

JORDAN GBV IMS Task Force

Annual Report 2018

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1. Background

This 2018 report provides information on incidents of Sexual and Gender-Based Violence (SGBV)¹ reported by survivors in Jordan during 2018. The information was gathered with the consent of survivors who received psycho-social support through the case management approach by 5 organizations who are members of the GBV IMS Taskforce. The GBV IMS Task Force² is the body responsible for gathering, maintaining and analyzing data related to SGBV impacting refugees and affected host community, and for ensuring the security and protection of sensitive data concerning SGBV. The Task Force is also responsible for analyzing data on a regular basis, drafting reports and providing strategic directions to SGBV programs 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 Organizations (DGOs) engaged in SGBV response and using the GBVIMS in 2018. Hence, it is not advisable to use findings of GBVIMS as a proxy of 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 as the highest quality SGBV incident data currently available to humanitarian actors, which can be used effectively for trends analysis and to improve coordination of SGBV prevention and response. This report includes secondary data analysis review to complement interpretative analysis of collected data.

The overall number of survivors assisted by members of the GBV IMS Task force in 2018 increased by 25% in comparison with 2017 data. This can be explained by increased geographical coverage as additional safe spaces collecting data were established as well as enhanced outreach to inform communities about

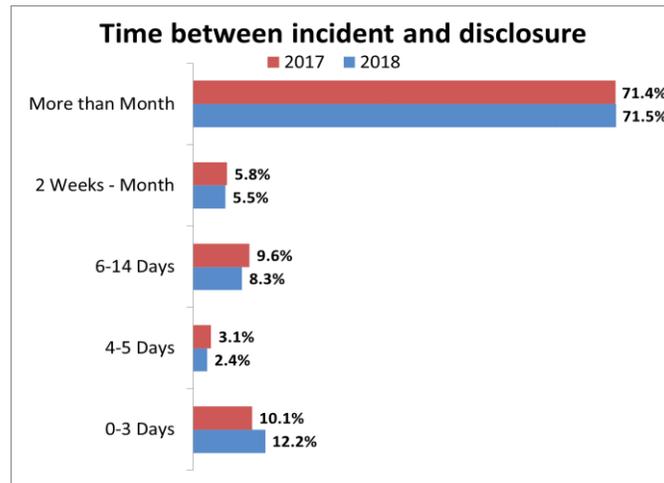
¹ “Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.” IASC Guidelines: https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf In this report, we use GBV and SGBV interchangeably.

² 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.

SGBV services. An increase in the number and diversity of women and girls empowerment activities has also been acknowledged as an important and safe way to reach more survivors.

Although the number of survivors who accessed services increased, it is important to underline that barriers to disclosure remain. Outside camps, the cuts in cash assistance have had a direct impact on the ability of survivors to afford transportation to reach SGBV service providers as well as contributed to increase of tensions within families.

It is important to note that 2018 marked a considerable increase in percentages of Jordanian survivors assisted by members of the GBV IMS task force (110% increase compared to previous year). Although the GBV IMS Task Force members work predominantly with Syrian refugees, considerable efforts have been put in place in 2018 to ensure Jordanians are



informed about services available and supported. The increase of Jordanian survivors is also explained by the fact that an additional local women’s organization with a long expertise in serving Jordanian SGBV survivors joined the Task Force in 2018. Reproductive health (RH) services provided by members of the Task Force is as well an important entry point for survivors in particular Jordanians.

The percentage of non-Syrian refugees assisted remains low, which does not indicate low prevalence of SGBV within these communities but rather a need to increase outreach to share information about services available as well as ensure inclusion into SGBV programs.

Finally, it is important to underline that a majority of survivors reached services more than one month after the incident (71%), this indicates the need to strengthen community based outreach efforts to inform refugees and affected host community about services available for survivors and importance of seeking timely assistance in particular for survivors of sexual violence. Furthermore, targeted outreach is essential to reach the most marginalized survivors such as persons with disabilities, survivors living in remote areas, LGBTI refugees, non-Syrian refugees, women above 50 years of age and married adolescent girls.

2. Context

Nine years into the Syria crisis, refugees remain in exile as their country continues to face a protracted conflict and an overwhelming humanitarian crisis. The Jordanian-Syrian border officially re-opened in mid-October 2018. Since the border opening just over 13,500 persons (as of 6 March 2019) spontaneously returned to Syria. As of 31 December 2018, the United Nations High Commissioner for Refugees (UNHCR) recorded 671,650 registered Syrian refugees in Jordan, a number that has remained consistent over the past three years, mainly due to the increased entry restrictions into the Kingdom. Among the Syrian refugee population 25.7 % are women, 23.8 % are men, 24.6 % are girls and 25.9% are boys. Women and girls represent more than half of the refugee population (50.3%).

Close to 81% 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 (±78,605), Azraq Camp (±40,533) and the Emirati Jordanian Camp (±6,903).

