

A photograph of two women sitting on a wooden bench, engaged in knitting. The woman in the foreground is wearing a vibrant blue hijab and is smiling broadly as she works on a colorful, multi-colored knitted piece. She is holding a red thread. The woman behind her is wearing an orange and white patterned hijab and is focused on her work. They are both using wooden knitting needles. The background shows a simple room with a window and a view of a landscape with hills and a body of water.

HIAS

Serving Somali Newcomers

**A Practical Guide to Cultural and
Gender-Aware Considerations**

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HIAS supports women, girls, and LGBTQ+ communities to access their full potential and live free from violence by supporting survivors, mitigating risks, and transforming beliefs that perpetuate gender-based violence.



Purpose of this Toolkit

The United States and Somalia have many commonalities, but they also have different social and cultural norms. These include differences in gender dynamics, roles, and behavioral expectations. This toolkit is designed to enhance service providers' understandings of gender awareness and specific cultural considerations when supporting **resettled Somali newcomers** in the United States. It is intended to support person-centered, trauma-informed service provision for Somali newcomers in the resettlement context. The information contained in this toolkit was generated from cultural advisors who recommended areas of attention that service providers should bear in mind to ensure culturally and linguistically responsive services.

Key Concepts

Culture is a set of shared values, beliefs, and norms in each society. Culture is dynamic and changes as societies adapt to new information, challenges, and circumstances. Although culture can form group characteristics, even within the same social group, individuals can have different identities, social positions, ages, incomes, health statuses, class positions, and migration journeys. Intersectionality is a framework for conceptualizing a person, group of people, or social problem as affected by differing discriminations and disadvantages, often based on identity characteristics. **Intersectionality** recognizes that identity markers do not exist independently of each other, and that each informs the others.

Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for girls, boys, women, and men. People may identify or ascribe to a gender that is not what they were classified at birth, and which may be non-binary.

Gender-sensitive describes an approach in which the different needs, abilities, and opportunities of all individuals — regardless

Survivor-Centered Care

While this guide may be written to support our knowledge about working with individuals from **Somalia**, it is important to remember that **each survivor is unique and is the expert of their own life**.

We aim to provide empowering, survivor-centered services by truly listening to each survivor's desires, presenting options but not advice, allowing the survivor to make their own decisions and determine all courses of action and support.

of their gender identity — are identified, considered and acknowledged.

Gender awareness refers to the conscious recognition that gender norms, which are socially constructed, lead to varying roles, responsibilities, and needs for individuals. These norms differ across cultures and influence worldviews, experiences, and opportunities.

An Overview of Gender-Based Violence (GBV) in Somalia

In Somalia, prolonged humanitarian crises have disproportionately impacted women and girls. Somali women and girls face various forms of inequality and violence, with GBV being one of the most prevalent human rights violations in the country.¹ According to Save the Children, 60% of women and girls have faced physical abuse, denial of access to resources, such as education, forced marriage, domestic violence, or sexual violence.² The most common type of gender-based violence in Somalia is intimate partner violence.³ Other forms of violence, such as rape, sexual harassment, child and

forced marriage, and female genital mutilation, have been on the rise. There are often limited education and health resources and inadequate infrastructure to support survivors.⁴ GBV is often intertwined with cultural and religious beliefs, making them deeply rooted within the societal fabric.

Harmful traditional practices also perpetuate acts of GBV, which may take place within the context of ascribing to religious or cultural beliefs. In Somali tradition, women and girls are considered adults and are most valued once they reach puberty and can procreate.⁵ Early and forced marriage is a prevalent practice, with 16% of girls married by age 15, and 34% by age 18. A recent study by the United Nations Population Fund (UNFPA) noted that approximately 99% of women have undergone FGM in Somalia, with 72% of the women supporting this tradition.^{6,7}

In Somalia, many elders, including women, identify FGM as an important traditional practice that is necessary to prepare girls for adulthood and marriage by promoting premarital virginity and fidelity. While in recent years, legal frameworks have been put in place federally to prohibit FGM and GBV more generally, these practices are still widespread. Programs aimed at supporting survivors must recognize the cultural context and engage with communities to promote safety and equity.

GBV Programming Tips

When designing GBV programs for Somali newcomers, culturally specific values and norms must be considered and highlighted to foster a dialogue that respects community structures. Engaging local leaders, elders, and women in discussions about GBV can create avenues for change and support. Facilitators should be sensitive to survivors' emotional experiences and prioritize creating safe, confidential spaces that honor the participants' gender, culture, and lived experiences.

