Gender-based violence information management system
2017 report
Jordan
Overview of the system

• Created in 2006 in response to the absence of effective and standardized tools for data collection and compilation.
• The aim of the GBVIMS was to harmonize GBV data produced by specialized GBV service providers in humanitarian settings.

No prevalence data!
Not used outside service provision
Not a case management tool!
GBV IMS in Jordan

• GBV IMS was rolled out in Jordan in 2014. Reports 2015-2017
• Newly signed ISP
• Strategic directions: Recommandation to improve programme
Sex of survivors

Figure 2: Reported incidents by Age & Gender

- 2017:
  - Boys: 1.9%
  - Men: 3.6%
  - Girls: 19.2%
  - Women: 75.4%

- 2016:
  - Boys: 1.7%
  - Men: 4.7%
  - Girls: 33.3%
  - Women: 60.3%
**GBV types**

*Figure 1: Reported incidents by type of Sexual and Gender based Violence*

- **Psychological / Emotional Abuse**: 44.0%
- **Physical Assault**: 25.3%
- **Forced Marriage**: 18.2%
- **Denial of resources, opportunities or services**: 6.5%
- **Sexual Assault**: 4.7%
- **Rape**: 1.4%
Perpetrators

Figure 6: Reported incident by Survivor-Perpetrator Relationship

- Intimate partner / Former partner: 58.7%
- Primary caregiver: 18.4%
- Family other than spouse or caregiver: 11.0%
- No relation: 3.3%
- Family Friend / Neighbor: 2.7%
- Other: 2.4%
- Unknown: 1.1%
- Other resident community member: 0.9%
- Supervisor / Employer: 0.5%
- Other refugee / IDP / returnee: 0.4%
- Service Provider: 0.4%
- Teacher / School official: 0.1%
- Schoolmate: 0.1%
- Cotenant / Housemate: 0.0%
Time between incident and disclosure

- More than Month: 2016 (58.1%), 2017 (71.4%)
- 2 Weeks - Month: 2016 (10.0%), 2017 (5.8%)
- 6-14 Days: 2016 (12.9%), 2017 (9.6%)
- 4-5 Days: 2016 (4.5%), 2017 (3.1%)
- 0-3 Days: 2016 (14.5%), 2017 (10.1%)
Access to services

• Health: mandatory reporting=barrier

• Legal/law enforcement/safety services: fear of stigma and retaliation, lack of survivor centred approach

• Livelihoods: highest % service unavailable
Reccomendations for RH WG

• Clinical management of rape services mapping for SGBV referral pathways.
• Availability in urban location conduct facility based trainings followed by monthly coaching sessions.
• Advocacy with MoH on good practices
• Free service delivery