Jordan also hosts refugee populations from other countries. The war and dire humanitarian situations in Yemen has contributed to an increase in the number of Yemeni new arrivals in 2018, bringing the total number of Yemenis registered with UNHCR to 14,300. They are to be added to the multiple other refugee populations that Jordan hosts, including 67,498 Iraqis, and more than 8,640 from Sudan, Somalia, and other countries.

While Syrian refugees can obtain a work permit through cooperatives or a trade union in the agriculture and construction 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 opened to foreigners exclude refugees from high-skilled and semi-skilled employment, leaving many to work in the informal market or remaining unemployed. For women, constraints are exacerbated by a lack of safe transportation to the workplace, disproportionate responsibility for unpaid care and domestic work, and a perceived lack of culturally appropriate employment opportunities. Only 5 % of the work permits have been issued to Syrian women³. At the end of 2018, the Cabinet issued a decision to allow Syrians to operate and register home based businesses in camps and host communities. This includes “culturally appropriate” jobs such as food processing and handicraft that were highly restricted prior to the decision. 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 being arrested by the authorities.

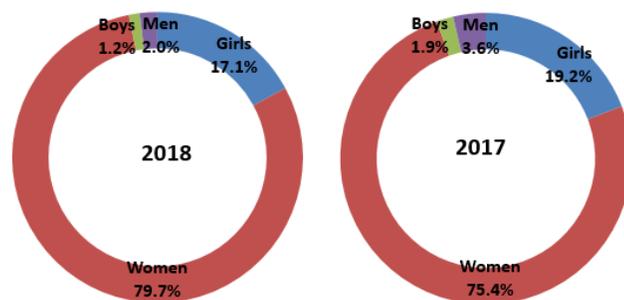
The significant influx of refugees over the last nine years has had an impact on the capacity of national services and there is a need for continuous humanitarian assistance to complement national efforts. While progress has been made to improve the legal status of Syrian refugees in Jordan, many barriers prevent access to economic opportunities, quality education and essential services and subsequently hampers the fulfilment of their rights, exacerbates their vulnerability and contributes to heightened protection risks including SGBV.

3. Main Trends

a) Sex and Age of SGBV Survivors

During 2018, 96.8% of survivors assisted by data gathering organizations were female. This is in line with global SGBV trends, highlighting that women and girls are disproportionately affected by SGBV. Although most of the data gathering organizations offer services also for men and boys, this trend has been consistent during the last 4 years.

Reported incidents by Age & Gender



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. Additionally, the fear of stigma also prevents boys from coming forward. Although men generally face less risks associated with gender based violence, low percentages of men survivors assisted in 2018 indicate a need to strengthen outreach to men so as to ensure they are informed about services that already exist in Jordan. In this context, it is important to underline that the establishment or strengthening of services for male survivors should not affect service provision for

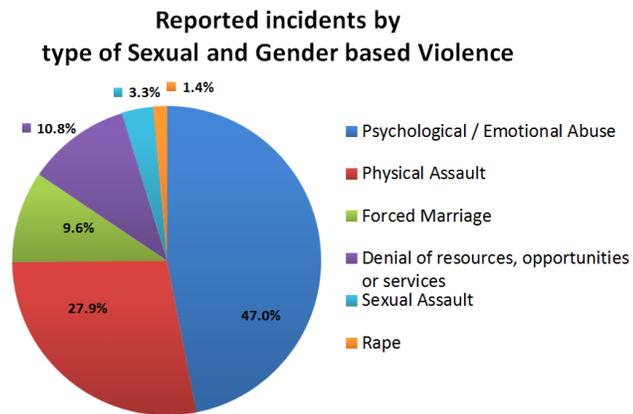
³Syrian Refugee Unit Work Permit Progress Report December 2018: <https://reliefweb.int/sites/reliefweb.int/files/resources/67760.pdf>

women and girls: funding for Safe spaces for women and girls should be maintained.⁴ Gender Based Violence happens more to women and girls because it is a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men. Therefore, GBV IMS taskforce members are committed to maintain specialized and focused services to women and girls.

b) Types of Sexual and Gender Based Violence

The GBV IMS categorizes SGBV into six broad categories: rape, sexual assault, physical assault, forced marriage, denial of resources/opportunities/services, and psychological/emotional abuse⁵.

The main types of SGBV reported in 2018 were psychological abuse (47%), physical assault (27.9%) and denial of resources (10.8%). Psychological/emotional abuse mostly happened in the form of humiliation and confinement by intimate partners (in this context, it refers essentially to husbands). In addition, this category also included incidents of verbal sexual harassment which although widespread in Jordan are often under-reported (detailed analysis can be found under thematic section). 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 death. Denial of resources was also mostly perpetrated by intimate partners who refused to share financial assistance with their wives or withheld their wives salaries, inheritance rights or curtailed girls' access to services. Cuts in humanitarian assistance and the protracted crisis have contributed to fuel intimate partner violence.



