven percent (11.2%) of women responded that they had ever reported violence to the authorities in the community.

Among women who experienced non-partner violence, 34% reported being injured as a result of the violence. Much like women who experienced IPV, only one-quarter (26%) of women who experienced non-partner violence reported accessing care for their injury, with basic medical care being the most commonly used service. Common reasons for not accessing health care were related to worry about stigma/shame (29%), not having enough money to seek services (18%), lack of transportation (18%), and worry about more violence from the perpetrator (18%). Only 5% of women who experienced any non-partner violence had ever reported violence to the authorities. Table 11 displays access to health services and reporting among female survivors of IPV and non-partner violence in Somaliland.

| **Table 11. Access to services and reporting among women who experience GBV in Somaliland** | | |
| --- | --- | --- |
|  | **n** | **%** | |
| **ADULT INTIMATE PARTNER VIOLENCE** | |  | |
| **Have you ever been injured as a result of IPV (n=135)** | | |
| Yes | 40 | 29.6 | |
| **Has this happened in the last 12 months? (n=40)** | | |
| Yes | 28 | 70.0 | |
| **Received care for injury from IPV (n=244)** | |  | |
| No | 29 | 72.5 | |
| Yes, sometimes | 10 | 25.0 | |
| Yes, for all times | 1 | 2.5 | |
| **Type of healthcare received for injury due to IPV (n=11):** | | |
| Basic Medical Care for Injury | 10 | 90.9 | |
| Psychosocial Support | 3 | 27.3 | |
| Reproductive Healthcare | 2 | 18.2 | |
| Examination to Document GBV | 0 | 0.0 | |
| Dental Care | 0 | 0.0 | |
| Surgery | 0 | 0.0 | |
| Other | 1 | 9.1 | |
| **Reason did not receive healthcare for IPV (n=29)** | |  | |
| Could Not Leave Children To Go | 11 | 37.9 | |
| Worried about Shame | 8 | 27.6 | |
| Healthcare to Far Away | 8 | 27.6 | |
| Husband/Partner Did Not Allow Me to Go | 7 | 24.1 | |
| Worried Others Would Find Out | 4 | 13.8 | |
| Did Not Think It Was Necessary | 2 | 6.9 | |
| Worried About More Violence | 0 | 0.0 | |
| Healthcare Workers Would Treat Me Badly | 0 | 0.0 | |
| Worried About Confidentiality | 0 | 0.0 | |
| Other | 3 | 10.3 | |
| **Did you want legal aid for your experience of IPV? (n=130)** | | |
| Yes | 40 | 30.8 | |
| **If you reported your case of IPV, did you receive legal services? (n=35)** | | |
| No | 20 | 60.2 | |
| Not available | 6 | 3.2 | |
| Yes, formal legal services | 4 | 11.4 | |
| Yes, traditional services | 4 | 11.4 | |
| Yes, Sharia law | 1 | 2.9 | |
| **Did you ever report your case to an authority figure, even if it did not cause injury (n=134)** | | |
| Yes | 15 | 11.2 | |
| **To whom did you report your case of IPV? (n=15)** | | |
| Police | 9 | 60.0 | |
| Legal Aid Provider | 5 | 33.3 | |
| Elder/Community Leader | 4 | 26.7 | |
| Family/Friend | 3 | 20.0 | |
| NGO/Community Worker | 1 | 6.7 | |
| Gatekeeper | 1 | 6.7 | |
| Healthcare Provider | 0 | 0.0 | |
| Religious Leader | 0 | 0.0 | |
| Other | 1 | 6.7 | |
| **IF IPV WAS REPORTED TO ANYONE: was there any action taken to bring the person who hurt you to justice? (n=15)** | | |
| Yes | 6 | 40.0 | |
| **IF IPV WAS REPORTED: did any anyone try to prevent this from happening again? (n=15)** | | |
| Yes | 7 | 46.7 | |
| **Person who tried to prevent future violence: (n=7)** | | |
| Police | 4 | 57.1 | |
| Elder/Community Leader | 1 | 14.3 | |
| Family/Friend | 1 | 14.3 | |
| Religious Leader | 1 | 14.3 | |
| NGO/Community Worker | 0 | 0.0 | |
| Lawyer/Legal Aid Provider | 0 | 0.0 | |
| Healthcare Provider | 0 | 0.0 | |
| **Reason survivor did not report IPV (n=119)** | |  | |
| Did Not Have Transportation | 25 | 21.0 | |
| Did Not Have Money for Healthcare | 23 | 19.3 | |
| Worried Others Would Find Out | 20 | 16.8 | |
| Husband/Partner Did Not Allow Me To Go | 20 | 16.8 | |
| Worried About Shame | 17 | 14.3 | |
| Could Not Leave Children To Go | 16 | 13.4 | |
| Worried My Husband/Partner Would Be Angry | 10 | 8.4 | |
| Offices Are To Far Away | 10 | 8.4 | |
| Did Not Think It Would Help (Response Would Not Be Effective) | 7 | 5.9 | |
| Did Not Think It Was Necessary (It is Normal) | 6 | 5.0 | |
| Thought Authority Figures Would Not Believe Me or World Treat Me Badly | 5 | 4.2 | |
| Worried About More Violence | 3 | 2.5 | |
| Cost of Reporting to Police | 2 | 1.7 | |
| Worried it Would Break Up My Family | 1 | 0.8 | |
| Cost of Paying for Food if Perpetrator is Imprisoned | 0 | 0.0 | |
| Other | 5 | 4.2 | |
| **ADULT, NON-PARTNER VIOLENCE** | |  | |
| **Have you ever been injured as a result of (non-partner) violence/abuse that you experienced? (n=68)** | | |
| Yes | 23 | 33.8 | |
| **Has this happened in the last 12 months? (n=24)** | | |
| Yes | 13 | 54.2 | |
| **Did you ever receive healthcare for your injury(ies)? (n=23)** | | |
| No | 17 | 73.9 | |
| Yes, sometimes | 6 | 26.1 | |
| Yes, always | 0 | 0.0 | |
| **What kind of services did you receive for injuries related to non-partner violence? (n=6)** | | |
| Basic Medical Care for Injury | 5 | 83.3 | |
| Surgery | 3 | 50.0 | |
| Examination to Document GBV | 0 | 0.0 | |
| Medicine To Prevent Pregnancy | 0 | 0.0 | |
| Psychosocial Support | 0 | 0.0 | |
| Dental Care | 0 | 0.0 | |
| Reproductive Healthcare | 0 | 0.0 | |
| Post-Exposure Prophylaxes to Prevent HIV | 0 | 0.0 | |
| Medicine To Prevent STI | 0 | 0.0 | |
| Other | 2 | 33.3 | |
| **Did you go to the MCH or the hospital? (n=23)** | | |
| No | 17 | 73.9 | |
| Hospital | 5 | 21.7 | |
| MCH | 1 | 4.3 | |
| **For your injury(ies), did you ever have to spend any nights in the hospital? (n=6)** | | |
| Yes | 4 | 66.7 | |
| **Did you ever tell a healthcare worker the real cause of your injury? (n=6)** | | |
| Yes | 2 | 33.3 | |
| **Did you ever go to a safe shelter? (n=66)** | |  | |
| Yes | 12 | 18.2 | |
| **If you did not access services for your injury, what are the reasons? (n=17)** | | |
| Worried About Shame | 5 | 29.4 | |
| Did Not Have Enough Money For Healthcare | 3 | 17.6 | |
| Did Not Have Transportation | 3 | 17.6 | |
| Worried About More Violence | 3 | 17.6 | |
| Worried Others Would Find Out | 2 | 11.8 | |
| Husband/Partner Did Not Allow Me To Go | 2 | 11.8 | |
| Did Not Think It Was Necessary | 2 | 11.8 | |
| Worried About Confidentiality | 2 | 11.8 | |
| Could Not Leave Children To Go | 1 | 5.9 | |
| Healthcare Too Far | 0 | 0.0 | |
| Worried My Husband/Partner Would Be Angry | 0 | 0.0 | |
| Healthcare Workers Would Treat Me Badly | 0 | 0.0 | |
| Other | 1 | 5.9 | |
| **Did you want legal aid? (n=66)** |  |  | |
| Yes | 22 | 33.3 | |
| **IF YOU REPORTED TO A LEGAL AID PROVIDER, did you receive legal services? (n=21)** | | |
| No | 14 | 66.7 | |
| Not Available | 2 | 9.5 | |
| Yes, Formal Legal Services | 4 | 19.0 | |
| Yes, Traditional Services | 1 | 4.8 | |
| **Did you ever report your experience of (non-partner, adult) violence to an authority? (n=67)** | | |
| Yes | 3 | 4.5 | |
| **To whom did you report your case of non-partner violence? (n=3)** | | |
| Legal Aid Provider | 3 | 100.0 | |
| Police | 2 | 66.7 | |
| Elder/Community Leader | 0 | 0.0 | |
| Healthcare Provider | 0 | 0.0 | |
| NGO/Community Worker | 0 | 0.0 | |
| Religious Leader | 0 | 0.0 | |
| Other | 0 | 0.0 | |
| **IF VIOLENCE WAS REPORTED: was there any action taken to bring the perpetrator to justice? (n=3)** | | |
| Yes | 3 | 100.0 | |
| **IF VIOLENCE WAS REPORTED: did any anyone try to prevent this from happening again? (n=3)** | | |
| Yes | 3 | 100.0 | |
| **If you did not report non-partner violence, what is/are the reason(s)? (n=64)** | | |
| Worried About Shame | 13 | 20.3 | |
| Did Not Have Transportation | 11 | 17.2 | |
| Did Not Think It Was Necessary | 7 | 10.9 | |
| Did Not Have Enough Money For Healthcare | 5 | 7.8 | |
| Worried Others Would Find Out | 5 | 7.8 | |
| Offices Are Too Far Away | 4 | 6.3 | |
| Husband/Partner Did Not Allow Me To Go | 3 | 4.7 | |
| Cost of Reporting to Police | 2 | 3.1 | |
| Worried the Person Who Hurt Me Would Be Angry | 2 | 3.1 | |
| Worried About More Violence | 2 | 3.1 | |
| Worried It Would Break Up My Family | 2 | 3.1 | |
| Could Not Leave Children To Go | 1 | 1.6 | |
| Did Not Think It Would Help | 1 | 1.6 | |
| Thought Authority Figures Would Not Believe Me | 1 | 1.6 | |
| I Am a Minority Clan Member and Do Not Think I Would Be Able To | 0 | 0.0 | |
| Cost of Paying For Food If Perpetrator is Imprisoned | 0 | 0.0 | |
| Other | 6 | 9.4 | |

Male participants from Somaliland who reported perpetrating violence provided some information on access to care and reporting among their female victims. It is worth noting that the number of men who self-report perpetrating GBV and know what kinds of services were accessed by the survivor is small. In cases of IPV, no husbands/partners reported that their wife/partner-experienced injury following the violence. Approximately 5% of men reported threatening their wife/female partner if she were to report IPV to the authority. Only 10% of men reported that their wife/partner had reported the IPV to an authority, one quarter (25%) of IPV reports were to the police. Far more male participants who perpetrated non-partner violence reported that their female victim(s) were injured (40%) and one-third (30%) of women injured sometimes accessed healthcare for their injuries. Only 4% of men who perpetrated non-partner violence indicated that their female victim had reported the violence to someone, with all indicating the violence was reported to family/friend and religious leader. Ten percent (10%) of men who reported perpetrating non-partner violence acknowledged threatening the woman when he thought she would report the violence to someone. Appendix Table 10 displays access to and use of services and reporting among female IPV and non-partner violence survivors, as reported by husbands/partner and male perpetrators.

