



Gender Based Violence Risk Assessment for Irbid and Ramtha

June 2021

GBV Sub Working Group – Jordan

Table of Contents

Acknowledgements	3
Acronyms	4
1. Executive summary	5
2. Introduction and Context Overview	8
2.1 Context Overview	8
2.1.1 GBV and Gender (in)equality in Irbid and Ramtha	8
1.1.1 Scope and limitations of the GBV risk assessment for Irbid and Ramtha	10
2.2 Assessment objectives.....	11
3. Methodology	12
3.1 Background and tools	12
3.1.1 Focus Group Discussions with Affected Populations.....	12
3.1.2 Key Informant Interviews with service providers and community volunteers	14
3.2 Challenges and Limitations.....	15
4. Identified GBV Risks in Irbid and Ramtha	16
4.1 Identified types of GBV.....	16
4.1.1 Intimate partner violence and family violence.....	18
4.1.2 Early marriage.....	22
4.1.3 Sexual harassment, sexual abuse and rape.....	24
4.1.4 Sexual exploitation and abuse (SEA).....	26
4.1.5 Online and (Information and Communications Technology) ICT-facilitated violence against women and girls.....	27
4.1.6 Community perceptions on GBV and Gender roles	28
4.2 Vulnerable groups at heightened risk of GBV	31
4.3 Perpetrator profiles.....	36
4.4 Areas of high GBV risk within Irbid and Ramtha	37
4.4.1 Homebound girls.....	39
4.4.2 GBV risks related to public transportation.....	40
4.4.3 Schools and universities, and areas around them.....	40
4.4.4 Reports of a generalized feeling of unsafety.....	41
4.4.5 Unsafe areas for men and boys	41
4.4.6 Places that are marked as safe by women and girls and other individuals at risk.....	44
4.5 Impact of COVID 19 on GBV risks and needs.....	44
4.5.1 Increased violence at home and increased caregiving responsibilities	45
4.5.2 Increased risk of online and ICT-facilitated GBV	47
4.5.3 Impact of COVID 19 on sexual abuse and rape.....	48
4.5.4 Stronger family ties	48
4.6 Coping strategies and community-based protection systems.....	49
4.7 Sectoral analysis of GBV risks and needs.....	51
4.7.1 Women empowerment and livelihoods programming.....	51
4.7.2 Linkages between work sectors and heightened risks of GBV	52
4.7.3 Migrant women working at the industrial qualified zones.....	54
5. Overview of GBV services in Irbid and Ramtha	55
5.1 Available GBV services including survivor support services.....	55
5.1.1 Awareness of community members on available GBV services	56

5.1.2	Accessibility and safety of services and facilities	57
5.1.3	Inclusion of women and girls in services' planning, delivery, and decision making....	58
5.1.4	Barriers in accessing services.....	58
5.2	Identified gaps in services.....	61
5.2.1	Absence of specialized health services including CMR	61
6.	Community Proposed Potential Solutions for Reducing Risks and Improving Safety	62
6.1	Awareness raising and building women and girls' capacities to speak up	62
6.2	Working towards social behavioral change and using a gender transformative approach ...	62
6.3	Working with men and boys to prevent and mitigate GBV risks	63
6.4	Increased livelihood opportunities	64
6.5	Strengthening existing GBV services	64
6.6	Advocacy for protective gender equal laws and processes	65
6.7	Challenging recommendations.....	66
7.	Recommendations	66
7.1	Recommendations for GBV service providers	67
7.1.1	Recommendations for GBV prevention:.....	67
7.1.2	Recommendations for GBV mitigation and response:.....	68
7.1.3	Recommendations pertaining to service providers capacity building:.....	70
7.1.4	Recommendations around the protection from sexual exploitation and abuse:	70
7.2	Recommendations for livelihood service providers.....	71
7.3	Recommendations for donors	72
7.4	Recommendations for improving the GBV risk assessment and way forward.....	72
Annex A:	Glossary.....	74
	General Definitions and Terms.....	74
	GBV-specific definitions for this setting.....	77
	Definitions based on the GBV Information Management System (GBVIMS).....	77
	Common types of GBV.....	78
Annex B:	Focus Group Discussion Tool	80
Annex C:	Key Informant Interview Tool.....	86

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Acronyms

AWO	Arab Women Organization of Jordan
CARE	Cooperative for Assistance and Relief Everywhere
CBO	Community Based Organization
DRC	Danish Refugee Council
EMAP	Engaging Men in Accountable Practice
FPD	Family Protection Department
FPD	Family Protection Department
GBV	Gender Based Violence
GBVIMS	Gender Based Violence Information Management System
ICT	Information and Communications Technology
IFH	Institute for Family Health
ILO	International Labour Organization
IMC	International Medical Corps
INGO	International Non-Governmental Organization
IPV	Intimate Partner Violence
IRC	International Rescue Committee
JWU	Jordanian Women's Union
LGBTQI+	Lesbian, Gay, Bisexual, Transexual, Queer and/or Intersex
M&E	Monitoring and Evaluation
NFI	Non-Food Items
NGO	Non-Governmental Organization
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psycho-Social Support
QIZ	Qualified industrial zones
SEA	Sexual exploitation and abuse
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender Based Violence
UN agency	United Nations agency
UNFPA	United Nations Population Fund
UNHCR	UN High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WGSS	Women And Girls' Safe Spaces

1. Executive summary

This report highlights the findings and recommendations of the GBV risk assessment for Irbid Governorate including Irbid and Ar-Ramtha cities. The overall aim of the assessment was to better understand risks of GBV faced by vulnerable groups and to provide recommendations on areas where GBV response and overall humanitarian response need to be enhanced. It was found that GBV disproportionately affects women and girls, subjecting them to risk and unsafety within their own homes as well as outside, where they face all types of GBV mostly at the hands of partners, family members and other men in the community. Women and girls and other vulnerable segments of the population are also at heightened risk due to the ongoing COVID-19 pandemic and its overall detrimental effects on lives and livelihoods across Jordan.

The risk assessment was coordinated by IOM and conducted by the members of the GBV sub-working group in Irbid and Ramtha, in the North of Jordan. It followed a qualitative methodology using community consultations through key informant interviews and focused group discussions. The present report highlights the main findings and recommendations, through seven main parts: an introduction and context overview; a review of the methodology, and the identified GBV Risks in Irbid and Ramtha. This is then followed by an overview of GBV services, community proposed potential solutions for reducing risks and improving safety, and finally recommendations for the way forward.

The risk assessment found that GBV is rife in both refugee and host communities. Specifically, a high prevalence of intimate partner violence and family violence (physical, emotional, economic violence and abuse in the context of family or intimate partner relationships) was noticed, in addition to other GBV risks such as early marriage and sexual harassment. Refugees were found to be a heightened risk of GBV, due to war-related trauma, deteriorating socio-economic status and increasingly difficult living conditions.

Since the COVID-19 pandemic, violence against women and girls – especially domestic violence – has intensified, due to economic and social stresses combined with movement restrictions and cramped homes, with many women and girls trapped at home with their abusers. COVID-19 has also intensified pre-existing barriers for women, girls and survivors in general to seek services and support.

The findings from this assessment confirm what we already know: GBV in Jordan, including in Irbid and in Ramtha remains normalized, justified and unchallenged, with women and girls and other segments of the population facing the challenges of entrenched gender inequality and discrimination. This includes but is not limited to:

- Intimate partner violence and family violence including physical abuse; psychological and emotional abuse; denial of access to resources, opportunities and services.

- Forced Marriage including early / child marriage
- Sexual harassment and sexual abuse including: Verbal and sexual harassment outside the home; Sexual assault and rape; and sexual exploitation and abuse.

Community members spoke of sexual violence, mostly referring to the prevalence of sexual harassment in the streets and public areas, and mentioning sexual abuse and rape risks outside of the home. They unanimously reported that the top risk facing women and girls outside of their homes is sexual harassment. Additionally, community consultations revealed worrying accounts of sexual exploitation and abuse incidents in the context of humanitarian service provision in Irbid.

Findings from this risk assessment show that vulnerable groups at heightened risk of GBV in Irbid are: women and girls in general, and in particular refugees; and women living without men (widowed, separated, divorced, head of household). Additional groups at specific risk of GBV are:

- Women and girls with disabilities who were reportedly at higher risk of neglect and bullying, but also sometimes at higher risk of GBV;
- Working women who were found at heightened risk of sexual abuse in the workplace;
- People with diverse sexual orientation and gender identity who are highly marginalized and consequently face a heightened risk of GBV;
- Syrian women wearing the Niqab (Khimar), who find themselves at a heightened risk of sexual harassment and assault outside of their homes, as the Niqab seems to be viewed pejoratively.

While it was found that the home is unsafe for women and girls, regrettably, areas and community spaces outside of the home were identified as unsafe too. Public gardens, public markets (souk), streets such as the highly populated University Street, refugee camps, and certain neighbourhoods are all perceived as risky for women and girls, during the day time and even more so at night. The main characteristics that make a location/place unsafe are crowdedness, the presence of groups of men or boys, a place that is deserted, or any place where people of both female and male genders are mixed, especially in public. Unsafe areas for men and boys were less clearly defined, as the main GBV risks faced by boys include exploitation at work (including child labour), but also sexual abuse and rape (especially in the context of child labour), and violence as a result of harmful masculinities.

This risk assessment also included a sectoral focus on women in livelihood programming and working women. Findings confirm the need to proceed carefully with livelihoods programming, to avoid inadvertently increasing GBV risks with livelihoods interventions. Women empowerment and livelihood programming are strongly needed to complement GBV services, as women and girls especially survivors often lack a viable safety net; and in patriarchal communities such as in Irbid or Ramtha they usually have access to limited resources. A lack of access to economic opportunities often forces them to stay silent in the face of abuse, or to resort to harmful measures to survive. One of the

specific findings of this sectoral analysis is the need to remove age limitations on livelihoods programming, to allow older women to participate in empowerment programs.

Regarding available services, the risk assessment found that a wide range of GBV prevention and response services are available in Irbid and Ramtha. Consulted community members seem to be aware of these services. Services seem to be accessible, and most of the time safe. However, many barriers in accessing services were identified, primarily origination from unequal gender relations that limit the movement and agency of women and girls: such as keeping women and girls home-bound and preventing them from reaching out for help and support. One major gap in services was found to be the absence of specialized health services including CMR.

While consulted women, girls, men and boys identified many GBV risks and needs, as well as barriers to accessing services, they also expressed clear ideas about how these risks, needs and barriers could be addressed, as well as how the risk of violence could be reduced. These ranged from awareness raising, to engaging men and boys, increasing livelihood opportunities, strengthening existing GBV services, advocacy for better laws and law enforcement, as well as a few challenging recommendations such as increased police presence.

In response to the findings of the GBV risk assessment, detailed recommendations have been highlighted as suggestions drawing from partners and community members. These include recommendations for GBV service providers, livelihood service providers, and donors. The recommendations are included within the final part of the present report.

2. Introduction and Context Overview

The present report highlights the main findings and recommendations following a comprehensive GBV risk assessment conducted by the members of the GBV sub-working group in Irbid and Ar-Ramtha, in the North of Jordan. Below is an overview of the context followed by the assessment objectives.

2.1 Context Overview

2.1.1 GBV and Gender (in)equality in Irbid and Ramtha

Gender Based Violence (GBV) occurs across Jordan's urban and rural areas, including Irbid and Ramtha. GBV is rife in both refugee and host communities. Despite undeniable progress¹, deep rooted gender inequality remains systematic and persistent in legislations, policies and institutions, at all levels across Jordan's communities. The dominance of patriarchal relations that tolerate violence against women is one of the major underlying causes of GBV, in addition to conservative social and religious norms.

GBV manifests itself in diverse forms, from physical violence within intimate relationships to the killing of females under the pretext of "honour." It affects women and girls in the psychological, emotional, sexual, legal and economic spheres². As highlighted in the 2020 GBV IMS Annual Report³, women and girls are disproportionately affected, with over 94% of reported cases involving female survivors. Incidents perpetrated against men and boys are likely to be under-reported due to the stigma of violence against male survivors. The highest reported form of GBV in Jordan throughout 2020 was psychological and emotional abuse (including verbal sexual harassment), accounting for 52% of reported incidents, followed by physical assault, which accounted for 25.5% of reported incidents and was mostly perpetrated by intimate partners. The third most reported form of incidents of GBV was denial of resources, opportunities or services, with women and girls reporting that male perpetrators withheld salaries, prevented them from accessing services such as civil and legal documentation, and excluded them from decision-making. Incidents of rape and sexual assault were also reported (accounting for 1.7% and 7.6% of reported incidents respectively) by both female and male survivors. As for Irbid and Ramtha specifically, interviewed consulted community members and GBV partners referred to a high prevalence of intimate partner violence and family violence (physical, emotional, economic and sexual violence and abuse in the context of family or intimate partner relationships), in

¹ UN Women Web Article; Jordan pledges to align national laws with international commitments and expand support to women and girls in many areas; available at: <https://www.unwomen.org/en/get-involved/step-it-up/commitments/jordan>

² Lebanese American University, Institute for Women's Studies in the Arab World. Gender Profile: Jordan

³ GBV IMS Task Force in Jordan (2021); GBV IMS Annual Report 2020. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/75705.pdf>

addition to other GBV risks such as early marriage and sexual harassment. Additionally, refugees are a heightened risk of GBV, due to war-related trauma, deteriorating socio-economic status and increasingly difficult living conditions.

Moreover, the unprecedented COVID-19 pandemic has amplified the GBV risks faced by women and girls especially within their own homes. The restrictions on mobility and extended periods of lockdown across Jordan including in Irbid and Ramtha have increased uncertainty, stress, GBV and health risks. “For women and girls who have endured displacement and other stresses in the past, the pandemic has brought with it a further loss of control [...] This loss of mobility and personal power places them at risk to fall under the greater control of men and boys and others who make decisions for them⁴” (Christine Anderson; 2020). Throughout the pandemic, the burden of caretaking including home schooling and childcare fell disproportionately on mothers, as highlighted in a rapid assessment by UN Women⁵. 62% of women respondents of the rapid assessment also reported feeling at increased risk of physical or psychological violence because of increased tensions in the household and/or increased food insecurity⁶. This mirrors the findings from the community consultations in Irbid and Ramtha, as well as global assessments on the impact of COVID 19 on GBV, which have found that since the pandemic violence against women and girls – especially domestic violence – has intensified, due to economic and social stresses combined with movement restrictions and cramped homes, with many women and girls trapped at home with their abusers⁷.

In terms of access to services, the 2020 GBVIMS Annual Report noted that the majority of survivors (64.2%) only reached response services more than a month after the reported incident of GBV. Additionally, community consultations showed that the COVID 19 pandemic resulted in additional barriers hindering GBV survivors’ access to needed services, especially for women and girls. This underlines the need for innovative and persistent approaches for informing survivors about available GBV services (such as the Amaali App), but also the necessity to enhance GBV service’s availability and accessibility for women, girls and other segments of the population who are at risk of GBV.

In short, women, girls and specific segments of the populations living in Irbid and Ramtha are facing increasing risks of GBV whilst facing several barriers that hinder access to needed services (as elaborated in [Section 4 – Identified GBV Risks in Irbid and Ramtha](#)). Enhanced, accessible and

⁴ Christine Anderson for UNFPA, IFH and Plan International (2020); Daring to Ask, Listen, and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls' rights and sexual and reproductive health; available at: <https://data2.unhcr.org/en/documents/details/77499>

⁵ UN Women (2020); Rapid assessment of the impact of covid-19 on vulnerable women in Jordan; available at: <https://jordan.unwomen.org/en/digital-library/publications/rapid-assessment-of-the-impact-of-covid19-on-vulnerable-women-in-jordan>

⁶ *Idem*

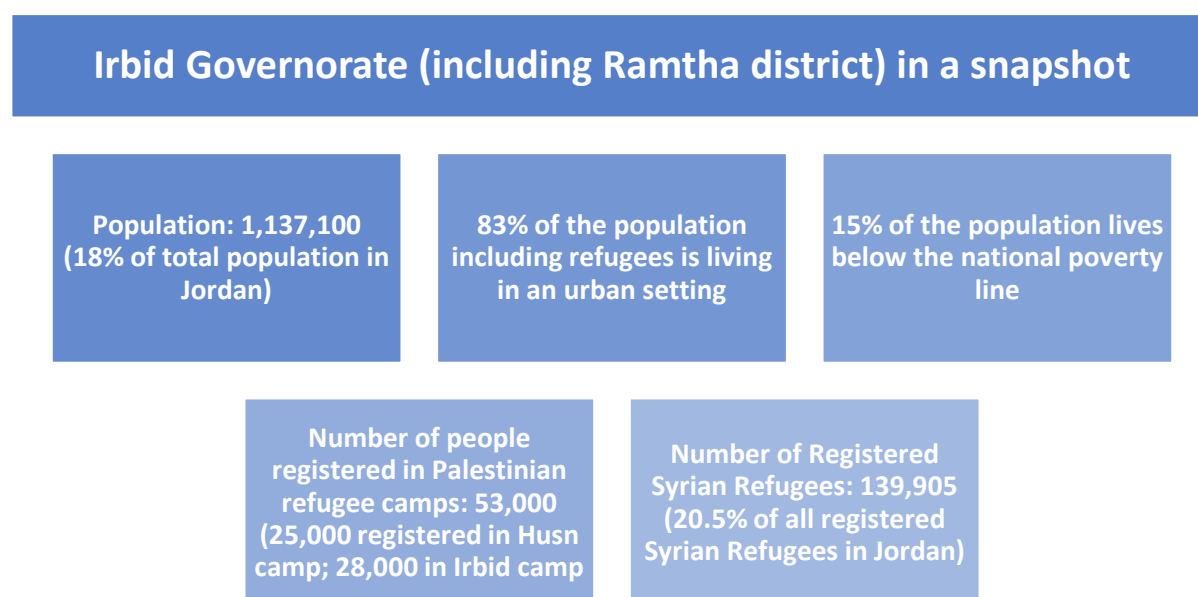
⁷ UN Women’s interactive platform; How COVID-19 impacts women and girls; available at: <https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html>

innovative services, outreach initiatives and advocacy with communities, other humanitarian sectors and national authorities remains a priority for GBV prevention, mitigation and response (as elaborated in [Section 4 – Recommendations](#)).

1.1.1 Scope and limitations of the GBV risk assessment for Irbid and Ramtha

This report focuses on the GBV risks faced by women and girls and other segments of the population in Irbid Governorate, with a specific focus on Irbid and Ramtha cities.

With a high concentration of refugees, Irbid is home to hundreds of thousand Syrian refugees living in urban neighborhoods, in addition to refugees from other countries including Palestine, Iraq, Somalia, Yemen, and Sudan, and thousands of economic migrants from Egypt, South and Southeast Asia. The below figure highlights snapshot information about Irbid⁸:



This comprehensive risk assessment looks at the GBV risks faced by Syrian refugees and Jordanian host community members in the context of the protracted crisis in Irbid and Ramtha. As highlighted above, Irbid governorate is highly populated with diverse communities, with a large presence of local and international humanitarian aid service providers. However, there was little data available about GBV risks within this area. Accordingly, it was chosen as the location for the risk assessment, to produce local knowledge on existing GBV risks, gaps and needs, with a focus on Irbid city and Ramtha.

⁸ Source: UNICEF et al. (2020); A Qualitative Study on the Underlying Social Norms and Economic Causes that Lead to Child Marriage in Jordan: Developing an Actionable Multisectoral Plan for Prevention; Available at: <https://www.unicef.org/jordan/reports/study-underlying-social-norms-and-economic-causes-lead-child-marriage-jordan>

The report also highlights evolving GBV risks and needs under the current COVID-19 pandemic. However, limited information was collected about the situation of non-Syrian refugees, members of the LGBTQI+ community and migrant working women. The risk assessment did not tackle other protection, economic or health risks faced by different segments of the population. It also does not look at the risks faced by women, girls and other persons at risk outside of Irbid and Ramtha.

2.2 Assessment objectives

The overall purpose of the GBV risk assessment is to audit a delimited area to assess and address risk factors regarding the protection of women and girls and other vulnerable populations from gender-based violence. The SGBV Risk Assessment Tool was developed in 2018 by the Jordan GBV Sub Working Group, with the aim of conducting risk assessments across the country. The tool was piloted in Amman in 2018 and 2019, in collaboration with working group partners, who supported with data collection and analysis. After a successful pilot, the working group agreed to roll out the tool in other parts of the country. The process was delayed with the onset of the COVID 19 pandemic and ensuing restrictions on movement and activities, however it was jumpstarted again at the end of 2020. A first risk assessment was finalized for Azraq camp and a report was published in March 2021⁹. The present report focuses on the findings of the second GBV risk assessment, conducted in the urban area of Irbid and Ramtha.

