



## **Sexual and Gender-based Violence (SGBV) Sub-Working Group Jordan**

### **Strategy for the Prevention of and Response to SGBV**

#### **2015-2017**

#### **1. Introduction**

The Sexual and Gender-Based Violence Sub-Working Group (SGBV SWG) is the coordinating body with the objective to strengthen SGBV prevention and response in the context of the Syrian refugee crisis in Jordan. It works to facilitate multi-sectoral, inter-agency action aimed at preventing SGBV, and ensuring the provision of accessible, prompt, confidential and appropriate services to survivors of SGBV. The SGBV SWG is chaired by UNFPA and UNHCR and it is a sub-working group of the Protection Working Group (WG), chaired by UNHCR and DRC, within the refugee coordination structure lead by UNHCR. Members of the Sub-Working Group include UN agencies, international and national NGOs and institutions working in these sectors.

The SGBV SWG's focus is on populations affected by the Syrian refugee emergency in urban contexts, camps, other collective centers. The SGBV SWG develops and implements the SGBV strategy within the broader protection inter-agency strategy for Jordan, and ensures, in coordination with the protection WG, the integration of SGBV in the multi-sectoral refugee response.

The interagency SGBV strategy provides a vision for comprehensive SGBV programming in the current emergency, outlines priority objectives and associated activities, and identifies specific roles and responsibilities to partners. It increases accountability of the SGBV SWG by linking the coordination work to programming efforts, and it is therefore critical to both coordination and programming.<sup>1</sup>

#### **2. Purpose of the Strategy**

The overall goal of the SGBV strategy is to reduce risks and mitigate consequences of SGBV experienced by women, girls, boys and men affected by the Syrian Refugee Emergency in Jordan, in accordance with the AGDM<sup>2</sup> principles, and a particular focus on domestic violence (specifically intimate partner violence and other forms of SGBV related

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<sup>1</sup> Handbook for coordinating GBV interventions in humanitarian settings

<sup>2</sup> Age, Gender and Diversity mainstreaming

domestic violence) forced and early marriage<sup>3</sup>, and sexual violence.

SGBV is any violence that is directed at a person based on the socially ascribed (gender) differences between males and females. The underlying cause of SGBV is unequal power relations in society and affects mostly women and girls as a result of their economic, political and social status.<sup>4</sup> However, men and boys can also be subject of this type of violence.

### 3. Nature and scope of SGBV in the emergency context

As of 31 May 2015, the total number of Syrian refugees registered with UNHCR in Jordan has reached 628,634 persons. Some 521,000 refugees, close to 84% of the total Syrian refugee population, live in urban areas, while the remaining live in refugee camps. Jordan is also host to nearly 47,000 Iraqis, all of whom live in urban settings. Close to half of Iraqis registered with UNHCR (21,499) registered in 2014, when Jordan experienced a sharp increase in the number of Iraqis approaching UNHCR seeking international protection. Recent assessments indicate that up to 30% of Syrian refugees in Jordan have specific physical or intellectual needs, with one in five refugees affected by physical, sensory or intellectual impairment, and one in seven refugees affected by chronic illnesses that could potentially lead to disabilities.<sup>5</sup>

With the Syria crisis in its fourth year, reports indicate high levels of economic vulnerability amongst Syrian refugees, with 86 % of Syrian refugee individuals living below the Jordanian poverty line of 68 JOD per capita per month.<sup>6</sup> Levels of poverty are higher amongst female than male-headed households. Refugees living in and outside camps therefore resort to a range of unhealthy coping strategies to survive, such as marrying their children (primarily, although not exclusively, girls) or sending them to work (mostly boys, and increasingly girls), making women, girls, boys and men more vulnerable to exploitation by traffickers.<sup>7</sup> The situation is even more difficult for some Iraqi refugees, given the limited number of actors (and donors) providing funding to support Iraqi refugees.

The issue of SGBV surrounding the refugees in Jordan remains critical. Sexual violence has been a persistent feature of the Syrian conflict and fear of rape has been reported as a driving motivation for families fleeing the violence.<sup>8</sup> Subsequently, refugees and other vulnerable populations in Jordan are facing an increased risk of SGBV, including sexual exploitation and abuse due to the situation of instability, protracted displacement and limited access to financial resources. Women, girls, boys and men survivors are often afraid to speak openly about SGBV and to discuss what has happened to them, owing to stigmatization and fear of retaliation by family and community members. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) individuals and people with disabilities face additional challenges to access specialized SGBV

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<sup>3</sup> Child or early marriage is defined as a formal marriage or informal union before age 18. Early marriage is a reality for both boys and girls, although globally, girls are disproportionately the most affected.

