



Gender Based Violence Risk Assessment for the Emirati Jordanian Camp

September 2021

GBV Sub Working Group – Jordan

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Acronyms

ARDD	Arab Renaissance for Democracy & Development / Legal aid organization
CBO	Community Based Organization
EMAP	Engaging Men in Accountable Practice
FPD	Family Protection Department
GBV	Gender Based Violence
GBVIMS	Gender Based Violence Information Management System
IFH	Institute for Family Health
INGO	International Non-Governmental Organization
IPV	Intimate Partner Violence
IRC	International Rescue Committee
LGBTQI+	Lesbian, Gay, Bisexual, Transexual, Queer and/or Intersex
NFI	Non-Food Items
NGO	Non-Governmental Organization
PSS	Psycho-Social Support
SEA	Sexual exploitation and abuse
SRAD	Syrian Refugee Affairs Directorate
SGBV	Sexual and Gender Based Violence
TdH	Terre des Hommes
UN agency	United Nations agency
UNFPA	United Nations Population Fund
UNHCR	UN High Commissioner for Refugees
UAE	United Arab Emirates
WGSS	Women And Girls' Safe Spaces

1. Executive summary

The present report focuses on the findings and recommendations of the GBV risk assessment conducted in the [Emirati Jordanian Camp \(EJC\)](#), from May to August 2021. The overall aim of the assessment was to gain a better understanding of the GBV risks faced by Syrian refugee women, girls, men and boys and vulnerable groups in the EJC, and to provide recommendations on areas where GBV response and overall humanitarian response need to be enhanced in the camp. It was found that residents of the EJC reportedly live a sheltered life within the camp's premises, with guaranteed access to basic needs such as shelter, food, health and education. The EJC is jointly managed by the UAE Red Crescent and the Jordanian authorities through the Syrian Refugee Affairs Directorate (SRAD), in coordination with the United Nations High Commissioner for Refugees (UNHCR), and public areas within the camp are reportedly [safe](#) for its female and male residents. However, [GBV is present](#), disproportionately affecting women and girls and subjecting them to risk and unsafety within their own homes. Women and girls mostly face GBV at the hands of partners and family members.

The risk assessment was coordinated by IOM and conducted by the members of the GBV/Child Protection sub-working group in Al Azraq who are actors within the EJC. It is to be noted that the EJC is under the coordination mechanism of Al Azraq camp. The GBV risk assessment 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 six main parts: an introduction and context overview; a review of the methodology, and the identified GBV Risks in the EJC, an overview of GBV services in the EJC, and recommendations for the way forward.

The risk assessment found a high prevalence of [intimate partner violence](#) (IPV) and family violence (physical, emotional, economic violence and abuse in the context of family or intimate partner relationships) within the camp, in addition to other GBV risks such as [early marriage](#) affecting Syrian refugee girls. [Sexual harassment](#) mostly of young females in the streets and public places – especially when crowded – was also reported as a risk, mostly faced at the hands of male youth. A major risk within the EJC is the community's acceptance of GBV as a normal part of family and community life. IPV and family violence incidents are normalized and even expected as part of marriage and family life. there is a noted lack of awareness about GBV in the EJC compared to other camps and urban locations in Jordan.

The [COVID-19 pandemic](#) and its related lockdown, movement restrictions and loss of livelihood opportunities led to an increase in violence against women and girls in the EJC – especially IPV and early marriage. Although the standards of caravan space allocated for each family in the EJC is higher than in other camps, caravans reportedly provided a cramped living space especially during lockdown, 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, as many women and girls were unaware that services were still available through online service delivery modalities.

Findings from this risk assessment show that [vulnerable groups at heightened risk of GBV](#) in the EJC are: Syrian refugee women and girls in general, especially adolescent girls and young females, women living without men (widowed, separated, divorced, head of household), and women and girls with disabilities.

Regarding available services, the risk assessment found that [GBV prevention and response services](#) are available in the EJC. Consulted community members seem to be somewhat aware of these services. Services seem to be accessible and safe. However, challenges regarding coordination between actors within the camp and overall coordination regarding the camp were found. Despite the existence of a referral pathway (Ammali App) many actors were not fully aware of what other services were available at the camp at the time of assessment. Additionally, many barriers in accessing services were identified, primarily originating 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 clinical management of rape.

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, recommendations pertaining to coordination and capacity building, and recommendations for donors. The recommendations are included within the final part of the 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 the Emirati Jordanian Camp (EJC), in East Jordan. Below is an overview of the context followed by the assessment objectives.

2.1 Context Overview

2.1.1 Emirati Jordanian Camp overview

The Emirati-Jordanian Mrajeeb Al Fhood Camp is located 25 kilometres east of Zarqa, on the highway to Saudi Arabia. The camp was opened in 2013 to cope with the overflow from Zaatari refugee camp and is funded by the United Arab Emirates (UAE). It is jointly managed by the UAE Red Crescent and the Jordanian authorities through the Syrian Refugee Affairs Directorate (SRAD), in coordination with the United Nations High Commissioner for Refugees (UNHCR)¹. The EJC is under the humanitarian coordination mechanisms in place for the neighbouring Al Azraq camp.

“Since its establishment, the EJC has largely sat outside of the Jordan Response Plan, with little to no information shared with the wider humanitarian community, as very few actors operate in the camp which is run and largely funded by the Emirati Red Crescent”.

The camp’s management ensures order and the safety of refugees through advanced electronic and surveillance cameras, and a strong police presence³. Compared to Al Azraq and Zaatari refugee camps, the EJC is small in scale, with just over 6,600 Syrian refugees. Each family is housed in a caravan, which were recently serviced with private latrines. Below is a demographic snapshot of the EJC.

¹ Relief Web news and press release; Emirati-Jordanian camp receives first group Syrian refugees (2013); accessed through: https://reliefweb.int/report/jordan/emirati-jordanian-camp-receives-first-group-syrian-refugees?gclid=CjwKCAjwsNiIBhBdEiwAJK4khlJ8n6YwDB7rVvnoFEqjHWuFoKVm53SbRX8nfW20GAyesai6BA6okxoCDckQAvD_BwE

² Dr Aisha Hutchinson on behalf of Terre des Hommes (2019); Child marriage in discussion: Findings from focus groups with Syrian refugees in Jordan and Lebanon; TdH; accessed online via: https://reliefweb.int/sites/reliefweb.int/files/resources/6.%20Child%20marriage%20in%20discussion%20FGDs%20JO%20%26%20LEB_EN.pdf

³ Relief Web news and press release; Emirati-Jordanian camp receives first group Syrian refugees (2013); accessed through: https://reliefweb.int/report/jordan/emirati-jordanian-camp-receives-first-group-syrian-refugees?gclid=CjwKCAjwsNiIBhBdEiwAJK4khlJ8n6YwDB7rVvnoFEqjHWuFoKVm53SbRX8nfW20GAyesai6BA6okxoCDckQAvD_BwE

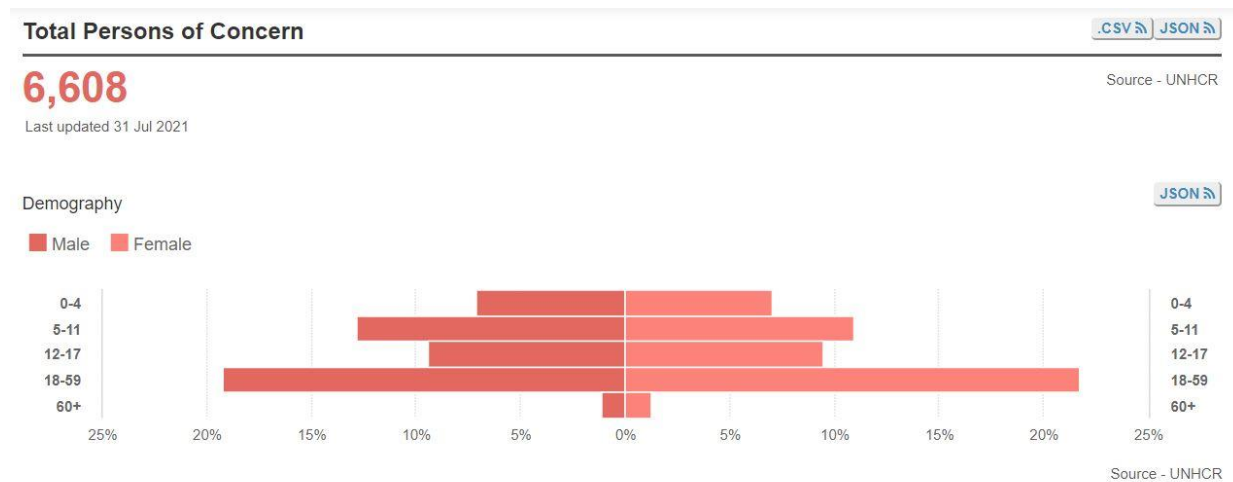


Figure 1: Snapshot from UNHCR's web portal containing demographic data of the EJC camp, accessed in August 2021 through: <https://data2.unhcr.org/en/situations/syria/location/41>

Through funding from the UAE, Syrian Refugees in the EJC are guaranteed access to their basic needs: food, education, housing, health, job and volunteering opportunities for two members of each family. Recreational facilities as well as psychological support are also available.



Figure 2: Map of the Emirati Jordanian Refugee Camp

2.1.2 Brief GBV and Gender situational analysis in the Emirati Jordanian Camp

Across Jordan's host and refugee communities, Gender Based Violence (GBV) is rife. This includes the EJC, despite the efforts to create a closed and secure environment hosting a relatively small number of refugee families. The safety and security situation within the camp is highly monitored, limiting the

incidence of GBV outside and in public places. However, the dominance of patriarchal relations that tolerate violence against women is widespread within the Syrian refugee community in the EJC. This constitutes one of the major underlying causes of GBV, in addition to conservative social and religious norms. Accordingly, GBV still manifests itself in diverse forms, from physical violence within intimate relationships to violence towards adolescent girls, including early marriage. It affects women and girls in the psychological, emotional, sexual, legal and economic spheres⁴.

The situation in the EJC – especially inside homes – mirrors the GBV trends across Jordan: As highlighted in the 2020 GBV IMS Annual Report⁵, 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. As for the EJC specifically, interviewed consulted community members and GBV partners referred to a high prevalence of intimate partner violence (IPV) and family violence (physical, emotional, and economic violence and abuse in the context of family or intimate partner relationships). However they highlighted that these incidents remain highly underreported. Allegedly, families tend to deal with family violence and IPV using traditional conflict resolution channels, such as referring to family elders, the local community and/or religious leaders. This is further detailed below in section 4.1.1 [Intimate partner violence and family violence](#).