The basics:

- GBV impacts all persons of all genders.
- Gender-based violence is prevalent globally, in all societies in the world.
- We must be led by the survivor's choices and consent as to who the survivor wants to know what is happening in the survivor's life.
- We follow the GBV guiding principles of the survivor's right to confidentiality, safety, self-determination, and respect and non-discrimination in all our actions.

How might you ensure that GBV programming is culturally appropriate and responsive for Somali newcomers?

In Somali culture, there is an awareness of GBV and topics like rape and forced marriage are often discussed in Somalia. However, newcomers would benefit from more specific education, resources, and support on GBV within the U.S. context. Through discussions, community members may be more open to discussing different types of and repercussions associated with GBV, and what available support in the United States looks like.

What are important considerations when communicating about GBV to refugees, asylees, and immigrants?

When communicating about GBV with Somali newcomers, it is important to balance education about U.S. legal protections and resources with a respectful understanding of Somali cultural and religious practices. Discussions should be held in safe, confidential spaces that allow survivors to express their experiences if they feel comfortable doing so. Culturally sensitive facilitators can help bridge gaps between traditional practices and available resources in a manner that empowers survivors.

Communication about GBV may feel like an educational opportunity for Somali newcomers. Some may be open to learning more about it but may lack access to resources. It is important to be mindful that some Somali newcomers may be survivors of GBV and have more acute



emotional reactions to learning about it and others may be open to sharing their thoughts or experiences.

It is important to create a safe and confidential space, with a discussion facilitator of the same gender, when discussing GBV with Somali refugees. A **safe environment** is a dynamic space, environment, or platform that is respectful, non-judgmental, and inclusive of all cultures, heritage, and diversity. A safe space honors intersectionality, diversity, and cultural foundations when discussing the worldview and lifestyles of all individuals, especially in consideration of acculturation in the U.S. Having a safe space and supportive facilitator who can check in with the newcomers would be beneficial, as they can ensure confidentiality is provided and that safety is enhanced.

When working with female survivors of GBV, it is important to not ask intrusive questions regarding past experiences. It is important to identify the specialized and trained staff members to discuss GBV, as they can best tailor care and healing support in an individualized way. Somali women and girls may feel more comfortable disclosing GBV experiences with a female medical provider instead of a case manager. This is because framing GBV experiences as a medical concern versus a

form of abuse, harmful practice, or experience of inequity, is less shameful or stigmatizing. Thus, discussing with a medical provider may enhance comfort in accessing information and resources.

How can you make GBV support inclusive to all?

Somali newcomers may be more receptive to discussing GBV within a trusted, supportive, and culturally sensitive environment. Building trust is essential, as it ensures that discussions about GBV take place in a way that respects the individual's cultural identity and personal experiences. Sharing information about the global prevalence of GBV, while acknowledging the cultural and systemic factors that influence these issues in Somalia and beyond, can help de-stigmatize the conversation. Normalizing discussions around GBV in this way may encourage individuals to seek support without fear of shame or judgment. Engaging trusted professionals, such as OB/GYNs or culturally informed healthcare providers, to offer psychoeducation on GBV-related topics may further enhance trust, reduce feelings of shame, and encourage open dialogue in a respectful manner.

Provider Tips

Focus on behavior and harm: When discussing GBV, identify harmful behaviors and their impact on individuals, families, and communities. This approach can shift the focus away from blame and help community members understand that addressing harmful behaviors contributes to collective well-being. Avoid labeling individuals based on their behaviors. Use the word survivor instead of victim, to reduce stigmatization.

Promote empathy and understanding: Foster empathy by emphasizing the importance of supporting survivors and creating a safe and inclusive environment. Encourage community members to recognize that any person from any gender can be affected by GBV, and that support should be provided without judgment or blame.

Focus on systemic and cultural underpinnings:

Highlight the systemic and cultural factors that contribute to GBV. Ensure the message avoids targeting individuals, but rather encourages collective responsibility. Engaging Somali newcomers in discussions around cultural norms and systemic challenges can help foster a community-led approach to addressing GBV. By emphasizing that GBV is rooted in broader societal issues, the message becomes less targeted toward men individually and encourages collective responsibility. Somali newcomers may use the opportunity to learn about GBV as an opportunity to gain and disseminate information at the community level. The tools applied may be shared to enhance safety among female newcomers or shared with men if there is a lack of knowledge about specific topics.

