

2020
2020

JORDAN GBV IMS Task Force

ANNUAL REPORT

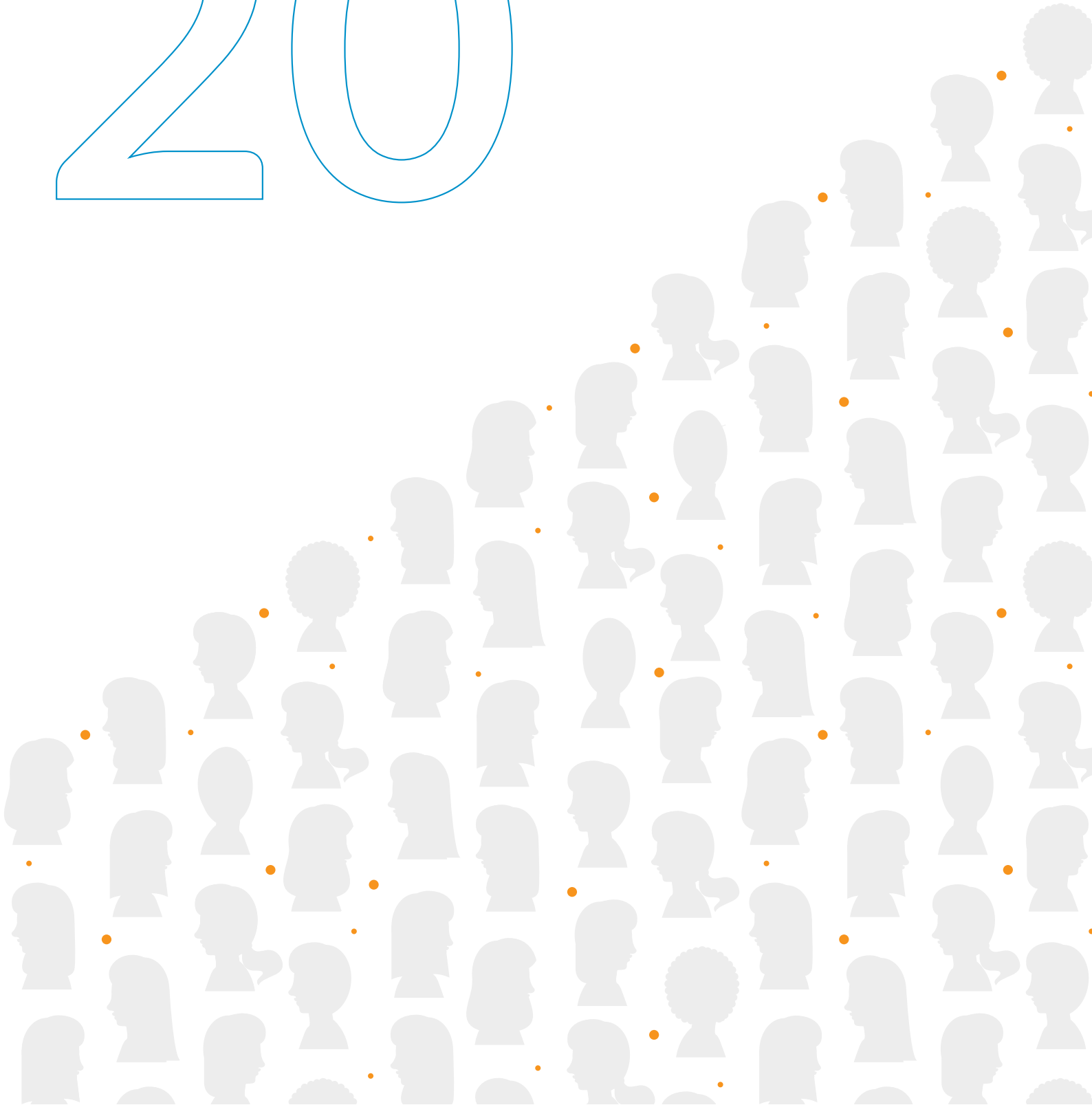


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JORDAN GBV IMS Task Force

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Executive Summary

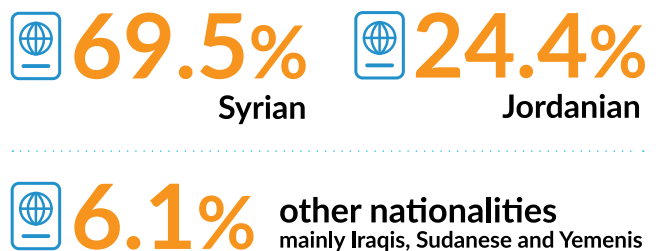
This report provides information on incidents of Gender-Based Violence (GBV) reported by survivors in Jordan during 2020. The information was gathered with the consent of survivors who received psycho-social support (through the case management approach) via seven organizations members of the Gender Based Violence Information Management System (GBV IMS) Taskforce. The GBV IMS Task Force¹ is the body responsible for gathering, maintaining and analysing data related to GBV, along with ensuring the security and protection of sensitive data concerning GBV. The Task Force is also responsible for drafting reports, providing strategic directions to GBV programmes based on identified gaps and trends.

It is important to highlight that the data and trends noted in this report are not representative of the prevalence of GBV in Jordan (or among refugee populations) as these trends are based solely on incidents reported by survivors to the Data Gathering Organisations (DGOs)² engaged in GBV response and using the GBVIMS in 2020. It is accordingly not advisable to use these findings as a proxy for the prevalence of GBV in any settings or to use it in isolation to monitor the quality of programmatic interventions. Despite the above limitations, the GBVIMS is considered the highest quality GBV incident data currently available to the humanitarian actors, which can be used effectively for trend analysis and improving coordination of GBV prevention and response.

Number of survivors assisted by members of the GBV IMS Task force in 2020 slightly decreased by (2.5%) in comparison with 2019 data. This can be explained by the impact of COVID 19 pandemic on women and girls access to services. Since mid March 2020 government took measures to contain the spread of COVID-19 in the country through imposing full lockdowns and movement restrictions, suspending all private sector activities, government services and closing Women and Girls Safe Spaces (WGSS). Therefore, GBV service providers started adapting service delivery by transforming the one to one in person support to remote service provision including case management, psychosocial support, legal and other GBV services. Preparations to respond to GBV during COVID-19 and information campaigns about available GBV services and hotlines took time, hence survivors didn't know how to approach service providers after the closure of safe spaces. Moreover survivors of domestic violence and intimate partner violence felt reluctant to seek help because they were trapped home with perpetrators. They mainly were reaching out service providers prioritizing their families' needs over their safety. For many survivors

the proximity with the perpetrator, the lack of ownership of mobile phone and credit remains an issue and an impediment to call for help. Survivors in this context might prefer to call the police; family protection department reported a 33% increase in calls for all types of domestic violence cases including GBV. Because of the changes in government measures and easing of restrictions the taskforce recorded monthly fluctuations in numbers. In June 2020, reported GBV incidents increased rapidly following the gradual re-opening of service delivery centers and survivors became in parallel more aware about available services both in the form of hotlines and phone based case management. Besides, survivors realized that the epidemic situation is not temporary, and that they could not put up with the violence at home and they had more options to access services either in person or by phone.

