JORDAN GBV IMS TASK FORCE

ANNUAL REPORT

2019

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EXECUTIVE SUMMARY

This report provides information on incidents of Sexual and Gender-Based Violence (SGBV) reported by survivors in Jordan during 2019. The information was gathered with the consent of survivors who received psycho-social support (through the case management approach) via six (6) organisational members of the GBV IMS Taskforce. The GBV IMS Task Force[1] is the body responsible for gathering, maintaining and analysing data related to SGBV, along with ensuring the security and protection of sensitive data concerning SGBV. The Task Force is also responsible for drafting reports, providing strategic directions to SGBV programmes based on identified gaps and trends.

It is important to highlight that the data and trends noted in this report are not representative of the prevalence of SGBV in Jordan (or among refugee populations) as these trends are based solely on incidents reported by survivors to the Data Gathering Organisations (DGOs) engaged in SGBV response and using the GBVIMS in 2019. It is accordingly not advisable to use these findings as a proxy for the prevalence of SGBV in any settings or to use it in isolation to monitor the quality of programmatic interventions. Despite the above limitations, the GBVIMS is considered the highest quality SGBV incident data currently available to the humanitarian actors, which can be used effectively for trend analysis and improving coordination of SGBV prevention and response.

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Number of survivors assisted by members of the GBV IMS Task force in 2019 increased by (21%) in comparison with 2018 data. This can be explained by a new data gathering organization that joined the task force and new locations covered by data collection. Also, outreach activities have been enhanced by reaching the communities and providing information on SGBV services through awareness-raising sessions and community-based initiatives. New "safe spaces" have been opened in highly-populated areas, including East Amman and Rsaifeh, contributing to increased access to services for GBV survivors. Moreover the availability of transportation fees coverage and "cash for protection" increased accessibility and trust in services. Finally, GBV "safe referral" trainings were conducted to CBOs and the different frontline workers

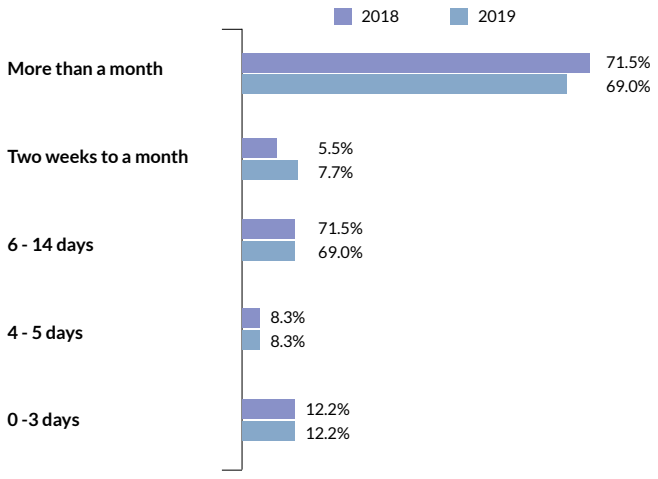
In terms of nationalities of survivors who seek help: 70% are Syrians, 23% are Jordanian and 7% refugees of other nationalities mainly Iraqis and Sudanese. It is important to mention that 2019 has marked an increase in the percentages of Jordanian survivors assisted by members of GBV IMS task force (58% increase compared to 2018), as well as an increase in other nationalities than Syrians (88% increase compared to 2018). These increases are due to outreach activities targeting Jordanian and other refugee communities by providing information on SGBV services.

Although we registered an increase in the percentage of Non-Syrian refugees assisted, it still remains low, albeit not necessarily indicating SGBV does not happen within these communities but rather a need to increase outreach to share information about services available as well as their inclusion in participating within SGBV programmes.

It is important to underline that the majority of survivors reached services more than one month after the incident (69% in 2019 compared to 71.5% in 2018). This trend has been a constant trend over the last three years.

Finally, it is important to underline that the majority of survivors reached services more than one month after the incident (69% in 2019 compared to 71.5% in 2018). This trend has been a constant trend over the last three years and this indicates the need to explore innovative approaches for community-based outreach efforts to inform refugees about services available for survivors and the importance of seeking timely assistance in particular for survivors of sexual violence.

TIME BETWEEN INCIDENT AND DISCOLURE



1. The Gender-based violence Information management system (GBVIMS) Task Force members have signed an Information Sharing Protocol that defines roles and responsibilities and data protection procedures. The Taskforce is chaired by UNHCR and UNFPA with the technical support of UNICEF.

2. INTERSOS, Jordanian Women Union (JWU), Noor Al Hussain Foundation (NHF), Jordan River Foundation (JRF), International Rescue Committee (IRC) and United Nation High Commissioner for Refugees (UNHCR).

2

CONTEXT

Ten years into the Syria crisis, refugees remain in exile as their country continues to face a protracted conflict and an overwhelming humanitarian crisis. Jordanian-Syrian border has remained closed for new refugees into Jordan since June 2016. During October 2018, border-crossings opened-up for returnees; however, only 89,834 refugees returned to Syria by December 2019.

As of 31 December 2019, the United Nations High Commissioner for Refugees (UNHCR) recorded 654,692 registered Syrian refugees in Jordan, a number that has remained consistent over the past three-years due to the increased entry restrictions into the Kingdom. Among the Syrian refugee population 25.43 % are women, 24.02 % are men, 24.61 % are girls and 25.95% are boys. Women and girls represent more than half of the refugee population (50.04%).

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In Jordan, close to 81.7% of registered refugees live outside the camps, primarily concentrated in urban and rural areas in the northern governorates of Jordan, with lesser populations in the southern governorates. The remaining Syrian refugees live in camps, mainly in Zaatari Camp (±76,372), Azraq Camp (±40,396) and the Emirati Jordanian Camp (±6,492).

Jordan also hosts refugee populations from other countries. The war and dire humanitarian context in Yemen has contributed to an increase in the number of Yemeni new arrivals in 2019, bringing the total number of Yemenis registered with UNHCR to 14,774. They are to be added to the multiple other refugee populations that Jordan hosts, including 67,186 Iraqis, and more than 8,517 from Sudan, Somalia, and other countries.

While Syrian refugees can obtain a work permit through cooperatives or a trade union in the agriculture, construction and some opportunities in manufacturing sectors, they are still dependent on a "sponsor"/employer in other sectors and "decent" work conditions remain a problem. Most importantly, restrictions in work sectors that has now been opened-up to foreigners, excludes refugees from high-skilled and semi-skilled employment, leaving many to work in the informal market or remain unemployed.

3. Refer to: https://reliefweb.int/sites/reliefweb.int/files/resources/73629.pdf [last accessed on 2 April 2020].

Jordan also hosts refugee populations from other countries. The war and dire humanitarian context in Yemen has contributed to an increase in the number of Yemeni new arrivals in 2019, bringing the total number of Yemenis registered with UNHCR to 14,774.

