

Briefing note SGBV SWG

Gender-Based Violence Information Management System (GBVIMS)

End of Year Report 2014

Jordan

Background

In January the GBVIMS Task Force compiled and generated the End of Year report. This report covers incidents reported to the GBVIMS agencies from 1st May to 31st December in Amman Governorate, Irbid Governorate (including Cyber City and King Abdullah Park), Mafrqa Governorate (including Zaatari Refugee Camp), Azraq and Emirates Jordanian Camps.

It provides specific non-identifiable information on survivors, types of violence, perpetrators, country and location of incidents, and service provision.

Following the signature of the GBVIMS Inter-Agency Information Sharing Protocol (ISP) in June 2014, the Task Force generates monthly, quarterly and annual reports disaggregated by geographical location and agencies. The **compiled information is confidential and cannot be reproduced without the authorization of the GBVIMS Task Force.**¹ Any request to share GBVIMS information with external parties or obtain additional reports **must be directed to the GBVIMS coordinators:** Ana Belén Anguita Arjona, UNHCR Anguita@unhcr.org; Suzan Kasht, UNFPA, kasht@unfpa.org

Main findings and SGBV programme implications of GBVIMS End of Year Report

Survivors

During the period under review most survivors reporting SGBV and receiving specialized services were women and girls (90.2%), but men and boys also reported and received services (9.8%). This trend is consistent with the greater vulnerability to SGBV of women and girls,

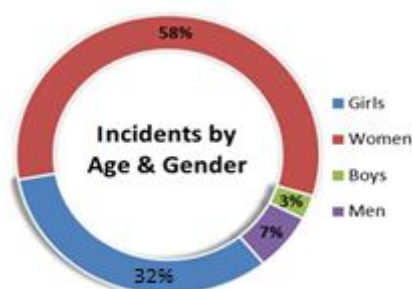
¹ All members of the GBVIMS Task Force have signed onto an **Information Sharing Protocol** which lays out detailed procedures, ground rules and agreements to ensure the confidentiality and security of the data gathered.

Data reports will only be shared on a regular basis with pre-approved external actors, as explained in the Information Sharing Protocol. The information shared with pre-approved external actors is confidential and **cannot be reproduced without the authorization of the GBVIMS Task Force**

To reduce the risk and mitigate the impact of inappropriately shared data, **all information requests** that fall outside the Information Sharing Protocol will be reviewed on a case by case basis. Any request from external actors for access to consolidated GBVIMS information **must be directed to the UNHCR and UNFPA focal points** in order to initiate the authorization process among the data gathering organizations. GBVIMS data is not to be used for follow up on individual cases. Provision of referrals and agreed case management procedures are established in different documents.

It is important to note that **consolidated data 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. Sufficient explanation regarding the limitations of considering reported cases and trends in reporting should be provided in all external communication documents, after permission is received from the contributing agencies.

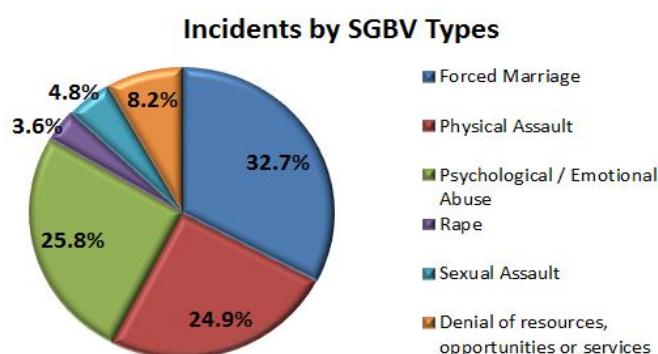
and the over-arching discrimination they experience². The below graphic shows the total of incidents disaggregated according to sex and age.



In contradiction with the high vulnerability of *people with specific needs* to SGBV, the percentage of incidents reported by this group is very low (2%). The SGBV SWG will continue promoting the inclusion of refugees with specific needs such as people with disabilities.

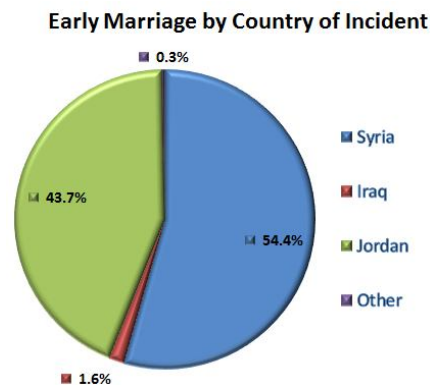
Types of SGBV

The compiled GBVIMS report indicates that 50.7% of survivors were subjected to physical assault and psychological abuse 32.7% to forced marriage, 8.4 % to sexual violence (3.6% rape & 4.6% sexual assault) and 8.2 % to denial of resources. Further analysis on types of SGBV and gender/age of the survivor demonstrates that forced marriage is mainly reported by girls and, to a lower degree, women. Men and boys also reported incidents of physical and psychological abuse, as well as sexual assault.



