

Background

This report provides information on incidents of Sexual and Gender-Based Violence (SGBV) reported by SGBV survivors in Jordan during 2016. The trends captured in the report are based on the information gathered with the consent of survivors by 5 organizations who provide case management, multi-sectoral services (through direct service provisions or referrals) and activities focused on prevention and empowerment to the survivors and those at risk of sexual and gender based violence. The GBVIMS Task Force¹ is responsible for gathering, maintaining and analyzing data related to SGBV, and for ensuring the security and protection of sensitive data concerning SGBV. The Task Force is also responsible for providing strategic directions to SGBV programs based on identified gaps and trends.

It is important to highlight that the data and trends noted in this report cannot be considered representative of the prevalence of SGBV in Jordan (or among refugee populations) as these trends are based solely on incidents reported by survivors to the Data Gathering Organizations (DGOs) engaged in SGBV response and using the GBVIMS. Moreover, GBVIMS is devised to complement existing case management processes, as it cannot track survivor's data over time. Hence, it is not advisable to use findings of GBVIMS as a proxy of the prevalence of SGBV in any settings or to use it in isolation to monitor the quality of programmatic interventions. However, the collected data can help to facilitate humanitarian and other agencies to promote and protect the safety, respect, dignity and consent of SGBV survivors at every step, and allows service providers to better understand the SGBV cases being reported. Despite the above limitations, the GBVIMS is considered as the highest quality SGBV incident data currently available to the humanitarian actors, which can be used effectively for trends analysis and to improve coordination of SGBV prevention and response.

Context

In 2016, the prolonged nature of the Syrian crisis continued to exact a heavy toll on the 655,344 Syrian refugees registered with UNHCR in Jordan: of the Syrian refugee population, 25.7% are women; 23.3% men; 24.8 girls, and 26.2% boys.² Between women and girls, females comprise more than half of the refugee population (50.5%). Note that Government of Jordan census figures indicate that there are a total of 1.265 million Syrians in the country overall,³ of which 655,344 are registered with UNHCR as refugees. The year was marked by the rapid increase in populations stranded at the northeastern border of Syrian and Jordan, where by year-end an estimated 72,000 Syrians were living in makeshift settlements at Rukban and Hadalat,

¹ GBVIMS Task Force members have signed an Information Sharing Protocol to ensure confidentiality and to establish procedures for data sharing. To inform advocacy and programming decisions, data and reports are shared on a periodic basis, with pre-approved recipients only. Sufficient explanation regarding the limitations of the data and the identified trends should be provided in all external communication documents, after permission is received from the contributing agencies. All requests for additional information/data to substantiate the trends presented in this report must be directed to the GBVIMS Task force coordinators: Emilie Page, UNHCR, page@unhcr.org and Fatma Khan, UNFPA, fkhan@unfpa.org.

² For further detail and updated population data, please see UNHCR Syria Regional Refugee Response portal, Jordan: <http://data.unhcr.org/syrianrefugees/country.php?id=107>

³ <http://www.jordantimes.com/news/local/population-stands-around-95-million-including-29-million-guests>

unable to cross Jordan's closed border. New arrivals during the year increased rapidly between April and June, thanks to an intensive advocacy effort to ensure access to persons in need of international protection. This resulted in more than 22,000 new arrivals in the country testing the capacity and responses services in Azraq Camp, where new refugees have housed in conditions with (initially) very limited services, overcrowding in temporary reception facilities, restricted movement even within the camp, and uncertainty about their future in Jordan pending a long security clearance process conducted by government authorities. At the close of 2016, more than 11,000 refugees in Azraq Camp remained restricted to specific areas of the camp, pending security clearance.

In late June 2016, a vehicle-borne improvised explosive device was detonated near a Jordanian border post at the Rukban settlement location, killing seven members of Jordanian security forces, and injuring others. Following this attack and loss of life, the border was declared a closed military zone, and no further admissions were permitted during the year. Jordan is not signatory to the 1951 Refugee Convention nor the 1967 Protocol, and has no refugee-specific legislation governing refugees and asylum-seekers. While refugees have been largely welcomed in Jordan and supported with a fairly broad array of rights and services, deportation of refugees rose sharply following the Rukban attack, largely on the basis of allegations of posing a national security threat such as by maintaining connections with Syrians still in Syria. Syrian refugees in Jordan, having exhausted their own financial resources, continued during 2016 to rely on negative coping mechanisms such as early marriage, school dropout, personal debt and child labour to meet families' basic needs, increasing their exposure to exploitation or human rights violations, and limiting the future opportunities of their children due to leaving school and marrying early.