Additionally, the unparalleled 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 included the EJC. Families spent their time locked inside caravans consisting of 1 room each. The small space and lack of privacy, in addition to increased uncertainty, limited job opportunities, stress exacerbated 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 them⁶” (UNFPA et al.; 2020). Throughout the pandemic, the burden of

⁴ Lebanese American University, Institute for Women’s Studies in the Arab World. Gender Profile: Jordan

⁵ GBV IMS Task Force in Jordan (2021); GBV IMS Annual Report 2020. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/75705.pdf>

⁶ Christine Anderson for UNFPA, IFH and Plan International (2020); Daring to Ask, Listen, and Act:

caretaking including home schooling and childcare fell disproportionately on mothers, as highlighted in a rapid assessment by UN Women⁷. 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 insecurity⁸. This mirrors the findings from the community consultations in the EJC, 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 abusers⁹.

Regarding 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. Community consultations also showed that the COVID 19 pandemic and the lockdown in the EJC meant that service providers had extremely limited access to the camp. Additionally, the internet connection is reportedly weak within the camp's premises. This resulted in additional barriers hindering GBV survivors' access to needed services. 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, especially in low tech environments.

In short, women, girls and specific segments of the populations living in the EJC may be shielded from risks and unsafety when outside of their homes, where the camp's management and Jordanian authorities provide consistent security. However, they are facing substantial risks of GBV within closed doors such as in their homes, whilst facing several barriers that hinder access to needed services (as elaborated in 5.1.2 [Barriers in accessing services](#)). Enhanced, accessible and innovative services, outreach initiatives, awareness raising and advocacy with communities, other humanitarian sectors and national authorities remains a priority for GBV prevention, mitigation and response in the EJC (as elaborated in section 6.1 [Recommendations for GBV service providers](#)).

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>

⁷ 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>

⁸ *Idem*

⁹ UN Women's interactive platform; How COVID-19 impacts women and girls; available at: <https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html>

2.1.3 Scope and limitations of the GBV risk assessment for the Emirati Jordanian Camp

This report focuses on the GBV risks faced by Syrian refugee women and girls and other segments of the population in the Emirati Jordanian Camp, in the context of the protracted Syrian crisis and the current COVID-19 pandemic. Large refugee camps in Jordan such as Al Azraq and Zaatari witness a high presence of local and international humanitarian aid service providers, making data and assessments easily available. However, there was little to no data available about GBV risks within the EJC. Accordingly, it was chosen as the location for the third risk assessment in Jordan, to produce knowledge on existing GBV risks, gaps and needs faced by the refugee population in the EJC.

The report also highlights evolving GBV risks and needs under the current COVID-19 pandemic. However, the risk assessment did not tackle other protection, economic or health risks faced by women, girls, men and boys in the EJC. It also does not look at the risks faced by persons of concern outside of the EJC.

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 2021¹⁰. A second risk assessment was finalized for Irbid and Ramtha and a report was published in August 2021¹¹.

The present report focuses on the findings of the third GBV risk assessment, conducted in the EJC. The objectives of the risk assessment are:

- To better understand GBV risks in the EJC, especially in terms of the risks faced by Syrian refugee women and girls, and including the extent to which the COVID-19 pandemic is affecting GBV risks within the camp.

¹⁰ 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>

¹¹ GBV working group; Gender-based Violence Risk Assessment for Irbid and Ramtha (Drafted by IOM); 2021; accessed through: <https://data2.unhcr.org/en/documents/details/88228>

- To understand the unique experiences of different community groups living in the EJC, 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 and working women.
- To identify strengths within the refugee community to mitigate risks of GBV and identify areas where GBV response – and the overall humanitarian response – in the EJC needs to be enhanced;
- To highlight refugee community’s recommendations to overcome or mitigate GBV risks in the EJC;
- To ensure accountability to affected populations within the EJC 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 June 2021, IOM adapted the SGBV Risk Assessment Tool to suit the camp setting of the EJC. 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 the EJC contributed to the assessment through data collection, participation in key informant interviews and/or technical review: IFH, TdH, War Child, ARDD, UNFPA and UNHCR.

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 June and July 2021. Collected data was triangulated with available information found through a thorough desk review.

During FGDs and KIIs, partners took every measure to fully abide by ethical, safety, gender and conflict-sensitive considerations, in

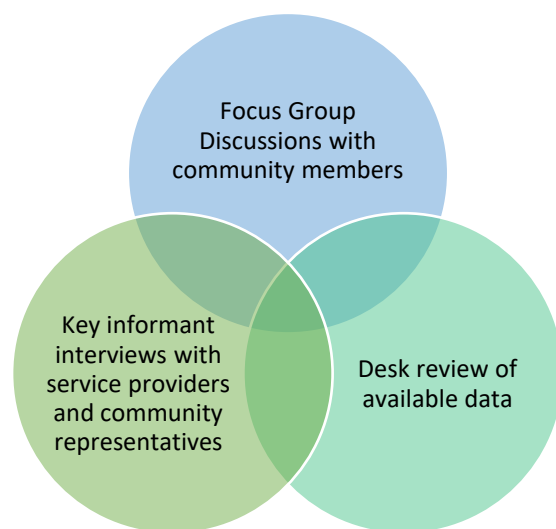


Figure 3: Qualitative data collection

compliance with the survivor centred approach. Data collection included actors, stakeholders and implementing partners in the EJC – and their beneficiaries – spanning a broad range of GBV, Protection and Child Protection activities.

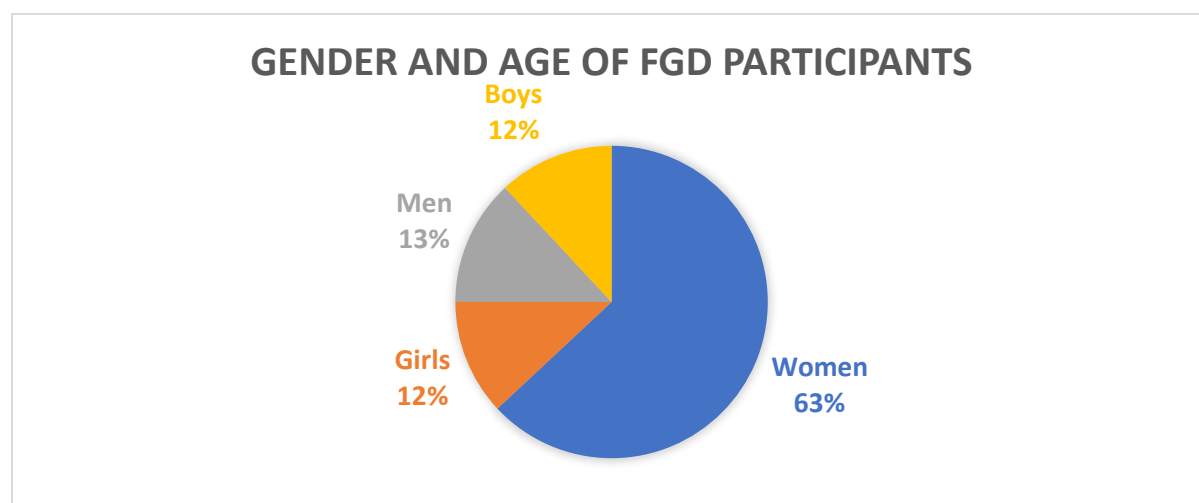
3.1 Background and tools

3.1.1 Focus Group Discussions with Affected Populations

As part of the GBV risk assessment, 16 FGDs were conducted with a total of 92 women, girls, men and boys including those living with disabilities. FGD participants were Syrian refugees residing in the EJC. 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](#)). Six 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
Adult women (25 - 59 years)	2	12
Female adult youth (18-24 years)	2	10
Adolescent Girls (12-17 years)	2	11
Single female headed household (18-59 years)	2	10
Older Women (60+ years)	2	13
Women and girls with disability	2	13
Men (18-59 years) including those living with disability	2	12
Adolescent Boys (12-17 years)	2	11
Total	16	92

Figure 4: Gender and Age 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 the EJC.

At the start of the FGDs, participants were provided with a map of the camp, including the different caravan zones, the service provision centres and the 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 the EJC, 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 the camp.

Below are some examples of maps generated during the FGDs.



Figure 5: Adult women mapping the safe and unsafe places in the EJC

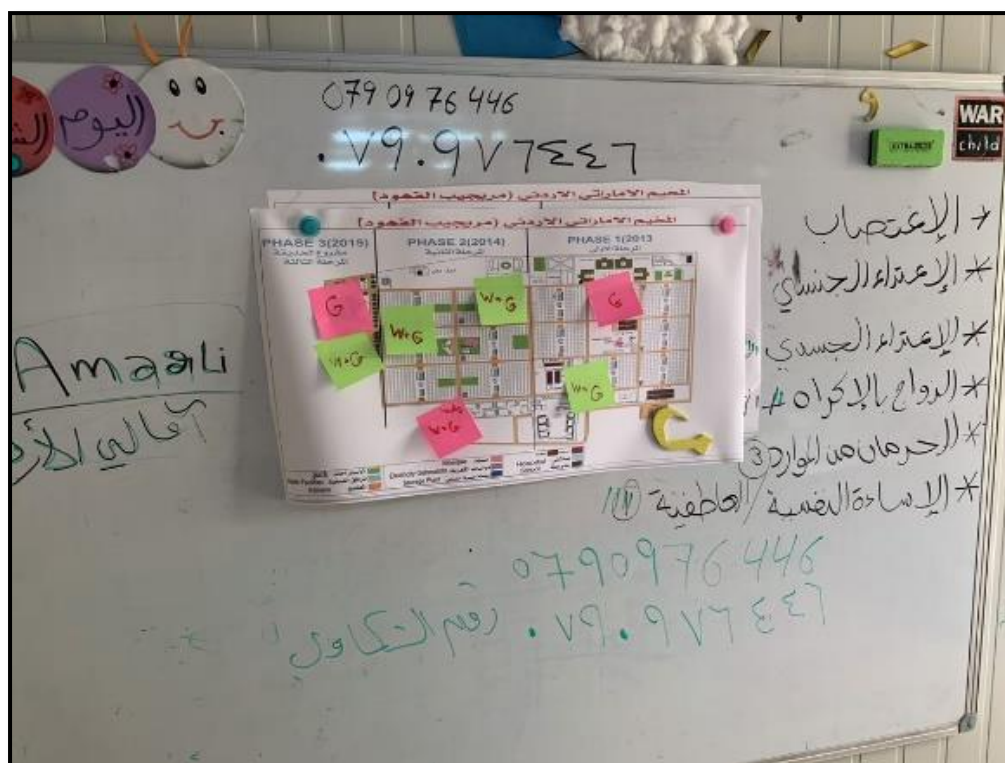


Figure 6: Adolescent boys mapping safe and unsafe places in the EJC, brainstorming on existing GBV risks and learning about hotline numbers.