Forced marriage including child marriage represented 9.6% of incidents reported to members of the Task Force. Child marriages predominantly affects girls of 15-17 years old. A detailed analysis on child marriages in Jordan can be found in the thematic section of the 2017 GBV IMS report⁶ and latest analysis. Compared to previous years, the percentage of reported child and forced marriage is lower. This does not indicate a decrease in the practice, but could rather be explained by better data quality.⁷ For data on the prevalence of child marriage please consult the Demographic and Health Survey (DHS) results for 2017-2018⁸ that show an actual increase in prevalence.

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 2018 only 4.7% of cases reported were rape or sexual assault. The percentages pertaining to sexual violence have remained low since the establishment of GBV IMS Task Force in 2014. In Jordan, the stigma associated with seeking help

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>

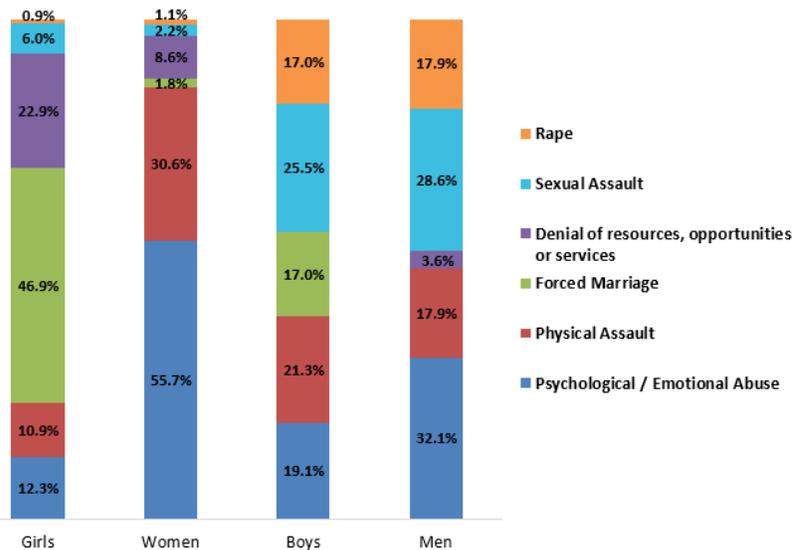
⁶ <https://data2.unhcr.org/en/documents/details/64748>

⁷ Only survivors of child marriage seeking SGBV services are recorded in the GBV IMS.

⁸ <https://dhsprogram.com/publications/publication-fr346-dhs-final-reports.cfm>

when subjected to sexual violence constitutes a major barrier for survivors to come forward. Fear of honor killings is also preventing survivors from seeking help. 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). The stigma associated with sexual violence is particularly high for adolescent girls because of the cultural value of virginity. While we acknowledge that this is due to patriarchal structures of families, girls are hesitant to report because the stigma would affect the whole family. Stigma and risk of honor killings are major obstacles for girls to disclose.

Sex/age and SGBV type



Age and gender are key indicators to take into account when analyzing trends of SGBV. As indicated in the chart on the left, the main SGBV type faced by girls assisted by the GBV IMS Task Force members is child marriage (46.9%), followed by denial of resources, opportunities and services. Families control girls' life and limit their access to opportunities, such as education, medical assistance, and financial resources. Families generally (and in particular male relatives) limit girls' movement outside the home. Girls are also exposed to physical assault and emotional

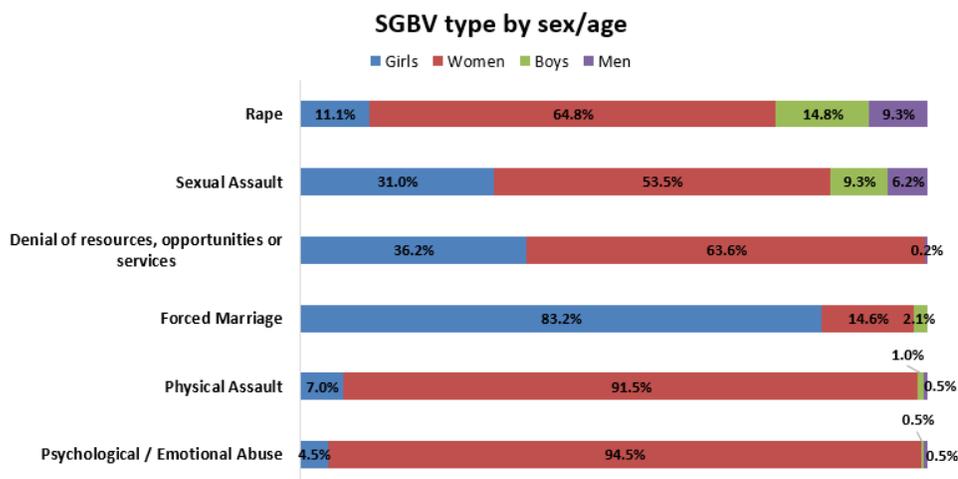
abuse in and outside the household. Sexual assault and rape against girls is under-reported for reasons mentioned above. The perpetrators are often family members, neighbors, other persons close to girls or unknown persons. Detailed analysis on risks of sexual harassment faced by girls can be found under the thematic section below.