For women, constraints are exacerbated by a lack of safe transportation to the workplace, disproportionate responsibility for unpaid care and domestic work, alongside career-resistance from their family members and a perceived lack of culturally-appropriate employment opportunities. During 2019, only 5.8 percent (%) of the work permits were issued to Syrian women. On the other hand, non-Syrian refugees are simply not allowed to access the formal job market in Jordan and are compelled to engage in informal work, leading them to constantly fear arrest by the authorities.[3] The significant influx of refugees over the last ten years has had an impact on the capacity of national services and there is a need for continuous humanitarian assistance to complement national efforts.

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While progress has been made to improve the legal status of Syrian refugees in Jordan, many barriers prevent access to economic opportunities, quality education and essential services and subsequently hampers the fulfilment of their rights, exacerbating vulnerability and contributing to heightened protection risks, including SGBV.

3

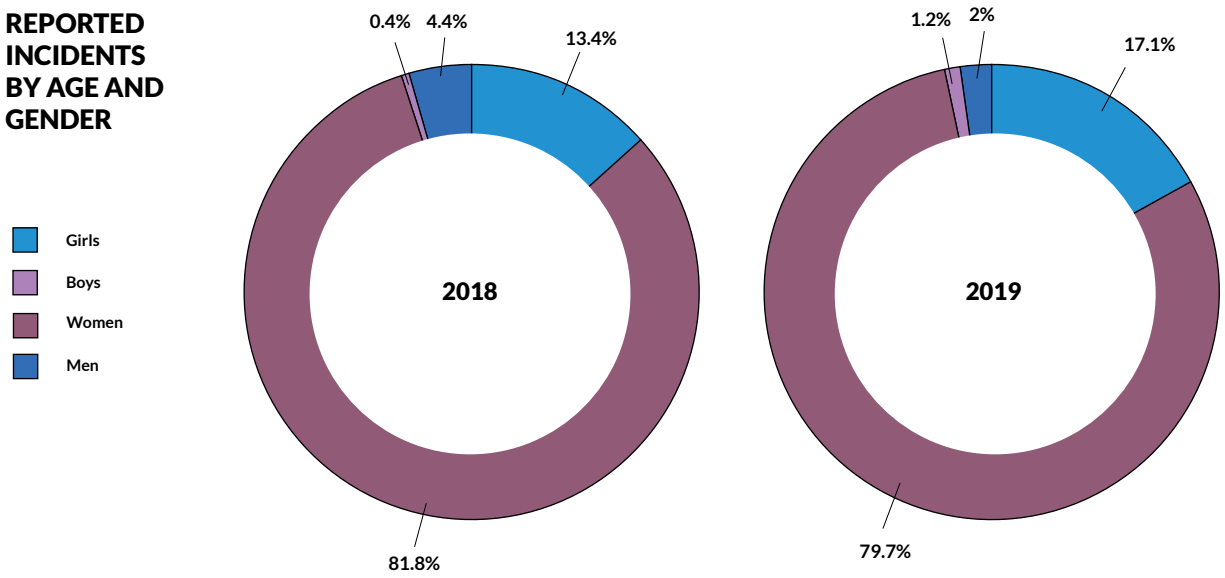
MAIN TRENDS

a) Sex and age of SGBV survivors

During 2019, 95% of survivors assisted by data gathering organisations were female, this is in line with global SGBV trends highlighting that women and girls are disproportionately affected by SGBV. This trend has been consistent across the last 3-year period. Home remains unsafe for women and girls, 88% of perpetrators are intimate partners (husbands in this context), caregivers or family members and 7% unknown or no relation, with other service providers and community members, work supervisors representing very small to negligible amounts.

In comparison to 2018, there is a slight increase in the number of adult male survivors. This change is due to the fact that a service provider organisation in mid 2019 started data collection and the focus of the programme is on male survivors and in particular LGBTI population. Low percentage of boy survivors can be explained by the fact that most of those who seek help are supported by child protection actors who are not part of the GBV IMS Task Force as per established standard operating procedures (SOPs) and referral pathways. Gay and bisexual men face increased risks of Sexual violence. In this context, it is important to underline that the establishment or strengthening of services for male survivors should not affect service provision for women and girls: funding for "Safe Spaces for Women and Girls" (SSWG) should be maintained, while additional funding should be sought for interventions for male survivors.[4]

The GBV IMS will need to develop an evidence base for the drivers and impacts of different forms of violence against males; that can inform "good practice" in prevention and social and psychological response. For example, working closely with the "Mental Health Psychosocial Support" (MHPSS) working group (WG) will be essential in particular on sexual violence taking place in detention as a form of torture. GBV incidents are more prevalent amongst women and girls due to the fact that it is understood to be a manifestation of the historically unequal power-relations between men and women, which have resulted in the domination over and discrimination against women by men. The GBV IMS taskforce members are committed to maintaining specialised and focused service delivery to women and girls to both prevent and respond to the prevalence of GBV amongst vulnerable groups.



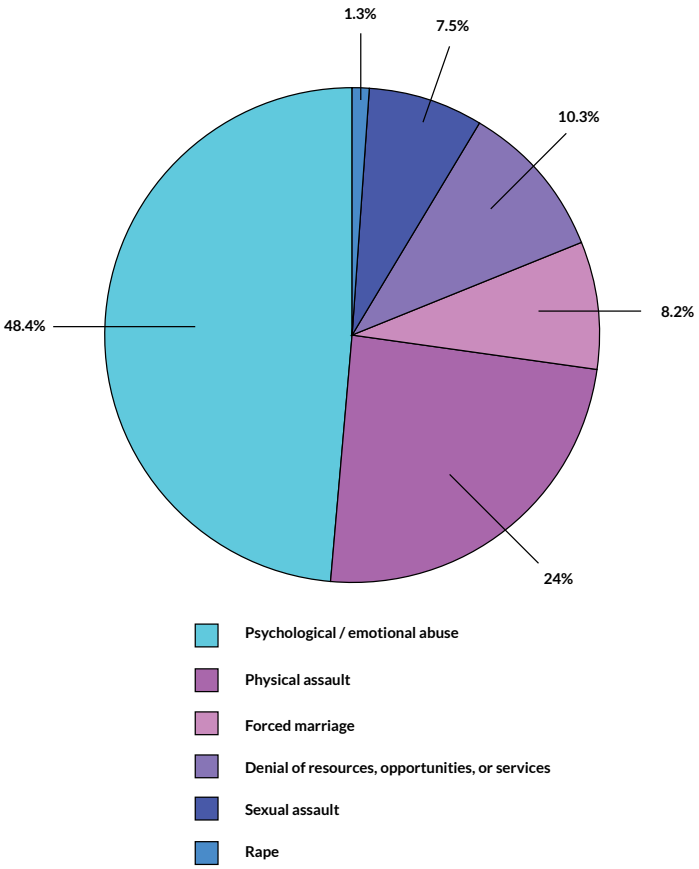
b) Types of Sexual and Gender Based Violence

The GBV IMS categorises SGBV into six broad categories: rape; sexual assault; physical assault; forced marriage; denial of resources/ opportunities/services; and psychological/emotional abuse.[5] In line with previous years, the main types of SGBV reported were psychological abuse (48.4%), physical assault (24.3%) and denial of resources opportunities or services (10.3%). One of the trends this year is an increase in reports of sexual assault (7.5%), which had been very low since the establishment of the GBV IMS taskforce. Psychological/emotional abuse most commonly occurs in the form of "humiliation" and "confinement" by intimate partners (most typically husbands). In addition, this category also includes incidents of "verbal sexual harassment".

