Gender-based Violence Risk Assessment Azraq Camp
# Table of contents

| 1. | Acknowledgments | 3 |
| 2. | Executive Summary | 4 |
| 3. | Operational Context | 5 |
| 3.1 | Assessment Objectives | 6 |
| 4. | Methodology | 7 |
| 4.1 | Focus Group Discussions with Affected Populations | 7 |
| 4.2 | Key Informant Interviews (KII): | 8 |
| 4.3 | Selection of Participants | 8 |
| 4.4 | Data Analysis | 9 |
| 4.5 | Challenges and Limitations | 9 |
| 5. | GBV Risks in Azraq Camp - An Overview | 9 |
| 5.1 | Forms of GBV | 10 |
| 5.1.1 | Sexual Harassment | 10 |
| 5.1.2 | Domestic Violence | 13 |
| 5.1.3 | Child Marriage | 16 |
| 5.1.4 | Sexual Violence | 17 |
| 5.1.5 | Sexual Exploitation and Abuse | 18 |
| 5.2 | Areas of High Risk for GBV within Azraq Camp | 19 |
| 5.3 | Access to GBV Services | 19 |
| 6.1 | Situational Prevention | 22 |
| 6.2 | Awareness Campaigns | 23 |
| 6.3 | Encouraging Survivors to Report Violence | 24 |
| 6.4 | Increased Livelihoods Opportunities | 24 |
| 6.5 | High Quality, Easily Accessible GBV Services | 25 |
| 7. | Recommendations | 25 |
| 7.1 | GBV Service Providers | 25 |
| 7.2 | Camp Management | 26 |
| 7.3 | Livelihoods Service Providers | 27 |
| 7.4 | Donors | 27 |
| 8. | Annex A: Focus Group Discussion Tool | 28 |
| 9. | Annex B: Key Informant Interview Tool | 32 |
1. Acknowledgements

This report could not have been produced without the invaluable participation of the residents of Azraq Camp. We are also grateful for the participation of the Key Informants, who shared their insights into GBV in the camp.

The report is a joint collaboration between the following agencies working in Azraq Camp, and drafted by Danish Refugee Council.

The Risk Assessment was conducted under a project funded by the Jordan Humanitarian Fund.

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2. Executive Summary

Since the start of the Syria crisis in early 2011, Jordan has been one of the countries most affected by the crisis, with hundreds of thousands of Syrians seeking asylum within its borders. The 2019 GBV IMS Annual Report\(^1\) highlights that GBV remains a pertinent protection issue in Jordan, affecting refugees and the host community alike. Women and girls remain disproportionately affected, with over 95% of reported cases involving female survivors, although it is likely that incidents perpetrated against men and boys are under-reported due to the stigma of violence against male survivors. The threat of GBV has been further heightened by the 2020 COVID-19 pandemic. For example, a rapid assessment by UN Women on the impact of COVID-19 on vulnerable women in Jordan found that the burden of home schooling and childcare fell disproportionately on mothers, with 77% of respondents reporting that mothers spend more time supporting their children’s distance learning compared to fathers. Furthermore, 62% of women respondents reported feeling at increased risk of physical or psychological violence because of increased tensions in the household and/or increased food insecurity\(^2\).

This report outlines the findings of a GBV Risk Assessment conducted in Azraq Camp from September to November 2020. The assessment drew on a GBV Risk Assessment tool developed by the national GBV Working Group to assess the GBV risks in a specific community or setting. Data collection for the Risk Assessment was conducted by protection actors working in the camp, and included 29 focus group discussions (FGDs) with a cross section of male and female Syrian participants living in the camp. The FGDs were supported by Key Informant Interviews, with 11 key informants working in protection and management roles in the camp. The assessment aimed to better understand GBV risks within the camp, with a specific focus on residents’ coping mechanisms and suggestions for mitigating the risks associated with GBV in this setting.

The findings of the assessment present a concerning picture of widespread GBV within Azraq camp, with women and girls particularly affected. For women, sexual harassment/assault, emotional and verbal abuse, and domestic violence were the most commonly discussed forms of violence, by residents and Key Informants alike, along with the impact of child marriage. For girls, verbal and emotional abuse, sexual harassment/assault and child marriage were the most commonly discussed safety concerns, with the latter mentioned most frequently (in 17 of the 29 FGDs). Worryingly, the majority of FGDs concluded that the levels and intensity of violence had notably increased since the onset of COVID-19 pandemic. However, a Key Informant working on protection cases in the camp observed that reported cases of GBV involving women had not increased. This indicates that survivors are likely facing additional and specific barriers preventing them from seeking help. With the virus looking likely to be present in Jordan well into 2021, the perceived increase in GBV in the camp, coupled with likely additional service barriers, is a significant concern that needs to be addressed when planning the camp’s GBV response for 2021.


3. Operational Context

Since the start of the Syria crisis in early 2011, Jordan has been one of the countries most affected by the crisis, with hundreds of thousands of Syrians seeking asylum within its borders. As of September 2020, there are 659,673\(^3\) registered Syrian refugees and 67,105\(^4\) registered Iraqi refugees in Jordan. In addition, Jordan hosts approximately 17,000 other persons of concern, including individuals from Yemen, Sudan, and Somalia. This means that Jordan hosts the second highest number (87) of refugees per 1,000 inhabitants in the world. The Syria crisis has placed a considerable strain on the country’s social and economic infrastructure, exacerbating economic challenges that pre-dated the onset of the crisis. This has contributed to increased living costs, high unemployment, decrease in foreign investments, and a national debt of $40 billion, which equates to around 95 percent of the country’s Gross Domestic Product (GDP)\(^5\). These conditions, coupled with dwindling humanitarian assistance, contributes to heightened protection risks for refugees and vulnerable host communities.

The 2019 GBV IMS Annual Report\(^6\) highlights that GBV remains a pertinent protection issue in Jordan. Women and girls remain disproportionately affected, with over 95% of reported cases involving female survivors, although it is likely that incidents perpetrated against men and boys are under-reported due to the stigma of violence against male survivors. Psychological and emotional abuse (including verbal sexual harassment) was the highest reported form of GBV in Jordan in 2019, reflecting 48.4% of reported cases, followed by physical assault, which accounted for 24% of cases. The latter was mostly perpetrated by intimate partners. Denial of resources was the third most reported form of GBV, with women reporting that male perpetrators withheld salaries, prevented them having access to civil and legal documentation, and excluded them from decision-making. Incidence of forced marriage (8.2%) were also reported, with girls most affected, whilst sexual assault (7.5%) and rape (1.3%) were reported by both male and female survivors. The 2019 Annual Report noted that despite widespread awareness campaigns on how to access GBV services, 69% of survivors reached response services over a month after the reported incident of GBV. This highlights a continued need for new, innovative approaches for informing survivors about available GBV services, building on the Amaali App, and the importance of seeking timely assistance. Enhanced outreach initiatives and advocacy with national authorities consequently remains a priority for GBV prevention, mitigation and response in Jordan.

The 2020 COVID-19 pandemic has further increased the threat of GBV across the country. A five-week lockdown in March 2020 had far-reaching social and economic implications for vulnerable Jordanian and Syrian households, with women especially affected. For example, a rapid assessment by UN Women on the impact of COVID-19 on vulnerable women in Jordan found that the burden of home schooling and childcare fell disproportionately on mothers, with 77% of respondents reporting that mothers spend more time supporting their children’s distance learning compared to fathers. Furthermore, 62% of women respondents reported feeling at increased risk of physical or psychological violence because of

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\(^3\) http://data2.unhcr.org/en/situations/syria/location/36


increased tensions in the household and/or increased food insecurity\(^7\). This mirrors global assessments on GBV, which have found reported increases in intimate partner violence (IPV) and family violence during the pandemic due to cramped living conditions, reduced peer support and stressors related to health and finances\(^8\). At the time of writing, the Jordanian government has not initiated another nationwide lockdown of more than a few days. Nonetheless, essential services, such as schools, remain closed for physical lessons, employment opportunities are limited, and intermittent lockdowns are initiated at a localized level. This, coupled with the rapidly increasing number of COVID-19 cases, means that stress levels remain high, increasing the risk of GBV at a household level.

