Gender-Based Violence Information Management System (GBVIMS) Annual Report 2015

Background

This report provides information on incidents of sexual and gender-based violence (SGBV) reported by SGBV survivors in Jordan during 2015. The information is provided by humanitarian agencies working to prevent and to respond to SGBV through awareness-raising and other prevention activities, and through the provision of case management services, and which together constitute the GBVIMS Task Force. Members of the GBVIMS Task Force include the Institute for Family Health/Noor Hussein Foundation (IFH/NHF), International Rescue Committee (IRC), International Medical Corps (IMC), Jordan River Foundation (JRF), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), and the United Nations High Commissioner for Refugees (UNHCR). GBVIMS data is currently being gathered in Amman Governorate, Zarqa Governorate (including Azraq Camp and Emirati Jordanian Camp), Mafraq Governorate (including Za'atari Camp), Irbid Governorate (including Cyber City and King Abdullah Park), Balqa Governorate, Jerash Governorate, Ajloun governorate, and in the South of Jordan (including Aqaba, Tafilah, Karak, and Ma'an).

The Task Force is responsible for gathering, maintaining and analyzing data related to SGBV, and for ensuring the security and protection of sensitive data concerning SGBV. Using an inter-agency GBVIMS electronic tool, the Task Force maintains data concerning the type of violence committed; the profile of survivors and perpetrators of SGBV; the context in which SGBV incidents were committed, and the responses and services provided to SGBV survivors.[1] The consolidated data presented in this report relates exclusively to reported incidents, and cannot be considered representative of the total incidence or prevalence of SGBV in Jordan; due to the limitations inherent in the identification and reporting of SGBV information, this must be noted in any use of the data authorized by the GBVIMS Task Force. The present report provides data and analysis concerning SGBV incidents and responses by GBVIMS Task Force members in Jordan between 1st January and 31st December 2015.

2015 Operational Context

In 2015, the Syria crisis entered its fifth year. In Jordan, due to continuing security threats on its borders with Syria and Iraq and exhaustion of national resources available to support refugees, protection space for refugees in Jordan contracted over the course of the year. By the end of 2015, the total number of Syrian refugees in Jordan was 634,064 individuals, a figure equivalent to approximately one tenth of Jordan's population prior to the conflict. The Government repeatedly highlighted the impact of hosting such a large number of refugees – the official estimate is 1.4 million Syrians in Jordan – on the infrastructure and economy on the country.

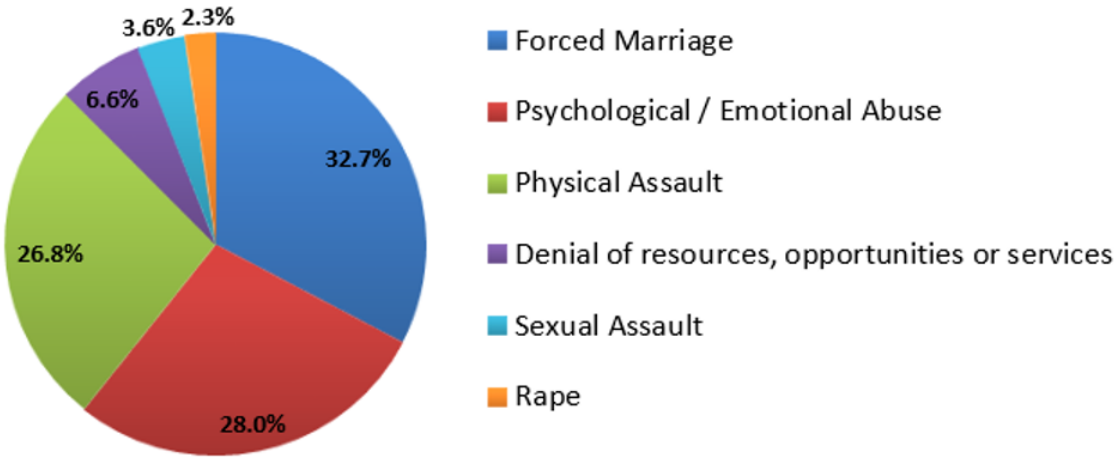
While new arrivals in Jordan continued in 2015, stringent border controls contributed to relatively low numbers of refugees entering the country: during the year, some 16,000 new Syrian refugees were admitted to the country, where like other refugees they face encampment and restrictions on movement, obstacles to legal employment, and challenges accessing essential humanitarian assistance including food and medical care. In addition, over 50,000 Iraqi refugees have sought asylum

