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جمعية إتحاد المرأة الأردنية
Jordanian Women's Union Association



**Collateral
Repair Project**



مؤسسة نهر الأردن
Jordan River Foundation



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Acronyms

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

1. Executive summary

The present report highlights the main findings and recommendations of the GBV risk assessment for East Amman. The overall aim of the assessment was to better understand risks of GBV faced by vulnerable groups using an intersectional approach to understanding GBV risks and needs, and to provide recommendations on areas where GBV response and overall humanitarian response need to be enhanced. Findings highlight that GBV disproportionately affects women and girls, subjecting them to risk and unsafety within their own homes as well as outside, where they face all types of GBV mostly at the hands of partners, family members and other men in the community. Other vulnerable segments of the population include refugees from Iraq, Yemen, Somalia, Sudan and Palestine. Women and girls and other vulnerable segments of the population are also at heightened risk due to the ongoing COVID-19 pandemic and its overall detrimental effects on lives and livelihoods across Jordan.

The risk assessment was coordinated by IOM and conducted by the members of the GBV sub-working group in East Amman, within the capital city of Jordan. It followed a qualitative methodology using community consultations through key informant interviews and focused group discussions. The report highlights the main findings and recommendations, through seven main parts: an introduction and context overview; a review of the methodology, the identified GBV Risks in Amman; and an intersectional of GBV risks and needs. This is then followed by an overview of GBV services, and recommendations for the way forward.

The GBV risk assessment in East Amman found a disturbingly high prevalence of GBV, disproportionately affecting women and girls, but also affecting boys and men and other vulnerable segments of the population. Insidious gender inequality and entrenched discrimination makes East Amman unsafe for many of its residents across nationalities. Violence inside and outside of the home often remains unchallenged and justified. Most GBV is faced at the hands of men and older boys in the community, especially intimate partners, and family members.

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

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

- Intimate partner violence and family violence including physical abuse; psychological and emotional abuse; denial of access to resources, opportunities and services.
- Forced Marriage including early / child marriage
- Sexual harassment and sexual abuse including: Verbal and sexual harassment outside the home; Sexual assault and rape; and sexual exploitation and abuse.

Community members spoke of sexual violence, mostly referring to the prevalence of sexual harassment in the streets and public areas and mentioning sexual abuse and rape risks outside of the home. **They unanimously reported that the top risk facing women and girls outside of their homes is sexual harassment.**

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

- Young women and adolescent girls especially married adolescent girls who largely remain homebound and thus “invisible” and unable to access humanitarian services and opportunities.
- Women and girls with disabilities who were reportedly at higher risk of neglect and bullying, but also sometimes at higher risk of GBV.
- Working women who were found at heightened risk of sexual abuse in the workplace.
- People with diverse sexual orientation and gender identity who are highly marginalized and consequently face a heightened risk of GBV.
- Syrian women wearing the Niqab (Khimar), who find themselves at a heightened risk of sexual harassment and assault outside of their homes, as the Niqab seems to be viewed pejoratively.

While it was found that the home is unsafe for women and girls, regrettably, areas and community spaces outside of the home were identified as unsafe too. Public gardens, public markets (souk), crowded and/or secluded streets, and certain neighbourhoods are all perceived as risky for women and girls, during the daytime and even more so at night. The main characteristics that make a location/place unsafe are crowdedness, the presence of groups of men or boys especially those who abuse alcohol and drugs, a place that is deserted, or any place where people of both female and male genders are mixed, especially in public. Unsafe areas for men and boys were less clearly defined, as the main GBV risks faced by boys include exploitation at work (especially for refugees), and violence as a result of harmful masculinities.

This risk assessment also included an intersectional analysis of GBV risks and needs. Findings confirm that women empowerment and livelihood programming are strongly needed to complement GBV services, as women and girls especially survivors often lack a viable safety net; and in patriarchal

communities such as in East Amman they usually have access to limited resources. A lack of access to economic opportunities often forces them to stay silent in the face of abuse, or to resort to harmful measures to survive. Other layers of difficulty and risk are faced by refugees especially those who are not Syrian, and even more so those who do not possess legal papers allowing them to work. Heightened GBV risks were also observed among the members of the LGBTQI+ community in Amman, who remain largely marginalized and subjected to harassment and abuse with total impunity and the difficulty of seeking support or justice.

Regarding available services, the risk assessment found that a wide range of GBV prevention and response services are available in Amman. Consulted community members seem to be aware of these services. Services seem to be accessible, and most of the time safe. However, many barriers in accessing services were identified, primarily 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 gap in services mentioned throughout the key informant interviews was the limited number of available shelters for survivors of GBV, however it became clear that there are 7 shelters in Jordan with a space and availability to respond to shelter emergencies. This highlights the need to clarify to partners the availability of specialized services, so case managers and GBV service providers are aware of what is available. Another gap that was highlighted is the limited number of cash for protection and NFI support for non-Syrian refugees.

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

2. Introduction and Context Overview

The present report highlights the main findings and recommendations following a comprehensive GBV risk assessment conducted by the members of the GBV sub-working group in East Amman, in the capital city of Jordan. The report is split into seven parts. The first part is an executive summary, summarizing the findings of the report. The second part introduces the context in East Amman and the assessment objective. The third part presents the methodology used in the GBV risk assessment. The fourth part explores the identified GBV risks, the vulnerable groups they affect, the common perpetrator profiles and the areas that are unsafe for women and girls. A fifth part includes an intersectional analysis of GBV risks and needs with diverse populations such as working women and members of the LGBTQI+ community. The sixth part provides an overview of GBV services in East Amman. The seventh lists recommendations that have come out of the GBV risk assessment. Throughout the report, the reader will find quotes from community members, “in focus” sections zooming in on specific GBV risks faced by vulnerable groups from different nationalities, and key informants highlighted in grey, and various boxes highlighting specific issues that have affected the safety and security of women, girls and other vulnerable populations in East Amman.

2.1 East Amman Context Overview

2.1.1 Brief GBV and Gender context analysis

Jordan has a long history of hosting refugees from across the Middle East and Africa. Bordering Syria, Iraq, and the Palestinian territories, unrest in the region directly affects Jordan and brings an influx of refugees into the country. Amman is the capital of Jordan, with East Amman being a densely populated area hosting the majority of refugees residing in the capital.

In Amman, GBV manifests itself in diverse forms, from physical violence within intimate relationships to the sexual harassment and abuse in the streets. It affects women and girls in the psychological, emotional, sexual, legal and economic spheres¹. GBV disproportionately affects women and girls, as highlighted in the 2020 GBV IMS Annual Report², 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 Amman throughout January to June 2021³ was psychological and emotional abuse (including verbal sexual harassment), accounting

¹ Lebanese American University, Institute for Women’s Studies in the Arab World. Gender Profile: Jordan

² GBV IMS Task Force in Jordan (2021); GBV IMS Annual Report 2020. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/75705.pdf>

³ According to the GBVIMS midyear report for Amman (January – June 2021), included with permission from the GBVIMS taskforce.

for 49.3% of reported incidents, followed by physical assault, which accounted for 28.9% 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 (10%), with women and girls reporting that male perpetrators withheld salaries, prevented them from accessing services such as civil and legal documentation, and excluded them from decision-making. Incidents of rape and sexual assault were also reported (accounting for 3.3% and 4.8% of reported incidents respectively) by both female and male survivors. Forced marriage accounted for 3.6% of all reported GBV incidents in Amman. Interviewed consulted community members and GBV partners confirmed these data points, referring to a high prevalence of intimate partner violence and family violence (physical, emotional, economic and sexual violence and abuse in the context of family or intimate partner relationships), in addition to other GBV risks such as early marriage and sexual harassment. Additionally, refugees are at a heightened risk of GBV, due to war-related trauma, deteriorating socio-economic status and increasingly difficult living conditions.

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

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

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

⁶ *Idem*

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

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

In short, women, girls and specific segments of the populations living in East Amman are facing increasing risks of GBV whilst facing several barriers that hinder access to needed services (as elaborated in [Section 4 – Identified GBV Risks affecting women, girls and other vulnerable populations in East Amman](#)). Enhanced, accessible and innovative services, outreach initiatives and advocacy with communities, other humanitarian sectors and national authorities remains a priority for GBV prevention, mitigation and response (as elaborated in [Section 7 – Recommendations](#)).

1.1.1 Scope and limitations of the GBV risk assessment

This report focuses on the GBV risks faced by women and girls and other segments of the population in East Amman in the context of the protracted crisis. This area was chosen by members of the GBV risk assessment taskforce as it hosts the highest number of refugees in Amman and is also a densely populated area hosting many families living under the poverty line. With a high concentration of refugees, East Amman is home to hundreds of thousand Syrian refugees living in its urban neighbourhoods, in addition to neighbourhoods housing Palestinian refugees (commonly referred to as camps), and neighbourhoods with a mix of refugees from all countries including Iraq, Somalia, Yemen, and Sudan, and thousands of economic migrants from Egypt, South and Southeast Asia.

The risk assessment did not tackle other protection, economic or health risks faced by different segments of the population. It also does not look at the risks faced by women, girls and other persons at risk outside of East Amman.