Women on the other hand have reported being mostly affected by emotional abuse (55.7%) and physical assault (30.6%), which mostly took place in the context of intimate partner violence. For working women and young women, male relatives often confiscated their earnings. Detailed analysis on risks of sexual harassment and sexual exploitation and abuse faced by women, as well as particular type of SGBV faced by older women, can be found under the thematic section below.

Among the different types of SGBV affecting boys, sexual violence is the most reported (25.5% sexual assault, 17% rape). This can be explained by the fact that boys facing other types of violence are predominantly supported by Child protection partners and thus not recorded in the GBV IMS. Perpetrators included male relatives, neighbors, employers and other adolescent boys.

Men are mostly reporting psychological violence (32.1% of incidents reported) which included mostly threats of sexual violence while in detention in country of origin of refugees as well as threats of violence or humiliation towards refugee gay men in country of origin as well as in Jordan. Men were also subjected to sexual violence (17.9% rape, 28.6% sexual assault) which mostly occurred during detention in countries of origin, but also to a lesser extent in Jordan.

Although men and boys face different risks of SGBV, women and girls remain the most affected due to gender inequalities. The chart below clearly shows that women and girls are disproportionately affected by all the different types of SGBV.



c) Service Provision

In the course of recording a report of an SGBV incident and providing basic psycho-social support through a case management approach, one of the key roles of case management agencies is to identify any needs for further services and ensure that survivors receive necessary support, either through referral to other specialized services or direct provision by the same service provider. In 2018, data shows a decrease in the percentage of survivors declining referrals to other services while at the same time showing an increase in the percentage of survivors receiving services provided directly by SGBV service providers (except for livelihood). The percentage of survivors referred to services remained stable for all sectors, while a decrease was noticed for livelihood. The percentage of survivors who were unable to access service due to unavailability remained stable compared to 2017 for all sectors except for livelihood and cash assistance.

Health services provided to survivors directly by data gathering organizations significantly increased (20%) between 2017 and 2018. Only 15.2% of survivors declined referral to health services in 2018 (compared to 32.5% in 2017). Survivors declined referrals mostly due to fear of mandatory reporting by health service providers to the authorities. In 2018, the coverage for clinical management of rape (CMR) services increased, covering a total of 8 locations⁹. Most of those services are provided in clinics and therefore not available 24/7. Although increase of coverage should be underlined as a key achievement of 2018, gaps remain in other locations and CMR services are currently not available 24/7 throughout the country. The Government of Jordan will launch its CMR protocol in 2019 along with a plan to address this gap with UNFPA support.

⁹ Zaatari camp, Azraq camp, Amman (Sweileh and Hashmi), East Amman, Deir Alla, Karak, Madaba, Zarqa