Because of a renewed focus in a national campaign on sexual harassment and the need to "speak-up," we registered an increased help seeking behavior. Physical violence was also mostly perpetrated by intimate partners and took the form of beatings, slapping, and kicking among other types of violence. It is important to underline that physical assault has severe consequences on survivors and may result in the death of the survivors or cause disability."

Denial of resources" is the third most reported type of SGBV. Women and girls are increasingly reporting incidents of denial of resources, opportunity and services mainly perpetrated by their husbands and male relatives. Male perpetrators prevent women from having access to citizenship or documentation. Women are also excluded from decision-making within the family, around the use of cash assistance while others also report that their husbands would confiscate their salaries (employers are also reported to withholding part of the salary). Some survivors also shared that their husbands/male relatives would prevent them from accessing reproductive health and mental health services. In addition, women saw their inheritance rights curtailed as well as their rights to alimony or custody.

REPORTED INCIDENTS BY TYPE OF SEXUAL AND GENDER-BASED VIOLENCE



Finally, women reported being denied opportunities to work as well as access to women empowerment activities or education. Controlling behaviours reported by girls include denial of access to school and tertiary education, limitations of movement and social contacts as well as access to reproductive health services for unmarried girls. Husbands or male relatives also prevent girls from attending girls' empowerment activities and other services. Denial of resources is therefore normalised within communities, women and girls are often unaware these incidents constitute gender-based violence.

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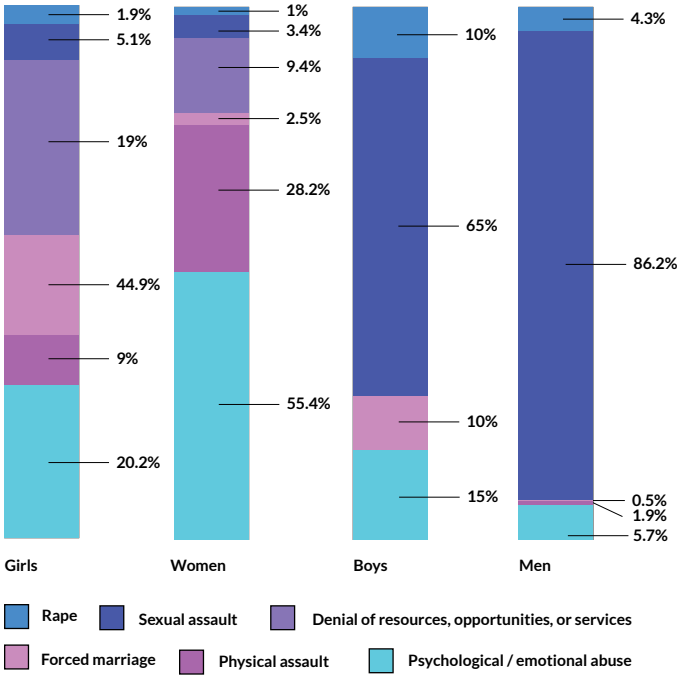
Child marriages made up the largest number of forced marriages, predominantly affecting girls of 15-17 years old. Forced marriage constitutes only 8% of all of the reported cases, suggesting that few girls seek help to prevent marriage from occurring, but it is not indicative of prevalence. Indeed the prevalence of child marriage would appear to be on the rise after a decade of decline. More than 1 in 4 children are married before the age of 18, and nearly 1 in 10 are married before the age of 15-years.[6]

Sexual assault and rape constitute some of the most severe forms of SGBV with life-threatening consequences yet they are the most under-reported forms of violence. In 2019, the total number of reported sexual violence cases tripled compared to 2018. Although "seeking-help" behavior increased, the stigma associated with seeking-help when subjected to sexual violence constitute a major barrier for survivors ability to come forward. In addition, mandatory reporting requirements in Jordanian law prevent survivors who do not wish to file complaints from seeking much needed assistance (in particular medical assistance).

SEX/ AGE AND TYPE OF SEXUAL AND GENDER-BASED VIOLENCE



To deepen the analysis, it is important to take into account age and gender. As indicated in the above chart, the main SGBV type faced by girls who were assisted by the GBV IMS Task Force members, was: child marriage (44.9%); followed byemotional abuse and denial of resources and opportunities. As a result, the Thematic section of this year's report is dedicated to analysing GBV and adolescent girls.

Women, on the other hand, have reported being most affected by emotional abuse (55.4%) and physical assault (28.2%), occurring mostly in the context of intimate partner violence. Boys and men reported mainly incidents of sexual assault , often in the context of detention as well as discrimination and retaliation against gay/bisexual/transgender refugees.

That said, the chart to the right demonstrates clearly that women and girls are disproportionally affected by the different types of SGBV. The number of girls reporting rape and sexual assault is very low compared to other ages and sexes.

Sexual violence is a risk for adolescent girls, but stigma, value of virginity, custody of male guardians and risk of so-called "honour killing" are all factors contributing to the underreporting, more analysis is available in the thematic section that follows.