Appendix Table 11 displays self-reported access to, use of care and reporting among male survivors of violence. Thirty-five percent (32%) of men who experienced adult physical or sexual violence reported being injured. Of these, 60% reported sometimes or always accessing healthcare service for these injuries, the most common service being basic medical care (76%). Most common reasons for not accessing services were related being worried about shame (36%), not having enough money for healthcare (21%) or being worried that others would find out (14%). Only 18% of male survivors indicated that they had reported violence, most often to the police; however, 28% of these men indicated that action was taken to bring the perpetrator to justice.

**Conclusions:**

This report presents self-reported experiences of partner and non-partner violence among men and woman (15 years and older) in South Central. Self-reported experiences of partner and non-partner violence among women, as well as perpetration among men appear to be relatively consistent with the global literature and with literature on FGM/C from Somalia.18-21 Further, the findings demonstrate the significant burden of partner and non-partner violence for both women and men in Somaliland across the life course. Children are vulnerable to physical and sexual violence in their home, schools and public. Therefore, continued focus on child protection within diverse settings, including through home visitation and schools, is critical for the long-term health and well-being of families and communities – as the findings show that experiencing and witnessing violence in childhood have significant negative outcomes for women and men in their adult lives.

Harmful traditional practices remain a significant part of women’s lives, with 12% of participating women reporting being forced into marriage. Further, the majority (66%) of women report undergoing FGM/C and even though men and women strongly disagreed or disagreed with the practice, women and men with daughters continue to employ the practice. Therefore, there remains a need to engage both men and women in programming on changing attitudes and norms that support and maintain harmful traditional practices.

Violence in intimate relationships and non-partner violence remains a significant health and social issues for adult women in Somaliland, and the majority of women participants did not seek services or report the violence to authorities for fear of retaliation and lack of resources for transportation to and payment for services. As in other national and global surveys, the majority of women support a husband’s use of violence to control and discipline his wife, and importantly the rate of women’s support of control and discipline by husbands is higher than men’s support of use of violence to control and discipline their wives. These findings demonstrate the critical role of primary prevention, such as the UNICEF led Communities Cares programme being implemented in other regions (South Central), including engaging women, men and children in changing social norms that sustain partner and non-partner violence in families and communities.

As noted above, boys and men are at risk for violence in both their family of origin and communities. Men’s experience of physical violence is common across their life course and has significant implications for their own use of violence in their intimate relationships, family and community. Therefore, developing programs targeting health, protection and legal services that respond to men and boys who experience violence in childhood and adulthood will likely add to the coordinated efforts in preventing male perpetration of GBV in their family and larger community.

In addition to primary prevention programs, the survey findings support the need to address secondary and tertiary prevention of GBV. For example, developing and evaluating health care programs that support skilled providers to engage with women and men who seek care by providing quality care based on global guidelines that includes trauma informed treatment and care, safety planning with referrals to appropriate and responsive services and authorities.

Finally, the evidence from Somaliland supports the importance of regional policies that define GBV and harmful traditional practices for children and adults. The policies can highlight the importance of prevention and response of GBV across diverse sectors (i.e. health, education, peacebuilding, legal, child protection) raising awareness of and providing coordinated resources and services by a skilled workforce with sufficient funds.

# Recommendations:

**(1) Transforming social norms, with an emphasis on empowering women and girls**

Primary prevention of GBV in global humanitarian settings have sought to gain an understanding of social norms and evaluate social and gender-transformative interventions, specifically addressing conceptions of masculinity which are seen as factors perpetuating acceptance or tolerance of GBV. In South Central, like other global settings, men and women express support for gender inequitable norms that normalize use of violence in the home. Specifically, the majority of female participants reported that husbands were justified in beating their wives if she refused to have sex. Less than one-third (29%) of Somaliland women strongly agreed or agreed that it is socially acceptable to marry before the age of 15 years; one-third (34%) strongly agreed or agreed that the survivor should marry the perpetrator of rape if she is unmarried; and 30% of women strongly agreed or agreed that that a husband had the right to force his wife to have sex, even if she did not want to. Interestingly, but consistent with other global studies, fewer Somaliland men (32%) than women (53%) reported that a husband was justified in beating his wife if she refuses to have sex. However, slight more than half (52%) of men strongly agreed or agreed with early marriage of girls; 41% of men strongly agreed or agreed with the marriage of a rape survivor to her perpetrator if she is unmarried; and 50% of men strongly agreed or agreed that it is a woman or girls’ faults if she is raped. Further, over 31% of Somaliland men strongly agreed or agreed that a woman’s reputation would be damaged if it becomes known that she was raped. These findings from Somaliland reinforce the importance of implementing contextually appropriate GBV prevention programs that engage both men and women (as well as girls/boys) in changing social norms that support and maintain GBV and harmful practices.

**(2) Rebuilding and strengthening family and community structures and support systems**

Rebuilding and strengthening family and community structures and responsive support systems in humanitarian settings and then adapting these systems during the transition to sustainable development are essential to prevention of future violence and reducing the long-term health and social effects of trauma and violence. Childhood experiences of violence are common for both boys and girls in Somaliland. Eighteen percent (18%) of men and 11% of women participants in Somaliland experienced at least one form of physical or sexual violence in childhood (less than 15 years of age). The perpetrators of violence in childhood differ by sex. Women in Somaliland reported that in childhood the perpetrators were most commonly a neighbor, someone from another clan, male friend of family, and street gang. For men, a father, Madrassa teacher, other teachers, and other male family members most often perpetrated violence in childhood. Approximately 17% of Somaliland women and 18.7% of men reported witnessing violence between parents/caregivers in the home. Importantly, childhood experiences of violence increase risk of violence victimization and perpetration in the future for both men and women. Therefore, family, school and community focused programs that raise awareness of the lifelong impact of violence on health and well-being and build skills parenting skills to use alternative strategies from violence for disciplining children have the potential to prevent and reduce current and future violence. Additionally, multidisciplinary staff (protection, education, legal) should engage with key stakeholders in the community including parents, religious leaders and teachers to develop policies for reporting, responding and documenting actions to increase safety for the child, family members and others as appropriate as well as policies to enforce sanctions for perpetrators.

**(3) Creating accountability and trust of local response and support systems**

Even in settings where response services (protection, police) and support (health, education, legal) are available, social norms and power dynamics within communities may prevent women from accessing them. Top-down approaches to GBV prevention and response can reinforce disparities by affording those in the position of power to define and control resources and services.. To effectively improve accountability and trust of response and support systems, collaboration and mechanisms for monitoring and evaluation of services is required across multiple levels – from national and regional governments, members of the host community and gatekeepers representing informal settlements, local and international non-governmental organizations (NGO).

Women in Somaliland remained largely silent about the violence they experienced in their home and in the larger community. The survey identified critical barriers to accessing response and support systems in Somaliland. For example, the majority of Somaliland women did not report GBV to services or authorities, suggesting women may not be aware of services, may not have access to the services or may not trust the local resources to provide confidential services that hold the perpetrator accountable. Collaborating with survivors on their preferred response mechanisms is essential because of their fear of stigma and risk of estrangement from family support networks if they access outside services or report the violence to authorities. Community responses may be appropriate and helpful, however, they do not necessarily result in women receiving protection and preventing further violence. In some cases, for example, women can be advised to return to a violent partner and modify their behavior in order to avoid provoking further violence. Therefore, when developing and implementing GBV programs, partnerships with survivors, local advocates, religious and traditional leaders are needed to strengthen trust and accountability of programs that prioritize survivor confidentiality and safety regardless if she/he reports the violence to authorities.

**(4) Designing effective services**

One of the most important barriers to implementation of effective services is the absence of evidence-based interventions. For example, one study22 found that while a majority of GBV interventions addressing violence in humanitarian crises focused on sexual violence by combatants and provided little information on sexual intimate partner violence, and in Somaliland 23% of women reported sexual violence by a male partner in their lifetime. Therefore, using the findings from this population-based survey is critical to designing services that effectively address the multiple forms of sexual violence and other forms of GBV Somaliland survivors’ experience.

Specifically, our findings and a review of sexual violence in humanitarian emergencies1 emphasized the urgency of establishing coordinated multi-sectoral GBV prevention and response services. Multiple component interventions and community engagement have been found as contributing to positive outcomes for GBV survivors22-23. There is a limited but growing body of evidence on effective GBV prevention models in non-humanitarian settings. The most commonly referenced example is the Microfinance for AIDS & Gender Equity (IMAGE) intervention, which combines microfinance with a participatory gender and HIV training curriculum for rural women in Limpopo Province, South Africa. An evaluation of the intervention found that program participants experienced a 55% reduction in physical and/or sexual violence by an intimate partner relative24. Related studies, also conducted within South Africa, found the intervention to be cost effective, feasible to deliver, and acceptable to most participants25-26. These evaluations and others such as the International Rescue Committees (IRC) Economic and Social Empowerment (EA$E program) evaluated in several conflict and post-conflict settings, such as DRC, Liberia and Sierra Leone, suggest that even in the short term, reductions in GBV might be achievable through structural development initiatives such as microfinance if combined with culturally appropriate initiatives to address the changes in socio-economic dynamics that may result from women’s economic programs. As indicated in another study27 increased risk of GBV is associated with lack of protection, stigma, and retaliation potentially associated with interventions; therefore, evidence points to the need for interventions that build on local capacity, while avoiding risk and re-traumatization to survivors. Further, a systematic review of literature on mechanisms contributing to effective interventions28 found that four components were particularly important: (1) increasing detection of perpetrators with sanctions for behaviors; (2) building and strengthening community engagement; (3) ensuring community members are aware of available services and responses to GBV; and (4) safe and confidential systems for reporting and seeking help.