This report focuses on GBV risks in Azraq Camp, a refugee camp in Zarqa Governorate which houses 41,577 Syrian refugees\(^9\). The camp is split into 4 separate villages (Village 2, Village 3, Village 5 and Village 6). Residents located in Village 5 face greater movement restrictions, due to heightened security measures. Women account for 49.6% of the current population, with over half these under the age of 18 years. One in four households are headed by women, and a recent assessment by UNFPA, IFH and Plan international found that in Azraaq camp, 83% of women reported being unable to meet their basic needs during the COVID-19 pandemic, compared to just 20% of men\(^10\).

### 3.1 Assessment Objectives

In 2018, the Jordan GBV Sub Working Group developed a GBV risk assessment tool (the \textit{SGBV Risk Assessment Tool}) for use across the country. The tool was piloted in Amman in 2018-2019, in collaboration with working group partners, who supported with data collection and analysis. Following the successful pilot, the working group agreed to roll out the tool in other parts of the country. This report focuses on the findings of the GBV risk assessment conducted in Azraq Camp.

The assessment aimed:

- To better understand GBV risks within Azraq camp, including the extent to which the COVID-19 pandemic is affecting GBV risks within the camp.
- To understand the unique experiences of different segments of communities living in Azraq camp, through an intersectional methodological approach, so to ensure that programming and humanitarian aid responds to the needs of specific groups at heightened risk of GBV;
- To identify strengths within refugee communities to mitigate risks of GBV and identify areas where GBV response, and the overall humanitarian response, within Azraq camp needs to be enhanced;
- To highlight refugees’ recommendations to overcome or mitigate GBV risks in Azraq Camp;
- To ensure accountability to affected populations within Azraq camp by undertaking consultations with affected populations that can later be used to inform programming;

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The results of this assessment are not intended to replace other forms of assessments or data collection methods. Instead, this report is intended to complement and fortify already existing material obtained through other means.

4. Methodology

The GBV Risk Assessment for Azraq Camp is based on the collaboration of the following protection actors working in Azraq Camp, who contributed to the assessment through data collection and/or technical review:

- UNHCR
- Danish Refugee Council
- IFH
- IMC
- IRC
- Plan International
- UNFPA
- UN Women
- World Vision

In August 2020, Danish Refugee Council (DRC) adapted the *SGBV Risk Assessment Tool* to suit the camp setting. The same month, DRC trained all partners on the tool, which is based on the following two data collection methods: Focus Group Discussions (FGDs) and Key Informant Interviews (KIs). Data collection was conducted from September 2020 to November 2020.

4.1 Focus Group Discussions with Affected Populations

FGDs are platforms for interactions between a group of individuals, with the intended purpose of gaining insight into a specific topics or issue. When exploring sensitive issues, such as GBV, FGDs allow participants the opportunity to opt in and out of questions, depending on how comfortable they feeling contributing to a particular point in the discussion. As part of the GBV Risk Assessment, 29 FGDs were conducted with men, women, girls and boys in the camp, using a participatory approach to facilitate discussions. The FGDs lasted approximately an hour and were attended by between 5-16 participants. A copy of the FGD guide can be viewed in Annex A. During the FGDs, participants drew maps of their village and wider camp. These maps were then used as a starting point for discussions on GBV risks within the camp, groups at heightened risk of GBV, and coping strategies for mitigating these risks. An example of a map generated during the FGDs can be viewed in Figure 1.

![Fig. 1: Example of Mapping Exercise](image-url)
4.2 Key Informant Interviews (KIIs):

KIIs are questionnaire based interviews with a person who can provide information to a specific topic (in this case GBV risks within Azraq Camp) based on her/his experience and knowledge. As part of the GBV Risk Assessment in Azraq Camp, 11 KIIs were conducted with persons working directly with GBV survivors and individuals or groups at heightened risk of GBV within the camp. These included:

- 3 Individuals (2 males, 1 female) working for UN agencies in Protection roles in Azraq Camp (including management)
- 6 Individuals (1 male, 5 females) working from NGOs and INGOs in protection roles in Azraq Camp;
- 2 Volunteers (both female) working with INGOs in Azraq Camp, supporting with protection projects.

The interviews aimed to ascertain the Key Informants’ knowledge about GBV risks in the camp, GBV services provision, and recommendations for strengthening the GBV response in Azraq Camp. A copy of the KII guide can be viewed in Annex B.

4.3 Selection of Participants

A total of 29 FGDs were conducted by partners in each of the four villages within Azraq Camp. Each participating NGO conducted between 2-4 FGDs; choosing groups based upon the target populations they serve. Per village, the following groups were conducted:

- Refugee adult women (incl. refugee volunteers), 25-59 years;
- Refugee adult single female headed household, 18-59 years;
- Refugee female adult youth, 18-24 years;
- Refugee adolescent girls, 12-17 years;
- Older refugee women, aged 60+ years;
- Refugee adolescent boys, 12-17 years;
- Refugee men (incl. refugee volunteers and men with disabilities), 18-59 years.

A camp-wide group was also conducted with women with disabilities (18-59 years). As highlighted by the following chart, 72% of the FGDs were conducted with female participants.

An opt-in approach to sampling was used, in which participants were informed about the objectives of the assessment and then asked if they would like to take part. All participants who expressed an interest in taking part were then asked to provide informed consent. The FGDs then took place at partners’ community centers and women and girls safe spaces in the camp.
4.4 Data Analysis
Once the data had been collected, the Systemization Form from the GBV Risk Assessment Tool was used to guide thematic analysis. The tool enabled the data to be categorized into different thematic areas, including types of GBV risk, the impact of the COVID-19 pandemic on GBV, recommendations for meeting GBV service gaps and challenges, and capacity within the camp community for meeting these gaps. Unique (or unexpected) points/issues raised during the FGDs, as well as points which might need further investigation, were also highlighted. Once an initial analysis had been conducted, a draft report was shared with partners for their validation.

4.5 Challenges and Limitations
A COVID-19 outbreak in Azraq camp in late summer impeded access to the camp, as planned, so the start date of the assessment was postponed for over one month. Furthermore, the findings have a clear gap, namely the lack of a FGD with members of the LGBTIQ+ community. The decision to omit this group was discussed at length with the partners, who were concerned that conducting a specific FGD might be risky in the camp setting since privacy is extremely limited. However, this decision does mean that their voices are not heard. There also appears to be lack of clarity regarding the term ‘denial of resources’. This was frequently used to refer to any impeded access to services (for reasons of poverty or quarantine, for instance), rather than impeded access linked to gender. Findings relating to denial of resources have therefore been used very cautiously and conservatively within the report, with an acknowledgement that this form of GBV requires further exploration in the Azraq Camp setting. Finally, since the voices of participants were, where possible preserved, it is not always easy to categorize the forms of GBV. For example, emotional and verbal abuse was used to refer to bullying in a marriage as well as harassment in the streets.

5. GBV Risks in Azraq Camp - An Overview
Across the male and female FGDs\(^\text{11}\) and the Key Informant Interviews, the overriding sentiment was that residents of Azraq camp are confronted with multiple safety risks on a daily basis. These range from theft, fighting or violence within public areas, to threats from wild dogs:

- **There are some aggressive youth who do throw rocks on the caravans and listen to music loudly and smoke shisha in the streets.**
  
  *(Female Syrian Youth, Village 5)*

- **...we received many complaints from women who can’t go out of the caravans at night because the dogs become very aggressive at night.**
  
  *(Protection Worker, Disability-focused NGO, Azraq Camp)*

When looking specifically at gender-based violence, the findings of the assessment present a concerning picture of widespread GBV within Azraq camp, with women and girls particularly affected. For women, sexual harassment/assault, emotional and verbal abuse, and domestic violence were the most

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\(^{11}\) Exceptions are discussed under the section on most vulnerable groups.
commonly discussed forms of violence, by residents and Key Informants alike, along with the impact of child marriage. Of these, domestic violence (often referred to as physical assault) was the most commonly discussed threat to women’s safety, identified as a concern in 16 out of the 29 FGDs. For girls, verbal and emotional abuse, sexual harassment/assault and child marriage were the most commonly discussed safety concerns, with the latter mentioned the most frequently (in 17 of the 29 FGDs). Rape and sexual exploitation were also mentioned in 8 FGDs, linked to public spaces, but was not reported to be as common.