Service Provision

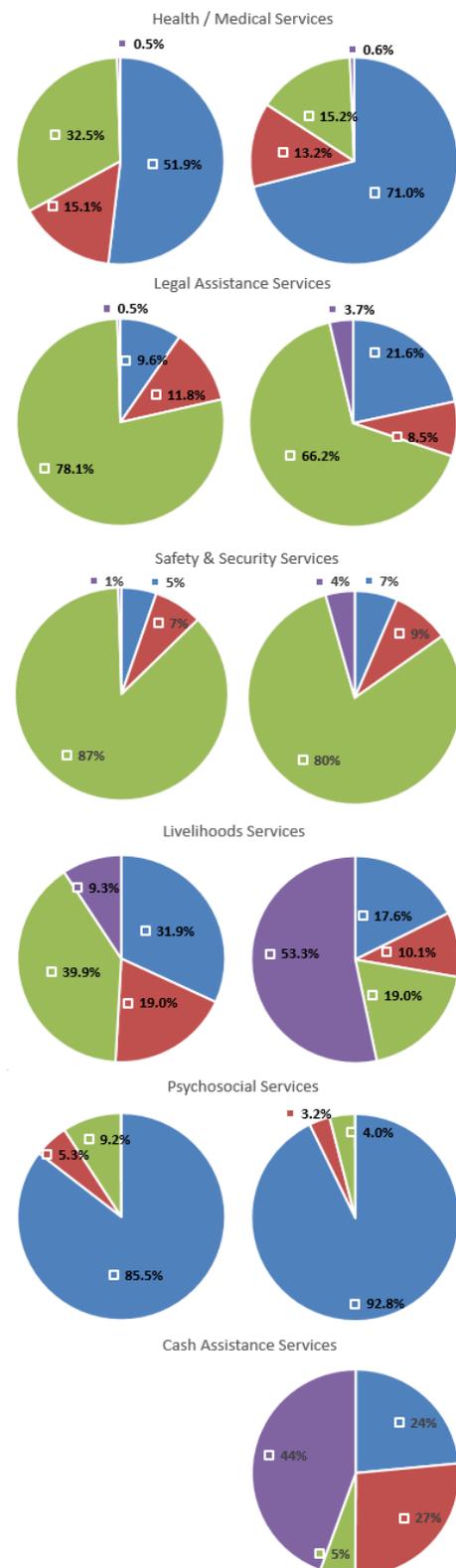
2017 2018

■ Service received ■ Referred ■ Declined ■ Unavailable

Legal Assistance and security services remain some of the most sensitive areas of service provision, as a majority of survivors decline referrals. If we compare 2017 and 2018 we notice an increase in the percentage of legal services received, while the security services remain the most declined service or not provided. In 2018, 66.2% of survivors declined referrals to legal services while 80% declined referrals to security services. Survivors have expressed fears of retaliation if seeking legal or police assistance as well as fear of stigma due to lack of confidentiality and lack of survivor-centered approach among law enforcement actors (victim blaming, perpetrators asked to sign pledges instead of serving jail terms, survivors forced to confront perpetrators during proceedings). The legal system does not encourage survivors to come forward as specific types of SGBV are not criminalized (such as marital rape) and punishments are too lenient. In addition, survivors who change their testimonies during trial (often due to threats on their life by the perpetrator’s family) end up being detained (under perjury offense). 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 who were seen as not complying with gender norms in administrative detention (such as women who are engaging in survival sex or women having a relationship without being married).

Survivors might also be undecided about legal services at the beginning of the case management process but request them later on, which is not recorded in the GBV IMS data. It is important to take into account that a considerable number of survivors approach legal service providers directly and are therefore not reflected in the GBV IMS data.

Many survivors also declined referrals to **safe shelter** options. With the exception of an NGO run safe shelter, safe shelters in Jordan are run by the Jordanian Government with sufficient hosting capacity but with strict entry criteria. The latter are accessible only to adult female survivors who are willing to involve the police into their case, while survivors with male children above the age of 7 are often not accepted¹⁰. The GBV IMS Task force acknowledged that case management programs integrating a component of urgent and regular cash assistance to cover rent are a good practice. This provides a good alternative to institutionalization for survivors who are not at



¹⁰ Exceptions might be granted on a case by case basis for older boys.

imminent risk of violence.

Regarding **livelihoods**, although Jordan has committed itself at the global level to facilitate access to employment for Syrian refugees, this has not resulted in major changes for refugee women and SGBV survivors on the ground. Opportunities for legal work that are aligned with the needs of Syrian refugee women continue to be very limited. Of all services, livelihoods shows the largest gap in service availability (53.3%). The drop of women referred to livelihood opportunities (19% of survivors declined referrals to livelihood in 2018), shows that livelihood services are generally difficult to access for survivors. The lack of day care 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. Additionally, gender norms on access to work for women also push some female survivors not to engage in work opportunities outside of their home. Finally, it has been noticed 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 domination. This might in turn lead to increased risks of intimate partner violence. Gender discussion groups¹¹ have been recognized by the GBV IMS Task Force as a good practice. Risk mitigation measures should be implemented urgently in livelihood programs to ensure a safe and effective access to services for women and groups at heightened risk of SGBV¹². In addition, the GBV IMS Task Force believes it is essential to further develop vocational training opportunities and women economic empowerment activities, including for girls above 16 years of age (in safe learning and work environments, with reduced working hours as per legal framework).

Cash based interventions aiming at covering basic needs are not always available to survivors and lack flexibility in terms of amounts to meet the needs of survivors, failing to providing alternatives to institutionalized security options (shelters). Survivors who needed urgent cash assistance were often 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 organizations have not embedded tailored cash based interventions into their SGBV case management programs, forcing them to refer survivors to cash programs 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. Tailored cash based interventions into SGBV case management programs remain a major gap in the sector.

Psycho-social services are available for survivors throughout the country and is the most common service provided (mostly through case management approach). This being said, survivors in remote locations face challenges reaching services and the GBV IMS Task Force acknowledges the importance of complementing static service provision in safe spaces with a mobile approach.¹³ Data shared by DGOs is based on information collected with survivors during psycho-social service provision, thus data on psycho-social service provision has to be understood within this context.

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. Nearly 69% of survivors approaching SGBV service providers did so through self-referrals which require survivors to already be aware of service availability and to take steps on their own to approach the service providers. This further underlines the need for SGBV safe referrals trainings for non-specialized frontline workers (including refugee volunteers) as well as the need to improve

¹¹ 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/>

¹² As per IASC guidelines: https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

¹³ A mobile approach should not include home visits but rather mobile caravans or presence of case workers on given days in different locations, see as example IRC Lebanon: <https://www.refworld.org/pdfid/5a38e0ec4.pdf>

dissemination of the referral pathway generally. A curriculum on SGBV safe referral was designed by the SGBV SWG coordinators and a ToT was provided. Roll-out started late 2018 and will be on-going throughout 2019, likely facilitating access to services in 2019. Moreover, a mobile application has been developed by the SGBV SWG and will be launched in 2019 in order to improve access to information and facilitate referrals.