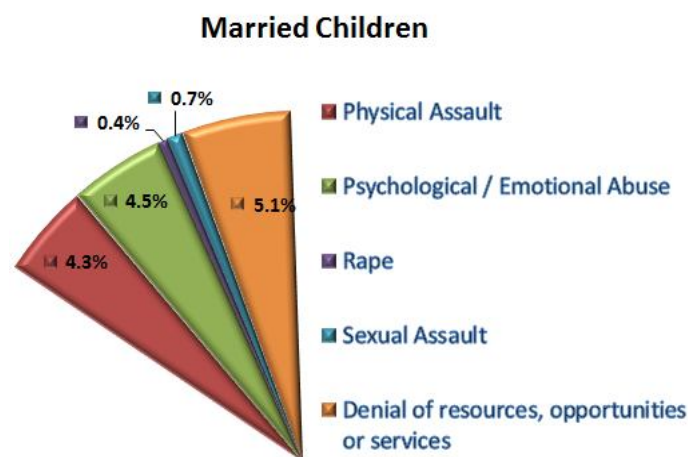
² IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery.

Cases of early marriage reported by girls and boys happened in majority outside of Jordan (56.3%), and particularly in Syria (54.4%). Girls and boys reported having married in Jordan as well (43.7%)



Early marriage is considered an accepted practice in Syria and therefore is either not considered as a form of SGBV or does not usually carry the same level of stigma as other types of SGBV. Therefore, this type of incidents were relatively easily disclosed by survivors through safe spaces, registration, referrals, outreach and protection monitoring.

It is important to highlight that survivors of early marriage are often at a higher risk of other types of SGBV. The graphic below shows the percentage of married children who reported other types of SGBV.



In 2015 the SGBV Sub-Working group will focus on preventing and responding to SGBV risks associated to early marriage through capacity building of protection actors, sensitization of refugees and host communities, and advocacy with the authorities, in addition to the overall prevention and response to early marriage cases.

Sexual violence was reported as being perpetrated in Jordan (56.6%), but also in Iraq (20%), Syria (16%) and other countries (9.4%). In 2015 the SGBV Sub-working group will continue advocating to strengthen the implementation of health protocols for clinical management of rape (CMR) and the application of laws that respect international standards. SGBV case

management to respond to all types of SGBV, will continue to be provided along with other multisectoral services, including legal assistance.

Types of SGBV Perpetrators and incident location

During the reporting period most of the incidents disclosed by survivors were perpetrated by members of their nuclear families, mostly by spouses, parents/care givers and at the survivors' homes (82.1%). The SGBV SWG will continue supporting different sectors to ensure that the provision of services contributes to prevention of SGBV including in the domestic environment where the majority of disclosed incidents are reported. The SWG will also continue focusing on ensuring access to services by individuals who live in isolation.

Service Provision

The services offered to SGBV survivors are livelihoods, psychosocial, security, legal assistance, safe shelter, and health.

- *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. Advocacy and creative approaches need to continue being prioritized.
- *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, counselling 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.
- *Security services* are 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* are sometimes declined by SGBV survivors, which 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 stigmatization and additional security risks. The SGBV SWG plans to increase legal services for survivors, including awareness raising and individual assistant.
- *Safe shelter services* even when needed are often declined by survivors due to multiple reasons. One of the reasons may be the stigmatization attached to being sheltered, also linked to potential prosecution of survivors' family members (who are mainly reported as the perpetrators)
- *Health care* is a primary entry point for physical assault and sexual violence, however, it is 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.

Summary of Recommendations

- **Maintain and strengthen access to SGBV services for all survivors**, through information dissemination and awareness raising on available services, and expanded outreach and mobile services where needed, including in cases of reduced mobility;
- **Improve access to services by refugees who live in isolation or in marginalized situation**, including people with disabilities³. In this regard, increase attention to access barriers for people with disabilities, refugees with restricted movement, and other vulnerable groups;
- **Increase safe access to livelihoods, health, security and justice services**. In this regard, identify and put in place measures to overcome, where and as possible, causes restricting the utilization of these services. Strengthen specialized legal services and knowledge around them, to improve informed decisions by survivors, and advocacy on negative effects on SGBV survivors of mandatory reporting as well as on the importance of livelihood services for SGBV survivors remain necessary;
- **Strengthen SGBV prevention programs** targeting women, men, girls and boys refugees and put in place measures to evaluate effectiveness;
- **Facilitate disclosure of other SGBV incidents** (such as denial of resources, physical assault, sexual violence, emotional abuse) associated with early marriage;
- **Conduct regular safety audits and implement recommendations**, while building the capacity of service providers to identify and respond to safety risks.

For further information on the GBVIMS and the roll-out in Jordan, please contact the GBVIMS Coordinators:

Ana Belén Anguita Arjona, UNHCR in Amman: anguita@unhcr.org
Suzan Kasht, UNFPA, kasht@unfpa.org

The objective of the SGBV SWG is to strengthen multi-sectoral SGBV prevention and response in the context of the Syrian refugee emergency in Jordan. The group is chaired by UNHCR and UNFPA. Members of the Sub-Working Group include UN agencies, international and national NGOs, ministries of the Government of Jordan and national institutions.



³ As indicated under the paragraphs on Survivors, only 2% of the incidents were reported by people with disabilities.