

Interagency Strategy for the Prevention of and Response to Gender-based Violence

Jordan - 2013

1. Introduction

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

The GBV SWG's focus is on refugees from Syria in urban contexts, camps and other collective centres and also includes other populations affected by the emergency. The GBV SWG develops and implements the GBV strategy within the broader protection strategy for Jordan, and ensures, in coordination with the Community-Based Protection Working Group, the integration of GBV in the multisectoral response.

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

2. Purpose of the Strategy

The overall goal of the GBV strategy is **to reduce risks and mitigate consequences of GBV experienced by women, girls, boys and men affected by the Syria Crisis in Jordan, in accordance to the AGDM² principles, with a particular focus on forced and early marriage³, domestic violence (specifically intimate partner violence and other forms of GBV related domestic violence), transactional sex and other forms of sexual violence.**

GBV is any violence that is directed at a person based on the socially ascribed (gender) differences between males and females. The underlying cause of GBV is unequal power relations in society and affects mostly women and girls as a result of their economic, political and social status.⁴

The Strategy includes a Work Plan for 2013 (Annex I).

3. Nature and scope of GBV in the emergency context

Since the beginning of the crisis in Syria, around 1.5 million people have sought asylum in neighbouring countries. Close to 500,000 people have fled their homes in Syria to reach Jordan and are now living in urban contexts, camps and other collective centres⁵. Over 70% of these are women and children. Many have been separated from their families while in Syria, or in the course of fleeing the country, increasing their

¹ Handbook for coordinating GBV interventions in humanitarian settings

² Age, Gender and Diversity mainstreaming

³ 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.

⁴ IASC Guidelines for GBV Interventions in Emergencies

⁵ <http://data.unhcr.org/syrianrefugees/country.php?id=107>

vulnerability. The breakdown of traditional protection networks exposes people to increased risks and threats, and, at the same time, reduces individual and community coping mechanisms.

According to the Commission of Inquiry on Syria, “sexual violence has been a persistent feature of the conflict.”⁶ Rapes have been perpetrated during house searches, at checkpoints, and in detention facilities, often in conjunction with other forms of torture. Findings from CARE’s assessment on Syrian refugees in urban communities indicate that 28% of households surveyed left Syria due to specific fears of violence, including sexual and gender-based violence⁷. A recent assessment highlights that boys were ranked as more likely to suffer sexual violence than girls of the same age, while adult women are ranked slightly higher than men.

Evidence from UNHCR’s Participatory Assessment suggests that young Syrian women residing in the north have experienced GBV perpetrated in Jordan, either at the hands of their husbands, men outside the family, and reported cases where women had to exchange sex for aid.⁸ Furthermore, participants in a recent assessment reported staff from a number of CBOs in Mafrqa as providing NFI assistance on the basis of sexual favours. These assessments highlight the risks related to sexual exploitation and abuse.

Syrian women have reported that their husbands are under immense stress, and that they anticipate that this will lead to an increase in physical and psychological violence within the home⁹. Women also spoke openly about how their husbands were physically or emotionally abusive, with many stating that such behaviour results from an increased level of tension due to poor living conditions and the current crisis in Syria.¹⁰

Women and girls face substantial obstacles in accessing services, in particular, due to restrictions in movement. In fact, participants of an interagency assessment throughout Jordan raised the issue of harassment, a term which most used to reference cases of unwanted verbal attention or touching. Many spoke of the risk of sexual harassment of girls in schools, and stated that this prevented some girls from attending school altogether. Almost all of the women responded that they did not feel safe going to the marketplace alone. Due to a feeling of insecurity, women and girls are not allowed to leave their homes unaccompanied to access available services. Interagency assessments demonstrate that boys and men are most likely to be subjected to violence from other boys and/or men, whether in camps or not. They are most likely to experience violence in public spaces, in aid distribution lines or at school. The assessment shows that 40% of women and girls never or rarely leave their shelter, while 28% of boys and 16% of men are restricted in the same way.¹¹

Eighty-three percent of respondents to an interagency assessment were not aware of any services available for survivors of GBV in their community. Across the board, women were much likelier to report any form of violence to other family members, rather than to service providers or the police. Participants of both genders confirmed that survivors cannot speak openly about GBV, and that survivors are often afraid to discuss what has happened to them. Female participants added that if a woman were to come forward, she could face abuse from her brothers or male family members because such claims will disgrace the family, while some male participants added that a woman’s ability to disclose depends on her husband.¹²

The Sub-Working Groups need to design information campaigns and service delivery that takes into account the limited mobility of some refugees, in particular of women and girls.