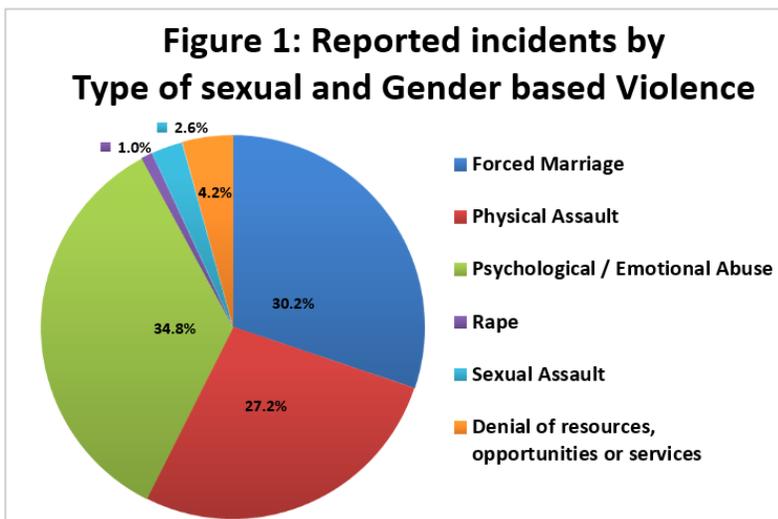
Syrian refugees are not the only refugees in Jordan. In addition to Palestinian refugees, in 2016 Jordan hosted some 61,002 Iraqi refugees (29,553 female, 31,451 male), including many from ISIS-affected areas in western Iraq. Throughout the year the number of Yemenis rose sharply as the war in Yemen intensified, leading to a population of 5,697 Yemeni refugees by year-end (1,842 female, 3,855 male), along with 3,266 Sudanese (1,019 female, 2,247 male), and 2,155 refugees (1,114 female, 1,041 male) of other nationalities, including Somalis, Eritreans and dozens of other nationalities.⁴

Despite the difficult situation for refugees in Jordan in 2016, there were positive developments that are expected to contribute over coming years to help refugees gain capacity for self-reliance and improve educational opportunities. Following agreement on the Jordan Compact in London in February 2016, the Government of Jordan waived fees for Syrians to obtain work permits and undertook other measures to expand refugees access to legal employment; by year end more than 37,000 Syrians held work permits, reducing aid dependency and allowing refugees to support themselves (though women held only a very small fraction of the total). Syrian children enjoyed improved access to education through an Education for All policy implemented during the year, with tens of thousands of Syrian children returning to school thanks to expanded access and nearly 200 double-shift schools. While for the large majority of Syrian refugees no durable solution is yet on the horizon, throughout 2015 and 2016 more than 54,000 refugees were submitted for resettlement from Jordan, in both years the largest resettlement operation in the world. Through resettlement, more than seven percent of the most vulnerable refugees were provided an opportunity to settle permanently in third countries.

⁴ As refugees from nationalities other than Syria (Yemen, Somalia, Sudan, Iraq and others) constitute a very small percentage of the total reported incidents of SGBV in the GBVIMS, the report does not provide SGBV trends for these nationalities. However, all nationalities are included in the identified trends of the SGBV highlighted in the report.