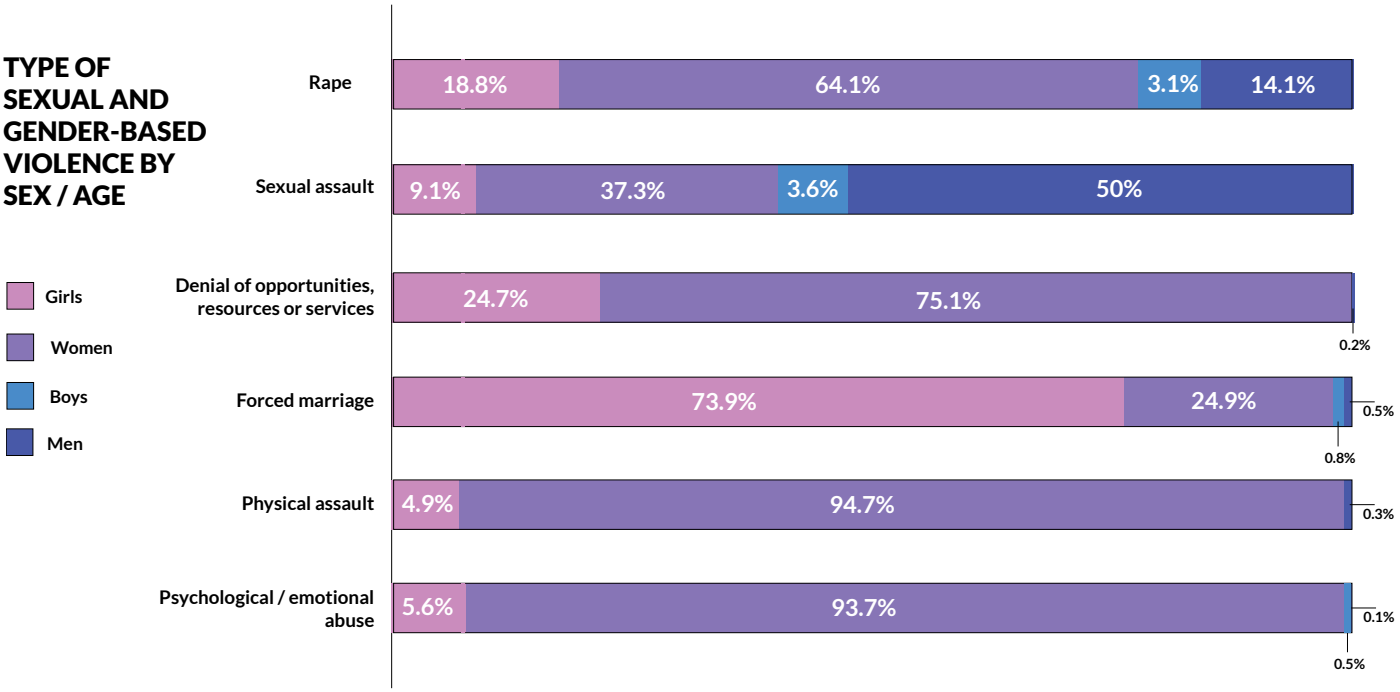
c) Service Provision

Building on the previous year, half of the cases that sought help this year were self-referred, meaning the survivor approached the case management agency. The number of referrals doubled compared to 2018, indicative of the impact of GBV "safe referral" training and the dissemination of the "Amaali" application amongst humanitarian workers. Referrals from schools are very low as are cases that were dealt with inside the school's counselor system.

4. Services for men survivors shouldn't be provided in Safe spaces for women and girls as these spaces are known within communities as being for women and girls and serving men survivors there could lead to further stigmatization. Community centers equipped with safe and confidential counselling spaces would be considered as a recommended practice in this context.

5. For details on the case definition of each category please refer to the Gender Based Violence classification tool accessible at: http://gbvims.com/wp/wp-content/uploads/Annex-B-Classification-Tool.pdf [last accessed on 2 April 2020].

6. Refer to: https://www.unicef.org/jordan/reports/study-underlying-social-norms-and-economic-causes-lead-child-marriage-jordan [last accessed on 2 April 2020].



In the course of recording a report of an SGBV incident and undertaking case management, one of the key roles of data gathering organisations is to identify any needs for further services and ensure that survivors receive necessary support, either through referral to other specialised services or via direct provision by the same service provider.

Sexual violence is a risk for adolescent girls, but stigma, value of virginity, custody of male guardians and risk of so-called "honour killing" are all factors contributing to the underreporting, more analysis is available in the thematic section that follows.

In 2019, **health services** were those most frequently provided, with one-half of the actors in the GBV IMS taskforce applying an integrated approach to GBV and Sexual and Reproductive Health. This trend remains consistent with those of 2018, with a slightly lower percentage of survivors who declined referrals to other health services. Survivors declined referrals to health services oftentimes due to fearing a requirement for mandatory reporting to the police (which is particularly strict for Jordanian medical staff compared to other service providers). **Health services are not automatically available for free to all SGBV survivors, which may also contribute to survivors declining referrals.**

It is important to note here that the clinical management of rape (CMR) services are available in the camps and in Amman and other three urban areas but gaps remain for 24/7 coverage. Advocacy to restrict mandatory reporting requirements only to child survivors is needed as well as advocacy with health actors to ensure access to free health care to all SGBV survivors (for health concerns related to SGBV) and that CMR services are available 24/7 in public hospitals.

In 2019, health services were those most frequently provided, with one-half of the actors in the GBV IMS taskforce applying an integrated approach to GBV and Sexual and Reproductive Health. This trend remains consistent with those of 2018

Legal Assistance and security services remain some of the most sensitive areas of service provision, as the majority of survivors decline referrals. In the past three years, the number of legal assistance referrals decreased from 78% in 2017 to 60% in 2019. On the other hand, for the past three-years, **security services** — including those offered by both shelter and law enforcement agencies — have seen the largest decline across the board. Direct service provision under security refers to the Shelter managed by one of the data gathering organisations. Survivors have expressed fears of retaliation if seeking police assistance as well as fear of stigma due to lack of confidentiality and lack of survivor-centred approach within law enforcement actors (victim-blaming, perpetrators asked to sign pledges instead of serving jail terms). The legal system does not encourage survivors to come forward as specific types of SGBV are not being criminalised (such as marital rape) or punishments being too lenient.

Survivors have expressed fears of retaliation if seeking police assistance as well as fear of stigma due to lack of confidentiality and lack of survivor-centred approach within law enforcement actors

In addition, instead of ordering jail terms for potential perpetrators of so called "honour killing", law enforcement authorities place women at risk of so called honour killing in detention centres for their own "protection". Finally, the Crime Prevention Law gives considerable powers to Governors, allowing them to place in administrative detention anyone who is perceived as posing a threat to national security. In practice, Governors have placed women in administrative detention who were seen as not complying with gender norms (such as women who are engaging in survival sex or women having relationships outside of marriage).

Survivors might also be undecided about legal services at the beginning of the case management process and may actually request them later on if it is available. It is important to take into account that a considerable number of survivors directly approach legal service providers, which is not captured by GBV IMS data (this might be explained by survivors experiencing different levels of fear and type of safety concerns).

Survivors also generally decline referrals to safe shelter options. To the exception of an NGO run safe shelter, other safe shelters in Jordan are run by the Jordanian Government and have strict entry criteria. The latter are accessible only to adult female survivors of family violence who are willing to involve the Family Protection Department into their case while survivors with male children above five are not accepted.[7]

Most survivors, and in particular the ones who are not at imminent risk of abuse, would benefit from being provided with alternatives to institutionalisation

Most survivors, and in particular the ones who are not at imminent risk of abuse, would benefit from being provided with alternatives to institutionalisation; such as the provision of monthly protection cash allowing survivors to cover rent and other urgent needs. It is, accordingly, recommended to integrate cash for protection components into SGBV case management programmes, and donor support for such projects should be prioritised.