**(6) Assessment, monitoring, and documentation of GBV in Health Sector**

The health sector may be the only safe place in a community for women to seek confidential services for self and children. The provision of health services for GBV survivors that are informed by international guidelines and standards, specifically the 2005 IASC Guidelines for GBV Interventions in Humanitarian Settings29 are the foundation for contextually appropriate clinical protocols, standard operating procedures and assessment/identification to insure quality care of survivors. Revised guidelines for GBV health sector interventions in humanitarian settings were published in late 2015, however, we do not yet have evaluations of the guidelines to determine their impact for survivors as well as quality of care by health care providers. The findings from Somaliland indicate that the majority of women who are injured from violence do not seek health care services, importantly shame, fear and lack of resources are cited as reasons that services are not used. Programs that challenge social norms associated with stigma/shame of victimization with health care providers and community members is an important part of violence prevention and response. Further, increasing awareness of advocacy programs and resources in communities that can support basic needs for survivors such as transport to health care clinic/hospital and/or legal fees is critical to increase access to quality care and referrals.

A review of sexual violence in humanitarian settings1 identified additional barriers to implementing services and conducting research on GBV, including the political implications of drawing attention to the occurrence of sexual and other forms of gender based violence in conflict settings and potential risks to survivors, service providers and research teams participating in efforts, stressing the need for confidential systems for reporting and seeking help, otherwise many GBV events will remain undocumented.

**(7) Engaging men and boys in GBV prevention and response**

There is a limited but growing body of evidence on engaging men and boys in GBV prevention and response, however much of the work has not been done in humanitarian settings. The available evidence suggests that programs aiming to empower women should be attentive to the possibility that men who perceive themselves to be vulnerable or marginalized are already, in some settings, more likely to commit GBV. If men view their traditional roles as “heads of households” being eroded by women’s activities for example, engaging men in a deliberate questioning of such roles can enable them to engage in sharing of activities for the well-being of the family. In addition, women-focused programs could include community campaigns targeting men and boys and training for government and NGO staff on ways to engage men and boys as partners in prevention and response to GBV.

A 2006 a review of 58 evaluations of engaging men and boys in GBV prevention and health programming found that programs that promote gender-equitable relationships between men and women by engaging men in discussions of gender and masculinity with deliberate efforts to transform gender norms may be more effective in producing behavior change than more narrowly focused interventions that merely acknowledge gender norms and roles 30. These guiding principles, and the complexities of putting these strategies into practice, are further supported by evidence presented in a 2013 series of articles documenting programs that engage men as allies in GBV prevention by facilitating a deliberate questioning of gender norms and power dynamics in the DRC, Rwanda, Peru, and Vietnam 31-34. First, the evaluation of a pilot project deliberately engaging men as partners of female beneficiaries of CARE Rwanda’s Village Savings and Loan program affirmed the importance of men’s involvement in household cooperation and sharing of activities. In Eastern DRC, respondents were critical of the fact that most GBV prevention and response programs focus exclusively on women and drew a direct connection between the resulting sense of failure and unhealthy outlets for asserting masculinity, lack of productivity, and GBV. Also investigators indicate that men need knowledge, skills, mentoring, and peer support to construct a positive, non-violent version of masculinity. For example, in Peru, challenging men’s deeply held gender norms that are considered to be a causal factor for domestic violence required a “horizontal” relationship between facilitators and participants, mutual learning approaches to group education with optional individual counseling sessions, and engagement of the family through community worker visits to create a more integrated intervention. Additionally, a Men’s Discussion Group intervention in Cote d’Ivoire, specifically a 16-session Men’s Discussion Group intervention, found that the targeted intervention significantly influenced men’s reported behaviors related to hostility and conflict management, and suggested that concerted efforts to include men in GBV prevention programming could reduce intimate partner violence in conflict-affected settings 35.

For the past 3 years, UNICEF HQ and Somalia, CISP NGO and Johns Hopkins have implemented and evaluated the Communities Care primary prevention intervention developed to engage community men and women in changing social norms that support and maintain GBV and at the same time strengthen the multi-sector response to GBV. Through training across sectors and over 15-weeks of discussions with targeted groups (e.g. religious leaders, health providers, married men, youth, single women), participants identify norms, discuss consequences (negative and positive) of norms for individuals, families and the larger community, consider alternative norms and develop community actions to change norms that sustain GBV. The program is being implemented and evaluated in South Central and has demonstrated promising findings, therefore, there is an opportunity to leverage the existing infrastructure of the Communities Care program, that integrates several of the recommendations above, in Somaliland.

**Appendix 1: Acronyms**

FGM/C Female Genital Mutilation/Circumcision

GBV Gender-Based Violence

IPV Intimate Partner Violence

NPV Non-Partner Violence

OR Odds Ratio

aOR Adjusted Odds Ratio

UNAIDS United Nations Programme on HIV/AIDS

UNDP United Nations Development Programme

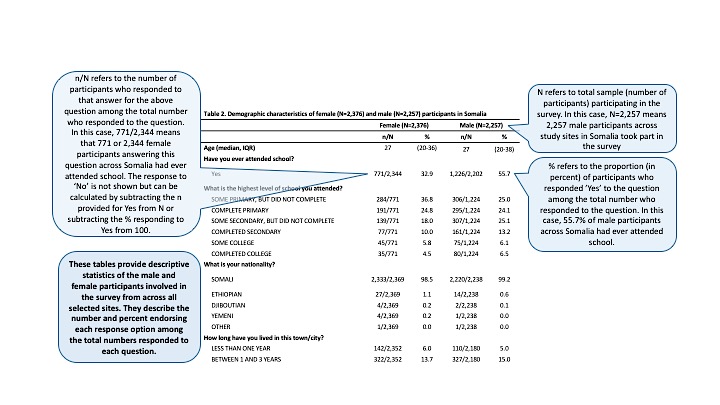
UNFPA United Nations Population Fund

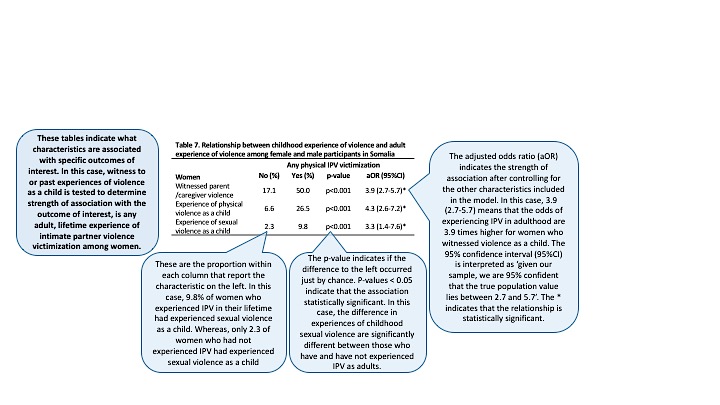
UNGASS United Nations General Assembly Special Session on HIV/AIDS