2.2 Assessment objectives

The GBV risk assessment is conducted with the overall purpose of auditing a defined area to evaluate and address risk factors related to the protection of women and girls and other vulnerable populations from GBV. In Jordan, an SGBV Risk Assessment Tool was developed in 2018 by the national 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 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 2021⁸. A second risk assessment was finalized for Irbid and Ramtha and a report was published in August 2021⁹. A third risk assessment was finalized for the Emirati Jordanian Camp¹⁰. The present report is the fourth risk assessment, focusing on East Amman. Similarly to the previous reports, the objectives of the risk assessment are:

- To better understand GBV risks in East Amman, especially in terms of the risks faced by women and girls and including the extent to which the COVID-19 pandemic is affecting GBV risks within the area.
- To understand the unique experiences of different segments of communities living in the urban area and camps situated in East Amman, through an intersectional methodological approach, in order to ensure that programming and humanitarian aid responds to the needs of specific groups at heightened risk of GBV including: women, girls, men, boys, elderly individuals, persons living with disabilities, members of the LGBTIQ+ community, women in livelihood programming/working women, Jordanian host community, Syrian refugees and refugees from non-Syrian nationalities including Palestinian, Iraqi, Yemeni, Sudanese and Somali refugees.
- To identify strengths within refugee and host communities to mitigate risks of GBV and identify areas where GBV response – and the overall humanitarian response – in East Amman needs to be enhanced.
- To highlight refugees, host community and service provider’s recommendations to overcome or mitigate GBV risks in East Amman.
- To ensure accountability to affected populations within East Amman 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.

⁸ 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>

⁹ 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>

¹⁰ GBV working group; Gender-based Violence Risk Assessment for the Emirati Jordanian Camp (Drafted by IOM); 2021; accessed through: <https://data2.unhcr.org/en/documents/details/88842>

3. Methodology

In July 2021, IOM adapted the SGBV Risk Assessment Tool to suit the urban setting of East Amman. A taskforce was then formed with partners from the GBV sub-working group who volunteered to take part in the risk assessment exercise. The objective of the taskforce was to coordinate the risk assessment and conduct data collection. Accordingly, IOM facilitated an online training for partners who volunteered to facilitate focus group discussions (FGDs). The training presented the risk assessment methodology, the way forward in coordinating the data collection phase and the facilitation guidelines for the FGDs. The following Protection/GBV actors working in East Amman contributed to the assessment through data collection, participation in key informant interviews and/or technical review: JWU, IFH, IRC, DRC, INTERSOS, Save the Children, JRF, CRP, UNICEF, UNFPA, UNHCR, UNRWA, and the Ministry of Social Development.

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 July 2020 until August 2021. The GBV risk assessment also included thematic focus on women in livelihood, refugees from non-Syrian nationality and members of the LGBTQI+ community.

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

3.1 Background and tools

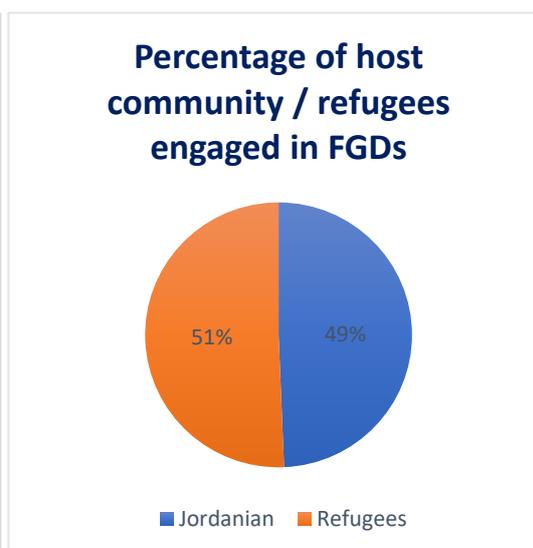
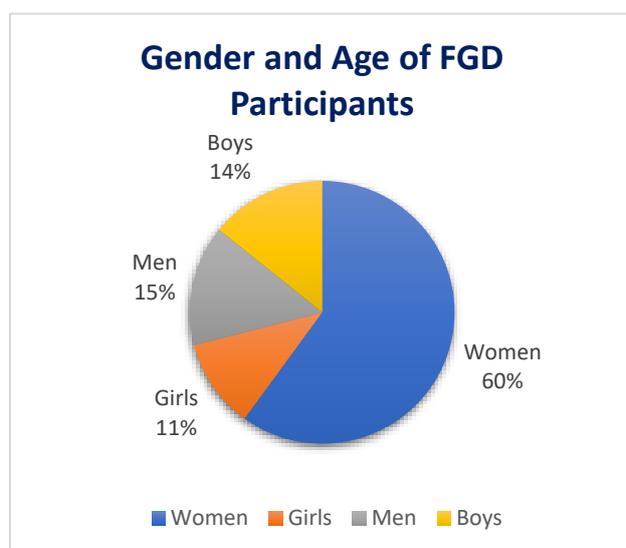
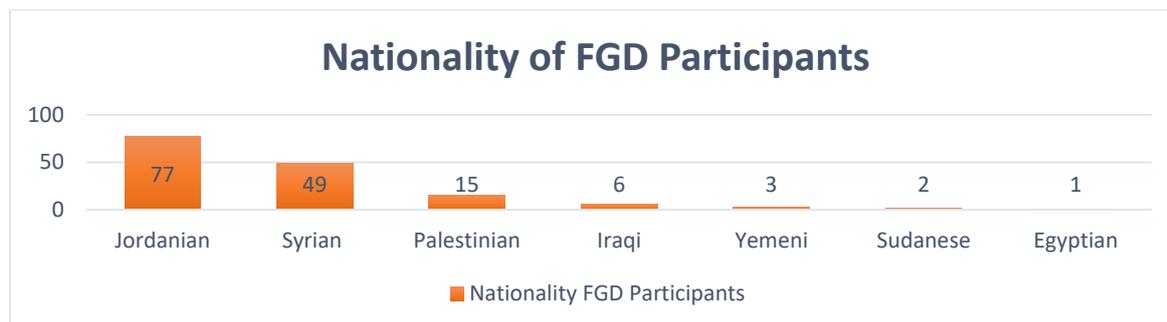
3.1.1 Focus Group Discussions with Affected Populations

As part of the GBV risk assessment, 27 FGDs were conducted with a total of 155 women, girls, men and boys. FGD participants were refugees and host community members residing in East Amman. Trained facilitators led the FGDs and ensured that sensitive information was collected whilst upholding the GBV guiding principles, especially with regards to safety and confidentiality. A copy of the FGD template is annexed to this report ([Annex B – FGD data collection tool](#)). Five community members participated on average in each FGD. The table and figures below provide further information on FGD participants.

Table 1: Information about FGD participants

Targeted groups	Conducted FGDs	Total number of participants
Adult women (25 - 59 years)	3	18
Female adult youth (18-24 years)	3	15
Adolescent Girls (12-17 years)	3	17
Single female headed household (18-59 years)	3	16
Older Women (60+ years)	3	15
Women living with disabilities (25 - 59 years) and adult women	3	17
Men (18-59 years) including those living with disability	3	16
Adolescent Boys (12-17 years)	2	17
Members of the LGBTQI+ community	2	8
Working women	2	16
Total	27	155

Figures 1: Nationality, Gender and refugee status 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 East Amman.

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

Below are two examples of maps generated during the FGDs.



Figure 2: [Left] Older women draw their community, mapping safe and unsafe places in Amman; and [Right] Women and girls living with disabilities map their community, indicating safe and unsafe places.

3.1.2 Key Informant Interviews with service providers and community leaders

As part of the GBV risk assessment, 16 key informants took part in the KIIs, providing specific information based on their professional experience on GBV risks present in East Amman. Respondents included:

- 10 Respondents (8 females, 2 males) working for UN agencies, NGOs, CSOs and MoSD in GBV / Protection / coordination roles in Amman.
- 6 Community leaders (3 females and 3 males, 2 Palestinian refugees, 1 Iraqi, 1 Yemeni, 1 Sudanese and 1 Somali) working as volunteers with NGOs in Amman.

The KIIs aimed to map out existing GBV risks in Amman 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 Amman, with a specific focus on East Amman. A copy of the KII questionnaire can be viewed in [Annex C: Key Informant Interview Questionnaire](#).

3.2 Challenges and Limitations

The first limitation of the risk assessment is geographical, as the areas covered are limited to East Amman, including: Al Nuzha, Al Hashimi Al Shamali and Al Janoubi, Um Nuwara, Jabal Al Hussein, and Al Wehdad. The area was chosen as it hosts the most vulnerable populations in Amman, including the highest number of refugees and urban camps. However, given the time available to conduct the assessment and the availability of human resources, it was not possible to conduct the exercise across all of the capital city.

A clear limitation of the GBV risk assessment is the difficulty faced by partners conducting the FGDs in outreaching for married adolescent girls. During the first coordination meeting, it was decided to specifically reach out to married adolescent girls when conducting the FGDs with adolescents. However, this was not possible as this extremely vulnerable group is mostly home bound, often overwhelmed with caregiving roles despite their young age, and dependent on husbands/in-laws for decisions around their movement. A similar challenge was faced regarding the engagement of women with disabilities, with one of the FGDs being postponed three times before the needed number of participants was ensured. Besides highlighting the vulnerability of both groups, this shows an overall need for more robust outreach in GBV programming, to reach out to and effectively engage the most vulnerable and invisible groups.

Another limitation to the findings of this risk assessment relates to the nationality of consulted community members. The majority of respondents are Syrian refugees and members of the Jordanian

host community. Palestinian, Iraqi, Yemeni and Sudanese refugees are under-represented, while Somali refugees are not represented. The core team reached out to community members from these nationalities in an effort to mitigate this limitation and included them in key informant interviews. This limitation is mainly due to the fact that most of the current beneficiaries of GBV services in East Amman are either of Syrian or Jordanian nationalities. **This too highlights the need for more robust and inclusive outreach efforts, and a dedicated effort in adapting available GBV services to provide access to vulnerable non-Syrian refugees.**

Despite COVID-19 restrictions, partners were able to conduct the FGDs in person, taking into consideration the necessary COVID-19 health and safety measures.

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 affecting Women, Girls and Other Vulnerable Populations in East Amman

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 East Amman.
- Impact of COVID 19 on GBV risks and needs.