Worryingly, 21 out of the 29 focus groups, who reflected on the impact of COVID-19 on GBV risks in Azraq Camp, concluded that the levels and intensity of violence had notably increased since the onset of pandemic. This reflects national and global trends. However, a Key Informant working on protection cases in the camp observed that reported cases of GBV involving women had not increased. This was despite remote GBV case management being available during the lockdown and the continued presence of the Family Protection Department in the camp. This lack of increase in reported cases consequently indicates that survivors may have faced additional and specific barriers preventing them from seeking help during periods of lockdown. It could also reflect GBV actors’ fear that survivors may struggle to find a private space to contact service providers during a lockdown. With the virus looking likely to be present in Jordan well into 2021, the perceived increase in GBV in the camp, coupled with likely additional service barriers, is a significant concern that needs to be addressed when planning the camp’s GBV response for 2021.

### 5.1 Forms of GBV

Across the FGDs, all 6 forms of GBV (as per the GBV IMS classification) were reported to be present within Azraq Camp. In order to preserve the voices of the participants, this report uses the terminologies presented by participants, such as sexual harassment and domestic violence. However, as noted earlier, there was a lot of variance around how certain terms (such as harassment and denial of resources) were used. It was therefore not clear to what extent participants’ understandings of the different forms of violence fully aligned, something that should be taken into account when reviewing the findings.

#### 5.1.1 Sexual Harassment

The most frequently discussed form of GBV within the Azraq Camp assessment was sexual harassment\(^\text{12}\), framed as a form of verbal abuse that is experienced by women and girls. However, the term also appears to have been used to refer to unwanted touching. One Key Informant, working in a protection role with the UN, also noticed that harassment of women can occur in the form of cyber harassment. Sexual harassment was referred to, or alluded to, by a number of terms, including ‘harassment’ and ‘verbal abuse’. Sexual harassment was reported to be a protection concern affecting women and girls in 23 out of the 29 FGDs. Similarly, it was mentioned as a significant concern in the majority of KIIs\(^\text{13}\). Likely reflecting the more overt nature of sexual harassment, this form of GBV was recognized as a common protection concern within the camp by both male and female participants. Focus group with adolescent girls and women in village 3 observed that boys may also face sexual harassment, with 10-18 years olds being seen as most vulnerable from other boys. However, this risk was not mentioned in the other male

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\(\text{12}\) Often referred to simply as ‘harassment’.

\(\text{13}\) All, bar two, mentioned sexual harassment immediately as a safety and security issue for women and girls.
FGDs.

Sexual harassment was most commonly discussed during the mapping exercise, where the issue of harassment was raised in discussions about high risk locations within the camp. Specifically, it was most closely associated with public places where camp residents gather in masse. These include the hospital, Sameh mall, market, water points and distributions points. It is worth noting that these areas were also cited as potentially risky for men and boys, due to outbreaks of violence, fighting or the risk of COVID-19 infection. Yet, for women and girls, these settings were firmly associated with harassment:

[The hospital] it’s far and [there’s] too much harassment.
   (FGD with Adolescent Syrian Girls, Village 2)

[Distribution points are all unsafe] because girls are young and get harassed and annoyed by males.
   (FGD with Adolescent Syrian Boys, Village 2)

Market is the most unsafe due to verbal and physical harassment.
   (Female Syrian Youth, Village 3)

Adolescent girls attending school were perceived to be especially at risk of sexual harassment, with the threat associated with travel to and from school (pre-COVID-19), or outside the school gates Boys were typically cited as the main perpetrators.

In the FGD with female youth in Village 3, the participants noted that girls are particularly exposed to verbal harassment from youth on the way to, or in front of, the schools (pre-COVID-19). This was supported by a UN Protection Worker, who said:

...for adolescents, we received many cases who suffered from harassment on their road to schools.
   (UN Protection Worker, Azraq Camp)

As highlighted by these quotes, across the FGDs and KII’s there was strong agreement that women and girls were being confronted with the threat of sexual harassment on a daily basis as they moved around the camp in order to access their basic rights. The threat of sexual harassment has been addressed by a number of initiatives in the camp over the past few years, including awareness raising activities on sexual harassment and male engagement activities, such as EMAP. However, the level of harassment still described by residents suggests further actions are needed, ideally through community-led awareness activities.

When asked what factors increased the risk of sexual harassment in Azraq Camp, the most common response was the presence of men and boys in public spaces. For example, in an FGD with Syrian adolescent girls living in Village 6, the girls argued that the ‘presence of men’ puts women in danger. Similarly, a Syrian woman living in Village two commented:

There is no danger on the man, he is the danger.
   (Syrian Woman, Village 2)
It should be noted that men were also depicted by some female residents as a potential protector (see the box ‘Groups at Heightened Risk of GBV’). Nonetheless, the threat of sexual harassment appeared to be so widespread in the camp that it had been normalized as an expected ‘masculine behavior’. ‘Men’, were therefore framed as the general source of this threat rather than focusing on individual perpetrators. However, it is encouraging to note that in over half the male FGDs, sexual harassment was condemned by participants.

Crowded spaces were also perceived to increase the risk of sexual harassment, with men taking advantage of the overcrowding in malls, markets and distributions to harass or have physical contact with women and girls. Interestingly, in an FGD with Female Youth living in Village 3, the participants commented that they felt safer in these settings since the onset of the COVID-19 pandemic because social distancing has reduced overcrowding. This, in turn, reduces the risk of unwanted touching.

Similarly, one key informant working for a UN agency in the camp argued that sexual harassment of girls has also reduced as a result of COVID-19 because education is online and girls therefore do not have to walk to and from school. However, conversely, in the FGD with female youth living in Village 2, participants linked the loss of livelihoods opportunities due to COVID-19 with increased stress and increased risk of harassment. However, it was not clear whether this referred to sexual harassment or domestic violence.

When considering the impact of sexual harassment on the lives of women and girls living in Azraq Camp, a number of associated threats were cited. As noted earlier, harassment was reported to impede women’s and girls’ access to basic services. For example, in FGDs with women and girls living in 3 separate villages, participants noted that girls may be forced to drop out of school if their families become too worried about the threat of harassment when walking to and from school. This was confirmed by a Key Informant working for the UN in a management role in the camp, who commented:

*Some of the female youth stopped going to school; because they suffered from sexual abuse on their way to school.*

*(UN Manager, Azraq Camp)*

This consequently impedes girls’ access to education and limits their future educational and livelihoods opportunities. As such a Syrian adolescent girl from Village 5 noted that girls may conceal the harassment from their families in order to cling onto their opportunity for education. Hence, girls in the camp are forced to weigh up their right to safety and their right to education when deciding whether to report sexual harassment to their families.

The threat of sexual harassment was also linked to increased movement restrictions for women and girls. For instance, in an FGD with adolescent boys in Village 2, boys normalized the practice of male chaperones for women and girls when they left the house:

*Because of fear of harassment and being robbed, women don’t go alone without being accompanied by a male.*

*(Adolescent Syrian Boy, Village 2)*
By juxtaposing the risk of violence with male ‘accompaniment’, the boy depicted male chaperones as ‘protectors’. However, as noted in the following comment by a Syrian adolescent girl living in village 6, this reduces women’s and girls’ decision making and agency:

*Women do not go alone there and that’s what men prefer.*

*(Adolescent Syrian Girl, Village 6)*

Consequently, although some women reported feeling safer having a man with them, the requirement for a chaperone is often imposed by men, curtailing women and girls’ freedom and placing decisions about their day-to-day movements into the hands of their male relatives.