i) Types of Sexual and Gender Based Violence

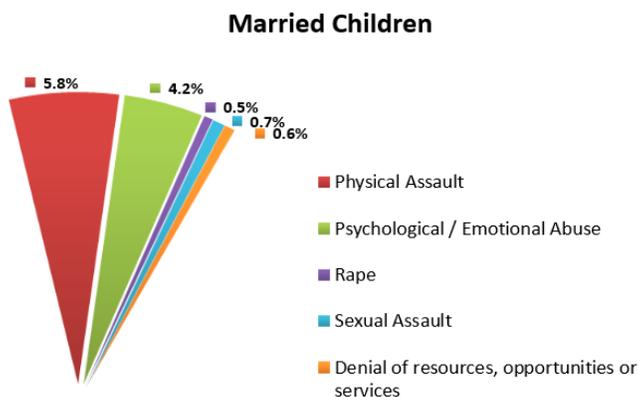
The GBVIMS categorizes SGBV into six broad categories: forced marriage; psychological/emotional abuse; physical assault; denial of resources; sexual assault, and rape⁵. During 2016, 34.8 % of the survivors assisted by data gathering organizations reported psychological/emotional abuse; 30.2 % reported forced marriage; 27.2 % reported physical assault; 4.2 % reported denial of resources; 2.6 % reported sexual assault and 1% reported rape. In terms of the most dominant type of the SGBV; psychological /emotional abuse, forced marriage and physical assault remained the most dominant type of SGBV reported in 2015 and 2016.



Sexual assault and rape is the most severe form of SGBV with life-threatening consequences yet it is one of the most under-reported form of violence. Comparing the GBVIMS of 2014, 2015 and 2016 there is a consistent decline in the reporting of rape and sexual assault. During 2014, a total of 8.4% of survivors reported sexual assault and rape, during 2015 and 2016 the number of reported cases reduced to 5.9% and 3.6% respectively. In Jordan, the stigma associated with seeking help when subjected to sexual violence constitute a barrier for survivors to come forward. In addition, mandatory reporting requirements in Jordanian law combined with fears of deportation prevent survivors who do not wish to file complaints from seeking much needed psycho-social or medical assistance. The task force recommends a continuous advocacy with national authorities to lift mandatory reporting requirements for adult survivors of SGBV as well a stronger focus on services available for survivors of sexual violence during awareness sessions provided by SGBV partners.

ii) Child Marriage and SGBV

According to GBVIMS standard classification, incidents of child marriage are classified under the category “forced marriage.” As *Child marriage* is considered as an accepted traditional practice in some Syrian communities, therefore it does not always carry the same level of stigma as other types of SGBV which facilitates disclosing. In addition, survivors of child marriage are often identified by UNHCR during registration (or follow-up activities such as adding newborns in files). For these reasons, the percentages of forced marriage are relatively high compared to other type of SGBV incidents.. The GBVIMS data continues

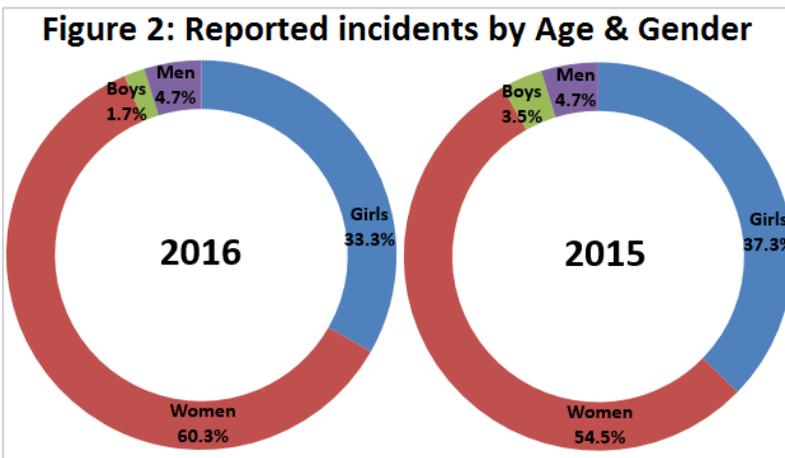


⁵ For details on the case definition of each category please refer to the Gender Based Violence classification tool accessible at: <http://gbvims.com/wp/wp-content/uploads/Annex-B-Classification-Tool.pdf>

to suggest that survivors of child marriage are at risk of other types of SGBV. The graph shows the other types of SGBV reported by married children under the age of 18 in 2016. During the reporting period, 5.8% reported physical assault (the most commonly experienced form of SGBV), while 4.2% reported psychosocial/emotional abuse, 0.7% reported sexual assault, 0.6% reported denial of resources and 0.5% reported rape. The pattern remained more or less consistent in 2015 and 2016. The prolonged nature of the Syrian crisis and increasing social and financial insecurity is exacerbating pressures on families to adopt child marriage as a negative coping mechanism. In 2016, the DGOs were mainly providing a holistic response to all types of SGBV however, the Task Force recommends specialized programs to prevent and respond to child marriage.