We see all kinds of violence around us. Girls are denied education, then as women they are denied inheritance. If she works, they take her money. She can face beating, rape, emotional abuse and physical abuse... all this happens inside families and outside of families.

Older woman Palestinian refugee, answering the question about which type of violence is prevalent in East Amman.

4.1 Identified types of GBV

Community consultations with community members and service providers found that women and girls from all nationalities face all types of GBV inside and outside of their homes in East Amman. Their mobility is also restricted due to traditional harmful gender norms including reproductive and caregiving responsibilities, and the fear of sexual harassment and assault, as well as a lack of representation of women in the public sphere. GBV also affects other vulnerable members of the population such as persons living with disabilities, refugees in general but also specifically Yemeni, Iraqi, Sudanese, and Somali refugees, and it also affects members of the LGBTQI+ community.

All types of violence exist here. And all types even complement each other, sometimes in a single incident. Even as a man, I have faced all these types.

Member of the LGBTQI+ community, East Amman

During FGDs, consulted women, girls, men and boys were asked to list the top three safety concerns affecting women and girls living in East Amman. Each group of participants voted and agreed on a common response, which have been summarized in the below table.

Table 2: Top safety concerns affecting women and girls in East Amman

Top safety concerns affecting women and girls living in East Amman	Number of times a group of FGD participants identified this type as a top safety concern
Psychological / Emotional Abuse (including verbal sexual harassment in the streets)	17
Physical assault (including IPV)	15
Denial of Access to Resources, Opportunities or Services	14
Forced marriage (especially early marriage)	11
Sexual Assault (including sexual harassment in the streets and public areas)	10
Rape	7

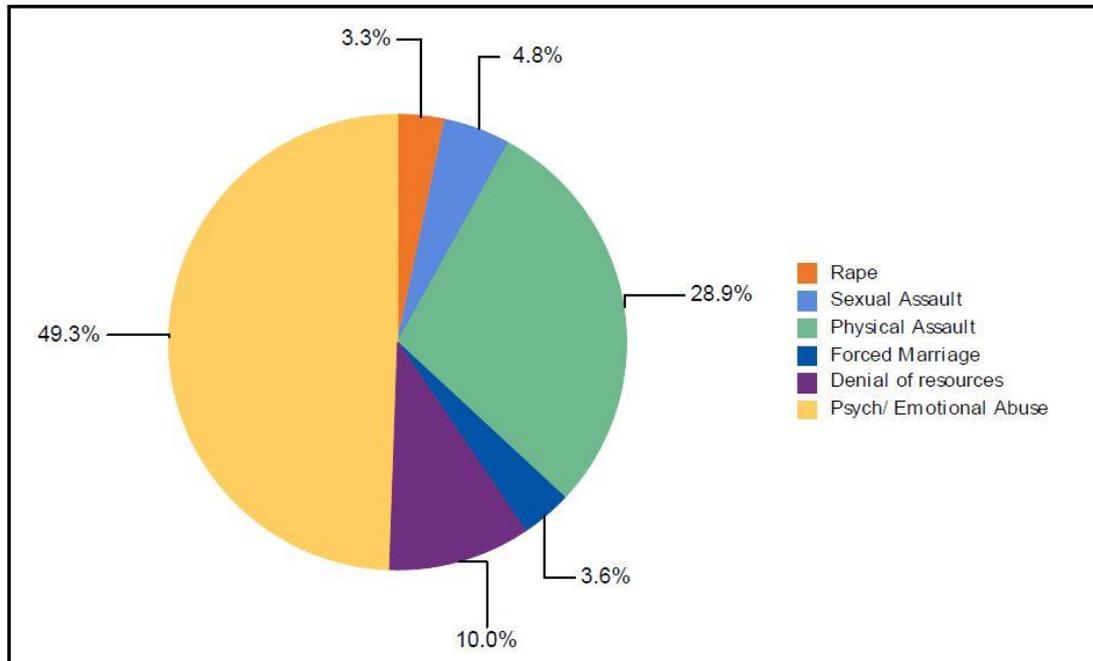
FGD participants also specified that the following GBV types mostly affect girls and young women:

- Sexual harassment in the streets
- Online and information and communication technology (ICT) violence including sexual harassment via social media
- Early marriage especially for Syrian, Iraqi, and Yemeni refugees

- Denial of access to education services and other opportunities/services.

The findings paint a concerning picture of widespread GBV risks for children, youth, and adult females. It is further confirmed by the type of reported GBV incidents as captured in the 2021 GBVIMS mid-year report (January – June 2021) for Amman.

Type of GBV Incident



The GBVIMS data is in line with what was reported by consulted women, girls, men and boys during the FGDs in East Amman. It is also further corroborated by consulted service providers and key informants.

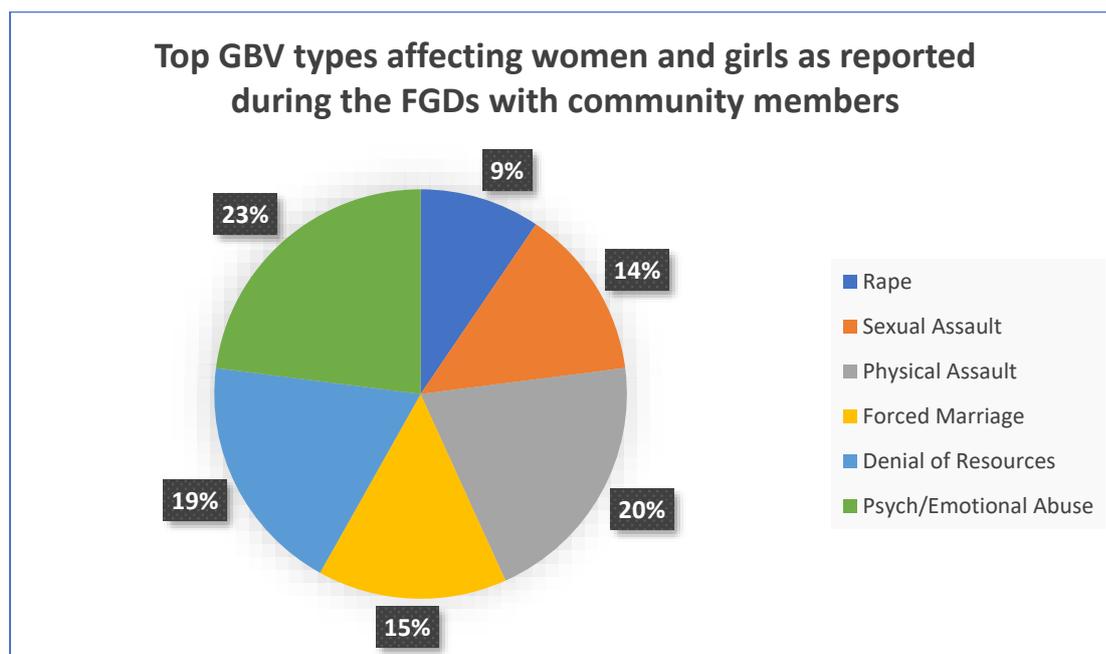


Figure 3: GBV types affecting women and girls in Amman, as reported by community members during FGDs in East Amman

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

4.1.1 Intimate partner violence and family violence

Intimate partner violence (IPV) is rife across Jordan, including in East Amman as portrayed by consulted key stakeholders and community members. IPV is a vicious cycle of ongoing violence that traps women and girls within an endless sequence of physical, psychological, emotional, and sexual abuse, to denial of resources, opportunities and services, and may even lead to death. During FGDs, many women and girls mentioned that women only feel safe at home, as the outside world can be even more dangerous. However, many specified that at many times the home can be extremely unsafe. Service providers echoes this finding by stating unanimously that IPV and family violence is one of the most widespread types of GBV in East Amman. Worryingly, it is often unchallenged, accepted, and justified by community members. Consequently, it remains underreported and highly invisible.

The issue with IPV and family violence is that it is very present, but also invisible. It is often not reported and cannot be easily identified. However, we now know it is very widespread. All types of physical abuse, sexual abuse, denial of access to resources, and of course emotional and psychological abuse are present.

Key informant; Project manager in an organization, East Amman

Consulted community were aware that IPV within a marriage doesn't only leave physical marks, but also leads to lasting emotional and psychological pain. Syrian and non-Syrian refugee women also reported that war-related trauma, the status of refugee, compounded with increasingly harsh economic and living situation they have endured since taking refuge in East Amman has led to a cycle of family violence, with men "taking out their frustration" on their wives and children, who in turn "take out their frustration" on each other¹¹. Consulted refugee and Jordanian girls and young women also mentioned that they face GBV at the hands of their fathers and male family members, sometimes even much younger brothers.

Key stakeholders corroborated these findings, unanimously reporting that in their experience, the biggest threat facing women and girls in Amman lies within their homes, at the hands of male partners and/or caregivers. Most reports to the authorities also revolve around IPV. This worrying situation is similar in Jordanian, Syrian and non-Syrian refugee communities.



Figure 4: Screen capture excerpt from the Jordan GBVIMS Taskforce Midyear Report from January to June 2021¹²

The different types of IPV and family violence as reported by consulted community members and service providers are further detailed in the figure below.

¹¹ This finding was consistent with findings from the GBV risk assessment in Irbid and Ramtha as well.