In terms of nationalities of survivors seeking help:



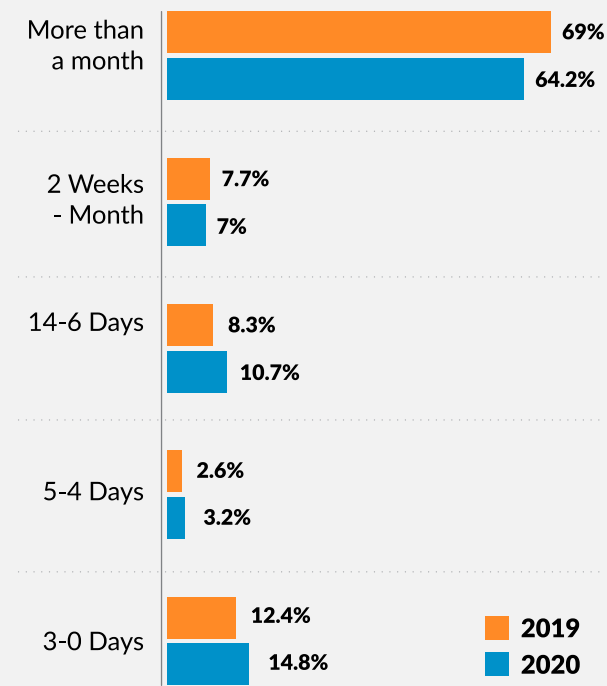
It is important to mention that 2020 has marked a slight increase in the percentages of Jordanian survivors assisted by members of GBV IMS task force (5.3% increase compared to 2019), and a decrease in other nationalities than Syrians (6.8% decrease increase compared to 2019). Due to COVID-19, many GBV services including outreach and women empowerment activities were suspended. Information about remote case management services were mainly disseminated through WhatsApp groups and other online platforms that might be more homogenous in terms of nationality and reaching Syrians and Jordanian more than other nationalities.

¹ The Gender-based violence Information management system (GBVIMS) Task Force members have signed an Information Sharing Protocol that defines roles and responsibilities and data protection procedures. The Taskforce is chaired by UNHCR and UNFPA with the technical support of UNICEF.

² INTERSOS, Jordanian Women Union (JWU), Noor Al Hussain Foundation (NHF), Jordan River Foundation (JRF), International Rescue Committee (IRC), Arab Women Organization (AWO) and United Nation High Commissioner for Refugees (UNHCR).

Finally, it is also important to underline that in line with the last four years the majority of survivors reached services more than one month after the incident. In 2020 64.2% reached more than one month after compared to 69% in 2019. Although the trend has been improving in the last year thanks to different efforts to ensure timely access to help, the situation still points towards the need of innovative methods to increase outreach and information sharing of available GBV services with refugee and local communities and the importance of seeking timely assistance in particular for survivors of sexual violence.

Time between incident and disclosure



³For a more detailed analysis of the impact of COVID 19 on help seeking behaviors you can consult the preliminary trend analysis of GBV IMS taskforce available here <https://data2.unhcr.org/en/documents/details/767065>



Context

Eleven years into the Syrian crisis, refugees remain in exile as their country continues to face a protracted conflict and an overwhelming humanitarian crisis. Jordanian-Syrian border has remained closed for new refugees into Jordan since June 2016. Syrian refugees couldn't return to their country of origin due to the closure of borders starting from 18th of March 2020 as a preventive measure to eliminate the spread of COVID-19 in the country. On 1st of October 2020, borders -crossings opened-up for returnees; however, only 3459 refugees returned to Syria by December 2020.

As of 31 December 2020, the United Nations High Commissioner for Refugees (UNHCR) recorded 662,790 registered Syrian refugees in Jordan, a number that has remained consistent over the past four-years due to the increased entry restrictions into the Kingdom. Among the Syrian refugee population 26 % are women, 24.5 % are men, 24.1 % are girls and 25.4% are boys. Women and girls represent more than half of the refugee population (50.1%).

In Jordan, close to 80.7% of registered refugees live outside the camps, primarily concentrated in urban and rural areas in the northern governorates of Jordan, with lesser populations in the southern governorates. The remaining Syrian refugees live in camps, mainly in Zaatari Camp (±78,685), Azraq Camp (±42,175) and the Emirati Jordanian Camp (±6,520). Jordan also hosts refugee populations from other countries. The total number of Yemenis registered with UNHCR is 14,371. They are to be added to the multiple other refugee populations that Jordan hosts, including 66,792 Iraqis, and more than 8,240 from Sudan, Somalia, and other countries.

Prior to COVID-19, refugees livelihood opportunities in Jordan were limited, they relied on an informal labour market income source – predominantly daily work/casual labour. Syrian refugees can obtain a work permit through cooperatives or a trade union in the agriculture, construction and some opportunities in manufacturing sectors, they are still dependent on a "sponsor"/employer in other sectors and "decent" work conditions remain a problem. Most importantly, restrictions in work sectors that has now been opened-up to foreigners, excludes refugees from high-skilled and semi-skilled employment, leaving many to work in the informal market or remain unemployed. For women, constraints are exacerbated by a lack of safe transportation to the workplace, disproportionate

responsibility for unpaid care and domestic work, alongside career-resistance from their family members and a perceived lack of culturally appropriate employment opportunities.

On the other hand, non-Syrian refugees are simply not allowed to access the formal job market in Jordan and are compelled to engage in informal work, leading them to constantly fear arrest by the authorities. The significant influx of refugees over the last eleven years has had an impact on the capacity of national services and there is a need for continuous humanitarian assistance to complement national efforts. While progress has been made to improve the legal status of Syrian refugees in Jordan, many barriers prevent access to economic opportunities, quality education and essential services and subsequently hampers the fulfilment of their rights, exacerbating vulnerability and contributing to heightened protection risks, including GBV.

During COVID-19, family tensions within the households increased due to loss of jobs and lack of income sources. Uncertainty on future affected families' daily routine and personal space specially in overcrowded households. According to Multi Sectoral Rapid Needs Assessment conducted during the pandemic, more than half of those surveyed who had had work before the crisis stated that their ability to work has been negatively impacted (due to travel restrictions and/or job loss). This negative impact extends to women, with only 8% working before the crisis and the majority reporting work disruption during the curfew⁴.

Nevertheless, women in labor market are facing additional challenges related to lack of support in household activities and pressure from employers on women to report to work without having movement permission, losing their jobs as employers most likely will dismiss women from services rather than dismissing men or losing their income from home based businesses⁵.