Focus on behavior, not labeling individuals:

Avoid labeling individuals as “bad people” or assigning blame. Instead, emphasize that certain behaviors are harmful and that everyone has a role to play in challenging and preventing those behaviors.

Frame the discussion around opportunities and challenges:

Rather than focusing solely on the perceived “shifts” in gender expectations, highlight the opportunities and challenges that arise in the new context. For example, discuss the advantages of both women and men joining the workforce, such as contributing to individual and families’ financial stability, shared responsibilities, and opportunities for personal growth and independence. Frame discussions around gender roles in terms of both the challenges and opportunities presented by shifting gender expectations, especially in the context of resettlement. Highlight how shared responsibilities in the workforce and at home can strengthen family bonds and promote economic and emotional well-being.

Acknowledge economic realities: Recognize and address the economic realities faced by Somali newcomers, including rising living costs and the need for education and employment skills. Engage community members in

discussions on how adapting to these realities may contribute to greater household stability, while respecting and validating their cultural values. Create workshops that teach financial literacy. Discuss the importance of equity and transparency of responsibilities around income and financial management, especially as an avenue to reduce GBV.

Address concerns and challenges: Create a safe and supportive space where Somali newcomers can openly express their concerns, fears, or challenges regarding shifts in gender expectations. Facilitate conversations that honor their cultural values while offering resources to navigate the new cultural landscape with respect and dignity. Address their concerns openly and provide information or resources that can help alleviate their worries. Offer support and guidance in navigating the new cultural landscape while preserving their cultural values and identity.

Highlighting benefits for men: Emphasize the benefits that men can experience when sharing household responsibilities and financial burdens. Discuss how this can lead to stronger family bonds, more time for personal pursuits, and reduced stress from being the sole provider, especially on minimum wage.

Include scenarios and role models: Share success stories of individuals and families who have adapted to new gender expectations and found positive outcomes. Highlight role models who have challenged traditional gender norms and achieved success in various aspects of life.

Community-based awareness raising: Somali newcomers are more likely to engage in GBV programming and educational initiatives when they see representation from Somali staff. This ensures their cultural and religious practices are valued, respected, and integrated into the programming. Culturally sensitive staff can help ensure that the nuances of Somali traditions are honored while promoting safety and equity.⁸ This is particularly important for topics relating to sensitive matters, such as reproductive health, gender-based violence, and child-raising practices.



Discussing female genital mutilation and reproductive health: Somali women and girls who were resettled to the United States may have experienced FGM.⁹ When discussing sensitive topics like FGM, service providers should approach the conversation with cultural humility, seeking permission before broaching the subject. It is important to recognize that views on FGM can vary widely based on factors such as age, education, and personal experiences. Engaging in these discussions with sensitivity and respect can help facilitate understanding and healing.

Views on FGM vary in Somalia, especially depending on age, life experience, education, and other factors. Elderly women may believe that FGM happens for traditional reasons or is an important element of protecting purity in womanhood. Thus, elderly women may feel uncomfortable discussing this topic, while younger women may feel more open to discussing this topic or viewing it as a harmful practice. If a woman thinks that her health or wellbeing is impacted by FGM, they may seek out a female provider, such as an OB/GYN, to discuss the impact of this procedure, in lieu of discussing with a case manager.

Due to decades of conflict, displacement, resource insecurity, and environmental instability, Somalia has one of the highest

maternal mortality rates in the world.¹⁰ Newborn deaths and stillbirths are also prevalent. Women in Somalia often lack access to supportive prenatal care and stable medical access, causing pregnancy-related complications or death. There also may be a lack of general knowledge about sexual and reproductive health. Somali women may benefit from psychoeducation sessions with female providers, where they can obtain information about reproductive health and learn more about family planning.

Cultural Considerations

Culture is not static or universal — it is constantly changing over time. In many cultures, age and gender may influence an individual's power, status, or expected role and authority in society. Cultural factors, including attitudes and beliefs, can determine the type of support an individual can anticipate receiving from their family, community, and society when it comes to experiencing violence in the family, or community. The following aspects of culture influence how someone is expected to think, behave, and act. These may influence how someone experiences gender-based violence and their expectations of how persons may respond.