¹² Accessed in September 2021 through:

<https://reliefweb.int/sites/reliefweb.int/files/resources/External%20GBVIMS%20Dashboard%20%28Jan-Jun%292021%2025%20Aug.pdf>

Emotional and psychological abuse	Physical abuse	Denial of access to resources, opportunities or services	Sexual abuse and rape
<ul style="list-style-type: none"> • The most common type of violence faced by women and girls within families and intimate relationships; • Also affecting other vulnerable populations such as persons with disabilities and members of the LGBTQI+ community; • This type of violence is cross-cutting and a part of all other types of violence such as physical and sexual abuse, and denial of access to resources, opportunities or services. It is used to solidify women and girl's inferior status to men. In IPV, it is part of a vicious tactic that has long lasting harmful effect on women's self esteem, making them believe they are inherently deserving of the violence they receive; • Always, IPV and family violence include psychological and emotional abuse with lasting and overwhelming consequences on women and girl survivors. 	<ul style="list-style-type: none"> • Reported as a common type of violence within the context of IPV and family violence; • Underreported and accepted as a form of women and girl's subservience to men and boys in intimate and family relationships; • Women and girls most likely to report when violence leads to physical marks and bruises. "Milder" consequences of physical violence are rarely perceived as reportable violence; • In some cases, physical abuse leads to death. Femicide in East Amman as in other parts of Jordan is justified under the name of "honor", with the killing of a woman or girl justified to preserve the family's reputation and "honor". 	<ul style="list-style-type: none"> • This includes restricting women's access to resources, opportunities, services or money (even if earned) and preventing them from taking part in decision-making on household finances; • It materializes differently throughout a female's life span: as a child, she can be forced to remain home-bound and be denied access to school; as she grows up, she is likely to be denied access to higher education; as an adult, she can be prevented from finding a job; if she was allowed to work, she will most likely not have control over her own income; and if she doesn't work, male authoritative figures will not easily give her the money she needs; • Additionally, in tribal communities, a widow is manipulated by her in-laws and denied access to her husband's assets such as the house, land or money he has left behind. 	<ul style="list-style-type: none"> • This type of GBV is not yet criminalized in many Arab countries, including Jordan; • It is also rarely reported by women and girls as it remains highly taboo to talk about sexual relationships including sexual abuse and rape. Often, it is not recognized as a type of violence as the sexual relationship as it is perceived that men have the right to demand sexual relationships from their wives. • However, this taboo was broken during FGDs and KIIs with community leaders, who talked about marital rape and risks of sexual abuse within families at the hands of family members as a risk that is present in East Amman. • This shows an evolution in awareness and indicates that programs can be increasingly geared towards the prevention and response of this incredibly harmful type of violence faced by many women and girls within their own homes.

Figure 5: IPV and family violence include different types of abuse that are often interlinked

It is to be noted that all types of violence included in IPV, and family violence keep affecting women and girls and other vulnerable populations even after they get separated or divorced from the abusive

partner, and/or after leaving their homes. Also, these different types of abuse are often inter-linked, and affect vulnerable women and girls on an ongoing basis throughout different stages of their lives.

Girls are sometimes denied education, even if they are smart and bright. With the pretext of wanting to protect them, they become locked in at home. They face physical abuse at the hands of their fathers or other males in the family, even younger brothers. Then they get married, and they face issues with their husbands too. If they work, the husband and his family take their wages, a woman is not in charge of her own finances. And the cycle continues.

Jordanian and Syrian working women discussing the interlinked nature of IPV and family violence in women's lives, Amman

Across the board, physical, sexual, emotional violence and the denial of access to education and work opportunities leads to solidifying female's subservience to males and gender inequality across generations of Jordanian and refugee families in Jordan. These types of violence are not to be seen separately but rather all together as a continuation of abuse faced by women and girls at the hands of men and boys in their lives. Specifically, denial of access to opportunities and resources serves to deepen the dependence of women and girls 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 prerequisite to being able to leave the perpetrator and rebuild one's life. This was reported by women and girls in FGDs, and by service providers who advocated for a strengthened integration of livelihood and GBV services. Strong empowerment programs that enable survivors of IPV and family violence to be financially and emotionally independent are key to supporting survivors in escaping abusive relationships and rebuilding their lives.

4.1.1.1 Community perceptions on GBV and Gender roles

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

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

My son follows up on my daughter's behaviour and is very protective over her, even more than I am. I tell him to loosen up and not create issues for his sister, but he always tells me: you have no idea what happens outside, this is for her own good.

Syrian refugee woman, Amman

Consulted service providers and community leaders seemed to be very much aware of traditional gender norms, gender inequality and how it affects women, girls, men and boys in Jordanian, Syrian, Palestinian, Yemeni, Iraqi, Somali, and Sudanese communities. GBV is indeed deeply rooted in discriminatory cultural beliefs and attitudes that perpetuate inequality and powerlessness, in particular of women and girls¹³. They were also aware of these gender norms being the root cause of GBV, while the worsening economic situation especially after COVID-19, poverty and alcohol/drug abuse were often cited as contributing factors to heightened GBV risks. Additional contributing factors to heightened risks of GBV include lack of education and livelihood opportunities, overall impunity for IPV/family - related crime and abuse also tend to contribute to and reinforce a culture of violence and discrimination based on gender. This understanding of root causes and contributing factors needs to be mainstreamed in the design and implementation of effective prevention and response services.

4.1.2 Sexual harassment, sexual abuse, and rape

Throughout FGDs, women, girls, men and boys expressed their concern at the high prevalence of sexual harassment in the streets, including verbal and physical harassment. When consulted community members spoke of sexual violence, they mostly referred to sexual harassment, sexual abuse, and rape outside of the home. They mentioned that while verbal sexual harassment is the most common and prevalent risk in the public sphere, sexual harassment that includes unwanted touching and can lead to sexual abuse is also widespread. Responses such as “The streets are unsafe for women and girls”, “being outside is unsafe”, “women and girls cannot go out at night”, “going to work is unsafe”, “walking to school is unsafe”, going to the souk can be unsafe” echoed throughout all community consultations.

¹³ UNHCR; Gender based violence factsheet, available at: <https://www.unhcr.org/4794b3512.pdf>

We have heard of rape cases in schools. Girl schools and boy schools.

Syrian adolescent boy, East Amman

Service providers and community leaders also mentioned that sexual violence especially sexual harassment is a common risk in East Amman, especially in crowded areas, secluded streets, and places where men and women are mixed such as the public markets (souk) or downtown. When asked about unsafe areas across Amman, women, girls, men and boys all reported that these areas were unsafe due to a high risk of sexual harassment and abuse.

Mixed crowded places like the bus station are super dangerous. The bus station in itself is a hub for sexual abuse. I am a married woman and I'm not even young, and yet I swear to God I feel men ripping my clothes off with their eyes when I'm standing there waiting for the bus. Even when my daughter is with me, they come and talk to us and harass us.

Working Jordanian woman, East Amman

Community members also expressed fear around sexual abuse and rape outside and inside homes (as covered in Figure 5 above). Rape was reported as a type of violence facing women and girls, but also boys, men refugees who had survived torture in their country of origin, and members of the LGBTQI+ community.

There was a case in our neighbourhood of a boy who was raped in the middle of the day. This wasn't even at night. We fear for our children, girls and boys.

Iraqi refugee man residing in East Amman

I was raped 5 times. Once people find out I am gay, I faced all types of violence and abuse, and rape was the hardest one.

Jordanian man member of the LGBTQI+ community

Some consulted community members and GBV case management service providers also mentioned that women – especially those who are the head of their households and those who experience economic difficulties – can face risks of sexual exploitation and abuse at the hands of landlords and market owners. This risk is heightened when they are unable to pay the rent or when they borrow food items from markets without being able to pay for them. Additionally, consulted women and young female adults mentioned that they face risks of sexual exploitation and abuse at the hands of individuals who falsely pretend that they work for humanitarian aid organizations, and who ask for sexual favours as a condition for receiving aid. Another type of sexual abuse which reportedly increased during COVID-19 is ICT facilitated and online violence, as sexual predators used social media to identify vulnerable women and girls and sexually abuse them. Reportedly, perpetrators actively sought intimate pictures (such as the picture of a woman without her hijab) and chats (any chat with a male can be perceived as a transgression leading to violent incidents of GBV within traditional families) to trap women and girls into a scheme of manipulation and threats and force them to provide sexual favours.

70% of consulted community members in FGDs reported heightened online and ICT-facilitated violence under COVID 19

Many young women and girls have fallen for men online who promise them love, but in reality, they are looking to abuse them and manipulate them. I recently worked with a girl who was forced into a sexual relationship with a man she had met online, because he threatened to expose their chats to her father, who she believes would kill her if he knew.

Men exploit women's fear from other men in their lives such as their family members, to further cause violence and abuse them.

GBV case manager, East Amman

Service providers and community volunteers also sounded their concern over the commonness of sexual harassment, in both its verbal and physical/sexual forms, towards women and girls who are navigating public spaces such as streets and souks. Community leaders from non-Syrian refugees also mentioned that this is a common risk faced by women and girls who do not have an income as they do not have the right to work in Jordan. This pushes them into extreme poverty and increases reliance on negative coping mechanisms such as resorting to debt. In turn, they may find themselves at risk of sexual exploitation from landlords, market owners and those who provide them with undocumented work.

Adult women refugees, Syrians, but also especially non-Syrians such as Sudanese, Somalis who do not receive monthly aid nor do they have the right to work legally, are at

high risk of sexual abuse and exploitation. In some areas in East Amman, the neighbourhoods are very densely populated with residents from many nationalities. Some people don't have bathrooms inside their homes. many women faced sexual abuse and rape because of the toilets, or because they didn't have money to pay for their basic needs such as food and shelter. They also don't usually report because they worry about their reputation and fear retaliation. Also, their main concern is providing for their family's basic needs at all costs.

GBV case manager, East Amman

Accordingly, risks of sexual harassment, abuse and rape are compounded in crowded and overpopulated areas. In some of the most densely populated neighbourhoods, houses are very close to each other.