⁴ Multi-Sectoral Rapid Needs Assessment: COVID19 - Jordan - May 2020 <https://reliefweb.int/report/jordan/multi-sectoral-rapid-needs-assessment-covid19-jordan-may-2020>

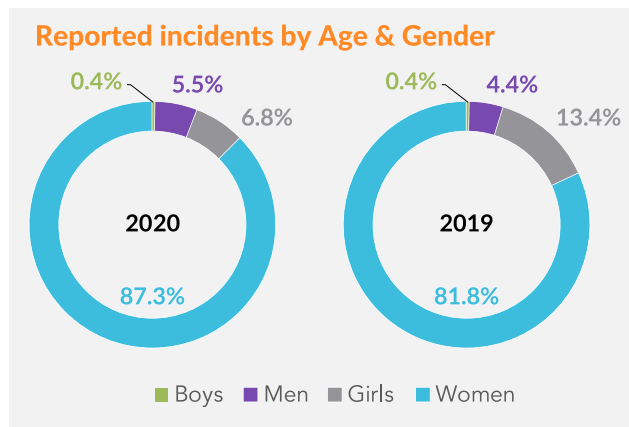
⁵ Guidance Note on GBV Service Provision during COVID-19 in Jordan and a forward look to safe resume of services <https://reliefweb.int/report/jordan/guidance-note-gbv-service-provision-during-covid-19-jordan-a>



Main trends

A | Sex, age and disability of GBV survivors

During 2020, 94.1% of survivors assisted by data gathering organizations were female, this is in line with global GBV trends highlighting that women and girls are disproportionately affected by GBV. This trend has been consistent across the last 4-year period. Home remains unsafe for women and girls, 88% of perpetrators are intimate partners (husbands in this context), caregivers or family members and 6.9% unknown or no relation, with other service providers and community members, work supervisors representing very small to negligible amounts.

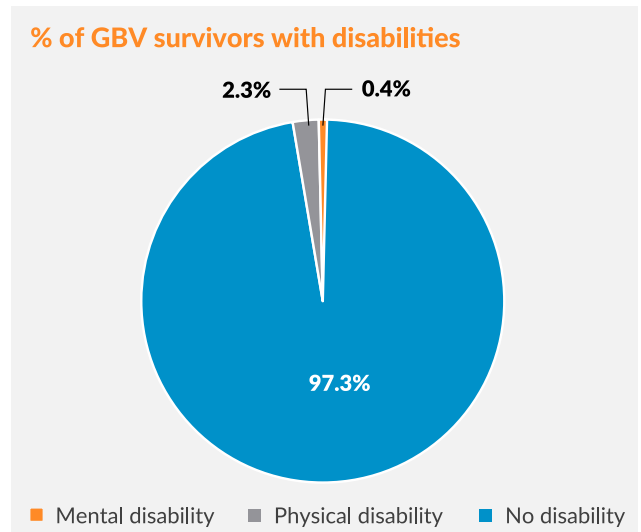


In comparison to 2019, there is a slight increase of 1% in the percentage of adult male survivors reporting incidents. This change might be due to establishment of a hotline to address LGBTI refugee needs during COVID-19 by one of the case management agencies, and other efforts to increase linkages with LGBTI community based organizations. In terms of age and sex the most relevant change compared to last year it is only 6.8% of survivors who reported GBV incidents were girls, comparing to 13.4% in 2019. According to the analysis provided by case management agencies the movement restrictions imposed because of COVID 19 affected girls particularly. The drop in reporting could be related to the closure of schools, Makani centers and child friendly spaces/centers due to COVID-19, which resulted additional barriers for girls to move and to seek help and for service providers to identify and reach children survivors of GBV, in particular for some adolescent girls who may not have phones to reach out for online means or get support directly by approaching service providers due to family restriction on their movement. Low percentage of boys and in total children survivors can be explained by the fact that most of those who seek help are

supported by child protection actors who are not part of the GBV IMS Task Force as per established standard operating procedures (SOPs) and referral pathways.

Gay and bisexual men face increased risks of sexual violence. In this context, it is important to underline that the establishment or strengthening of services for male survivors should not affect service provision for women and girls: funding for "Safe Spaces for Women and Girls" (SSWG) should be maintained, while additional funding should be sought for interventions for male survivors. Nevertheless, there is a need to strengthen GBV prevention and response programming to outreach Lesbian and bisexual women who may expose to further risks based on their sexual orientation.

Women and young persons with disabilities experience the same forms of GBV as individuals without disabilities⁶. In fact, studies show that persons with disabilities are three times more likely to experience physical violence, sexual violence, and emotional violence than persons without disabilities⁷.



Collected data in 2020 indicates 28% increase in GBV incidents reported by survivors with disabilities compared to 2019. In line with previous years trend more people with physical disability reported incidents compared to people with mental disability.

This comes as a result of continues capacity building efforts by the Task Force members to other humanitarian aid workers and community based organisations staff who work with persons with

⁶ Women and young persons with disabilities <https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities>

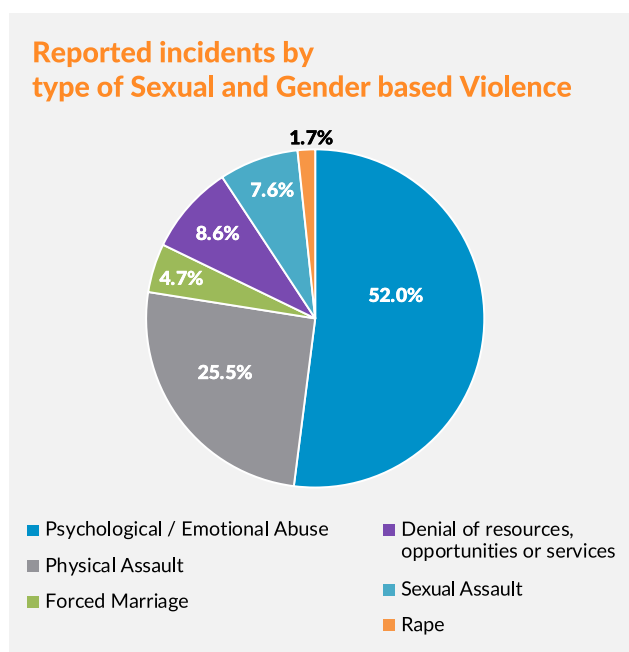
⁷ Management Sciences for Health & UNFPA, We Decide Young Persons with Disabilities: Equal Rights and a Life Free of Violence (May 2016), https://www.msh.org/sites/msh.org/files/we_decide_infographic.pdf

disabilities. Trainings were mainly focusing on conducting referrals to specialized services in accordance with GBV guiding principles. Other training initiatives also took place targeting caregivers of children with disabilities aiming to raise their awareness about available services and enhance outreach to those who exposed to GBV. Moreover, shifting case management services to remote modality facilitated for some and information campaigns made inclusive for people with disabilities impacted positively on their access to services and helped with overcoming barriers related to mobility and communication.