Cultural adjustment: Refugees who recently arrived may face greater challenges in terms of language barriers, unfamiliarity with local systems, and limited social networks. They may require more assistance in navigating available services and understanding their rights. In contrast, refugees who have been in the country for a longer period may have had more opportunities for integration, language acquisition, and building social connections, which can influence their ability to seek and access support for GBV.

For Somali newcomers, one of the more striking challenges in cultural adjustment is the limited presence of mosques in the U.S. in comparison to Somalia. Somali newcomers may find it harder to create daily routines as access to mosques and traditional foods may be limited. Supporting Somali newcomers to orient themselves to the local Somali or Muslim community resources will help with their cultural adjustment process. Similarly, internalizing and understanding of the U.S. customs and laws may not be initially evident to Somali newcomers, but their orientation and incorporation to the local community can be highly beneficial.

Language access and support: Somalis mainly speak the Somali language, which has several dialects, such as Maay Maay and Benaadir. As most Somalis are Muslim, Arabic is a common second language spoken.¹¹ Other languages, such as Kizigua, are also widely spoken. While there are similarities between dialects, it is beneficial to identify which dialect the client speaks to best match them to an interpreter.

Language barriers: Somalis mainly speak a dialect of the Somali language. Certain areas in the U.S. may not have a large Somali community and thus access to interpreters who speak the specific dialects is needed for clients.

Educational Background

In Somalia, education is highly valued and there is a national saying that “educated girls will educate the nation.” Despite the value of

education, poverty and limited infrastructure make education inaccessible for many children. According to UNICEF, more than three million children are unable to access education due to poverty, limited resources and infrastructure, safety, and a lack of educators. Considering these factors, adolescent girls are seldom able to complete their secondary education.¹² In 2022, a study by USAID reported that 65% of women between 20 and 24 did not complete their education, only attending primary school.¹³ In addition, societal norms favoring education for boys, a lack of female educators, access to bathrooms, and limited sanitary products for menstruating girls all make parents less likely to enroll girls in school.¹⁴

A report by USAID in 2024 claimed 79% of children are unable to access secondary school, with only 4% of the population able to obtain a bachelor’s degree or equivalent.¹⁵ However, only 25% of school-aged girls attend primary school.¹⁶ As young women are expected within Somali culture to perform household chores from a young age or enter early marriage, they often face travel restrictions or limited access to education.¹⁷ However, with recent efforts to enhance education access, many traditional beliefs have shifted toward both boys and girls being educated. There is a belief that if a girl is not educated at a young age, she will not be able to live a fulfilling life.

Additionally, financial restrictions may block access to education. A common scenario is when a mother dies the daughter is the one who will fill the mother role and raise the children in the family despite her young age, thereby missing her own education.

In recent years, national and international organizations have made efforts to bolster education and initiatives to promote gender equity, and to prevent gender-based violence. While education about GBV prevention is more streamlined, Somalis may still abide by traditional practices that incorporate harmful practices, such as child marriage and FGM, including after resettlement.



Learning and Processing Styles

Somalis are customarily storytellers, which promotes learning and processing. They value the tradition of spoken and oral information sharing more than written communication. Considering this, information sharing is often poetic in language. Thus, the listener must be able to actively listen and gather information with fewer interjections, while the speaker shares a story.

The Concept of Time

The Western concept of time does not translate to the Somali concept of time and scheduling. The 24-hour clock cycle is an important Western concept that does not carry the same meaning for Somalis, so there is a need for cultural adjustment and cross-cultural understanding. In Somali culture, the concept of time is not concrete. They may not use the calendar as a scheduler for appointments and focus more on the Islamic calendar and holidays as markers of time. Adjustment to punctuality for appointments may be difficult.

Due to the language barriers and differing concepts of time, Somalis may benefit from using reminders on their phones and

writing down key information to keep track of administrative requirements or important documents. If they cannot read or write, they may benefit from reminders and information in the form of symbols.

Communication Styles

As Somali culture is strongly influenced by Islamic tradition, greetings and communication styles are influenced by common religious customs. For example, greetings may include “salam alechem” (peace be unto you), or God bless you.¹⁸ It is also customary for men to shake men’s hands, or for women to shake women’s hands, as a sign of greeting.

In Somali culture, some hand gestures and body language may be read as confrontational, aggressive, or intrusive to another person’s space. Thus, when communicating in close physical proximity, limiting hand gestures and body language can be helpful, and using non-verbal communication such as nodding can be reassuring for Somali newcomers. When communicating verbally, it may be helpful to reduce interruptions and promote a space to take turns when speaking; direct and straightforward communication would be beneficial.