iii) Sex of Survivors

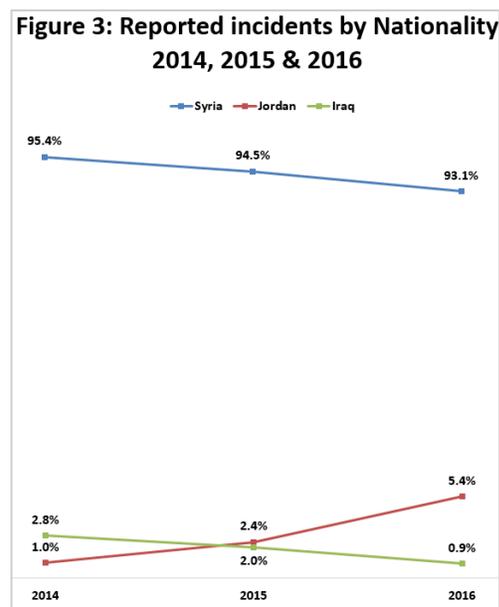
Women and girls are disproportionately affected by SGBV due to unequal power relationships with men. The majority of survivors who report violence are females and the trend remain consistent in 2015 and 2016.



For example in 2015, 91.8% of the survivors who reported violence were women and girls and in 2016 there was a slight increase in reporting by women and girls from 91.8% to 93.6%. However, there has been an observed decrease of men reporting violence: in 2015 8.2 % men reported violence whereas in 2016 the number decreased to 6.4%. Looking at

the age distribution of the survivors who reported violence it can be observed that there is a decrease in the reporting by children mainly boys in the age group of 0-11 years. On one hand, the trend may be related to better programming that offers enhanced child protection services while on the other hand, it also indicates a need for more targeted and concerted efforts to enhance access to services for boys.

iv) Nationality of the Survivor

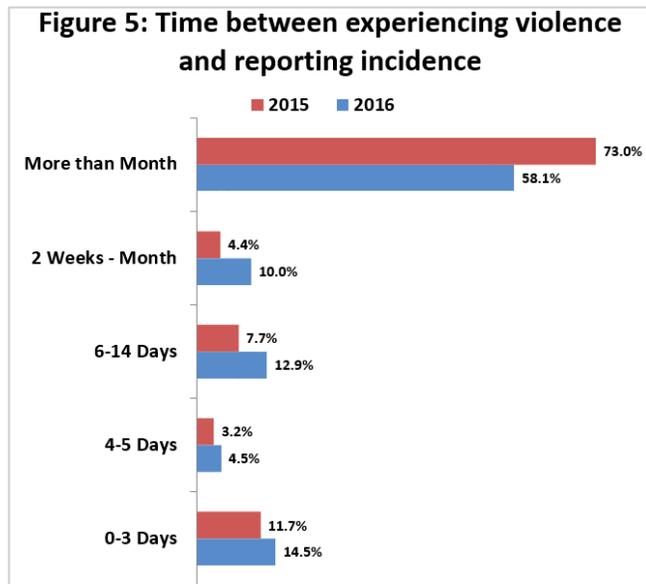


The GBVIMS data mainly captures information on survivors from three nationalities: Syrian, Jordanian and Iraqi. The data from Yemeni and Palestinian population is captured under the category of 'other nationalities' in GBVIMS and because the Data Gathering Organizations (DGOs) are mainly concentrated in the Syrian refugee concentrated governorates of Jordan, there is a very little reporting from these nationalities. It is recommended to enhance efforts to inform non Syrian refugees about services available to SGBV survivors. About 93.3% of the total cases are reported by refugees of Syrian nationality. This trend has remained consistent since the middle of 2014 when the GBVIMS was introduced in Jordan. However, there has been an observed increase in the Jordanians reporting violence from 2.4% in 2015 to 5.4% in 2016, a pattern likely associated with increased

provision of multi-sectoral SGBV services (leading more Jordanians to approach to report incidents), as well as a visit of Honorable Queen Rania to a center providing SGBV services to both refugees and host population on March 2016.⁶ The increase in Jordanian nationals reporting incidents also reflects the increased emphasis on resilience focused efforts in the overall humanitarian response, through which national institutions are strengthened and more fully engaged in SGBV and other activities, contributing to national ownership and longer-term sustainability.