in Jordan, along with significant numbers of Somalis and Sudanese.[2] The 2015 Vulnerability Assessment Framework (VAF) Baseline Survey found high levels of economic vulnerability, with 86% of Syrian refugee households identified as living under the poverty line of USD 98 per person per month. Their financial resources depleted, many families now increasingly turn to negative coping mechanisms such as exploitative labor, school dropout of children and child labor, and early marriage. While these coping mechanisms may help meet a family's immediate subsistence needs, they often do so at the cost of increased exposure to exploitation or human rights violations, and limitation of future opportunities and prospects. At the close of 2015, despite a reduction in violence in Syria brought by a partial cessation of hostilities, opportunities for voluntary repatriation remain only a future hope. While resettlement opportunities were significantly expanded (with 24,374 refugees submitted to resettlement countries during the year), the vast majority of refugees remains in Jordan without foreseeable prospects for a durable solution.

Types of Sexual and Gender-Based Violence

The GBVIMS categorizes the various forms of SGBV into six major types: forced marriage; psychological/emotional abuse; physical assault; denial of resources; sexual assault, and rape. The patterns of types of GBV as per the analyzed GBVIMS data remain more or less consistent in 2014 and 2015. During 2015 more than half of survivors (54.8 %) reporting SGBV incidents to data gathering agencies experienced psychological/emotional abuse (28%) and physical assault (26.8%), while 32.7% reported forced marriage (including early marriage).

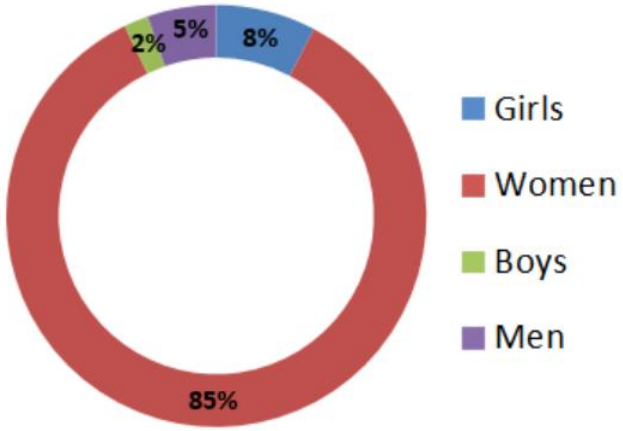
Figure1: Incidents by SGBV type 2015



i) **Sexual assault and rape** is the most severe form of SGBV and may lead to serious life-threatening consequences, including death. Sexual assault and rape are often the most difficult forms of violence to be reported. Comparing the GBVIMS of 2014 and 2015 there is an observed pattern of decrease in the reporting of rape and sexual assault. During 2015, a total of 5.9% of survivors reported sexual assault (3.6%) and rape (2.3%) whereas, during 2014, a total of 8.4% of the survivors reported sexual assault (4.8%) and rape (3.6%). In Jordan, there remain many recognized barriers to reporting rape as a form of SGBV. Generally, health care is the primary entry and identification point for the survivors of sexual assault and rape. The reluctance of the SGBV survivor to seek services may be related to the mandatory reporting requirement that compel service providers to report these cases to the national authorities. On the other hand, the development of a national protocol for the clinical management of rape in Jordan, presently underway, will facilitate the provision of services to the survivors of SGBV as per international standards.