It is important to note that repeating what the person says may be considered rude, and clarifying what they said may feel like they are being tested. Thus, paraphrasing may be helpful.

Importance of Relationships, Family, and Friends

Somali culture is a collectivist culture; often, one household may include multiple generations and extended family. The broader family, not just the nuclear family, is often considered a cohesive family unit. It may be common for aunts, grandmothers, and other relatives to be involved in the caregiving of other community members’ children in addition to extended family. When a woman marries and establishes a family, she typically moves out with her spouse. The new couple may move in with the extended



family of one of the partners, but typically the wife moves into the husband's family.

From a lifespan perspective, children are expected to care for their parents as they age. It is common for children to live close to their parents and for siblings to maintain close relationships with each other. Similarly, if an adult lives alone or moves out of the home, it may be viewed with suspicion. The family may feel concerned about isolation, or that the individual needs help. There may be concern that the person has a mental health issue.

In a home, the oldest family members receive the most respect. Grandparents are respected and revered in Somali households. Younger family members show respect by being present and close by. It is a cultural view that grandparents and elders have the wisdom earned through life and share that with younger generations. When it comes to family conflict, elders and family members sit down and meet to resolve and reconcile.

Interpersonal Relationships

Romantic relationships: It is customary in Somalia for romantic relationships to be heteronormative, between a husband and a wife. It is not customary for men and women to interact prior to marriage unless they are engaged. In Somalia, some marriages are arranged by the family and the couple will choose how to proceed. The couple can meet

prior to the engagement date to learn about each other but cannot have intimate contact or touch. Relationship vetting is very important in some families, to ensure safety and well-being for the new couple.

Within a marriage, the husband is head of the household. The husband discusses matters with his partner, to identify the best course of action or for decision making. It is customary for both husband and wife to share thoughts and decide jointly on family matters.

Generally, Somali mothers and wives stay at home, while the husband is the primary earner outside of the home, but if the husband is not present then the wife takes on the role of provider. It is accepted that women in a domestic partnership who work outside of the home and earn money may keep their earnings, and there is not an expectation for them to provide the money earned to their husbands.

In terms of friendship, people of different genders may have a friendship, however, they would not spend time alone with them.

Gender Roles and Social Expectations

Women and Girls

In Somali culture, women and girls are well respected in the community and are considered "queens" within the family system. Male siblings

and family members take on a protective role for women family members. Within families, girls are seen as more vulnerable and more in need of care or protection.

While interpretations of some of the main tenets of Islam emphasize respect and protection of women, traditional and patriarchal practices may exist and can lead to an inequitable view of women, perpetuating beliefs that allow GBV to occur. For instance, while there are no Islamic tenets calling for FGM, many elderly individuals, including women, support such practices and permit them as acceptable within society. Many forms of GBV then, including domestic violence, FGM, and child marriage are widespread. This is especially common in family systems where there may be socio-economic hardships, such as financial stress.

Gender Norms and Expectations in Marriage

The role of women: It may be expected of women to appear shy and reserved in the community. When a woman becomes a mother and begins her own family, her relationship with her own family of origin is still very important. Marriage into a new family does not take away from the role, value, and connection of the woman to the family of origin.

Marriage: When a couple weds, the first seven days after the wedding are special for the newlyweds. It is a ceremonious time as the family comes to visit. There is a customary expectation from both the parents and the young newlyweds to invite the family over to the new home as part of the celebration.

Marital conflict: Should conflict arise in a marriage, and separation be necessary, divorce is an option; however, this is seen as a last resort after all attempts are made to reconcile differences and make the relationship work. Before a divorce, the couple typically sits down and tries to resolve the conflict within their relationship; then the next step would be to discuss this conflict with their elders, including their families, to help repair the conflict.



To resolve the conflict, the wife will go to the husband's side of the family, and the husband will go to the wife's side of the family. In these circles, they will explore options for help. They may then go to the local imam, who will try to fix the matter between the spouses and go through steps to help the family. If several attempts to repair and reconcile take place to no avail, the couple can be divorced with the agreement of both husband and wife. This practice is a religious one and stems from the Qur'anic practice to avoid abandoning children.