3.1.2 Key Informant Interviews with service providers and community volunteers

As part of the GBV risk assessment, 11 key informants took part in the KIIs, providing specific information based on their professional experience on GBV risks present in the EJC.

Respondents included:

- 2 Respondents (females) working for UN agencies in GBV / Protection / coordination roles in the EJC and Azraq camps;
- 8 Respondents (5 females, 3 males) working for NGOs and INGOs in GBV / Child Protection and/or management roles in the EJC and Azraq camps;
- 2 Community leaders (1 male and 1 female) working as volunteers with INGOs in the camp;
- 1 male respondent from the management unit of the EJC.

The KIIs aimed to map out existing GBV risks in the EJC 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 the EJC. A copy of the KII questionnaire can be viewed in [Annex C: Key Informant Interview Questionnaire](#).

3.2 Challenges and Limitations

Limited access to the camp as well as the need to acquire authorization for field visits delayed the completion of a few FGDs, as data collection focal points from IOM and UNFPA waited for receiving their authorization. Despite this challenge, partners were able to conduct all FGDs and 3 KIIs in person, taking into consideration the necessary COVID-19 health and safety measures.

Another limitation of the GBV risk assessment is the low number of partners operating within the camp, which affected the ability to reach out to key informants and conduct KIIs. As a result, a high level coordination was needed, and KIIs took place during the span of two months with a few interviews necessitating over one month to set up. Covid-19 related restrictions also constituted a challenge to conduct the data collection as partners had limited access to the camp.

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 the EJC

The situation for women and girls within the EJC might seem better than the situation for those outside of the camp, however Syrian refugees still face GBV. In fact, GBV in the EJC remains “a normal part of the culture”, as mentioned by several key informants. Especially within families and behind closed doors, it is 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 sometimes outside, where they face all types of GBV mostly at the hands of partners, family members and other men in the community. The findings also show that in the largest proportion, these GBV incidents go unreported.

The community here lives secluded in the desert. There is no entertainment and mobility is restricted. Higher education is difficult to access, their perspectives in life are limited. The caravans are made up of a 10 x 20 m² room, with no privacy whatsoever even for the parents. And as it's also part of the culture, coping strategies include GBV, especially early marriage and IPV.

Humanitarian Staff, EJC

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 the EJC;
- 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

Women and girls in the EJC reportedly live a sheltered life within the camp's fenced borders. Consulted community members generally report feeling safe within the EJC. However, community consultations still showed that women and girls face several types of GBV, mostly inside their homes. Gender inequality is also deeply rooted, with detrimental consequences which can be experienced both inside

and outside the home. As in many other areas in Jordan, women and girls' mobility is restricted due to traditional harmful gender norms including the fear of sexual harassment, and time constraints associated with reproductive and caregiving roles. During FGDs, consulted women, girls, men and boys were asked to list the top three safety concerns affecting women and girls living in the EJC. Each group of participants voted and agreed on a common response, which have been summarized in the below table. An image portraying this brainstorming exercise on the common types of GBV is also included below.

Table 2: Top safety concerns affecting women (left), and top safety concerns affecting girls (right), as voted by 16 groups of community members during FGDs

Top safety concerns affecting adult women living in the EJC	Number of times an FGD group identified this type as a top safety concern	Top safety concerns affecting girls living in the EJC	Number of times an FGD group identified this type as a top safety concern
Psychological / Emotional Abuse (including verbal sexual harassment in the streets)	13	Forced marriage (especially early marriage)	13
Physical assault (including IPV)	11	Psychological / Emotional Abuse (including verbal sexual harassment in the streets)	11
Forced marriage	5	Denial of Access to Resources, Opportunities or Services	10
Denial of Access to Resources, Opportunities or Services	5	Physical assault (including IPV)	3
Sexual Assault (including sexual harassment in the streets and public areas)	4	Sexual Assault (including sexual harassment in the streets and public areas)	3
Rape	3	Rape	2

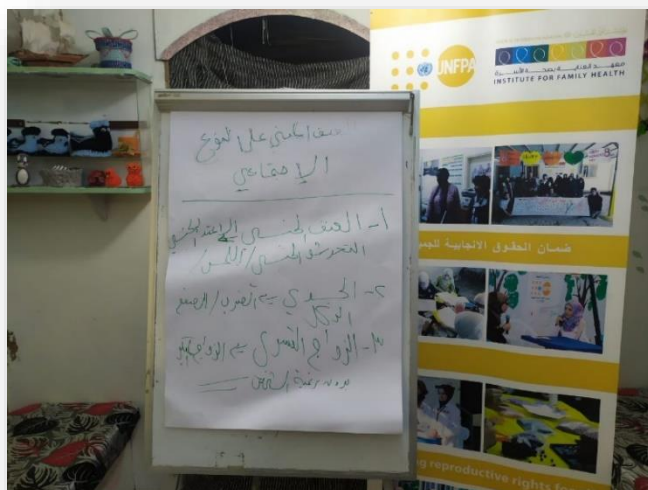


Figure 7: A group of young women in the EJC brainstorm on the common types of GBV faced within the camp.

FGD participants also specified that the sexual violence including sexual harassment in the streets and verbal harassment such as taunting in public places mostly affect girls and young women. For adult women, it is violence at the hands of partners that is the most concerning. The findings are further corroborated by the data captured in the 2020 GBVIMS Annual Report for camp settings, which includes the EJC.

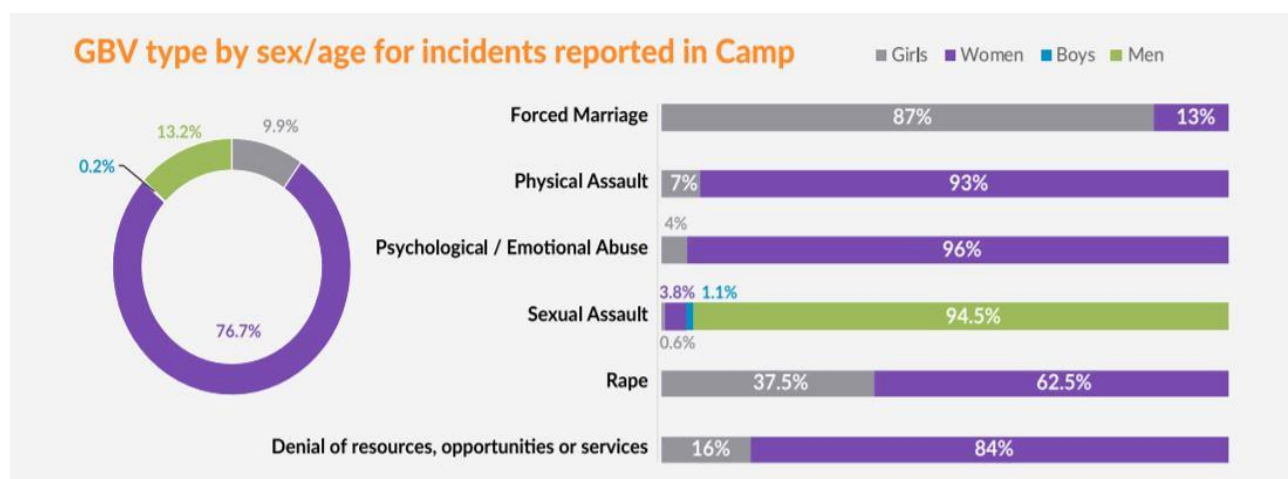


Figure 8: Type of reported GBV incidents in camp settings segregated by sex and age (source: GBVIMS 2020 annual data; Jordan GBV IMS Task Force; p. 12)

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

Gender discriminatory norms present across the communities that shape the EJC are the root cause for an array of GBV risks, especially intimate partner violence. These risks are further exacerbated by the experience of war related-trauma, extreme lack of privacy in the caravans and limited work/recreational opportunities within the camp. It is to be noted that in the EJC, families have more space compared to Azraq and Zaatari camps, as each caravan houses 5 family members (compared to 7 in other camps). However, the community still reportedly perceives one caravan housing 5 family members as a small and crowded space, which limits privacy and heightens tension within the family. These contributing

factors to GBV are also compounded with increasingly harsh economic and living situations during the COVID 19 pandemic. As portrayed by consulted key stakeholders and women and girls from community members, IPV traps women and girls within an endless cycle of physical, psychological, emotional abuse, to denial of resources, opportunities and services. During FGDs, many women and girls mentioned that they feel safe within the camp especially in comparison with other camps or urban settings. However, these statements were later followed by endless accounts of IPV in all its forms and early marriage.

We know there is verbal and physical abuse. Even sexual abuse. A girl who doesn't want to get married and who is forced to get married is experiencing rape at the hands of her husband. Women and girls facing violence from their husbands become depressed, anxious. They try to hide the signs of abuse on their bodies.

Adolescent girl, Syrian refugee, EJC

As portrayed in Table 2 above, the biggest threats facing women in the EJC are psychological/emotional violence and physical violence, referred to mostly within the context of IPV and family violence. **Physical violence** exists in the form of hitting, slapping, and other forms of physical abuse, at the hands of husbands and/or male caregivers.

Physical violence exists. Many husbands beat their wives. This is the norm for married couples especially adults.

Adolescent Boy, Syrian Refugee in the EJC

Women and girls also face **psychological and emotional violence** within their homes, with long-lasting and overwhelming consequences. This includes harsh words, humiliation, and threats.

If I don't do what he asks, he threatens to divorce me. Or he threatens to marry a second wife.

Syrian Refugee Woman, EJC

Some of the contributing factors to IPV is the general lack of privacy within caravans, where up to 5 family members live within one 20 x 10 m² space. Despite the standards of living and space in the EJC is better than in other camps, privacy is still lacking. The lack of ability to share private intimate moments between spouses and prolonged time spent inside a cramped living space exacerbates the risk of IPV and family violence and can increase exposure to GBV. Additionally, this causes a concern for

parents as they fear it would trigger sexualized behaviours in adolescents. It is to be noted that within the camp as in other areas across Jordan, sexual education and practices are still highly taboo.