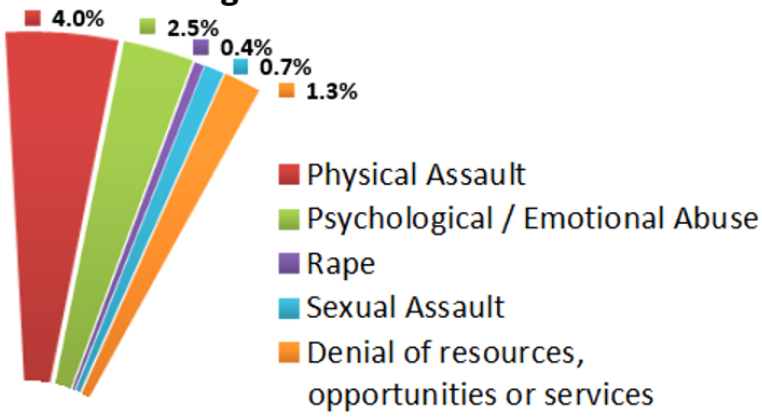
ii) **Domestic violence, including psychological or emotional abuse and physical assault** continues to be the main form of SGBV reported by survivors, in line with GBVIMS data of 2014. The negative effects of domestic violence include serious social, psychological and health problems that could ultimately lead to the death of survivors. The below graphic shows the percentage of incidents of physical assault and emotional abuse perpetrated by family members at survivors' or perpetrators' home disaggregated by age and sex in 2015. It is evident that women (85%) and girls (8%) continue to be the key victims of domestic violence, however, men and boys also reported domestic violence during the year: nearly 7% of domestic violence incidents reported were against men and boys. The SGBV SWG will continue supporting national institutions and humanitarian actors to ensure that the service delivery contributes to prevention of SGBV including those happening in the domestic environment where the majority of disclosed incidents are reported.

Figure2: Domestic Violence by Age & Sex



iii) **Early Marriage:** According to GBVIMS standard classification, incidents of early marriage are classified under the category "forced marriage". *Early marriage* may be considered an accepted practice in some Syrian communities and therefore is either not considered as a form of violence by the affected population, or it does not always carry the same level of stigma as other types of SGBV. For these reasons, incidents are relatively easily disclosed by survivors through safe spaces, registration, referral, outreach and protection monitoring. The GBVIMS data continues to suggest that survivors of early marriage may be at risk of other types of SGBV. The graph below shows the other types of SGBV reported by married children under the age of 18 in 2015, in addition to the forced marriage. During the reporting period, 4% reported physical assault (the most commonly experienced form of SGBV), while 2.5% reported psychosocial/emotional abuse and 1.3% reported denial of resources. The pattern remained more or less consistent in 2014 and 2015. The prolonged nature of the Syrian crisis and increasing social and financial insecurity can exacerbate pressures on families to adopt early marriage as a negative coping mechanism. The SGBV Sub-Working Group (SGBV SWG) conducted an assessment to identify capacity gaps for caseworkers who are in direct contact with survivors of early marriage. According to the assessment results, one of the biggest challenges faced by the caseworkers seeking to reduce or to respond to early marriage is how to intervene effectively in a *private* sphere issue that has broad cultural acceptance. In order to address this gap, the SGBV SWG aims to continuously strengthen the skills of SGBV service providers, and in particular caseworkers, to respond to incidents of early marriage and to the associated risks and forms of SGBV.