B | Types of Gender Based Violence

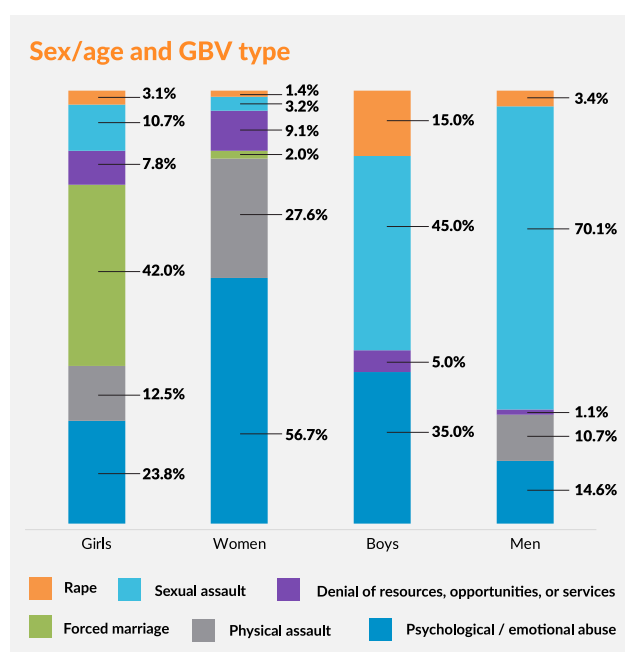
The GBV IMS categorizes GBV into six broad categories: rape; sexual assault; physical assault; forced marriage; denial of resources/opportunities/services; and psychological/emotional abuse⁸.

In line with previous years, the main types of GBV reported were psychological abuse (52%), physical assault (25.5%) and denial of resources opportunities or services (8.6%). Mainly in the context of domestic violence/intimate partner violence. Several assessments in Jordan have shown that Gender-based Violence -particularly domestic violence- has increased since the pandemic: A majority 69 percent of all survey respondents as well as key informants and women and girls in FGDs agree that GBV has increased since the beginning of the pandemic⁹, official data from family protection department corroborate those findings with 33% in increased cases of domestic violence reported during pandemic restriction time¹⁰.



Psychological/emotional abuse most commonly occurs in the form of "humiliation" and "confinement" by intimate partners (most typically husbands). In addition, this category also includes incidents of "verbal sexual harassment" and online harassment with more time spent online and on social media. Physical violence was also mostly perpetrated by intimate partners and took the form of beatings, slapping, and kicking among other types of violence. It is important to underline that physical assault has severe consequences on survivors and may result in the death of the survivors or cause disability as largely documented in Jordan during 2020¹¹. "Denial of resources" is the third most reported type of GBV. Women and

girls are increasingly reporting incidents of denial of resources, opportunity and services mainly perpetrated by their husbands and male relatives. Male perpetrators prevent women from having access to citizenship or documentation. Women are also excluded from decision-making within the family, around the use of cash assistance while others also report that their husbands would confiscate their salaries (employers are also reported to withholding part of the salary). Some survivors also shared that their husbands/male relatives would prevent them from accessing reproductive health and mental health services. In addition, women saw their inheritance rights curtailed as well as their rights to alimony or custody. Finally, women reported being denied opportunities to work as well as access to women empowerment activities or education. Controlling behaviors reported by girls include denial of access to school and tertiary education, limitations of movement and social contacts as well as access to reproductive health services for unmarried girls. Husbands or male relatives also prevent girls from attending girls' empowerment activities and other services. Denial of resources is therefore normalized within communities, women and girls are often unaware these incidents constitute gender-based violence.



Child marriages made up the largest number of forced marriages, predominantly affecting girls of 15-17 years old. Forced marriage constitutes only 4.7% of all of the reported cases, suggesting that few girls seek help to prevent marriage from occurring, but it is not indicative of prevalence. Indeed, the prevalence of child marriage would appear to be on the rise after a decade of decline. More than 1 in 4 children are married before the age of 18, and nearly 1 in 10 are married before the age of 15-years¹². Recently released statistics from Supreme Judge Department show a further increase in 2020, from 10.6% of registered marriages in 2019 to 11.8% in 2020¹³. A pandemic like COVID 19 present unique challenges that can increase child marriage both in the acute and recovery phases. Challenges include the loss of household income, higher risk of violence in the household and lack of access to schooling. The breakdown of social networks can also heighten families' and communities' desire to control girls' sexuality and protect their "honour". Parents might marry their daughters out of fear of pre-marital pregnancy or relationships, which can bring shame on the family.

⁸ For details on the case definition of each category please refer to the Gender Based Violence classification tool accessible at: <http://gbvims.com/wp/wp-content/uploads/Annex-B-Classification-Tool.pdf>

⁹ Daring to Ask, Listen, and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls' rights and sexual and reproductive health - April/May 2020 <https://reliefweb.int/report/jordan/daring-to-ask-listen-and-act-snapshot-impacts-covid-19-women-and-girls-rights-and-sexual>

¹⁰ <https://petra.gov.jo/Include/InnerPage.jsp?ID=154064&lang=ar&name=news>

¹¹ AWO, Impact of COVID 19 in Jordan on women and girls <https://data2.unhcr.org/en/documents/details/77515>

¹² Refer to: <https://www.unicef.org/jordan/reports/study-underlying-social-norms-and-economic-causes-lead-child-marriage-jordan>

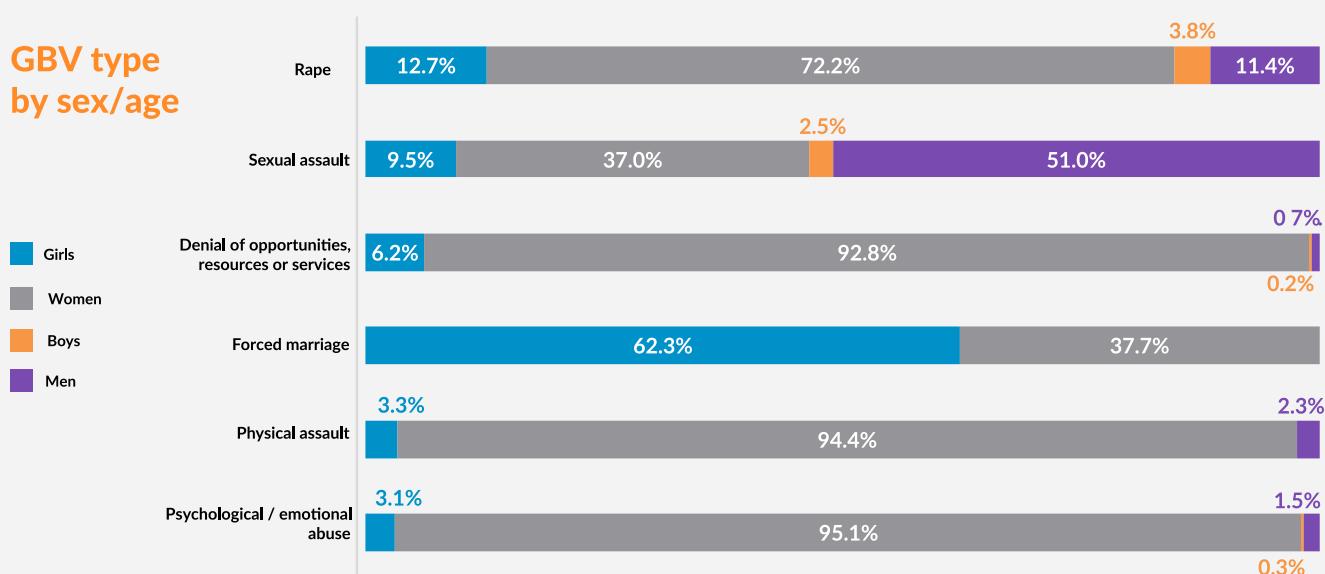
¹³ Supreme Judge Department Report for 2020. <https://sjd.gov.jo/EchoBusV3.0/SystemAssets/PDFs/AR/2020.pdf>