Furthermore, in cases where women and girls are not perceived to have taken sufficient steps to protect themselves, they risk being stigmatized. For example, as noted by one of the Key Informants working in a Women and Girls Safe Space (WGSS), sexual harassment carries the risk of reputational damage, with gossip threatening women and girls’ standing in the community if they are perceived to have taken insufficient measures to protect themselves. This gossip, and the subsequent emotional and reputational harm, comes not just from men but also from other female residents. For example, in a group of older women living in Village 2, ‘mistakes’ were attributed to the woman, not the context in which she was living:

*Free woman is free, and the women who want to do mistake will do it even if she in cage.*

*(Older Woman, 60+ year, Village 2)*

Women and men alike tend to be socialized in accordance with deep-rooted inequitable gender norms that associate femininity with virtue. However, this increases the risk that women and girls will be blamed if they are harassed. The onus is therefore placed on the survivor to protect themselves from abuse, rather than condemning the actions of perpetrators and making them responsible for their abusive behavior. This, in turn, reinforces the requirement for male chaperones, and limits women and girls’ freedom of movement.

**5.1.2 Domestic Violence**

During the mapping exercise, the home, or caravans, were rarely mentioned by women and girls as a place where they felt unsafe. Indeed, for some women, the caravan represented a safe haven within the camp:

*I think that no danger zones in the camp. Especially that I don’t go out of my caravan a lot.*

*(Female Syrian Woman, Volunteer at WGSS)*

This was especially true for participants from female-headed households who lived without a male partner. However, when participants were asked to reflect in more detail on protection risks affecting women and girls in Azraq camp, domestic violence was routinely mentioned. This was depicted as physical and emotional abuse perpetrated by an intimate partner. Although most FGDs emphasized physical violence, a notable number of FGDs discussed physical assault alongside emotional/psychological abuse, which might include name calling and excluding from decisions. This highlights the multifaceted and interrelated nature of GBV.
Physical assault and emotional/psychological violence were the most frequently cited safety concerns affecting women within the FGDs:

*Physical violence is happening a lot to women by their husbands.*
(Syrian Adolescent Boy, Village 2)

*Some men hit their spouses then never let them go to do treatment at hospital.*
(Syrian Adolescent Girl, Village 5)

*Since the wife does not have family the husband will act bullying on her.*
(Syrian Woman, Village 2)

Domestic violence was cited as a concern by women and men alike, with no men openly justifying violence against their wives. This contrasted with the 2017-2018 Jordan Population and Family Health Survey which found that 69% of male participants reported that beating their wife was justifiable under certain circumstances\(^\text{14}\). However, it should be noted that this could be due to the group discussion methodology, which might hinder open dialogue. Furthermore, despite domestic violence being mentioned as a threat to women’s safety in 7 of the 8 male FGDs, male residents more typically depicted the caravans as a place of safety. Indeed, the only concerns raised by men related to the caravans were the poor maintenance and sanitation, such as the prevalence of cockroaches. This emphasizes the very different (gendered) lived experiences of men and women in the camp.

As highlighted by the earlier quotes, certain groups of female residents were perceived to be at greater risk of domestic violence than others. These included women who were far from their families, and therefore lacked established support mechanisms to help them, and girls who entered into child marriage. The latter reflects broader global findings that suggest domestic violence is significantly more likely in households where the bride is underage\(^\text{15}\). According to UNHCR, there were 70 cases of child marriage in Azraq camp in 2019. Furthermore, a Syrian woman in Village 2 noted that despite being associated with the private domain of the caravans, domestic violence is not always hidden in the camp, with men publically displaying abusive behavior towards their wives:

*Men are ashamed of flirting with their women in front of people, but they abuse her in front of people.*
(Syrian Woman, Village 2)

This quote, coupled with the frequency in which domestic violence was cited as a protection concern in the FGDs, highlights the extent to which domestic violence appears to be normalized in certain households, with men openly abusing their wives in front of others.

When considering why domestic violence is prevalent within Azraq camp a number of internal and external factors were discussed in the FGDs. In three FGDs\(^\text{16}\), participants placed blame on the survivor


\(^{15}\) https://www.girlsnobrides.org/themes/violence-against-girls/

\(^{16}\) Older women in Village 2, women in Village 3, and adolescent girls in Village 3
for ‘allowing’ men to be violent towards them, or triggering it through their ‘stubbornness’. As one woman explained:

It is not always the men fault; women should concede a little bit for men.

(Syrian Woman, Village 3)

In contrast, girls in Village 6 argued that domestic violence is linked to disproportionate male power, noting:

It’s the man’s right to beat up women.

(Adolescent Syrian Girl, Village 6)

Linkages were also made between the prevalence of domestic violence and male unemployment, with an older Syrian woman, living in Village 2, noting that lack of jobs leads to ‘relationship problems’ between spouses. This observation reflects a substantive body of research linking loss of male livelihoods with an increased risk of domestic and family violence due to the stress men experience as a result of changing gender roles17. Indeed, when considering factors that increased the risk of GBV in the camp, difficult financial situations and lack of jobs for men were the most common responses.

A strong recurring theme within the FGDs was the perception that this stress has increased as a result of the COVID-19 pandemic, in turn heightening the risk of intimate partner and family violence. For example, two key informants commented:

The safety risks had increased since the COVID-19 outbreaks in Azraq camp; all the family members became afraid and depressed. And all the kind of violence had increased within the family because all the member spent all the time in the same caravan.

(Syrian Woman, Volunteer at WGSS)

I think the lockdown had increased the domestic violence especially against women and girls because the women and girls weren’t able to enroll in PSS and recreational activities in the camp. And the men were unemployed which stressed them psychologically during this period of time. And due to the lack of resources.

(GBV Officer, INGO)

Similarly, reflecting the earlier observation that sexual harassment may have decreased as a result of the COVID-19 lockdown, a third Key Informant said:

I think the violence had increased inside the home” within the family”, and the violence incidents had decreased outside the home because of the lockdown.

(Reproductive Health worker, Azraq Camp)

These viewpoints were echoed by female camp residents across all villages, who noted that the constant presence of men in the caravan, coupled with the lack of social activities and reduced opportunities to leave the camp following the COVID-19 outbreak, has increased the risk of domestic violence:

*Yes, the stress has increased on the household and the men start to discharge his anger on women in the caravan.*  
*(Syrian Woman, Village 2)*

Similarly, in the FGD with adult males in Village 6, the male participants echoed these sentiments. Specifically, they noted that the challenging financial situation and reduced access to livelihoods brought about by the COVID-19 pandemic has led to more emotional and physical violence against women. Given the widespread acknowledgement of the increased threat of domestic violence, by male and female residents alike, there is consequently a need for continued GBV response programming in the camp to address the needs of GBV survivors at a time when the risk of domestic violence is reported to be particularly acute.

5.1.3 Child Marriage
When asked what are the main concerns facing adolescent girls, the second most frequently cited response across the FGDs, after denial of resources, was child marriage, mentioned in 17 of the 29 FGDs. Child rights activists refer to child marriage as marriage involving a party under the age of 18 years. In Jordan, although the minimum age for marriage is also 18 years, marriage may be permitted from 15 years, providing court approval is granted. Child marriage can have devastating effects on a girl’s psychosocial, physical, and reproductive health and well-being, impeding her long-term educational and economic opportunities, and increasing her risk of being subjected to domestic violence. The potentially devastating impact of child marriage was summed up succinctly by a Syrian girl living in Village 5, who simply said:

*Early marriage is the main reason for lots of problems.*  
*(Adolescent Syrian Girl, Village 5)*

An older woman living in Village 2 similarly noted that it is not just child marriage that is negatively impacting girls but also the risk of a rapid divorce (and its associated stigma) following the marriage. These two statements consequently capture the way in which the effects of GBV tend to be multi-layered, impacting the girl not just in the present but also well into her future.