Box x:



Contributing factors to increased GBV: Drug and alcohol abuse
Consulted community members and service providers sounded the alarm over an increasing rate of drug and alcohol abuse within East Amman, especially in densely populated areas. Intoxication of men and older boys in the streets and at home has reportedly led to a heightened risk of GBV for women and girls, but also other men and boys as it fuels quarrels and crimes in the streets. For women and girls, home break-ins, sexual assault, harassment and abuse risks at the hands of intoxicated men are reportedly a frightening risk. Women and girls who live with family members prone to drug and alcohol abuse are also at heightened risk of IPV and family violence.

Women and service providers reported that women and girls don't feel safe inside their homes as there is a lack of security. Windows and doors are too close to the streets and to other homes, and intruders can easily jump into homes and abuse female residents when they are alone. Also, some streets are narrow and not lit at night. In these neighbourhoods, drug and alcohol abuse is also widespread. All these factors lead to highly unsafe living conditions for women and girls.

4.1.2.1 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 East Amman. One respondent mentioned that they "heard such rumours". However, protection from sexual exploitation and abuse measures need to remain in place to ensure the safety of GBV services.

4.1.3 Early marriage

A commonly reported risk faced mostly by refugee girls in East Amman is early marriage. As reported by consulted community members and service providers, early marriage is a widespread harmful practice among Syrian, Iraqi, Yemeni, and Palestinian communities.

Early marriage is very present in our communities. It is widespread. Many girls are already married of by the time they are 15.

Iraqi refugee working woman in Amman

Reportedly, Jordanian families in East Amman have also started adopting this harmful traditional practice after living alongside refugee families in the community, after early marriage had been uncommon in the past.

In my experience, this is the first time I hear about negative cultural exchange. I know the Jordanian, Syrian and other nationality groups in Amman have been adopting each other's traditions because in the end they were quite similar in the first place. However, for early marriage, we were not used to seeing this among Jordanian families. But then when they started seeing this is common with refugee families around them, Jordanians started marrying off their daughters early too.

GBV team leader, INGO, Amman

Early marriages still take place in Jordan despite a law setting the minimum age of marriage at 18 years. In Amman, according to UNICEF, 3,064 girls and 95 boys were married under the age of 18 in 2017¹⁴. Findings were consistent among consulted Syrian, Palestinian, Yemeni, and Iraqi refugee women, girls, men and boys, as well as service providers including those working with the Palestinian and other non-Syrian communities. Despite undeniable progress made in the past decade on raising awareness and working to end child and early marriage, it still poses a considerable threat.

If a girl is 12, of course it's early. But at 15 she is ready to get married. Even boys. Let's say my son is 16 and gets married, him and his wife will live with us until they grow up

¹⁴ UNICEF et al. (2020); A Qualitative Study on the Underlying Social Norms and Economic Causes that Lead to Child Marriage in Jordan: Developing an Actionable Multisectoral Plan for Prevention; Available at: <https://www.unicef.org/jordan/reports/study-underlying-social-norms-and-economic-causes-lead-child-marriage-jordan>

further and then they move out. However, the issue is that the divorce rate for those who marry young is very high, so maybe it is better to wait until they are above 18.

Syrian refugee man in Amman expressing conflicting ideas about early marriage

Early marriage in traditional Arab communities remains a complex and multifaceted issue. According to service providers, the root causes include harmful traditions and a deeply rooted patriarchal culture that accepts and encourages marrying adolescents once they are perceived to have reached maturity. The community paradoxically wants to protect females who are perceived as sexually mature by marrying them, even if against their will. Other contributing factors to risks of early marriage include harsh economic situations which makes the idea of handing off the financial responsibility of a daughter to another family relieving. Furthermore, girls who are out of school are reportedly at higher risk of early marriage, as they are homebound until they are “protected” by marriage. The clear paradox in early marriage is its perception as a protective measure for girls: protection from potential sexual abuse – although marital rape is common in forced marriages even if not currently criminalized by the law or reported to service providers; protection from poverty – although the husband and his family might not offer better economic stability; protection from the idleness of being homebound – although education which has a better overall outcome for girls is often overlooked; and coveting social protection that is associated with the status of being married – although reportedly early marriages often end in divorce. Ultimately, it is the girls and their children who pay a heavy price. 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, and women, girls and a minority of men participants in FGDs also expressed these concerns.

When girls get married early, they are still children. They become mothers, children bringing up children! Many times, the marriage ends in divorce. She ends up young, with children, alone, and at risk of exploitation.

Syrian woman head of household, Amman

Despite early marriage being a main risk identified by consulted community members and service providers, one of the significant challenges faced during the GBV risk assessment in Amman is the inability to reach married adolescent girls and include them in FGDs or KIIs despite several trials by partners. This highlights their vulnerability, and the fact that they are hard to reach means their voices and direct feedback is missing from this report. It also shows a gap in current outreach methodologies and highlights the need for adolescent-focused outreach methodologies to effectively reach and engage adolescent girls – especially those who are married.

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

An emerging GBV risk facing females especially younger women and adolescent girls is online and ICT-facilitated GBV, especially with a heightened reliance on ICT and extensive online presence throughout the COVID-19 pandemic. Consulted Jordanian, Syrian and non-Syrian refugees expressed their concern over the rising levels of ICT-facilitated violence. Adolescent girls and boys themselves were also aware of this risk. Online and ICT-facilitated GBV is widespread through social media platforms such as Facebook, WeChat and WhatsApp. The typical process includes men contacting girls and young women over social media, looking for love relationships. They offer compliments and promise gifts or marriage. Once the girls or young women share personal information or pictures of themselves, they are at risk of being exploited as men threaten to expose them to their families and communities. They then ask for sexual or financial favours through threats. It is to be noted that even chatting with males can be grounds for extreme physical abuse for girls/young women at the hands of family members and can even lead to honour killing. This is especially true in highly patriarchal traditional communities such as with Yemeni refugees but has reportedly also happened across various communities such as Jordanian and refugees of all nationalities. Service providers and the Jordanian Government are aware of this risk and have been exerting efforts to prevent and respond to the rising risk of online and ICT-facilitated GBV.

Adolescence is such a sensitive and dangerous phase for girls. One of the biggest risks they face across nationalities is the risk of exploitation and sexual abuse. Most of the cases we come across face this through online violence, on social media applications.

They tell us: “He fooled me and made me send him a picture”, or “we talked on WhatsApp and now he threatens to tell my brother, and my brother would kill me!”

GBV case manager, Amman

Moreover, some service providers including frontliners reported that they were not always sure how to respond to online and ICT-facilitated violence against women and girls, given the sensitive nature and high risks involved. The Jordanian government has dedicated a special unit to respond to cyber-crimes. In a news article dating from 2018, the cyber-crime unit in Jordan’s Public Security Department (PSD) “has sounded the alarm over an unprecedented increase in e-crimes, calling on parents to control children’s online activities to guard against exploitation, including militant recruitment¹⁵”. These risks have reportedly furthermore increased after COVID-19, highlighting the need for targeted programming

¹⁵ Roufan Nahas; News article in the Arab Weekly (2018) [Jordan sounds the alarm over rising online crimes](#)

and capacity building in terms of prevention and response to online and ICT-facilitated violence against women and girls, and strengthened coordination with the cyber-crime unit of the PSD.

4.2 Vulnerable groups at heightened risk of GBV

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

Table 3: Vulnerable groups at heightened risk of GBV

Vulnerable group	Illustrative quote	Quote Source
Women and girls in general ¹⁶	Women in general from all groups and ages are at risk of GBV. Mothers are even at more risk because they are the only caretaker in the home, the nurse, the cleaner, the cook, we have to do everything all by ourselves.	Jordanian woman, Amman
	All women, in general, are at risk of GBV. They can face it anywhere. One must be prepared to take care of herself.	Older woman Syrian refugee, Amman
	The culture and traditions put us all at risk. Women cannot go out alone, you need to wait for someone to chaperone your every move. You can't work, or if you can work, they choose your work for you. You don't decide on anything in your life.	Yemeni refugee woman, Amman
Refugee women and girls in particular	I change my accent whenever I'm outside, just to avoid exploitation or abuse. Overtime, my Jordanian accent has become great. It saved me from a lot of issues, from being ripped off with money to being harassed.	Iraqi refugee working woman, Amman
	As a Syrian refugee, you are always at risk of exploitation. Sometimes the taxi driver even charges	Syrian refugee adult woman, Amman

¹⁶ According to the 2020 GBVIMS Annual Report for Irbid governorate (including Ramtha), 99.6% of survivors coming forward to report incidents and seek services were females. 92.4% were adults, and only 7.6% were children (boys and girls).

	me more for the trip fare just because he hears I have a different accent.	
	Refugee women because this is not their country, and when they first come, they don't know anything around here, which puts them at risk of exploitation and abuse.	Jordanian working woman, Amman
	All women and all ages are at risk of GBV, especially refugee women. We have no one to protect us.	Iraqi woman head of household, Amman
Adolescent girls in particular (of all nationalities)	From my experience, adolescent girls are more at risk of sexual harassment and abuse than any other group of women. They are also at risk of early marriage.	GBV service provider, Amman
	Adolescent girls living with very strict parents are at risk violence all the time. Their parents think this is the right way to educate them and bring them up, while in reality they are destroying them.	Jordanian female adult youth, Amman
Women living without men: widowed, separated, divorced, female head of household	When a husband dies, suddenly the widow becomes a target for 40 other men. Instead of dealing with one man (her husband), she has to deal with all kinds of people now who want to meddle in her life, and who can even try to abuse her.	Jordanian woman with disability, Amman
	The divorced woman and the widow are the most at risk, anyone can exploit them or harass them, and they have nobody to protect them.	Jordanian female adult youth, Amman
	You feel as if men actively look for divorced or widowed women because they are an easy target for harassment and sexual abuse.	Syrian refugee single female head of household, Amman
Women and girls with disabilities	Those who have specific needs like women with disabilities are at heightened risk because sometimes their own disability prevents them from being able to defend themselves or talk about the abuse.	Jordanian working woman, Amman
	Women and girls with disabilities face a lot of bullying and GBV.	Adolescent girl Syrian refugee, Amman

Some FGD groups also identified other groups at risk such as working women, orphan girls (similarly to widowed and divorced women), women wearing the Niqab or Khimar (complete head, neck and

body covering, typically a black veil) who are reportedly at higher risk of sexual harassment, and the female family members of drug addicts/alcoholic men and gamblers.