The caravans don't fit our families. One family had adolescent girls aged 14 and 15, and boys aged 18 and 19. Nobody had privacy, and it led to violence. They asked for a second caravan and were denied. Nobody has privacy, not the spouses nor the children.

A Syrian Refugee Woman with Disability, EJC

Worryingly, consulted community members expressed that IPV is widely accepted which means that survivors will rarely come forward to report or seek services. This comes within a general context of harmful traditional gender norms and a widespread acceptance of GBV targeting women and girls.

Physical violence exists, and the wife doesn't speak up because she wants to preserve her family and reputation. In my opinion, simple physical violence should exist, because sometimes words are not sufficient to educate your wife. But of course, not extreme hitting.

Syrian refugee man, EJC

Additionally, the camp is highly secured and controlled by the management and authorities, with strong police presence. While this certainly leads to safer streets and public spaces as reported by community members and consulted key informants, it also leads to a fear of reporting GBV incidents among women. They fear that their husband would be expelled of the camp, or that there would be retaliations against them after they report.

I am scared of the police. If they ask for me, I get terrified. I wouldn't go place a complaint because I'm scared what might happen if I do.

Syrian Refugee Woman, EJC

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 key informant mentioned that within the camp, each family is allowed to income generating opportunities: A job and a volunteering opportunity. Each family decides which member accesses which opportunity. In most families, jobs which render a higher income are reserved for men, especially that they require longer working hours and are sometimes performed outside of the home. Volunteering opportunities are mostly reserved for women, to allow them to tend to reproductive and

caregiving responsibilities within the household. However, volunteering comes with lower pay. Additionally, consulted women, girls and boys mentioned that denial of access to resources, opportunities or services also means that girls are homebound, that women do not have the freedom to come and go as they please even within the camp, and that restrictions relating to access to money and financial decision-making within the household are in place. Education is provided for free within the camp, but adolescent girls often find themselves forced to stay at home by their caregivers. 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.

Denial. For us girls, the word we hear the most is “mamnoo’ ” (forbidden). It is forbidden to go out unaccompanied, forbidden to have a mobile phone, to see your friends, to wear what you want, to play, you are expected to just live in isolation, depression and anxiety. Parents do this unaware of the consequences and that their daughter will suffer. Girls get hurt even if it doesn't physically show.

Adolescent girl, Syrian refugee, EJC

On the other hand, consulted key stakeholders had mixed reports about the GBV situation in the EJC. Many corroborated the above mentioned findings, reporting that the IPV and family violence pose a real threat to women and girls in the EJC, making their own homes unsafe.

Married women face violence because of their husbands, girls face violence because of their fathers. Emotional violence, denial of access to resources and physical violence.

Female community leader and volunteer with an INGO, EJC

However, several key informants compared the situation in the EJC to Azraq camp, and concluded that GBV within the EJC is very limited. reportedly, it does not pose a real threat due to the high presence of police and authority members that do not tolerate wrongdoing. On the one hand, it is clear that GBV reporting within the camp is very little. However, it is well-established that GBV is widespread globally, even if underreported. “The magnitude of GBV, especially in situations of civil conflict or contexts with poor health care, legal, and social infrastructure, remains unknown. Local evidence on GBV prevalence and trends, which informs programming, is often drawn from the subsample of individuals who disclose victimization. This is problematic because GBV is typically underreported, and

individuals who report or disclose GBV may systematically differ from those who do not¹²” (Palermo, Bleck, Peterman; 2013).

In the EJC women and girls feel extremely safe. In general, in camps the situation is safe. But in the EJC they feel extremely safe. There is electricity, services are available, there are no crime incidents, and the level of GBV compared to Azraq is much lower.

Humanitarian Staff in the EJC

In this context, the perception of GBV being a negligible risk is highly problematic, as it steers attention and programming away from those at risk of GBV, especially homebound women and girls. A key finding of this risk assessment is that further work is needed on GBV prevention, mitigation and response, as well as a higher engagement of GBV actors within the camp, to build trust with the community and raise awareness on GBV, reporting mechanisms and available services.

4.1.2 Early marriage

As reported by FGD respondents, early marriage is the highest risk faced by girls in the EJC. Despite a law setting the minimum age of marriage at 18 years in Jordan, early/child marriage still takes place due to a myriad of cultural, religious and socio-economic reasons. The risk of early marriage is compounded in camp settings such as in the EJC.

Early marriage is a key risk for girls and even boys in the EJC. The community is trapped within the camp. There isn't many services and virtually no entertainment/recreational opportunities. There is limited higher education and work options. Their coping strategies therefore include early marriage. It is already widely accepted in the Syrian culture and was performed back home, and in the camp it comes with benefits and provisions.

Humanitarian Staff, EJC

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, as well as most FGD participants. When asked, both community members and consulted key informants reported that early marriage risks in the EJC are compounded due to the reasons highlighted in Figure 8 below.

¹² Tia Palermo, Jennifer Bleck, Amber Peterman (2013); Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries; American Journal of Epidemiology; doi: 10.1093/aje/kwt295

Needing Space	Over protection of adolescent girls	Fear of acquiring taboo sexual knowledge and risks of sexual abuse
<ul style="list-style-type: none"> ▪ Marriage is the way to procure a private caravan, which solves the issues of cramped living spaces for families with several members. ▪ Families may encourage marriage even for underage daughters and even sons in order to create space in their caravans and gain more privacy. ▪ Married couples would get a new caravan, family pack, mattress for sleeping, and basic support for food, non-food items and healthcare. When consulted, the EJC management denied providing these provisions to families including an underage spouse. However, this information has not reached the community sufficiently, as consulted respondents mentioned new caravan/provisions as a key driver of early marriage in the EJC. 	<ul style="list-style-type: none"> ▪ An adolescent girl living in a caravan with her parents has no privacy, especially if living with male relatives. One FGD member mentioned she could not even remove her Hijab (head cover) in her own caravan. ▪ She is considered at risk of seeing her parents in intimate moments, which would expose her to taboo knowledge on sexual relations. ▪ Unmarried adolescent girls are considered at risk of sexual harassment and/or abuse outside of the home, and marriage is foreseen as both a prevention and response mechanism to limit this risk. 	<ul style="list-style-type: none"> • "Because large families are all squashed together in a single caravan, children and young people are exposed to their parents having sexual relations because there is no privacy, and so families consider it better for girls and boys to marry and have their own caravan and own privacy" (TdH, 2019). • Caregivers reportedly fear that young men sitting idle in their caravans sexually abuse or harass girls in the community. • In one FGD, consulted adolescent boys reported that if a boy/young man likes a girl/young woman, and if their parents do not consent to their relation, the boy will "do sexual things" and then the parents will be left with no choice but to bless the marriage.

Figure 9: Reported drivers of early marriage in the EJC, including quote¹³

Early marriage still poses a considerable threat to girls, despite undeniable progress made since the camp's establishment on raising awareness and working to end child and early marriage in the EJC. Consulted FGD participants all mentioned being aware of the harmful health, social and emotional consequences of early marriage. Community members and consulted key informants mentioned a case

¹³ Dr Aisha Hutchinson on behalf of Terre des Hommes (2019); Child marriage in discussion: Findings from focus groups with Syrian refugees in Jordan and Lebanon; TdH; accessed online via: https://reliefweb.int/sites/reliefweb.int/files/resources/6.%20Child%20marriage%20in%20discussion%20FGDs%20JO%20%26%20LEB_EN.pdf

of mass wedding¹⁴ during the early days of the camp, which included a number of child marriages. They reported that the vast majority of these couples are now divorced, indicating that divorce is one of the harmful consequences of early marriage.

A few years ago, there was a mass wedding for 25 couples. Some couples got married only for the provisions, in hopes of getting a new caravan and family pack, and some money as a gift. And out of these 25 only 6 couples are still married, all the others are divorced. Many of them were underage.

Syrian Refugee Man, EJC

Consulted community members seemed well aware of the harmful consequences of early marriage, however they mentioned that the reasons stated above in Figure 8 often take precedence over this awareness. Also, they reported that not all camp residents possess sufficient knowledge and awareness on the risks of early marriage.

Early marriage takes place sometimes with the girl's consent, and sometimes without it. People don't think how harmful early marriage is for their child, they only think that it is their right to marry off their daughter and have more space and privacy. They don't consider early marriage wrong, neither for girls nor for boys. Although it has harmful consequences and often ends in divorce.

Single Female Head of Household, EJC

A couple of FGD participants mentioned that girls are no longer able to go to school once they are married. However, one consulted child protection actor reported that strong advocacy was done by the camp's actors with the camp management to safeguard married girls' access to education.

The findings from community consultations highlight that although existing awareness raising efforts have yielded positive results, additional efforts are needed to create social behavioural change on the subject of early marriage. Additionally, and perhaps more importantly, advocacy with the camp management is required to address the key drivers of early marriage that are specific to the EJC, such as the lack of space and privacy in the caravans.

¹⁴ News article by the Emirates News Releases available at: <https://www.emiratesnewsreleases.com/erc-hosts-mass-wedding-for-syrian-refugees-at-emirati-jordanian-camp-in-jordan/>

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 only echoed through 1 community consultation with adolescent girls who mentioned that forced marriage is synonymous of rape for girls and young women. This is not reported to service providers, which highlights 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.

As for risks of **sexual abuse and rape outside of marriage**, community members and consulted key informants mentioned that this risk might be happening in the camp, but that they don't know about it. FGD respondents reported that the camp is generally safe, and in comparison with other camps or urban settings, their daughters and sons are secure from abuse. This is due to a high level of surveillance and strong police presence. Also, as the camp is small, respondents highlighted that within zones and public spaces refugee residents have become a big family. Strengthened community and family ties act as a deterrent for sexual abuse and rape.

In the camp there is no sexual violence nor rape.

Syrian Refugee Man, EJC

However, we cannot ignore the fact that GBV and sexual violence in particular is highly underreported in the whole of MENA region, due to the taboo nature of the incident, and due to the fact that incidents rape / sexual abuse are often “resolved” through marrying off the victim to the abuser, which is echoed in the findings from adolescent boys (highlighted in Figure 8 above).