v) Time period between experiencing violence and reporting incidence

The length of time between the occurrence of an SGBV incident and survivors seeking help through SGBV service provider is a useful measure for the current level of awareness on SGBV services, and trust between the community and SGBV actors; the more prompt the report, the greater the awareness and trust. The GBVIMS captures this information in five categories: within three days, 4-5 days, 6-14 days, between 2 weeks and one month, and more than one month. Comparing 2015 and 2016 data, there is a clear trend of survivors reporting more rapidly, across all periods. Those who reported within five days of the incident increased from 14.9% in 2015 to 19% in 2016, and those who reported more than a month after the incident decreased from 73% in 2015 to 58% in 2016. This can be explained by the fact that survivors are now more familiar with SGBV service providers due the extended length of displacement. It is important to underline that the overwhelming majority of survivors (58.1%) accessed services more than a month after the SGBV incident, this implies that much more has to be done to inform refugees and host community about services available for survivors; particularly through community based initiatives engaging the communities in the dissemination of information about services. In addition, since most survivors were subjected to child marriage and intimate partner violence, the fact that they live with the perpetrator is an additional hurdle for them to access services.

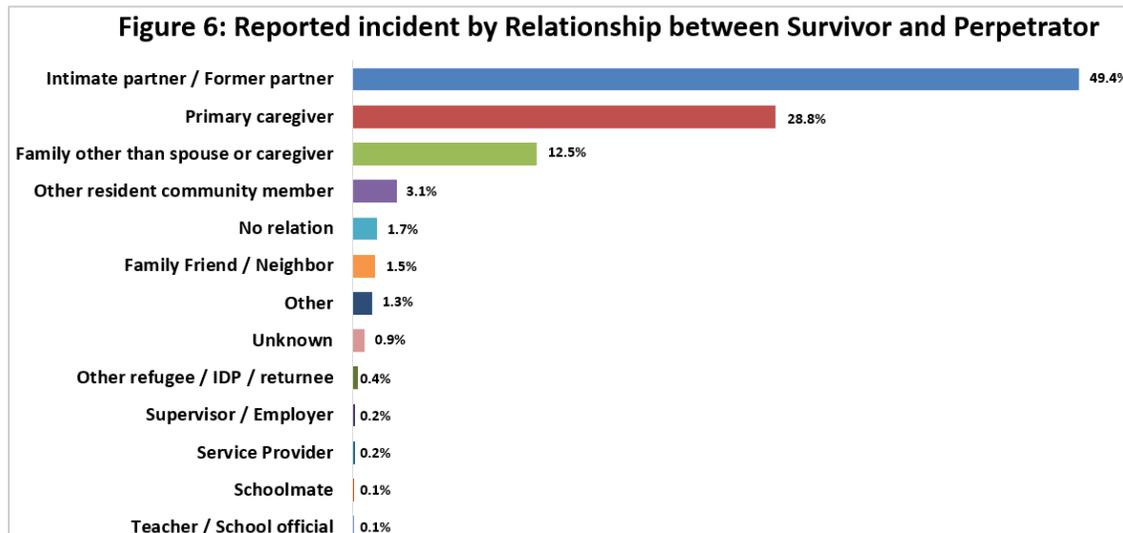


vi) Survivor Perpetrator Relationship

The GBVIMS captures the relationship between the perpetrator and the survivor. In line with the high proportion of psychological/emotional abuse and physical assault reported by survivors, along with early/forced marriage, it is perhaps to be expected that virtually all perpetrators were intimate partner/former partners, primary caregivers, or family other than spouse/caregivers. Although this reflects global SGBV trends (survivors worldwide are more likely to be subjected to violence by close relatives), contributing factors in our context include the following elements: worsening of socio-economic situation experienced by refugee families leading to increased tensions within the household which result in physical violence, deteriorating mental health situation among refugees due to experiencing or witnessing conflict related violence back in their country or origin and/or inability to cope with hardships of displacement in Jordan which result in negative coping mechanism such as child marriage or emotional/physical violence within the family. As apparent from the below chart, very few survivors reported violence by those in positions of authority (outside of the family), such as supervisors,