UNICEF United Nations Children’s Fund

WHO World Health Organization

**Appendix 2: How to interpret these tables**





**Appendix 3: Supplementary Tables**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appendix Table 1. Additional demographics of male (N=752) and female (N=765) participants in Somaliland** | | | | |
|  | **Females** |  | **Males** |  |
|  | **n/N** | **%** | **n/N** | **%** |
| **Do you belong to a majority or minority clan?** | |  |  |  |
| DO NOT BELONG TO A CLAN | 16/757 | 2.1 | 13/733 | 1.8 |
| MAJORITY | 652/757 | 86.1 | 660/733 | 90.0 |
| MINORITY | 89/757 | 11.8 | 60/733 | 8.2 |
| **Reasons for moving to this town/city, Select all that apply** | | |  |  |
| Moved to be with family | 116/332 | 34.9 | 111/355 | 31.3 |
| Moved to find work | 85/332 | 25.6 | 111/355 | 31.3 |
| Moved because refugee | 34/332 | 10.2 | 28/355 | 7.9 |
| Moved to study | 26/332 | 7.8 | 64/355 | 18.0 |
| Moved because of drought | 22/332 | 6.6 | 13/355 | 3.7 |
| Moved to avoid conflict | 14/332 | 4.2 | 5/355 | 1.4 |
| Moved because internally displaced | 13/332 | 3.9 | 25/355 | 7.0 |
| Moved because returnee from another part of Somalia | 5/332 | 1.5 | 4/355 | 1.1 |
| Moved because returnee to Somalia | 5/332 | 1.5 | 7/355 | 2.0 |
| Moved because asylum seeker | 2/332 | 0.6 | 5/355 | 1.4 |
| Moved because of flood | 1/332 | 0.3 | 1/355 | 0.3 |
| Moved because of other reason | 24/332 | 7.2 | 9/355 | 2.5 |
| **What region is your father from?** | |  |  |  |
| SOMALILAND | 709/744 | 95.3 | 706/733 | 96.3 |
| PUNTLAND | 18/744 | 2.4 | 7/733 | 1.0 |
| SOUTH-CENTRAL | 17/744 | 2.3 | 20/733 | 2.7 |
| **Do you currently receive any cash from somewhere/someone else?** | | | |  |
| Yes | 185/719 | 25.7 | 147/706 | 20.8 |
| **If so, from whom do you receive this cash?** | |  |  |  |
| FAMILY MEMBER | 95/184 | 51.6 | 117/152 | 77.0 |
| HUSBAND/WIFE | 77/184 | 41.8 | 7/152 | 4.6 |
| ZAKAT | 2/184 | 1.1 | 5/152 | 3.3 |
| OTHER | 10/184 | 5.4 | 23/152 | 15.1 |
| **How often do you drink alcohol?** | |  |  |  |
| NEVER | 365/470 | 77.7 | 263/271 | 97.0 |
| 1 TO 3 TIMES A MONTH | 2/470 | 0.4 | 3/271 | 1.1 |
| ONCE OR TWICE A WEEK | 2/470 | 0.4 | 2/271 | 0.7 |
| EVERY DAY OR NEARLY EVERY DAY | 8/470 | 1.7 | 3/271 | 1.1 |
| **How often do you chew khat?** |  |  |  |  |
| NEVER | 425/472 | 90.0 | 167/282 | 59.2 |
| LESS THAN ONCE A MONTH | 2/472 | 0.4 | 6/282 | 2.1 |
| 1 TO 3 TIMES A MONTH | 3/472 | 0.6 | 22/282 | 7.8 |
| ONCE OR TWICE A WEEK | 17/472 | 3.6 | 33/282 | 11.7 |
| EVERY DAY OR NEARLY EVERY DAY | 25/472 | 5.3 | 54/282 | 19.2 |
| **Age when first married/living together? (median, IQR)** | 18 | 16-21 | 19.9 | 19.5-20.3 |
| **Are you currently or have you ever dated or had a male/female friend?** | | | |  |
| Yes | 86/225 | 38.2 | 136/383 | 35.5 |
| **IF YOU ARE DIVORCED OR SEPARATED, was this due to violence?** | | | |  |
| Yes | 35/58 | 60.3 | 8/14 | 57.1 |
| **Have you ever been married or lived together with a man/woman as if married?** | | | | |
| NO | 29/58 | 50.0 | 8/14 | 57.1 |
| YES, FORMERLY MARRIED | 26/58 | 44.8 | 5/14 | 35.7 |
| YES, LIVED WITH A MAN/WOMAN | 3/58 | 5.2 | 1/14 | 7.1 |
| **Is your (husband/wife) living with you now or is he staying elsewhere?** | | | |  |
| LIVING WITH HER | 345/534 | 75.2 | 262/297 | 88.2 |
| LIVING IN ANOTHER COUNTRY | 51/459 | 11.1 | 16/297 | 5.4 |
| STAYING WITH ANOTHER WIFE | 43/534 | 9.4 | 7/297 | 2.4 |
| STAYING ELSEWHERE FOR WORK | 20/534 | 4.4 | 12/297 | 4.0 |
| **How many times have you ever been married or lived with a man/woman?** | | | |  |
| ONLY ONCE | 412/476 | 86.6 | 218/298 | 73.2 |
| MORE THAN ONCE | 64/476 | 14.4 | 80/298 | 26.8 |
| **Who usually decides how the money you earn will be used?** | | |  |  |
| RESPONDENT | 27/80 | 33.8 | 26/63 | 41.3 |
| HUSBAND/WIFE | 22/80 | 27.5 | 18/63 | 28.6 |
| OTHER FAMILY MEMBER | 11/80 | 13.8 | 8/63 | 12.7 |
| RESPONDENT AND HUSBAND/WIFE JOINTLY | 11/80 | 13.8 | 11/63 | 17.5 |
| IN LAWS | 0 | 0.0 | 0 | 0.0 |
| OTHER | 9/80 | 11.3 | 0 | 0.0 |
| **Would you say that the money that you earn is more than what your husband/wife makes?** | | | | |
| HUSBAND/WIFE HAS NO EARNINGS | 22/143 | 15.4 | 121/192 | 63.0 |
| LESS THAN HIM/HER | 63/143 | 44.1 | 35/192 | 18.2 |
| ABOUT THE SAME | 9/143 | 6.3 | 4/192 | 2.1 |
| MORE THAN HIM/HER | 49/143 | 34.3 | 32/192 | 16.7 |
| **Who usually decides how your husband's/wife's earnings will be used?** | | | |  |
| HUSBAND/WIFE | 193/390 | 49.5 | 80/204 | 39.2 |
| HUSBAND/WIFE HAS NO EARNINGS | 48/390 | 12.3 | 5/204 | 2.5 |
| RESPONDENT | 41/390 | 10.5 | 39/204 | 19.1 |
| RESPONDENT AND HUSBAND/WIFE JOINTLY | 27/390 | 6.9 | 13/204 | 6.4 |
| IN-LAWS | 8/390 | 2.1 | 10/204 | 4.9 |
| OTHER FAMILY MEMBER | 8/390 | 2.1 | 32/204 | 15.7 |
| OTHER | 65/390 | 16.7 | 25/204 | 12.3 |
| **Who usually makes decisions about health care for yourself?** | | |  |  |
| HUSBAND/WIFE | 284/627 | 45.3 | 146/406 | 36.0 |
| IN-LAWS | 104/627 | 16.6 | 46/406 | 11.3 |
| RESPONDENT | 91/627 | 14.5 | 101/406 | 24.9 |
| RESPONDENT AND HUSBAND/WIFE JOINTLY | 53/627 | 8.5 | 69/406 | 17.0 |
| SOMEONE ELSE | 15/627 | 2.4 | 25/406 | 6.2 |
| OTHER FAMILY MEMBER | 7/627 | 1.1 | 4/406 | 1.0 |
| OTHER | 73/627 | 11.6 | 15/406 | 3.7 |

| **Appendix Table 2. Experiences of intimate partner violence among female participants in Somaliland (N=599)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **INTIMATE PARTNER VIOLENCE** |  |  |
| **Partner Control (n=599)** |  |  |
| Tries to keep you from seeing your friend | 44 | 7.3 |
| ...happened in the past 12 months | 38 | 6.3 |
| Tries to restrict contact with your family of birth | 40 | 6.7 |
| ...happened in the past 12 months | 30 | 5.0 |
| Insists on knowing where you are at all times | 51 | 8.5 |
| ...happened in the past 12 months | 47 | 7.8 |
| Ignores you and treats you indifferently | 27 | 4.5 |
| ...happened in the past 12 months | 23 | 3.8 |
| Gets angry if you speak with another man who is not in your family | 35 | 5.8 |
| ...happened in the past 12 months | 32 | 5.3 |
| Is often suspicious that you are unfaithful | 34 | 5.7 |
| ...happened in the past 12 months | 33 | 5.7 |
| Forbids you from working or going to school | 19 | 3.2 |
| ...happened in the past 12 months | 17 | 2.8 |
| Expect you to ask his permission before seeking health care for yourself | 31 | 5.2 |
| ...happened in the past 12 months | 23 | 3.8 |
| *Any form of control (n=454)* | *115* | *25.3* |
| **Emotional violence (n=599)** |  |  |
| Insulted you or made you feel bad about yourself? | 66 | 11.0 |
| ...happened in the past 12 months | 53 | 8.8 |
| Belittled or humiliated you in front of other people | 54 | 9.0 |
| ...happened in the past 12 months | 48 | 8.0 |
| Did things to scare or intimidate you on purpose (e.g. by the way he looked at y | 29 | 4.8 |
| ...happened in the past 12 months | 23 | 3.8 |
| Threatened to hurt you or someone you care about? | 14 | 2.3 |
| ...happened in the past 12 months | 9 | 1.5 |
| *Any form of emotional violence (n=460)* | *86* | *18.7* |
| **Physical violence (n=599)** |  |  |
| Slapped you or thrown something at you that could hurt you? | 64 | 10.7 |
| ...happened in the past 12 months | 53 | 8.8 |
| Pushed or shoved you? | 34 | 5.7 |
| ...happened in the past 12 months | 30 | 5.0 |
| Hit you with his fist or with something else that could hurt you? | 56 | 9.3 |
| ...happened in the past 12 months | 42 | 7.0 |
| Kicked you, dragged you, or beaten you up? | 30 | 5.0 |
| ...happened in the past 12 months | 24 | 4.0 |
| Choked or burnt you on purpose? | 12 | 2.0 |
| ...happened in the past 12 months | 9 | 1.5 |
| Threatened to use or actually used a gun, knife, or other weapon against you? | 17 | 2.8 |
| ...happened in the past 12 months | 14 | 2.3 |
| *Any form of physical violence (n=456)* | *92* | *20.2* |
| **Sexual violence (n=599)** |  |  |
| Physically forced you to have sexual intercourse when you did not want to? | 73 | 12.2 |
| ...happened in the past 12 months | 60 | 10.0 |
| Forced you to do something sexual that you found degrading or humiliating? | 35 | 5.8 |
| ...happened in the past 12 months | 34 | 5.7 |
| Did you ever have sexual intercourse you did not want because you were afraid of | 45 | 7.5 |
| ...happened in the past 12 months | 40 | 6.7 |
| Did you ever have sexual intercourse when you did not want to, because he told you it was his right? | 35 | 5.8 |
| ...happened in the past 12 months (n=615) | 25 | 4.2 |
| *Any form of sexual violence (n=441)* | *103* | *22.7* |
| **IF YOUR HUSBAND/PARTNER, ever forced you to have sex did you ever become pregnant as a result? (n=95)** | 52 | 54.7 |

|  |  |  |
| --- | --- | --- |
| **Appendix Table 3. Experiences and perceptions of traditional practices among women and men in Somaliland** | | |
| **WOMEN** | **n %** | |
| **Have you ever received any other healthcare related to your FGM/C? (n=452)** | |  |
| Yes | 52 | 11.5 |
| **Have you ever been re-stitched after giving birth? (n=308)** | |  |
| Yes | 144 | 46.8 |
| **Thinking of your daughter who most recently underwent FGM/C what was done to her? (n=120)** | | |
| FLESH REMOVED FROM THE GENITAL AREA | 61 | 50.8 |
| GENITAL AREA SEWN CLOSED (OR 'SEALED') | 44 | 36.7 |
| GENITAL AREA NICKED WITHOUT REMOVING ANY FLESH | 7 | 5.8 |
| OTHER | 8 | 6.7 |
| **How old was she when this occurred? (n=116) median, IQR** | 8 | (7-10) |
| **Has your daughter received any healthcare for her FGM/C? (n=119)** | |  |
| Yes | 24 | 20.2 |
| **MEN** |  |  |
| **Thinking of your daughter who most recently underwent FGM/C, what was done to her (n=68)** | | |
| FLESH REMOVED FROM THE GENITAL AREA | 45 | 66.2 |
| GENITAL AREA NICKED WITHOUT REMOVING ANY FLESH | 9 | 13.2 |
| GENITAL AREA SEWN CLOSED (OR 'SEALED') | 10 | 14.7 |
| OTHER | 4 | 5.9 |
| **Has your daughter received any healthcare for her FGM/C? (n=69)** | | |
| Yes | 10 | 14.5 |