Finally, **regarding sexual harassment in the streets and in public spaces**, reportedly verbal harassment is widely spread, targeting mostly adolescent girls and young women. Verbal and sexual harassment outside of the home is accordingly a top risk for adolescent girls and young women as reported through FGDs with community members. 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 is also present, especially in crowded public places such as the souk (market). Responses such as “I don't let my girls

outside alone, I fear that boys would harass them or tell them nasty things”, or “it is unsafe for girls to be outside of the caravan” were common amongst consulted caregivers.

Wherever we go, to the souk, in the streets, the boys are there to taunt us. They always have something to say. Sometimes in the souks they even try to touch women and girls then run away.

Syrian Adolescent Girl, EJC

In conclusion, there seems to be a lack of awareness on available services for survivors of sexual abuse and rape, which highlights the need for more awareness raising. This is also the case with most consulted key informants, who considered that a lack of reporting of sexual abuse incidents is equivalent for a camp free from sexual abuse. While the EJC is definitely safer than other areas in Jordan, no place globally is unfortunately free of sexual violence, whether at the hands of family members or community members. Accordingly, there is a need to work with service providers on recognizing the fact that sexual abuse and rape exist, despite being underreported, and the ability to recognize signs of abuse especially amongst children.

4.1.4 Sexual exploitation and abuse (SEA)

One of the main questions in the FGD and KIIs aims to find out the incidence of sexual exploitation and abuse. Thankfully, none of the respondents mentioned that this is a risk within the camp. One respondent mentioned that they “heard such rumours but never saw anything or encountered anything”. A couple of FGD groups mentioned that there can be “favours” (non-sexual) in cases where the family is friends with service providers or the management (such as getting a washing machine or an extension to the caravan).

4.2 Vulnerable groups at heightened risk of GBV

During community consultations with women, girls, men and boys, and KIIs with service providers and key informants, it was identified that groups who are mostly at risk of GBV are: women and girls in general and in particular adolescent girls, women who live without an adult male family member (protector, breadwinner), and women and girls with disabilities. The table below illustrates these findings with relevant quotes from the FGDs. This is consistent with findings from global research as well as the two previous GBV risk assessment conducted in Azraq camp, and in Irbid and Ramtha. These findings do not prove that men and boys are sheltered from GBV, as GBV against males remains extremely taboo, and a general lack of services targeting men and boys has been highlighted as a gap within the EJC.

Table 3: Vulnerable groups at heightened risk of GBV

Vulnerable group	Illustrative quote	Quote Source
Women and girls in general ¹⁵	All women in general are at risk of violence. Mostly inside their homes.	Syrian adolescent girl
	Psychological violence and GBV overall are present for all women and girls.	Syrian female head of household
Adolescent girls in particular	Adolescent girls are the most at risk within the camp. They face family violence but also verbal harassment outside.	Syrian female adult youth
	At puberty, and especially after 14 years of age, girls cannot go and come as they please. They don't go to school anymore. Parents fear that they will be harassed. And they are in the marriage age, so parents start looking for suitors.	Syrian woman with disability
Women living without men: widowed, separated, divorced, female head of household, single adult women	Divorced women face negative talks by the community. They are often blamed for the divorce. Even their daughters are at risk of negative talks and violence.	Syrian Refugee Woman
	Although they are protected by the management, widowed women find themselves at risk of verbal abuse from others around them.	Syrian refugee man
	Women who do not have a man to care for them and provide for their household's needs are at risk of abuse. They are more vulnerable than women who have a male breadwinner.	Syrian woman head of household
	Single adult women are the talk of the town, because the community negatively views females who are not married. They are viewed as unwanted.	Syrian refugee woman
Women and girls with disabilities	Those with disabilities face physical and psychological violence, inside and outside of the caravan.	Syrian Adult Female Youth

¹⁵ According to the 2020 GBVIMS Annual Report for Jordan, 94.1% of survivors coming forward to report incidents and seek services were females. 87.3% were adults, and 6.8% were girls.

During a couple of FGDs, facilitators probed participants to ask about **Lesbian, Gay, Bisexual, Transexual, Queer and/or Intersex (LGBTIQ+) individuals**. The unanimous response was that there is no members of the LGBTIQ+ community in the camp. One group of boys even said: “thankfully nobody is gay here. That only exists in Lebanon”. This highlights a general lack of awareness and acceptance of the LGBTIQ+ community within the EJC, as in the overwhelming majority of places in Jordan.

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 and those who volunteer with NGOs within the camp feel safe at work and reportedly do not face risks of sexual abuse in the workplace. However, some feel unsafe on the way to or from work, as they might face sexual harassment in the streets. Some unsafe workplaces include the industrial area and the sewerage treatment areas, which are very largely serviced by men and unfrequented by women and girls.

We feel safe in our jobs, especially within the camp. It's only if we need to go early to work and there is nobody in the streets that we feel unsafe or fear to encounter anyone who could hurt us or harass us.

Syrian female adult youth

4.3 Perpetrator profiles

Perpetrator profiles have been consistent over the past few years in GBVIMS reports across Jordan, including the EJC: the vast majority of reported GBV 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 Jordan, 88% of perpetrators were intimate partners (husbands in this context), caregivers or family members, while the vast majority of incidents took place in the survivor's home. This data was confirmed by consulted women and girls. They risk facing GBV in the EJC mostly at the hands of intimate partners and family members, or at the hands of men and boys in public spaces.

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>

An abusive husband is the biggest threat to a woman, followed by fathers and brothers. And in general, men and boys who hang out in the streets can cause harassment too.

Syrian female adult youth, EJC

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.

The perpetrators of violence are the men: firstly the husband, father, brother, uncle. Then men in general. For domestic violence, it's men from the family. For harassment, it's any man or boy in the streets. But thankfully we have not heard of community leaders or service providers abusing their power.

Humanitarian Staff; EJC

4.4 Safety within the EJC's public and living spaces

Consulted women, girls, men and boys all expressed feeling safe within the camp. The relationship with the camp's authorities is smooth, management and police are reportedly trusted by the community. In many areas across Jordan, Syrian men and boys especially face racism and fear the authorities. This thankfully does not seem to be the case in the EJC. Life within the camp is highly monitored, however it is safe. Order and safety are reportedly felt during the day and night.

In the camp, you can sleep outside and nothing would happen to you. I feel safer here than I felt back home in Syria.

Syrian older woman, EJC

Men and boys reportedly do not feel any significant risk when outside or when at work. The only risk mentioned during FGDs is boys quarrelling between each other and getting into fights. However, some areas do pose risk for women and girls, and thus they avoid frequenting them alone. These areas are reportedly:

- The maintenance area, as only men work there and frequent it
- The sewage service area, for the same reason
- The supermarket when it is crowded, as it is a mixed gender area. Women and girls fear verbal and sexual harassment. However, when they do report it to the camp's management, quick actions is always taken to restore order.

- The public gardens, public streets when it is crowded, and sports playgrounds, as it can be a gender mixed area and can pose perceived risks of verbal and sexual harassment.
- Previously – the public toilets, as some boys and young men would try to get into them. Reportedly, boys would dress as girls and taunt the females while they tried to access the bathrooms. This risk no longer exists as the caravans have been serviced with private bathrooms.



Figure 10: Photograph of the Emirati Jordanian Camp during a field visit, IOM Jordan © 2021

It is to be noted that when visiting the camp, IOM staff noted the calm and lack of crowdedness, as pictured on the left. In comparison with other camps and areas in Jordan, the camp seemed very orderly.

These findings were echoed by consulted key informants, who noted that in general they perceive the camp as a safe area for its residents, including women and girls.

The camp is safe. People don't have a lot of opportunities compared to other camps or to those living in cities, but they are very safe. When they talk to relatives outside of the camp and hear about their situation, they express being grateful for what is provided in the EJC.

Humanitarian Staff, EJC

4.5 Impact of COVID 19 on GBV risks and needs

The ongoing COVID-19 pandemic and ensuing movement restrictions, lockdowns and loss of work opportunities have had a detrimental effect on all individuals, especially affecting women and girls. In Jordan, a research study¹⁷ using an online survey of 687 women, Abuhammad shows that the proportion of women and girls experiencing violence quadrupled during the pandemic (from 10% to 40%), with parents (both mothers and fathers) being the most often reported perpetrators. Less than half of the women who had experienced violence reported it to the police, and perpetrators were arrested in only

¹⁷ Sawsan Abuhammad (2020); Violence against Jordanian Women during COVID-19 Outbreak; Jordan; DOI: 10.1111/ijcp.13824

3.5% of cases. The most significant predictors of experiencing violence during this period were a woman's marital status and unemployment, highlighting the link between economic insecurity and violence. Syrian refugees residents of the EJC have not been spared.

Reportedly, women found themselves cramped into a tiny space with additional caregiving responsibilities. Family members were idle at home, which increased stress and tension. Reportedly, psychological and emotional violence between family members was at an all time high. There was also an increase in physical violence. Men who worked outside the camp were not allowed to go out, while women who volunteer with NGOs within the EJC were still receiving payment. As reported by men and women, this meant that gender relations were affected and increased the risk of IPV, including the denial of access to resources as men tried to keep control of the household's finances. Additionally, most FGD respondents mentioned that early marriage cases increased exponentially. On the other hand, sexual violence and GBV outside of the home decreased. Finally, as service providers were not able to access the camp, consulted community members expressed having felt alone in their struggle. Many said that it was impossible to receive support on the phone in cases of IPV, as the whole family lives within the caravan in one room.

Early marriage increased a lot, like a lot. Psychological violence too, as well as physical violence. Our mood was below zero. Many of my friends got married during this period, some even had children!

Syrian adolescent girl, EJC

The risks that were most exacerbated by the COVID-19 pandemic are clearly the existing risks that women and girls already face in their daily lives. This indicates the need to tailor specific programs to address IPV and early marriage, and to put in place stronger GBV prevention, mitigation and response programs, with wide-reaching outreach efforts across the camp.

5. Overview of GBV services in the Emirati Jordanian Camp

GBV prevention and response services are available in the EJC. This section presents an overview of GBV services, their availability and accessibility, entry points for survivors and identified gaps in services¹⁸. Only four actors are currently present in the camp:

- UNHCR providing coordination, protection and GBV and Child Protection case management
- IFH providing GBV prevention and response activities, including GBV case management for women and girls as well as men and boys, and referrals to UNHCR when needed for legal services. Prevention services include awareness raising and different prevention/recreational activities. IFH also provides support to people with disabilities.
- War Child providing child protection activities and education activities.
- Terre des Hommes providing protection and child protection services including GBV case management for child survivors, and a recreational space dedicated for women and girls, mainly with basic psychosocial support, recreational and skills building activities.