Figure3: Married Children

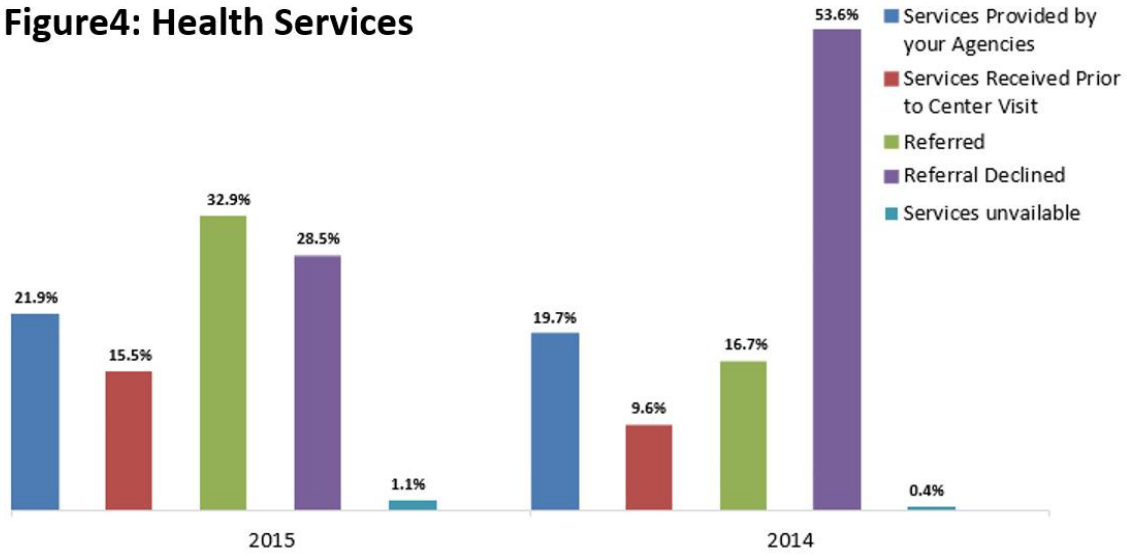


Access to Services

Health

Survivors of SGBV suffer significant sexual and reproductive health consequences including forced and unwanted pregnancies; unsafe abortions and resulting death; higher risks of sexually transmitted infections (STI) including HIV, and other consequences.[3] Understanding the importance of a multi-sectoral approach to address SGBV, partner organizations supporting comprehensive facilities to ensure that women not only have a safe space but can also access vital health services and information in its proximity. Following this approach, the agencies providing SGBV services expanded the provisions of health services to Syrian refugees and host communities in Jordan. During the reporting period, a total of 7 clinics providing health services (mobile as well as static) were added in camps and host communities. As an outcome of these interventions, an increase in the number of survivors accessing health services prior to reporting incidents has been observed in the GBVIMS data, from 9.6% in 2014 to 15.5% in 2015. Similarly, the percentage of clients who declined a referral to health services decreased from 53.6% in 2014 to 28.5% in 2015, while the percentage of survivors referred increased from 16.7% in 2014 to 32.9% in 2015.

