

# Gender-Based Violence Information Management System (GBVIMS)

## Mid-Year Report 2015

### SGBV Sub-Working Group Jordan

## Background

In October 2015 the Gender-Based Violence Information Management System (GBVIMS) Task Force compiled and generated the Mid-Year report. This report covers incidents reported to the GBVIMS agencies from 1<sup>st</sup> January to 30<sup>th</sup> June 2015 in Amman Governorate, Irbid Governorate (including Cyber City and King Abdullah Park), Mafrq Governorate (including Zaatari Refugee Camp), Azraq and Emirates Jordanian Camps.

It provides specific non-identifiable information on survivors, types of violence, perpetrators, country and location of incidents, and service provision to the population affected by the Syrian refugee crisis in Jordan in camp and urban settings.

Following the signature of the GBVIMS Inter-Agency Information Sharing Protocol (ISP) in June 2014, the Task Force generates monthly, quarterly and annual reports disaggregated by geographical location and agencies. The **compiled information is confidential and cannot be reproduced without the authorization of the GBVIMS Task Force**.<sup>1</sup> Any request to share GBVIMS information with external parties or obtain additional reports **must be directed to the GBVIMS coordinators**: Ana Belén Anguita Arjona, UNHCR [Anguita@unhcr.org](mailto:Anguita@unhcr.org); Fatma Khan, UNFPA, [fkhan@unfpa.org](mailto:fkhan@unfpa.org).

## Main findings and SGBV programme implications of GBVIMS Mid-Year Report

### Survivors

During the period under review most survivors reporting SGBV and receiving specialized services were women and girls (92%), but men and boys also reported and received services (8%)<sup>2</sup>. The SGBV sub-working group has developed a strategy

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<sup>1</sup> All members of the GBVIMS Task Force have signed onto an **Information Sharing Protocol** which lays out detailed procedures, ground rules and agreements to ensure the confidentiality and security of the data gathered.

**Data reports will only be shared on a regular basis with pre-approved external actors**, as explained in the Information Sharing Protocol. The information shared with pre-approved external actors is confidential and **cannot be reproduced without the authorization of the GBVIMS Task Force**. To reduce the risk and mitigate the impact of inappropriately shared data, **all information requests** that fall outside the Information Sharing Protocol will be reviewed on a case by case basis. Any request from external actors for access to consolidated GBVIMS information **must be directed to the UNHCR and UNFPA focal points** in order to initiate the authorization process among the data gathering organizations. GBVIMS data is not to be used for follow up on individual cases. Provision of referrals and agreed case management procedures are established in different documents.

It is important to note that **consolidated data relates to reported cases exclusively, and is in no way representative of the total incidence or prevalence of SGBV** in one location or group of locations. Sufficient explanation regarding the limitations of considering reported cases and trends in reporting should be provided in all external communication documents, after permission is received from the contributing agencies.

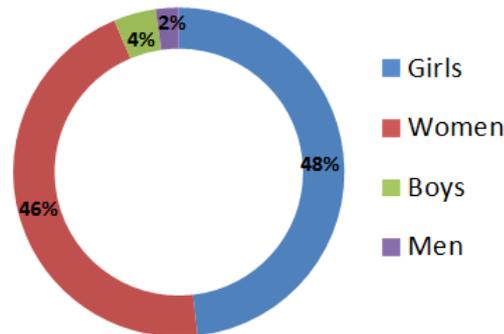
[data.unhcr.org/syrianrefugees/download.php?id=8611](http://data.unhcr.org/syrianrefugees/download.php?id=8611)

<sup>2</sup> This trend is consistent with the greater vulnerability to SGBV of women and girls and the over-arching discrimination they experience. IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery.

to increase opportunities of disclosure for incidents by men and boys, including training and awareness raising interventions.

