

# Jordan GBVIMS TF Midyear Report

## January – June ,2020

### Age and Sex of Survivor



Survivors who received SGBV services disclosed mostly incidents of ...

### Type of Violence

50%

**Psychological / Emotional Abuse** (includes threats violence, forced isolation, harassment / intimidation, gestures, etc)

30%

**Physical Assault** (includes hitting, slapping, kicking, shoving, etc. that is not sexual in nature)

9%

**Denial of resources, opportunities or services** (includes denial of inheritance, earnings, access to school or contraceptives, etc)



72% of reported SGBV incidents were in the context of **intimate partner violence**

88% of reported SGBV incidents perpetrated by family members\*

75% of reported SGBV incidents took place at the survivor's home

6.5% only of adolescent girls aged 12-17 sought help in the reporting



### Context

This percentage refers to a combination of several profiles: intimate/former partner, primary caregiver, and family other than spouse or caregiver

Only **16%**



6.5%

of survivors wishing to be referred to security services. Due to fear of stigma and retaliation by perpetrators as well as lack of survivor centered approach within security services.

of survivors were be able to receive financial assistance or livelihood. Meanwhile livelihood programs stopped there was an increase in cash assistance compared to last year



21%

of survivors received health services. clinical management of rape (CMR) coverage increased but services are not available 24/7.

### Access to services

The data shared is only from reported cases, and is in no way representative of the total incidence or prevalence of sexual and gender-based violence (SGBV) in Jordan. This consolidated statistical report is generated exclusively by SGBV service providers who use the GBV Information Management System for data collection in the implementation of SGBV response activities in a limited number of locations across Jordan that target the population affected by the Syria crisis, and with the consent of survivors. This information is confidential and cannot be reproduced without the authorization of the GBVIMS Task Force. For further information, contact GBV IMS Task force co-chairs: Mays Zatari [zatari@unhcr.org](mailto:zatari@unhcr.org) and Pamela Di Camillo [dicamillo@unfpa.org](mailto:dicamillo@unfpa.org).

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### Thematic analysis

#### Impact of COVID 19 on Gender Based Violence

As assessments across the Kingdom pointed out one of the impacts of COVID 19 lockdown, started in Jordan in Mid-March 2020 and continued for over three months, was an increased risk of domestic violence with women living with perpetrators and limited options to seek help. Incidents reported to specialized agencies members of the GBV IMS taskforce decreased during the lockdown period as survivors faced many risks but also many challenges in seeking help namely: prioritization of family basic needs over their safety, the lack of ownership of mobile phone and credit remains an issue and an impediment to call for help.

In June the number of survivors seeking help increased rapidly as lockdown was eased and women could walk in Women and Girls Safe Spaces, clinics and other community centers to disclose violence and ask for help. In terms of age and gender analysis the biggest drop in help seeking behavior was registered for adolescent girls, as some of them have no access to personal mobile phone and credit and have additional family restrictions on freedom of movement contributing to their increased isolation. Government Lockdown measured further limited movement below the age of 16 and above the age of 60 and school were closed. The context of reported abuse was predominantly home and the perpetrator the partner or a family member, with a decrease in cases happening in public spaces and streets. Consistently, intimate partner violence remains the highest percentage of GBV cases reported to the GBV IMS followed by online sexual harassment, but experts remain concerned that cases of early and forced marriage for girls now low because of court closure will increase once the full effects of the economic downturn are felt as well as Half of the survivors reported psychological and emotional abuse, COVID 19 situation increased uncertainty on future, daily routine and personal space- especially for overcrowded households- as well as financial pressure increasing family tensions.

Number of self-disclosures increased as survivors would approach directly hotline available along with referrals from other humanitarian workers through the use of the updated referral pathway in the Amaali app and the referral trainings. It was registered a drop in referral from health providers as most of primary health care centers remained closed during first stage of the lockdown until May. There is a slight increase in number of survivors reporting incidents within 2 weeks from when it occurred comparing to 2019. This is due to the fact that for some women was challenging to put up with the violence during confinement and with movement restrictions, moreover online awareness campaign disseminated widely information on hotlines available for help.

### Recommendations

- This analysis shows that the access to in person SGBV services is essential for offering life-saving care. Therefore, GBV essential services should be considered in the first tier of essential services to keep up and running at limited capacity as risk containment measure;
- Preparedness actions are needed for an eventual second lockdown to ensure that women and girls have the means they need to seek help- including cash for basic needs, access to phone or credit;
- Piloting alternative access points for GBV service delivery during lockdown as pharmacies or fruit sellers for phone booths or access to providers with community based proposed solutions;
- Increase campaigning efforts for the dissemination of information on where to seek help disseminating the Amaali app and hotline numbers;
- Develop tailored adolescent girls actions to reach this vulnerable group;
- Continue to strengthen the capacity of service providers to provide phone counselling and support and upgrade systems for safe information and data management including safe storage for SGBV forms.