The wives and daughters of drug addicts and alcoholic men, or those who gamble, are at even more risk than others. Sometimes these men run out of money, and they force their wives or daughters into sexual relations with the dealers just to get their fix.

Jordanian woman, Amman

With these horrible conditions men resort to drugs to calm down a little bit. The kids witness this and are introduced to the world of drugs, and they get dragged into it too. This is so dangerous.

Palestinian woman, Amman

In several FGDs with women, girls, men and boys, facilitators asked participants to list the most vulnerable groups and probed further to specifically include a question on **Lesbian, Gay, Bisexual, Transexual, Queer and/or Intersex (LGBTQI+) individuals**. FGD participants then mentioned that people with diverse sexual orientation and gender identity don't exist in the community, expressing negative views and disdain.

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

4.2.1 Survivor blaming attitudes

During FGDs, community respondents expressed concern and empathy towards women and girls who are survivors of GBV. However, across several FGDs, survivor blaming attitudes and sentences were observed. For example, the most common blaming attitude was observed regarding sexual harassment in the streets: “if a girl or woman is dressed properly or is out during acceptable hours, she will be safe. If she gets harassed, there must be something wrong that she did. Maybe she gave a signal through her attitude or behaviour that made it easy for men to harass her” (Syrian refugee woman, Amman). Women survivors can also be blamed for the abuse they face: “A woman needs to be strong. If she is weak and doesn't know how to stand up for her rights and protect herself, she will likely face abuse” (Jordanian adolescent girl, Amman).

Another example is a permissive attitude towards boys who harass girls: “boys gather in front of girls schools because they are doing boy stuff. They don't mean harm; they are just playing around. Girls know how to avoid them” (Jordanian man, Amman).

This made it clear that further work is needed with community members on awareness raising and shifting negative traditional beliefs.

4.3 Perpetrator profiles

Perpetrator profiles have been consistent over the past few years in GBVIMS reports: the vast majority of reported SGBV incidents are perpetrated by family members: male: intimate/former partner, primary caregiver, and family other than spouse or caregiver¹⁷. Also, most reported GBV incidents took place at the survivor's home. According to the 2021 GBVIMS Midyear Report for Amman governorate, 65% of perpetrators of reported GBV incidents were intimate or former partners, and 23% were family members including primary caregivers, while 78.5% of incidents took place in the survivor's home, and 13.5% took place in the perpetrator's home. This data was confirmed by consulted women and girls, who also specified on more than one occasion that they feel particularly at risk around men in their families, but also men and adolescent boys who abuse drugs or alcohol, and/or those who hang out in groups in the streets especially at night.

Consulted service providers and community leaders/volunteers were also unanimous on indicating that perpetrator profiles usually consist of men, in particular direct family members and spouses. Other prominent perpetrator profiles include men in the streets, unknown men, men who abuse drugs/alcohol, and the whole community and society.

A lot of the abuse comes from male intimate partners or caregivers. For sexual abuse, it is men from the community, especially those who abuse drugs or alcohol. But then also the whole community is abusive! Nobody has any empathy towards women. She faces abuse in her family or outside, then the whole community slanders her.

Yemeni community leader, Amman

4.4 Areas of high GBV risk within East Amman

As established through the community consultations and confirmed through a wealth of literature about GBV risks in Jordan, the home is paradoxically the safest place for women and girls, although it can be very unsafe for those at risk or survivors of IPV and family violence.

¹⁷ Example of report : Jordan GBVIMS Taskforce Midyear Report; January – June 2021; available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/External%20GBVIMS%20Dashboard%20%28Jan-Jun%292021%2025%20Aug.pdf>

There are no safe areas for females. Sometimes the home is the only safe space, other times we are not even safe at home.

Iraqi refugee woman, Amman

The women and girls who come to us mostly face unsafety and abuse at home. But also, in the public streets, malls, supermarkets, the souks (public shops), bus stop, downtown... Basically I cannot single out one place and say it is safe or unsafe. All places can be unsafe.

GBV case manager, Amman

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

Table 4: Areas identified as unsafe for women and girls

Place	Number of times it was mentioned as unsafe in the FGDs	Notes
Public gardens الحدائق	25	Not safe for girls alone, especially afternoon
Public Markets (Souk) الأسواق الشعبية	21	Crowded areas, women and girls can face drunk people especially at night, there are robberies, and they face sexual harassment.
Bus stops (مجمعات الباص)	16	High risk of sexual harassment (verbal and physical), presence of drunk people especially at night, risk of robberies and quarrels between men.
Public streets (secluded) الشوارع الفردية	15	High levels of drugs and alcohol consumption, crowded by men and boys.
Public transportation stations	12	High risk of sexual harassment (verbal and physical) in buses & taxis.
Malls	4	Especially in the afternoons, they would be crowded by men and boys.
Public streets (major streets) الشوارع العامة/المكتظة	3	Especially when they are too crowded and when there are many men
Vegetable and fruit markets محلات الخضرة والفواكه	3	Risk of sexual harassment, verbal abuse between men.

It is interesting to note that the home was not mentioned as an unsafe space during the FGDs with community members. This can show how accepted IPV and family violence are by community members, especially women and girls. It also highlights the need for strengthened social behavioural

work with the community as a whole, to bring awareness on existing GBV risks, prevent and mitigate them.

Other places mentioned by community members as unsafe in only 1 or 2 FGDs are: refugee camp; downtown markets (souks) and big roundabouts. In addition to listing streets, areas, and places, consulted community members and key informants identified specific characteristics that make an area/a place safe or unsafe for women and girls, as illustrated below.

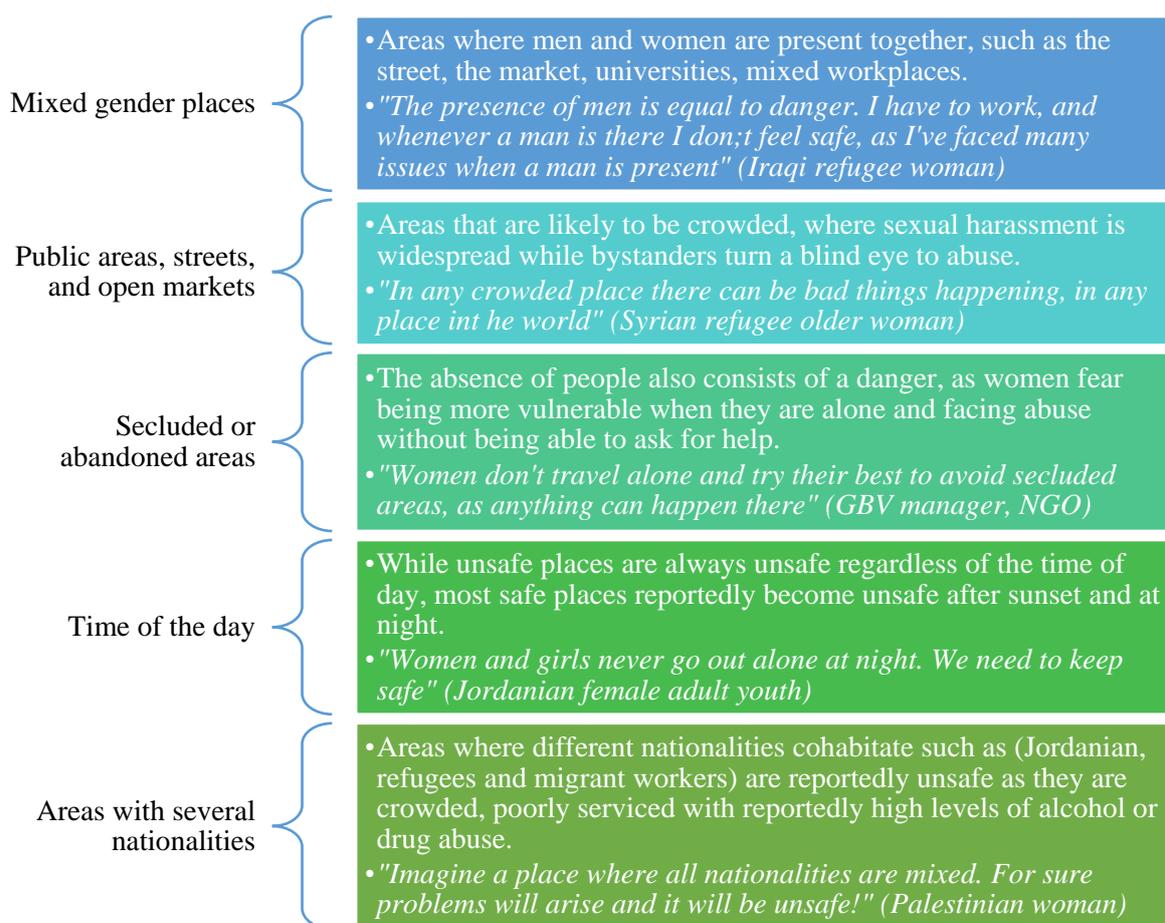


Figure 6: Characteristics of unsafe places

4.4.1 Homebound girls

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

to higher education, for example, and to be denied the right to work. It is also widely perceived that the streets and public spaces pose additional risk of sexual harassment and abuse to girls and young women. This in turn results in keeping girls and young women home-bound, highly dependent on other family members to go out of the home, and unable to exercise self-agency and decision making regarding their own lives. It can also result in a limited access to services including GBV safe spaces, which requires additional and targeted outreach and engagement efforts to reach adolescent girls and young women, especially those who are married.