⁶ For more details: <https://www.queenrania.io/en/media/press-releases/queen-rania-visits-syrian-refugees-irc-centers-ramtha>

teachers or school officials, and service providers. This could indicate that survivors are afraid to report incidents perpetrated by perpetrators in positions of power and as a result that SGBV service providers should emphasize on the availability of protection mechanisms notwithstanding the position of the perpetrator during awareness activities.



During 2015, 0.5% of survivors identified service providers as alleged perpetrators, whereas in 2016 the number decreased to 0.2%. In addition to UN's zero tolerance approach towards sexual exploitation and abuse,⁷ the trend may be associated with the extensive efforts of UNHCR Protection of Sexual Exploitation and Abuse (PSEA) Network's activities related to awareness and advocacy in April 2016 in which about 30 organizations, providing humanitarian services, were sensitized and different types of Information, communication and education materials were distributed in the communities, and an inter-agency Community-Based Complaint Referral Mechanism Protocol was also established.

vii) **Service Provision**

In the course of recording a report of an SGBV incident and undertaking case management, one of the key roles of GBVIMS member organizations is to identify any needs for further services and ensure that survivors receive necessary support, either through referral to other specialized services or direct provision by the same service provider. In 2016, data shows significant improvement across all key services, with much higher numbers of survivors receiving the assistance that they require in comparison with 2015. Areas of improvement include Health and Medical Services, Legal Assistance, Livelihoods Services, and Psycho-Social Support. The increases detailed below are very encouraging, as they indicate that survivors are getting the needed services in a timely manner; and, demonstrate to others who may be considering reporting SGBV incidents that doing so can result in tangible benefits to them, helping to build confidence in SGBV service providers.

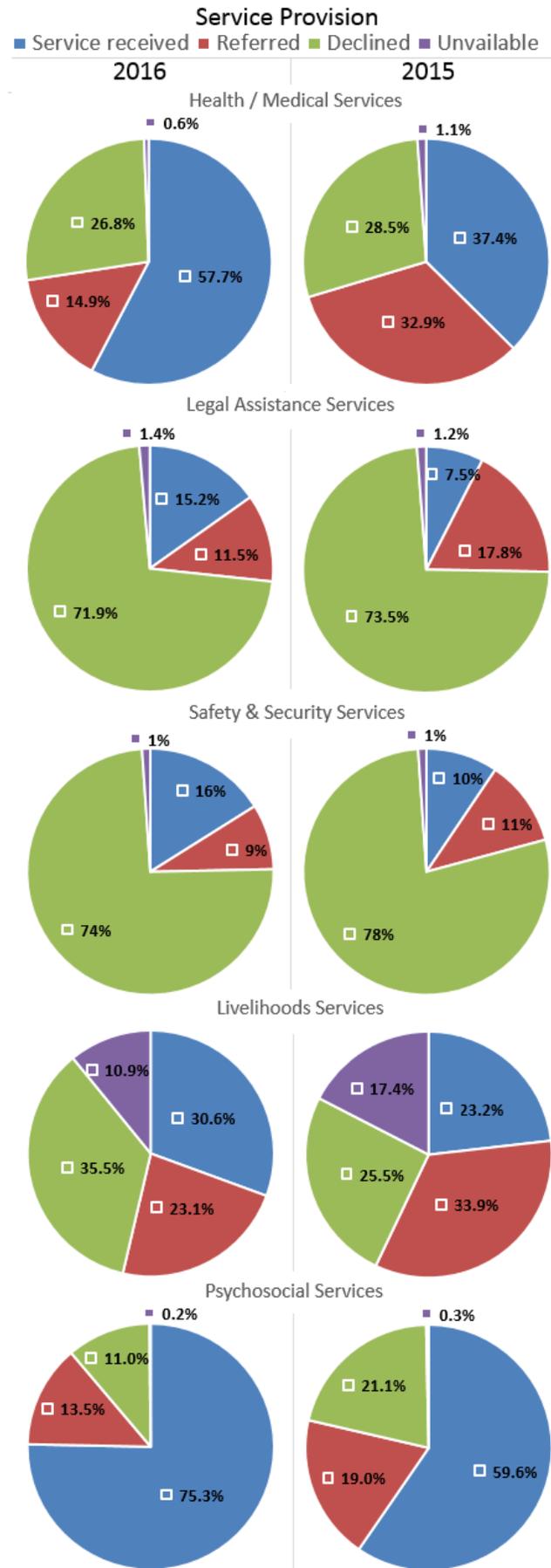
⁷ For more details, please see [UN Secretary General's Bulletin Special Measures for Protection from Sexual Exploitation and Abuse](#) October 2003.