7. Exceptions might be granted on a case by case basis for boys up to 7 years old.

Regarding **livelihoods**, although Jordan committed at the global level to facilitate access to employment for Syrian refugees, this has not resulted in major changes on the ground for refugee women and SGBV survivors. Opportunities for legal work aligned with the needs of Syrian refugee women continues to be limited. Of all services, livelihoods shows the largest gap in service availability, with more than 68.5% of survivors unable to access livelihood services due to unavailability of such services. Only 14% of survivors declined referrals to livelihood in 2019 compared to 33% in 2017, pointing at an improvement in accessibility of livelihood services. The limited "day-care" options for children of survivors as well as lack of safe transportation options (risks of sexual harassment in public transport) are prompting survivors to decline services.

Of all services, livelihoods shows the largest gap, with more than 68.5% of survivors unable to access livelihood services due to unavailability.

Additionally, gender norms on access to work for women also push female survivors not to engage in work opportunities outside of their home. Finally, it has been noted that in some refugee households, the sudden employment of women who did not work previously due to cultural norms, might be perceived as a threat to male power, which might in turn lead to an increase in the risk of intimate partner violence. Gender discussions groups [8] have been recognised by the GBV IMS Task Force as a good practice. Risk mitigation measures should be implemented urgently in livelihood programming to ensure "safe" and "effective" access to services for women and groups at heightened risk of SGBV.

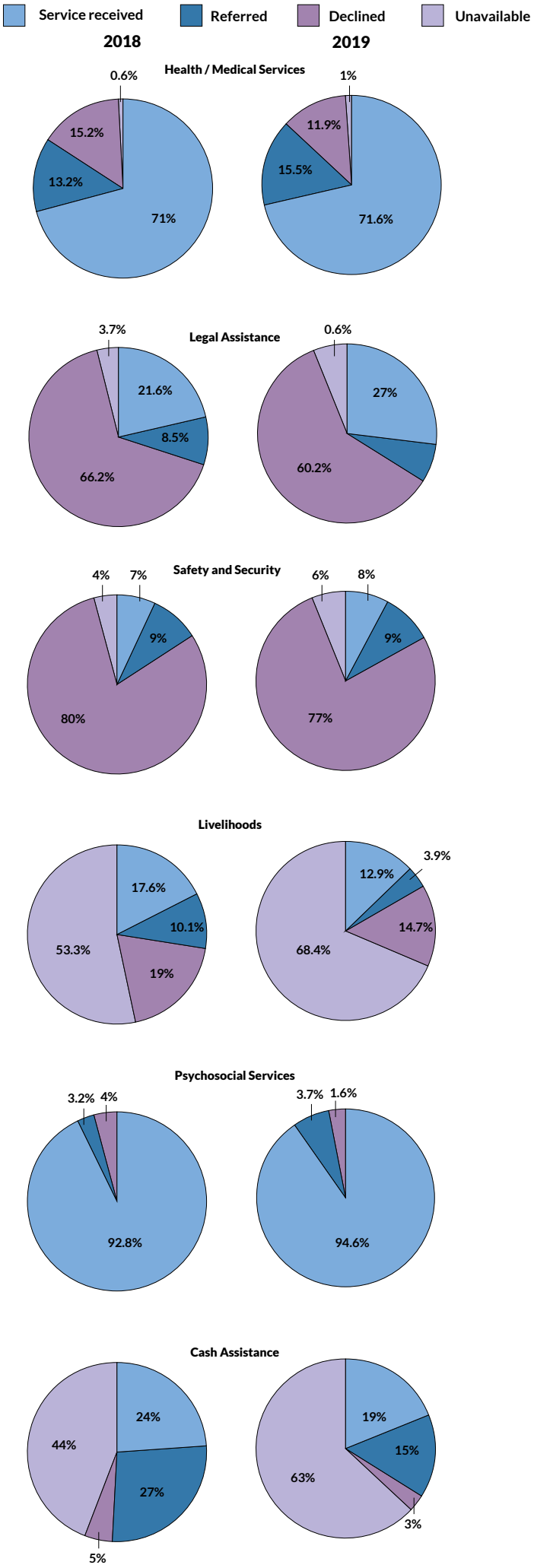
Cash-based interventions aiming at covering basic needs are not always available to survivors (for 63% the service was unavailable), a challenge compounded by a lack of flexibility in terms of amounts provided to meet the needs of survivors. Survivors who needed urgent cash assistance often were unable to receive it on the spot and might have to undergo multiple interviews before being able to receive cash. This is because most data gathering organisations have not embedded tailored cash-based interventions into their SGBV case management programmes, forcing them to refer survivors to cash-based interventions designed to cover basic needs. Survivors who were provided with monthly cash-based interventions to cover basic needs often reported that the amount was not enough to help mitigate risks of SGBV.

Cash-based interventions aiming at covering basic needs are not always available to survivors, a challenge compounded by a lack of flexibility in terms of amounts provided.

Psycho-social services remain the most available services for survivors throughout the country (gaps identified in specific underserved urban locations as well as remote locations), and is the most common service provided (mostly through case management approach). Data shared by data Gathering Organizations is based on information collected with survivors during psycho-social service provision, thus data on psycho-social service provision should be understood within this context.

Moreover, referral pathways are an essential part of the response to SGBV, establishing connection between survivors in need and the services they require. Although it is clear from the above information on referrals done by SGBV partners that the mechanism is strong and moving in a positive direction, referrals from other providers to SGBV providers remain weak.

SERVICE PROVISION



8. Gender discussion groups bring together male and female relatives to sensitize them on gender equality and importance of decision making processes based on respect and equality within families. For more resources: https://gbvresponders.org/resources/

4

THEMATIC FOCUS

a) Gender-Based Violence and Adolescent Girls

Jordan has high numbers of young people within its population, with 40% of the population being under the age of 18-years.[9] Adolescent girls make up 38.6% of the Jordanian population, most of whom live in the rural areas.[10] Almost half, 41.2%, of the Jordanian population are refugees.[11] The refugee populations are made up of largely Syrian and Palestinian Refugees.[12] Syrian adolescent girls currently make up 10% of the total Syrian refugee population. Displacement increases adolescent vulnerability; their age and societal hierarchies create greater restrictions on their mobility, voice, and choices, which further hides them from providers. [13]

According to the data gathered from the GBV IMS taskforce in 2019, patterns of help-seeking and GBV differ substantially between married and unmarried adolescent girls (aged 10-19), pointing to the significance of intersectionality of sex age and marital status and tailored programming. Older and married adolescent girls (15-19) are more likely to seek help in comparison to younger age groups (reporting emotional and physical abuse by the husband as well as incidents of forced marriage). Single girls report mainly psychological/emotional abuse by caregivers and brothers, including the threat of forced marriage. This type of abuse includes sexual harassment in the street and online by men and boys. In Jordan, adolescent girls have voiced that they feel unsafe without the accompaniment of others; this is also largely due to the cultural context of "family honour", which restricts mobility. [14]

According to the data gathered from the GBV IMS taskforce in 2019, patterns of help-seeking and GBV differ substantially between married and unmarried adolescent girls (aged 10-19), pointing to the significance of intersectionality of sex age and marital status and tailored programming.