When considering factors increasing the risk of child marriage within the camp, a number of issues were mentioned by women and girls. These include the enduring nature of traditional values that support child marriage, a desire to protect girls’ reputations in a setting associated with violence, and a means of economic relief for the family (by reducing the number of dependents within a household). These negative coping strategies are not new in GBV assessments. However, the economic benefits of child marriage were reported by FGD participants and Key Informants alike as especially important in the era of COVID-19. For example, in the FGD with adolescent girls in Village 5 and the FGD with older women in Village 2, participants asserted that early marriage has increased during the COVID-19 pandemic and lockdown. With residents unable to leave the camp for work, economic conditions are worsening,

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18 https://www.unicef.org/protection/child-marriage
19 https://www.girlsnobrides.org/child-marriage/jordan/
increasing the risk that they will turn to negative coping strategies, such as child marriage, to bolster their household’s economic standing. There is consequently a need for increased livelihoods opportunities within the camp for men and women in order to increase households’ economic resilience and decrease the protection threats associated with economic vulnerability. In addition, a female resident noted that girls were being forced by their mothers to marry men living outside the camp in order to obtain leave permissions. While this assumption is not reflected in leave permit procedures, it represents an area of misunderstanding that is leading to negative coping mechanisms amongst camp residents.

However, despite the perceived threat child marriage, girls did not necessarily lose sight of the fact that child marriage represents a violation of their rights. For example, one girl living in Village 5 commented:

*It is my right to learn and play, not to get married at this age*

*(Adolescent Syrian Girl, Village 5)*

This is an extremely positive statement, highlighting the impact that rights-based programming and awareness can have a young person’s perception of themselves, their intrinsic value, and their right to a life free from violence.

**5.1.4 Sexual Violence**

Although not as frequently discussed in the FGDs as the earlier forms of GBV, incidences of sexual violence (in the form of rape and sexual assault) were nonetheless mentioned. Sexual assault was discussed as a risk to women, girls and boys in 13 FGDs (both male and female), whilst rape was discussed in 8 FGDs. Participants in the FGD with the female youth living in Village 6 reported that sexual harassment occurs in the camp in the roads between the villages and in the toilets. These were areas that lacked sufficient lighting and security, with a female youth from Village 5 noting that the washrooms did not have functioning locks on the doors. An additional place linked with sexual violence against children was the abandoned caravans scattered across the camp:

*The abandoned block number 11 is dangerous, some few cases where children are being raped and harassed in there*

*(female youth, v 2)*

These are areas where children reportedly go to play, but without the supervision of nearby adults, increasing their perceived vulnerability to abuse. In the FGD with female youth in Village 3, the threat of rape was also discussed with particular reference to boys aged 10-18 years. Specifically, the young women expressed concerns that boys would be raped by other boys, stating that they had heard this occurred in the village.

The threat of sexual violence appeared to generate notable fear. For example, in the FGD with adolescent boys in Village 2, the participants reported that sexual assault is ‘happening a lot’ and this makes them scared for their sisters. Similarly, in the FGD with adult women from the same village, one woman argued that girls get married ‘for fear of rape and physical assault’. It should be recognized that the fear of violence does not necessarily indicate high prevalence. However, as the second comment highlights, the threat of sexual violence is enough to cause residents to view another form of violence – child marriage – as a protective strategy. Indeed, within many Syrian communities, the shame and stigma attached to sexual violence, coupled with the risk of retaliatory violence, pose a devastating
threat to women and girls’ physical, psychological and reproductive well-being. Female residents of the camp are therefore forced to live under the cloud of fear associated with the risk of sexual violence.

5.1.5 Sexual Exploitation and Abuse
In five FGDs (4 with women, 1 with adolescent girls, 17% if all FGDs), one or more participants made reference to occurrences of sexual exploitation and abuse (SEA) involving personnel working in the camp. These included sexual exploitation by community police officers and sexual exploitation linked to bread distributions. One group stated that this was due to the risk of harassment, but the perpetrators of this harassment were not discussed. Whilst these examples were not described in great detail, the power imbalance between camp staff and residents is extremely acute (as it is in all humanitarian settings), lending itself to the possibility of exploitation, especially at times of hardship. The findings therefore signal a need for further training on SEA to both camp residents and humanitarian actors working in the camp, as well as continued, robust investigation by camp authorities into allegations of SEA.

Groups at Heightened Risk of GBV

When discussing who was most susceptible to violence, two conflicting themes emerged. The first depicted women who lacked a male ‘protector’ within their caravan as inherently more vulnerable to violence. This group includes divorcees, widows or women living alone, such as female-headed households. However, on the flip side, other participants reported that women who lived with men were perceived to be most vulnerable to violence. For example, in the FGD with older women in Village 2, a Syrian woman commented that any woman with a man in her life is exposed to a greater degree of violence than divorced and widowed women. This viewpoint was supported by one of her peers, who commented that ‘Village 2 is the safest place [in the camp] because there is no men’ (Older Syrian Woman, Village 2).

Other groups who were perceived to be at risk of violence were ‘brave and outspoken women who look for freedom’ (Syrian Woman, Female-Headed Household, Village 5), or women who were working yet their husband was not (Key Informant working from a Protection INGO). Both examples suggest that deviating from traditional gender norms may heighten women’s risk of violence. This consequently highlights the importance of awareness activities that raise issues of gender inequality in conjunction with discussions about the importance of prioritizing safety. Adolescent girls were also depicted as vulnerable to violence, with girls in two FGDs attributing this to girls’ lack of awareness about the safety risks facing girls the camp. Furthermore, a Key Informant working for a UN agency in the camp noted that girls who married an older man faced an increased risk of violence. Finally, the heightened risk of PwD to violence was noted in four FGDs. However, participants in the FGD with PwD did not portray their peers as inherently vulnerable, but also emphasized their agency, noting that a person in power ‘may think the other person will not defend themselves. However, this is not true’. This contrasts with data from the 2019 GBVIMS report which appeared to indicate that PwD are three times more likely to physical, sexual and emotional violence than people without disabilities. Older women were only mentioned as being especially vulnerable in one FGD, although older women themselves were one of the groups most likely to say they felt safe.

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20 This village has a disproportionate amount of women, after being treated as the overflow for residents processed from village 5.
5.2 Areas of High Risk for GBV within Azraq Camp

The clear message across all Key Informant Interviews and FGDs was that GBV is widespread across the whole camp. However, some specific areas were reported to be associated with a heightened risk of violence. There was a high level agreement between the Key Informants and residents about which locations posed a heightened risk, highlighting that service providers have a strong understanding of the camp context. The areas identified as posing a high risk for GBV, and sexual harassment in particular, tended to be areas of high traffic, such as the Mall, market or distribution points, water points and school entrances. This reinforces the narrative that sexual harassment is more likely in crowded, densely frequented places.

However, a number of more specific places were also mentioned, including abandoned caravans (especially plot 11 in Village 2, although the caravans have now been removed to increase safety), the roads between villages, the electric transformer, and the road to the hospital which is not lit at night. The latter were all cited as unsafe due to the relatively deserted or secluded nature of the areas, and associated more closely with sexual violence. A Key Informant (working for the UN in a Protection role) also noted that the organization received many complaints from girls about the toilets. These were considered to be a ‘danger zone’ after nightfall, preventing the girls from venturing to the bathroom alone. Therefore, it is too simplistic to say that crowded areas pose the greatest threat, with different areas associated with different forms of violence.

5.3 Access to GBV Services

In a context where the risk of GBV is perceived to be high, there is a need for culturally appropriate, accessible prevention and response services through which GBV survivors, and women and girls at heightened risk of GBV, can seek timely, survivor-centered support in a safe environment. Azraq has a range of formal GBV prevention and response services across the camp, including:

- Hotlines for GBV survivors;
- Case management for GBV and CP survivors;
- Family Protection Department (FPD) satellite office;
- MOSD;
- Sharia’a Court;
- UNHCR focal point for GBV cases;
- Community Police Units across the camp;
- Health services for GBV Survivors (including reproductive health and post rape treatment);
- Legal assistance for GBV survivors, including representation;
- PSS support for women and girls at heightened risk of GBV;
- WGSS in each village;
- GBV awareness for women, men, girls and boys;
- GBV prevention programmes, targeting women, men, girls and boys.

UNFPA and UNHCR organize rounds of safe referral training for humanitarian workers. UNHCR also offer safe referrals training for camp-based staff and IBVs every quarter to ensure staff and volunteers know how to support survivors to reach appropriate services. Almost all Key Informants had a clear understanding of a survivor-centered approach and the imperative need for confidentiality and strong data protection protocols when working with GBV survivors. However, despite the array of services, some impediments were noted in the actual implementation of services. For example, survivors can
access safe houses operated by MoSD outside the camp, but despite being counseled on this option, one UN worker noted that they rarely choose to use this service. Furthermore, not all protection actors were unaware of the option for transfer to a safe house outside the camp.