Keeping in consideration the fact that the majority of the DGOs directly provide health and psychosocial support services, the health/ medical services provided to the survivors sharply-increased from 37.4% in 2015 to 57.7% in 2016. An additional 14.9% were referred to other health/medical service providers, while 26.8% declined to be referred. As indicated earlier, a number of survivor declined referrals to health services due to fear of mandatory reporting (which is particularly strict for medical staff). Availability of direct service or referral was nearly universal, with less than one percent of survivors in need of medical services lacking available services. It is important to note here that clinical management of rape services are available in the camps and in Amman but gaps remain in other urban locations.

Legal Assistance remains one of the more problematic areas of service provision, as many survivors decline to seek legal advice or to pursue legal remedies with police and courts. This long-standing reluctance can be due to complex factors, including fear of stigmatization, concerns about possible retribution (from family members, perpetrators, authorities, or others), the lack of survivor centered approach among law enforcement agencies (victim blaming, authorities asking perpetrators of intimate partner violence to sign pledges instead of following up on survivor’s complaint) or distrust in the possibility of a positive outcome of legal action. Survivors might also be undecided about legal services at the beginning of the case management process and might actually request them later on. Provision of Legal assistance more than doubled from 2015 to 2016, from 7.5% to 15.2%. On the other hand, despite efforts to increase access to legal support to survivors of SGBV in 2016, including through the provision of SGBV-specialist lawyers in the ‘safe spaces,’ the vast majority of survivors – 71.9%–declined referrals to legal services. The reasons for failing to pursue legal action are complex and remain in place, including concerns about mandatory reporting of SGBV incidents. Concerted advocacy and strategy development are needed to address this issue as an increase in the number and coverage areas of legal service providers alone is not a comprehensive and sufficient solution to end impunity for perpetrators.

As indicated in the graph, a vast majority of survivors (74%) are declining referrals to safety services. This is mostly linked to the fact that survivors are unwilling to seek legal remedies due to fear of social stigma.

With significant improvements overall in livelihoods opportunities in Jordan during 2016 (including a more permissive approach by authorities, and sharp increase in legal employment by Syrians), livelihoods services did increase from 23.2% to 30.6%, which likely reflects the continued focus on referral to cash-for-work programs in Za’atari and Azraq Camps for survivors of SGBV. However, it is clear that opportunities for legal work that are aligned with the



needs of Syrian refugee women continue to be very limited, due to concerns about child care responsibilities, inflexibility in sectors and hours of work, and restrictions on home-based work more suitable to Syrian women's situation in Jordan. Of all services, livelihoods shows the largest gap in service availability, with more than 10% of cases in need unable to receive services.

Psycho-social services remains widely available to survivors throughout the country, and is the most common service provided, increasing from 59.6% to 75.3% from 2015 to 2016.

Referral pathways are an essential part of the response to SGBV, establishing connection between survivors in need and the services they require. Although it is clear from the above information on referrals done by SGBV partners that the mechanism is strong and moving in a positive direction, referrals from other providers to SGBV providers remain weak. Nearly 72% of survivors approaching SGBV service providers did so through self-referrals which require survivors to already be aware of service availability and to take steps on their own to approach the service providers. A priority for programming and activities in 2017 will be ensuring that all participating organization in the refugee response are fully aware of referral pathways, and equipped with the knowledge and skills to identify and safely refer possible SGBV cases to case management agencies who can provide needed assessment and services.