The second highest reported form of GBV for single adolescent girls is the denial of opportunities and services. Under the male "guardianship" system, which is at the centre of a web of discriminatory provisions, men are empowered to control women's lives and limit their personal freedoms, for an unmarried woman movement restrictions can make it more difficult to seek help without accompaniment of a guardian. Seven percent (7%) of adolescent girls reporting violence are divorced or separated (age group 17-19). Divorced and widowed girls frequently report physical and emotional abuse perpetrated by their family members in the context of pressure to re-marry or stigma and discrimination from family of origin and forced marriage. This group includes cases of girls married with Saudi men who are divorced by telephone once the husband travels back to the country of origin.

Single girls report mainly psychological/emotional abuse by caregivers and brothers, including the threat of forced marriage.

In terms of child marriage, 8% of adolescent girls report as survivors of this traditional practice. This data does not refer to prevalence but rather survivors seeking help. Prevalence data available appears to show that child marriage has been increasing in the last decade.[15] The majority of child marriages are between the ages of 15-17; however, the rate of child marriages under the age of 15 has increased from 0.7% in 2009, to 1.5% in 2018. [16]

The main causes for child marriage, identified in focus groups were, traditions/culture, poverty, and broken homes/family disintegration. [17]The consequences of child marriage have been recognised as: increased maternal and infant mortality; malnutrition;and increased domestic violence and divorce [18] — the child divorce rate increased in 2017 compared to 2012, with the rate of divorce dependent upon the economic class of the family. [19]

The second highest reported form of GBV for single adolescent girls is the denial of opportunities and services, with men empowered o control women's lives and limit their personal freedoms.

Denial of resources is reported by 10.8% of cases of adolescent girls in the context of controlled movement and access to educational opportunities and services, including sexual and reproductive health services. Adolescent girls are often expected to stay at home and learn household chores until marriage.[20] Their agency is restricted and it inhibits them from participating in all aspects of society: education, economy, health, social, and political. [21]

The number of girls reporting rape and sexual assault remains low (4.8 % of reported cases). Rape is primarily reported by unmarried adolescent girls and sexual assault by widowed and divorced girls. Sexual violence is a risk for adolescent girls, but stigma, value of virginity, custody of male guardians and risk of honor killing are all factors that contribute to the underreporting. Virginity testing although there is no medical evidence that it is still practiced, involves families requesting and pressuring health service providers to conduct virginity testing, in order to control adolescent girls and safeguard family honour.[22] Virginity testing violates six of the different human rights; additionally there are many mental and physical consequences to virginity testing that can be considered itself a form of GBV. [23]

The number of girls reporting rape and sexual assault remains low, primarily by unmarried adolescent girls and sexual assault by widowed and divorced girls.

It is worth noting that the youngest survivor seeking help in the Women and Girls Safe Space was 12 years old. In order to get a clearer picture of SGBV for younger adolescent girls, the GBV IMS cross-checked data collected by Child Protection case management agencies through the Child Protection (CP) IMS for the teenage age-group. CP IMS also serves younger teenagers, amongst which sexual violence is the most reported form of SGBV.

9. Elizabeth Presler-Marshall, Ingrid Gercama, and Nicola Jones. (October, 2017) Adolescent girls in Jordan: the state of the evidence. London: Gender and Adolescence: Global Evidence. https://www.gage.odi.org/wp-content/uploads/2019/01/GAGE-Jordan-SA-WEB.pdf

10. Department of Statistics/DOS and ICF. 2019. Jordan Population and Family and Health Survey 2017-18. Amman, Jordan, and Rockville, Maryland, USA: DOS and ICF.

11. Presler-Marshall, Gercama, and Jones. (2017). Adolescent Girls in Jordan. p2.

12. ibid.

13. Jones, N., Devonald, M. and Guglielmi, S. (2019) Leave no adolescent behind: the gender- and age-specific vulnerabilities of adolescent refugees and IDPs. Policy Note. London: Gender and Adolescence: Global Evidence.

14. US Agency for International Development. (2019). ActionAid Grl Power Case Study: What can we learn about the experience of girl-led research in Jordan? Retrieved from https://data2.unhcr.org/en/documents/download/69608 [last accessed on 2 April 2020].

15. Fry, D., Mackay, Kristen., Kurdi, Z., and Casey, T. "A Qualitative Study on the Underlying Social Norms and Economic Causes That Developing an Actionable Multisectoral Plan for Prevention." UNICEF and The Higher Population Council. Edinburgh University.

16. ibid, 47.

17. ibid, 42.

18. ibid, 52-53.

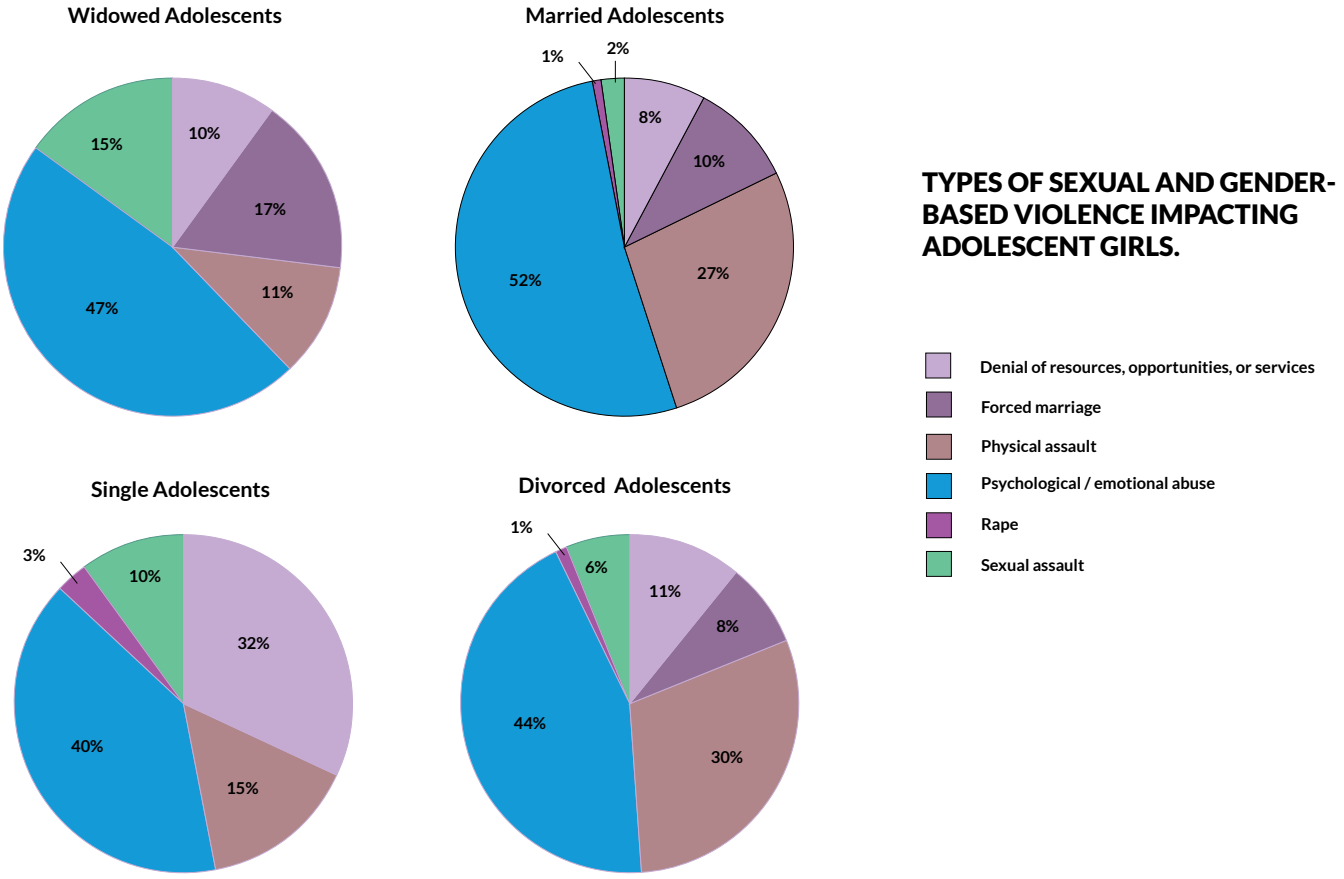
19. ibid, 8.