Happily, when asked where women and girls could turn to for support if they experienced violence, most FGD groups demonstrated a good understanding of the GBV services available in the camp. Indeed, as demonstrated in the table below, in the majority of FGDs, participants could suggest multiple avenues for support for GBV survivors:

<table>
<thead>
<tr>
<th>Group</th>
<th>No of FGDs in which participants were able to cite at least three sources of support for women or girls who had experienced violence in the camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Women</td>
<td>13</td>
</tr>
<tr>
<td>Adolescent Girls</td>
<td>4</td>
</tr>
<tr>
<td>Adult Men</td>
<td>1</td>
</tr>
<tr>
<td>Adolescent Boys</td>
<td>3</td>
</tr>
</tbody>
</table>

The fact that women and girls tended to have a strong idea about where to seek support is a very positive finding, likely reflecting the widespread GBV awareness work that has occurred in the camp in recent years, at both a community center and block level. Furthermore, a Woman living in Village 2 commented that one upshot of the COVID-19 pandemic had been the introduction of more regular communication via WhatsApp groups. Four services were mentioned considerably more than others: WGSS, Community Police, NGOs and FPD. As noted shortly, some concerns were raised about how FPD might handle the case (with specific reference made to people feeling uncomfortable signing a pledge about the statement given to FPD), although NGOs appeared to be strongly trusted by female residents.

However, despite a seemingly good awareness of GBV services, especially amongst female residents, access to services was reportedly not guaranteed. For example, a woman living in a female-headed household in Village 2 noted that some men do not allow their wives to go to service centers. When exploring barriers to women accessing support services, adult male participants living in Village 5 confirmed this, expressing concerns about women going to mixed gender spaces. This highlights the importance of WGSS, which remove the barrier by only admitting women and girls. WGSS were consequently cited in 13 female FGDs, and 3 male FGDs, as an important source of support for GBV survivors:

*Back in 2015 it was shame for a woman to enter a women and girl center but the situation has changed to be the safest place for them.*

*(Syrian Female Youth, Village 3)*

This comment highlights that, through careful integration into the community and consultations with men, WGSS have become accepted by communities in Azraq camp. The WGSS therefore represent a significant resource for reaching GBV survivors.

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22 WGSS were mentioned in 16 FGDs; Community Police in 15 FGDs; FPD in 13 FGDs; and NGOs (more generally) in 10 FGDs.
In terms of survivors’ willingness to report incidents of GBV and seek support through the services, there was evidence that some may feel empowered to do so in certain circumstances:

[Women should] find another way to deal with husband to absorb his anger. But if the women face violence outside she should speak up. For example, once I was in the clinic, a male volunteer spoke with me in insulting way. So she asked to talk with his manager to prevent him from harass another woman.

(Syrian Woman, Volunteer at WGSS)

This woman was volunteering at a WGSS, so may have had a greater sensitization on GBV and women’s rights than many of her peers. However, whilst she felt empowered to speak out against a man who harassed her, she advised greater caution when dealing with domestic violence. This reflects the most commonly cited barrier to seeking GBV services, namely fear of retaliation from the perpetrator or the survivor’s own family. In the adult male FGD in Village 2, men noted that marriage is the ‘main barrier’ to reporting domestic violence since husbands do not accept their wives complaining about them. Reflecting this, in the FDG with adolescent girls in Village 2, the girls noted that women are afraid of their families and are sometimes threatened by the perpetrator. Indeed, reporting was linked to a fear of further abuse, divorce, and loss of child custody.

Furthermore, as noted by the following two comments, reporting carried a considerable cultural stigma and shame:

It is shameful on the woman and her husband if she goes to the family protection department.

(Older Syrian Woman, Village 2)

Not all women in the camp using these strategies and they prefer to stay under abuse because the perpetrators at the most times are father, brother and husband. And it shameful in the community to report the incidents of violence.

(Protection Team Leader, INGO)

These comments mirror that discussion in the FGD with female youth in Village 3, where participants noted that the threat of secondary harm, associated with reporting, does not only come from the survivor’s family, but also from the community, in the form of gossip and reputational damage. Against this backdrop, a female youth living in Village 2 noted that, in the case of domestic violence, it is more common for mothers to advise the survivor to ‘be patient’ since they went through the same experience. Women’s negative coping strategies are therefore passed on through the generations. There is consequently a need for continued GBV awareness that alerts women to the multiple support services available for survivors in the camp.

Finally, a number of practical barriers impeding access to GBV services were also noted. Firstly, a common theme across the FGDs was the reduction in services following the onset of the COVID-19 pandemic in Jordan. In the FGD with female youth in Village 3, participants note that this has also impacted access to GBV services due to quarantine requirements and closure of daycares. It should be noted that GBV response services did continue throughout the lockdown, but it appears that this message was not as widely received as needed, warranting further awareness raising of remote services
going forwards. Furthermore, in a couple of FGDs there was a notable distrust for certain services, such as the Family Protection Department and a CP provider, both of whom were perceived to provide low quality services, and lack of services during COVID-19 lockdowns. For example, in the FGD with adolescent boys in Village 3, the boys noted that even when complaints were filed with the CP actor about violence against girls, they did not receive a ‘proper’ response or outcome. It should be acknowledged that this may be because the service provider was upholding the best interests of the child, and protecting her confidentiality. However, the comment nonetheless demonstrates how perceived inaction can reduce trust in a service provider. The lack of response to issues of GBV, such as sexual harassment, was also identified as a service gap by a Key Informant working for a UN agency in the camp.

6. Community Proposed Potential Solutions for Reducing Risks & Improving Safety

Despite identifying barriers to accessing GBV services in the camp, the community residents did have clear ideas about how these barriers could be addressed, as well as how the risk of violence could be reduced. These ranged from situational prevention techniques, such as improving lighting, to deeper cultural changes, such as supporting survivors to speak out.

6.1 Situational Prevention

Within the FGDs, a number of practical measures were suggested for reducing the risk of GBV within the camp that arguably fell under the category of ‘situational prevention’\(^\text{23}\). In other words, changes that sought to change the environment to reduce the GBV risks, rather than addressing the root of the problem. These suggestions included:

1. Placing rules in front of the water points to educate residents about women and girls’ rights to privacy;
2. More caravans so that there is less overcrowding and increased more privacy, especially in cases where the family includes of adult men.
3. Continuing the practice of chaperones to protect women and girls from the threat of sexual harassment when they go to the market; NB this was suggested by male residents.
4. Reducing large gatherings where there is overcrowding;
5. Educating children about dangerous places within the camps so that they know to avoid these areas;
6. Avoid going to the mall, where possible, by sending other [male] family members and reducing the number of visits per month; NB this suggestion actually serves to impose further movement restrictions on women and girls.
7. Improving lighting and security near the washrooms, and increasing electricity supply hours;
8. Providing transportation to services to reduce the need to walk on the open street, including the introduction of school buses;
9. Reducing the distances between caravans and services centers;

10. Removing empty caravans. NB: The camp management have confirmed that all empty caravans have now been removed;
11. Increasing the security presence and check points in the camp, especially at night, and around market, schools, and services for women.

As noted above, some of these suggestions are problematic as they serve to further restrict the movement of women and girls, place the burden and responsibility on survivors for ‘avoiding’ GBV, and position men in gender-stereotypical roles, such as ‘male protectors’. They consequently do not address the root causes of GBV. Nonetheless, other suggestions do demonstrate an understanding that GBV requires a ‘whole community’ approach to reducing violence. These suggestions can therefore serve as a useful starting point for designing GBV programmes in collaboration with the community that increase the safety of women and girls.

6.2 Awareness Campaigns

Whilst the practical suggestions, listed above, propose adjustments to the environment in order to accommodate the threat of GBV, other suggestions attempted to address the root causes of GBV. It was perhaps notable that men were more likely to suggest situational prevention strategies, whilst women and girls were more likely to suggest strategies that went some way towards challenging gender norms. One example of the latter is awareness raising on GBV and gender inequality, with a view of challenging deep-rooted gender norms. When making suggestions, participants suggested community leaders supported in awareness raising, and the legal penalties associated with violence against women and girls were stressed.