Efforts of the SGBV sub-working group to further mainstream SGBV in child protection programmes, including through intensive training roll-out of the inter-agency CP and GBV Standard Operating Procedures and referral pathways for all CP actors, have contributed to an increase in the relative percentage of children accessing services (from 32% in 2014 to 48% in 2015).

**Figure 1: SGBV Incidents by Age & Sex**

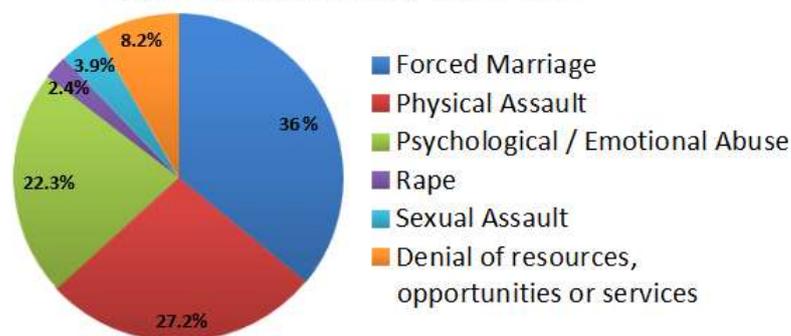


In contradiction with the high vulnerability of *people with specific needs* to SGBV, the percentage of incidents reported by this group is very low (1.8%). The SGBV SWG collaborates with agencies specialized in people with disabilities to re-assess accessibility of community centers and develop the capacity of SGBV survivors to work with people with disabilities.

## Types of SGBV<sup>3</sup>

The compiled GBVIMS report indicates that *domestic violence* continues to be the main type of SGBV for which survivors receive support. 49.5% of survivors were subjected to physical assault and psychological abuse (22.3% psychological/emotional and 27.2% physical assault), 36 % to forced marriage, 8.2 % to denial of resources and 6.3 % to sexual violence (2.4% rape & 3.9 % sexual assault).

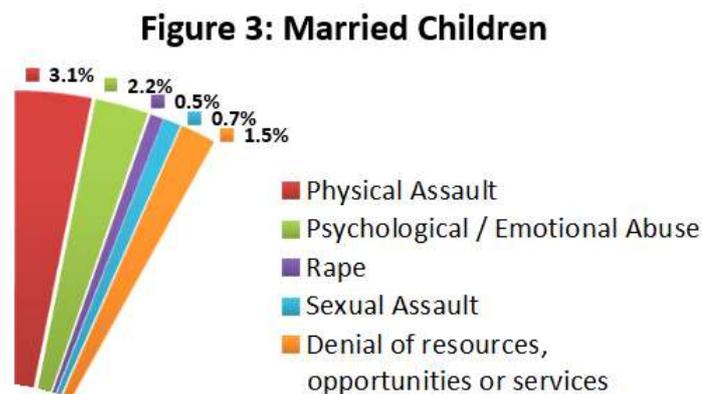
**Figure 2: Incidents by SGBV type**



<sup>3</sup> The agreed definition of SGBV types is included in the Inter-agency SOP for prevention and response to SGBV and Violence, Abuse, Neglect and Exploitation of children in Jordan, Edition 2014. ( page 10) [data.unhcr.org/syrianrefugees/download.php?id=9675](http://data.unhcr.org/syrianrefugees/download.php?id=9675)

*Early marriage* is considered an accepted practice for many Syrians and therefore is either not considered as a form of SGBV by the affected population, or does not always carry the same level of stigma as other types of SGBV and incidents were relatively easily disclosed by survivors. The lower rate of arrivals of Syrian refugees in 2015 in comparison with previous years, contributed to a slight increase of the percentage of marriages conducted in Jordan (62 %) as opposed to 2014 (43.7 %).

Survivors of early marriage are often at higher risk of other types of SGBV<sup>4</sup>. The graph below shows the various types of SGBV reported by married children under 18 years. During the reporting period 3.1% of them reported physical assault as the most commonly experienced form of SGBV and 2.2% reported psychosocial/emotional abuse.