Other services are available for camp residents through referrals to the service providers located outside of the camp:

- ARDD provides legal support (external to the camp, working through referrals with UNHCR).
- The Family Protection Department is not present within the camp, however they do support when referred to by UNHCR.

It is to be noted that the camp management is very pro-active in providing access to basic needs for refugee families residing in the EJC. However, matters related to GBV are often considered internal family matters, outside of the scope of logistical services to be provided by the camp management and service providers, and an existing part of the Syrian culture. Preventing, mitigating and responding to GBV does not appear to be an objective for the camp's management. On a positive note, consulted management members welcomed the idea of strengthening organizations' work on these important issues within the EJC.

5.1 Community perceptions on available GBV services

5.1.1 Awareness of community members on available GBV services

During FGDs, many consulted women and girls were aware of organization working in the camp, however they were not fully aware of the services they provide in terms of GBV prevention and response. When asked where they could turn to for support if they experienced violence, most FGD

¹⁸ For the referral pathway for the EJC, refer to the Amaali application.

participants mentioned family members, friends, and community leaders. Only when probed, respondents mentioned (I)NGOs/ UN agencies active in the camp, as demonstrated in the table below. As for men and boys, they were not aware of available GBV services within the camp.

Table 4: 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	4	2
Female adult youth who were asked to list at least 2 GBV services	1	1
Adolescent Girls who were asked to list at least 2 GBV services	1	1
Men who were asked to list at least 2 GBV services		2
Adolescent Boys who were asked to list at least 2 GBV services		2

Additionally, consulted women and girls mentioned that other women and girls in their community might not be aware of these services. They had recommendations on raising awareness on available GBV services within the community.

It is to be noted that COVID-19 restrictions has considerably affected the services provided within the camp, with many of the services moving to remote-service delivery modalities. However, the community perception seems to be that these services are no longer being provided, as a limited number of women and girls were aware that GBV services especially case management are available remotely.

There were some organizations in the camp, but because of COVID they closed.

Female adult youth, EJC

5.1.2 Barriers in accessing services

Women and girls in the EJC reportedly lack agency and self-determination when it comes to leaving the caravan, reporting GBV and seeking services. This is deeply rooted in the patriarchal customs and rules governing female's private and public lives within the EJC. According to consulted women, girls, men, boys, and service providers, customs and traditions dictating an acceptance of violence and its justification as a "private family matter", in addition to a culture of shame (ثقافة العيب) lock women and girls in cycles of un-ending abuse which they have been conditioned to accept and expect. 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.

There are many reasons that can make it difficult for a woman to seek help from an organization. First, her husband or father may be threatening her. He can forbid her from leaving the caravan. If she disobeys, he divorces her. Or he beats her. If she reaches the organization and members of the community know that she is reporting against her husband, they will all talk negatively about her. Her reputation will be ruined. Also there is a pressure to resolve family issues internally, without going to the camp management or police. These are internal family issues and others meddling in can do more harm than good.

Female adult youth, EJC

Under COVID-19 related lockdowns and mobility limitations, services within the EJC either stopped or moved to online service delivery modality. This meant women and girls survivors of GBV had even less access to services, as they were homebound in a one-room caravan most often with their perpetrator. Many do not have access to a phone. Additionally, when a mobile phone is available, it is almost impossible to have the privacy to talk to service providers and report incidents of abuse/receive support safely and securely.

Ok, we might have social media and a phone. But the idea is that she is at home 24/7, and the person she wants to report is right there with her!

Adult Syrian Woman, EJC

Additional barriers exist for women and girls with disabilities, as they are fully dependent and reliant on family members to be able to get out of their caravans and access services. Consulted women with disabilities mentioned that sometimes, a woman with disability cannot complain because the person who needs to take her to the service provision centre or the camp management unit is the abuser, or because she is too ashamed to ask for help from other community members because violence within the household remains a private family matter.

5.2 Identified gaps in services

The camp management as well as most consulted service providers do not perceive GBV as a main risk within the camp. This may explain the limited knowledge about available services. However the gaps remain clear:

- Face-to-face services to be strengthened within the existing women and girls' safe space, including dedicating a separate entrance for women and girls and specific time slots for them.
- Strengthened outreach efforts to raise awareness within the camp about GBV and available services, and conduct basic prevention activities.
- A strong referral pathway between service providers in the camp, with regular updates and information sharing about what services are available in each centre.
- GBV prevention activities targeting men and boys. It is to be noted that engaging with men and boys was mentioned by women, girls and boys themselves as a community recommendation.

Have meetings with boys and young men. Organizations should work with them, because when we feel unsafe it is because of the men and boys.

Syrian adolescent girl, EJC

- Recreational activities targeting youth, especially boys who are excluded from work/volunteering opportunities and who do not have avenues for engagement or growth within the camp. This is directly linked to a risk of increased verbal and sexual harassment for girls and women, as male youth who have nothing to do gather in the streets or between caravans.
- Clinical management of rape (CMR) services at the health centre within the camp, or strengthened referrals to CMR services outside of the camp.
- 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.

6. Recommendations

This report has highlighted the GBV risks facing refugee women and girls residing in the EJC. The following recommendations have been highlighted as suggestions drawing from partners and community members.

6.1 Recommendations for GBV service providers

6.1.1 Recommendations for GBV prevention:

- In an effort to curb one of the main drivers of early marriage, provide extra caravans/space for large families, especially those including adolescent girls and boys, in a timely and systematic manner.
- Work with camp religious leaders and community leaders to counter early marriage, refer to existing successful campaigns within Jordan that have been proven effective with religious leaders and to the Jordanian law which does not legalize the marriage of an individual under 18 years of age.
- Offer 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, especially IPV, family violence and early marriage.
- Conduct camp-wide awareness campaigns on IPV, early marriage and family violence. Include group sessions, social media messaging, posters and invitations to community spaces where awareness campaigns would be conducted.
- Inform community members and especially zone leaders on available GBV services. Ensure community members and leaders 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.
- Strengthen available psychosocial support services for survivors and women and girls at heightened risk of GBV, including peer support groups and stress management.
- 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.
- 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 boys and young men, with a focus on developing positive, alternative masculinities.
- 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)

6.1.2 Recommendations for GBV mitigation and response:

- Strengthen existing women and girls safe spaces (WGSS) to include a wide array of GBV prevention and response services, preferably face to face whilst taking all necessary COVID-19 related health measures, and including GBV case management. Strengthen community outreach to inform women, girls, men and boys including those harder to reach: married girls and women and girls with disabilities – about available services and entry points.
- Strengthen and continue delivering survivor-centred GBV case management services that can be adapted safely to remote delivery, including low-tech service delivery such as reliance on trained community leaders and the usage of code words/signals/actions (such as hanging a red cloth from the caravan’s window, etc.) to activate an emergency response. Include cash assistance into GBV case management to respond to urgent needs of survivors.
- Ensure services are accessible for older women and women and girls with disabilities, not only by equipping the physical centres but also by adopting outreach strategies and service delivery modalities that are inclusive of individuals with limited mobility.
- Provide clinical management of rape services within the EJC’s hospital. Train health service providers and conduct awareness raising campaigns to inform communities about the availability and necessity of CMR services. If not possible, coordinate with CMR service providers outside of the camp to ensure that a strong, fast and accessible referral process is in place.
- 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.
- Increase access to safer remedies for survivors, including increased awareness of the option for survivors to access to safe shelters outside the camp, health services such as clinical management of rape, and legal services.

6.1.3 Recommendations pertaining to coordination amongst service providers

- Strengthen coordination regarding the EJC camp with Azraq and Amman working groups.
- Add as a standing point on updates from the EJC in the Azraq CP/GBV sub-working group where the four current actors can provide updates about their services and the camp's situation. Ensure regular presence from EJC actors in the sub-working group.
- Provide monthly updates to the national GBV sub-working group in Amman. Specifically and significantly include the EJC within the GBV annual plan and the Jordan Response Plan.
- Conduct a quarterly informal catch-up meeting among actors within the EJC to update about programs, services and changes to team structures. Discuss and update the camp's referral pathway.
- Reactivate case conferences for complex cases involving more than one actor, to strengthen response and coordination.

6.1.4 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 GBV, as well as the ability to receive disclosures of GBV incidents and conducting safe referrals.
- 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 organizations, cash distribution centres, hospitals and health centres, livelihood centres, and schools are prioritized for this training.

6.2 Recommendations for donors and camp managers

- 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 and youth programming within the EJC.

- 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.

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.”¹⁹

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 others²⁰.

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+²¹: 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.

¹⁹ GBV AoR. Interagency GBV Case Management Guidelines, 2017

²⁰ Idem.

²¹ 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 support²².

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.

²² 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 GBV²³

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

²³ 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 – Arabic

الاعتبارات والتوجيهات لهذا التمرين

يجب استخدام هذه الأداة أثناء القيام بالحلقات النقاشية الصغيرة. بحيث أن يضمن الفريق الذي يجري التمرين للمشاركين أن جميع المعلومات التي تمت مشاركتها في المناقشة ستبقى سرية إذا قام مدون الملاحظات بتدوين الملاحظات، فلن يكون لديه أي معلومات تحدد أو تربط الأفراد بالردود. تذكر أن بعض هذه الأسئلة حساسة، يجب أن يأخذ بالاعتبار المخاوف الأخلاقية المحتملة قبل المناقشة، مع مراعاة سلامة المجيبين و الحصول على الموافقة المسبقة من المشاركين والتأكد من موافقة جميع المشاركين على عدم الكشف عن أي معلومات تمت مشاركتها في المناقشة خارج الحلقة.