4. Thematic Focus

a. Sexual Harassment

The analysis of the GBV IMS Task Force data points out that although under-reported, sexual harassment is pervasive in the life of women and girls in Jordan. Under the GBV IMS categorization, sexual harassment is reported under emotional violence that affected 47% of reported cases.

As per information shared by survivors assisted, sexual harassment is common in Jordan in particular in the streets and is a major risk for women and girls. Schools and workplaces have also been highlighted as risk points. Women who work as domestic workers are at particularly high risk of sexual harassment and some survivors have indicated facing harassment by their landlords. Survivors have also underlined the risks of harassment online. There are also reports of sexual harassment by traditional fortune teller “magicians”.

Prevention of sexual harassment was identified as the theme of the 16 days of activism against GBV in Jordan in 2018. Through consultation with partners and national organizations for women’s rights, sexual harassment has been identified as a persistent risk in the life of women and girls in Jordan. In connection with the campaign, three studies were released on the topic: “Sexual harassment in Jordan” by the Jordanian National Commission for Women (JNCW)¹⁴, “Baseline study: Promoting Feminist Leadership to Combat Sexual and Gender Based Violence in Jordan” by ActionAid¹⁵ and “Silent women: ARDD’s report on harassment problems in the workplace” by Arab Renaissance for Democracy and Development (ARDD)¹⁶. According to those studies, as many as 3 out of 4 respondents reported to have experienced sexual harassment.

An SGBV risk assessment was also conducted by the SGBV SWG in Amman towards the end of 2018. As per preliminary results, refugee women of all nationalities, women from host community and adult refugee men indicated that sexual harassment was the number one concern for women and girls in their communities, while it also impacted boys. In some focus group discussions (FGDs), women raised it as many as 25 times and explained that it was a daily occurrence. Refugee women also underlined that men from the host community perceive refugee women as being vulnerable and having little community support, thus prompting some to abuse their situation of power and sexually harass refugee women. In this context, refugee women of color reported facing heightened risks of sexual harassment while in the street. Main perpetrators are generally unknown men and male youth in the streets, with taxi drivers being mentioned regularly throughout FGDs, while employers, supervisors, co-workers, shop owners, teachers, school principals, family friends and neighbors have also been mentioned. Finally, refugee women shared that they were particularly concerned about risks of sexual harassment for their daughters while on the way to school or in front of the schools by male youth. They also shared concerns about risks of sexual assault for their sons within schools. The risk would come mostly from older Jordanian boys as well as to a lesser extent from older refugee boys; with bathrooms in schools being mentioned as high risk locations for both sexual harassment and assault. The following risk points have been highlighted by refugees consulted: markets and malls (women and girls), the street (women, girls, boys to lesser extent), public transportation including buses and taxis (women, girls), areas around schools (especially girls) and in schools themselves (especially bathrooms for boys), around religious centres (women), public parks/gardens, all public places (especially

¹⁴ <https://data2.unhcr.org/en/documents/download/67522>

¹⁵ <https://data2.unhcr.org/en/documents/details/69609>

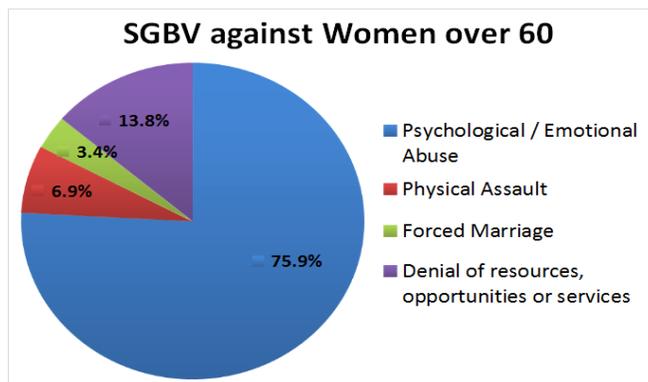
¹⁶ <https://data2.unhcr.org/en/documents/download/67520>

if crowded), workplace (boys), border crossings (girls), areas where drug and alcohol users gather (women, girls), and empty or agricultural lands.

As per JNCW and Action Aid studies, victim blaming is a common practice and many respondents considered that women’s behavior led to sexual harassment. Overall, a majority of female respondents agreed or strongly agreed that sexual harassment is a serious problem, which needs to be addressed. Feelings of embarrassment and shame were the most common reactions among female survivors subjected to sexual harassment. A “culture of shame” was also stated as preventing people from reporting harassment, even if a majority of the women in the study knew where to report cases of violence and harassment (ActionAid, JNCW).