Ensuring access of married children to reproductive health services, training and life skills is essential to prevent associated SGBV incidents after the marriage. SGBV service providers continue to strengthen prevention of early marriage and associated forms of SGBV, as well as support to married girls and boys through community-based strategies, provision of psychosocial services, health (including reproductive health), cash assistance and legal aid.

*Sexual violence* was reported as being perpetrated in Jordan (60.6%), but also in Syria (19.2%), Iraq (14.1%), and other countries (6.1%). The considerably high percentage of incidents of sexual violence happening in the countries of origin can be correlated with country of origin reports<sup>5</sup> that describe systematic use of rape and sexual violence in conflict areas.

In order to ensure safe and confidential access for survivors to specialized health, justice, and security services, the SGBV SWG will continue supporting the Jordanian authorities to develop and implement a National Protocol for Clinical Management of Rape, while training government and non-government SGBV service providers on SGBV interview techniques and psychological first aid.

<sup>4</sup> UN Handbook for the Protection of Women and Girls, January 2008, page 131 available at: <http://www.refworld.org/docid/47cfc2962.htm> and Women's and Children's rights. Making the connection, September 2010, page 40 available at: [http://www.unfpa.org/sites/default/files/pub-pdf/Women-Children\\_final.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Women-Children_final.pdf).

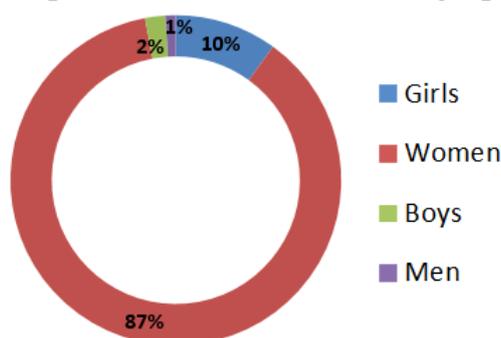
<sup>5</sup> RW - Human Rights Watch: ISIS Escapees Describe Systematic Rape, 15 April 2015; [http://www.ecoi.net/local\\_link/300678/423343\\_en.html](http://www.ecoi.net/local_link/300678/423343_en.html) ; HRC - UN Human Rights Council (formerly UN Commission on Human Rights): Report of the Office of the United Nations High Commissioner for Human Rights on the human rights situation in Iraq in the light of abuses committed by the so-called Islamic State in Iraq and the Levant and associated groups [A/HRC/28/18], 27 March 2015 [http://www.ecoi.net/file\\_upload/1930\\_1429255287\\_a-hrc-28-18-eng.doc](http://www.ecoi.net/file_upload/1930_1429255287_a-hrc-28-18-eng.doc) "In August 2014, ISIL seized the districts of Sinjar, Tel Afar and the Ninewa Plains; UN Security Council: Conflict-related sexual violence; Report by the Secretary-General [S/2015/203], 23 March 2015 (available at [ecoi.net](http://www.ecoi.net)) [http://www.ecoi.net/file\\_upload/1226\\_1429094254\\_n1508136.pdf](http://www.ecoi.net/file_upload/1226_1429094254_n1508136.pdf) <http://www.un.org/sexualviolenceinconflict/countries/syrian-arab-republic/>

## Types of SGBV incidents, perpetrators and incident location

During the reporting period most of the incidents disclosed by survivors were perpetrated by members of their nuclear families, mostly by spouses, parents/care givers and at the survivors' or perpetrators' homes (84.7%). Most incidents of physical assault and emotional abuse reported were perpetrated at home.

The chart below shows the percentage of incidents of physical assault and emotional abuse perpetrated by family members at survivors' or perpetrators' home disaggregated by age and sex.