I never let my daughters go out alone. They don't know how to defend themselves, and it is a dangerous area we live in. Why put them at risk while they can stay safely inside the home? It is our [men's] duty to protect them.

Jordanian man, Amman

4.4.2 GBV risks related to public transportation

In Amman similarly to other areas in Jordan, consulted women and girls reported that they fear sexual harassment and abuse in public transportation and while waiting for public transportation such as in bus stops. Taxis and common taxis (service) were considered the most dangerous, as women and girls can find themselves alone with the driver. Reportedly in these cases, they fear being sexually abused by the unknown taxi driver, which sometimes is disguised under “touching them by mistake” or talking pejoratively to them especially if they are refugees. Being in a taxi would only be safe if the driver was a trusted person known to the family. Women mentioned that buses can be safe except during rush hour, when they would be too crowded. Most girls on the other hand reported that they avoid buses altogether. To be safe in public transportation women and girls reportedly travel in groups or accompanied by a male family member. Reportedly, most women and girls prefer walking to their destination if it is not too far and avoiding public transportation altogether.

4.4.3 Reports of a generalized feeling of unsafety especially for refugees

Many consulted service providers as well as women and girls mentioned that it is difficult to pinpoint specific areas where they feel unsafe, as they have a generalized feeling of unsafety in their communities. Reportedly, the issue lies within the mentality and entitlements of men who perpetrate GBV, not the areas where GBV is perpetrated.

It is not about the area, it's about the people in that area or place. A pharmacy can be a safe place, but then one man can be there and harass you and it wouldn't be safe anymore. And abusers can be anywhere.

Syrian refugee adult youth, Amman

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

We don't feel safe anywhere.

Syrian refugee adolescent girl, Amman

4.4.4 Unsafe areas for men and boys

While drawing the community map, FGD participants were also asked to highlight any unsafe areas for men and boys. While the gendered aspect of unsafety and risk was clearly identified within women and girls' experiences of their environment, it was less obvious for men and boys. Most of the risks they face stem from attitudes and behaviours related to expressions of harmful masculinities, such as quarrels in the streets, in public places or in schools; alcohol and drug consumption and abuse; and being involved in crime groups or facing issues with the police.

The issue is with violence between men and boys themselves. They can fight to prove who is the man. Or they are influenced by other groups of men to start taking drugs or drinking alcohol. This is especially true for those who don't work or go to school and have nothing to do all day and night but to hang out in the streets in groups.

Protection team leader, Amman

Another identified risk is racial bias against refugees. Consulted refugee women, girls and boys expressed their concern of emotional and sometimes physical harm faced by refugee boys and men at the hands of other boys at school, or at the hand of employers in the workplace.

During some FGDs, adult women and men were aware that anyone – male or female – can face sexual assault and rape. There were two accounts of boys being raped by men, and one account of rape against a man member of the LGBTQI+ community. This shows awareness about risks of sexual violence existing across genders.

Men on the other hand reportedly only face racial bias and/or exploitation at work or in public areas (such as souks) if they are refugees.

I face discrimination and abuse because of the colour of my skin. People avoid me or become violent towards me either verbally or even physically, just because they know I'm a refugee. I know people in my community, females and males, face these risks of unsafety.

Sudanese refugee man, Amman

On the other hand, most consulted women, girls and men themselves mentioned that men do not face fear or risk in their community or by being outside. Some consulted men and boys mentioned that they feel safe everywhere during the day, however they might feel unsafe going out late at night, fearing the groups of men and boys who hang out in the streets and who are perceived as addicts and/or criminals.

I try to avoid going out at night, so that I don't face drunkards or bad men who hang out in the streets.

Jordanian adult man, Amman

According to the GBVIMS midyear report for Amman (January to June 2021), 4.9% of all survivors who sought support from GBV case management agencies were men and boys. This small percentage is of course not indicative of all survivors; however it is in line with the findings from the risk assessment. This highlights the lack of GBV incident reporting by men, especially those belonging to at risk groups such as members of the LGBTQI+ community, or refugees who faced conflict-related sexual violence in their country of origin (such as Somali and Sudanese men as well as many former prisoners in Syria). This lack of help seeking is also characteristic of harmful masculinities and might indicate a fear of reporting to curb stigmatization by the community. However, this affects men's health and wellbeing and often has harmful consequences on their families. Additionally, globally men tend to use strategies that seek to avoid and reduce feelings of vulnerability to cope with trauma and extreme stress, including alcohol and substance abuse. This links back to harmful masculinities, and the risks reported by women, girls, men and boys about alcohol and drug abuse in East Amman.

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

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

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



Figure 7: Areas marked as safe by women and girls

4.5 Impact of COVID 19 on GBV risks and needs

At the time of writing, Jordan has vaccinated a high number of residents against COVID-19. However, the world is still suffering from the consequences of the COVID-19 pandemic. It has been established by now that the pandemic and ensuing movement restrictions have especially affected women and girls, with a sharp increase in IPV and family violence. The UN and humanitarian organizations described

the worldwide increase in domestic abuse as a "shadow pandemic" alongside Covid-19¹⁸. Women and girls in Jordan – including in Amman – have not been spared. Months long COVID containment measures and lockdowns since March 2020 until the time of writing have had far-reaching social and economic implications for vulnerable Jordanian, Syrian, Palestinian, and all refugee households, with women bearing the brunt of deteriorating living conditions and additional caregiving responsibilities.

4.5.1 Increased violence at home and increased caregiving responsibilities

A rapid assessment by UN Women on the impact of COVID-19 on vulnerable women in Jordan¹⁹ established that women are feeling less safe within their homes, with 62% of women respondents reporting a feeling of increased risk of physical or psychological violence because of increased tensions in the household and/or increased food insecurity. Additionally, women found their traditional caregiving roles intensified. As Jordan implemented nation-wide school lockdowns, education moved to online platforms and the burden of remote schooling and childcare fell disproportionately on mothers, with 77% of respondents reporting that mothers spend more time supporting their children's distance learning compared to fathers. Unpaid care work was already assumed mostly by women and girls, however additional responsibilities came at the expense of women's wellbeing as they struggled with increased violence at home, lack of peer support, economic and health uncertainties. These findings were also mirrored in the 2020 and 2021 GBVIMS reports. They were confirmed consistently throughout FGDs with women and girls, too.

Suddenly, the men and children spent all their times at home. We were left without a moment to ourselves. We became the house cleaners, the cooks, the teachers, the entertainers, we had to do everything for everyone!

Syrian refugee woman, Amman

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

When men don't work, the responsibilities at home still stay the same. The wife wants money, and the man can't provide. She gets angry, he gets angry, and the whole atmosphere at home is poisoned. And it sometimes leads to violence.

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

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

Jordanian man, Amman

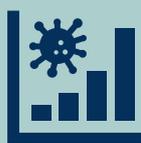
Service providers and community leaders were aware of the situation too. Every KII included a description of how COVID-19 and its consequences have hit households, especially women and girls. A number of consulted service providers also reported a high increase in case load during and after COVID-19 lockdowns.

COVID-19 hit everyone, including our own families. But it hit the poorest families such as those living in East Amman. They relied on daily jobs and did not have savings aside to support them. Their needs increased, tensions were heightened, and this increased the risks of GBV inside the home. For women living alone, they were even at more risk of exploitation too. We also witnessed a lot of couples getting divorced.

GBV case worker, Amman

4.5.2 Increased risk of online and ICT-facilitated GBV

COVID 19 and Increased risk of online and ICT-facilitated GBV risks



Consulted community members and service providers reported another type of GBV that has considerably increased during COVID-19: online and ICT-facilitated GBV against girls and women. As individuals across age groups and genders have been spending more and more time online, risks of violence for the most vulnerable have increased. Violence ranged from emotional and psychological abuse, bullying over appearance and opinion sharing, and worryingly most of the time the aim of the violence was sexual harassment and abuse. This relatively new modality of perpetrating GBV demands urgent prevention and response actions. As mentioned above in [section 4.1.4](#), further coordination with the Government is needed to address this type of violence. *“Violence towards our children especially the girls during and after COVID-19 has increased” (Jordanian working woman). “Men talk to girls via Facebook, they threaten to share her picture on social media to get what they want” (Jordanian Adolescent boy).*

4.5.3 Impact of COVID 19 on sexual abuse and rape

Consulted community members reported that during lockdowns and movement restrictions, sexual violence outside of the home considerably decreased. Stronger police presence and more frequent police patrols as well as movement restrictions resulted in fewer sexual assault and rape incidents outside of

the home. KIIs with service providers and community leaders/volunteers further proved this finding. Consulted women and girls specifically expressed their relief in feeling safer when they were outside. Unfortunately, this relief is temporary as restrictions on movement have eased.

What I love the most about Corona is the face masks. Men wear face masks, so when they verbally harass us, we don't hear it or can't understand it. It feels good and freeing!

Syrian female adult youth, Amman

5. Intersectional analysis of GBV risks and needs in East Amman

East Amman host women, girls, men and boys from diverse backgrounds, ethnicities and statuses, and gender identities. An intersectional approach to GBV requires taking into consideration where gender intersects with other inequalities or oppressions, such as sexuality, gender identity, ethnicity, the status of being a refugee/IDP or immigration status, disability, or being a working woman, to produce unique experiences of violence. By understanding the different ways in which violence is perpetrated and experienced, an intersectional analysis helps design and develop appropriate context-specific responses when addressing GBV risks and needs²⁰. Below is an analysis of how gender interacts with the status of being a refugee, being a working woman, or being a member of the LGBTQI+ community in Amman to produce unique experiences of GBV.