Most Syrian refugees in Jordan, whether in camp or non-camp settings, have limited or no income, placing them at risk to exploitation and abuse and leading some to resort to harmful coping mechanisms. In particular, adolescent girls and young women face the threat of early and/or forced marriage as families seek to marry off

⁶ Commission of Inquiry on Syria, June 4, 2013, http://reliefweb.int/sites/reliefweb.int/files/resources/A-HRC-23-58_en.pdf

⁷ CARE International, *Syrian Refugees in Urban Jordan*, pp. 12, pp. 39.

⁸ *Interagency Assessment Gender Based Violence and Child Protection among Syrian Refugees in Jordan, with a focus on early marriage.* GBV & CP SWGs. Amman, Jordan, July 2013. And UNHCR, *Participatory Assessment 2012*, pp. 29.

⁹ Findings from the Inter- Agency Child Protection and Gender-Based Violence Assessment in the Za’atari Refugee Camp, Child Protection and Gender-Based Violence Sub-Working Group Jordan, 2013.

¹⁰ CARE International, *Syrian Refugees in Urban Jordan*, pp. 12, pp. 39.

¹¹ Inter-Agency Assessment of Gender-based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on Early Marriage, UN Women 2013

¹² Inter-Agency Assessment of Gender-based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on Early Marriage, UN Women 2013

girls and women to lessen the financial burden of the household and in an effort to secure the protection of women and girls.¹³

Early Marriage is a common experience for Syrian girls. 51.3% female and 13% male of participants to a recent inter-agency assessment were married before the age of 18 (most prior to their arrival in Jordan). 44% of participants identified the normal age of marriage for girls between 15 and 17 years while 6% identified 12 to 14 years as the average in their community. While there is no conclusive evidence that Syrian refugees are marrying early at a higher rate in Jordan than in Syria, the assessment notes that the sense of economic and physical insecurity that, among other factors, drive early marriage is amplified in displacement.¹⁴

The following gaps in services will bring us to the key priorities:

- Survivors of GBV have limited access to life-saving services due to limited freedom in movement, lack of knowledge of services, lack of decision-making power and cultural impediments to disclosure.
- The outreach capacity of available services is still limited and current case management and psychosocial support services remain insufficient. In the north, more services are available, but there is increasing pressure due to constant arrivals. In the south and Jordan Valley, the services available remain very limited.
- Across the country, specialized services for males, particularly men, are limited. Assessments report that there are gaps in the provision of psychosocial support to refugee men, as well as specialized services to address sexual violence against males. In addition, there is limited understanding and compliance with gender, age and diversity principles
- Community structures including CBOs, community and religious leaders, refugee committees are not aware of referral systems and more networking and capacity development is needed.
- Access to formal and non-formal education is limited for refugees, including women, girls, men and boys.
- Livelihood programmes are almost no existent and should, in consultation with the Government of Jordan, be scaled up to support resilience and positive coping mechanisms of Syrian refugees to support broader prevention and reduction of GBV.
- Referrals between organizations need to be improved.
- More systematic information about the reported incidence of SGBV and characteristics of perpetrators and survivors is required in order to enable organizations and the sector to better plan and implement prevention and response strategies

4. Key Priorities

Thematic Priorities

Through assessments and analysis, four thematic priorities were identified by the GBV SWG. **Forced and early marriage, domestic violence (GBV related), transactional sex and sexual violence** are recognised as requiring particular attention and focused interventions. To ensure a holistic approach to GBV, one strategy was created.