The objectives of the risk assessment are:

- To better understand GBV risks in Irbid and Ramtha, especially in terms of the risks faced by women and girls, and including the extent to which the COVID-19 pandemic is affecting GBV risks within the area.
- To understand the unique experiences of different segments of communities living in the urban area of Irbid and Ramtha, through an intersectional methodological approach, in order to ensure that programming and humanitarian aid responds to the needs of specific groups at heightened risk of GBV including: women, girls, men, boys, elderly individuals, persons living with disabilities, members of the LGBTQI+ community and women in livelihood programming/working women.
- To identify strengths within refugee and host communities to mitigate risks of GBV and identify areas where GBV response – and the overall humanitarian response – in Irbid and Ramtha needs to be enhanced;

⁹ GBV working group; Gender-based Violence Risk Assessment Azraq Camp (Drafted by the Danish Refugee Council); 2021; accessed through: <https://reliefweb.int/report/jordan/gender-based-violence-risk-assessment-azraq-camp>

- To highlight refugees and host community' recommendations to overcome or mitigate GBV risks in Irbid and Ramtha;
- To ensure accountability to affected populations within Irbid and Ramtha by undertaking consultations with affected populations to inform current and future programming;

The findings and recommendations highlighted in this risk assessment aim to complement rather than replace other types of assessments or data collection methods. Consequently, this report is intended to complement and fortify already existing material obtained through other means.

3. Methodology

In November 2020, IOM adapted the SGBV Risk Assessment Tool to suit the urban setting of Irbid and Ramtha. This was followed by a training for partners in the GBV sub-working group on the risk assessment methodology, and the overall coordination of the data collection phase. The following Protection/GBV actors working in Irbid and Ramtha contributed to the assessment through data collection, participation in key informant interviews and/or technical review: AWO, CARE, DRC, FPD, IFH, ILO, IMC, INTERSOS, IRC, JWU, UNFPA, UNHCR and UNRWA.

The risk assessment was conducted using a qualitative methodology, through two main data collection methods: Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). Qualitative data was collected by partners throughout January 2020 until March 2021. The GBV risk assessment also included a sectoral focus on women in livelihood.

During FGDs and KIIs, partners took every measure to fully abide by ethical, safety, gender and conflict-sensitive considerations, in compliance with the survivor centred approach. Data collection included a variety of actors, stakeholders and implementing partners in Irbid and Ramtha – and their beneficiaries – spanning a broad range of GBV/protection activities and livelihood activities.

3.1 Background and tools

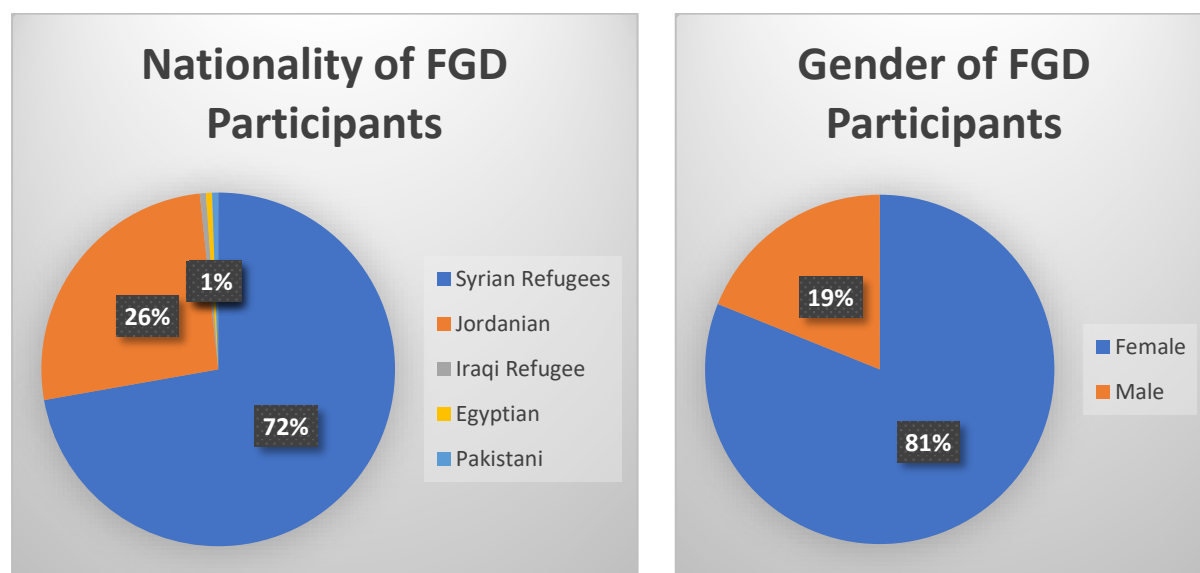
3.1.1 Focus Group Discussions with Affected Populations

As part of the GBV risk assessment, 36 FGDs were conducted with a total of 180 women, girls, men and boys including those living with disabilities. FGD participants were refugees and host community members residing in Irbid and Ramtha. Trained facilitators led the FGDs and ensured that sensitive information was collected whilst upholding the GBV guiding principles, especially with regards to safety and confidentiality. A copy of the FGD template is annexed to this report (Annex B – FGD data collection tool). Five community members participated on average in each FGD. The table and figures below provide further information on FGD participants.

Table 1: Information about FGD participants

Targeted groups	Conducted FGDs	Total number of participants	FGDs with Residents of Irbid	FGD with Residents of Ramtha
Adult women (25 - 59 years)	4	21	4	
Female adult youth (18-24 years)	4	22	3	1
Adolescent Girls (12-17 years)	6	30	5	1
Single female headed household (18-59 years)	4	18	3	1
Older Women (60+ years)	4	19	3	1
Women and girls with disability	3	20	3	
Adult women (25 - 59 years) including those living with disability	1	4		1
Men (18-59 years) including those living with disability	3	14	2	1
Adolescent Boys (12-17 years)	4	20	3	1
Women working in garment factories	2	8	2	
Women working in livelihood projects	1	4	1	
Total	36	180	29	7

Figure 1: Nationality and Gender of FGD Participants



An opt-in approach to sampling was used, in which participants were informed about the objectives of the assessment and then invited to participate. Those who took part were asked to provide their informed

consent, and their personal data remained anonymous. The FGDs took place at partners' community centres and women and girls safe spaces in Irbid and Ramtha.

At the start of the FGDs, participants drew maps of their neighborhood, including public places they frequent in their daily lives. They then proceeded to discuss which of these areas are safe or unsafe, for women, girls, men and boys. This exercise was used as a starting point for discussions on GBV risks within Irbid or Ramtha, identifying specific groups at heightened risk of GBV, determining the impact of COVID 19 on those at risk and survivors of GBV, coping strategies used for mitigating GBV risks, available services, barriers to accessing services and overall recommendations to improve the safety and security of women, girls and those at risk of GBV in Irbid and Ramtha.

Below are two examples of maps generated during the FGDs.

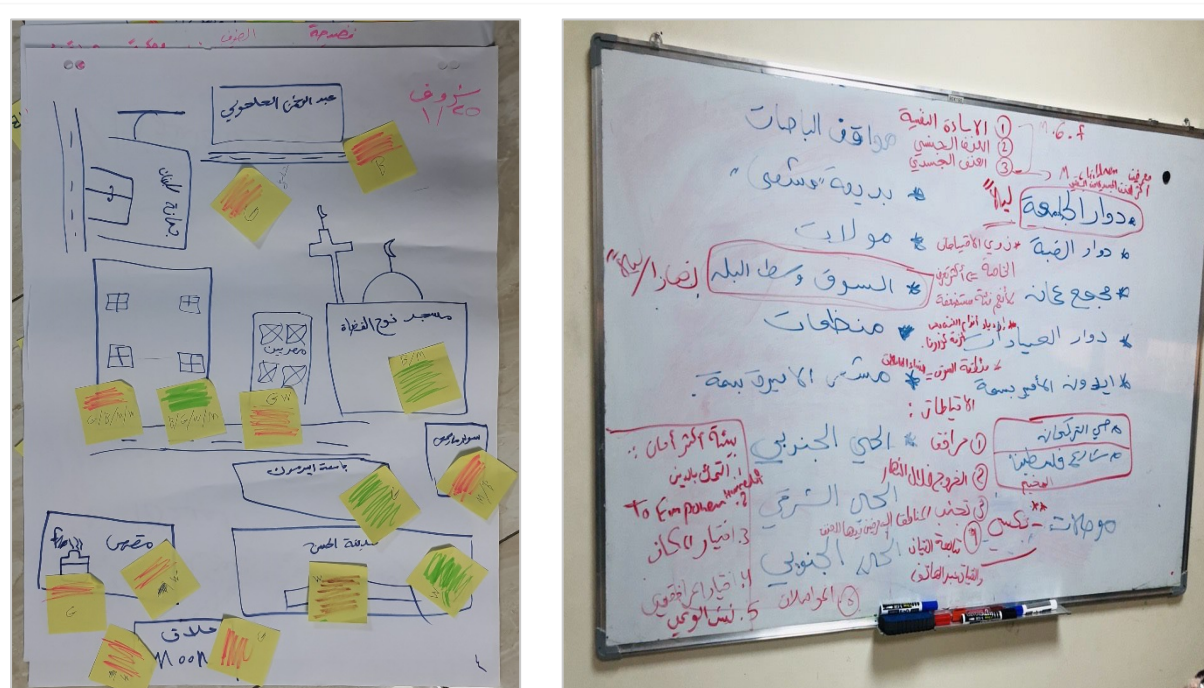


Figure 2: [Left] Adolescent girls draw their community, mapping safe and unsafe places in Irbid; and [Right] Women and girls living with disability map their community in Ramtha, indicating safe and unsafe places.

3.1.2 Key Informant Interviews with service providers and community volunteers

As part of the GBV risk assessment, 12 key informants took part in the KIIs, providing specific information based on their professional experience on GBV risks present in Irbid and Ramtha. Respondents included:

- 3 Respondents (2 females, 1 male) working for UN agencies in GBV / Protection / coordination roles in Irbid or at national level in Amman;

- 7 Individuals (4 females, 3 males) working for NGOs and INGOs and the Family Protection Department in GBV / Protection and/or management roles in Irbid and Ramtha;
- 2 Community leaders (both females, 1 Syrian refugee and 1 Iraqi refugee) working as volunteers with INGOs in Irbid.

The KIIs aimed to map out existing GBV risks in Irbid and Ramtha as perceived by service providers and community leaders, the impact of COVID 19 on GBV risks, available GBV services, gaps in services and recommendations for strengthening the GBV response in Irbid and Ramtha, including the Industrial Qualified Zone. A copy of the KII questionnaire can be viewed in Annex C: Key Informant Interview Questionnaire.

3.2 Challenges and Limitations

COVID-19 outbreaks in Jordan and ensuing lockdowns delayed the completion of FGDs with community members over two months. Despite this challenge, partners were able to conduct the majority of FGDs in person, taking into consideration the necessary COVID-19 health and safety measures. Two FGDs were conducted online using the Zoom platform.

A clear limitation of the GBV risk assessment finding is the lack of consultation with members of the LGBTQI+ community, which means that their voices are not heard or represented in this report. The decision to omit this group was discussed at length with partners, who were concerned that conducting a specific FGD might be unsafe as it could put participants to risk by exposing their gender identity and or sexual orientation. This is due to negative perceptions and existing taboos around diversity in gender identity and sexual orientation in the targeted communities. It is to be noted that beneficiaries of current GBV services in Irbid and Ramtha very rarely include members of the LGBTQI+ community.

Another limitation to the findings of this risk assessment relates to the nationality of consulted community members. The majority of respondents are Syrian refugees and members of the Jordanian host community. Iraqi refugees are under-represented; Yemeni, Somali and Palestinian refugees including Palestinian refugees from Syria are not represented. This is also due to the fact that most of the current beneficiaries of GBV services in Irbid and Ramtha are either Syrian or Jordanian.

Finally, since the voices of participants were, where possible preserved, it is not always easy to categorize the forms of GBV. For example, emotional and verbal abuse was used to refer to abuse in a marriage and/or in a family as well as harassment in the streets.

4. Identified GBV Risks in Irbid and Ramtha

GBV in Jordan, including in Irbid and in Ramtha remains normalized, justified and unchallenged, with women and girls and other segments of population facing the challenges of entrenched gender inequality and discrimination. The findings of the GBV risk assessment highlight that GBV disproportionately affects women and girls, subjecting them to risk and unsafety within their own homes as well as outside, where they face all types of GBV mostly at the hands of partners, family members and other men in the community.

We all face violence [GBV]. Girls and adolescent girls face a lot of discrimination and violence too, they don't know how to protect themselves yet. But in general, all females face violence.

Female Syrian Adult Youth; Irbid

Women and girls and other vulnerable segments of the population are also at heightened risk due to the ongoing COVID-19 pandemic and its overall detrimental effects on lives and livelihood across Jordan. This section details the findings from the data collection and analysis, divided in sub-sections based on identified thematic areas:

- Identified types of GBV;
- Vulnerable groups at heightened risk of GBV;
- Perpetrator profiles;
- Areas of high GBV risk within Irbid and Ramtha;
- Impact of COVID 19 on GBV risks and needs;
- Coping strategies and community based protection systems;
- Sectoral analysis of GBV risks and needs.

4.1 Identified types of GBV

Community consultations found that in Irbid and Ramtha, women and girls face all types of GBV inside and outside of their homes. Their mobility is also restricted due to traditional harmful gender norms including the fear of sexual harassment and assault, time constraints associated with reproductive roles as well as a lack of representation of women in the public sphere. During FGDs, consulted women, girls, men and boys were asked to list the top three safety concerns affecting women and girls living in Irbid and Ramtha. Each group of participants voted and agreed on a common response, which have been summarized in the below table.

Table 2: Top safety concerns affecting women and girls

Top safety concerns affecting women and girls living in Irbid and Ramtha	Number of times a group of FGD participants identified this type as a top safety concern
Physical assault (including IPV)	22
Forced marriage (especially early marriage)	22
Psychological / Emotional Abuse (including verbal sexual harassment in the streets)	20
Sexual Assault (including sexual harassment in the streets and public areas)	18
Denial of Access to Resources, Opportunities or Services	14
Rape	10

FGD participants also specified that the following GBV types mostly affect girls and young women: sexual harassment in the streets, sexual harassment via social media, early marriage and denial of access to education services. The findings paint a concerning picture of widespread GBV risks for children, youth and adult females. It is further confirmed by the type of reported GBV incidents as captured in the 2020 GBVIMS Annual Report for Irbid governorate (including Ramtha).

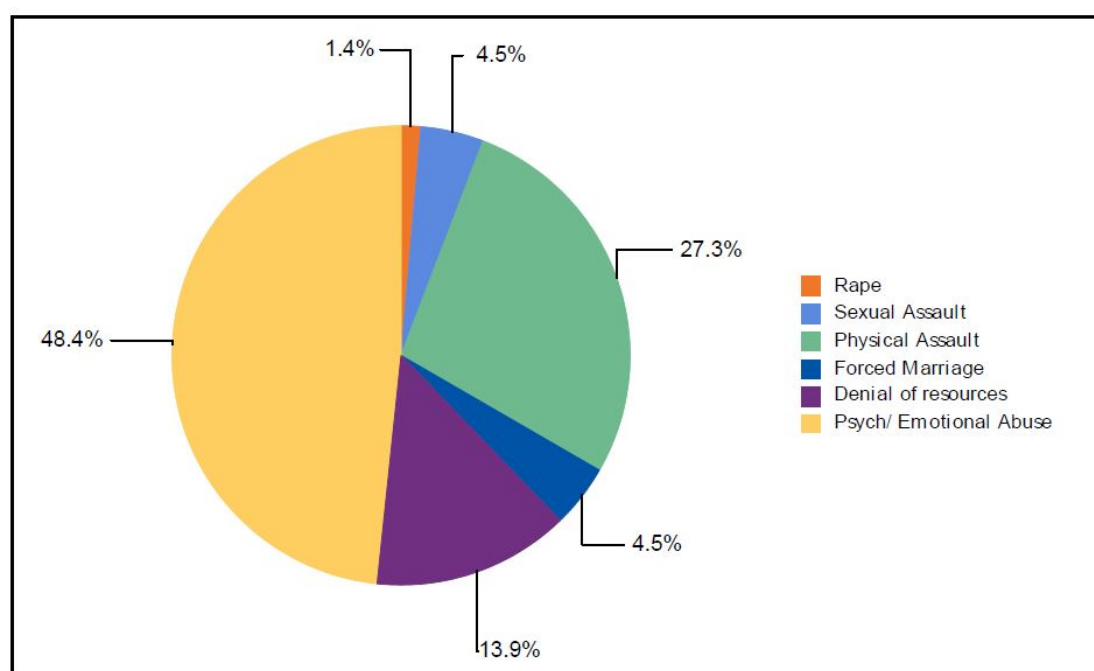


Figure 3: Type of reported GBV incidents in Irbid according to GBVIMS data

Below is a narrative description of these identified risks as reported by community members and key informants.

4.1.1 Intimate partner violence and family violence

Intimate partner violence is rife across Jordan, including in Irbid and Ramtha as portrayed by consulted key stakeholders and women and girls from community members. It traps women and girls within an endless cycle of physical, psychological, emotional and sexual abuse, to denial of resources, opportunities and services, and may lead to death. Participants, particularly adolescent girls and young women, expressed their fear and concern from rising numbers of killings passed as “honour crimes” across their city. During FGDs, many women and girls mentioned that women only feel safe at home, but this was often followed by another FGD participant chiming in with a different opinion, stating that sometimes the home can be extremely unsafe.

There are many risks outside, but home is safe for us [women], so we stay inside.

The home is not always safe, okhti (sister). Violence outside of the home is not equal to 5% of the violence faced inside the home. My home is not safe. I know many women whose homes are not safe. We must start with dealing with violence inside the home and resolving it. If my husband is violent towards me inside the home, he will be violent towards other women outside. If my son and my daughter grow up in a violent home, they will repeat the same mistakes later. If they grow up in a peaceful home, they will be aware and know how to treat their spouses and how they should be treated.

Responses by Elderly Syrian Women during an FGD in Irbid

Consulted women highlighted that physical abuse within a marriage doesn’t only leave physical marks, but also leads to lasting emotional and psychological pain. Syrian refugee women also reported that war-related trauma, compounded with increasingly harsh economic and living situation they have endured since taking refuge in Irbid and Ramtha has led to a cycle of family violence, with men “taking out their frustration” on their wives and children, who in turn “take out their frustration” on each other¹⁰.

Consulted Syrian and Jordanian girls and young women also mentioned that they face GBV at the hands of their fathers and male caregivers, as portrayed in the following quote.

¹⁰ This finding was consistent across several FGDs with women in Irbid and in Ramtha.

Sometimes, there is no safety at home. You can't say I feel 100% safe at home. Sometimes fathers, brothers, uncles... They can be abusive. A girl can't even feel safe in her own home.

Syrian adult youth woman, Irbid

Key stakeholders corroborated these findings, unanimously reporting that in their experience, the biggest threat facing women and girls in Irbid and Ramtha lies within their homes, at the hands of male partners and/or caregivers. Most reports to the authorities also revolve around IPV.

The biggest threat to women, the biggest risk is a violent husband.

Female community leader and volunteer, Irbid

This worrying situation is similar in Jordanian, Syrian and Palestinian refugee communities.

In King Abdallah Park [Palestinian refugee camp], there are so many restrictions on movement. Entire families live in caravans, men rarely work, there are almost no activities to do. This leads to so much pressure, which is compounded with the traditions and a culture of acceptance towards GBV, leading in turn to a high prevalence of violence towards the wife, but also the children.

Protection Team Leader, UN agency, Irbid and Ramtha

4.1.1.1 Physical abuse

Physical abuse was reportedly the most common form of IPV, along with psychological and emotional abuse. Most worryingly, consulted women expressed that it is so widely accepted that if it does not lead to severe bruising, the survivor will not even come forward to report or seek services.

In our community, if he doesn't beat her until she becomes blue, it is not called violence. If it doesn't lead to bruises, it's just normal husband wife relationship.

Elderly Syrian Woman, Irbid

Physical violence within intimate partnerships affects women even after they get separated or divorced from the abusive partner.