| **Appendix Table 4. Male self-reported perpetration of violence and women’s reports of who perpetrated violence** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **MEN** |  |  |
| **IPV - Partner control (n=440)** |  |  |
| Tries to keep her from seeing her friend | 32 | 7.3 |
| ...happened in the past 12 months | 15 | 3.4 |
| Tries to restrict contact with her family of birth | 15 | 3.4 |
| ...happened in the past 12 months | 4 | 0.9 |
| Insists on knowing where she is at all times | 13 | 3.0 |
| ...happened in the past 12 months | 3 | 0.7 |
| Ignores her and treats her indifferently | 11 | 2.5 |
| ...happened in the past 12 months | 1 | 0.2 |
| Gets angry if she speaks with another man who is not in her family | 20 | 4.5 |
| ...happened in the past 12 months | 8 | 1.8 |
| Is often suspicious that she is unfaithful | 19 | 4.3 |
| ...happened in the past 12 months | 6 | 1.4 |
| Forbids her from working or going to school | 13 | 3.0 |
| ...happened in the past 12 months | 0 | 0.0 |
| Expect her to ask your permission before seeking health care for herself | 14 | 3.2 |
| ...happened in the past 12 months | 2 | 0.5 |
| **IPV - Emotional violence (n=440)** |  |  |
| Insulted her or made her feel bad about herself? | 14 | 3.2 |
| ...happened in the past 12 months | 2 | 0.5 |
| Belittled or humiliated her in front of other people | 13 | 3.0 |
| ...happened in the past 12 months | 2 | 0.5 |
| Did things to scare or intimidate her on purpose (e.g. by the way you looked at | 14 | 3.2 |
| ...happened in the past 12 months | 1 | 0.2 |
| Threatened to hurt her or someone she care about? | 11 | 2.5 |
| ...happened in the past 12 months | 0 | 0.0 |
| *Any form of emotional violence (n=272)* | 21 | 7.7 |
| **IPV - Physical violence (n=440)** |  |  |
| Slapped her or thrown something at her that could hurt her? | 20 | 4.5 |
| ...happened in the past 12 months | 10 | 2.3 |
| Pushed or shoved her? | 17 | 3.9 |
| ...happened in the past 12 months | 2 | 0.5 |
| Hit her with your fist or with something else that could hurt her? | 10 | 2.3 |
| ...happened in the past 12 months | 0 | 0.0 |
| Kicked her, dragged her, or beaten her up? | 14 | 3.2 |
| ...happened in the past 12 months | 3 | 0.7 |
| Choked or burnt her on purpose? | 7 | 1.6 |
| ...happened in the past 12 months | 0 | 0.0 |
| Threatened to use or actually used a gun | 10 | 2.3 |
| ...happened in the past 12 months | 2 | 0.5 |
| *Any form of physical violence (n=271)* | 33 | 12.2 |
| **IPV - Sexual violence (n=440)** |  |  |
| Physically forced her to have sexual intercourse when you did not want to? | 21 | 4.8 |
| ...happened in the past 12 months | 10 | 2.3 |
| Forced her to do something sexual that she found degrading or humiliating? | 12 | 2.7 |
| ...happened in the past 12 months | 1 | 0.2 |
| Did she ever have sexual intercourse she did not want because she was afraid of something you might do | 20 | 4.5 |
| ...happened in the past 12 months | 6 | 1.4 |
| Did you ever tell her she should have sexual intercourse when she did not want to | 15 | 3.4 |
| **WOMEN** |  |  |
| **Person reported to be involved in sexual exploitation (n=18)\*** | | |
| BOYFRIEND | 6 | 33.3 |
| NEIGHBOR | 3 | 16.7 |
| SOMEONE FROM ANOTHER CLAN | 3 | 16.7 |
| STRANGER | 2 | 11.1 |
| STREET GANG | 1 | 5.6 |
| **Person who perpetrated physical violence during pregnancy (n= 24)** | | |
| HUBAND/PARTNER | 7 | 29.2 |
| STRANGER | 10 | 41.7 |
| FAMILY | 3 | 12.5 |
| IN-LAWS | 2 | 8.3 |
| EX-HUSBAND/ES-PARTNER | 0 | 0.0 |

|  |  |  |
| --- | --- | --- |
| **Appendix Table 5. Access to care for violence as a child among men and women in Somaliland** | | |
|  | **n** | **%** |
| **WOMEN** | | |
| **Did you go to the MCH or the hospital or both? (n=9)** | | |
| No | 2 | 22.2 |
| Hospital | 5 | 55.6 |
| MCH | 1 | 11.1 |
| Both | 1 | 11.1 |
| **Did you ever receive healthcare for your injury(ies) as a child? (n=9)** | | |
| No | 7 | 77.8 |
| Yes, sometimes | 2 | 22.2 |
| Yes, always | 0 | 0.0 |
| **Type of health care received for child violence (n=2)** | | |
| BASIC MEDICAL CARE FOR INJURY | 1 | 50.0 |
| REPRODUCTIVE HEALTHCARE | 0 | 0.0 |
| EXAMINATION TO DOCUMENT GBV | 0 | 0.0 |
| PSYCHOSOCIAL SERVICES | 1 | 50.0 |
| OTHER | 1 | 50.0 |
| **For your injury(ies), did you ever have to spend any nights in the hospital? (n=9)** | | |
| Yes | 3 | 33.3 |
| **Did you ever tell a healthcare worker the real cause of your injury? (n=9)** | | |
| Yes | 2 | 22.2 |
| **MEN** |  |  |
| **Did you go to the MCH or the hospital or both? (n=37)** | | |
| No | 18 | 48.6 |
| Hospital | 8 | 21.6 |
| MCH | 11 | 29.7 |
| **Did you ever receive healthcare for your injury(ies) as a child? (n=11)** | | |
| No | 4 | 36.4 |
| Yes, sometimes | 7 | 63.6 |
| Yes, always | 0 | 0.0 |
| **Type of health care received for child violence (n=7)\*** | | |
| BASIC MEDICAL CARE FOR INJURY | 7 | 100.0 |
| SURGERY | 0 | 0.0 |
| PSYCHOSOCIAL SERVICES | 0 | 0.0 |
| OTHER | 0 | 0.0 |
| **For your injury(ies), did you ever have to spend any nights in the hospital? (n=11)** | | |
| Yes | 5 | 45.5 |
| **Did you ever tell a healthcare worker the real cause of your injury? (n=11)** | | |
| Yes | 9 | 81.8 |

| **Table 6. Social norms related to violence among women in Somaliland (N=765)** | | |
| --- | --- | --- |
|  | **n** | % |
| **It is acceptable for women to be married before the age of 15 years (n=750)** | | |
| Strongly agree | 54 | 7.2 |
| Agree | 161 | 21.5 |
| Disagree | 256 | 34.1 |
| Strongly disagree | 279 | 37.2 |
| **If an unmarried woman/girl is raped, she should marry the rapist (n=750)** | | |
| Strongly agree | 65 | 8.7 |
| Agree | 192 | 25.6 |
| Disagree | 310 | 41.3 |
| Strongly disagree | 183 | 24.4 |
| **It is a girl's fault if she is raped (n=747)** |  |  |
| Strongly agree | 39 | 5.2 |
| Agree | 237 | 31.7 |
| Disagree | 264 | 35.3 |
| Strongly disagree | 207 | 27.7 |
| **It is a woman's fault if she is raped (n=742)** | |  |
| Strongly agree | 52 | 7 |
| Agree | 230 | 31 |
| Disagree | 252 | 34 |
| Strongly disagree | 208 | 28 |
| **It is okay for a husband to beat his wife to discipline her (N=745)** | | |
| Strongly agree | 72 | 9.7 |
| Agree | 173 | 23.2 |
| Disagree | 296 | 39.7 |
| Strongly disagree | 204 | 27.4 |
| **Sexual violence is a normal part of woman's life (n=743)** | | |
| Strongly agree | 17 | 2.3 |
| Agree | 56 | 7.5 |
| Disagree | 320 | 43.1 |
| Strongly disagree | 350 | 47.1 |
| **A husband has the right to force his wife to have sex when she does not want to (n=743)** | | |
| Strongly agree | 76 | 10.2 |
| Agree | 147 | 19.8 |
| Disagree | 291 | 39.2 |
| Strongly disagree | 229 | 30.8 |
| **A husband has the right to abandon his wife if she reports that she has been raped (n=735)** | | |
| Strongly agree | 22 | 3 |
| Agree | 78 | 10.6 |
| Disagree | 334 | 45.4 |
| Strongly disagree | 301 | 41 |
| **Girls should have FGM/C (n=737)** |  |  |
| Strongly agree | 68 | 9.2 |
| Agree | 102 | 13.8 |
| Disagree | 279 | 37.9 |
| Strongly disagree | 288 | 39.1 |
| **Men should only marry a girl who has been cut (n=735)** | | |
| Strongly agree | 54 | 7.3 |
| Agree | 143 | 19.5 |
| Disagree | 287 | 39 |
| Strongly disagree | 251 | 34.1 |
| **Boys in this community feel pressure from their peers to have sex with girls to prove they are men (n=738)** | | |
| Strongly agree | 19 | 2.6 |
| Agree | 111 | 15 |
| Disagree | 292 | 39.6 |
| Strongly disagree | 316 | 42.8 |
| **Sexual violence should be handled within the family and not reported to authority (n=735)** | | |
| Strongly agree | 68 | 9.3 |
| Agree | 165 | 22.4 |
| Disagree | 255 | 34.7 |
| Strongly disagree | 247 | 33.6 |
| **Women/girls should be blamed if she has been raped (n=760)** | | |
| Strongly agree | 16 | 2.1 |
| Agree | 61 | 8 |
| Disagree | 330 | 43.4 |
| Strongly disagree | 353 | 46.4 |
| **Sexual violence against women/girls should be accepted as a normal part of life (n=758)** | | |
| Strongly agree | 14 | 1.8 |
| Agree | 127 | 16.8 |
| Disagree | 315 | 41.6 |
| Strongly disagree | 302 | 39.8 |
| **A man should have the right to demand sex from a woman or girl even if he is not married to her (n=759)** | | |
| Strongly agree | 4 | 0.5 |
| Agree | 36 | 4.7 |
| Disagree | 308 | 40.6 |
| Strongly disagree | 411 | 54.2 |
| **Husbands should abandon/reject/divorce their wife if she reports she has been raped (n=754)** | | |
| Strongly agree | 19 | 2.5 |
| Agree | 73 | 9.7 |
| Disagree | 362 | 48 |
| Strongly disagree | 300 | 39.8 |
| **Families should ignore/reject a daughter if she reports she has been raped (n=742)** | | |
| Strongly agree | 16 | 2.2 |
| Agree | 54 | 6.3 |
| Disagree | 348 | 46.9 |
| Strongly disagree | 324 | 43.7 |
| **Women and girls should only report sexual violence if they have serious physical injuries (n=752)** | | |
| Strongly agree | 28 | 3.7 |
| Agree | 141 | 18.8 |
| Disagree | 303 | 40.3 |
| Strongly disagree | 279 | 37.2 |
| **Woman or girl's reputation will be damaged if it becomes known that she has been raped (n=755)** | | |
| Strongly agree | 118 | 15.6 |
| Agree | 219 | 29 |
| Disagree | 270 | 35.8 |
| Strongly disagree | 148 | 19.6 |
| **Women/girls should not report rape to protect the family dignity (n=745)** | | |
| Strongly agree | 56 | 7.5 |
| Agree | 161 | 21.6 |
| Disagree | 295 | 39.6 |
| Strongly disagree | 233 | 31.3 |
| **Sexual violence should be handled within the family and not reported to authority (n=752)** | | |
| Strongly agree | 62 | 8.2 |
| Agree | 213 | 28.3 |
| Disagree | 259 | 34.4 |
| Strongly disagree | 218 | 29 |
| **A woman/girl would be stigmatized if she were to report sexual violence (n=749)** | | |
| Strongly agree | 88 | 11.7 |
| Agree | 113 | 15.1 |
| Disagree | 308 | 41.1 |
| Strongly disagree | 240 | 32 |
| **Husband justified beating wife if** |  |  |
| … she goes out without telling him? (n=677) | 270 | 39.9 |
| ... she neglects the children/household? (n=686) | 348 | 50.7 |
| ... she wants to go to school (n=672) | 112 | 16.7 |
| ... she asks for money from husband/household (n=684) | 112 | 16.4 |
| ... she disobeys orders (n=677) | 368 | 54.4 |
| ... she earns money (n=680) | 113 | 16.6 |
| ... she argues with him? (n=673) | 345 | 51.3 |
| ... she refuses to have sex with him? (n=671) | 355 | 52.9 |
| ... she burns the food? (n=677) | 187 | 27.6 |
| ... she makes household decisions without him? (n=675) | 339 | 50.2 |