According to the ARDD study, sexual harassment is also one of the main challenges facing women in the workplace today. Gaps in the legal framework, lack of workplace policies and social stigma create an enabling environment for sexual harassment, while deterring survivors from reporting cases. Harassment in the workplace often remains hidden. Women fear repercussions of reporting harassment due to social stigma and a lack of confidence in the law and other protection mechanisms. The study also shows that refugees and those working informally are particularly vulnerable to sexual harassment and other harmful and discriminatory workplace practices.

b. Risk of SGBV for Older Women



The intersection of gender inequalities with other characteristics, such as disability, poverty or marital status can accumulate over a lifetime and be exacerbated at older ages.

According to GBV IMS data, the percentage of older women seeking help is low relative to other age groups (0.7% compared to the other age groups). Older women over 60 are mostly at risk of emotional violence (75.6%) and denial of resources (13.8%) by intimate partners or other male relatives. Older

women who never married or got divorced as well as widows without children are at heightened risk of physical and emotional violence by male relatives. Because of higher illiteracy rates among older Jordanian women, some saw their rights curtailed by family members (including inheritance and property rights). Older refugee women living in urban areas reported that overcrowded shelters contributed to increased risks of emotional violence. Some reported neglect by relatives and feeling excluded from decision making about the use of cash assistance.

Older women often faced barriers that prevented them from accessing services. HelpAge’s 2018 survey¹⁷ revealed that these obstacles are multiple and include communication, attitudinal, institutional and environmental barriers. 79% of older women reported mobility limitations which may impede their physical access to services, while 72% of older women surveyed by HelpAge were unable to read or write (compared to 35% of older men). In addition, 80% of older women were not previously employed, which plausibly leaves them in situation of extreme dependency. In addition, 53% of older women reported being widowed (compared to 7% of older men) which might further increase the risk of denial of resources (including lack of access to cash and lack of access to inheritance), neglect and violence by male relatives. Older women often experience violence and abuse (driven by either age or gender discrimination, or the intersection of the two) in silence, unaware not only of their rights, but also of the available support services.

¹⁷ Help Age: Protection Concerns of Older Women in Jordan, 2018: <https://data2.unhcr.org/en/documents/details/69611>

c. Sexual Exploitation and Abuse by Humanitarian Workers

In 2018, 0.15 % of the incidents reported by survivors involved sexual exploitation and abuse (SEA) by humanitarian workers. A deteriorating economic situation faced by refugee families is a contributing factor to increased risks of SEA.

Incidents of SEA, are severely under-reported as survivors fear retaliation from perpetrators, stigmatization by their communities' as well as potential loss of assistance. Survivors also fear that confidentiality might not be respected throughout the complaint process and they also have concerns over the lack of a survivor-centred approach within law enforcement authorities (judgmental attitude, lack of informed consent process). Refugees in particular are concerned that authorities would not be impartial in most SEA cases where the perpetrators are Jordanians, and that this might impact negatively on their refugee status.

All members of the GBV IMS Task Force are part of the PSEA Task force and have ensured that these incidents were referred to formal complaint mechanisms with the consent of survivors.

Single women without family or community support are at heightened risk of SEA. Risks of SEA are also heightened for organizations conducting home visits, particularly if they do not have policies ensuring the presence of female staff when visiting single female headed household. Due to extreme economic vulnerability of refugees, risks of SEA are particularly high for organizations providing cash and in-kind distributions. SEA by teachers and medical staff (including MHPSS) was also raised as a particular concern and affected both Jordanians and refugees. Religious charities (in particular those providing in-kind assistance) have also been reported as risk points for refugee women and girls. Refugees also shared concerns over men falsely pretending to work for NGOs or the UN and committing SEA.

In terms of the type of SEA, refugee women reported sexual harassment by male staff members in centres where refugees receive assistance, while others also described incidents of harassment over the phone. Reported cases of sexual harassment included exploitative marriage proposals from staff members to refugee women.

Recruitment policies within UN agencies/NGOs do not currently provide strong safeguards against SEA. Weaknesses include lack of criminal record checks and lack of a strict system when conducting background checks. In addition, the UNSG bulletin contains grey areas which increase risks of SEA¹⁸. Small NGOs and CBOs often lack SEA prevention mechanisms and the resources to conduct investigations. Humanitarian organizations providing services which involve one-to-one interviews/examinations should ensure that female staff are assigned to female refugees in order to decrease risks of SEA.

¹⁸ Sex with children should be completely forbidden for UN staff i.e. applicants married to children should not be recruited by the UN, applicants who married off their minor children should not be recruited by the UN; sex with beneficiaries should also be completely forbidden and not only discouraged.