Sexual assault and rape constitute some of the most severe forms of GBV with life-threatening consequences, yet they are the most under-reported forms of violence. In 2020, the total number of reported sexual violence cases continued to increase (7.6% compared to 3.3% in 2018) but rape incidents reported remain low at 1.7%. Although "seeking-help" behavior increased, the stigma associated with seeking-help when subjected to sexual violence constitute a major barrier for survivors ability to come forward, coupled with the risk of honor killing . In addition, mandatory reporting requirements in Jordanian law prevent survivors who do not wish to file complaints from seeking much needed assistance (in particular medical assistance). Because also of COVID 19 situation women and girls were reluctant to seek help in health facilities where clinical management of rape is available, but the risk of infection is also perceived as higher. To note also that marital rape is not criminalized in Jordanian law and culturally even more are reluctant to call sexual abuse by their husband violence, and not reporting it, if

rape occurs within a marriage, the state defers to cultural ideologies of male dominance, ignoring the possibility that women have an individual right to bodily integrity, no matter what the context.

Women lack trust in gender justice although a number of improvements have been made to criminal laws enhancing gender justice. This include the removal of Article 308. However, a number of articles still provide no or only minimum protection from gender-based violence. This include lack of legal protection from so-called 'protective detention' in which women and girls whose lives are at risk for reasons related to family honour may be forcibly detained in detention centres for their own protection under the Crime Prevention Law No. 7 of 1954., anti-sex work laws, criminalization of abortion for rape survivors, lack of recognition of marital rape and lack of clear laws protecting women from sexual harassment including online harassment¹⁴.

GBV type by sex/age



To deepen the analysis, it is important to take into account age and gender. As indicated in the above chart, the main GBV type faced by girls who were assisted by the GBV IMS Task Force members, was: child marriage (42%); followed by emotional abuse. For the first time girls report more sexual abuse than denial of resources and opportunities.

Total number of girls seeking help was lower compared to previous year. Government lockdown measured further limited movement below the age of 16 and above the age of 60 and school were closed preventing girls from moving outside the house and accessing centers for help. Use of mobile technology and credit for surfing the net and call was also part of controlling behaviors that limited girls opportunities to seek help. As a result of the pandemic adolescent girls bear higher household burdens and have fewer positive outlets: 55 percent of adolescent girls reported that they and their peers are doing more household chores with the pandemic and the lockdown measures¹⁵.

Girls are also disproportionately taking on care of younger children in the household and helping them with their studies, leaving less time for themselves. Girls also lamented their inability to go out and meet their friends and attend school and express distress over the uncertainty of the future. When asked where they can go to express

their concerns about COVID-19 and ask for information and assistance, nearly half of girls named their family or their spouses, suggesting that many girls lack such an outlet in which they have a high level of trust outside of the family setting.

Women, on the other hand, have reported being most affected by emotional abuse (56.7%) and physical assault (27.6%), occurring mostly in the context of intimate partner violence as analyzed above. Confinement due to COVID 19 restrictions increased family tensions and spouse friction with limited outlet for stress release, moreover some men experienced laid off and spent more time home increasing frustration and controlling behaviors on family members.

Boys and men reported mainly incidents of sexual assault, often in the context of detention as well as discrimination and retaliation against gay/bisexual/transgender refugees.

This said, the chart below demonstrates clearly that women and girls are disproportionately affected by the different types of GBV. The number of girls reporting rape and sexual assault is low compared to other ages and sexes. Sexual violence is a risk for adolescent girls, but stigma, value of virginity, custody of male guardians and risk of so called "honour killing" are all factors contributing to the underreporting.

¹⁴ UNDP, UNWomen, UNFPA, ESCWA 2018 "Gender Justice and the law "https://jordan.unfpa.org/sites/default/files/pub-pdf/Jordan%20Country%20Assessment%20-%20English_0_0.pdf

¹⁵ UNFPA, IFH, Plan "Daring to ask listen and act" https://jordan.unfpa.org/en/resources/daring-ask-listen-and-act-snapshot-impacts-covid-womens-and-girls-rights-and-sexual-and

C | Service Provision

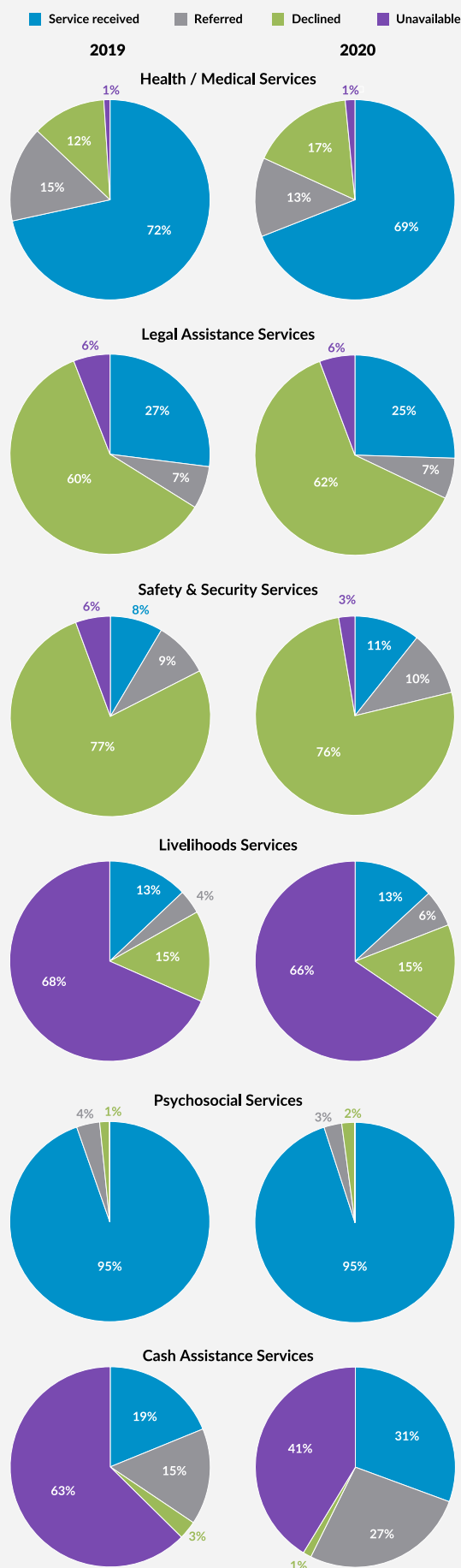
This year, continuing from the previous one, half of the cases that sought help were self-referred, meaning the survivor approached the case management agency directly. Different online campaigns during the summer contributed to disseminate information on hotlines and other channels to seek help either in person or phone based case management.

The number of referrals doubled compared to previous years, indicative of the impact of GBV "safe referral" training and the dissemination of the "Amaali" application¹⁶ amongst humanitarian workers. Also, collaboration and referrals with government authorities increased during lockdown, police referred cases to the NGO run shelter for a period of time when government led shelters were not ready to welcome new survivors. Referrals from schools and teachers did not happen this year also reflecting school closure and distance learning modality.