An overarching priority is the need to support the UNCT and HCT to establish a Protection from Sexual Exploitation and Abuse (PSEA) Task Force in order to prevent acts of sexual exploitation and abuse and improving response to it when it occurs. The GBV SWG will provide support through the provision of access to the network of available services.

Strategic Priorities

The strategic priorities of coordination, prevention, disclosure and response are applied to each of the four thematic priorities mentioned above. Furthermore, they have been developed taking into account current gaps in services and identified needs.

¹³ Syria: A Regional Crisis, The IRC Commission on Syrian Refugees, IRC, January 2013

¹⁴ Inter-Agency Assessment of Gender-based Violence and Child Protection among urban Syrian refugees in Jordan, with a focus on Early Marriage, UN Women 2013.

Coordination: The GBV SWG ensures overall coordination of multi-sectoral GBV prevention and response activities through the consistent use of guiding documents and tools including the National Emergency SOPs. The GBV SWG works with national and local institutions to support good policy, legislation and practice that promotes basic principles of human rights that prevent GBV, and supports and builds on the national system. The GBV SWG aims to improve the quality of service delivery through prompt and appropriate response as well as building the capacity of relevant stakeholders. Moreover, the GBV SWG encourages adherence to the international and national standards to improve safe and ethical data collection and information sharing. In addition, the group advocates for the strengthening of funding for GBV prevention and response.

Prevention: One of the key approaches to strengthen prevention and protection and address GBV related risks will be to integrate GBV in the wider humanitarian response, including in shelter planning, NFI and Food distributions, Health, and Water and Sanitation interventions to ensure minimum standards are met to prevent GBV. To ensure an increased impact, existing prevention activities will be expanded both in terms of reach and scope and through a participatory approach. Community structures, such as community committees, religious leaders and CBOs will be the center of prevention activities, through increased capacity development and engagement. Women, girls, men and boys will be actively involved in prevention through a peer to peer approach, carry out educational and awareness raising activities to support empowerment of women and girls as leaders and agents of change and engage men and boys as allies in GBV interventions.

Identification/Disclosure: Assessments and anecdotal reports reveal that refugees, and women and girls in particular, have limited freedom of movement and access to information and services due to familial and social norms that prevent them from leaving the home unaccompanied and due to fear of harassment and insecurity, as well as a generalised fear to disclose GBV cases. To address this there is a need to increase and improve opportunities for disclosure in a safe and confidential way through outreach including mobile teams and expansion of safe and confidential spaces to increase accessibility. Collaboration with and training of local institutions and community based organisations (CBOs) will foster new partnerships and create more opportunities for survivors of GBV to access information and services. Development and dissemination of information, education and communication (IEC) materials on existing services and referral pathways and utilisation of media will also contribute towards raising awareness of available services and improve survivors ability to reach services.

Response: While progress has been made by the members of the GBV SWG to ensure life-saving GBV response services are available and sufficient to respond to the current emergency, there is still a need to increase and improve quality of multisectoral response services for GBV survivors adapted to the principle of age, gender and diversity mainstreaming (AGDM). To this aim, quality of case management is improved further by continuing rollout of case management training in line with GBV SOPs and referral pathways. Furthermore, specific services for men and boys survivors will be expanded and made more accessible, as specialized services for male survivors are limited. Multi-sectoral Response, including medical, psychosocial, and legal and security will continue to improve and increase thanks to tailored and specialized capacity building, as well as the initiation of new life saving services. This will include for example the increase in number of clinics able to provide CMR services, women safe spaces, legal services able to respond to GBV and the establishment or improvement of safe shelters

5. Information/Rollout GBV IMS

The GBV IMS is being piloted in a number of locations in Jordan, and also as a module of RAIS (Refugee Assistance Information System). A GBV IMS and RAIS Information Sharing Protocol will be developed in partnership with data collecting agencies to guide the safe, confidential and ethical collection, analysis and utilization of GBV IMS data (non-identifying statistical data). It is expected that the GBV IMS and also the GBVIMS module in RAIS will be expanded to more areas and partners by the end of the year.

6. Action Plan – Annex 1(The action plan specifies the timeline, actors, locations, etc)