My child's father has left me, but he has never left me alone. Every now and then he bothers me. He knocks down the door to the house and beats me. Now I know what to do and I directly call the police. Nothing else works. He brings me shame in front of all my neighbours. Even my landlord threatened to kick me out, he told me he doesn't want issues anymore.

Syrian adult woman with disability, Irbid

These findings were supported by other women who mentioned that physical violence is also a main part of the IPV faced by married and ever-partnered women. Some mentioned that their mothers in law further encourage their husbands to perpetrate physical abuse towards them, to exercise control and assert their dominance over the family.

Female youth and adolescent girls also reported that they face physical abuse at the hands of men in their families, especially fathers and brothers.

Physical violence is a threat. A father or a brother can beat a girl under the pretext of protecting her, or wanting to discipline her.

Jordanian female adult youth, Irbid

This finding was also echoed by one group of consulted men, who vented their frustration against women protection services:

Before [the GBV services], men were able to strengthen their hands and beat their daughters. How will the daughter fear her father otherwise? Now you cannot do it as easily as before. This is bad, because when you stop a father from controlling his daughter, how will the girl grow up to be calm and well mannered?

Jordanian adult man, Irbid

4.1.1.2 Psychological and emotional abuse

Always, IPV and family violence include psychological and emotional abuse with lasting and overwhelming consequences on women and girl survivors.

You know, I am not afraid of rape or sexual harassment. What scares me and tires me so much is psychological and emotional abuse.

Syrian single female head of household, Irbid

The majority of consulted men were aware of the lasting effects psychological and emotional violence has on their wives and daughters. Some were adamant in condemning it as detrimental to a healthy relationship, “even worse than hitting, as words leave lasting scars”, as mentioned by a Syrian adult man in Ramtha. Service providers also reported that due to the patriarchal culture and harmful traditional norms that subordinate women to men, psychological and emotional abuse was part of the daily lives of many – if not most – women and girls within their own households.

4.1.1.3 Denial of access to resources, opportunities or services

Along with physical and psychological/emotional abuse, many women and girls are denied access to resources, opportunities or services by abusive male family members such as husbands, fathers and brothers. A consulted community leader/volunteer mentioned that these risks include restricting women’s access to money and preventing them from taking part in decision-making on household finances. This finding was corroborated through several other FGDs with women, youth and girls, who mentioned that this type of GBV materializes differently throughout a woman’s life span: as a child, she can be forced to remain home-bound and be denied access to school; as she grows up, she is likely to be denied access to higher education; as an adult, she can be prevented from finding a job; if she was allowed to work, she will most likely not have control over her own income; and if she doesn’t work, he will not easily give her the money she needs. Across the board, denial of access to education and work opportunities leads to solidifying women’s dependence on their male counterparts, creating a breeding ground for long lasting gender inequality and heightened GBV risks. Abusive partnerships and family relationships become extremely hard to escape, as financial self-sufficiency is often seen by women as a pre-requisite to being able to leave the perpetrator and rebuild one’s life.

We are not allowed to go to school, then later we will not be allowed to work. Now there are customs and traditions. In our community, it is accepted that girls go to school, but it is not accepted that a woman works if there is a man in her family who can work.

Syrian adolescent girl, Irbid

4.1.1.4 “Honour” crimes

In several FGDs, young women and adolescent girls expressed their concerns over the increasing number of female killings under the pretext of “honour” (commonly referred to as honour crimes).

You know what I fear the most? Honour crimes. For example, if a girl made a mistake, her brother beats her and kills her. Or a husband beats his wife to death. And these stories are all over social media, it became something common! And the worst part, the man gets away with it. This signals to other men that they can also get away with it.

Syrian female adult youth, Irbid

The above quote not only highlights the fear of being the victim of a horrific crime, but also the lack of protection as the legal framework in Jordan still condones female killings that fall under the broadly interpreted term of “honour crime”¹¹. This finding was echoed by a GBV team leader in a local organization, who reported that “lately, four honour crimes were reported. But we know that there are still so many more that aren’t even heard of”. This worrying finding resonates with reports and media articles sounding the alarm on the increasing number of female killings in Jordan, and highlighting that some of these most horrific crimes have sparked public outrage and protests across Jordan¹².

4.1.2 Early marriage

Early/Child marriages still takes place in Jordan despite a law setting the minimum age of marriage at 18 years. In Irbid, according to UNICEF, 2041 girls and 41 boys were married under the age of 18 in 2017¹³. Findings were consistent among consulted Syrian and Jordanian women, girls, men and boys, as well as service providers including those working with the Palestinian communities.

In Palestinian refugee camps there is a lot of early marriage, but it is also present in all of Irbid. Especially when it is related to a harsh economic situation and a large family number. The burden of the girl ends when she is married off. This is also the reality of Palestinian Refugees from Syria, whether they live in camps or in the urban area.

Protection Team Leader, UN agency, Irbid and Ramtha

Despite undeniable progress made in the past decade on raising awareness and working to end child and early marriage, it still poses a considerable threat. One Syrian woman joked during one of the FGDs

¹¹ Rotha Begum (2017); How to End 'Honor' Killings in Jordan; Human Rights Watch; available at: <https://www.hrw.org/news/2017/04/03/how-end-honor-killings-jordan>

¹² Media articles to consult include: <https://www.wilsoncenter.org/blog-post/rising-against-so-called-honor-killings-jordan> ; and: <https://www.arabnews.com/node/1707781/middle-east> and <https://www.sigi-jordan.org/?p=11027> ; <https://www.sigi-jordan.org/?p=11009> <https://www.sigi-jordan.org/?p=10800> <https://www.sigi-jordan.org/?tag=%D8%AC%D8%B1%D8%A7%D8%A6%D9%85-%D9%82%D8%AA%D9%84-%D8%A7%D9%84%D9%86%D8%B3%D8%A7%D8%A1-%D9%88%D8%A7%D9%84%D9%81%D8%AA%D9%8A%D8%A7%D8%AA> <https://www.sigi-jordan.org/?p=7874> <https://www.sigi-jordan.org/?p=8013>

¹³ UNICEF et al. (2020); A Qualitative Study on the Underlying Social Norms and Economic Causes that Lead to Child Marriage in Jordan: Developing an Actionable Multisectoral Plan for Prevention; Available at: <https://www.unicef.org/jordan/reports/study-underlying-social-norms-and-economic-causes-lead-child-marriage-jordan>

and said: “ 3/4th of Syria was forcibly married”, prompting the other women participants to laugh. Consulted adult Jordanian and Syrian men echoed this finding:

- *Sometimes, harsh life circumstances can force me to marry off my daughter before she is 18. This is mostly widespread within Syrian refugee communities, but also present in Jordan and here in Irbid. (Jordanian man)*
- *I am Syrian but I didn't marry my daughter until she turned 20. But I see what you mean, many other men marry their daughters at a younger age. (Syrian man)*

Responses by a Jordanian and a Syrian man taking part in an FGD in Irbid

A consulted community leader/volunteer also mentioned that she often visits young women who tell her that when they got married, they were just children playing with their neighbors. She offers them services and provides necessary information on their rights, as “they don’t know anything about their rights, they were married before they became aware about life”. Perhaps the most powerful reports around early marriage come from girls themselves: Syrian and Jordanian adolescent girls unanimously voted early marriage as a top risk they face, across all FGDs that were conducted with them.

Early marriage is a risk we fear a lot. It means that the girl will no longer go to school. This is what happened to our friend, she was just in 8th grade.

Syrian adolescent girl, Irbid

Early marriage leads to detrimental consequences on the physical and mental health of girls, and may even lead to death due to maternal complications during pregnancy or childbirth. Service providers who mentioned early marriage as a concern were aware of these risks, however this was not highlighted in FGD participant’s responses, perhaps because facilitators did not probe on why they considered early marriage to be a top risk.

In our communities, girls get married at 14 years of age. She has no awareness, she doesn't know anything about life yet. By the time she grows up and realizes that life has more to offer, and that she was robbed of so much, it is too late and she already has a husband and children to take care of.

Syrian woman head of household, Irbid

4.1.3 Sexual harassment, sexual abuse and rape

While it is established that IPV and early marriage often include sexual violence and marital rape, this was not echoed through community consultations nor in key informant interviews, further highlighting the taboo nature and lack of reporting of sexual abuse and rape in the context of marriage. Indeed, socially established roles give men the right to demand sexual relationships and acts from their wives, without requiring that women give consent. Wives might not be aware that without consent, these acts consist of marital rape and are a form of GBV. This worryingly means that women and girls are suffering in silence and not accessing services that they need and have the right to access.

Accordingly, when community members spoke of sexual violence, they mostly referred to sexual harassment, sexual abuse and rape outside of the home.

Wherever there is a gathering of men, there is a risk of sexual harassment. It can be verbal but also with touching. The street, the souk (market), especially when it is crowded.

Adult Syrian and Jordanian women, Irbid

Some consulted community members also mentioned that women – especially those who are in charge of their households and those who experience economic difficulties – can face risks of sexual exploitation and abuse at the hands of landlords and market owners. This risk is heightened when they are unable to pay the rent or when they borrow food items from markets without being able to pay for them. Additionally, consulted women and young female adults mentioned that they face risks of sexual exploitation and abuse at the hands of individuals who falsely pretend that they work for humanitarian aid organizations, and who ask for sexual favours as a condition for receiving aid.

4.1.3.1 Verbal and sexual harassment outside of the home

The top risk facing women and girls outside of their homes is sexual harassment, as mentioned unanimously during all FGDs with Syrian and Jordanian women, girls, men and boys both in Irbid and in Ramtha. Participants were able to differentiate between verbal sexual harassment which falls under psychological abuse, and sexual harassment which falls under sexual abuse. They mentioned that while verbal sexual harassment is the most common and prevalent risk in the public sphere, sexual harassment that includes unwanted touching and can lead to sexual abuse is also widespread. Responses such as “The streets are unsafe for women and girls”, “being outside is unsafe”, “going to the souk can be unsafe” echoed throughout all community consultations.

Usually, we [women] avoid going out after sunset, to avoid street harassment. but it also happens during the day.

Syrian elderly women, Irbid

Women in general are at risk of sexual harassment outside of the home. Sometimes we even hear that children face this too. There are places that are more dangerous than others, there are some sick people out there.

Jordanian adult man with disability, Irbid

There is a type of abuse we face a lot outside, it's sexual harassment. We always hear words when outside. Now after corona, this has moved online.

Jordanian adolescent girl, Irbid

Five consulted service providers and community volunteers also sounded their concern over the prevalence of sexual harassment, in both its verbal and physical/sexual forms, towards women and girls who are navigating public spaces such as streets and souks.

Many women come forward and express their concern about the prevalence of sexual harassment in the streets. Some also report enduring rape attempts. Rape is commonly less reported, because it is still even taboo to talk about it and seeks services.

GBV case manager, Irbid and Ramtha

4.1.3.2 Sexual assault and rape

Female FGD participants mentioned that they worry about rape, but few listed it among the top risks facing women and girls in Irbid and Ramtha. This is mainly because as mentioned by the case manager in the above quote, reporting rape and seeking services remains highly taboo. In one FGD, a Syrian woman reported that rape and sexual assault can be a risk for younger women and girls, at the hands of neighbours, family members or taxi drivers. Service providers participating in KIIs also mentioned that sexual violence exists in Jordanian, Syrian and Palestinian communities, however it remains highly underreported. On the other hand, consulted men and boys seem to think that rape does not happen often and consequently does not pose a significant threat to women and girls or to themselves.

Sexual harassment is an issue, but rape doesn't exist much in our community. Maybe in Zarqa or in Amman, but here not really.

Jordanian adolescent boy, Irbid

4.1.4 Sexual exploitation and abuse (SEA)

A main finding of this GBV risk assessment is the high incidence of sexual exploitation and abuse as reported mostly by consulted women, but also by some of the girls and men. This highly concerning finding demands immediate and urgent action, especially as it did not come up as a safety risk except in one key informant interview with service providers, indicating that it might be currently overlooked. The below figure illustrates the severity of the issue, as women kept answering with a resounding “yes!” when asked if they have heard of community members being asked to pay (or engage in sexual activities) in exchange for services or assistance provided by humanitarian actors. Many responses indicated that women and men refugees seeking services were commonly asked to pay a bribe to service providers or individuals claiming to be middle men promising to provide cash/NFI assistance.

I know of a woman but I won't say any names, she went to register her name for cash assistance. The man told her: we are closed for today, but since you have no breadwinners at home I will see what I can do, here is my number call me this afternoon and I'll let you know. She called him, he replied and told her give me only 15 minutes every day, and I will give you the money you need. She got very scared, she did not report, she only blocked his number on WhatsApp and forgot about it.

Syrian woman head of household, Irbid

Women also shared 12 specific examples of sexual exploitation and abuse reportedly perpetrated by humanitarian actors.

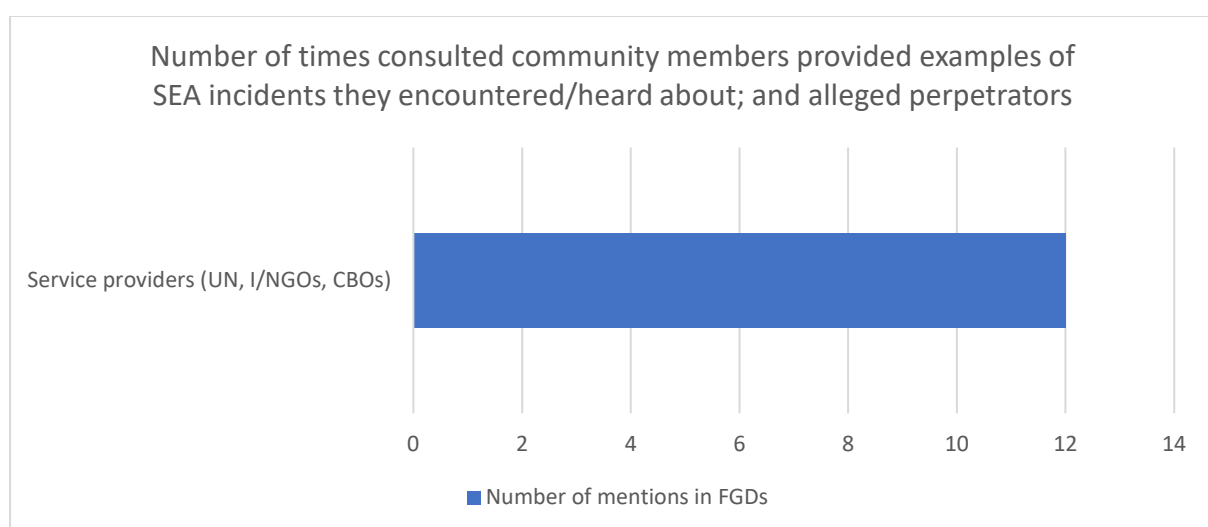


Figure 4: Reports of SEA during FGDs

Moreover, consulted women mentioned that they do not report because of the fear of retaliation, and the fear of losing access to humanitarian aid. Other women mentioned that they believe perpetrators of sexual exploitation and abuse are powerful and protected by their organizations or by a community/religious status, so they do not believe reporting would lead to any taken actions.

Even if a woman wants to report, she is afraid that it will cause her harm. You have to think about all possible consequences. So honestly you do not have the guts to report, you are scared. For me, I fear anything would cause me to get denied the monthly assistance, or have detrimental effects on my file. I get afraid that the person causing this is someone powerful, or has powerful people within the organization who have his back. Of course there are people inside who have his back, how else would he dare to do this? I have held the phone with my hand many times, wanting to call the complaints number and report. Then I get scared to speak up, I retract and I feel that even if I reported it would lead to nothing anyway.

Syrian adult woman, Irbid

Service providers were mostly not aware of SEA incidents at the hand of other service providers and humanitarian actors. When asked about risks of sexual exploitation faced by the population they serve, they only referred to a heightened risk of sexual exploitation by landlords and supermarket owners (not humanitarian actors). Only one Protection/GBV manager highlighted the issue of sexual exploitation and abuse in the context of direct service provision, underlining that it is a risk especially in Ramtha:

Because under COVID the [refugee's] needs increased dramatically, some CBOs or let's say some individuals in CBOs are abusing poor families and ladies who are in economic need. If these individuals are responsible for distributing cash or NFIs, they ask the ladies for sexual favours in exchange. We know it because women come and tell us. Unfortunately this kind of people are often hidden under a religious coverage.

Protection/GBV manager, Irbid and Ramtha.

4.1.5 Online and (Information and Communications Technology) ICT-facilitated violence against women and girls

An emerging GBV risk facing females especially younger women and adolescent girls is online and ICT-facilitated GBV, especially with a heightened reliance on ICT and extensive online presence throughout the COVID-19 pandemic. Consulted Syrian and Jordanian women caregivers expressed their concern over their daughter's wellbeing, stating that they have difficulty protecting them as they

don't always know what to say or do in cases of online abuse. In turn, adolescent girls and young women also mentioned that they are experiencing and witnessing an increased risk of online and ICT-facilitated GBV, especially through Facebook and WhatsApp. Men contact them through offering compliments and promising gifts or marriage. Once the girls or young women share personal information or pictures of themselves, they are at risk of being exploited as men threaten to expose them to their families and communities. They then ask for sexual favours in return, or even for money.

Girls receive many threats through social media like Facebook. Many men get the girl's phone numbers, or hack their accounts, then start threatening to libel them: "you meet me and do whatever I ask you to do, or I will expose everything about you to your father". This has increased a lot recently. People create fake accounts, you never know with whom you are talking, and they sexually blackmail you.

Jordanian adult female youth, Irbid.

Adult men and adolescent boys also expressed that online and ICT-facilitated GBV is a risk for women and girls, mentioning that they should be protected and not have free access to phones. This recommendation is of course problematic as it further creates barriers isolating adolescent girls and young women from accessing information and services.

Service providers also mentioned that especially during COVID-19, they received reports of online and ICT-facilitated GBV incidents, and they were faced with caregivers who did not know how to ensure their children's online protection. Moreover, some service providers reported that they were not always sure how to respond to caregivers, which highlights the need for capacity building in terms of prevention and response to online and ICT-facilitated violence against women and girls.

4.1.6 Community perceptions on GBV and Gender roles

In Irbid and Ramtha, GBV risk assessment findings showed that traditional gender norms are strongly set in the patriarchal frame of women's subservience to men. Widespread gender inequality provides a breeding ground for GBV mainly against women and girls. Men are seen through the dual lens of protector / perpetrator: two sides of the same coin, both roles are commonly unchallenged, accepted and even sometimes expected. As part of these roles, IPV is widely accepted by women, girls, men and boys. It seems to only become an issue when leaving a strong mark, such as bruises, hospitalization, or death. Many consulted women expressed that due to their gender role, violence is almost certain:

Women – in general – in Arab society faces violence from any place, from a father mother brother husband... Women in general because we are "dole'e kaser" (inferior to men), this is how society defines us.

Syrian female adult youth; Irbid

If she faces physical abuse, this is the man's right because she is a girl. This is violence in our society. Brothers beat their sisters, husbands beat their wives.

Syrian single female head of household, Irbid

Reportedly, boys seem to be socialized early on to play the role of the protector. This in turn and with time, gives justification to GBV, in the context of wanting to protect women by limiting access to the outside world, chaperoning, disciplining and controlling them. Moreover, when women try to challenge this role, the community is likely to jump in to restore homeostasis, as illustrated in the below quote.

People here live in the stone age. Everything is forbidden to girls. My husband works abroad, and everyone keeps their nose in my affairs. Even my 16 year old son, they try to provoke him against me: "where is your mom? Why is she out? Don't let her go out". His grandparents brainwashed him to a point that he is now violent towards his sisters, who are older than him! They keep meddling and prevent me from raising my boy on the values I believe in.

Jordanian single female head of household, Irbid

Additionally, victim-blaming is commonly encountered. Throughout many FGDs, one participant would chime in and declare that violence is not always the man's fault, as some women are provocative or some women deserve it. This was consistent mainly throughout FGDs with women, girls and men.

Sometimes it's not the husband's fault [IPV], sometimes it's the woman's fault.

Syrian female adult youth, Irbid

Sometimes it's the female who asks for it [harassment], sometimes she provokes men.

Syrian adolescent girl, Irbid.

Women who face this [GBV] are stupid. We have received so much awareness on this. So now it is up to the persons themselves, she should know not to go out alone, not to go to dangerous places, how to dress, so that she does not allow herself to face GBV. Of course there are exceptions, sometimes violence just happens when you least expect it.