20. Presler-Marshall, Gercama, and Jones. (October, 2017). Adolescent girls in Jordan: the State of the Evidence, 17.

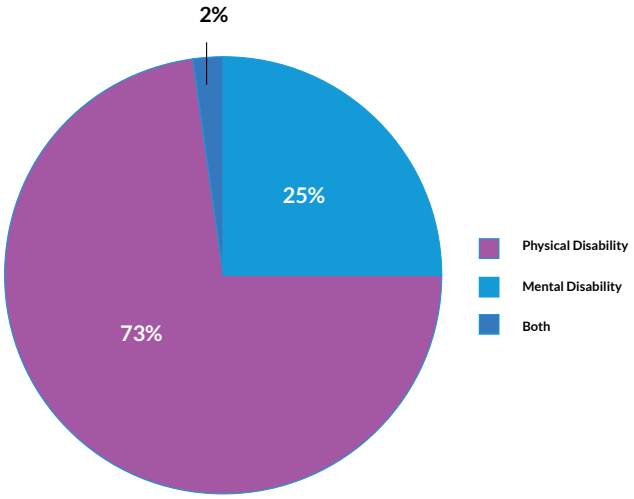
21. ibid, 17.

22. Jordan GBVIMS TF Midyear Report January-June, 2019. Dashboard.

23. Eliminating virginity testing: an interagency statement. Geneva: World Health Organization; 2018. Licence: CC BYNC-SA 3.0 IGO.



b) Gender-Based Violence and Persons with Disabilities



In 2019, a higher number of People with Disabilities (PwDs) reported violence and help-seeking (1.8%), which was four times more than the number for 2018. The increase is the result of a tailored programme initiated during 2019, involving three organisations targeting PwDs, through strengthening collaboration with Community based Organizations (CBOs) working with PWD, improved accessibility of centres and building the capacity of staff. The percentage of PwDs in Jordan is 13%.[24] For Syrians within Jordan that percentage is higher at 30%.[25] More females (34.6%) than males (24.7%) are registered as having a disability caused by disease or illness; however, males have a higher rate of disability due to injuries (14.7%) than females (7.1%). [26]

In 2019, a higher number of People with Disabilities (PwDs) reported violence and help-seeking (1.8%), which was four times more than the number for 2018.

GBV IMS data appears to indicate that PwDs are three times more likely to face physical, sexual, and emotional violence than people without disabilities.[27] Women with disabilities are ten times more likely to experience sexual violence.[28] Additionally, 40-68% of adolescent girls with disabilities will experience sexual violence before the age of 18. It is noted that when an individual's disability affects their ability to communicate, they may face a higher risk because abusers take advantage of their inability to disclose or articulate the abuse.[29] Furthermore, women and young persons' with disabilities are often excluded from educational programmes regarding GBV, healthy relationships and other protection aspects, placing them at a greater risk.[30]

Global data shows that PwDs are three times more likely to face physical, sexual, and emotional violence than people without disabilities. Women with disabilities are ten times more likely to experience sexual violence.

According to GBV IMS data for 2019, people with physical disability demonstrate a higher frequency of help-seeking behavior (73%) than do or have persons' with a mental disability (25%), representing 2% of PwDs overall reporting. This does not mean that people with physical disabilities are more vulnerable to GBV but rather that there are obstacles for people with mental disabilities who seek help. First and foremost, case management organisations and service providers have limited capacity to deal with and communicate with people with mental disability. Second, another obstacle is the role of the caregiver on whom they depend, who may have a lack of knowledge on where and how to report the incidence or may be the abuser. Moreover, because of the associated stigma attached to disability, some families may prevent their disabled relative from seeking or accessing help.

Because of the associated stigma attached to disability, some families may prevent their disabled relative from seeking or accessing help.

Women with physical disabilities appear to be most at risk of emotional violence (26%) in line with the trends for the general population, whilst for women with mental disabilities the forms of violence most frequently reported is physical assault. The other forms of SGBV remain under-reported due to the stigma associated with reporting it.

...because of the associated stigma attached to disability, some families may prevent their disabled relative from seeking or accessing help.

Men with physical disabilities are mostly at risk of sexual abuse (17%) perpetrated against them in their country of origin during their detention period or against "Lesbian, Gay, Bisexual, Transgender and Intersex" (LGBTI) with disabilities. The percentage of children with disabilities who sought help, according to GBV IMS data, is extremely low, which may be due to the fact that they may be supported by CP service providers and such incidents would be recorded in different data monitoring systems.

According to GBV IMS data for 2019, people with physical disability demonstrate a higher frequency of help-seeking behavior (73%) than do or have persons' with a mental disability (25%), representing 2% of PwDs overall reporting.

24. Thompson, Stephen. "Current Situation of Persons with Disabilities in Jordan." K4D HelpDesk Report, August 3, 2018. https://assets.publishing.service.gov.uk/media/5bb22804ed915d258ed26e2c/Persons_with_disabilities_in_Jordan.pdf [last accessed on 2 April 2020].

25. ibid.