A recurring theme within the FGDs was the importance of targeting children with awareness raising and education campaigns in order to disrupt the traditional gender socialization process. Reflecting this, female participants argued that there was a need to educate boys from an early age on how to treat women and girls respectfully. This viewpoint was supported by a number of Key Informants, with one participant, who worked in a GBV role, noting that girls and boys need to be given the same duties and responsibilities, regardless of gender. A woman living in Village 3 noted that, in addition to changing boys’ attitudes, awareness for girls gives them the confidence to speak out:

*The activities conducted by NGOs raised the awareness of the children about their rights and they started to complain to the family protection department if anyone of their family abused them.*

*(Syrian Woman, Village 3)*

This statement highlights that educating children about their rights from an early age can also empower them to seek support, if needed. Although NGOs were frequently allocated responsibility for this, family and the wider community were also seen to be responsible for increasing children’s awareness, especially mothers. The latter is important, since some actors in the camp reported facing some retaliation from members of the community for imposing ‘western’ ideology.

The importance of also raising awareness about women and girls’ rights amongst the primary perpetrators – men – was also emphasized in the FGDs and KII. This is not an easy process, requiring intensive, longer term programing in order to support women and girls to safely challenge the
patriarchal order. This can be achieved by undertaking GBV prevention programmes with men, such as EMAP or SASA, but requires time and the identification of male community supporters. Critically, a female volunteer working for an NGO noted that community awareness campaigns need to stress the importance of not blaming the survivor, given the risk of secondary traumatization.

6.3 Encouraging Survivors to Report Violence
In 2 of the FGDs, older women and adolescent boys expressed the view that survivors should be encouraged to speak out against their abuser. As noted earlier, this can be very difficult given the potential stigma and safety risks associated with reporting. However, the community did have some suggestions for easing this process. For example, one group of female youth suggested assigning women to the community police, thus challenging the male-domination of camp security services and, possibly, making it easier for women to report to fellow women. Although a Key Informant reported that there had been females working with the community police, there is a need to increase this number further. Furthermore, a counselor working for an INGO suggested that the community be encouraged to share their problems with community leaders who are trained to refer the cases to NGOs and the community police. Finally, Key Informants and community members suggested that survivors should be encouraged to reach out to trusted family, friends or neighbors who can then support in helping the survivor to access the required GBV services and provide an empathetic ear.

6.4 Increased Livelihoods Opportunities
As noted earlier, the perceived increase in domestic violence was linked to economic challenges at a household level, coupled with male frustration at not having any livelihoods opportunities. In 5 males and female FGDs, there was a call for more livelihoods opportunities for men, including automatic business grants at the end of vocational trainings. Furthermore, within the female FGDs and KIIs, there were calls for increased livelihoods opportunities for women to enable them to start their own projects in the future, especially widowed and divorced women. This needs to be done carefully, though, alongside sensitization on the benefits of women working, in order to avoid heightening family tensions. There was also a call in the FGD with women living in Village 3 for NGOs and camp management to review hiring practices relating to IBVs. Specifically, women in this group complained that the very limited work opportunities tended to go to the same people, especially those who had worked as IBVs before:

*There is some unfair [practices] in hiring people, some of them have been working for seven years and some others never work before.*

*(Syrian Woman, Village 3)*

*If the person has experience he/she will stay employed.*

*(Syrian Woman, Village 3)*

Although this may have been an isolated complaint, it does highlight the need for very transparent at a time when livelihoods opportunities are especially scarce in order to reduce community tensions.
6.5 High Quality, Easily Accessible GBV Services

Within the female FGDs, in particular, NGO services were depicted as a safe haven for residents within the camp, not just because they provided a distraction from their everyday lives, but because they also provided access to people trained in protection:

*Within the FGDs, community members highlighted (School, home and community centers) are all safe because many people are present there and there are wise and expert people who can give advice.*

*(Syrian Adolescent Girl, Village 2)*

*(Community Centers and Health Centers) as all safe because these places offer support for children.*

*(Syrian Adolescent Girl, Village X)*

With this in mind, the need for NGOs to remain operational during the COVID-19 pandemic was stressed. A Syrian volunteer working at a WGSS, also noted that NGOs do not simply make female residents feel safer, but these organizations also provide opportunities for women and girls to improve their psychosocial well-being through PSS activities. This view was supported by a woman living with a disability, who said that NGOs provide a safe space to vent about issues ‘because they care about refugees’. In a context where refugees residing in the camp are, to a large degree, separated from the rest of the country, the interaction with staff from NGOs provides vital a safe space to process their feelings.

7. Recommendations

In order to address the risks outlined within the report, the following recommendations are suggested, which draw on recommendations from partners and the community:

7.1 GBV Service Providers

- Offer GBV awareness programmes to caregivers and adolescents in community centers and educational facilities in order to challenge the normalization of gender inequality and GBV in the camp, especially the normalization of sexual harassment. Include training for caregivers on psychosocial techniques to support their children in the event they are harassed.
- Train staff working in schools (including management, teachers and security guards) on the threat of sexual harassment and its impact on girls’ futures. Increase security staff outside the gates of the school and position teachers at the school entrance during opening and closing hours.
- Community-wide awareness campaigns on domestic violence. Include group sessions, social media messaging, posters in high traffic areas and radio programmes. Ensure community members are informed of safe referral pathways and how to safely support a friend or peer to access GBV services.
- Train influential community leaders or community role models on the delivery of GBV awareness sessions.
• Advocacy on strengthening the Jordanian legislative framework in relation to GBV, with particular attention to the act of sexual harassment and child marriage. Increased penalties for families that engage their children in marriage below the age of majority.

• Increased outreach of GBV response services in the camp, including GBV Case Management, Health services and legal aid. Outreach via social media, the Amaali App, camp radio and noticeboards informing the community about GBV services within the camp. Ensure that there are active referral pathways for survivor-centered response services in every village, even during lockdown periods. Inform communities of remote services that will be triggered in the event of another lockdown prior to any further lockdowns.

• Increased access to safer remedies for survivors, including increased awareness of the option for survivors to access to safe shelters outside the camp.

• GBV Prevention programmes targeting men and boys, such as EMAP and Sasa, which build the capacity of male supporters to advocate for women’s rights in their communities. Include clear information on safe referrals.

• GBV Prevention programmes targeting women and girls, including programmes tailored to the diverse needs of different groups of women in the camp (e.g. PwD, adolescent girls, older women, LGBTQI+ etc.)

• Continued delivery of survivor-centered GBV case management services in the camp that can be adapted safely to remote delivery. Inclusion of cash assistance into GBV case management to respond to urgent needs of survivors.

• Continued delivery of services for women and girls through WGSS. Ensure centers are accessible for older women and PwD.

• Provision of psychosocial support services for survivors and woman & girls at heightened risk of GBV, including peer support groups and stress management. Design remote-delivery PSS services that take into account the safety of participants and can be used in the event of a lockdown when household stress levels are likely to be increased.

• Undertake community consultation prior to designing all GBV activities.

• Provision of psychosocial and recreational activities targeting men, with a focus on developing positive, alternative masculinities.

• Continued GBV Safe Referral training for all camp-based staff, in order to ensure safe, timely referrals to survivor-centered services. It is recommended that workers at Sameh mall, within the hospitals and schools are prioritized for this training.

• Tailored training to FGD and MoSD to ensure a survivor centered approach is used when working with GBV survivors.

• Training for CP service providers within Azraq on child survivors of GBV.

7.2 Camp Management

• Mobilize caregivers to take turns to accompany children from their block to school, or the development of other community-led solutions to increase the safety of children as they travel to and from school.

• Improve lighting and security across the camp, regular maintenance for the bathrooms (including ensuring working locks etc), and increase security presence on the roads in between the villages.

• Open positions for female community police officers who are trained specifically on how to support GBV survivors and make safe referrals.
- SEA training for all camp staff, including administrative staff, including clear guidance on the legal penalties in the event that SEA is found to have occurred.
- Continued community awareness sessions on what is SEA and how it can be reported.
- Extra caravans to reduce overcrowding in large households, and improve privacy.