In instances of domestic violence, the family may support the survivor and take steps to support her safe exit from an abusive relationship. Other families may believe that the daughter may be at fault, perhaps due to impermissible behavior or problematic attire associated with expected behavior. If the couple is unable to solve the conflict and promote agreements, both families may intervene, or an elders' council may be asked to mediate and provide support for a resolution. In circumstances where separation occurs, it is customary for the wife to keep the children with her.

Daily Roles and Responsibilities

In Somali culture, gender roles exist around who generates income and distribution of household responsibilities. Some women choose to work, and it is customary for them to keep the income they make for themselves. However, every



family system will maintain different beliefs and systems surrounding gender roles and responsibilities. Discussions around equity in income may challenge customary gender norms and power dynamics, which may make men feel threatened. Staff can validate the changing dynamics of households during resettlement, focusing on the challenges in adjusting to new, different cultures and worldviews, and how this may be enhancing the understanding of different approaches to gender equity in the home, occupational, and familial spaces.

Stay-at-home mothers: It is customary for women to be the primary caregivers for the children. Their daily roles include making meals, taking kids to school, cleaning, completing household chores, and sometimes helping adult children on their way to work. Typically, the evening routine includes dinner, bedtime, telling a bedtime story, and completing any other household chores for the day.

The role of fathers: In Somali households, male spouses may share the same responsibilities as their wives, whether or not a woman is working in the formal economy. In terms of tasks, fathers are more likely to help with cooking dinner and some child care. But in some Somali homes, it is customary for the women and girls to conduct all the household and childrearing responsibilities, while men work to earn income.

Upon resettlement, roles in the family may change, and supporting in the adjustment into new family dynamics may be helpful.

Ideas and Expectations about Sexual Orientation, Gender Identity, and Expression (SOGIE)

In Somali culture, gender is seen as binary only, with males and females having a heteronormative orientation. The expectation is for couples to maintain a heteronormative family formation. This customary belief stems from Islam, which plays a large role in this value system. If an LGBTQI+ person is a family member, relatives will talk to them and see if they need support and education to “change” their behavior, believing it is a curse or abnormality. For older Somali community members, interacting with SOGIE individuals may be more difficult, whereas younger ones are more accepting and do not think LGBTQI+ persons are abnormal.

Somalis value being open to new cultures, places, and ways of being, and it is customary for tolerance and acceptance to be taught as values. In a resettlement context, Somali families will teach children to accept and tolerate children and families who are different from their own.

Navigating Health and Health Care

Ideas about Reproduction and Decision-making and Sexual and Reproductive Health

In Somali households, women have varying degrees of decision-making power when it comes to reproductive health, such as family planning. There is no cultural expectation about how many children to have. However, if the spouses cannot agree about how many children to have, the expectation is that the husband compensate the wife financially for her to have additional pregnancies, children, and the added time at home. It is customary for the mother to have decision-making power regarding

childrearing and to request an allowance from their husbands to feed their babies.

It is customary in Somali culture to view individual health matters as a familial issue.¹⁹ Family members may accompany each other to medical appointments and some Somalis wish to incorporate religious practices with health issues, such as reproductive and child-rearing practices. Involving spiritual or religious healers and traditional medicinal practices may put Somali newcomers at ease. Providers should discuss beliefs about Western medicine, vaccinations, and preventive care to best support Somali newcomers in navigating their medical and reproductive health journey.²⁰

Tips for Cultural Humility and Understanding for Medical Supports

Dr. Arthur Kleinman, a psychiatrist, social anthropologist, and professor of medical anthropology, posed eight questions as a model designed for providers to better understand individuals and their needs.²¹ This model can be used within the resettlement context as well. As with survivor-led care, Kleinman's approach centers on the individual seeking support and encourages the provider to set aside assumptions and implicit biases while striving for cultural humility.

Care for Survivors of Gender-Based Violence in Medical Settings

Survivors of gender-based violence may be perceived by the community as shameful, weak, or at fault. Reasons for this view and stigma may vary, with some beliefs that a woman is deserving of violence if she has been too provocative in her dress or has not adhered to family or other traditional values. A case worker should create a professional welcoming atmosphere and frame Dr. Kleinman's questions when discussing GBV and its impact. Caseworkers must ensure languages are accessible and consider cultural factors, expectations, customs, and various worldviews to create safety around this topic.