| **Appendix Table 7. Social norms related to violence among men in Somaliland (N=752)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **It is acceptable for women to be married before the age of 15 years (n=737)** | | |
| Strongly agree | 45 | 6.1 |
| Agree | 252 | 34.3 |
| Disagree | 334 | 45.3 |
| Strongly disagree | 116 | 15.7 |
| **If an unmarried woman/girl is raped she should marry the rapist (n=735)** | | |
| Strongly agree | 48 | 6.5 |
| Agree | 252 | 34.3 |
| Disagree | 334 | 45.3 |
| Strongly disagree | 116 | 15.7 |
| **It is a girl's fault if she is raped (n=735)** |  |  |
| Strongly agree | 106 | 14.4 |
| Agree | 260 | 35.4 |
| Disagree | 281 | 38.2 |
| Strongly disagree | 88 | 12.0 |
| **It is a woman's fault if she is raped (n=731)** | |  |
| Strongly agree | 101 | 13.8 |
| Agree | 262 | 35.8 |
| Disagree | 266 | 36.4 |
| Strongly disagree | 102 | 14.0 |
| **It is okay for a husband to beat his wife to discipline her (n=715)** | | |
| Strongly agree | 29 | 4.1 |
| Agree | 212 | 29.7 |
| Disagree | 361 | 50.5 |
| Strongly disagree | 113 | 15.8 |
| **Sexual violence is a normal part of woman's life (n=715)** | |  |
| Strongly agree | 10 | 1.4 |
| Agree | 64 | 9.0 |
| Disagree | 492 | 68.8 |
| Strongly disagree | 149 | 20.8 |
| **A husband has the right to force his wife to have sex when she does not want to (n=721)** | | |
| Strongly agree | 13 | 1.8 |
| Agree | 114 | 15.8 |
| Disagree | 472 | 65.5 |
| Strongly disagree | 122 | 16.9 |
| **A husband has the right to abandon his wife if she reports that she has been raped (n=714)** | | |
| Strongly agree | 10 | 1.4 |
| Agree | 74 | 10.4 |
| Disagree | 515 | 72.1 |
| Strongly disagree | 115 | 16.1 |
| **Girls should have FGM/C (n=715)** |  |  |
| Strongly agree | 12 | 1.7 |
| Agree | 164 | 22.9 |
| Disagree | 423 | 59.2 |
| Strongly disagree | 116 | 16.2 |
| **Men should only marry a girl who has been cut (n=709)** | |  |
| Strongly agree | 10 | 1.4 |
| Agree | 137 | 19.3 |
| Disagree | 458 | 64.6 |
| Strongly disagree | 104 | 14.7 |
| **Boys in this community feel pressure from their peers to have sex with girls to prove they are men (n=707)** | | |
| Strongly agree | 5 | 0.7 |
| Agree | 71 | 10.0 |
| Disagree | 486 | 68.7 |
| Strongly disagree | 145 | 20.5 |
| **Sexual violence should be handled within the family and not reported to authority (n=707)** | | |
| Strongly agree | 22 | 3.1 |
| Agree | 164 | 23.2 |
| Disagree | 420 | 59.4 |
| Strongly disagree | 101 | 14.3 |
| **Women/girls should be blamed if she has been raped (n=750)** | | |
| Strongly agree | 5 | 0.7 |
| Agree | 63 | 8.4 |
| Disagree | 452 | 60.3 |
| Strongly disagree | 230 | 30.7 |
| **Sexual violence against women/girls should be accepted as a normal part of life (n=709)** | | |
| Strongly agree | 1 | 0.1 |
| Agree | 72 | 9.6 |
| Disagree | 464 | 62.0 |
| Strongly disagree | 211 | 28.2 |
| **A man should have the right to demand sex from a woman or girl even if he is not married to her (n=746)** | | |
| Strongly agree | 3 | 0.4 |
| Agree | 52 | 7.0 |
| Disagree | 504 | 67.6 |
| Strongly disagree | 187 | 25.1 |
| **Husbands should abandon/reject/divorce their wife if she reports she has been raped (n=729)** | | |
| Strongly agree | 16 | 2.2 |
| Agree | 49 | 6.7 |
| Disagree | 502 | 68.9 |
| Strongly disagree | 162 | 22.2 |
| **Families should ignore/reject a daughter if she reports she has been raped (n=730)** | | |
| Strongly agree | 9 | 1.2 |
| Agree | 56 | 7.7 |
| Disagree | 498 | 68.2 |
| Strongly disagree | 167 | 22.9 |
| **Women and girls should only report sexual violence if they have serious physical injuries (n=730)** | | |
| Strongly agree | 7 | 1.0 |
| Agree | 101 | 13.8 |
| Disagree | 455 | 62.3 |
| Strongly disagree | 167 | 22.9 |
| **Woman or girl's reputation will be damaged if it becomes known that she has been raped (n=730)** | | |
| Strongly agree | 30 | 4.1 |
| Agree | 198 | 27.1 |
| Disagree | 375 | 51.4 |
| Strongly disagree | 127 | 17.4 |
| **Women/girls should not report rape to protect the family dignity (n=731)** | | |
| Strongly agree | 19 | 2.6 |
| Agree | 142 | 19.4 |
| Disagree | 438 | 59.9 |
| Strongly disagree | 132 | 18.1 |
| **Sexual violence should be handled within the family and not reported to authority (n=732)** | | |
| Strongly agree | 19 | 2.6 |
| Agree | 177 | 24.2 |
| Disagree | 408 | 55.7 |
| Strongly disagree | 128 | 17.5 |
| **A woman/girl would be stigmatized if she were to report sexual violence (n=732)** | | |
| Strongly agree | 13 | 1.8 |
| Agree | 134 | 18.3 |
| Disagree | 446 | 60.9 |
| Strongly disagree | 139 | 19.0 |
| **Husband justified beating wife if** |  |  |
| … she goes out without telling him? (n=578) | 104 | 18 |
| ...she neglects the children/household? (n=628) | 166 | 28.8 |
| ...she wants to go to school (n=629) | 20 | 3.4 |
| ...she asks for money from husband/household (n=628) | 19 | 3.3 |
| ...she disobeys orders (n=627) | 217 | 37.8 |
| ...she earns money (n=628) | 23 | 4 |
| ...she argues with him (n=626) | 187 | 32.7 |
| ...she refuses to have sex with him? (n=629) | 180 | 31.7 |
| ...she burns the food (n=622) | 71 | 12.7 |
| ...she makes household decisions without him? (n=632) | 176 | 31.1 |