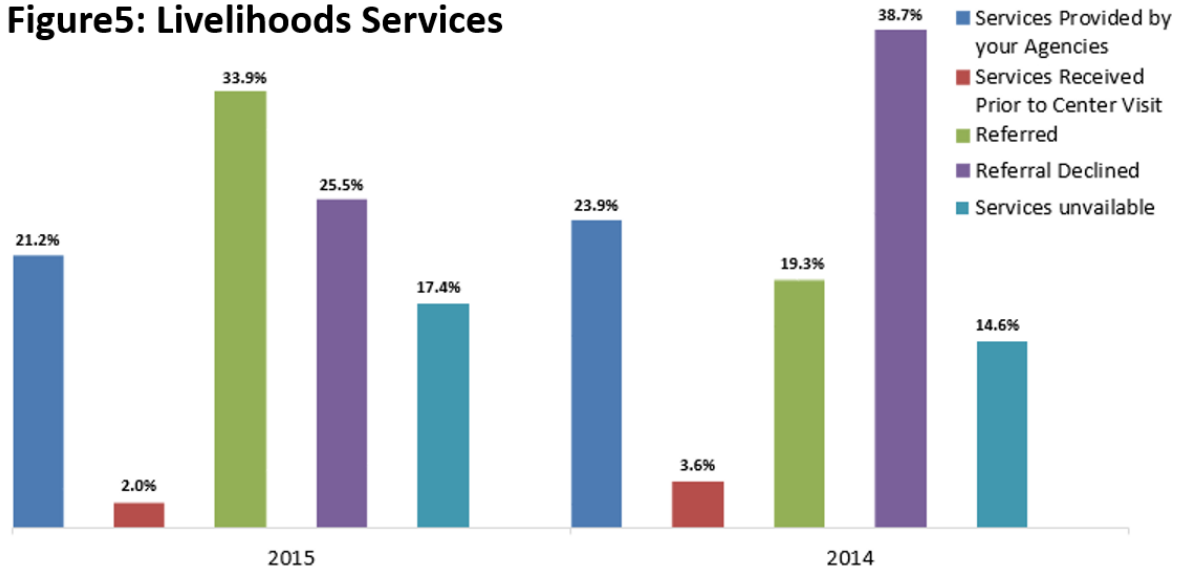
Figure4: Health Services



Livelihoods Support

Livelihoods and SGBV share a complex relationship. The lack of livelihood opportunities in a humanitarian emergency can compound the social disruption and frustration faced by refugees, including through increasing pressure in the family and heightening risks of domestic violence. Survivors of SGBV may be unwilling or afraid to report the violence they have faced due to a fear of losing access to essential support for their basic needs, or they may enter, remain in or return to dangerous situations in order to meet the basic needs of themselves and/or their children. Improvements in livelihoods opportunities combined with empowering activities and risk-mitigation measures – including through cash-for-work projects, cash assistance, or training aimed to increase household income – can help to reduce SGBV incidents, and can provide a response to help survivors improve their situation and better recover from and avoid SGBV in the future. In 2015, an effort was made to direct an increased proportion of livelihood assistance to women and survivors of SGBV. This is seen to have had a substantial impact on survivors' opportunities, as more survivors had access to improved livelihood opportunities as part of the response to SGBV. In 2015, 55.1% of SGBV survivors were referred for livelihoods assistance or received livelihoods services from the organization providing SGBV response, up 12% from 43.1% in 2014. The provision of livelihoods services to SGBV survivors was most notable in Za'atari camp, where 86.8% of survivors were referred for livelihoods assistance during the year, with most receiving livelihood assistance from the same organization that provided SGBV response, allowing an efficient and direct connection to be made following identification of SGBV.

Figure5: Livelihoods Services

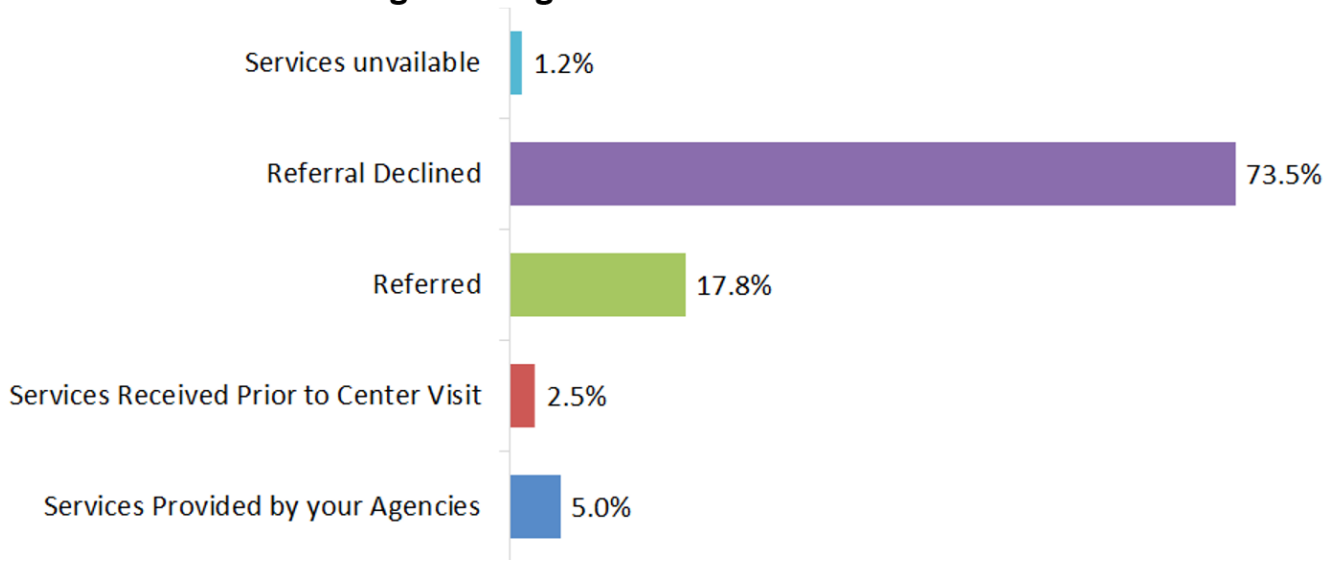


Legal Services

Under-reporting and access to justice continues to be a significant challenge in the effort to reduce SGBV and to eliminate impunity for perpetrators of SGBV. Survivors are often afraid or unwilling to report SGBV due to lack of confidence in the justice mechanism, shame and fear of stigmatization within the community, or fear of retaliation. These obstacles, while typical for SGBV survivors in any context, are often much more substantial for refugees, whose precarious legal and social status can exacerbate their unwillingness to report SGBV, including to authorities. Despite efforts to increase access to legal support to survivors of SGBV in 2015, including through the provision of SGBV-specialist lawyers in the 'safe spaces' available to refugee women and children, the vast majority of survivors – 73.5%– declined referrals to legal services that may have helped them to pursue justice and remedies. Five percent of survivors received legal support from the same organization providing case

management services, while an additional 17.8% accepted referrals to legal services. While this showed a degree of improvement when comparing to 2014 referrals, 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 questions of redress and ending impunity for perpetrators.