يجب ألا تستمر مناقشة الحلقة أكثر من ساعة إلى ساعة ونصف. لزيادة القبول والتأكد من أن المشاركين ليسوا أهدافاً لشكوك المجتمع أو التهديدات أو العنف، تأكد من مراعاة ما يلي قبل البدء في التمرين:

1. إذا كنت لا تشعر أنه من الآمن إجراء هذه المناقشة ، أو أنها قد تسبب مخاطر للموظفين أو المشاركين، فلا تتابع.
2. قبل حشد المشاركين، اشرح الغرض من التقييم : لفهم أفضل للمخاوف التي تتعلق بالسلامة التي تؤثر على النساء والرجال والفتيات والفتيان، حيث سيتم إصدار تقرير بغرض تسليط الضوء على هذه المخاوف لمختلف أصحاب المصلحة وتحسين الخدمات المقدمة.
3. بلغ المشاركين بعدم وجود التزامات تجاه أي من الخدمات في الوقت الحالي ، فهذا مجرد تمرين على تقييم.
4. تأكد من أن الموظفين الذين ييسرون مناقشات حلقة التركيز لا يطرحون أسئلة استقصائية في محاولة لتحديد مرتكبي العنف.
5. خذ بعين الاعتبار المكان وكيفية الوصول إليه، خاصة احتمالية انخراط غير المشاركين.

المواد المطلوبة

- لوح ورقي
- أوراق للوح الورقي
- مخطط تفصيلي المخيم والمنطقة التي تجري فيها مناقشة حلقة التركيز
- أوراق لاصقة ملونة (أحمر، أخضر و أصفر)
- أقلام خطاط

الخطوات الأساسية قبل بدء المناقشة

- قدم الغرض من المناقشة.
- اشرح كيفية النقاش.
- الاتفاق مع المشاركين على السرية.
- طلب الإذن للتسجيل أو تدوين الملاحظات.

البيان الافتتاحي

صباح/مساء الخير، شكرا لك لتخصيص الوقت للانضمام إلينا لمناقشة اليوم

اسمي _____ [اسم قائد فريق حلقة المناقشة المركزة] و أعمل لدى _____ [اسم المجموعة أو المنظمة] . وهؤلاء زملائي [كل شخص بالمجموعة يعرف عن اسمه والمنظمة أو المجموعة التي يعمل لديها]. نحن نجري تقييماً لمخاطر العنف التي تواجهها النساء والفتيات اللاجئات في الأردن. نود ان نطرح عليكم بعض الاسئلة حول تصوراتكم لمخاطر العنف القائم على النوع الاجتماعي داخل مجتمعك في الحي/ المنطقة ومكان العمل. يشمل التقييم أيضاً أسئلة حول مخاطر العنف الجنسي التي يواجهها الرجال والفتيان. بينما لا ينبغي اعتبار هذه المناقشة ضماناً لأي دعم مباشر أو غير مباشر لك أو لمجتمعك ، فإن المعلومات التي تقدمها ستساعدنا في تحسين برامجنا.

هذا ليس مكانًا لمناقشة الحوادث الفردية، بل القضايا العامة التي يواجهها أفراد مجتمعك ومشاركة توصياتك لتحسين البرامج الإنسانية. ومع ذلك ، إذا كان أي منكم بحاجة إلى أي نوع من الدعم العاجل، فيمكنك الاتصال بـ [قل اسم قائد الفريق] في نهاية المناقشة. إذا شعر أي شخص بالضيق بسبب المناقشة ، فيرجى الخروج لأخذ قسط من الراحة.

يجب أن تستغرق المناقشة ساعة ونصف فقط. سيتم الحفاظ على سرية هويتك تمامًا ولن يتم عرضها للآخرين ما لم تقدم موافقتك الكتابية على القيام بذلك. لن نقوم بتدوين الأسماء الخاصة بك أو استخدامها بأي شكل من الأشكال بعد هذه المناقشة. الغرض من التسجيل وتدوين الملاحظات هو التأكد من أن المعلومات التي تم جمعها دقيقة، ولكن سيتم حذفها بعد تحليل البيانات.

سنعامل مع كل ما تقوله اليوم باحترام، ولن نشارك إلا الإجابات التي تقدمها كإجابات عامة بالإضافة إلى الإجابات من جميع الأشخاص الذين يتحدثون إلينا. نطلب منك الحفاظ على سرية كل شيء أيضًا. من فضلك لا تخبر الآخرين بما قيل اليوم ومن قبل من .

مشاركتك تطوعية ويمكنك اختيار عدم الإجابة على أي من الأسئلة أو جميعها. يمكنك ترك المناقشة في أي وقت أو طلب استراحة قصيرة. هل توافق على المشاركة في المناقشة؟ نعم أو لا (إذا أجاب أحد المشاركين بـ "لا" ، فيجب عليه / عليها مغادرة المناقشة في هذه المرحلة الميسر مسؤول عن متابعة ذلك).

الموافقة على تسجيل الجلسة

تأكيدنا منا على جمع كافة المعلومات سنقوم بتسجيل هذه المناقشة هل هذا مقبول بالنسبة لك؟ نعم أم لا

التسجيل هو الخيار المفضل، ومع ذلك ، إذا لم يوافق المشاركون على التسجيل ، يمكن أن يكون البديل هو أن ينضم أحد مدوني الملاحظات المدربين عبر الإنترنت [ستقدم مدونة الملاحظات نفسها وتؤكد على الحفاظ على السرية].

(إذا أجاب أحد المشاركين بـ "لا" ، فيجب عليه / عليها مغادرة المناقشة في هذه المرحلة. الميسر مسؤول عن متابعة ذلك).

مجرد الحصول على موافقتهم ، تذكر أن تقول بصوت عالٍ لمسجلي التسجيل / مدوني الملاحظات:

1. المنطقة التي تجري فيها مناقشة حلقة التركيز
2. التاريخ
3. عدد المشاركين
4. الجنس
5. العمر
6. الجنسيات الممثلة في المجموعة

[بعد طرح كل سؤال من الأسئلة التالية ، انظر إلى المشاركين واحصل على الموافقة الضمنية انهم فهموا]
هل لديك أي أسئلة قبل أن نبدأ؟

انشاء خريطة مجتمعية

- اشرح للمشاركين أننا سنبدأ بالعمل على خريطة المخيم التي يعيشون / يعملون فيها. ستشكل هذه الخريطة أساس مناقشتنا.
- اطلب متطوعًا واحدًا يرغب في العمل على الخريطة (المعروضة امام المجموعة)، بناءً على تعليمات المشاركين الآخرين.
- مع توجيهات من المشاركين الآخرين، يجب على المتطوع وضع علامة على المعالم الهامة داخل منطقة المخيم / الحي (السوق مثلاً). يجب أن يشجع الميسر المجموعة على التفكير في المكان الذي يعيشون فيه ويتواصلون اجتماعيًا ويعملون وما إلى ذلك.
- سيتم توفير خريطة المخيم لتسهيل المناقشة.

- وضح أن بعد اكتمال الخريطة، ستطرح مجموعة من الأسئلة المتعلقة بما رسموه. ذكر المشاركون بأنك لن تحدد من قال ماذا وأنه سيتم التعامل مع جميع الإجابات بسرية تامة.



بمجرد اكتمال الخريطة ، يجب على الميسر طرح الأسئلة التالية:

1. بالنظر إلى الخريطة ، سترغب في التفكير في شعور النساء والفتيات في المجتمع. هل هناك أماكن تشعر فيها بالأمان؟ إذا كان الأمر كذلك؟ لماذا هذه الأماكن؟ في أي وقت من النهار / الليل؟ يقوم الميسر بتمييز هذه الأماكن على الخريطة بملصق أخضر.
2. وضح بأننا سنركز الآن على الأماكن أو المواقف التي قد تجعل أفراد مجتمعك يشعرون بأمان أقل. سنبدأ بالتركيز على النساء، قبل التفكير في الفتيات والرجال والفتيان.
 - أ) داخل مجتمعك ، هل هناك أي أماكن قد تشعر فيها النساء بعدم الأمان؟ إذا كانت الإجابة بنعم؟ لماذا؟ في أي وقت من النهار / الليل؟ يقوم الميسر بتمييز هذه الأماكن على الخريطة بملصق أحمر وحرف W (للنساء).
 - ب) الآن دعونا نفكر في الفتيات. هل هناك أي أماكن قد تشعر فيها الفتيات بعدم الأمان؟ إذا كانت الإجابة بنعم؟ لماذا؟ في أي وقت من النهار / الليل؟ يقوم الميسر بتمييز هذه الأماكن على الخريطة بملصق أحمر وحرف G (للفتيات).
 - ج) أخيراً، دعونا نفكر في الرجال أو الأولاد. هل هناك أماكن يشعر فيها الرجال أو الفتيان بعدم الأمان؟ إذا كانت الإجابة بنعم؟ لماذا؟ في أي وقت من النهار / الليل؟ يقوم الميسر بتحديد هذه الأماكن على الخريطة بملصق أحمر وحرف M (للرجال) أو B (للفتيان).

يرجى التأكد من التقاط صورة للخريطة ، بحيث تعكس بوضوح اسم الأماكن التي تشعر فيها النساء والفتيات والرجال والفتيان بالأمان أو عدم الأمان / تأكد من أن يكون هذا مسجلاً أيضاً.

²⁴ يمكن أن يكون الشعور بالأمان ذاتيًا تمامًا ؛ قد يكون من المفيد أحياناً أن تسأل أولاً عن الأماكن التي يحب المشاركون الذهاب إليها ثم لماذا وفي أي وقت من النهار / الليل. اعتماداً على المجموعة، قد يكون من المفيد السؤال عما إذا كانت هناك أماكن يتجنبونها أو لا يحبون الذهاب إليها ، ومن ثم لماذا، وفي أي وقت من النهار / الليل. يمكن أن يشمل سؤال المتابعة أيضاً السؤال عن أنواع الأشياء التي تشعر المرأة / تشعر بالأمان منها.

3. لقد ذكرت الأنواع التالية من المخاوف التي تتعلق بالسلامة التي تؤثر على النساء والفتيات في المنطقة الحضرية (يكتب الميسر على قطعة من اللوح الورقي). هل هناك أي مخاوف تتعلق بالسلامة تؤثر على النساء والفتيات ولم تتم مناقشتها بعد؟
يقوم الميسر بالبحث حول ستة أشكال من العنف القائم على النوع الاجتماعي (GBV) وفقاً لتصنيفات نظم المعلومات الإدارية للعنف القائم على النوع الاجتماعي²⁵ (GBVIMS). التحقيق حول الجناة المحتملين لكل شكل من أشكال العنف.