**Figure 4: Domestic Violence by Age & Sex**



The negative effects of *domestic violence* include serious social, psychological and health problems that could ultimately lead to death.<sup>6</sup> The SGBV SWG will continue supporting national institutions and humanitarian actors to ensure that the service delivery contributes to prevention of SGBV including those happening in the domestic environment where the majority of disclosed incidents are reported. The SWG will continue focusing on ensuring access to services by individuals who live in isolation, particularly women and girls. A key strategy will be for community-based programmes to integrate the provision of legal aid and awareness raising in their regular service delivery.

## Service provision

The services offered to SGBV survivors are livelihoods, psychosocial support, security provision, legal assistance, safe shelter, and health.

- *Livelihoods services* (food and non-food items, cash assistance, self-reliance, or life-skills training) are not always available mainly due to the implementation of strict government policies on refugees' access to labor market and other self-reliance activities. The limitation of livelihood services reduces considerably the opportunities for preventing further incidents and for exiting the continuation of violence. Following the advocacy of the SGBV SWG, the Protection Working Group and other refugee coordination sectors, the Jordan Response Plan 2016-2018<sup>7</sup> incorporates references to livelihoods programmes for refugees & vulnerable Jordanian families in the Social Protection Sector within the framework of reducing social tensions and fostering social cohesion.

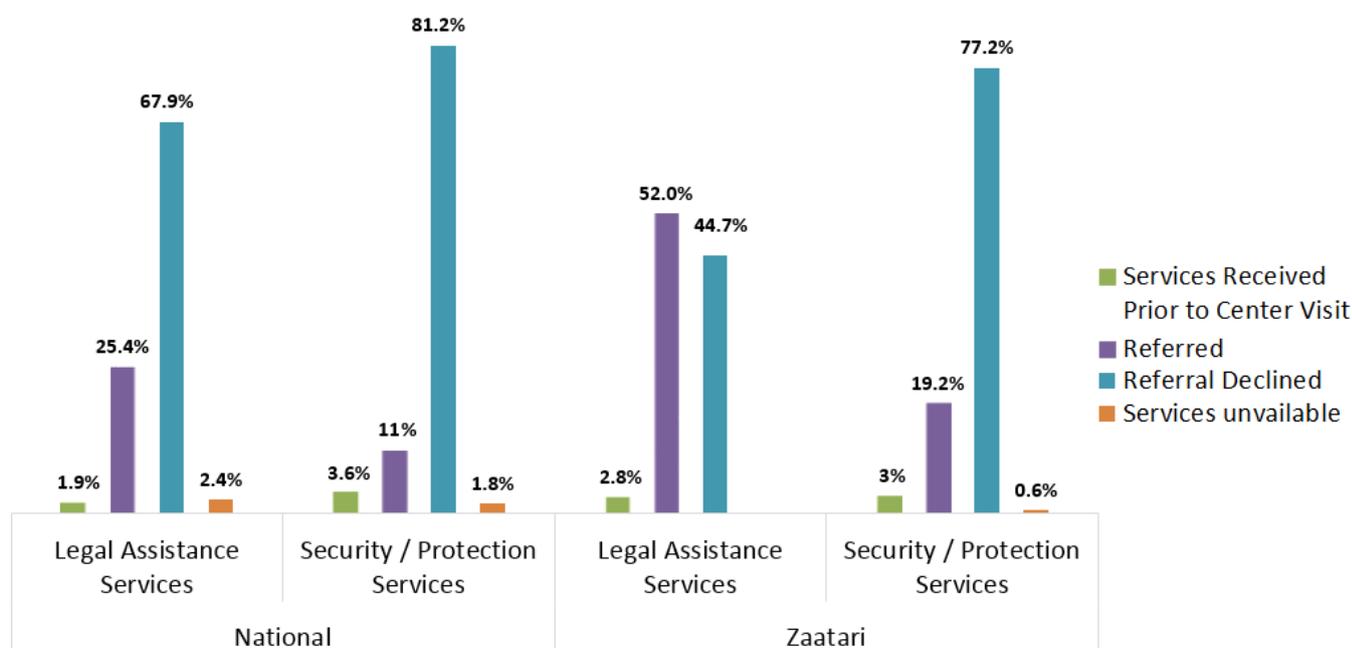
<sup>6</sup> "Violence Against Women a priority health issue" WHO, [http://www.who.int/violence\\_injury\\_prevention/media/en/154.pdf](http://www.who.int/violence_injury_prevention/media/en/154.pdf)