5. Recommendations

<i>Recommendation</i>	<i>Responsible</i>	<i>Timeline</i>
Develop messages to advocate with national authorities for the enhanced respect of the survivor-centered approach within law enforcement and for lifting legal mandatory reporting requirements for adult survivors of SGBV whose lives are not at imminent risk. Advocacy with law enforcement for enhanced protection of survivors and their families during legal proceedings.	SGBV SWG	Mid-year
Support SGBV case management programs assisting survivors should be maintained. Donors should continue support to existing national and international actors that have the capacity to sustain efforts and expand.	Donors	End of 2019
Enhance awareness of women and girls on their rights and promote equal access to resources through behavioral change programs targeting women/girls/boys/men. Integrate key messages on denial of resources in awareness raising sessions, group empowerment activities, gender discussion groups, case management and other activities. It is recommended to move from awareness raising sessions to behavioral change programming and social norms interventions such as “Gender Discussion Groups” on gender equality.	SGBV, and protection actors (with support from donors)	End of 2019
Enhance targeted initiatives to prevent sexual harassment . Awareness on sexual harassment should be integrated into regular SGBV awareness activities as well as general SGBV prevention campaigns and women’s empowerment through self-defense. These awareness activities should promote supportive attitudes towards survivors within the community as a whole (to reduce stigma Advocacy initiatives against sexual harassment should include the revision of the Penal Code to ensure the term “sexual harassment” is clearly defined as well as include stricter punishment and advocate with the Ministry of Labour to ensure employers take all necessary measures to prevent harassment at the workplace.	SGBV and protection actors	Mid-year
Enhance SGBV prevention in schools through awareness and behavioral change programs and nation wide campaigns. Enhance community based interventions for safe access to school. Support Ministry of Education in reviewing existing efforts and designing more effective prevention strategies in school, such as reviewing designs of bathrooms to improve safety and ensuring clear complaint procedures are established for children and parents to report SEA while ensuring quality investigations.	SGBV, CP and education WG	Mid-year
Enhance targeted outreach activities and tailored empowerment activities for older women (including support groups and inter-generational activities), promoting their inclusion in existing women empowerment activities and existing safe spaces. Ensure inclusion of people with disabilities and access to existing SGBV services.	SGBV actors	Mid-year
Strengthen awareness and outreach efforts through community based approach to disseminate information on availability of compassionate and confidential SGBV case management services (in particular to marginalized groups including non-Syrian refugees) and clinical management of rape services.	SGBV and protection actors	Mid-year
Launch a renewed interagency SGBV prevention campaign to inform communities on availability of SGBV services and disseminate prevention messages. Campaign to be designed with the support and guidance of affected communities.	SGBV SWG	End of 2019

Further expand focused empowerment activities for adolescent girls to provide concrete alternatives to child marriage (literacy classes, traineeships, peer led support groups, parenting skills, etc.) while enhancing support activities for girls who are already married (such as support groups, educational opportunities).	SGBV/ CP actors (support required from donors)	Mid-year
Clinical management of rape services mapping should be continuously updated, thus ensuring their inclusion in SGBV referral pathways. It is recommended to ensure increased availability in urban locations 24/7 and conduct facility based trainings (in both government hospitals as well as NGO run clinics) to ensure all relevant staff are trained while receiving regular coaching sessions. Advocacy should be undertaken with the Ministry of Health on good practices in the field of CMR and in particular on joint examination by forensic and CMR doctor (if survivor wants to file complaints), thus ensuring the survivor does not undergo multiple exams which leads to re-traumatization. This should be highlighted in CMR protocols roll-out trainings. FPD staff to be further sensitized on importance of CMR services. Strengthen capacity of RH service providers to integrate key messages on women and girls' rights to access services into counselling or awareness programs.	RH SWG, MoH	Mid-year
Strengthen capacity of health service providers to safely refer survivors to SGBV services.	Health actors	Mid-year
Integrate tailored cash based interventions into SGBV case management programs, including to support provision of safe accommodation in urban areas as an alternative to institutionalized shelters (for survivors who are not facing imminent risks).	SGBV actors	End of 2019
Increase access to livelihood activities (including by providing child care support as well as support to ensure safe transportation), further expand empowerment activities for women and other groups at risk of SGBV within existing SGBV programs. Livelihood coordinator to regularly share mapping of updated services with SGBV coordinators.	SGBV actors and livelihood working group	Mid-year
Strengthen SGBV mainstreaming by conducting at minimum yearly SGBV risk assessment (safety audit), while advocating with other sectors for risk mitigation measures and humanitarian leadership accountability mechanism.	All sectors, SGBV SWG, ISWG, HPF	By the end of the year
PSEA Network to review SOPs to ensure they are in line with survivor-centred approach. The role of the PSEA focal points versus SGBV case managers has to be clearly defined and PSEA focal points trained. Outreach to communities should be enhanced (inter-agency campaign, curriculum for PSEA awareness sessions to be developed and integrated into awareness activities of all sectors). Advocate for stricter safeguards in recruitment procedures. Develop guidance for joint SGBV/SEA risk mitigation across sectors.	PSEA Network SGBV SWG/PSEA Network	By mid-year