الأشكال و مرتكبوها
<p>الاغتصاب: اعتداء جنسي مع ولوج دون الموافقة / الجناة: الشريك الحميم أو الشريك السابق / البالغ لطفل / أي شخص</p> <p>الاعتداء الجنسي: أي شكل من أشكال الاتصال الجنسي دون رضا أي من الطرفين مثل: محاولة الاغتصاب ، وكذلك التقبيل غير المرغوب فيه أو المداعبة أو اللمس. يتضمن هنا أيضاً التشويه للأعضاء التناسلية للأنثى. الجناة: الشريك الحميم أو الشريك السابق / البالغ لطفل / أي شخص.</p> <p>الاعتداء الجسدي: فعل من أعمال العنف الجسدي غير الجنسي بطبيعته. ومن الأمثلة على ذلك: الضرب ، أو الصفع ، أو الاختناق ، أو القطع ، أو الدفع ، أو الحرق ، أو إطلاق النار ، أو استخدام أي أسلحة أو أي فعل آخر يؤدي إلى الألم أو الانزعاج أو الإصابة. الجناة: الشريك الحميم أو الشريك السابق / البالغ لطفل / أي شخص</p> <p>الزواج بالإكراه: زواج فرد دون إرادته الجناة: الشريك الحميم أو الشريك السابق / شخص بالغ لطفل / أي شخص بما في ذلك أفراد الأسرة.</p> <p>الحرمان من الموارد أو الفرص أو الخدمات: الحرمان من الوصول الشرعي إلى الموارد الاقتصادية / أو فرص كسب العيش أو التعليم أو الصحة أو الخدمات الاجتماعية الأخرى. ومن الأمثلة على ذلك الأرملة التي حرمت من الحصول على الميراث، والمكاسب التي يأخذها الشريك أو أي أحد من أفراد الأسرة بالقوة، والامراة الممنوعة من استخدام وسائل منع الحمل، والفتاة الممنوعة من الالتحاق بالمدرسة، وما إلى ذلك. لا ينبغي تسجيل تقارير عن الفقر العام. الجناة: الشريك الحميم أو الشريك السابق / الشخص البالغ لطفل / أي شخص بما في ذلك أفراد الأسرة</p> <p>الإساءة النفسية / العاطفية: إحداث ألم أو إصابة نفسية أو عاطفية. الأمثلة تشمل: التهديد بالعنف الجسدي أو الجنسي ، التخويف، الإذلال، العزلة القسرية، المطاردة، التحرش اللفظي، المراقبة، تعليقات، الإيحاءات أو الكلمات المكتوبة ذات طبيعة جنسية و/أو تهديدية ،تدمير لأشياء ثمينة... إلخ. الجناة: الشريك الحميم أو شريك سابق / شخص بالغ لطفل / أي شخص بما في ذلك أفراد الأسرة.</p>

4. أ) بالنظر إلى القائمة (يقوم الميسر بقراءة القائمة كاملة مرة أخرى) ما الذي تعتبره أهم ثلاثة مخاوف تتعلق بالأمان تؤثر على النساء اللاتي يعشن في المخيم الاماراتي؟
يطلب الميسر من المشاركين بالتصويت لثلاثة مخاوف يشعرون بأنها الأكثر شيوعاً.
- ب) بالنظر إلى القائمة (يقوم الميسر بقراءة القائمة كاملة مرة أخرى) ما الذي تعتبره أهم ثلاثة مخاوف تتعلق بالأمان تؤثر على الفتيات اللواتي يعشن في المخيم الاماراتي ؟
يطلب الميسر من المشاركين بالتصويت لثلاثة مخاوف يشعرون أنها الأكثر شيوعاً.
- ج) بالنظر إلى القائمتين من أشكال العنف القائم على النوع الاجتماعي التي تعتبرها المجموعة الأكثر شيوعاً، هل تغيرت بشكل كبير منذ تفشي كورونا COVID-19؟

²⁵ تم إنشاء ستة أنواع أساسية من العنف القائم على النوع الاجتماعي لجمع البيانات والتحليل الإحصائي للعنف القائم على النوع الاجتماعي. يجب استخدامها فقط للإشارة إلى العنف القائم على النوع الاجتماعي على الرغم من أن بعضها قد ينطبق على أشكال أخرى من العنف لا تستند إلى النوع الاجتماعي.

5. أ) هل هناك مجموعة أو فئة معينة من النساء والفتيات تعتقد أنهن أكثر عرضة للعنف القائم على النوع الاجتماعي؟ إذا كانت الإجابة بنعم ، أي فئة من النساء / الفتيات (على سبيل المثال: النساء والفتيات ذوات الإعاقة، الأرامل، ربة الأسرة، العاملات المهاجرات ، والمثليون ومزدوجو الميل الجنسي ومغايري الهوية الجنسانية) وما الذي يجعلهم عرضة للخطر؟
 ب) هل تغير خطر التعرض للعنف بعد تفشي كورونا COVID-19؟ إذا كانت الإجابة نعم ، فكيف؟
6. هل أنت على علم بأي من الخدمات المتوفرة في المخيم لدعم النساء والفتيات اللواتي يتعرضن للعنف؟ إذا كنت على علم، فما هي؟
 أسئلة مقترحة للمتابعة:
- ما نوع الخدمات أو المعلومات التي يمكن أن تصل إليها [النساء / الفتيات]؟
 - ما نوع الخدمات أو المعلومات التي تود [النساء/الفتيات] الحصول عليها؟
 - كيف تعرف [النساء / الفتيات] عن هذا المكان؟
 - ما هي الأسباب التي تمنع [النساء / الفتيات] من الاستفادة من هذا المكان؟
- إذا كانت المعرفة لديهم منخفضة، يقوم الميسر بالبحث عن كيفية نشر المعلومات بشكل أكثر فعالية (وأمان) في المجتمع.
- [للتأكد الميسر من أن المشاركين يفكرون في مصادر مختلفة للمساعدة: الشرطة / حماية الأسرة، وقادة المجتمع، والمساحات الآمنة للنساء والفتيات]
7. هل تواجه النساء أو الفتيات في مجتمعك أي حواجز معينة تمنعهن من الوصول إلى هذه الخدمات (المذكورة أعلاه)؟ إذا كانت الإجابة نعم ، فما هي الحواجز؟
 البحث حول ما إذا كان تفشي كورونا COVID-19 قد خلق أي عوائق إضافية؟
 ماذا عن النساء والفتيات ذوات الإعاقة؟
8. إذا كنت تعمل خارج منزلك ، فهل هناك أي شيء يجعلك تشعر بعدم الأمان في العمل؟ لماذا؟ هل تشعر بالأمان عند الذهاب إلى العمل أو العودة منه؟ إذا كنت لا تشعر بالأمان، ما الذي يجعلك تشعر بعدم الأمان؟
- أ) ماذا عن المواصلات / أو المخاطر في الطريق للوصول إلى مكان العمل؟
- ب) هل يمكنك تحديد القطاعات الأقل أمانًا لعمل المرأة؟ (مثل الزراعة، الخدمات، المتاجر/البيع)
9. هل لديك علم بالاحتياطات التي تتخذها النساء عند الخروج؟ على سبيل المثال ، حمل شيء للحماية أو تجنب الذهاب لمناطق معينة أو السفر مع مجموعة أو بمرافقة الرجال ... إلخ.
 وهل يتبنين الفتيات نفس الاستراتيجيات؟
10. ما الذي يمكن فعله في هذا المجتمع لخلق بيئة أكثر أمانًا وحماية للنساء والفتيات لجعلهن يشعرن بمزيد من الراحة؟ (تأكد من أن لا ترفع التوقعات. شجع المشاركين على أن يحددوا قدر الإمكان التوصيات للتخفيف من مخاطر العنف القائم على النوع الاجتماعي في المناطق التي يعيشون / يعملون فيها. قد يكون ذلك من خلال تغييرات السياسة ، والتغييرات في التصميم ، والتغييرات في الخدمات ، والتغييرات في سلوك (الرجال) ، وما إلى ذلك.)
- أ) من قبل افراد المجتمع
 ب) جهات فاعلة اخرى
- ملاحظة:** قبل طرح السؤال التالي، يجب على الميسرين أن يشرحوا للمشاركين أننا نتحمل مسؤولية الإبلاغ عن حالات الاستغلال الجنسي من قبل مقدمي الخدمات (الأمم المتحدة ، المنظمات غير الحكومية ، العاملون في المنظمات المجتمعية الذين يقدمون المساعدة) حيث يكون الجاني معروفًا. شارك معهم رقم الشكاوى و اشرح كيفية تقديم الشكوى. اشرح انه في السؤال التالي، يُطلب من المشاركين مناقشة الأمثلة دون إعطاء أسماء، لحماية هوية أي ناج. ومع ذلك، بعد انتهاء الجلسة، يجب على المشاركين التحدث مع الميسرين إذا كانوا يرغبون في الإبلاغ عن أي حالات.

11. بدون ذكر الأسماء ، هل سمعت يوماً عن مطالبة أفراد من المجتمع بتقديم أموال أو خدمات جنسية مقابل خدمات أو مساعدات تقدمها جهات إنسانية أو حكومية؟ إذا كانت الإجابة بنعم ، فما أنواع مقدمي الخدمة؟ ما مدى شيوع هذا؟

البيان الختامي

شكراً لك على مشاركة مخاوفك وتوصياتك معنا. نحن نقدر معطيائكم وآرائكم حيث سيساعدنا هذا في تحسين برامجنا. كيف تفضل تلقي النتائج التي توصلنا إليها بمجرد الانتهاء من تقريرنا ؟ (أو هل هناك طرق اتصال أخرى ترغب في مشاركتها لضمان الوصول للجميع؟).

هل لديكم أي أسئلة؟

إذا كنت ترغب في مناقشة أي من القضايا التي تم التحدث عنها في الحلقة بتفاصيل أكثر، أو دعم للوصول إلى خدمات العنف القائم على النوع الاجتماعي، يرجى التواصل معي بعد الجلسة.

ادعُ المشاركين لتنزيل تطبيق أمالي Amaali للحصول على مزيد من المعلومات حول خدمات العنف القائم على النوع الاجتماعي في منطقتهم.

روابط مفيدة

- رقم الشكاوى للتبليغ عن حوادث الاستغلال والاعتداء الجنسيين: PSEA hotline: 0790976496
- موقع المفوضية السامية لشؤون اللاجئين <https://data2.unhcr.org/es/working-group/72>
- موقع مجموعة عمل العنف الجنيسي و العنف المنبي على النوع الاجتماعي - <https://data2.unhcr.org/en/working-group/72>
- أمالي: <https://play.google.com/store/apps/details?id=jo.dwt.sgbv&hl=en&gl=US>

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 EJC? 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 specific areas of EJC where girls and women feel 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?
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?