"Responding to intimate partner violence and sexual violence against women"  
<http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>

<sup>7</sup> The Jordan Response Plan is available at: <http://www.irpsc.org/>

- *Psychosocial services* are provided to most survivors. This is consistent with the case management approach in Jordan where Women & Girls' spaces, Child Friendly Spaces, help-desks, counselling and registration sites are the main entry points for SGBV cases. It is believed that enhancing inclusion of people with disabilities, men and boys & Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) by improving access to psychosocial support services will increase their opportunities to disclose and prevent SGBV incidents and improve access to specialized services.
- *Legal services* are sometimes declined by SGBV survivors, which may be due to multiple factors. Among others, may be the fact that legal services can be seen as tied to either penal or family code matters, both of which could have negative repercussions for the survivor, including but not limited to stigmatization and additional security risks. As per the 2014 and 2015 work plans, the SGBV SWG has scaled up the provision of legal aid through the deployment of specialized lawyers in women and girl's safe spaces in refugee camps, which has contributed to an increased access to legal services in the geographical areas where this project was piloted.

**Figure 4: Access to Legal & Security Services**



- *Safe shelter services* even when needed are often declined by survivors for multiple reasons. One of the reasons may be the stigmatization attached to being sheltered, also linked to potential prosecution of survivors' family members (who are mainly reported as the perpetrators). SGBV service providers promote the implementation of safe shelter through the engagement of the community.
- *Health care* is a primary entry point for survivors of physical assault and sexual violence, however, it is frequently declined by survivors. The absence of national protocols for clinical management of rape and the regulation of mandatory reporting by medical doctors to security forces could be main reasons for survivors' resistance to approach health services. As a priority the SGBV SWG will provide technical support to the national institutions to develop protocols and practices that ensure safe access to health services

## Summary of Recommendations

- **Maintain and strengthen access to specialized health and legal services for all survivors**, through development of national protocols for clinical management of sexual violence and guidelines for legal practitioners while expanding legal services at community-based level to improve informed decisions by survivors and mitigation of the negative effects of mandatory reporting.
- **Increase access to livelihoods**, through continued advocacy and support to the government to improve access to self-reliance opportunities for individuals at risk of SGBV and survivors of SGBV as a mechanisms which can help to reduce and prevent future incidents of violence and abuse.
- **Improve access to services by refugees who live in isolation or in marginalized situation**, including people with disabilities. In this regard, more attention is needed to access barriers for people with disabilities, refugees with restricted movement, LGBTI individuals and other vulnerable groups;
- **Enhance the implementation of community-based strategies** to increase opportunities for disclosure and facilitate safe and confidential access to services in a culturally appropriate environment.
- **Facilitate disclosure of other SGBV incidents** (such as denial of resources, physical assault, sexual violence and emotional abuse) associated with early marriage and further improve tailor-made support to married girls and boys.
- **Conduct regular consultations with women, girls, men and boys** to identify safety risks while building the capacity of service providers to identify and respond to safety risks.

**For further information on the GBVIMS and the roll-out in Jordan, please contact the GBVIMS Coordinators:**

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The objective of the SGBV SWG is to strengthen multi-sectoral SGBV prevention and response in the context of the Syrian refugee emergency in Jordan.

The group is chaired by UNHCR and UNFPA. Members of the Sub-Working Group include UN agencies, international and national NGOs, ministries of the Government of Jordan and national institutions.