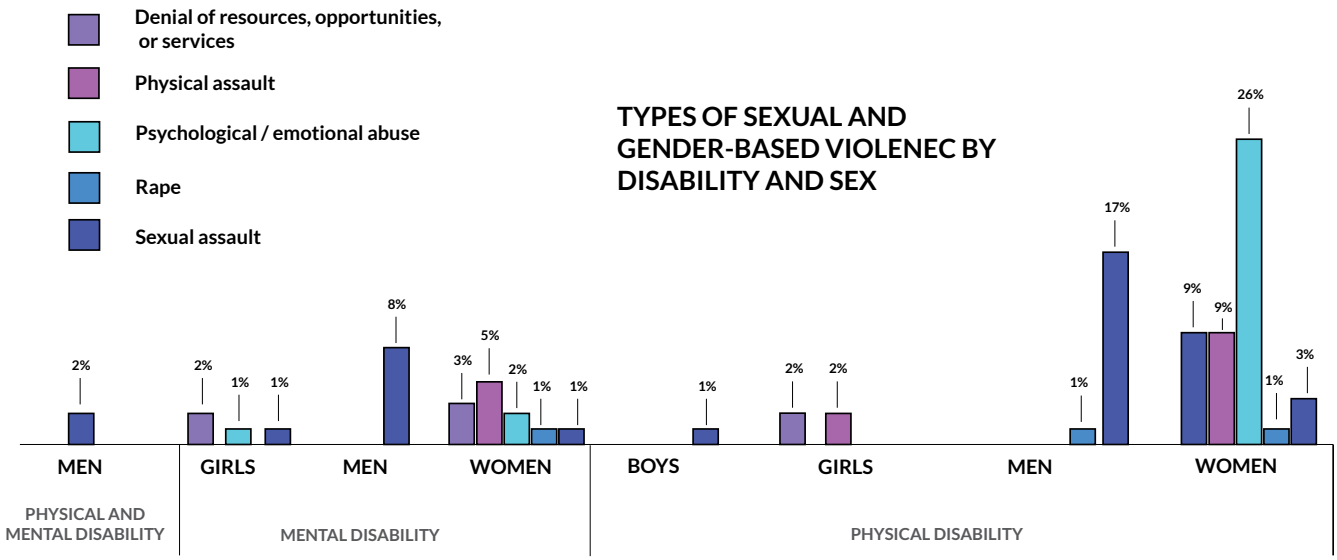
26. Asai, Y., Barley, H., and Herzog, J. Removing Barriers: The Path Towards Inclusive Access Disability Assessment Among Syrian and Lebanese Refugees in Jordan and Lebanon: Jordan Report. Humanity & Inclusion and IMMAP, July 2018. https://drive.google.com/drive/folders/1gcn6luFouSN69FHHW0FebPwctApgWdL9.

27. Radford, Anastasia H, Suzannah H Phillips, Stephanie H Ortoleva, and Leyla H Sharafi. Women and Young Persons With Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights. UNFPA , November 2018. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf [last accessed on 2 April 2020].

28. ibid.

29. ibid.

30. ibid, p.56



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RECOMMENDATIONS

RECOMMENDATION	RESONSIBLE	TIMELINE
Develop messages to advocate with national authorities for the enhanced respect of the survivor-centered approaches within law enforcement authorities and for lifting legal mandatory reporting requirements or provide more guidance to service providers for adult survivors of SGBV.	SGBV Actors	Mid-year
Conduct a study on the negative impact of mandatory reporting for an evidence based advocacy.	UNFPA	End of the year
Research on obstacles to seek help and delay in seeking help. Promote innovative community-based approaches to disseminate information on availability of compassionate and confidential SGBV case management services and clinical management of rape services.	SGBV Actors	Mid-year
Strengthen transportation options for survivors to seek help (for example cash for transportation).	GBV IMS TF members	Ongoing
Conduct an analysis of time laps in seeking help and the type of violence.	GBV IMS TF	Mid year report
Update SGBV referral pathways per field location, through "Amaali" application. Conduct briefings to other sectors to disseminate Amaali APP and IEC materials among staff and beneficiaries.	SGBV WG and field WG	Ongoing
Continue to conduct ToT on SGBV safe referrals for non-specialized frontline workers (including refugee protection volunteers) and a cascade training including UN staff.	SGBV WG national and field	By mid-year
Update the mapping of Clinical management of rape services and ensure inclusion in "Amaali" app as referral . Prioritize 24/7 coverage in MOH 3 referral hospitals.	RH working group	Urgent
Increase availability of SGBV services in underserved/remote areas (including case management services), increase accessibility for non-Syrian refugees (including through increased outreach), while maintaining level of engagement with Jordanian survivors. SGBV services should be available to all nationalities.	SGBV actors (with support from donors)	Ongoing
Strengthen collaboration with CBOs and organizations working with specific vulnerable groups as LGBTI, sex workers to increase referral and access to services for support. Train GBV service providers and other CBOs on LGBTI rights.	SGBV Actors	By the end of the year
Increase tailored cash based interventions for SGBV survivors including interventions which support identification of safe accommodation in urban areas while covering the rent through cash, as alternative to institutionalized shelters (for survivors not facing imminent risks).	SGBV actors	As soon as possible
Increase access to livelihood activities (including by providing child care support as well as support to ensure safe transportation), to expand empowerment activities for women and other groups at risk of SGBV within existing SGBV programs.	SGBV actors and livelihood WG	Urgent
Ensuring security services are survivor centered and always same sex officers are dealing with cases. Moreover review the "pledge" system as is not an effective protection measure for women from IPV.	Government stakeholders	As soon as possible
Build capacity of different security and legal stakeholders on attitudes beliefs and stigmatization and survivor-centred approach.	SGBV Actors/ Government actors	As soon as possible
Enhance programming involving social norms interventions such as "Gender Discussion Groups" or support groups where spouses are sensitized about gender equality.	SGBV, protection actors	As soon as possible
Reduce risks of sexual violence in identified risk areas. Conducting safety audit and advocating with other sectors for risk mitigation measures.	SGBV WG and IOM	By the end of the year
Continue campaigning on online sexual harassment including blackmailing and explore innovative solutions for addressing online risks.	SGBV actors and donors	As soon as possible
Tailor programming for unmarried adolescent girls and working on stigma. Tailor programming for married adolescent girls on how to cope with family and violence and delay pregnancies.	SGBV Actors	As soon as possible
Increase outreach for people with disabilities and build capacity of staff to deal with PWD. Increase referrals to case management agencies from other protection actors.	SGBV Actors	As soon as possible
GBV is life saving supporting funding for case management and other empowerment activities through pool funds and support to Women Organizations.	OCHA/Donors	Ongoing
Fund knowledge products on lessons learnt, good practices on what works to combat GBV and increase inclusivity of services.	Donors	Ongoing
Consult with coordination group SGBV WG and GBV IMS taskforce on gaps and priorities.	Donors	Ongoing

DEVELOPED IN COORDINATION & COOPERARTION WITH

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