Help-seeking behaviors: When it comes to seeking help, it is common for a Somali survivor

Dr. Arthur Kleinman's Eight Questions²²

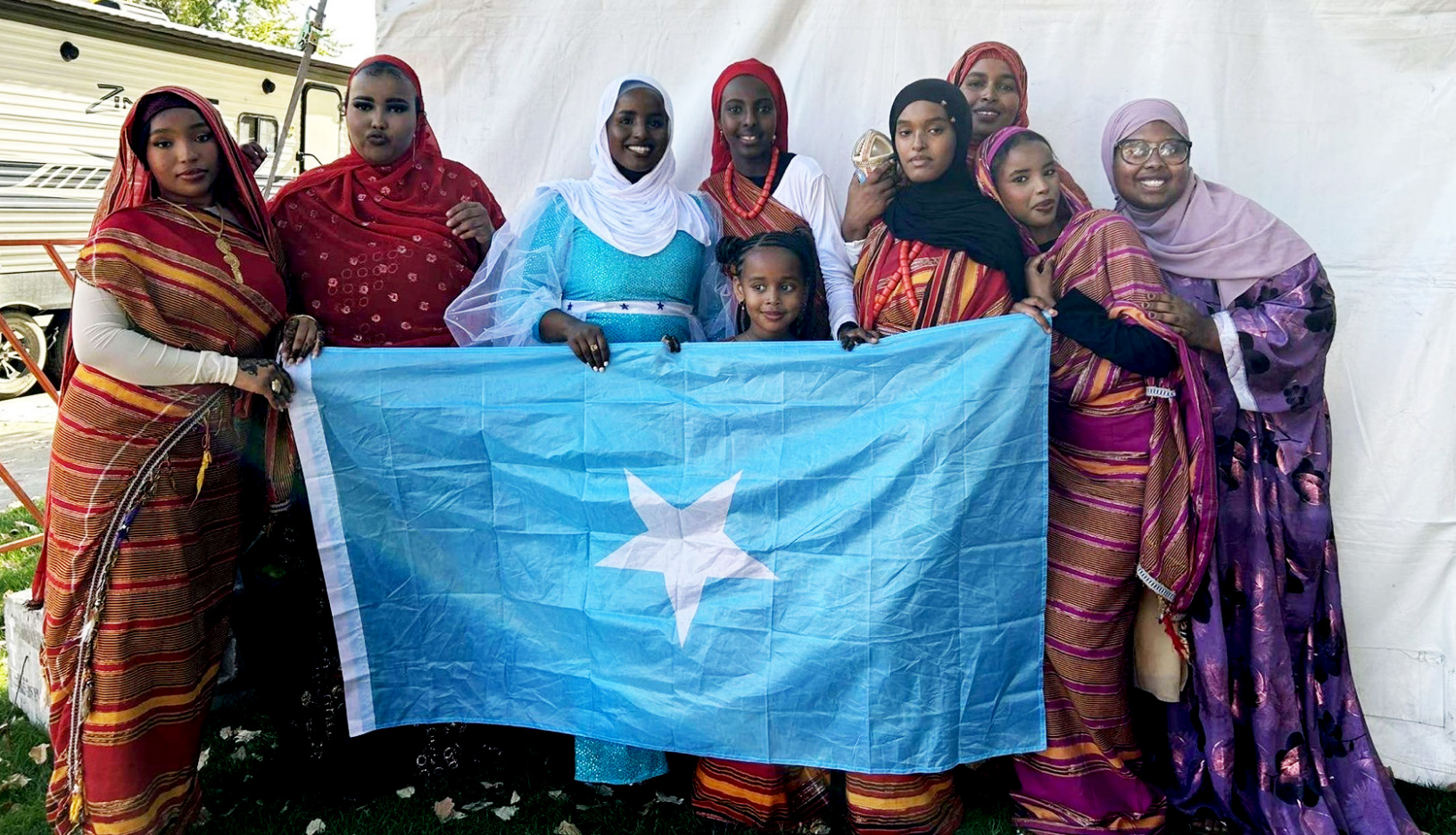
- What do you call your problem? What name do you give it?
- What do you think has caused it?
- Why did it start when it did?
- What does your sickness do to your body? How does it work inside you?
- How severe is it? Will it get better soon or take longer?
- What do you fear most about your sickness?
- What are the chief problems your sickness has caused for you (personally, family, work, etc.)?
- What kind of treatment do you think you should receive? What are the most important results you hope to receive from the treatment?

of GBV to approach her family first to seek help and find out where and how to access resources. Somali culture normalizes asking for help; therefore, many Somalis feel comfortable asking for help from others or community agencies if the need exceeds the individual's or family's capacity to support. Similarly, elders (depending on their beliefs) will emphasize asking for help. It is customary for elders to teach this practice and acknowledge that not asking for help can do damage.