Referrals from health sector decreased this year, case management agencies believe this is also an effect of COVID 19 as survivors minimized contact with hospitals and health providers. In the course of recording a report of a GBV incident and undertaking case management, one of the key roles of data gathering organizations is to identify any needs for further services and ensure that survivors receive necessary support, either through referral to other specialized services or via direct provision by the same service provider. In 2020, case management agencies provided direct health services to survivors as -half of the actors in the GBV IMS taskforce applying an integrated approach to GBV and Sexual and Reproductive Health. This trend remains stable compared to previous years. Survivors declined referrals to health services oftentimes due to fearing a requirement for mandatory reporting to the police (which is particularly strict for Jordanian medical staff compared to other service providers). Health services are not automatically available for free to all GBV survivors, which may also contribute to survivors declining referrals. It is important to note here that the clinical management of rape (CMR) services are available in the camps and in Amman and other three urban areas. In 2020, 24/7 CMR coverage was available for the first time in public referral hospitals but because those were also COVID 19 hospitals referrals remained low. Advocacy to restrict mandatory reporting requirements only to child survivors is needed as well as advocacy with health actors to ensure access to free health care to all GBV survivors (for health concerns related to GBV. In 2021 Ministry of health is starting an IEC intervention to inform the public and other service providers of the CMR services in the 3 referral hospitals). Legal Assistance and security services remain some of the most sensitive areas of service provision, as the majority of survivors decline referrals. In the past three years, the number of declined referrals to legal assistance decreased from 66% in 2018 to 60% in 2019 and 63% in 2020. On the contrary, the security services, including both shelter and law enforcement agencies, for the past three-years remain the largest decline across all services (76% in 2020). Direct service provision under security refers to the Shelter managed by one of the data gathering organisations. Survivors have expressed fears of retaliation if seeking police assistance as well as fear of stigma due to lack of confidentiality and lack of survivor-centred approach within law enforcement actors (victim-blaming, perpetrators asked to sign pledges instead of serving jail terms). The legal system does not encourage survivors to come forward as specific types of GBV are not being criminalised (such as marital rape) or punishments being too lenient. In addition, instead of ordering jail terms for potential perpetrators of so called "honour killing", law enforcement authorities place women at risk of so called honour killing in detention centres for their own "protection". Finally, the Crime Prevention Law gives considerable powers to Governors, allowing them to place in administrative detention anyone who is perceived as posing a threat to national security. In practice, Governors have placed women in administrative detention who were seen as not complying with gender norms (such as women who are engaging in survival sex or women having relationships outside of marriage).

¹⁶ <https://play.google.com/store/apps/details?id=jo.dwt.sgbv&hl=en&gl=US>

Service Provision



Survivors might also be undecided about legal services at the beginning of the case management process and may actually request them later on if it is available. It is important to take into account that a considerable number of survivors directly approach legal service providers, which is not captured by GBV IMS data (this might be explained by survivors experiencing different levels of fear and type of safety concerns).

Survivors also generally decline referrals to safe shelter options. To the exception of an NGO run safe shelter, other safe shelters in Jordan are run by the Jordanian Government and have strict entry criteria. The latter are accessible only to adult female survivors of family violence who are willing to involve the Family Protection Department into their case while survivors with male children above 5 are not accepted. Most survivors, and in particular the ones who are not at imminent risk of abuse, would benefit from being provided with alternatives to institutionalization; such as the provision of monthly protection cash allowing survivors to cover rent and other urgent needs.

Regarding livelihoods, although Jordan committed at the global level to facilitate access to employment for Syrian refugees, this has not resulted in major changes on the ground for refugee women and GBV survivors. Opportunities for legal work aligned with the needs of Syrian refugee women continues to be limited. Of all services, livelihood shows the largest gap in service availability, with more than 66% of survivors unable to access livelihood services due to unavailability of such services. Only 19% of survivors in need received the services either directly or referred to another agency. Only 15% declined referral because of the limited "day-care" options for children of survivors as well as lack of safe transportation options (risks of sexual harassment in public transport) are prompting survivors to decline services. Additionally, gender norms on access to work for women also push female survivors not to engage in work opportunities outside of their home. Finally, it has been noted that in some refugee households, the sudden employment of women who did not work previously due to cultural norms, might be perceived as a threat to male power, which might in turn lead to an increase in the risk of intimate partner violence. Gender discussions groups have been recognised by the GBV IMS Task Force as a good practice. Risk mitigation measures should be implemented urgently in livelihood programming to ensure "safe" and "effective" access to services for women and groups at heightened risk of GBV.

Cash-based interventions is the sector that has changed the most compared to previous years recording an improvement in the assistance provided to survivors. In 2019 only 34 % of survivors either received or were referred to cash assistance, in 2020 the beneficiaries in need that received these services increased to 58%. In line with this positive trend the unavailability decreased from 63% to 41%. In previous years survivors who needed urgent cash assistance often were unable to receive it on the spot and might have to undergo multiple interviews before being able to receive cash. This is because most data gathering organisations had not embedded tailored cash-based interventions into their GBV case management programmes, forcing them to refer survivors to cash-based interventions designed to cover basic needs. Survivors who were provided with monthly cash-based interventions to cover basic needs often reported that the amount was not enough to help mitigate risks of GBV. In the last year an increasing number of case management agencies has started cash based intervention embedded in GBV case management with a positive effect on referral and safety outcomes.

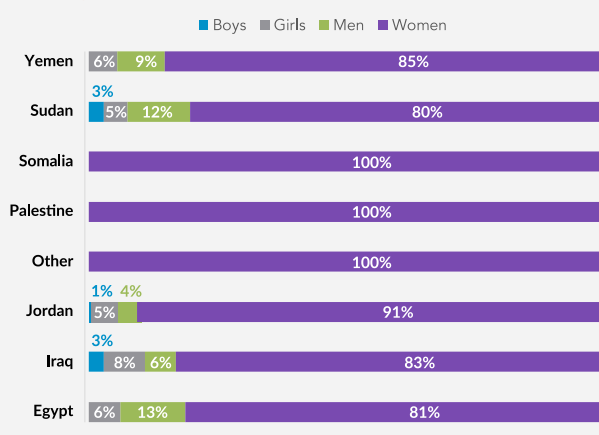
Psycho-social services remain the most available services for survivors throughout the country (gaps identified in specific underserved urban locations as well as remote locations), and is the most common service provided directly by the case management agencies, indeed 95% mostly through case management approach or specialized psychosocial support provided by same agency. Data shared by data Gathering Organisations is based on information collected with survivors during psycho-social service provision, thus data on psycho-social service provision should be understood within this context. Moreover, referral pathways are an essential part of the response to GBV, establishing connection between survivors in need and the services they require. Although it is clear from the above information on referrals done by GBV partners that the mechanism is strong and moving in a positive direction, referrals from other providers to GBV providers remain weak.