<sup>4</sup> IASC Guidelines for GBV Interventions in Emergencies. This definition is also based on the UN Declaration on the Elimination of Violence against Women (1993). Action against SGBV. An Updated Strategy. UNHCR June 2011. <http://www.unhcr.org/4e1d5aba9.pdf>

<sup>5</sup> HelpAge International and Handicap International, Hidden Victims of the Syria crisis: disabled, injured and older refugees, May 2014.

<sup>6</sup> UNHCR Vulnerability Assessment Framework Baseline Report, 2015.

<sup>7</sup> CARE, Lives Unseen: Urban Syrian Refugees and Jordanian Host Communities Three Years into the Syrian Crisis, 2014.

<sup>8</sup> Report of the Independent International Commission of Inquiry on the Syrian Arab Republic, 2013 (paragraph 91).

response services. Some female refugees report that they are not allowed to leave their homes unaccompanied because of perceived insecurity, making it difficult for them to access information and services.

The Gender-Based Violence Information Management System (GBVIMS)<sup>9</sup> data (covering the period from May to December 2014) shows that among all the survivors of SGBV assisted by case management organizations reporting in the system, most survivors receiving specialized services were women (58%) and girls (32%), but men (7%) and boys (3%) also reported and received services. Domestic violence is the most commonly reported form of SGBV both inside and outside the camps, followed by forced and early marriage. Data from the GBVIMS shows that most of the incidents disclosed by survivors were perpetrated by members of their nuclear families, mostly by spouses, parents/caregivers and at the survivors' homes (82%).

GBVIMS data (same period as above) shows that the 8.4 % of reported incidents of women, girls, boys and men seeking support in Jordan are survivors of sexual violence. Findings from national studies suggest that this represents a significant under-reporting of sexual violence incidents. While the majority of the rape and sexual assaults incidents reported have taken place in Jordan (56.6%), a significant percentage of the reported cases occurred in Iraq (20%), Syria (16%) and other countries (9.4%). This represents a considerable increase in reported incidents of sexual violence happening in Iraq. Similar trends have been observed in 2015.

The above situation impacts upon survivors and witnesses in different aspects of their lives. Survivors and witnesses consistently told case managers and other services providers about the negative consequences that the incidents of SGBV caused them, particularly in their mental and physical health/reproductive health (RH), physical security and legal protection, and access to livelihoods and self-reliance.

In this context the SGBV SWG has ensured the provision of multi-sectoral services with the challenges indicated below:

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- Livelihoods services (food and non-food items, cash assistance, self-reliance, or life skills training) are not always available, although these are the second most solicited services by survivors. The limitation of livelihood services reduces considerably the opportunities for preventing further incidents and for exiting the cycle of violence. Consultations with the authorities and advocacy will be required to improve access to essential livelihoods services.

- Psychosocial services are provided to most survivors. This is consistent with the case management approach in Jordan where Women' & Girls' spaces, Child Friendly Spaces, help-desks, counseling and registration sites are the main entry points for SGBV cases. It is believed that enhancing inclusion of people with specific needs in psychosocial services will increase their opportunities to disclose SGBV incidents and access to specialized services.

- Health care is a primary entry point for physical assault and sexual violence, however, it is

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<sup>9</sup> It is important to note that consolidated data in the GBVIMS relates to reported cases exclusively, and is in no way representative of the total incidence or prevalence of SGBV in one location or group of locations.

frequently declined by survivors. The regulation of mandatory reporting by medical doctors to security forces could be one of main reasons for survivors' resistance to approach health services. Creative approaches and legal advocacy will need to be strengthened to mitigate the negative effects of mandatory reporting and increase application of survivor centered approach.

- Security services are available but often declined by survivors of SGBV likely due to multiple factors, including the fact that most incidents are perpetrated by spouses, primary caregivers and other close family members who would be subjected to criminal prosecution if they were reported to the authorities. Stigma associated with disclosure to authorities also contributes to survivors generally declining security services.

- Legal services for SGBV survivors are available in urban areas and Zaatari refugee camp and through mobile teams in all the camps. While legal services are accessed by refugee survivors sometimes they are declined and this may be due to multiple factors. Among others, may be the fact that legal services can be seen as tied to either penal or family code matters, both of which could have negative repercussion for the survivor, including but not limited to the lack of viable options, stigmatization and additional security risks. The SGBV SWG plans to increase availability and specialization of legal services for survivors, including awareness raising and individual assistance.

- Safe shelter services including community-based ones, governmental and non-governmental are available in Jordan and technically and financially supported by members of the SGBV SWG. In 2015 a new governmental safe shelter has started to operate in northern Jordan, with the support of the SGBV SWG members. While women and girls survivors are accessing shelters, the GBVIMS data show that, even when needed, are often declined due to multiple reasons. One of the reasons may be the stigmatization attached to being sheltered, and the subsequent difficulties in reintegration into the community also linked to potential prosecution of survivors' family members (who are mainly reported as the perpetrators).