Figure6: Legal Services



Recommendations:

i) **Continue the development of national Clinical Management of Rape (CMR) protocols in Jordan:** The development of national unified protocols for the clinical management of rape in Jordan is at a fairly advanced stage. The development of the CMR protocols is based on best practices and examples from the region through collaboration with humanitarian (UNICEF, UNHCR and UNFPA) and government actors. The SGBV-SWG and other actors providing SGBV services are set to work closely in the development, endorsement and roll-out of the national CMR protocols so that access to multi-sectoral services for survivors of sexual assault and rape is timely, and provided in accordance with internationally-agreed standards.

ii) **SGBV-SWG to continue advocacy efforts for the abolishment of the Article 308.** As per the recent amendment of the Article 308 in the Jordanian Penal Code, endorsed by the cabinet, there is no pardon for the perpetrator if he marries the survivor. However, there are new provisions which allow for the pardon after marriage in case the relationship was consensual, where the female is between 13-18 years of age. As there are still many gaps involving age of consent, and the understanding that survivors of violence should not be subject to continued trauma under the pretext of marriage, there is a need for continued advocacy for the abolishing of Article 308 to address issues of impunity and access to justice for survivors of sexual assault and rape.

iii) **Increase availability of sexual and reproductive health (SRH) services and primary health care (PHC) services in association with women's centers/safe spaces,** either in the same physical space or through the same service provider, to facilitate referral and increase reporting of SGBV. Such integration allows access for a larger number of

women, especially those who have limited physical mobility due to cultural norms and other associated challenges that restrict movement. The comprehensive approach allows for more confidential and less stigmatizing service delivery, as well as provision of immediate care needed to mitigate the health-related consequences of SGBV.

iv) **Build capacity of service providers to better respond to early marriage** – At present an interagency project is being implemented in Jordan to develop service providers' capacity to respond to SGBV, including early marriage, and improve data management. As part of this project a capacity assessment[4] that was conducted in Jordan to identify the learning needs of the service providers, SGBV service providers identified dealing with the survivors of early marriage as particularly challenging. In order to fill in this gap, a training module was designed focusing on two levels: the prevention of the early marriage and the provision of support to the married children. Such module is being integrated in the existing case management training. There is need to upscale this initiative based on the lessons learnt from this project as well as continuous monitoring of the service providers to be better able to serve the survivors of early marriage based on the new techniques learnt through this initiative.

v) **Strengthen outreach activities and mobile service delivery** to ensure the most vulnerable and marginalized survivors have access to SGBV response services, including survivors with limited mobility or access in both camps and urban settings. Mobile health clinics, outreach activities with the involvement of refugee volunteers, awareness-raising through engagement of community leaders and innovative communication strategies such as interactive theatre and engaging men and boys as partners to prevent SGBV can contribute to reduce SGBV incidents, and improved responses to reported incidents.

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[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 request for additional information/data to substantiate the trends presented in this report must be directed to the GBVIMS coordinators: Douglas DiSalvo, UNHCR, disalvo@unhcr.org and Fatma Khan, UNFPA, fkhan@unfpa.org.

[2] As the refugees from nationalities other than Syria (Somalia, Sudan and Iraq) constitute a very small percentage (less than 3%) of the total reported incidents of SGBV in the GBVIMS, the report does not provide SGBV trends for these nationalities. However, these nationalities are included in the identified trends of the SGBV highlighted in the report.

[3] UNFPA, 2015 Women and Girl's Safe Spaces: A guidance note based on the lessons learned from the Syrian crisis, available at http://www.unfpa.org/sites/default/files/resource-pdf/woman%20space%20E.pdf .

[4] The inter-agency team (UNFPA, UNHCR, and IRC) developed and endorsed a capacity development strategy (based on an assessment) that outlines the series of interventions to strengthen case workers capacity to provide quality survivor centered care especially to survivors of early marriage and those experiencing disabilities.