Jordanian adult woman, Irbid

In many FGDs, men displayed progressive views and denounced violence against women and girls. However, as the discussion progressed and when probed further, some of the men were provoked and revealed different views. It was also apparent that men widely justify violence against women and girls who do not conform to traditional gender roles, or who challenge these roles: women who go out of the house freely, those who work, those who are outspoken about their own rights, girls who go to university and live in the city, divorced women, etc. The quote below illustrates an example where a man justifies abuse against women who are not perceived as obedient.

We are a patriarchal community, no matter how much we think we have evolved. I respect women as long as they respect me. When she does not respect me as she should, she will be faced with a reaction she won't like. You can always accept a woman [as an equal], but the day she disrespects you, you know you are physically stronger.

Syrian adult man, Irbid

There is a type of women who are outside of the norm, who are easily angered. We face them with abuse. But in reality she should be treated to become normal again.

Jordanian adult man, Irbid

As always, hope for behavioural change lies within the hands of youth. Many consulted girls, boys and young women expressed their disdain towards widespread gender inequality and violence. Some even expressed views to counter their peer's victim blaming attitudes, and many expressed their hope for an equal and safer future.

[Reflecting on the community map and the number of unsafe places] In my opinion, this is outrageous. It provokes me that there are so many places we highlighted in red, so many places that are unsafe in our area in Al Janoubi neighbourhood. It's provoking because these places should be safe.

Syrian adolescent girl, Irbid

In my opinion, women are not to be blamed for violence. No matter what the woman did or did not do, violence happens because of the man's mentality.

Jordanian female adult youth, Irbid

Consulted service providers seemed to be very much aware of traditional gender norms, gender inequality and how it affect women, girls, men and boys in Jordanian, Syrian, Palestinian and Iraqi communities. However there seems to be a confusion about the root causes of GBV, as the worsening economic situation was often blamed as a cause of IPV and family violence. Statements along the line of “Men do not have work, there is a lack of resources, and this causes them to become violent” was often included in service provider’s responses. While the economic situation is definitely a contributing factor to heightened GBV risks, it is not a root cause in itself. GBV is deeply rooted in discriminatory cultural beliefs and attitudes that perpetuate inequality and powerlessness, in particular of women and girls¹⁴. On the other hand, many factors such as poverty, lack of education and livelihood opportunities, and impunity for crime and abuse, also tend to contribute to and reinforce a culture of violence and discrimination based on gender. The root causes and factors need to be clear in order to design and implement effective prevention and response services.

Additionally, one service provider expressed worrying views that seem to condone family violence. Traditional harmful gender views are often common among frontliners and humanitarian workers who did not receive sufficient training, and these call for extensive capacity building and supervision.

Sometimes there are certain behaviors that girls under 18 display and that warrant family violence, such as using social media, if they do something wrong like using their mobile phones in the wrong way.

Male service provider, Irbid and Ramtha

4.2 Vulnerable groups at heightened risk of GBV

Consulted community members including women, girls, men, boys and service providers clearly identified the following vulnerable groups at heightened risk of GBV: women and girls in general, and in particular refugees; and women living without men (widowed, separated, divorced, head of household...). These groups were mentioned consistently across FGDs and KIIs, as illustrated in the table below which highlights the most prominent quotes.

Table 3: Vulnerable groups at heightened risk of GBV

Vulnerable group	Illustrative quote	Quote Source
	All women are at risk of GBV. All women.	Syrian single female head of household, Irbid

¹⁴ UNHCR ; Gender based violence factsheet, available at: <https://www.unhcr.org/4794b3512.pdf>

Women and girls in general ¹⁵	Girls face violence the most, and then women. Young women too.	Syrian adolescent girl, Ramtha
	As women, in general, and girls, they face violence.	Jordanian adult man, Irbid
Refugee women and girls in particular	The most group at risk is refugee women and girls, because they are not from the same area, and they are considered weaker.	GBV case manager, Irbid and Ramtha
	Sometimes we change our Syrian dialect and speak in the Jordanian dialect, to avoid violence. As a Syrian refugee, you feel at risk of exploitation.	Syrian adult woman, Irbid
	At the bus stop, older men aged 60 or 70 keep roaming around. They see we are Syrian and assume we are “easy”. At first we would turn a blind eye and avoid problems, but now we know our rights after receiving awareness from NGOs and we dare to speak up.	Syrian woman with disability, Irbid
	Refugees and migrants are also at risk of violence and exploitation more than others.	Syrian adolescent boy, Ramtha
Women living without men: widowed, separated, divorced, female head of household	Separated and divorced women are negatively viewed by the community. They face higher risks of violence and exploitation.	Jordanian adult woman, Irbid
	Women who are without men are at risk of exploitation when they try to get assistance. When the man knows she has no one, he tries to abuse her or harass her.	Syrian adult woman, Irbid
	If a man knows that a woman doesn't have a man to protect her, he abuses her. Like widows or divorced women, they are at high risk of sexual violence.	Syrian adolescent girl, Irbid
	And then comes women head of household because they need to go out and deal with different kinds of people like taxi drivers, sellers, people in the streets. And these people might take advantage of them.	Syrian single female head of household, Irbid

¹⁵ According to the 2020 GBVIMS Annual Report for Irbid governorate (including Ramtha), 99.6% of survivors coming forward to report incidents and seek services were females. 92.4% were adults, and only 7.6% were children (boys and girls).

	Once in the Shari'a court I witnessed how a man tried to exploit a divorced young woman. She didn't have money. So he started negotiating services for favours. I didn't meddle in because I don't want any problems, but if she was someone from my family, I would have talked to her and told her to not trust this man.	Jordanian adult man, Irbid
	When they know I don't have a husband, they try to exploit me. At first, they act nice and supportive, wanting to provide for my and my children's needs. But this often turns into exploitation. So they don't start by being violent, but then they become abusive.	Syrian woman head of household, Irbid
	There is a highly increased risk of sexual exploitation and abuse for women head of household, no matter why she has no man by her side. The landlord, the taxi driver, men who know they are alone are likely to abuse them.	GBV team leader, Irbid and Ramtha

Some FGD groups also identified other groups at risk such as women and girls with disabilities, working women, LGBTQI+ individuals and women wearing the Niqab or Khimar (complete head, neck and body covering, typically a black veil).

Women and girls with disabilities were reportedly at higher risk of neglect and bullying, but also sometimes at higher risk of GBV. However the link between disability and higher GBV risks was not always apparent, until facilitators probed further. Participants generally then agreed that this group would be at higher risk because they are perceived and vulnerable and unable to defend themselves. Consulted service providers were not particularly aware of heightened GBV risks against women and girls with disability living in Irbid and Ramtha.

Girls with disability are at risk of violence. Like my daughter for example, if someone abuses her she cannot move or run away or protect herself. That's why I always keep an eye on her.

Syrian female caregiver of a girl with disability, Irbid

As this risk assessment had an additional sectoral focus on working women and livelihood programming, FGDs and KIIs questions included finding out about specific risks faced by **working women**. Consulted key informants including service providers and community leaders / volunteers

mentioned that working women are at risk of sexual abuse in the workplace. Women and men participants in some of the FGDs also mentioned a heightened risk of GBV faced by working women. Findings specify that this is due to a negative view of working women in the community, and an overall perception that if a woman is working, then she is in need and thus is easy to exploit.

When we first came here, my sister and I had to work. Our boss was also the landlord, and he had always told our father that he considers us just like his daughters, which is why dad trusted him and allowed us to work in his shop. But then after a month, he started asking me to do weird things. He threatened to tell my father that I am disobedient if I didn't comply. He once tried to sexually harass me, but I was able to run away.

Syrian female adult youth, Irbid

The section 4.7 [Sectoral analysis of GBV risks and needs](#) provides further details and analysis on specific GBV risks faced in the workplace.

In around 5 FGDs with women, girls and men, facilitators asked participants to list the most vulnerable groups and probed further to specifically include a question on **Lesbian, Gay, Bisexual, Transexual, Queer and/or Intersex (LGBTQI+) individuals**. FGD participants then mentioned that people with diverse sexual orientation and gender identity do face a heightened risk of GBV, however they expressed negative views and disdain. Some participants expressed extreme and aggressive homophobic views.

They [LGBTQI+ individuals] scare me a lot. There is one man who acts as a woman, he is so scary. I hope those people die. They have a severe disability. There is something wrong inside their heads. It is against our culture, so of course they are at risk of violence.

Syrian adolescent girl, Irbid

LGBTQI+ people are at risk of violence because they are not normal. At least people have sympathy towards persons with disability, but those who are lost with their gender identity, nobody tolerates them.

Jordanian woman, Irbid

In one FGD, the facilitator also took part in sharing homophobic views against LGBTQI+ individuals. It is worthy to note that in all responses discussed in the FGDs, the conversation revolved around gay men, men who are perceived as feminine, or transexual male to female individuals. The conversation never included a mention of lesbians or any other spectrum of female sexuality. This confirms that violence experienced by LGBTQI+ individuals is rooted in traditional gender discriminatory cultural beliefs and attitudes, that perpetuate inequality in addition to discounting female sexuality. Also, service providers rarely spoke of LGBTQI+ individuals among persons facing heightened GBV risks, and when asked they mentioned that this group does not currently access GBV services. This highlights the need for inclusive services, further training and awareness raising with organizations and community as a whole.

In two FGDs which included **Syrian women wearing the Niqab or Khimar**, women came forward and reported that they fear for themselves and find themselves at a heightened risk of sexual harassment and assault outside of their homes. They explained that they wear the khimar for religious reasons, however it is negatively viewed in Irbid and Ramtha. Once again, women's attire is used as a justification to objectify, assault and abuse them. It was reported that men perceive women wearing the khimar as sex workers who are trying to hide their identity, or as women who must have done something really bad and repented by covering themselves up. Complete coverage of the face and body was associated with shame and guilt, perceived as warranting further sexual abuse from men. Women wearing the khimar also reported that sometimes, men sexually harass them because the fact that they are completely covered entices them, they become curious and want to know what is underneath. This worrying objectification and dehumanization demands urgent action from service providers.

- *My husband doesn't let me go out alone, here they go after women wearing the khimar. He is afraid I would get sexually assaulted.*
- *A woman wearing the khimar faces so much violence and harassment. They think we are wearing the khimar because we are ashamed or we are hiding because we did something wrong. We are constantly facing sexual harassment. I now literally scream at the men who try to abuse me and tell them that it's not because I am wearing the khimar that I want to commit adultery with you.*

Syrian women wearing the khimar, Irbid

Finally, in all FGDs, participants mentioned that under COVID 19, all groups who are usually at heightened risk of GBV are facing additional and increased risks, as further detailed in section 4.5 [Impact of COVID 19 on GBV risks and needs.](#)

4.3 Perpetrator profiles

Perpetrator profiles have been consistent over the past few years in GBVIMS reports: the vast majority of reported SGBV incidents are perpetrated by family members: male : intimate/former partner, primary caregiver, and family other than spouse or caregiver¹⁶. Also, most reported GBV incidents took place at the survivor's home. According to the 2020 GBVIMS Annual Report for Irbid governorate (including Ramtha), 72% of perpetrators of reported GBV incidents were intimate or former partners, and 19% were family members including primary caregivers, while 81% of incidents took place in the survivor's home, and 11% took place in the perpetrator's home. This data was confirmed by consulted women and girls, who also specified on more than one occasion that they feel particularly at risk around men in their families, but also men and adolescent boys who abuse drugs or alcohol, and/or those who hang out in groups in the streets especially at night.

Men in general are the threat. Inside the family, outside of family... they are the threat.

Adult female youth, Irbid

There is a bus stop in our neighborhood. We never feel safe because men always hang out there. Sometimes they hang out in front of the school. Where there are groups of men, there are problems. Especially when they are drunk or on drugs.

Adolescent girl, Irbid

Consulted service providers and community leaders/volunteers were also unanimous on indicating that perpetrator profiles usually consist of men, in particular direct family members and spouses. Other prominent perpetrator profiles include male landlords, supervisors in the workplace and in general men in the community. In few cases, women especially in-laws can be a threat to each other.

Mainly the perpetrator of GBV is the husband, for adolescents it's the father. Also women face harassment or sexual abuse by men outside in the street or at the workplace.

Protection Team Leader, UN agency, Irbid and Ramtha

Most abuses come from male intimate partners or caregivers. There is rarely any marital rape reported, but we know it exists. In terms of sexual abuse, it's men from the community. In some cases, it's also fathers or brothers or uncles. Some women have

¹⁶ Example of report : Jordan GBVIMS Taskforce Midyear Report; January – June 2020; available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/External%20GBVIMS%20Dashboard%20%28Jan-Jun%292020%20Final.pdf>

faced GBV at the hands of other women, such as mother in laws, or daughters in law abusing their elderly mother in law.

Protection Manager, Irbid and Ramtha

4.4 Areas of high GBV risk within Irbid and Ramtha

As established through the community consultations and confirmed through a wealth of literature about GBV risks in Jordan, the home is unsafe for women and girls.

Many times the home is a place of danger for women and girls. When a woman is not even safe in her own home, that's the most difficult. Violence can come from fathers, brothers, husbands, in-laws...

Syrian female adult youth, Irbid

The home is not always safe for women and girls. There are women unable to ask for a divorce, she doesn't have supportive parents, she cannot leave her kids behind, she endures GBV indefinitely.

GBV case manager, Irbid and Ramtha

Regrettably, areas and community spaces outside of the home can be unsafe too. During the FGDs, women, girls, men and boys drew maps of their community and highlighted unsafe or risky places for women and girls. The specific results have been summarized in the table and paragraph below.

Table 4: Areas identified as unsafe for women and girls

Place	Number of times it was mentioned as unsafe in the FGDs	Noted
Public gardens الحدائق	12	Especially at night
Public Markets (Souk) الأسواق الشعبية	11	Especially when crowded (such as before holidays)
University Street شارع الجامعة	10	Because of crowdedness and a diversity in nationalities of residents.
Public streets (secluded) الشوارع الفردية	7	Especially when nobody is around and/or at night.
All camps	6	All refugee camps within Irbid.
Mojamaa' Amman مجمع عمان	5	Including the bus stop

Mojamaa' Al Ghor Al Kadim مجمع الغور القديم	5	Highly populated
Al Turkmen neighbourhood حي التركمان	4	Reportedly because of the presence of men on drugs and/or drunk
Public streets (major streets) الشوارع العامة/المكتظة	3	Especially when they are too crowded and when there are many men
Al Kasili neighbourhood حي القصيلي	3	Highly populated
Iskan intersection اشارة الاسكان	3	Because groups of male youth typically hang out at the intersection.

Other places that were mentioned as unsafe in only 1 or 2 FGDs are: Irbid camp; Sal roundabout; Mojamaa' Al Sheikh Khalil; Al Manara neighbourhood; Carrefour roundabout; Al Hosen street; Al Hekme street; Al Hashimi street; Joumana school; Boy schools in general; downtown Irbid; downtown Ramtha; Al Nasim roundabout; Palestine street; Makka street; Al Waleed street; Reportedly, women and girls feel unsafe in these locations due to the presence of groups of men and boys, and because they are crowded. Unpopulated streets in Ramtha such as Dorra street and Al Hassan city are also reportedly unsafe because they are secluded and often deserted especially outside of working hours.

In addition to listing streets, areas and places, consulted community members identified specific characteristics that make an area/a place safe or unsafe for women and girls, as illustrated below.

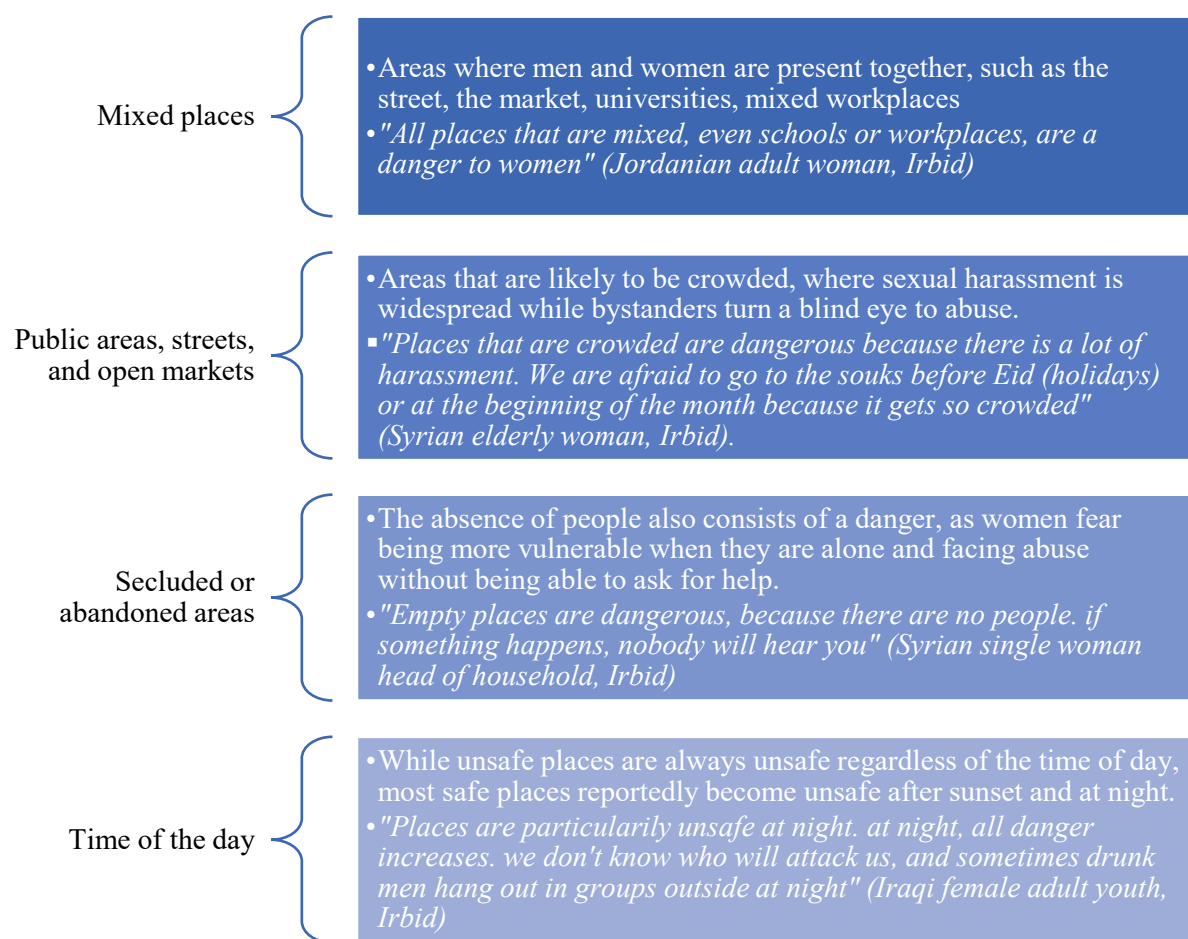


Figure 5: Characteristics of unsafe places

4.4.1 Homebound girls

Unsafe spaces were commonly unsafe for both women and girls. However, many consulted women and men mentioned that they have additional fear for girls and young women's safety. As a result, many adolescent girls and young women find themselves homebound, confined to the corners of their home – whether it is safe or unsafe – and unable to go out without a chaperone. This renders them even more vulnerable to GBV inside the home, and often denies them access to resources, services, opportunities. It is common for refugee girls and Jordanian girls living in conservative households not to have access to higher education, for example, and to be denied the right to work. It is also widely perceived that the streets and public spaces pose additional risk of sexual harassment and abuse to girls and young women.

I never send out my daughter alone. She is almost 16, she only goes out if her father or I can be with her. I don't even go out alone – I take my son with me. Even if he is 5 years old, women take their sons with them. If adult women are afraid to go out alone, how would we send out our daughters alone? Impossible.

Syrian adult woman, Irbid

I never allow my girls to go out alone. Their father, brother, grandfather or so must be with them. These are our customs.

Syrian adult man, Irbid

4.4.2 GBV risks related to public transportation

In Irbid, consulted women and girls reported that they fear sexual harassment and abuse in public transportation. Taxis and common taxis (service) were considered the most dangerous, as women and girls can find themselves alone with the driver. Reportedly in these cases, they fear being sexually abused by the unknown taxi driver. Being in a taxi would only be safe if the driver was a trusted person known to the family. Women mentioned that buses can be safe except during rush hour, when they would be too crowded. Most girls on the other hand reported that they avoid buses altogether. The safest public transportation way for women and girls was reportedly application taxis, such as Kareem. When probed on the reasons why they feel safe in these taxis, women and girls mentioned that there are supervisors who follow up on drivers through applications, and that they can share their route with family members or friends, which helped them feel safer.