| **Appendix Table 8. Community perceptions about GBV among female participants in Somaliland (N=765)** | | |
| --- | --- | --- |
|  | n | % |
| **COMMUNITY OPINIONS ABOUT VIOLENCE AGAINST WOMEN/GIRLS** | | |
| **In our community, women and men discuss together the problem of sexual violence (n=748)** | | |
| Strongly agree | 84 | 11.2 |
| Agree | 196 | 26.2 |
| Disagree | 198 | 26.5 |
| Strongly disagree | 270 | 36.1 |
| **In our community, community leaders speak out against sexual violence against women (n=747)** | | |
| Strongly agree | 94 | 12.6 |
| Agree | 211 | 28.2 |
| Disagree | 254 | 34.0 |
| Strongly disagree | 188 | 25.2 |
| **In our community, religious leaders speak out against sexual violence against women (n=747)** | | |
| Strongly agree | 125 | 16.7 |
| Agree | 234 | 31.3 |
| Disagree | 189 | 25.3 |
| Strongly disagree | 199 | 26.6 |
| **In our community, women speak out against sexual violence against women and girl (n=747)** | | |
| Strongly agree | 110 | 14.7 |
| Agree | 211 | 28.2 |
| Disagree | 241 | 32.3 |
| Strongly disagree | 185 | 24.8 |
| **In our community, men speak out against sexual violence against women and girls (n=745)** | | |
| Strongly agree | 100 | 13.4 |
| Agree | 193 | 25.9 |
| Disagree | 215 | 28.9 |
| Strongly disagree | 237 | 31.8 |
| **In our community, men use their power to force women or girls to have sex with them (n=743)** | | |
| Strongly agree | 53 | 7.1 |
| Agree | 192 | 25.8 |
| Disagree | 261 | 35.1 |
| Strongly disagree | 237 | 31.9 |
| **In our community parents encourage their daughters to report sexual violence to authorities (n=744)** | | |
| Strongly agree | 67 | 9.0 |
| Agree | 200 | 26.9 |
| Disagree | 245 | 32.9 |
| Strongly disagree | 232 | 31.2 |
| **In our community, women and girls who have experienced sexual violence have access to services, such as healthcare, psychosocial, legal support (n=737)** | | |
| Strongly agree | 41 | 5.6 |
| Agree | 128 | 17.4 |
| Disagree | 303 | 41.1 |
| Strongly disagree | 265 | 36.0 |
| **In our community girls would be sanctioned if they have not been cut (n=736)** | | |
| Strongly agree | 101 | 13.7 |
| Agree | 111 | 15.1 |
| Disagree | 284 | 38.6 |
| Strongly disagree | 240 | 32.6 |
| **In our community men will only marry girls who have been cut (n=733)** | | |
| Strongly agree | 102 | 13.9 |
| Agree | 137 | 18.7 |
| Disagree | 280 | 38.2 |
| Strongly disagree | 214 | 29.2 |
| **Perceptions about why women do not report physical or sexual violence (n=765):** | | |
| THERE ARE FINANCIAL BARRIERS | 16 | 2.1 |
| LAWS TO PROTECT THE | 14 | 1.8 |
| TO PROTECT THE DIGNITY OF HER FAMILY | 10 | 1.3 |
| SHE WILL BE STIGMATIZED | 7 | 0.9 |
| TO KEEP HER FAMILY TOGETHER | 6 | 0.8 |
| THERE ARE NO PSYCHOSOCIAL SERVICES | 6 | 0.8 |
| NOTHING WILL BE DONE | 6 | 0.8 |
| LEGAL SERVICES ARE NOT HELPFUL | 5 | 0.7 |
| IT WILL NOT BE KEPT CONFIDENTIAL | 5 | 0.7 |
| PEOPLE WON'T BELIEVE HER | 4 | 0.5 |
| HEALTH SERVICES ARE NOT HELPFUL | 4 | 0.5 |
| PEOPLE WILL THINK SHE IS TO BLAME | 3 | 0.4 |
| THE PROCESS OF REPORTING IS TOO DIFFICULT | 3 | 0.4 |
| THERE ARE NO FEMALE POLICE TO REPORT TO | 2 | 0.3 |
| WOMEN FEAR THEIR HUSBAND WILL DIVORCE THEM | 1 | 0.1 |
| POLICE WILL HARRASS HER | 1 | 0.1 |
| RETALIATION BY THE PERSON WHO HURT HER | 0 | 0.0 |
| PSYCHOSOCIAL SERVICES ARE NOT HELPFUL | 0 | 0.0 |
| WOMEN FEAR THEY WILL BE PUT IN JAIL | 0 | 0.0 |
| OTHER | 6 | 0.8 |
| **COMMUNITY OPINIONS ABOUT VIOLENCE AGAINST MEN AND BOYS** | | |
| **In our community, women and men discuss together the problem of sexual violence against men and boys (n=755)** | | |
| Strongly agree | 71 | 9.4 |
| Agree | 169 | 22.4 |
| Disagree | 232 | 30.7 |
| Strongly disagree | 283 | 37.5 |
| **In our community, community leaders speak out against sexual violence against men and boys (n=754)** | | |
| Strongly agree | 79 | 10.5 |
| Agree | 184 | 24.4 |
| Disagree | 291 | 38.6 |
| Strongly disagree | 200 | 26.5 |
| **In our community, religious leaders speak out against sexual violence against men and boys (n=745)** | | |
| Strongly agree | 94 | 12.6 |
| Agree | 220 | 29.5 |
| Disagree | 225 | 30.2 |
| Strongly disagree | 206 | 27.7 |
| **In our community, women speak out against sexual violence against men and boys (n=752)** | | |
| Strongly agree | 79 | 10.5 |
| Agree | 184 | 24.4 |
| Disagree | 291 | 38.6 |
| Strongly disagree | 200 | 26.5 |
| **In our community, men speak out against sexual violence against men and boys (n=754)** | | |
| Strongly agree | 78 | 10.3 |
| Agree | 168 | 22.3 |
| Disagree | 256 | 34.0 |
| Strongly disagree | 252 | 33.4 |
| **In our community, men use their power to force men and boys to have sex with them (n=719)** | | |
| Strongly agree | 20 | 2.7 |
| Agree | 128 | 17.0 |
| Disagree | 314 | 41.8 |
| Strongly disagree | 289 | 38.5 |
| **In our community parents encourage their sons to report sexual violence to authorities (n=748)** | | |
| Strongly agree | 53 | 7.1 |
| Agree | 193 | 25.8 |
| Disagree | 288 | 38.5 |
| Strongly disagree | 214 | 28.6 |
| **In our community, men and boys who have experienced sexual violence have access to services (n=752)** | | |
| Strongly agree | 31 | 4.1 |
| Agree | 90 | 12.0 |
| Disagree | 345 | 45.9 |
| Strongly disagree | 286 | 38.0 |

| **Appendix Table 9. Community perceptions about GBV among male participants in Somaliland (N=752)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **COMMUNITY OPINIONS ABOUT VIOLENCE AGAINST WOMEN/GIRLS** | |  |
| **In our community, women and men discuss together the problem of sexual violence (n=742)** | | |
| Strongly agree | 15 | 2.0 |
| Agree | 362 | 48.8 |
| Disagree | 233 | 31.4 |
| Strongly disagree | 132 | 17.8 |
| **In our community, community leaders speak out against sexual violence against women (n=739)** | | |
| Strongly agree | 33 | 4.5 |
| Agree | 364 | 49.3 |
| Disagree | 255 | 34.5 |
| Strongly disagree | 87 | 11.8 |
| **In our community, religious leaders speak out against sexual violence against women (n=738)** | | |
| Strongly agree | 62 | 8.4 |
| Agree | 365 | 49.5 |
| Disagree | 235 | 31.8 |
| Strongly disagree | 76 | 10.3 |
| **In our community, women speak out against sexual violence against women and girl (n=725)** | | |
| Strongly agree | 23 | 3.2 |
| Agree | 362 | 49.9 |
| Disagree | 266 | 36.7 |
| Strongly disagree | 74 | 10.2 |
| **In our community, men speak out against sexual violence against women and girls (n=724)** | | |
| Strongly agree | 23 | 3.2 |
| Agree | 304 | 42.0 |
| Disagree | 320 | 44.2 |
| Strongly disagree | 77 | 10.6 |
| **In our community, men use their power to force women or girls to have sex with them (n=725)** | | |
| Strongly agree | 26 | 3.6 |
| Agree | 174 | 24.0 |
| Disagree | 409 | 56.4 |
| Strongly disagree | 116 | 16.0 |
| **In our community parents encourage their daughters to report sexual violence to authorities (n=725)** | | |
| Strongly agree | 19 | 2.6 |
| Agree | 290 | 40.0 |
| Disagree | 337 | 46.5 |
| Strongly disagree | 79 | 10.9 |
| **In our community, women and girls who have experienced sexual violence have access to services, such as healthcare, psychosocial, and legal services (n=720)** | | |
| Strongly agree | 29 | 4.0 |
| Agree | 269 | 37.4 |
| Disagree | 296 | 41.1 |
| Strongly disagree | 126 | 17.5 |
| **In our community girls would be sanctioned if they have not been cut (n=718)** | | |
| Strongly agree | 16 | 2.2 |
| Agree | 220 | 30.6 |
| Disagree | 418 | 58.2 |
| Strongly disagree | 64 | 8.9 |
| **In our community men will only marry girls who have been cut (n=718)** | | |
| Strongly agree | 13 | 1.8 |
| Agree | 195 | 27.2 |
| Disagree | 437 | 60.9 |
| Strongly disagree | 73 | 10.2 |
| **COMMUNITY OPINIONS ABOUT VIOLENCE AGAINST MEN AND BOYS** | |  |
| **In our community, women and men discuss together the problem of sexual violence against men and boys (n=707)** | | |
| Strongly agree | 9 | 1.3 |
| Agree | 136 | 19.2 |
| Disagree | 343 | 48.5 |
| Strongly disagree | 219 | 31.0 |
| **In our community, community leaders speak out against sexual violence against men and boys (n=704)** | | |
| Strongly agree | 10 | 1.4 |
| Agree | 152 | 21.6 |
| Disagree | 317 | 45.0 |
| Strongly disagree | 225 | 32.0 |
| **In our community, religious leaders speak out against sexual violence against men and boys (n=695)** | | |
| Strongly agree | 20 | 2.9 |
| Agree | 169 | 24.3 |
| Disagree | 321 | 46.2 |
| Strongly disagree | 185 | 26.6 |
| **In our community, women speak out against sexual violence against men and boys (n=689)** | | |
| Strongly agree | 16 | 2.3 |
| Agree | 136 | 19.7 |
| Disagree | 325 | 47.2 |
| Strongly disagree | 212 | 30.8 |
| **In our community, men speak out against sexual violence against men and boys (n=689)** | | |
| Strongly agree | 11 | 1.6 |
| Agree | 115 | 16.7 |
| Disagree | 355 | 51.5 |
| Strongly disagree | 208 | 30.2 |
| **In our community, men use their power to force men and boys to have sex with them (n=688)** | | |
| Strongly agree | 13 | 1.9 |
| Agree | 113 | 16.4 |
| Disagree | 347 | 50.4 |
| Strongly disagree | 215 | 31.3 |
| **In our community parents encourage their sons to report sexual violence to authorities (n=687)** | | |
| Strongly agree | 15 | 2.2 |
| Agree | 99 | 14.4 |
| Disagree | 353 | 51.4 |
| Strongly disagree | 220 | 32.0 |
| **In our community, men and boys who have experienced sexual violence have access to services (n=684)** | | |
| Strongly agree | 16 | 2.3 |
| Agree | 87 | 12.7 |
| Disagree | 324 | 47.4 |
| Strongly disagree | 257 | 37.6 |
| **Perceptions about why men do not report physical or sexual violence (n=752):** | | |
| MEN FEAR THEIR WIFE WILL DIVORCE THEM | 34 | 4.5 |
| TO PROTECT THE DIGNITY OF HIS FAMILY | 30 | 4.0 |
| LAWS TO PROTECT THE | 26 | 3.5 |
| HE WILL BE STIGMATIZED | 16 | 2.1 |
| IT WILL NOT BE KEPT CONFIDENTIAL | 14 | 1.9 |
| TO KEEP HIS FAMILY TOGETHER | 13 | 1.7 |
| THERE ARE FINANCIAL BARRIERS | 11 | 1.5 |
| HEALTH SERVICES ARE NOT HELPFUL | 8 | 1.1 |
| LEGAL SERVICES ARE NOT HELPFUL | 7 | 0.9 |
| PEOPLE WILL THINK HE IS TO BLAME | 7 | 0.9 |
| THERE ARE NO PSYCHOSOCIAL SERVICES | 6 | 0.8 |
| PEOPLE WON'T BELIEVE HIM | 5 | 0.7 |
| NOTHING WILL BE DONE | 3 | 0.4 |
| PSYCHOSOCIAL SERVICES ARE NOT HELPFUL | 3 | 0.4 |
| POLICE WILL HARRASS HIM | 1 | 0.1 |
| THE PROCESS OF REPORTING IS TOO DIFFICULT | 1 | 0.1 |
| THERE ARE NO MALE POLICE TO REPORT SEXUAL VIOLENCE TO | 1 | 0.1 |
| RETALIATION BY THE PERSON WHO HURT HIM | 0 | 0.0 |
| MEN FEAR THEY WILL BE PUT IN JAIL | 0 | 0.0 |
| OTHER | 7 | 0.9 |