04 Thematic Focus

A | Non-Syrian GBV survivors

The majority of GBV survivors served by case management agencies are Syrian refugees, followed by Jordanian from host communities. This thematic analysis wants to look closer to the different GBV risks experienced by other nationalities and reported to case management agencies

Sex/Age type by nationalities for Non-Syrian survivors



The analysis by sex and age show that across all nationalities disproportionately more adults seek help and more women. GBV survivors of Jordanian and Iraqi nationality follow a similar pattern of reporting with mainly women seeking help and reporting domestic abuse/IPV in the form of emotional, physical violence and denial of resources. Palestinian women although reporting emotional and physical abuse do not report incidents of denial of resources, this might be linked to less incidence or less awareness in the community of their rights to property, earnings and access to services. Forced marriage is not much reported by refugees of other nationalities but Yemeni. Rape that is reported by 1.7% of total survivors is highly reported in other communities like Somali, Sudanese and other nationalities especially rape in country of origin reported by men in the context of detention or persecution. Evidence on GBV risks faced by refugee of other nationalities

remains limited, a study conducted on the Sudanese and Yemeni community shows that GBV is common in the community and in the workplace, informal working arrangements and lack of work permits increases risks. Sudanese participants face difficulties finding housing and, along with Yemenis, move frequently, often because they are unable to pay their rent. Rental agreements are uncommon, evictions are carried out without any formal process, and participants often move when they have a dispute with a property owner, this poses also risks of different forms of exploitation and abuse¹⁷.

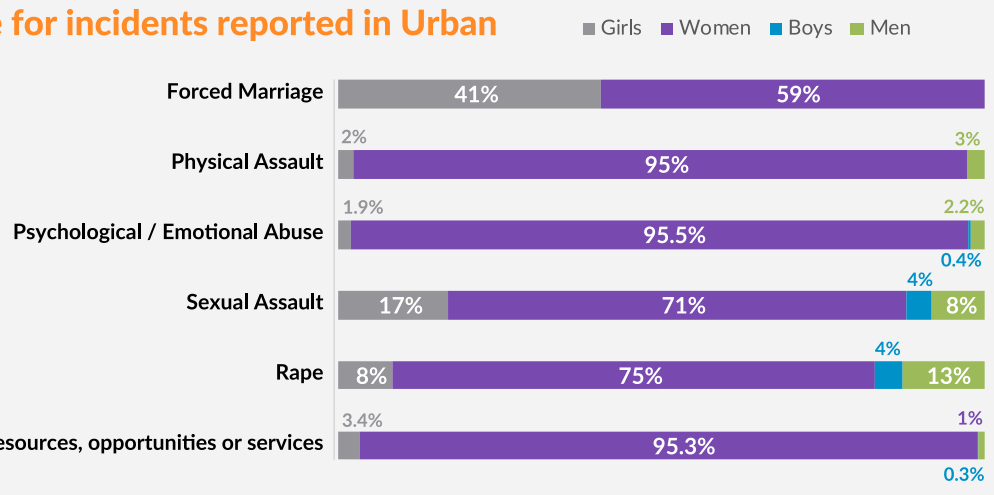
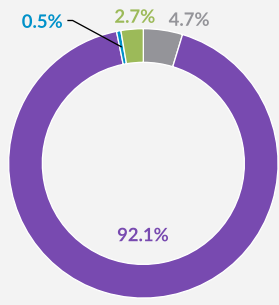
In terms of other nationalities this includes mainly English speaker survivors in Jordan as migrant workers of African origin or from South East Asia. Emerging data suggests that conditions for female migrant workers have further deteriorated as a result of COVID-19 implementing strict social distancing measures. This has a number of implications for female migrant domestic workers, not only related to their basic health and safety, but also in terms of their exposure to GBV, both in their work environments, and in the larger community. Not only do abusive employers, their children and relatives have increased access to vulnerable female migrant domestic workers, stressors have increased that may in turn increase the frequency and severity of abusive behavior in addition to increased work demands.

In Jordan, at least one-third of the 75,000 migrant domestic workers have lost their incomes and many their jobs. As noted above, if these workers escape the attention of the authorities, they become undocumented. They typically rely on irregular daily jobs to survive, but the demand for this type of work has plummeted as a result of the COVID-19. Unable to pay rent, these undocumented workers face the risk of eviction from their apartments. Their economic vulnerability puts them at high risk of and sexual exploitation, abuse and harassment by landlords and others¹⁸.

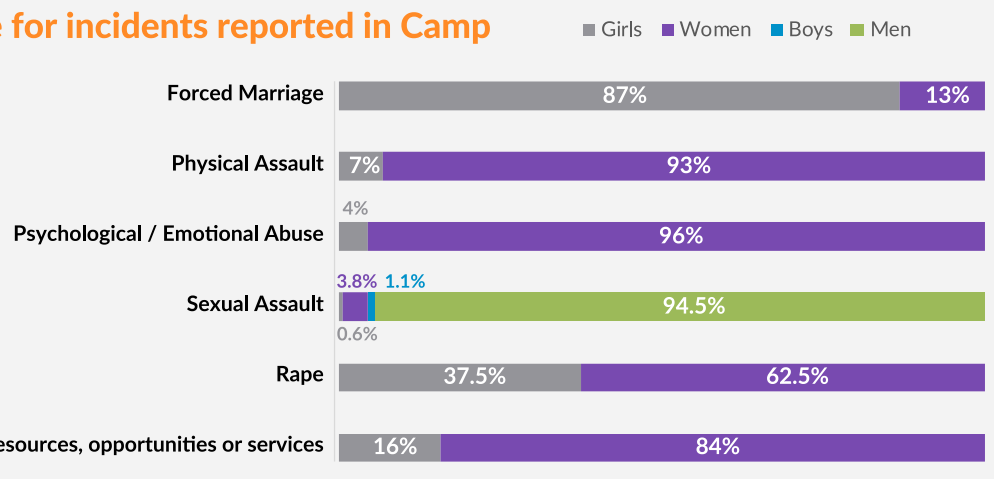
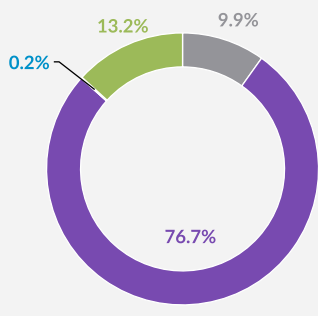
¹⁷ NRC, 2019 Realizing the rights of asylum seekers and refugees in Jordan from countries other than Syria with a Focus on Yemeni and Sudanese <https://reliefweb.int/report/jordan/realizing-rights-asylum-seekers-and-refugees-jordan-countries-other-syria-focus>

¹⁸ Rana Aoun 2020, COVID 19 impact on female migrant domestic workers in the middle east <https://gbvaor.net/sites/default/files/2020-05/COVID-19%20and%20Impact%20on%20Vulnerable%20Female%20Migrant%20Domestic%20Workers%5B5%5D.pdf>

GBV type by sex/age for incidents reported in Urban



GBV type by sex/age for incidents reported in Camp



Data gathering organizations part of the GBV IMS taskforce provide services across the Kingdom of Jordan covering 12 urban areas/host communities¹⁹ and four refugee camps Zatari, Azraq, Emirati Jordanian Camp and King Abdullah Park. Sex and age analysis confirm that in all settings women are more affected by GBV, notably in camps there are more men that report violence than in urban areas. Men in camps report mainly conflict related sexual violence in country of origin. Outreach teams in the camp equipped with male social workers facilitate contact, trust and disclosure. Notably rape in camp is only reported by women and girls to the data gathering organizations, whilst in urban areas by all sex and age groups. Boys report different forms of violence mainly to child protection actors this might explain the low report in urban but especially in camps. Adolescent girls in camps report mainly forced marriage but also rape and denial of resources opportunities and services. Those data are not surprising as recently released statistics

from the Sharia Court in Zaatari camp show that in 2020 60% (58% in 2019 and 78% in 2018) of total registered marriages are child marriage, a percentage largely above the national average.