In Ramtha, women, girls, men and boys mentioned that there aren't many public transportation options, so they mainly rely on taxi drivers whom they personally know or those who are family friends. When they want to move from a city to another, they use buses, and women seldom use them alone.

4.4.3 Schools and universities, and areas around them

Consulted community members reported that gender segregated schools are generally safe, while mixed universities and schools are perceived as dangerous to girls and young women. However, areas outside of these schools were considered often unsafe, as men and boys would gather at the entrance or on the street around the school to taunt girls and young women.

In front of one of the girl schools, young men used to gather to taunt girls. They became abusive sometimes, then the police started coming. They left the main street, and started gathering in front of smaller schools in more secluded streets.

Adolescent boy, Irbid

Some women and men participating in FGDs reported that they have heard rumours about professors sexually abusing young women for grades. These risks were not further corroborated by consulted young women themselves or by background research. However this claim still warrants attention as it

can be detrimental to girls and young women's access to education by giving further justification as to why caregivers keep their daughters homebound. Additionally, girls pursuing their education are at risk of violence due to rumours ruining their reputation. Accordingly, this calls for urgent action with schools and universities to ensure that strict Protection and Safeguarding policies are in place to protect girls and young women.

4.4.4 Reports of a generalized feeling of unsafety

Many consulted service providers as well as women and girls mentioned that it is difficult to pinpoint specific areas where they feel unsafe, as they have a generalized feeling of unsafety in their communities. Reportedly, the issue lies within the mentality and entitlements of men who perpetrate GBV, not the areas where GBV is perpetrated. As one service provider put it: “a woman can go 30 times to the souk, and not face any harm. But then one day she goes and a man harasses her. Or she is at home, and her husband beats her. GBV cannot be delimited in a certain area, it happens because of a man's malicious mentality and intentions”.

It is highly concerning to witness the extent of generalized unsafety felt by women and girls. When asked which areas are unsafe, many joked: everywhere is unsafe. Others mentioned that any given place can be safe one day, and unsafe during another day.

4.4.5 Unsafe areas for men and boys

While drawing the community map, FGD participants were also asked to highlight any unsafe areas for men and boys. While the gendered aspect of unsafety and risk was clearly identified within women and girls' experiences of their environment, it was less obvious for men and boys.

4.4.5.1 Risks faced by boys

As reported in several FGDs, boys experience unsafety and risk, often in the same areas as women and girls. However the nature of the risk varies and includes racial bias against refugees, exploitation at work (including child labor), sexual abuse and rape, and violence as a result of harmful masculinities. In fact, gender norms that uphold men's privilege over women harm women's and girls' health. In turn, men and boys are also affected by harmful masculinities promoting ideas of “manhood” that are predicated on being strong, taking risks, not seeking help, feeling entitled, and exerting power or dominance over women. Such norms impact men and boys health and wellbeing, for example leading to higher rates of road traffic injuries and deaths, homicides, smoking and alcohol abuse, and unsafe sexual behaviours¹⁷. These issues were clearly identified by consulted women, girls and boys, who fear for their boy's wellbeing due to existing risks of drug or alcohol abuse, risk taking and violent physical

¹⁷ Definition of harmful masculinities by the World Health Organization through a web article; available at: <https://www.who.int/reproductivehealth/addressing-harmful-masculinities/en/>

clashes between groups of boys and/or young men. These issues were clearly identified by consulted women, girls and boys, who fear for their boy's wellbeing due to existing risks of drug or alcohol abuse, risk taking and violent physical clashes between groups of boys and/or young men. The night-time seems especially conducive to expressions of harmful masculinities.

The issue is with violence between boys themselves. They can fight to prove who is the man. And another issue is racism when people treat us badly because we are Syrian.

Syrian adolescent boy, Irbid

Boys might have an accident while driving fast, or they might have fights with each other if they are in groups. Or they might have problems with drugs.

Syrian adolescent girl, Irbid

Another identified risk is racial bias against refugees. Consulted refugee women, girls and boys expressed their concern of emotional and sometimes physical harm faced by refugees boys at the hands of other boys at school, or at the hand of employers in the workplace. The risks increase greatly in cases of child labor, including violence and exploitative working conditions.

We feel safe to go out at any time. Only after 12:00AM it might be unsafe. But the danger is at work, because there is exploitation and sometimes they don't pay us the salary we are due.

Syrian adolescent boy, Ramtha

We have seen Jordanian children beating Syrian boys, especially when we first came. Also we saw a lot of exploitation at work, not giving the salary on time, and giving too much work.

Syrian adolescent boy, Ramtha

Three FGDs (2 with women and one with adolescent girls) also included mentions of sexual abuse and rape targeting boys men. It is to be noted that all the examples provided in three separate FGDs were against Syrian refugee boys engaged in child labor, at the hands of groups of men they encountered due to their work (on the way to/from work, or during work), noting the need to intensify joint child protection and GBV programming targeting boys engaged in child labor.

4.4.5.1 Men's reported experiences of their environment

Men on the other hand reportedly only face racial bias and/or exploitation at work or in public areas (such as souks) if they are refugees. On the other hand, the majority of consulted women, girls and men themselves mentioned that men do not face fear or risk in their community or by being outside.

I don't worry about my safety. I can go out whenever I want. I worry about my wife and my daughters' safety.

Jordanian adult man, Irbid

Syrian men face emotional abuse, because they are refugees they can be mistreated,

Syrian adult man with disability, Irbid

Many women joked about men being the source of unsafety, and thus facing no risks. Men reportedly are able to defend themselves and be outside without fear.

Men don't face unsafety, they are the reason for unsafety.

Jordanian adult woman, Irbid

This again proves the patriarchal nature of gender relations in Irbid and Ramtha, however it does highlight the lack of GBV incident reporting by men, especially those belonging to at risk groups such as members of the LGBTQI+ community, or refugees who faced conflict-related sexual violence in their country of origin (such as many former prisoners in Syria). This lack of help seeking is also characteristic of harmful masculinities, and might indicate a fear of reporting to curb stigmatization by the community. However, this affects men's health and wellbeing and also often has harmful consequences on their families. Additionally, globally men tend to use strategies that seek to avoid and reduce feelings of vulnerability in order to cope with trauma and extreme stress, including alcohol and substance abuse. This links back to harmful masculinities, and while it was not directly reported by FGD participants, it correlates with what most consulted mothers feared for their boys and young men (as reported in the paragraph above).

4.4.6 Places that are marked as safe by women and girls and other individuals at risk

During FGDs, women, girls, men and boys were also asked to list the areas that women and girls can navigate safely. In general, consulted community members mentioned a list of places that are either specific to women and girls (no gender mixing), or that offer additional protection such as boasting security guards or camera. Another measure that made women and girls feel safer is the presence of police patrols in streets, neighbourhoods and public spaces. This had increased during COVID-19, which made them feel safer.

Places that were commonly marked as safe have been summarized in the figure on the right..

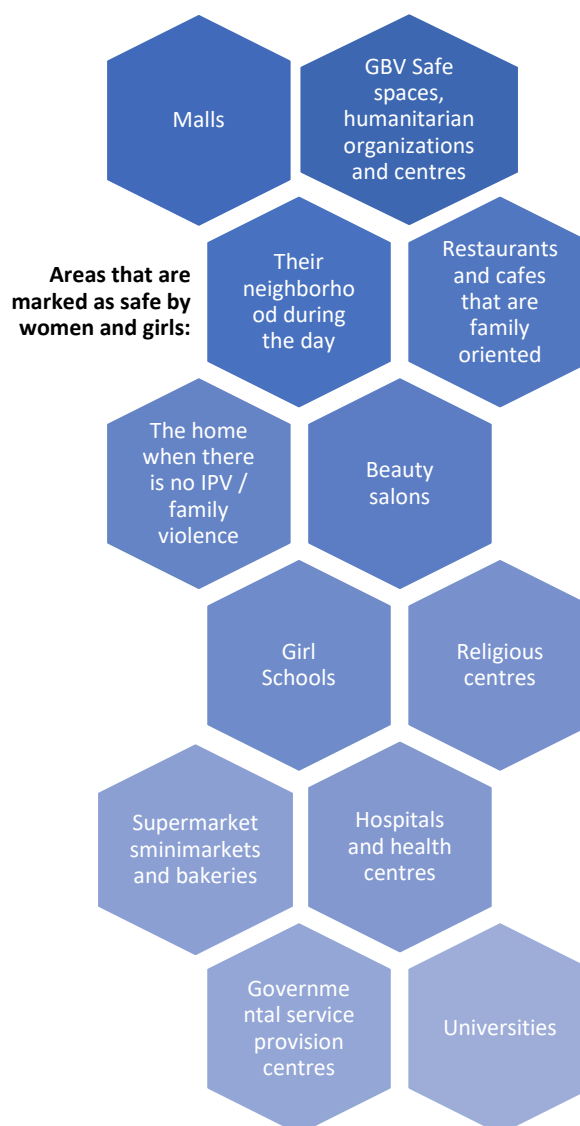


Figure 6: Areas marked as safe by women and girls

4.5 Impact of COVID 19 on GBV risks and needs

At the time of writing, the world is well into the COVID-19 pandemic. It has been established by now that the pandemic and ensuing movement restrictions have especially affected women and girls, with a sharp increase in IPV and family violence. The UN and humanitarian organizations described the worldwide increase in domestic abuse as a "shadow pandemic" alongside Covid-19¹⁸. Women and girls in Jordan – including in Irbid and Ramtha – have not been spared. Months long COVID containment

¹⁸ News article by UN Women; The Shadow Pandemic: Violence against women during COVID-19; available at: <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

measures and lockdowns since March 2020 until the time of writing have had far-reaching social and economic implications for vulnerable Jordanian, Syrian, Palestinian, and all refugee households, with women bearing the brunt of deteriorating living conditions and additional caregiving responsibilities.

4.5.1 Increased violence at home and increased caregiving responsibilities

A rapid assessment by UN Women on the impact of COVID-19 on vulnerable women in Jordan¹⁹ established that women are feeling less safe within their homes, with 62% of women respondents reporting a feeling of increased risk of physical or psychological violence because of increased tensions in the household and/or increased food insecurity. Additionally, women found their traditional caregiving roles intensified. As Jordan implemented nation-wide school lockdowns, education moved to online platforms and the burden of remote schooling and childcare fell disproportionately on mothers, with 77% of respondents reporting that mothers spend more time supporting their children's distance learning compared to fathers. Unpaid care work was already assumed mostly by women and girls, however additional responsibilities came at the expense of women's wellbeing as they struggled with increased violence at home, lack of peer support, economic and health uncertainties. These findings were also mirrored in the 2020 GBVIMS report. They were confirmed consistently throughout FGDs with women and girls, too.

Violence in general increased during the corona phase. People are not allowed to go out, many men lost their jobs, and because they just stayed inside the home the physical and psychological and emotional violence increased. My soul is tired! The whole family at home all the time, so much work to do to keep everyone fed and everything clean.

Syrian woman, Irbid

Consulted men and boys were aware too that the situation have hit women and girls the most.

Under corona, violence increased. We have less money in our hands. We don't have work, and this is the worst part about corona. We are unable to cover for the household financial needs. Even if you are married to a prophet, this will cause problems. And the presence of men in the home for more than 24 hours is problematic in itself. Women are used to staying at home, we are not. Our moods became aggressive. We couldn't tolerate even speaking to each other anymore, and this caused problems.

¹⁹ UN Women (April 2020); Rapid assessment of the impact of covid-19 on vulnerable women in Jordan; available at: <https://jordan.unwomen.org/en/digital-library/publications/rapid-assessment-of-the-impact-of-covid19-on-vulnerable-women-in-jordan>

Jordanian man, Irbid

Service providers and community leaders were aware of the situation too. Every KII included a description of how COVID-19 and its consequences have hit households, especially women and girls.

Most of the problems caused by COVID-19 have hit women and girls, especially those who are married. They are in charge of their children's distance learning, even if they aren't familiar with using technology. They had to adapt to running their household with fewer resources and money, they were bearing all this with additional psychological, emotional and physical abuse. And they had less access to resources and services.

GBV case worker, Irbid and Ramtha

Out of 10 consulted service providers, 8 mentioned that GBV reporting increased through hotline phone calls since the onset of the pandemic. Services consequently tried to adapt to online delivery modalities.

We have three hotlines across our centres. In general, GBV increased noticeably, reporting increased, cases increased, so we worked on a comprehensive protocol for remote service delivery. We kept updating the protocol as the situation evolved. Ladies were so grateful that we called them, and we felt closer to them as we were all facing the same situation and similar anxieties due to COVID-19.

GBV Program manager, Irbid and Ramtha

In addition to increased IPV, family violence as a cycle has reportedly increased. With increasing stressors, caregivers in general reported resorting to using violent discipline.

Corona affected our personality and we started taking it out on each other. Men and children are not allowed to go out as they please. Before, I used to send the man to work, send the kids to school, then go to the centre (safe space) and feel better. Now there's nothing. We are all frustrated and violence increased.

Syrian elderly woman, Irbid

Under COVID-19, consulted women and girls also raised additional fears of becoming victims of violent crimes at the hand of their male family members. Similarly to their expressed fear about “honour crimes”, they mentioned that during the pandemic they heard many horrifying accounts of women and girls dying at the hands of their partners or fathers. These fears that caused women and girls additional

stress and anxiety are further corroborated by news articles cited in the paragraph above ([“Honour” crimes](#)).

Crimes inside the home increased. Men hitting their wives with severe consequences, men killing their wives or daughters, honour crimes, all these increased. It's terrifying.

Syrian elderly woman, Irbid

Yes violence increased during corona! We are seeing on social media many stories of women or girls being killed. And the worst part is that people comment on the stories and justify the death of the girl in the name of honour!

Syrian female adult youth, Irbid

During this period, we heard about many girls dying. Just recently, 4 accounts of crimes under the name of honour! Unfortunately the punishment is very light. And the police doesn't move to help before the girl or woman dies, and it becomes known to the public, otherwise nobody cares. Everyone is silent until she dies.

Syrian adolescent girl, Irbid

4.5.2 Increased risk of online and ICT-facilitated GBV

Consulted girls, young women and women reported another type of GBV that has considerably increased during COVID-19, especially in times of lockdown: online and ICT-facilitated GBV against girls and women. As individuals across age groups and genders have been spending more and more time online, risks of violence for the most vulnerable have increased. Violence ranged from emotional and psychological abuse, bullying over appearance and opinion sharing, and most of the time the aim of the violence was sexual harassment and abuse. This relatively new modality of perpetrating GBV demands urgent prevention and response actions.

Violence online increased too. men are sitting at home with nothing to do. So bad men started contacting girls, harassing them, threatening them.

Syrian single woman head of household, Irbid

Violence online and cyber-crimes increased a lot. Through the phone, WhatsApp and Facebook. A girl can meet someone through Facebook, the person can start commenting on pictures or bullying, or can start by being nice so that she sends him a picture which he uses to threaten her and exploit her. Most of the time the aim is sexual harassment.

GBV case manager, Irbid and Ramtha

4.5.3 Impact of COVID 19 on sexual abuse and rape

Consulted community members reported that during lockdowns and movement restrictions, sexual violence outside of the home considerably increased. Until the time of writing, stronger police presence and more frequent police patrols as well as movement restrictions resulted in fewer sexual assault and rape incidents outside of the home. KIIs with service providers and community leaders/volunteers further proved this finding. Consulted women and girls specifically expressed their relief in feeling safer when they were outside. Unfortunately this relief is temporary as restrictions on movement will slowly start easing. On the other hand, in a couple of FGDs women expressed their concerns at rising sexual violence inside the home, at the hands of male family members such as fathers, brothers, uncles or even neighbors. Talking about incest or sexual abuse and rape in general remains highly taboo in Irbid and Ramtha, and women reporting on this might indicate a sharp increase in these issues. Their accounts should be taken very seriously and addressed urgently.

Also inside the homes sexual violence has also increased. Harassment from a young man towards his female cousin. Or a father towards his daughter.

Jordanian adult woman, Irbid

Sexual violence outside the home decreased. But sexual violence inside the home increased. Young men have nothing to do, they start finding ways to sexually harass the neighbour's daughter. You know I don't even dare to go out on the balcony to hang laundry to dry! Sometimes I see men peeking through the windows or doors to look at us.

Syrian adult woman head of household, Irbid

4.5.4 Stronger family ties

The COVID-19 pandemic has reportedly also had positive consequences on many families. Several consulted women, men and key informants expressed that the pandemic has strengthened family ties and brought members of the household closer together. The most significant impact seems to be observed with men, who were suddenly spending more time at home and as a consequence, starting to build stronger ties with their families.

4.6 Coping strategies and community-based protection systems

While gender norms and relations are inequitable and stressed in Irbid and Ramtha, there are examples of supportive, cooperative couple relationships, and there are men and women who hold positive norms and support gender equality. Additionally, consulted women, girls, men and boys from refugee and host communities reported that women and girls adopt several coping strategies, showcasing resilience and recovery. Some of these strategies are related to avoidance, limiting women and girls' freedom and self-agency, such as avoiding going out alone, or avoiding certain places and/or time of the day.

If you have to go out, take someone with you, especially at night. Someone to accompany you, and a man is better than a woman, even if he is just a boy.

Syrian elderly woman, Irbid

On the other hand, many of these strategies are empowering and positive, such as learning and applying self-defense, finding creative ways to face abuse (using perfume and deodorant as pepper spray), disclosing incidents and asking for help, or staying strong and displaying self-confidence, and teaching assertiveness and self-confidence to girls. It is to be noted that many of these positive and empowering methods to keep safe and face abuse were mentioned by adolescent girls, young women and single women head of households.

Girls should learn self-defense. We should be strong, and able to defend ourselves. And if I am faced with violence, I need to know where to go to get support. I will not stay silent.

Syrian adolescent girl, Irbid

These positive and empowering coping strategies should be recognized and built upon. In fact, approaches that treat vulnerable individuals and survivors of GBV as passive, and interventions that fail to account for and promote survivors' own agency are likely to cause harm. Service providers do more justice to communities in Irbid and Ramtha by acknowledging, listening to, supporting and encouraging survivors and supportive voices of equality who show the desire for change, as well as by understanding and supporting the women, girls, men and boys across the governorate.

During the FGDs and KIIs, consulted individuals were asked to highlight any coping mechanisms and community-based protection strategies that women and girls have adopted to keep themselves safe. The participant's responses are captured in the table below, with the most empowering strategies highlighted in green.

Table 5: Reported coping strategies

Coping strategies and community-based protection systems that help women and girls feel safe	Number of times it was identified during an FGD
Avoiding going out alone, taking company when going outside of the home	24
When out, having a mobile phone ready, recharged and with credit. If attacked, call 911 or a trusted adult	12
Learn and apply self-defense techniques (Karate, taekwondo, etc.)	12
Avoiding empty streets / secluded areas / unknown places	11
Avoid public transportation and rely on applications to order taxis (such as Queen or Zen Car) or a trusted/known taxi driver	10
Wearing conservative and/or humble clothes	9
Avoiding going out at night	9
If attacked, seek refuge in any nearby shop or ask bystanders for support and help, scream for help	9
Informing someone about when and where they are going, calling them once she has arrived to her destination	8
Changing one's route to avoid harassers, leaving a restaurant or café or shop if uncomfortable, avoid going to unsafe places even if it means walking for a longer period of time, to avoid harassment	7
Turning a blind eye to abuse in the streets such as sexual harassment, pretending it is not happening	6
When out, having deodorant or perfume on hand to spray in any potential attacker's eyes (DYI pepper spray)	5
Teach girls to have confidence in themselves, speak up, be assertive and stay strong	5
Avoiding walking next to groups of men and/or boys; Avoiding boy's and men's cafes, restaurant and computer shops	5
Having self-confidence, trust in oneself and walking proudly	4
Seeking support from other females in the community (sister, mother, neighbor, friend)	3
Having pepper spray on hand	3
Having a sharp tool on hand (keys, knife, etc.)	3
Disclosing incidents of violence and directly ask for support, not staying silent	3
Teach girls not to stay silent when faced with abuse (for example scream for help. Take an abusive taxi's car plate number and report to the police, etc.)	3

Speaking conservatively with men such as taxi drivers, shop owner, etc. avoiding unnecessary conversations, call them "uncle" or "brother" or "nephew" (<i>Khalto</i>)	3
If there is a need to get groceries at night, or if there are emergencies, it is preferable to send a man from the family	1
Avoiding being alone with a man outside of family (such as in an elevator)	1
Wearing comfortable clothes to be able to run if attacked or harassed	1
When feeling uncomfortable outside, act as if you are waving at someone or you are in a conversation with someone on the phone	1
When going out, take snacks and water to avoid having to stop at unknown shops	1

4.7 Sectoral analysis of GBV risks and needs

4.7.1 Women empowerment and livelihoods programming

It is recognized that conflict, displacement and economic crises (such as the one brought forward with the COVID 19 pandemic) destroy livelihoods and force individuals to adopt new strategies to support themselves. New livelihood strategies can increase the risk of GBV, while having limited access to economic resources and being financially dependent on others limits women and girls' ability to leave abusive situations – especially IPV and family violence²⁰. Women and girls often have no safety net; in patriarchal communities such as in Irbid or Ramtha they usually have access to few resources. A lack of access to economic opportunities while displaced often forces them to stay silent in the face of abuse, or to resort to harmful measures to survive. “Women often face a trade-off between their protection and their livelihood” (Women’s refugee commission; 2012). For this reason, the GBV risk assessment for Irbid and Ramtha includes a sectoral analysis, focusing on livelihoods programming especially in factories and agriculture. The findings mirror global knowledge around the close correlation between women empowerment, livelihoods, education and economic independence.