#### 4. Challenges and gaps

- Disclosure of SGBV incidents, including Sexual Violence to service providers remains challenging due to social stigma and restriction of movements, which impacts negatively access of survivors to life-saving services. People with disabilities (mental/physical) and LGBTI individuals face additional challenges to disclose SGBV incidents and access to specialized services.
- The capacity of international and national actors to provide SGBV case management and multisectoral services have been significantly increased within the four-year emergency. However, access to quality services in governorates most populated by refugees remains limited. This is more problematic for Iraqi refugees given the scarce attention of actors, and particularly donors.
- Only few legal service providers are trained on SGBV and guidelines for counselling and legal representation of SGBV survivors before the court are still to be developed, which hampers access to justice of survivors with the required consideration to survivor centered approach.
- Issues related to the provision of health care include: the lack of a national protocol on post-rape clinical care (Clinical Management of Rape), in line with international

standards, developed and endorsed. This issue is closely connected with the lack of registration in the national system of the drugs for emergency treatment.<sup>10</sup>

- Training on inter-agency SOP and referral pathways, case management, humanitarian Code of Conduct and Protection from Sexual Exploitation and Abuse has not yet reached all community-based service providers who are first responder to refugees. Inter-Agency complaint mechanisms are to be enhanced.
- Relatively low engagement of civil society organizations, religious leaders and national institutions in inter-agency coordination hinders the efficiency of community-based prevention strategies, including awareness raising on the negative consequences of forced and early marriage.
- Service provision for men and boys remains limited, in terms of availability and competencies, - on engaging them for SGBV prevention, working on masculinity, psychosocial support and specialized multi-sectoral services for male survivors.
- In the urban setting, problems to implement livelihoods projects for refugees and restrictions on access to the formal labor market is negatively impacting on socio-economic welfare<sup>11</sup> and on identity and social and gender roles, with some refugees reporting the weakening of family bonds and challenges related to role reversal within families,<sup>12</sup> which heighten the risk of SGBV, including Sexual Exploitation and Abuse, and forced and early marriage.
- Safe, confidential and ethical collection and analysis of SGBV data through GBVIMS should be further strengthened. Capacity building of national and international actors providing case management services in a coordinated manner will be instrumental.

## 5. Key Thematic Priorities

Through assessments and analysis, six thematic priorities were identified by the SGBV SWG. **Domestic violence, forced and early marriage, sexual violence, provision of legal services in accordance with survivor centered approach, masculinities (i.e. gender relations) and vulnerabilities faced by people with specific needs such as people with disabilities and LGBTI individuals,** are recognized as continue to require particular attention and focused interventions.

An overarching priority is the need to ensure that services providers incorporates measures for Protection from Sexual Exploitation and Abuse (PSEA) in their programmes, including PSEA focal points that participate actively in the Refugee Response Network on Protection from Sexual Exploitation and Abuse by Humanitarian Personnel coordinated by UNHCR.

## 6. Strategic Priorities

The strategic priorities of coordination, prevention, and response are applied to each of the

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<sup>10</sup> Inter-agency SGBV/CP SOP

[http://data.unhcr.org/syrianrefugees/working\\_group.php?Page=Country&LocationId=107&Id=35](http://data.unhcr.org/syrianrefugees/working_group.php?Page=Country&LocationId=107&Id=35)

<sup>11</sup> UNHCR Home Visit Report 2014, Vulnerability Assessment Framework Baseline Report 2015.

<sup>12</sup> Oxfam, Refugee Perceptions Study: Zaatari Camp and Host Communities in Jordan, 2014.

four thematic priorities mentioned above. Furthermore, they have been developed taking into account current gaps in services and identified needs.

### **Coordination:**

The SGBV SWG ensures overall coordination of multi-sectoral SGBV prevention and response activities through the consistent use of guiding documents and tools including the national inter-agency SOP. In close collaboration with national institutions, the SGBV SWG advocate for the legal frameworks and practices that respect survivor centered approach and AGD principles, and works towards facilitating disclosure and access to complaint mechanisms by survivors, with particular attention to people with disabilities and LGBTI individuals.

The SGBV SWG aims to improve the quality of service delivery through prompt and appropriate response as well as building the capacity of relevant stakeholders and engaging national actors (National Council for Family Affairs-NCFA, Family Protection Department-FPD, national Non-Governmental Organizations-NGOs and Community-Based Organizations-CBOs).

Moreover, the SGBV SWG encourages adherence to the international and national standards to improve safe and ethical data collection and information sharing through referral systems. In addition, the group advocates for the strengthening of funding for SGBV programs or interventions. The group aims at increasing the inter-agency coordination in data sharing including by building the capacity of national actors on relevant guiding principles and tools.

The SGBV SWG supports the systematic incorporation of PSEA measures, including complaint and response mechanisms into the programmes of service providers. SGBV SWG members participate actively and meaningfully in the PSEA Focal Points networks coordinated by UNHCR.