| **Appendix Table 10. Access to services and reporting among women who experience GBV in Somaliland, as reported by male perpetrators (N=752)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **ADULT INTIMATE PARTNER VIOLENCE** | |  |
| **Have any of your wives/partners ever been injured as a result of violence/abuse (n=45)** | | |
| Yes | 0 | 0 |
| **Has this happened in the last 12 months? (n=45)\*** | | |
| Yes | 0 | 0 |
| **In your life, how many times were any of your wives/partners injured by your violence?\* (n=45)** | | |
| Once/twice | 0 | 0 |
| Several (3-5 times) | 0 | 0 |
| **Did she/they ever receive healthcare for her/their injury? (n=45)\*** | | |
| No | 45 | 100 |
| Yes, sometimes | 0 | 0 |
| Yes, always | 0 | 0 |
| **Did she/they go to the MCH or the hospital or both? (n=45)\*** | | |
| No | 45 | 100 |
| Hospital | 0 | 0 |
| MCH | 0 | 0 |
| Both | 0 | 0 |
| **Did she/they ever go to a safe shelter?\* (n=40)** | | |
| Yes | 25 | 62.5 |
| **For her injury(ies), did she ever have to spend any nights in the hospital? (n=45)\*** | | |
| Yes | 25 | 62.5 |
| **Did she/they ever tell a healthcare worker the real cause of her injury? (n=36)** | | |
| Yes | 6 | 16.7 |
| **Did your wife(s)/partner(s) ever involve legal services after your violence/abuse (n=36)** | | |
| No | 27 | 75 |
| Not available | 8 | 22.2 |
| Yes, Sharia law | 0 | 0 |
| Yes, formal legal services | 0 | 0 |
| Yes, traditional services | 1 | 2.8 |
| **Have you ever threatened your wife/partner when you thought they would report your violence? (n=41)** | | |
| Yes | 2 | 4.9 |
| **Did she/they ever report your experience of violence (whether or not it caused an injury or not)? (n=41)** | | |
| Yes | 4 | 9.8 |
| **To whom did you wife/partner report your violence? (n=4)\*** | | |
| ELDER / COMMUNITY LEADER | 0 | 0 |
| FAMILY / FRIEND | 3 | 75 |
| HEALTHCARE PROVIDER | 0 | 0 |
| POLICE | 1 | 25 |
| RELIGIOUS LEADER | 0 | 0 |
| NGO / COMMUNITY WORKER | 0 | 0 |
| OTHER | 0 | 0 |
| **ADULT NON-PARTNER VIOLENCE** | | |
| **Was the woman/women ever injured as a result of violence/abuse that you just described? (n=25)** | | |
| Yes | 10 | 40 |
| **Has this happened in the last 12 months? (n=10)** | | |
| Yes | 7 | 70 |
| **Did she/they ever receive healthcare for their injury? (n=10)\*** | | |
| No | 7 | 70 |
| Yes, sometimes | 3 | 30 |
| **Did she/they go to the MCH or the hospital or both? (n=10)\*** | | |
| No | 7 | 70 |
| Hospital | 2 | 20 |
| MCH | 1 | 10 |
| Both | 0 | 0 |
| **For her/their injury(ies), did she/they ever have to spend any nights in the hospital? (n=3)\*** | | |
| No | 3 | 100 |
| Yes, some | 0 | 0 |
| Yes, all | 0 | 0 |
| **Did she/they ever tell a healthcare worker the real cause of her/their injury? (n=3)\*** | | |
| Yes | 3 | 100 |
| **Did she/they ever go to a safe shelter? (n=24)** | | |
| Yes | 14 | 58.3 |
| **Did the she ever involve legal services after your violence/abuse? (n=23)** | | |
| NO | 21 | 91.3 |
| NOT AVAILABLE | 0 | 0 |
| YES, FORMAL LEGAL SERVICES | 0 | 0 |
| YES, SHARIA LAW | 2 | 8.7 |
| YES, TRADITIONAL SERVICES | 0 | 0 |
| **Did she ever report your violence/abuse to someone (whether or not it caused an injury)? (n=24)** | | |
| Yes | 1 | 4.2 |
| **To whom did she report the case of non-partner violence? (n=1)\*** | | |
| FAMILY / FRIEND | 1 | 100 |
| RELIGIOUS LEADER | 1 | 100 |
| ELDER / COMMUNITY LEADER | 0 | 0 |
| HEALTHCARE PROVIDER | 0 | 0 |
| POLICE | 0 | 0 |
| NGO / COMMUNITY WORKER | 0 | 0 |
| GATEKEEPER | 0 | 0 |
| **Have you ever threatened a woman/women when you thought they would report your violence? (n=20)** | | |
| Yes | 2 | 10 |
| **... has this happened in the last 12 months? (n=2)\*** | | |
| Yes | 0 | 0 |

| **Appendix Table 11. Access to services and reporting among men who experienced GBV in Somaliland (N=752)** | | |
| --- | --- | --- |
|  | **n** | **%** |
| **ADULT VIOLENCE** |  |  |
| **Have you ever been injured as a result of physical or sexual violence/abuse? (n=118)** | | |
| Yes | 38 | 32.2 |
| **Has this happened in the last 12 months? (n=38)** | |  |
| Yes | 12 | 31.6 |
| **Since the age of 15, how many times were you injured by this kind of physical or sexual violence? (n=37)** | | |
| Once/Twice | 27 | 73.0 |
| Several (3-5 Times) | 8 | 21.6 |
| Many (More than 5) Times | 2 | 5.4 |
| **Did you ever receive healthcare for your injury(ies)? (n=66)** | | |
| No | 14 | 40.0 |
| Yes, sometimes | 19 | 54.3 |
| Yes, always | 2 | 5.7 |
| **Type of healthcare received for injury due to violence (n=21):** | | |
| Basic Medical Care for Injury | 16 | 76.2 |
| Surgery | 1 | 4.8 |
| Examination to Document GBV | 0 | 0.0 |
| Medicine to Prevent STI | 0 | 0.0 |
| Psychosocial Support | 0 | 0.0 |
| Other | 1 | 4.8 |
| **Did you go to the MCH or the hospital or both? (n=37)** | |  |
| No | 18 | 48.6 |
| Hospital | 8 | 21.6 |
| MCH | 11 | 29.7 |
| **For your injury(ies), did you ever have to spend any nights in the hospital? (n=19)\*** | | |
| Yes | 5 | 26.3 |
| **Did you ever tell a healthcare worker the real cause of your injury? (n=20)** | | |
| Yes | 15 | 75.0 |
| **If you did not access services for your injury, what are the reasons? (n=14)** | | |
| Worried About Shame | 5 | 35.7 |
| Did Not Have Enough Money For Healthcare | 3 | 21.4 |
| Worried Others Would Find Out | 2 | 14.3 |
| Healthcare Too Far | 1 | 7.1 |
| Did Not Have Transportation | 0 | 0.0 |
| Worried About More Violence | 0 | 0.0 |
| Healthcare Workers Would Treat Me Badly | 0 | 0.0 |
| Worried About Confidentiality | 0 | 0.0 |
| Worried My Wife/Partner Would Be Angry | 0 | 0.0 |
| Wife/Partner Did Not Allow Me To Go | 0 | 0.0 |
| Did Not Think It Was Necessary | 0 | 0.0 |
| Could Not Leave Children To Go | 0 | 0.0 |
| Other | 8 | 57.1 |
| **Did you want legal aid? (n=86)** |  |  |
| Yes | 9 | 10.5 |
| **Did you receive legal services? (n=9)** |  |  |
| No | 5 | 55.6 |
| No, Not Available | 2 | 22.2 |
| Yes, Formal Legal Services | 1 | 11.1 |
| Yes, Sharia Law | 0 | 0.0 |
| Yes, Traditional Services | 1 | 11.1 |
| **Did you ever report your experience of violence to an authority figure? (n=102)** | | |
| Yes | 18 | 17.6 |
| **To whom did you report your case of violence? (n=18)** | |  |
| Police | 12 | 66.7 |
| Family/Friend | 3 | 16.7 |
| Healthcare Provider | 1 | 5.6 |
| Elder/Community Leader | 1 | 5.6 |
| NGO/Community Worker | 1 | 5.6 |
| Gatekeeper | 1 | 5.6 |
| Religious Leader | 0 | 0.0 |
| Legal Aid Provider | 0 | 0.0 |
| Other | 3 | 16.7 |
| **IF VIOLENCE WAS REPORTED TO ANYONE: was there any action taken to bring the person who hurt you to justice? (n=18)** | | |
| Yes | 5 | 27.8 |
| **IF VIOLENCE WAS REPORTED: did any anyone try to prevent this from happening again? (n=18)** | | |
| Yes | 11 | 61.1 |
| **Reason survivor did not report violence (n=84)** | |  |
| Worried About Shame | 19 | 22.6 |
| Worried Others Would Find Out | 8 | 9.5 |
| Worried About More Violence | 7 | 8.3 |
| Worried It Would Break Up My Family | 7 | 8.3 |
| Did Not Have Transportation | 4 | 4.8 |
| Did Not Have Enough Money | 1 | 1.2 |
| I Am A Minority Clan Member and Do Not Think I Would Be Able To | 1 | 1.2 |
| Worried The Person Who Hurt Me Would Be Angry | 1 | 1.2 |
| Did Not Think It Was Necessary | 1 | 1.2 |
| Offices Too Far Away | 0 | 0.0 |
| Did Not Think it Would Help | 0 | 0.0 |
| Cost of Reporting to Police C | 0 | 0.0 |
| Cost of Paying for Food, If Perpetrator is Imprisoned | 0 | 0.0 |
| Wife/Partner Did Not Allow Me To Go | 0 | 0.0 |
| Thought Authority Figures Would Not Believe Me | 0 | 0.0 |
| Could Not Leave Children To Go | 0 | 0.0 |
| Other | 32 | 38.1 |

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1. Khat is the leaf form of a shrub found in the African Horn region that is typically chewed for its stimulant effects [↑](#footnote-ref-1)
2. The researcher find a 20 years old woman and has already interviewed her quota of women in the age range [↑](#footnote-ref-2)