Also women empowerment is very important for GBV survivors. She needs the financial independence. And she needs PSS sessions to be able to manage with the stress load that

²⁰ Women’s refugee commission (2012); Preventing Gender-based Violence, Building Livelihoods: Guidance and Tools for Improved Programming; available at: <https://www.womensrefugeecommission.org/research-resources/preventing-gender-based-violence-building-livelihoods-guidance-and-tools-for-improved-programming/>

she faces. But I think we need a long breath to provide these services. We are supporting her to change her life situation. It takes a lot of time, not only the length of a project.

Protection Team Leader, UN agency, Irbid and Ramtha

Findings from this assessment also confirms the need to proceed carefully with livelihoods programming, to avoid inadvertently increasing GBV risks with livelihoods interventions. The analysis of the linkages between heightened GBV risks in specific work sectors is presented in the sub-section below ([Linkages between work sectors and heightened risks of GBV](#)). Additionally, one of the findings of this sectoral analysis is the need to remove age limitations on livelihoods programming, to allow older women to participate. Reportedly, some programs have an age limitation around 40, while many women up to 65 years old need to find work as they are responsible for their family's livelihood, or they are single women at the head of their households. Excluding them from livelihoods programming may cause them to resort to harmful measures to survive and support their families, such as child labor, or it may put them at heightened risk of sexual exploitation and abuse.

Age is a requirement to receive [livelihoods] services, you must be under 40 years old. This is not fair. Previously, our children were young and we weren't able to join training programs. Now we have the time, and we are responsible for putting bread on the table. We want to join a training and find work. But we are not allowed because of our age, and we must manage to find work or money on our own, while options are limited.

Syrian woman head of household, Irbid

It is to be noted that despite partner's efforts, a limited number of working women were able to participate in the FGDs and KIIs. However the findings highlight experiences and responses from working women, service providers, and community members reporting on other's experiences.

4.7.2 Linkages between work sectors and heightened risks of GBV

When asked about which work sectors are safe for women, and which pose heightened risk of GBV, women, girls and men identified strong linkages between certain work sectors and a heightened risk of being subjected to GBV, including sexual abuse and/or harassment at work. Similarly to the criteria and characteristics that make places safe or unsafe for women, workplaces that require working at night, working in high traffic areas such as souks, working in secluded areas (or having to walk secluded areas to and from work) and/or working in mixed gender workplaces present a heightened risk of GBV for women. This is especially the case in terms of work in the private sector, such as in clothes shops, in the souks or in private offices, especially when the work owner is a man. Another work sector that is

reportedly highly dangerous for women is working in garment factories, such as in the industrial qualified zones (more information around this specific type of work in the sub-paragraph below [Migrant women working at the industrial qualified zones](#))

Working in garment factories is very dangerous. There is a lot of sexual harassment. There is a lot of different nationalities too, not only Syrians and Jordanians. For example Al Hassan city is so dangerous, I wouldn't advise any woman to work there.

Syrian woman working in a garment factory, Irbid

Consulted women from both refugee and host communities expressed that what makes them feel unsafe in the private work sector is the lack of accountability and protection from higher authorities such as the government, and the lack of protective hierarchies and policies that are present for example in humanitarian organizations. This means that work supervisors, office managers and shop owners are easily able to commit abuse and perpetrate GBV towards work subordinates, as they hold the power unilaterally. Additionally, offices and shops are private spaces where female workers can find themselves alone with male supervisors. In contrast, within the private sector, working in a mall is perceived as safe, as there is a strong presence of security guards and cameras, and it is a large open space frequented by families.

When asked about working in the agricultural sector, responses were mixed as some women and girls reported that it is safe, due to the presence of a large group of workers; while on the other hand many women and girls reported that it is unsafe, due to the presence of a male supervisor and a mixed group of workers composed of men and women. Women feel safer when agriculture work is supervised by humanitarian organizations such as livelihoods actors. Indeed, reportedly the safest work avenues are work in the public sector and work with humanitarian organizations, including work that is facilitated by/supervised by livelihood service providers.

Several women reported that communities in Irbid and Ramtha perceive working women negatively, as they are challenging widespread gender roles of women being homebound caregivers. Accordingly, working women may find themselves ostracized from their communities, and can be at heightened risk of sexual abuse due to how they are perceived by their traditional community members. Consulted women also reported that it is common to be denied the right to work by husbands and family members. On the other hand, an emerging number of youth and adult women view working women as strong, capable and equal members of society.

I feel like working women are strong. They are less vulnerable to violence because they know how to be able to defend themselves. They are more confident and they can take the necessary measures and precautions to stay safe.

Syrian single female head of household, Irbid

Consequently, livelihoods and women empowerment programming should include close collaboration between GBV and Livelihoods actors, to ensure that women feel safe and protected at work, and to allow women to access financial agency and independence. Additionally, livelihoods programs need to involve women throughout the project lifecycle, to ensure that their specific needs are taken into considerations, and that potential risks are addressed.

4.7.3 Migrant women working at the industrial qualified zones

In several FGDs, consulted women shared that female migrant workers, especially domestic workers, are at heightened risk of GBV, as they work behind closed doors within their employer's homes under the kafala system, which traps them in an extreme power imbalance and leaves them at the mercy of employers²¹. Worryingly, the extreme risk of sexual abuse, exploitation and harassment seems to also extend to all migrant working women, including those working at the qualified industrial zones²² (QIZ).

Disclaimer: *As migrant women do not fall within the scope of this assessment, the information in this sub-section became available through a consulted service provider and background research, but unfortunately no further assessments were feasible under the scope of this assessment to consult migrant women themselves, despite several attempts to reach them. This sub-section highlights the troubling findings uncovered through the risk assessment, whilst emphasizing the need to conduct further assessment with migrant women themselves, and the need to urgently extend GBV services in Irbid and Ramtha to cover the QIZ.*

Reportedly, migrant women working in the QIZ include Jordanian, Syrian and other refugees, as well as migrants particularly from Asia: Bangladesh, Nepal, Burma, and Sri Lanka. QIZ are set mainly outside of Irbid's city centre, with the exception of one. Migrant workers reside in dormitories within these zones which consist mostly of fenced areas. They live, work and spend the vast majority of their time within the QIZ. Through the key informant interview and background research, it was found that

²¹ ILO (2017) Employer-Migrant Worker Relationships in the Middle East; (To know more about the Kafala system, check executive summary and p.3, Background) accessed through: https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_552697.pdf

²² ILO (2017) Migrant domestic and garment workers in Jordan: A baseline analysis of trafficking in persons and related laws and policies / International Labour Office, Fundamental Principles and Rights at Work Branch (FUNDAMENTALS) – Geneva; accessed through: https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_554812.pdf

migrant working women are at high risk of GBV, with reportedly rampant sexual abuse, harassment, exploitation and rape within the workplace, in transportation to and from work, and within dormitories themselves. It is perceived that GBV can take place at the hand of managers, male co-workers and intimate partners within dormitories. Reportedly, migrant women can face a high risk of sexual abuse and rape when using taxis for transportation, and anytime they are outside of the QIZ, they can face sexual harassment in the streets in the form of words, unwanted touching and taunting. Another troubling finding is the exploitative work conditions that these women face²³, in addition to a complete lack of GBV services such as case management and health services. In terms of coping strategies, migrant women reportedly avoid moving alone at all costs. They also mostly turn a blind eye to abuse, as they feel at a disadvantage and unable to report to authorities or seek help and support.

Further assessment is required to assess the situation and risks faces by migrant women especially those working in the QIZ. There is also an urgent need to extend GBV services in Irbid and Ramtha to also cover migrant working women, including domestic workers and workers in the QIZ.

5. Overview of GBV services in Irbid and Ramtha

A range of GBV prevention and response services are available in Irbid and Ramtha. This section presents an overview of GBV services, their availability and accessibility, entry points for survivors and identified gaps in services.

5.1 Available GBV services including survivor support services²⁴

A wide range of GBV prevention and response services are available in Irbid and Ramtha, including women and girls' safe spaces (WGSS), hotlines and helplines (including the national emergency number 911), GBV case management, psychosocial and mental health support, security, legal justice (legal services and documentation), group PSS services targeting adolescent girls, emergency cash assistance, awareness raising, parenting programs, engaging men and boys programs, advocacy and inter-agency referrals. Health care services were not identified during the assessment. These services are offered by a diverse group of organizations, specialized in Protection and GBV: Community-based organizations, local NGOs, international NGOs, UN agencies, and the Jordanian Government through the Family Protection Department (FPD). During COVID-19, the majority of GBV services moved to remote service delivery modalities, such as through the phone, social media or other online platforms.

²³ Al-Wreidat, Amin; Rababa, Adnan (2011) Working Conditions for Migrant Workers in the Qualifying Industrial Zones of The Hashemite kingdom of Jordan; accessed through: <https://cadmus.eui.eu/handle/1814/19884>

²⁴ For the referral pathway for Irbid and Ramtha, refer to the Amaali application.

The number of calls from women increased so much [during COVID], most of them just asking for psychosocial support. They would say: “I just want to talk. I just want to tell you what is going on.” Women had the agency and intelligence to seek virtual support.

GBV service provider, Irbid and Ramtha

The FPD was particularly active during lockdown periods and was able to provide life-saving emergency services, such as urgent relocation and referral to safe shelters for survivors of IPV and family violence.

A strong community-based approach seems to be in place in Irbid and Ramtha, with a vast network of community volunteers. GBV focal points and community based groups who are active in awareness raising and outreach. They have been trained on receiving disclosures and conducting safe referrals when needed. As reported in KIIs by consulted volunteers, they feel empowered in their work and believe they are strong agents of change within the community. Women volunteers also perceive themselves as agents of change, and work hard to inform others in their community about their rights and available GBV services, serving as a link between service providers and community members.

5.1.1 Awareness of community members on available GBV services

During FGDs, most consulted women and girls demonstrated a good understanding of the GBV services available in Irbid and Ramtha. Indeed, when asked where they could turn to for support if they experienced violence, most FGD participants could suggest multiple avenues for support for GBV survivors, as demonstrated in the table below:

Table 6: Knowledge of available GBV services

Groups expressing their knowledge of available GBV services	Knew	Did not know
Women who were asked to list at least 2 GBV services	15	
Female adult youth who were asked to list at least 2 GBV services	4	2
Adolescent Girls who were asked to list at least 2 GBV services	3	4
Men who were asked to list at least 2 GBV services	2	1
Adolescent Boys who were asked to list at least 2 GBV services		2

It is to be noted that the question was skipped by facilitators in the majority of FGDs with men and boys, for unknown reasons. Additionally, consulted women and girls were easily able to list several options of available GBV services, however they mentioned that other women and girls in their community might not be aware of these. They had recommendations on how to raise awareness, listed

below in [Awareness raising and building women and girls' capacities to speak up](#). Consulted women also mentioned that they feel safe accessing GBV services, and that they encourage other women survivors around them to disclose incidents and seek services through hotlines or WGSS that they have accessed and benefited from in the past.

5.1.2 Accessibility and safety of services and facilities

In order to make services accessible for all survivors and vulnerable individuals at risk of GBV, service providers must pay special attention to their staff and volunteer's sensitivity, awareness, knowledge and attitudes. During KIIs, consulted service providers all mentioned having received the necessary training and capacity building on the survivor-centred approach and GBV guiding principles, as well as other training such as psychological first aid, receiving disclosures and conducting safe referrals. Reportedly, GBV teams also apply these principles and approaches in their daily work. Staff are also trained on data protection standards for GBV, and they respect them during data management within the organization and when conducting referrals. It is to be noted that the vast majority of consulted GBV case management service providers have also adopted the GBV Information Management System (GBVIMS) and its recent version Primero. Activity Info is reportedly also used at inter-agency level, abiding by GBV guiding principles and safeguarding survivor's safety and confidentiality.

GBV services are in theory available for women and girls and all survivors residents of Irbid and Ramtha, honouring the GBV guiding principle of non-discrimination²⁵. However in reality, the vast majority of individuals receiving GBV services are women, girls, and survivors who are Jordanian, Syrian, Palestinian or Iraqi refugees. Other refugees such as Yemeni or Somali, and other nationalities such as migrant women seem to have much less access to GBV services. This is due to several factors: firstly, donors and projects are mostly centred around service provision to Syrian refugees and Jordanians from the host community. While GBV services are open to everyone, other services available in community centres and safe spaces such as livelihood activities are only available for participants from Syrian and Jordanian nationalities. This limits the number of non-Syrian and non-Jordanian persons accessing services in safe spaces or service provision centres. Also, because most programs are designed with Syrian refugees and Jordanians in mind, the majority of outreach plans and strategies do not extend to non-Syrians and non-Jordanians.

Additionally, survivors with disabilities reportedly also have less access to services, and there was no mention of survivors belonging to the LGBTQI+ community accessing available services. During FGDs, many facilitators asked probing questions to consulted community members around the experiences of members of the LGBTQI+ community. The majority of facilitators asked the question

²⁵ Defined by the Inter-Agency Standing Committee as: Survivors of GBV should receive equal and fair treatment regardless of their age, race, religion, nationality, ethnicity, sexual orientation or any other characteristics.

sensitively and respectfully, however a few facilitators expressed negative views about individuals with diverse sexual orientation or gender identity. This is highly concerning as it indicates that for many LGBTQI+ individuals, seeking GBV services might put them at risk of judgement and/or abuse.

These findings highlight the need for more inclusive and accessible GBV services for all segments of the population.

5.1.3 Inclusion of women and girls in services' planning, delivery, and decision making

There was no sufficient data available through KIIs with service providers on the inclusion of women and girls in planning and delivery about services. Most consulted GBV service providers were not able to answer related questions and mentioned that this part of the project life cycle is handled by separate Monitoring and Evaluation (M&E) or management teams. However they did report that survivors were able to make their own decisions freely about which services they would like to receive. Additionally, consulted key informants all mentioned several types of post-service delivery M&E, where survivors and other service receivers are able to share their experiences and any recommendations they may have (such as for example a client feedback survey). There was no mention of how collected feedback is analyzed or how it feeds back into program design, planning and delivery. This indicates that further attention is needed to ensure that women and girls and other vulnerable groups are consulted and included in program design, planning, implementation and monitoring.

5.1.4 Barriers in accessing services

According to consulted women, girls, men and boys, the biggest barriers in accessing services facing women and girls are related to gendered roles and expectations placed upon females by a highly patriarchal society. The most mentioned barrier was customs and traditions, and a culture of shame (ثقافة العيب) in which women and girls are expected to accept violence and stay silent when being subjected to abuse. Since childhood, girls are reportedly conditioned to accept and even expect abuse. The second most mentioned barrier to accessing service is closely related to the first: perpetrators of violence such as husbands and fathers keep survivors homebound and forbid them from seeking help or speaking up, through direct and indirect threats. This is further supported by wider family and community members who advise women to stay silent, be patient and forgive their perpetrator's trespasses under the pretext of preserving family unity and a clean reputation.

The biggest barrier to accessing services is parents and husbands. You have to be patient and tolerate your husband's abuse, and preserve the family unity at all cost.

Jordanian woman, Irbid

Another barrier is threats. Their parents threaten them and tell them never to speak to anyone outside of the family about problems that happen inside the home... Girls sometimes are also afraid for their reputation, and even afraid that if they speak up, it would ultimately hurt their parents.

Syrian female adult youth, Irbid

A fear of retaliation and concerns over their reputation often stops women and especially adolescent girls and young women from speaking up and asking for support. Indeed, many consulted women and girls mentioned that they fear services might not be confidential and safe, and that news of their help seeking would reach their families and put them at further risk, including of “honour” crimes.

One consulted young woman raised a crucial point about the need for trauma-informed services and entry points. She mentioned that GBV often leaves women and girls highly traumatized, and in this case it is very hard to disclose to others and to seek help. Instead, a feeling of helplessness takes over the survivor and she feels further trapped with the abuser in a vicious cycle of abuse, day after day. Further trauma informed women empowerment programs may consequently be needed, to support women and girls to gain back confidence and the ability to seek services.

Additional barriers include a negative community perception about mental health support services, counselling and PSS. Reportedly, taboos around mental health still exist within Jordanian and Syrian communities, and those seeking mental health support risk being ostracized from their families and community as they are perceived as crazy, imbalanced or sick.

Transportation was also reported as a considerable barrier, as many WGSS and service provision centres are located within city and town centres, outside of walking reach for women and girls. Public transportation is not always available, and when it is available it can be risky or too expensive especially for survivors who are denied financial independence and agency. Reaching the center to receive support was mentioned as a considerable barrier.

Additional barriers exist for women and girls with disabilities, especially those residing in rural areas outside of the city/town centres. Moreover, many centres are reportedly not physically accessible for women and girls with disabilities (stairs, absence of ramps, absence of assistive devices in bathrooms, etc.). a big gap is also noted in outreach to and inclusion of women and girls with disabilities in humanitarian programming, including GBV services, as they remain largely homebound and invisible. One woman volunteer who had previously worked on a large scale assessment in disability inclusion in Irbid provided a worrying account of her experience:

We went door to door and conducted home visits to assess the situation of women and girls with disabilities, and we saw harrowing things. We went inside homes where adult women with disabilities were neglected by their families, chained to poles or locked in rooms alone, in unsanitary conditions. Girls who cannot speak, those who cannot move, and are locked in, how will they know about services? How will they move and come to centres? Who will know and hear their horrific stories of abuse?

Jordanian woman with disability, Irbid

Existing barriers were further intensified during the COVID-19 pandemic, as women and girls were often unaware that GBV services continued operating through online modalities. Additionally, many survivors were trapped with their abusers and were unable to seek support as a result of the perpetrator's constant presence with them. Reportedly, women and girls do not always have access to mobile phones or the internet. Some live in small spaces with other family members, and do not have the luxury of speaking on the phone privately with service providers. Also, COVID-19 and ensuing movement restrictions and school closures meant that women saw their caregiving responsibilities compounded, and were not able to find the time or space to seek support from service providers.

5.1.4.1 Community perceptions about GBV services

Consulted women, girls men and boys who were aware of existing GBV services reported having trust and positive perception about services. This was especially expressed by those who had previously benefited from services. However it is to be noted that two main concerns were raised on several occasions during FGDs, and these were identified as barriers to accessing services:

- Women and girls fear mandatory reporting, as it risks exposing survivors' stories and putting them at risk of further abuse or retaliation at the hand of perpetrators and/or family members.
- Women and girls expressed having a negative perception about government services due to the perception that these services will work with perpetrators (often husbands), by summoning them, offering mediation, or prosecuting them. It is perceived that this puts women and girls at further risk of harm at the hand of perpetrators and family members, such as risking facing more physical violence, "honour" crimes or instant divorce.

These particular fears and perceptions were mentioned at many occasions throughout FGDs, indicating a need to clarify government services to women and girls, and define safer procedures to work with perpetrators. Additionally, any mandatory reporting or any involvement with perpetrators need to be done carefully after drafting a solid safety plan with survivors and ensuring their informed consent.