### **Prevention:**

One of the key approaches to strengthen prevention and response and address SGBV related risks will be to further integrate SGBV in the wider humanitarian response, including but not limited to Shelter planning, Food and non-Food Items, Health, Livelihoods, Wash/Sanitation, and Education, fostering the implementation of minimum standards to reduce the risks of SGBV in each intervention.

Community-Based approach will be applied through the engagement of community committees, religious leaders, and CBOs among that will act as main mobilizers while being supported with capacity development activities. Women, girls, men and boys will be actively involved in prevention through a peer to peer approach, carrying out educational and awareness raising activities to support empowerment of women and girls as leaders and agents of change and engagement of men and boys as allies in SGBV prevention strategies. The SGBV SWG will also ensure that people with specific needs such as people with disabilities and LGBTI are included in SGBV prevention activities in culturally acceptable and accessible ways.

The SGBV SWG will continue to coordinate inter-agency awareness campaigns that multiply the impact of messages on communities. Common materials and tools, media communications, theater and other strategies will be developed in consultation with the community to reach the population affected by the Syrian refugee emergency living in camps and non-camps settings.

### Response:

Social stigma and movement restrictions hinder access of women, girls, men and boys to specialized services. Outreach strategies will be enhanced through mobile teams, maintaining and scaling-up safe spaces that facilitate access to confidential SGBV services and complaint mechanisms for survivors, including youth, people with disabilities, and LGBTI.

Capacity building of government and non-government actors, religious leaders and other services providers on SGBV core principles, Code of Conduct, PSEA and referral mechanisms will foster new partnerships and create more opportunities for survivors to access information and services.

The quality of specialized services in Jordan has significantly improved during the last four years. Investing on the development of national systems in accordance with international standards will be instrumental to continue enhancing SGBV case management and multisectoral services, making them more accessible to all individuals (women, girls, men, boys, youth, people with disability, LGBTI, etc). The evaluation of the existing services and tools (national and global) will make possible the identification of additional gaps in service provision, particularly legal assistance, health care (including Clinical Management of Rape-CMR), psychosocial support and safe shelter.

### Advocacy:

A fundamental tool in addressing prevention and response to SGBV related issues will be through advocacy on key SGBV issues, particularly advocacy surrounding legal/legislative reforms, survivor centered approach, safe shelter and Clinical Management of Rape protocols.

The SGBV SWG will closely coordinate with the refugee coordination structures and national institutions to strengthen engagement with identified priority sectors, in particular with the Inter-Sector WG, the Protection WG, the Child Protection SWG, the PSEA Focal Points Network, and the Gender Focal Points Network, Informal Tented Settlements Task Force. The group will also work closely with law enforcement authorities and protection entities, such as Family Protection Department, and National Council for Family Affairs amongst others.

## **7. Information Management System (GBVIMS)**

The Gender-Based Violence Information Management System (GBVIMS) is a data management system that enables those providing services to SGBV survivors to effectively and safely collect, store, analyze, and share data related to reported incidents of SGBV. Sharing and receiving non-identifiable SGBV data will contribute towards improved inter-agency coordination, identifying and targeting gaps, and prioritization of actions and improved programming of prevention and response efforts. Sharing and receiving such data will also result in improved advocacy efforts, increased leverage for fund-raising and resource mobilization, and improved monitoring.

The SGBV SWG in Jordan has rolled out a specialized Gender-Based Violence Information Management System (GBVIMS) and the online module within the UNHCR refugee registration

database to facilitate safe and confidential SGBV data collection and information sharing. The GBVIMS data started being collected in May 2014. An Information Sharing Protocol (ISP) was developed at the onset of the crisis, endorsed by all the GBVIMS agencies in June 2014 and updated in the second half of 2015 through the GBVIMS Task Force (GBVIMS TF) chaired by UNHCR and UNFPA.

GBVIMS data is currently being gathered in Amman Governorate, Mafraq Governorate (including Zaatari Camp), Irbid Governorate (including Cyber City and King Abdullah Park), Emirates Jordanian Camp, and Azraq Camp. The GBVIMS TF analyses collected data on a monthly basis and produces reports that are shared with pre-approved actors on a monthly basis. Two reports a year are shared widely with partners. The GBVIMS TF decides unanimously on the expansion of data collection to other areas and partners. During the period of this strategy, emphasis will be given on increased capacity of the GBVIMS TF to analyze collected data and produce descriptive, explanatory and interpretive analysis.

**8. Work Plan – Annex 1**(The action plan specifies the timeline, actors, locations, etc)

The Strategy includes yearly Action Plans developed by the SGBV SWG at the beginning of each calendar year. Endorsed Action Plans are uploaded on UNHCR web portal. Action Plans specify timeline, actors, locations, etc.