General Cultural Considerations

Names and Spelling

It is customary for Somali names to be based on names from the family system. The first name is the personal name, the second name is the father's name, and the third name is the paternal grandfather's name.²³ Siblings thus



share two names. After marriage, the woman does not change her name and maintains the familial or clan affiliation of her origin.

As Somali languages differ from English, transliteration of names may lead to different spelling of names on documents. For example, as birth certificates are often lost in the migration journey, some individuals may have incorrect dates of birth, order of names, or spelling of names on administrative documents in the U.S.

Religious or Spiritual Beliefs

- The vast majority of Somalis are Sunni Muslim; less than 1% ascribe to another religion.²⁴ Major holidays celebrated are Eid al-Adha, Ramadan, and Eid al-Fitr.
- A common religious belief is that bodies contain two things: the body (physical being) and the soul (inner being/spiritual being). Both must be cared for if the whole being is to be healthy.
- Islamic teachings emphasize the importance of maintaining a halal diet, which includes the avoidance of alcohol and pork.²⁵

- In Somali culture, permanent body alterations, such as tattoos or piercings beyond the ears or nose, are generally considered taboo. Temporary body art like henna is commonly accepted and appreciated.

Support systems within religious communities:

Understanding how GBV is perceived by faith or community leaders is crucial, as they can play a significant role in either supporting or hindering survivor-centered intervention. Faith communities often provide social support networks for their members. Religious institutions and leaders can play a crucial role in offering community, guidance, and support services to survivors of GBV. It is always best to get a sense of how gender-based violence issues are perceived by any faith or trusted community leader.

Role of forgiveness and reconciliation:

Forgiveness and reconciliation are seen as a strength. When it comes to family conflict, elders from the family or community meet to come to a resolution and pursue reconciliation. Most conflict is solved this way within the

Provider Tip

Incorporating culturally relevant **socio-emotional learning components** can support women and girls in gaining valuable skills in advocating for themselves, gaining autonomy, and learning systems of managing stress and mental health issues.

Do not assume that living in the United States shifts these notions of gender roles and expectations, as there are many gender role issues in institutions (church, governments, legal system, etc.), media, and society at large in the U.S.

family. However, reconciliation in the family depends on their dynamic. In families where things are not open and discussed, the first line of reconciliation would be to go to elders, and then an imam, who might then address the concern with the family.

If using religious leaders or faith-based organizations to support GBV survivors:

It is important for religious leaders, like the imam, to be consulted if their overall beliefs are supportive of survivors. The Qur'an teaches to do no harm, including not harming your wife, children, or family members. Women are seen as both beautiful and fragile, often in need of protection. They should be treated as the queen of the family, who should be revered and treated well.

Some forms of GBV, such as physical abuse, are considered going against Islamic religious and cultural teachings. Most imams would teach that to the husband or offender, however, not all religious leaders may operate from this same orientation regarding gendered forms of violence. If the support of the imam does not help the situation, a group of elders could be consulted. If the elders cannot help, the GBV survivor could seek support from

external providers or advocates, and as a last resort be able to leave the marriage or abusive relationship.

When involving religious leaders or faith-based organizations in supporting GBV survivors, it is essential to vet them carefully to ensure they uphold values that prioritize survivor well-being and do not perpetuate harmful beliefs or practice. In many cultures, beliefs regarding the cause of distress are related to one's explanatory belief system. Some people may hold beliefs related to mental health or disability as being caused by karma, an imbalance of energy, problems in the spirit realm, witchcraft, and more. What one believes may be causing harm may then dictate what one believes to be supportive of their health and well-being. Understanding the belief system of one's clients allows for tailored support that considers the needs and well-being of the whole person.

Women and Girls with Disabilities

- People with disabilities may face multiple forms of discrimination and marginalization based on their disability and other social identities.
- Responses to GBV need to consider the unique needs and challenges experienced by individuals at this intersection. Services and support systems need to be accessible for people with disabilities, including physical accessibility, communication support, and accommodations for various disabilities.
- Cultural beliefs and attitudes toward disability can influence how GBV is perceived and addressed. Negative stereotypes or infantilization of people with disabilities may lead to their experiences being trivialized or dismissed.

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