5.2 Identified gaps in services

KIIs, FGDs and an analysis of all gathered data points at the following gaps in GBV services:

- Presence and implementation of Appropriate protection from sexual abuse and exploitation (PSEA) policies and community-adapted reporting mechanisms.
- Efficient inclusion of women and girls and all survivors with disabilities in GBV services, especially through outreach and centre's accessibility.
- Efficient inclusion of members of the LGBTIQ+ community in available services, as well as migrant workers survivors of GBV and refugees from countries other than Syria and Palestine.
- Sufficient safe shelter options for survivors, and solid reintegration programs for those leaving shelter and reintegrating their communities.
- Wide-reaching GBV services covering rural areas outside of city/town centres
- Availability of long term funding to be able to design and implement projects over several years, especially in terms of social behavioural change and gender transformative programming.
- Sufficient livelihood programming for survivors and women at risk of GBV, and lack of income generating avenues after existing programs.
- Effective engagement of men as agents of change.
- Risks mitigation strategy when working with perpetrators of GBV.

5.2.1 Absence of specialized health services including CMR

Perhaps one of the biggest gaps identified in Irbid and Ramtha is the absence of specialized health services, including clinical management of rape and sexual and reproductive health services. “Irbid City was less likely to be included in coordination activities and health facilities reported challenges in human resource capacity. Access to clinical management of rape survivors was limited, and both women and service provider’s knowledge about availability of these services was low.”²⁶ This finding was also true during the present risk assessment, as none of the consulted key informants or community members knew about CMR services or sexual and reproductive health services outside of maternity support. This needs urgent attention to set up CMR services and other needed specialized health services, as well as raise awareness with service providers then community members about their existence and availability.

²⁶ Sandra Krause et Al. (2015); Reproductive health services for Syrian refugees in Zaatari Camp and Irbid City, Hashemite Kingdom of Jordan: an evaluation of the Minimum Initial Services Package; available at: <https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-9-S1-S4>

6. Community Proposed Potential Solutions for Reducing Risks and Improving Safety

Consulted women, girls, men and boys identified many GBV risks and needs, as well as barriers to accessing services. Consulted community members did also have clear ideas about how these risks, needs and barriers could be addressed, as well as how the risk of violence could be reduced. These ranged from awareness raising, to engaging men and boys, increasing livelihood opportunities, strengthening existing GBV services, advocacy for better laws and law enforcement, as well as a few challenging recommendations as listed in this section.

6.1 Awareness raising and building women and girls' capacities to speak up

Increased awareness raising on gender equality and GBV prevention were mentioned by women and girls as well as men in several FGDs. Participants mentioned that additional awareness raising efforts were needed to reach a wider number of women and girls and inform them about their rights and available GBV services. In addition, a follow up proposed solution is to build the capacity of women and girls to speak up about any abuse they might face, and providing them with opportunities to learn safe strategies to advocate for their rights. This can be further reinforced through creating linkages between women in the community to strengthen their own voices and agency and provide opportunities for shared peer to peer support.

A consulted GBV service provider also gave a recommendation to mainstream legal empowerment efforts within awareness raising, to teach women and girls about which laws protect them, how the laws and processes work, and how to seek support when facing any abuser or exploiter.

Women and girls mentioned several channels to widely disseminate these empowering messages, such as through awareness sessions, radio spots, social media platforms, distributed brochures, open social events, and through community leaders and volunteers.

6.2 Working towards social behavioural change and using a gender transformative approach

Consulted women and girls as well as men and boys mentioned several recommendations that would fit under social behavioural change and a gender transformative approach to programming:

- Working on parenting programs that tackle gender equality and GBV prevention. Teaching parents how to raise their children's awareness, how to teach girls and boys to protect themselves and their bodies, and how to get help and support if faced with GBV.

- Community members, volunteers and service providers to raise awareness with parents on the importance of upbringing their children without discrimination and on gender equality values and norms. One Jordanian woman mentioned: “teaching our children about what is right and what is wrong, not about shame and guilt”.
- Providing couples classes for couples before marriage, tackling gender equality, collaboration within the household, sharing responsibilities and providing healthy gender equal care to children.
- Developing specific key messages and awareness raising campaigns targeting adolescent girls, adolescent boys, young women and young men, to work towards gender equality and prevent GBV.
- Including GBV prevention and key messages around available services in school curricula.
- Making sure that women and men and boys and girls are treated equally and fairly in all humanitarian services and programs. Not treating women as if they are fragile, or inferior to men. To allow women to access power and decision making.

We need to end the idea that females are weak, and that males are superior, that they have power and can abuse and beat her... she is not weak. She is a being equal to men, she has mental abilities, she can study and work and build a business.

Syrian female adult youth, Irbid

6.3 Working with men and boys to prevent and mitigate GBV risks

Another recurring recommendation from women and girls themselves is to work with men and boys to prevent and mitigate GBV risks. Women and girls stressed the importance of engaging all family members, and not only themselves, in the fight to end GBV. Emphasis was also made on using parenting as an entry point to engage with men, working on enhancing their fatherhood capacities, gender equality and GBV prevention.

Another recommendation is to work with boys on awareness raising around sexual abuse, and how to protect themselves from abuse, similarly to programs conducted with girls and young women.

To promote men’s engagement and ensure their continued attendance, women in one of the FGD group mentioned the importance of providing incentives to men participants, or to end the program with budgeted community initiative.

One service provider also mentioned the need to work with men who are perpetrators, as well as implement programs similar to Engaging Men in Accountable Practice (EMAP) programming.

The husband, the son, the children, the mother, everyone should come to GBV programs. Facilitators have their own way of delivering messages, they might get through to men more than us.

Syrian female adult youth, Irbid

6.4 Increased livelihood opportunities

Consulted women including young women as well as men, from both Syrian and Jordanian communities highlighted the need for increased livelihood programming and work opportunities for women and men. When discussing the best work opportunities for women, working with organizations or as volunteers came up as the safest type of income generating activity. Reportedly, working with NGOs and UN agencies protects women from exploitation and abuse they might face in the private sector, or when working on their own. Indeed, consulted women reported that they feel more protected when working with NGOs and UN agencies as they perceive staff/supervisors as having more knowledge on Protection, and as there are policies and processes in place to protect workers from SEA. Offering training and income generating activities for women will reportedly enhance their resilience and self-agency, protecting them from GBV, and from having to resort to harmful survival methods.

One important recommendation regarding livelihood services is to make them accessible for older women, as well as those who live with physical disabilities or movement impairments.

6.5 Strengthening existing GBV services

In terms of strengthening existing GBV services, women and girls provided several recommendations:

- Give particular attention to women's safety and security. Ensure their physical protection after disclosure/reporting, to the highest extent possible.
- Always ensure confidentiality, and inform women and girls that services are confidential, as it will help them open up and disclose GBV incidents.
- Make sure services are highly confidential, make sure that service providers do not engage with perpetrators as it can cause further harm to survivors. This would help women and girls strengthen their trust in government services provided by the Family Protection Department (FPD) and other service providers who currently work with perpetrators.
- Disseminate information about available GBV services wider and further into the community.
- Provide transportation fees or means to survivors, to facilitate their access to services and safe spaces.

- Teach women and girls self-defence techniques that are easy to remember and implement. Practice these self-defence techniques in a safe space to empower women and girls to use them.
- Strengthen psychosocial and mental health interventions with survivors of GBV, to help them heal from the trauma they have faced/are facing.
- Implement programs that encourage women and girls to always speak up against any kind of violence they might face, and break the taboo around reporting GBV.
- Work with education service providers, schools and universities to provide safety and security to women and girls in education. Ensure guards are available to stop men from gathering in front of girls' schools.

You need to help women break the barrier of silence and fear. She needs to feel safe to report. You need to protect her when she reports.

Syrian woman head of household, Irbid

Service provider's recommendations to strengthen available GBV services also included:

- GBV Service providers to establish partnerships with community based organizations (CBOs) in rural areas, to build their capacity, train their staff on safely receiving disclosures of GBV and conducting safe referrals to GBV services. This would help in coverage of hard to reach areas, and more acceptance by local communities.
 - Case managers could also conduct case management within CBO's centres, as often survivors cannot afford transportation from rural areas to the city center where most safe spaces are located.
- Work on reaching vulnerable segments of the populations who are currently overlooked, such as survivors from the LGBTQI+ community, and survivors with disabilities.

6.6 Advocacy for protective gender equal laws and processes

In several FGDs, consulted women, girls and boys²⁷ mentioned the need to put in place strong laws, policies and processes to protect women and girls from GBV, and to enact punishments against perpetrators. Recommendations included:

- Advocating for stronger, gender equal and empowering national laws, policies and strategies.

²⁷ Note: men were also consulted but did not give recommendations on this specific topic.

- Challenging the current state of permissiveness for crimes against women and girls by enacting penal code articles that penalize perpetrators, without waving punishments using the excuse of honour.
- Pressure for the enactment, strengthening and enforcement of legal measures against and penalization of sexual exploitation, abuse and harassment, towards adult women and towards young girls and boys.
- Advocate with law enforcement and government to promote removing perpetrators from the home as a result of GBV crimes, in contrast with removing the survivor from their home which is the current response to high risk situations.

6.7 Challenging recommendations

Reportedly, never going out alone, needing to be chaperoned and recommending a heightened police presence in neighbourhoods and communities were among challenging recommendations proposed by consulted community members. Heightened police presence and the availability of guards and surveillance cameras was associated by women and girls with feeling safer outside of the house, in addition to restrictions on mass gatherings, and implementing ongoing curfews. These recommendations are considered challenging by GBV partners as they might protect women and girls from abuse on the short term, but they have the potential to cause greater harm on the long run. For example, the police in Jordan is a male dominated field, and while having armed men roaming the streets can make some people feel safer, it can be the cause of risk and unsafety for many others, especially refugees and members of vulnerable groups and minorities. Also, additional movement restrictions for women and girls and the need to be constantly chaperoned may protect women and girls from on the spot sexual harassment or abuse, but it further contributes to their dependence on others especially male family members, keeping them homebound and limiting their agency.

7. Recommendations

This report has highlighted a multitude of GBV risks facing women and girls, refugees and host community members in Irbid and Ramtha. The following recommendations have been highlighted as suggestions drawing from partners and community members.

7.1 Recommendations for GBV service providers

7.1.1 Recommendations for GBV prevention:

- Offer strong social behavioural change programs and awareness raising programs to women, men, girls and boys including caregivers and influential community leaders, in order to challenge the normalization of gender inequality and GBV in the community, including IPV, family violence, “honour crimes”, sexual harassment and online and ICT-facilitated violence.
- Map existing programs on gender and GBV transformative approaches currently available in Jordan, initiate sustainable programs and include uncovered locations to ensure impact.
- Offer awareness raising programs on women’s rights, and build women’s capacities through teaching and modelling safe strategies to advocate for their rights. Suggestion to create peer-to-peer support networks where these safe strategies could be brainstormed, discussed and shared by women themselves.
- Conduct community-wide awareness campaigns on IPV, early marriage and family violence, including “honour” crimes, marital rape and sexual abuse within homes. Include group sessions, social media messaging, posters in high traffic areas and radio programs. Ensure community members are informed of safe referral pathways and how to safely support a friend or peer to access GBV services.
- Increase efforts to widely inform communities of remote services that will be triggered in the event of another lockdown prior to any further lockdowns.
- Provide psychosocial support services for survivors and women and girls at heightened risk of GBV, including peer support groups and stress management.
 - Design remote-delivery PSS services that take into account the safety of participants and can be used in the event of a lockdown when household stress levels are likely to be increased.
- Undertake community consultation prior to designing all GBV activities, take women and girls’ and men and boys’ feedback and recommendations and mainstream them into all phases of the program cycle.
- Strengthen existing GBV prevention programs targeting women and girls to include programs tailored to the diverse needs of different groups of women: women and girls with disabilities, adolescent girls, older women, LGBTQI+ women and girls, etc.
 - Ensure that all service delivery centres are accessible to women with diverse needs.
- Work with men and boys and effectively engage them as allies through programs such as EMAP, which build the capacity of male supporters to advocate for women’s rights in their communities. Include clear information on safe referrals.

- Suggestion to use parenting and caregiving programs as an entry point to work with men on gender equality and the prevention of GBV.
- Provide psychosocial and recreational activities targeting men, with a focus on developing positive, alternative masculinities.
- Train staff working in schools and universities (including management, teachers and security guards) on the threat of sexual harassment and its impact on girls' futures. Increase security staff outside the gates of the school and position teachers at the school entrance during opening and closing hours.
- Ensure a gender-transformative approach throughout all GBV programming with women, girls, men and boys, as one "that address the root causes of gender-based inequities through interventions that challenge and redress harmful and unequal gender norms, roles, and unequal power relations that privilege men over women" (Definition by the World Health Organization)

7.1.2 Recommendations for GBV mitigation and response:

- Provide clinical management of rape services within hospitals across Irbid governorate. Train health service providers and conduct awareness raising campaigns to inform communities about the availability and necessity of CMR services.
- Strengthen women empowerment programs and develop a strong trauma informed approach to programs and service entry points, to support women and girls to build resilience and confidence and reinforce their ability to seek support and speak up about abuse.
- Training caregivers on how to respond to children being sexually harassed or being the victims of sexual assault or rape, including effective psychosocial support interventions and psychological first aid.
- Training and offer guidance to caregivers on how to respond when girls and young women or boys face online and ICT-facilitated GBV.
- Conduct trainings to community members, including women and men, on bystander interventions in cases of witnessing sexual harassment, sexual assault, rape or IPV.
- Increase outreach of GBV response services in Irbid and in Ramtha, in the city but also in smaller rural towns, including on GBV Case Management, health services and legal aid. Outreach via social media, the Amaali App, camp radio and noticeboards informing the community about available GBV services. Ensure that there are active referral pathways for survivor-centred response services in every neighbourhood, even during lockdown periods.
 - Engage with women and girls living with disabilities to inform them about existing services and facilitate their access to centres especially WGSS.

- Increase access to safer remedies for survivors, including increased awareness of the option for survivors to access to safe shelters, health services such as clinical management of rape, and legal services.
- Strengthen and continue delivering survivor-centred GBV case management services that can be adapted safely to remote delivery. Include cash assistance into GBV case management to respond to urgent needs of survivors.
- Continue delivering services for women and girls through WGSS. Ensure centres are accessible for older women and women and girls with disabilities.
- Establish partnerships with community based organizations (CBOs) in rural areas, build their capacity, train their staff on safely receiving disclosures of GBV and conducting safe referrals to GBV services, to ensure coverage of hard to reach areas, and allow for further acceptance by local communities. CBO centres can also be used for case management, to facilitate survivor's access to nearby service provision centres.
- Coordinate with Child Protection service providers to intensify joint child protection and GBV programming targeting boys and girls engaged in child labour, to mitigate and respond to risks of sexual abuse.
- Coordinate with service providers working with migrant women workers and women working in the industrial qualified zones in Irbid to offer highly needed GBV response services. Extend GBV response services to migrant women workers including domestic workers.
- Strengthen and increase advocacy on improving the Jordanian legislative framework in relation to GBV, with particular attention to the act of sexual harassment, "honour" crimes and child marriage. Increased penalties for families that engage in GBV crimes.
- Advocate with law enforcement and government to promote removing perpetrators from the home as a result of GBV crimes, in contrast with removing the survivor from their home which is the current response to high risk situations. Conduct further research to determine the safest process and the legal framework/ operating procedures for protecting women and children in cases where a perpetrator is to be removed from the home.
- Pressure for the enactment, strengthening and enforcement of legal measures against sexual contact with young girls and boys less than 18 years of age.
- Raise awareness through advocacy/communication campaigns on marital rape at both community and decision maker level, and ultimately advocate for the recognition of marital rape as a criminal offence.
- Challenge policies, legislation and practices undermining women's social, legal, political, economic, and sexual status.

7.1.3 Recommendations pertaining to service providers capacity building:

- Provide social behavioural change capacity building to service providers and frontliners to challenge any existing bias on non-discrimination, gender equality, positive discipline and positive masculinities, and acceptance of all human diversities including diverse gender identity and sexual orientation. Strengthen their capacity to carry on social behavioural change and awareness raising programming with community members.
- Provide further training to service providers on the prevention and response to online and ICT-facilitated GBV.
- Provide further training to GBV service providers and frontliners on supporting individuals from the LGBTQI+ community, as well as challenging existing bias towards gender and sexual orientation diversity.
- Continued GBV Safe Referral training for all humanitarian aid staff, in order to ensure safe, timely referrals to survivor-centred services. It is recommended that workers within CBOs, cash distribution centres, hospitals and health centres, livelihood centres, schools and universities are prioritized for this training.

7.1.4 Recommendations around the protection from sexual exploitation and abuse:

- Promote protection from sexual exploitation and abuse (PSEA) while reinforcing reporting and referral mechanisms for survivors.
- Advocate with all organizations to adopt an organizational culture of zero tolerance to SEA, built through accountability, prevention and gender equality.
- Strengthen an organizational culture of prevention and deterrence to SEA.
- Set up or strengthen existing PSEA systems and community-adapted complaint mechanisms.
- Create (or strengthen) PSEA procedures and mechanisms to ensure that in all situations, individuals, communities, staff and partners feel safe to report violations and trust that immediate and decisive action will be taken against perpetrators.
- Take decisive and effective measure to protect whistle-blowers and reporters against retaliation.
- Take immediate and decisive actions to investigate SEA reports and take action against perpetrators.
- Training beneficiaries on the use of community-adapted complaint mechanisms. Raise awareness among all community members about PSEA policies and reporting mechanisms.
- Train all staff on PSEA on an ongoing basis. Suggestion to use resources available online through: <https://safeguardingsupporthub.org/> or <http://www.pseataaskforce.org/> .

7.2 Recommendations for livelihood service providers

- Overall, conduct further gender and GBV mainstreaming in livelihood projects.
- Increase livelihoods programming for men and women, ensuring transparent beneficiary selection based on clear vulnerability criteria (without solely targeting survivors of GBV). If possible, offer options of business training and grants for participants who successfully complete vocational training courses.
- Integrate livelihoods interventions into GBV prevention and response programs:
 - For example, the inclusion of trainings or awareness on economic abuse, women's right to work, and decent work (including the right to work without harassment) into livelihoods programming.
 - Provide capacity building to livelihood staff members on safely receiving disclosures of GBV and referring to GBV case management.
 - Closely coordinate with the different GBV case management agencies in Irbid and Ramtha to ensure strong referral system to and from case management/livelihood services.
 - Install information corners in livelihood service provision centres with an updated service map and information dissemination on GBV and GBV services, leaflets from NGOs who are active in the area, service booklets for beneficiaries, etc.
 - Throughout the program cycle and especially at the onset, engage with community members including men (husbands, brothers, and/or fathers) to reinforce women and girls' access to livelihood services. For example: Talking to male family members during the outreach phase and informing them of the project and its different steps, organizing open days at the centre to allow concerned family members to become familiar with the space, etc. could help homebound women and girls have access to the services.
- Provide age-sensitive services to women and girls:
 - Increase livelihood mentorship activities for adolescent girls, focusing on soft skills training, literacy, traineeships, and awareness of women's rights to work.
 - Provide livelihood services and activities without setting an age limit, to cater for the needs and empower older women.
- Establish a child-care centre when available in livelihood service provision centres to allow women to fully participate in livelihood and/or skills building activities and address barriers to women's economic participation.
- Set up or strengthen existing PSEA systems and community-adapted complaint mechanisms.
- Training beneficiaries on the use of community-adapted complaint mechanisms.

- Train all staff on PSEA on an ongoing basis. Suggestion to use resources available online through: <https://safeguardingsupporthub.org/> or <http://www.pseataaskforce.org/>.

7.3 Recommendations for donors

- Increase funding for GBV prevention, mitigation and response at all levels of the ecological framework: individual, relationship, family, community and society. Include funding to support in the design of technology-based interventions suited to remote delivery (such as remote platforms for secure support groups) and women and girls' safe spaces.
- Designation of multi-year funding that allows for the design and implementation of gender transformative programming, addressing gender inequity through community-based interventions.
- Increase funding for livelihoods interventions across Irbid governorate.
- Include as a funding requirement the presence of a PSEA policy and reporting mechanism within the grantee organization and its partners including CBOs. Allocate finding for PSEA and innovative community-adapted reporting mechanisms.