7.3 Livelihoods Service Providers
- Increase livelihoods programming for men and women, ensuring transparent beneficiary selection based on clear vulnerability criteria. Option of business training and grants for residents who successfully complete vocational training courses.
- Integrate livelihoods interventions into GBV prevention programmes. For example, the inclusion of trainings or awareness on economic abuse, women’s right to work, and decent work (including the right to work without harassment) into livelihoods programming.
- Address barriers to women’s economic participation, including the availability of child care facilities during business skills or vocational trainings.
- Increase livelihood mentorship activities for adolescent girls, focusing on soft skills training, literacy, traineeships, and awareness of women’s rights to work.
- Provide training for women on job hunting skills, such as interview skills, to enable them to find work.

7.4 Donors
- Increased funding for GBV prevention and response in the camp, including funding to support in the design of technology-based interventions suited to remote delivery (such as remote platforms for secure support groups) and women and girls’ safe spaces.
- Designation of multi-year funding that allows for the design and implementation of gender transformative programming, addressing gender inequity through community-based interventions.
- Increased funding for livelihoods interventions within the camp.
8. Annex A: Focus Group Discussion Tool

Azraq GBV Risk Assessment: Focus Group Discussion Tool

Opening Statement

Good morning/afternoon. Thank you for taking the time to join us for this discussion today.

My name is [say FGD team leader’s name] and I am working with [say the name of the org./group]. Here are my colleagues [let the colleagues share their names and organization they work for].

We are conducting an assessment on the risks of violence faced by refugee women and girls in Jordan. The assessment also includes questions on risks of sexual violence faced by men and boys. While this discussion should not be considered a guarantee for any direct or indirect support to you or your community, the information you provide will help us improve our programs. We would like to ask you some questions about the situation of your community in this village within Azraq.

This is not the venue to discuss individual cases, but rather general issues faced by members of your community and share your recommendation to improve humanitarian programs. However, if any of you is in need of urgent support, you can approach [say the name of the team leader] at the end of the discussion. If anyone feels distressed by the discussion, they are welcome to step out to take a break.

The discussion should only take an hour and half. Your identity will be kept strictly confidential and will not be shown to others unless you provide your written agreement is received to do so. We will not be writing your names down or use them in any way after this discussion. We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us. We ask that you keep everything confidential, too. Please do not tell others what was said today and by whom.

Your participation is voluntary and you can choose not to answer any or all of the questions. You may leave the discussion at any time or ask for a short break. Do you agree to take part in the discussion? Yes, or No (If a participant reply with “no”, he/she should leave the discussion at this point. The facilitator is responsible for following up on this.)

This is my colleague__________________. She/he is taking notes to make sure that we do not miss what you have to say. Is this acceptable to you? Yes or No (If a participant replies with
“no", he/she should leave the discussion at this point. The facilitator is responsible for following up on this.)

[After asking each of the following questions, look at the participants and get implicit approval that they understood]

Do you have any questions before we start?

Creating the Community Map

- Explain to the participants that we are going to start by drawing a map of the village in which we are living. This map will form the basis of our discussions.
- Ask for one volunteer who is willing to draw the map on flip chart paper (displayed at the front of the group), based on the other participants’ instructions.
- With directions from other participants, the volunteer should mark on important landmarks within the village and wider camp setting (e.g. market). The facilitator should encourage the group to think about where they live, socialize, work etc.

Once the map is completed, the facilitator should ask the following questions:

1. Looking at the map, are there any places that you feel safe? If so, where? Why these places?
   Facilitator to mark on the map these places with a green sticker.

   Explain that we will now focus places or situations that may make members of your community feel less safe. We will start by focusing on women, before considering girls, men and boys.

2. a) Within your community, are there any places where women may feel unsafe? If yes, where? Why?

   Facilitator to mark on the map these places with a red sticker and the letter W (for women).

   b) Now let’s think about girls. Are there any places where girls may feel unsafe? If yes, where? Why?

   *Facilitator to mark on the map these places with a red sticker and the letter G (for girls).*

   c) Finally, let’s think about men or boys. Are there any places where men or boys may feel unsafe? If yes, where? Why?

   *Facilitator to mark on the map these places with a red sticker and the letter M (for men) or B (for boys).*

3. You have mentioned the following types of gender based violence affecting women and girls in the camp (Facilitator to write on a piece of flip chart paper). Are there any other safety concerns that affect women and girls that have not yet been discussed?
Facilitator to probe around the six types of GBV according to the GBVIMS classifications. Probe around the likely perpetrators of each form of violence.

4. a) Looking at this list (Facilitator to read out the full list again) what would you consider to be the top three most common safety concerns affecting women living in Azraq? Facilitator to ask participants to vote for the three they feel are the most common.
   b) Looking at this list (Facilitator to read out the full list again) what would you consider to be the top three most common safety concerns affecting girls living in Azraq? Facilitator to ask participants to vote for the three they feel are the most common.
   c) Looking at the two lists of the forms of GBV the group considers to be most common, have these changed at all since the COVID-19 outbreak?

5. Are there specific groups or categories of women and girls living in this camp that you think are more vulnerable to gender based violence. If yes, which type of women/ girls and what makes them vulnerable?

6. a) What factors do you think lead to violence against women and girls in the camp? Facilitator to probe around social, cultural, economic and environmental factors increasing the risk of GBV.
   b) Has the risk of violence changed following the COVID-19 outbreak? If yes, how?

7. Are you aware of any services are available in the camp to support women and girls who experience violence? If so, what?
   If knowledge is low, facilitator to probe on how information can be more effectively (and safely) disseminated to the community.

8. Do women or girls in your village face any specific barriers preventing them from accessing these services (listed above)? If yes, what barriers?

9. What could be done in this community to create a safer and protective environment for women and girls?
   a) By community members
   b) Other actors

10. Without mentioning names, have you ever heard of community members being asked to engage in
sexual activities in exchange for services or assistance provided by humanitarian or government actors? If yes, what types of service providers? How common is it in the camp?

Closing statement

Thank you for sharing your concerns and recommendations with us. Once we finalize our report, how would you prefer to receive feedback on our findings? (Summarized report could be shared on UNHCR website or Facebook page. Or are there other websites/Mass communication tools you would like us to share?). We value your opinion; this will help us improve our programmes. Do you have any questions?

If you would like to discuss any of the issues talked out in the group in more detail, or support to access GBV services, please approach me after the session.
9. Annex B: Key Informant Interview Tool

SGBV Risk Assessment

QUESTIONNAIRE

KEY INFORMANT INTERVIEWS (KII) with staff

Use questions under general section for all sectors/service providers, complement with specific questions linked to type of service. Unless otherwise specified, possible answers are: Yes/No/Don’t know.

1. What safety and security problems do adult women face in this camp? B) What about adolescent girls?
2. Have the safety risks affecting women and girls changed since the COVID-19 outbreak in Jordan? If yes, in what way?
3. Are there known danger zones in the camp where girls and women are at increased risk for assault/harassment? If yes, where?
4. Who are the main perpetrators of violence against women and girls in the camp?
5. What coping strategies, if any, do women and girls use to improve their safety?
6. What steps, if any, have the community taken to make girls and women safer?
7. What services does your organization offer to promote women’s and girls’ right to safety? Do you feel there are any remaining GBV service gaps?
8. Have women and girls been consulted on the design of your services? If yes, a) please describe the methodologies used B) Did these consultations include questions about safe access to GBV services?
9. Are you/your staff trained on the survivor centered approach? (dignity, rights and wishes of survivors are respected throughout all programming) If yes, to what extent do you believe it is applied throughout your service provision? (probe around sensitive topics – see below comment on question 14).
10. Are you/your staff trained on data protection standards for SGBV? (documents are password protected, password shared separately, name of survivor does not appear on e-mail/documents which contains information about SGBV incidents, need to know principle: information is only shared with focal point, only info required for service provision, with prior informed consent of survivor, all documents in locked cabinets) If yes, are these standards respected by your organization/sector during referrals?