Sexual harassment remains an issue in both urban and camp settings. A recently joint assessment conducted by protection agencies and led by DRC in Azraq camp show that sexual harassment was mentioned as an issue in 79% of FGDs and the majority of KIIs. In community mapping exercises, sexual harassment was mentioned to occur in public places where large gatherings occur: Hospital, Sameh mall, market, water and distribution points. Adolescent girls are perceived to be most at-risk, therefore families impose on them more movement restrictions and this impedes access to services²⁰.

¹⁹ Amman Governorate, Zarqa Governorate, Mafrqa Governorate, Irbid Governorate, Balqa Governorate, Jerash Governorate, Ajloun governorate, South of Jordan (including Aqaba, Tafilah, Karak, and Ma'an), and Madaba Governorate.s

²⁰ Gender-based Violence Risk Assessment Azraq Camp - November <https://data2.unhcr.org/en/documents/details/85281>



Recommendations

Recommendation	Responsible	Timeline
Develop messages to advocate with national authorities for the enhanced respect of the survivor-centered approaches within law enforcement authorities and for lifting legal mandatory reporting requirements or provide more guidance to service providers for adult survivors of GBV.	GBV Actors + UNFPA (advocacy paper)	Mid-year
Developing innovative approaches to reach adolescent girls and facilitate their access to GBV services.	GBV actors	End of the year
Research on obstacles to seek help and delay in seeking help. Promote innovative community-based approaches to disseminate information on availability of compassionate and confidential GBV case management services and clinical management of rape services.	GBV Actors	Mid-year
Continue building the capacity of caregivers and raising their awareness about risks of GBV that children and persons with disabilities may expose to, how to seek support and available services.	GBV actors	Ongoing
Conduct an analysis of time lags in help seeking behavior and the type of violence or advocate for the inclusion in other larger studies	GBV WG	By the end of the year
Update GBV referral pathways per field location, through “Amaali” application. It’s important to emphasize that Amaali-app is the only source of information for GBV referral pathway. Conduct briefings to other sectors to disseminate Amaali APP and IEC materials among staff and beneficiaries	GBV WG and field WG	Ongoing
Continue to conduct GBV safe referral trainings for non-specialized frontline workers (including refugee protection volunteers, community leaders, community based organisations and health service providers).	GBV WG national and field	By the end of year
Raise awareness on marital rape for community and service providers including right to seek help whilst advocating for law revision to criminalize it	GBV actors and SRH service providers	Ongoing
Update the mapping of Clinical management of rape services and ensure inclusion in “Amaali” app as referral.	RH working group	Urgent
Increase knowledge of the newly available CMR services 7/24 in 3 referral hospitals and add on Amaali app	RH working group/ UNFPA	By mid year
Increase availability of GBV services in underserved/remote areas (including case management services), increase accessibility for non-Syrian refugees (including through increased outreach and expand support lines), while maintaining level of engagement with Jordanian survivors. GBV services should be available to all nationalities.	GBV actors (with support from donors)	Ongoing
Disseminating information among community about available GBV services and Amaali application using different approaches including online platforms.	GBV actors, UNHCR	ongoing
Strengthen collaboration with CBOs and organizations working with specific vulnerable groups as LGBTI, sex workers to increase referral and access to services for support. Train GBV service providers, CBOs and GBV case management agencies on LGBTI rights to ensure inclusivity of existing GBV programs.	GBV Actors	By the end of the year
Conducting a round table discussion with GBV actors which work with LGBTI community to discuss the outcomes of INTERSOS assessment, enhance the inclusivity of the services and appliance of survivor centered approach when providing the services.	INTERSOS and GBV actors.	By mid-year

Increase tailored cash based interventions for GBV survivors including interventions which support identification of safe accommodation in urban areas while covering the rent through cash, as alternative to institutionalized shelters (for survivors not facing imminent risks), emergency cash and cash for transportation	GBV actors	As soon as possible
Updating the cash assistance services map and include it in the Amaali application.	GBV and Cash for Protection Coordinators.	By mid-year
Provide a guidance note to standardize CVA and GBV interventions	GBV and Cash for Protection Coordinators.	By Mid-year
Increase access to livelihood activities (including by providing childcare, cash for transportation as well as support to ensure safe transportation), and sustainable income generating opportunities to expand empowerment activities for women and ensure services inclusivity of other groups at risk of GBV within existing GBV programs.	GBV actors and livelihood WG	Urgent
Ensuring security services are survivor centered and always same sex officers are dealing with cases. Moreover, review the "pledge" system as is not an effective protection measure for women from IPV. Extend the capacity building initiatives to women police and other governmental entities.	Government stakeholders	As soon as possible
Build capacity of different security and legal stakeholders on attitudes beliefs and stigmatization and survivor-centred approach	GBV Actors/ Government actors	As soon as possible
Enhance programming involving social norms interventions such as "Gender Discussion Groups" or support groups where spouses are sensitized about gender equality.	GBV, protection actors, NHF	As soon as possible
Reduce risks of sexual violence in identified risk areas. Conducting safety assessment and advocating with other sectors for risk mitigation measures.	GBV WG and IOM	By the end of the year
Continue campaigning on online sexual harassment including blackmailing and explore innovative solutions for addressing online risks	GBV actors and donors	As soon as possible
Tailor programming for unmarried adolescent girls and working on stigma. Tailor programming for married adolescent girls on how to cope with family and violence and delay pregnancies.	GBV Actors	As soon as possible
Increase outreach for people with disabilities by build capacity of case management agencies and GBV actors. Increase referrals to case management agencies from other protection actors.	GBV Actors; IRC	As soon as possible
Increase knowledge and awareness of GBV risks faced by refugees of other nationalities and migrant workers and improve access to services	GBV Actors	Ongoing
Advocate to include GBV services as a lifesaving key priority and increase funding for case management and other empowerment activities through pool funds and support to Women Organizations	OCHA/Donors	Ongoing
Fund knowledge products on lessons learnt, good practices on what works to combat GBV and increase inclusivity of services	Donors	Ongoing
Consult with coordination group GBV WG and GBV IMS taskforce on gaps and priorities	Donors	Ongoing

DEVELOPED IN COORDINATION & COOPERATION WITH



CONTACT INFORMATION

GBV IMS TASK FORCE CO-CHAIRS

Mays Zatari (zatari@unhcr.org)
Pamela Di Camillo (dicamillo@unfpa.org)