7.4 Recommendations for improving the GBV risk assessment and way forward

- When possible, conduct FGDs in person to safeguard privacy and confidentiality, and to allow for women and girls to freely share their thoughts and opinions.
- During trainings provided to facilitators:
 - Offer examples from successful FGDs that took place in Irbid and Ramtha, also highlight lessons learned and brainstorm around expected challenges.
 - Offer tips to facilitators on how to ensure active participation from all participants in the FGD.
 - Offer clear guidance to facilitators of FGDs on how to deal with disclosures of GBV incidents within the FGDs, and how to respond to disclosures of SEA incidents.
 - Offer clear guidance on how to respond to participant statements depicting extreme negative perceptions of gender equality, hate speech or harmful masculinities.
- Smaller groups of participants (maximum 8) seem to facilitate self-expression and the sharing of opinions and experiences.
- In terms of facilitating the FGD, below are a few recommendations for facilitators:
 - It is recommended to ask all FGD questions without skipping some, and as much as possible to try and ask them in the suggested order as planned in the tool.

- After conducting the mapping exercise, it is helpful to summarize the findings and reach a common agreement with the group of participants before moving onto the rest of the questions.
- Repeating the questions of the FGD tool and rephrasing them has proved helpful in making sure participants have the time to understand, think of and properly respond to the question.
- Distributing printed copies of the GBV types and definitions to participants during the FGDs seemed helpful to foster the group's understanding and increase their participation in answering GBV risk related questions.
- As much as possible during sampling, include all refugee nationalities present in the area, and all specific segments of the population who might be at heightened risk of GBV.
 - Specifically, include more working women, with attention to those working in factories, and women working in small offices/shops.
 - Also in the event of not being able to include members of the LGBTIQ+ community in FGDs, include them as much as possible through key informant interviews, or through reaching out to organizations who provide services to individuals with diverse sexual orientation and gender identity.
- Once finalized and approved, disseminate the results of this GBV risk assessment to GBV coordination mechanisms at national level and at governorate level in Irbid, as well as Protection, Child Protection and Livelihood coordination mechanisms (working groups, task forces, email lists, etc.).
- Translate the GBV risk assessment to Arabic for more effective and wider dissemination.
- Disseminate the GBV risk assessment report through Irbid's GBV organization's social media accounts, to make sure it also reaches community members. Share a copy of this report with FGD and KII participants who have asked to know more about it.

Annex A: Glossary

General Definitions and Terms

The following definitions and terms are those established by the Inter Agency Standing Committee (IASC) in the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (IASC 2015).

Gender: Refers to the social differences between men and women that are learned, and though deeply rooted in every culture, are changeable over time, and have wide variations both within and between cultures.

Gender-Based Violence: An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (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. The term gender-based violence is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. It is important to note, however, that men and boys may also be survivors of GBV, and as with violence against women and girls, this violence is often under-reported due to issues of stigma for the survivor. GBV is a violation of universal human rights protected by international human rights conventions, including the right to security of person; the right to the highest attainable standard of physical and mental health; the right to freedom from torture or cruel, inhuman, or degrading treatment; and the right to life.

Assessment: Assessments can be defined as “the set of activities necessary to understand a given situation.” They include “the collection, up-dating and analysis of data pertaining to the population of concern (needs, capacities, resources, etc.), as well as the state of infrastructure and general socio economic conditions in a given location/area.” In the context of this exercise, assessments are used to identify community needs and gaps in coordination and then use this information to design effective interventions.

GBV Case management: GBV case management is a structured method for providing help to a survivor. It involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed about all the options available to them, and that issues and problems facing a survivor are identified and followed up in a coordinated way. It has

unique characteristics that distinguish it from other approaches to case management. The approach is called “survivor-centred.”²⁸

Caseworker or case manager: This term describes an individual working within a service providing agency, who has been tasked with the responsibility of providing case management services to survivors. This means that caseworkers are trained appropriately on survivor-centred approach; they are supervised by senior program staff and adhere to a specific set of systems and guiding principles designed to promote health, hope and healing for their clients. Caseworkers are also commonly referred to as social workers, case managers, among others²⁹.

Child survivor: A child is any person under the age of 18 (Convention of the Rights of the Child). The term child survivor refers to children affected by GBV, namely sexual violence. Working with child survivors often encompasses working with their families.

Confidentiality: Confidentiality is an ethical principle that requires service providers to protect information gathered about survivors and agree only to share information about a survivor’s case with their explicit permission. All written information is maintained in a confidential place in locked files and only non-identifying information is written down on case files. All electronic information should be password protected.

Gender mainstreaming: A strategy that aims to bring about gender equality and advance women’s rights by building gender capacity and accountability in all aspects of an organization’s policies and activities. It involves making gender perspectives – what women and men do and the resources and decision-making processes they have access to – more central to all program development, implementation and monitoring of projects, research and advocacy.

LGBTQI+³⁰: collectively refers to people who are lesbian, gay, bisexual, trans, and/or intersex. These are different terms used to describe sexual orientation or gender identity. Sexual orientation refers to a person’s physical, romantic and/or emotional attraction towards other people. Sexual orientation is not related to gender identity and sex characteristics. Gender identity reflects a deeply felt and experienced sense of one’s own gender. Further definitions are listed below:

- Heterosexual describes someone who is attracted to people of a different sex or gender.
- Homosexual or gay describes someone who is attracted to people of the same sex.
- Gay is often used to describe a man whose physical, romantic and/or emotional attraction is to other men, although the term can be used to describe both gay men and women.

²⁸ GBV AoR. Interagency GBV Case Management Guidelines, 2017

²⁹ Idem.

³⁰ Idem.

- Lesbian describes a woman whose physical, romantic and/or emotional attraction is towards other women.
- Bisexual describes people who have the capacity for physical, romantic and/or emotional attraction to person(s) of the same sex or gender, as well to person(s) of a different sex or gender.
- Queer: Some people describe their sexual orientation in other ways. For example, some may use the term “queer” instead of lesbian, gay or bisexual. This term is considered inclusive of a wide range of sexual orientations and gender identities.
- Gender identity refers to each person’s deeply felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth or the gender attributed to them by society. It describes whether individual people think of themselves as a man, a woman, or another gender.
- Transgender is an umbrella term used by people whose gender identity, and in some cases gender expression, differs from what is typically associated with the sex they were assigned at birth, including people whose gender identity is neither ‘male’ nor ‘female’ as traditionally defined. Transgender people may undertake ‘transition’, which is the process of changing one’s external gender presentation in order to be more in line with one’s gender identity. This is a complex process that typically occurs over a long period of time. Many transgender people do not undertake transition, so it is important not to make assumptions based on a person’s appearance alone. Transgender people can have any sexual orientation listed above. Never assume you can tell someone’s sexual orientation based on their appearance.
- Gender queer is a blanket term used to describe people whose gender identity falls outside the male-female binary. It can also describe persons who identify as both male and female (bigender), don’t identify with any gender (agender) or identify as a mix of different genders (e.g. male, female and agender on different days).
- Intersex is a term used to describe a person with bodily variations in relation to culturally established standards of maleness and femaleness, including variations at the level of chromosomes, genitalia or secondary sex characteristics. Intersex is sometimes termed “differences in sex development.”

Mandatory reporting: state laws and policies which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected interpersonal violence (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse)

Perpetrator: Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will

Protection from sexual exploitation and abuse (PSEA): PSEA policies and practices aim to end sexual exploitation and sexual abuse by humanitarian workers, including staff, personnel, consultants and partners, and ensure that allegations of SEA are responded to in a timely and appropriate manner.

Psychosocial support (PSS): helps individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims.

Survivor: Person who has experienced GBV. Though the terms “victim” and “survivor” can be used interchangeably, “victim” is a term often used in the legal and medical sectors and “survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency. For the purposes of the GBV risk assessment, the term “survivor” is preferred and used herewith.

Survivor-centred approach: seeks to empower the survivor by prioritizing her/his rights, needs and wishes. It means ensuring that survivors have access to appropriate, accessible and good quality services including: health care, psychological and social support³¹.

GBV-specific definitions for this setting

Definitions based on the GBV Information Management System (GBVIMS)

The GBVIMS includes a Classification Tool to classify and define the Six Core Types of GBV: The six core GBV types were created for data collection and statistical analysis of GBV. Any incident involving GBV can often involve more than one form of violence. GBV prevention and response actors should primarily use these definitions to classify incidents of GBV, especially in the context of case management.

1. **Rape:** Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.
2. **Sexual Assault:** Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. Female Genital Mutilation (FGM) is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.

³¹ www.endvawnow.org/en/articles

3. **Physical Assault:** An act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. This incident type does not include FGM.
4. **Forced Marriage:** The marriage of an individual against her or his will. This type includes early marriage.
5. **Denial of Resources, Opportunities or Services:** Denial of rightful access to economic resources/assets or livelihood opportunities, documentation, restriction on movement education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. This does not include reports of general poverty.
6. **Psychological/Emotional Abuse:** Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things.

Common types of GBV³²

Child Marriage or Early Marriage: A formal marriage or informal union before age 18. Child marriage is a reality for both boys and girls, although girls are disproportionately the most affected. It is widespread and can lead to a lifetime of disadvantage and deprivation. For the purposes of the GBV risk assessment, the term used is “Early Marriage”. Early marriage is a form of forced marriage. Forced marriage is the marriage of an individual (of any age including adults) against her or his will.

Child Sexual Abuse: Refers to any sexual activity between a child and closely related family member (incest) or between a child and an adult or older child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the survivor because of his or her young age, implied force.

Conflict-related sexual violence: Refers to incidents or patterns of sexual violence that occur in conflict or post-conflict settings or other situations of concern (e.g. political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e. a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the

³² As defined in the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (IASC 2015).

victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement.

Economic abuse: money withheld by an intimate partner or family member, household resources (to the detriment of the family's well-being) prevented by one's intimate partner to pursue livelihood activities, a widow prevented from accessing an inheritance. This category does not include people suffering from general poverty.

Family violence or domestic violence: Used to describe violence that takes place within the home or family between intimate partners as well as between other family members

Harmful traditional practice: is defined by the local social, cultural and religious values where the incident takes place. For example, honour killing, female genital mutilation/cutting/circumcision, polygamy, forced marriage to settle a debt, forced marriage to perpetrator, forced marriage to settle a dispute, forced marriage because of killing, marriage exchange of women, forced marriage for financial reasons.

Intimate partner violence: Occurs between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is behaviour by an intimate partner or ex-partner that causes physical, sexual, psychological, economic or social harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours, as well as denial of resources, opportunities or services.

Sexual exploitation: The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of forced and/or coerced prostitution can fall under this category

Sexual harassment: Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.

Sexual violence: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home, community, school and work. Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

Annex B: Focus Group Discussion Tool

Irbid GBV Risk Assessment: Focus Group Discussion Tool

Considerations and guidance for the exercise:

This tool should be used during small group discussions. The team conducting the exercise should ensure participants that all information shared within the discussion will remain confidential; if the note-taker takes down notes, s/he will not have any information identifying or associating individuals with responses. Remember that some of these questions are sensitive. You should take all potential ethical concerns into consideration before the discussion, considering the safety of respondents, obtaining informed consent from participants and ensuring that all participants agree that no information shared in the discussion will be divulged outside the group.

The group discussion should not last more than one to one-and-a-half hours.

*In order to increase acceptance and ensure that participants are not the targets of community suspicion, threats or violence, be sure to consider **before** starting the exercise:*

1. *If you do not feel it is safe to have this discussion, or that it may cause risk for staff or participants, **do not** proceed.*
2. *Before mobilizing participants explain the purpose of the assessment: to better understand the safety concerns affecting women, men, girls and boys. A report will be produced with the purpose of highlighting these concerns to different stakeholders and improving services delivered.*
3. *Inform the participants there are no commitments to any services at this time this is just an assessment exercise.*
4. *Ensure that staffs facilitating focus group discussions do not ask probing questions in an effort to identify the perpetrators of violence.*
5. *Consider the location of and access to the venue for consultation, especially the potential involvement of non-participants.*

Material Required

- Flip Chart
- Flip Chart Paper
- Outline map of Irbid & area where FGD is taking place
- Coloured Stickers or post it notes (red, green and yellow)
- Markers

Essential steps before starting the discussion:

- *Present the purpose of the discussion*
- *Explain the format of the discussion*
- *Agree with participants on confidentiality*
- *Ask permission to take notes*

Opening Statement

Good morning/afternoon. Thank you for taking the time to join us for this discussion today.

My name is ____ [say FGD team leader's name] and I am working with ____ [say the name of the org./group] _____. Here are my colleagues [let the colleagues share their names and organization they work for] .

We are conducting an assessment on the risks of violence faced by refugee women and girls in Jordan. We would like to ask you some questions about your perceptions of gender-based violence (GBV) risks within your community, neighborhood/area, and workplace. The assessment also includes questions on risks of sexual violence faced by men and boys. While this discussion should not be considered a guarantee for any direct or indirect support to you or your community, the information you provide will help us improve our programs.

This is not the venue to discuss individual incidents, but rather general issues faced by members of your community and share your recommendation to improve humanitarian programs. However, if any of you is in need of any kind of urgent support, you can approach [say the name of the team leader] at the end of the discussion. If anyone feels distressed by the discussion, they are welcome to step out to take a break.

The discussion should only take an hour and half. Your identity will be kept strictly confidential and will not be shown to others unless you provide your written agreement to do so. We will not be writing your names down or use them in any way after this discussion. The purpose of the notes is to ensure that the information collected is precise.

We will treat everything that you say today with respect, and we will only share the answers you give as general answers combined with those from all the people who speak to us. We ask that you keep everything confidential, too. Please do not tell others what was said today and by whom.

Your participation is voluntary and you can choose not to answer any or all of the questions. You may leave the discussion at any time or ask for a short break. Do you agree to take part in the discussion? Yes or No (If a participant replies with "no", he/she should leave the discussion at this point. The facilitator is responsible for following up on this.)

This is my colleague _____. She/he is taking notes to make sure that we do not miss what you have to say. Is this acceptable to you? Yes or No (If a

participants replies with “no”, he/she should leave the discussion at this point. The facilitator is responsible for following up on this.)

[After asking each of the following questions, look at the participants and get implicit approval that they understood]

Do you have any questions before we start?

Creating the Community Map

- Explain to the participants that we are going to start by working on a map of the area of Irbid in which they are living/working. This map will form the basis of our discussions.
- Ask for one volunteer who is willing to work on the map (*displayed at the front of the group*), based on the other participants' instructions.
- With directions from other participants, the volunteer should mark on important landmarks within the city area/neighbourhood (e.g. market). The facilitator should encourage the group to think about where they live, socialize, work etc.
- Explain that after the map is completed, you will ask a set of questions related to what they have drawn. Remind the participants that that you will not identify who said what – all answers will be treated confidentially.

Once the map is completed, the facilitator should ask the following questions:

1. Looking at the map, will want to think about how women and girls feel in the community. Are there any places that you feel safe³³? If so, where? Why these places? At any time of the day/night?

Facilitator to mark on the map these places with a green sticker.

Explain that we will now focus places or situations that may make members of your community feel less safe. We will start by focusing on women, before considering girls, men and boys.

2. a) Within your community, are there any places where women may feel unsafe? If yes, where? Why? At any time of the day/night?

Facilitator to mark on the map these places with a red sticker and the letter W (for women).

³³ Feeling safe can be quite subjective; sometimes it can be helpful to first ask about places participants like to go and then why and at what times of the day/night. Depending on the group it can be useful to ask if there are places they avoid or do not like to go, and then why, time of day/night.

Follow-up question can also include asking about what types of things women are/feel safe from.

b) Now let's think about girls. Are there any places where girls may feel unsafe? If yes, where? Why? At any time of the day/night?

Facilitator to mark on the map these places with a red sticker and the letter G (for girls).

c) Finally, let's think about men or boys. Are there any places where men or boys may feel unsafe? If yes, where? Why? At any time of the day/night?

Facilitator to mark on the map these places with a red sticker and the letter M (for men) or B (for boys).

3. You have mentioned the following types of safety concerns affecting women and girls in the urban area (*Facilitator to write on a piece of flip chart paper*). Are there any other safety concerns that affect women and girls that have not yet been discussed?

Facilitator to probe around the six types of GBV according to the GBVIMS classifications. Probe around the likely perpetrators of each form of violence.

4. a) Looking at this list (*Facilitator to read out the full list again*) what would you consider to be the top three most common safety concerns affecting women living in Irbid?

Facilitator to ask participants to vote for the three they feel are the most common.

b) Looking at this list (*Facilitator to read out the full list again*) what would you consider to be the top three most common safety concerns affecting girls living in Irbid?

Facilitator to ask participants to vote for the three they feel are the most common.

c) Looking at the two lists of the forms of GBV the group considers to be most common, have these changed at all since the COVID-19 outbreak?

5. Are there specific groups or categories of women and girls that you think are more vulnerable to gender based violence. If yes, which type of women/ girls and what makes them vulnerable?

b) Has the risk of violence changed following the COVID-19 outbreak? If yes, how?

6. Are you aware of any services are available in Irbid to support women and girls who experience violence? If so, what?

Suggested follow-up questions here can be:

- What type of services or information can [women/girls] get there?
- What kind of service or information would [women/girls] like to have there?

- How do [women/girls] know about this place?
- What are the reasons that would prevent [women/girls] from using this place?

If knowledge is low, facilitator to probe on how information can be more effectively (and safely) disseminated to the community.

7. Do women or girls in your community face any specific barriers preventing them from accessing these services (*listed above*)? If yes, what barriers?
Probe around whether the COVID-19 outbreak has created any additional barriers?
8. *If you work outside your home, is there anything that makes you feel unsafe at work? Why? Do you feel safe getting to/from work? If not, what makes you feel unsafe?*
9. *Are you aware of any precautions taken by women and girls when they go out? For example, carrying something for protection or avoiding certain areas etc.*
10. What could be done in this community to create a safer and protective environment for women and girls to make them feel more comfortable? Make sure that you do not raise expectations. Encourage participants to be as specific as possible providing recommendations to mitigate GBV risks in the areas where they live/work. This could be by changes of policy, changes in design, changes in services, changes in (men's) behavior, etc
 - a) By community members
 - b) Other actors

Before asking the next question, Facilitators should explain to participants that we have a responsibility to report cases of sexual exploitation by service providers (UN; NGO; CBOs workers providing assistance) where the perpetrator is known. Therefore, in the following question, participants are requested to discuss examples without giving names, to protect the identity of any survivors. However, after the session has finished, participants should speak with facilitators if they wish to report any cases.
11. Without mentioning names, have you ever heard of community members being asked to pay (or engage in sexual activities) in exchange for services or assistance provided by humanitarian or government actors? If yes, what types of service providers? How common is this?

Closing statement

Thank you for sharing your concerns and recommendations with us. We value your inputs and opinion; this will help us improve our programs. Once we finalize our report, how would you prefer to receive feedback on our findings? (Summarized report could be shared on

UNHCR website or FaceBook page. Or are there other communication tools you would like us to share in order to ensure access to all?).

Do you have any questions?

If you would like to discuss any of the issues talked out in the group in more detail, or support to access GBV services, please approach me after the session.

Annex C: Key Informant Interview Tool

GBV Risk Assessment QUESTIONNAIRE KEY INFORMANT INTERVIEWS (KIIs)

Use questions under general section for all sectors/service providers, complement with specific questions linked to type of service. Unless otherwise specified, possible answers are: Yes/No/Don't know.

1. What safety and security problems do adult women face in Irbid? B) What about adolescent girls?
2. Have the safety risks affecting women and girls changed since the COVID-19 outbreak in Jordan? If yes, in what way?
3. Are there known danger zones in specific areas of the Irbid and Ramtha where girls and women are at increased risk for assault/harassment? If yes, where?
4. Who are the main perpetrators of violence against women and girls?
5. What coping strategies, if any, do women and girls use to improve their safety?
6. What steps, if any, have the community taken to make girls and women safer?
7. What services does your organization offer to promote women's and girls' right to safety? Do you feel there are any remaining GBV service gaps? Do you have specific recommendations to improve them?
8. Have women and girls been consulted on the design of your services? If yes, a) please describe the methodologies used B) Did these consultations include questions about safe access to GBV services?
9. Are you/your staff trained on the survivor centred approach? (*dignity, rights and wishes of survivors are respected throughout all programming*) If yes, to what extent do you believe it is applied throughout your service provision? (probe around sensitive topics – see below comment on question 14).
10. Are you/your staff trained on data protection standards for SGBV? (*documents are password protected, password shared separately, name of survivor does not appear on e-mail/documents which contains information about SGBV incidents, need to know principle: information is only shared with focal point, only info required for service provision, with prior informed consent of survivor, all documents in locked cabinets*) If yes, are these standards respected by your organization/sector during referrals?