Recommendations

Recommendation	Responsible	Timeline
Continuous advocacy with national authorities to adopt a survivor-centered approach and lift mandatory reporting requirements for adult survivors of SGBV	SGBV WG	On-going
Integrate elements in awareness activities on importance of seeking SGBV case management and clinical management of rape services when subjected to sexual violence	SGBV actors	By mid-year
Strengthen efforts to prevent child marriage: Child marriage has been identified as one of the most prevalent types of reported violence in the GBVIMS since 2014. By law, marriage is not allowed before the age of 18 in Jordan, however, the Shariah Court judges have the authority to allow the marriage between 15 and 18 years based on the best interest determination assessment of each case. As the reported numbers are very high, it indicates that there is a need to further strengthen the capacity of Shariah court to undertake best interest assessment in a more comprehensive manner, to ensure all risks are taken into account and child marriage only approved as a last resort. More robust best interest assessment should be coupled with programs focusing on girls' empowerment as well as behavior and social change in order to address the socially accepted norm of child marriage among Syrian refugees.	SGBV/CP actors	By end of year
Increase availability of integrated multi-sectoral services GBV services in close association with women's centers/safe spaces, either in the same physical space or through the same service provider. GBVIMS trends consistently show that about three-fourths of all survivors reach SGBV service providers through self-referral, with only a small number through referral from other agencies participating in the interagency response. This may indicate that survivors feel more comfortable receiving services that are provided in an integrated manner. Such integration allows for more confidential and less stigmatizing service delivery, as well as provision of immediate care needed to mitigate the consequences of SGBV. More efforts should be put in place to disseminate the SGBV referral pathway to non-specialized actors to ensure they can safely refer survivors who wish so to SGBV services, the dissemination of SGBV hotlines within communities is also essential	SGBV actors SGBV WG	On-going Mid-year

Enhance outreach efforts to inform non Syrian refugees about SGBV services	SGBV actors	Mid-year
Enhance efforts to inform about SGBV services and in particular through a community based approach (community volunteers actively informing their peers about importance to seek help and availability of services).	SGBV actors	Mid-year
Address gaps in availability of clinical management of rape services in urban location outside Amman. This recommendation should be built on intersectoral approach ensuring that SGBV and health actors closely coordinate. CMR trainings should be rolled out and best if followed by a period of on the job coaching for CMR service provider. IRC updated CCSAS training materials are a good resource in this respect.	Reproductive health actors and SGBV actors	Urgent
Enhance advocacy efforts to ensure access to safe shelter for SGBV survivors at high risk of violence. Currently, aside from a shelter run by a local NGO in Amman, shelters run by MOSD accept only survivors of family violence (unless exceptions are made). Advocacy to be conducted with MOSD to ensure access to safe shelters for all survivors at risk and increase linkages with NGOs providing cash for rent. Capacity building activities combined with on the job coaching should be provided to law enforcement agencies, as well as MoSD.	SGBV WG	Urgent
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 as a means to prevent further incidents and exit the cycle of violence. This is particularly important for survivors of intimate partner violence who might decide to remain in an abusive relationship due to lack of other alternatives to cover their basic needs (and often the needs of their children). Further expands empowerment activities for women and other groups at risk of SGBV within existing SGBV programs.	SGBV actors	Mid-year
Ensure that community-based complaint and referral mechanisms are in place and functioning effectively to protect against Sexual Exploitation and Abuse by humanitarian actors. Such mechanisms help to guarantee that response actors are alerted as soon as the violence has occurred or there is risk of occurrence of violence by those in position of authority. It is also important that there is a feedback mechanism in place to ensure that those who register complaints have trust in the system.	PSEA task force	Urgent
GBVIMS Task Force to assess further the reasons prompting survivors to decline some services. Considering the large number of services declined by the survivors, the GBVIMS Task Force and the Data Gathering Organizations (DGOs) may need to identify the barriers faced by survivors in accessing services and thus issues recommendations to improve programming.	GBV IMS Task force	Mid-year