5.1.1 Working women and their reported experiences of GBV at work

It is recognized that conflict, displacement and economic crises (such as the one brought forward with the COVID 19 pandemic) destroy livelihoods and force individuals to adopt new strategies to support themselves. New livelihood strategies can increase the risk of GBV, while having limited access to economic resources and being financially dependent on others limits women and girls' ability to leave abusive situations – especially IPV and family violence²¹. Women and girls often have no safety net; in patriarchal communities such as in Amman they usually have access to few resources. A lack of access to economic opportunities while displaced often forces them to stay silent in the face of abuse, or to resort to harmful measures to survive. “Women often face a trade-off between their protection and their livelihood” (Women's refugee commission; 2012).

²⁰ UN Women and Imkaan (2019) [The value of intersectionality in understanding violence against women and girls \(VAWG\)](#)

²¹ Women's refugee commission (2012); Preventing Gender-based Violence, Building Livelihoods: Guidance and Tools for Improved Programming; available at: <https://www.womensrefugeecommission.org/research-resources/preventing-gender-based-violence-building-livelihoods-guidance-and-tools-for-improved-programming/>

We provide women survivors of GBV with a lot of psychosocial support. However, what is still truly needed is helping her get back on her feet and stop being dependent financially on her husband. If her and her children's livelihood depends on her abuser, she is unable to leave the violent partner. However, once we work on economic empowerment alongside psychosocial empowerment, the survivor can rebuild herself as an independent woman, safe from violence and abuse.

GBV case manager, NGO, Amman

For this reason, the GBV risk assessment Amman included an intersectional and sectoral analysis, focusing on the lived experiences of GBV from the perspective of working women. The findings mirror global knowledge around the close correlation between women empowerment, livelihoods, education and economic independence. However, findings from this assessment also confirms the need to proceed carefully with livelihoods programming, to avoid inadvertently increasing GBV risks when providing work opportunities to women. The analysis of the linkages between heightened GBV risks in specific work sectors is presented below.

When asked about which work sectors are safe for women, and which pose heightened risk of GBV, women, girls and men identified strong linkages between certain work sectors and a heightened risk of being subjected to GBV, including sexual abuse and/or harassment at work. Similarly to the criteria and characteristics that make places safe or unsafe for women, workplaces that require the below are unsafe:

- Working at night or working long shifts that end at night
- Working in high traffic areas such as souks
- Working in secluded areas (or having to walk secluded areas to and from work) and/or
- Working in mixed gender workplaces present a heightened risk of GBV for women.

Working puts women at different levels of risk depending on several criteria, such as the work location that could be a cause of concern if it is in a secluded building or in a far away area, or the nature of the work itself and its timing such as during the day or night, taking public transportation to work can be risky in terms of sexual harassment and abuse, and whether men work alongside women or are clients is also risky, and also the boss can cause an issue if they don't respect their boundaries.

Iraqi working woman, Amman

As reported by FGD respondents, types of work that are especially risky for women include working in hotels or restaurants or in the tourism services sector, in factories, in hospitals as nurses, working in

cleaning houses (often this is unregulated work) or in the souks or in private offices, especially when the work owner is a man.

Consulted women from both refugee and host communities expressed that what makes them feel unsafe when working is transportation to and from work. In one FGD with working women from several nationalities, the women shared that they feel safe at work, however they have all faced sexual harassment in the street while going to or coming back from work.

An additional layer of risk at work is related to unethical work owners. Many refugees from Syrian and non-Syrian nationalities work illegally, as getting a work authorization is complicated and costly. This means that they are unprotected by the Jordanian Labour law, and they are at the mercy of work supervisors, managers and shop owners who are easily able to commit abuse and perpetrate GBV towards work subordinates with total impunity, as they hold the power unilaterally.

Refugee women can face several issues at work. They can face sexual harassment. They can face psychological abuse. They might not be given a full salary like male counterparts or be paid less because they are refugees. They might be exploited into working more just because their boss knows that they desperately need to work. The exploitation can be related to long working hours or less pay.

Syrian single female head of household, Amman

Consequently, livelihoods and women empowerment programming should include close collaboration between GBV and Livelihoods actors:

- To ensure that women feel safe and protected at work
- To allow survivor women to access financial agency and independence as part of their empowerment journey
- And to advocate for work permits for vulnerable refugees and safer work options for women.
- Additionally, livelihoods programs need to involve women throughout the project lifecycle, to ensure that their specific needs are taken into considerations, and that potential risks are addressed.

5.1.2 Women and girls' refugee status and increased risk of GBV

In East Amman as in other areas across the globe, the status of refugee adds another complex layer of discrimination and risk especially for women and girls. While consulted Syrian refugees did report additional GBV risks, they are somewhat sheltered by the protection they are entitled to through their official registration in the country. Many of the services available target them and work on their integration into the community. Palestinian refugees also benefit from social protection, and many have

received the Jordanian citizenship, which has facilitated their effective integration in Jordan's social fabric. Refugees from both these nationalities still suffer from dire economic circumstances, with poverty and pre-existing gender inequalities within their own respective cultures leading to a heightened risk of GBV. On the other hand, the situation for Iraqi and Yemeni refugees is harder. Most have not been granted the official status of refugee and don't receive much support from the humanitarian sector in Amman. In addition, they are not officially allowed to work, which increases the risk of poverty and dependency on illegal work avenues that come with extreme risks of exploitation and abuse. But perhaps those who face the highest level of discrimination and oppression including racism are refugees from Sudan and Somalia. On top of not being granted the status of refugee and being unable to officially access work opportunities, they are at risk of discrimination due to the colour of their skin. While Syrian, Palestinian, Iraqi, Yemeni, and Sudanese refugees speak Arabic, Somali refugees experience the difference in language as an additional barrier to effective integration and protection.

Refugees find themselves in a citizenship limbo, wherein different groups have been able to secure varying degrees of citizenship rights in their countries of residence, typically tied to their national identity or the duration of their presence. Palestinians, for example, have enjoyed citizenship rights in Jordan on par with native Jordanians but have also, beginning in 1988, faced policies that arbitrarily revoke their Jordanian citizenship, rendering them stateless. Iraqis in Jordan also experience partial citizenship rights primarily based on their socio-economic status. Wealthy Iraqis have been able to purchase residency permits, which afford them access to better work opportunities and public services in Jordan. Iraqis who are unable to afford residency permits have no legal status and are vulnerable to harassment, exploitation, and deportation.

Meanwhile, Syrians without proper identity documentation (e.g., passports, proof of kinship) can be denied access to services in Jordan, although efforts are currently underway to establish legal status and access to various public services for this group. A work permit program specifically targeting Syrian refugees has also been established, which helps Syrians find legal work in certain sectors of the Jordanian economy. Furthermore, Syrian refugees in Jordan receive certain forms of basic aid that are not available to refugees from other countries. Sudanese, Somali, and Yemeni refugees, due to their smaller numbers, have not received similar assistance and face additional challenges with racism and harassment, hindering their integration.

Excerpt from "Hawkins, Assad and Sullivan (2019) [Citizens of Somewhere: A Case Study of Refugees in Towns; Amman, Jordan; Pages 4 and 5.](#)

In addition to these complex layers of risk, current GBV services seem to be mostly targeting Jordanian nationals and Syrian and Palestinian refugees. Everyone theoretically has access to these services, but in reality, outreach and effective engagement targets the above mentioned nationalities.

For non-Syrian refugees, especially Sudanese, Somali, Yemeni and Iraqi, there is a huge lack in support. The women often work unregulated jobs such as house cleaning and are at risk of facing sexual harassment and abuse. Many have already faced rape and sexual abuse before seeking refuge, in their country of origin, and still suffer from the trauma. We need to focus on supporting them. Even when enrolled in case management, they are even not eligible for cash assistance. This needs to change.

GBV program manager, INGO, Amman

In the focus group discussions, partners in the GBV risk assessment planned to specifically conduct FGDs with non-Syrian refugees. Palestinian refugees were easily included in the FGDs, but it was much harder to include Iraqi, Yemeni, Sudanese, and Somali refugees. For this reason, specific key informant interviews with community leaders and volunteers from each of the nationalities were conducted, as well as interviews with service providers who do provide support to non-Syrian refugees. The results have been summarized in the boxes below.

In focus: Somali Refugees

Reportedly, Somali refugees arriving to Jordan come through Yemen or Sudan. Once they arrive, they face the issue of the language barrier as they do not speak Arabic. The community does not easily accept them, and reportedly many individuals face discrimination and bullying due to their darker skin colour. Somali refugees do not have the official status of refuge, and cannot easily secure legal work papers, as these are only available for them under the sponsorship system (kafala). All these layers of difficulty and abuse result in accumulated stress over time as the whole family faces irregular income streams and struggles to make ends meet.

These accumulated stressors result in heightened tension between the man of the house and his wife and daughters. It causes increased intimate partner violence and family violence. Outside of the home, Somali women and girls face risks of sexual harassment like all women and girls in East Amman, in addition to bullying and emotional abuse due to their skin colour. Those at highest risk are unaccompanied girls and women head of household, who have lost their families due to the war in Somalia. They are at a high risk of exploitation in the workplace if they seek illegal work such as cleaning homes to survive.

Additionally, a high number of Somali refugees live in highly crowded areas, with toilets outside of the home. “We get reports of women facing sexual assault and rape while accessing the bathroom.” (GBV case manager, Amman).

In focus: Sudanese Refugees

Sudanese refugees in East Amman face similar discrimination as their Somali counterparts, related to their darker skin colour and the lack of a refugee status. Most are also working illegally to make ends meet, which puts them at higher risk of exploitation and abuse. Reportedly, women, men, girls and boys can face emotional and physical abuse from children and adults in the streets, such as random name calling or throwing of rocks. In addition, women and girls face intimate partner violence and family violence at home, and heightened GBV risks of sexual harassment and abuse outside of the home. Many Sudanese refugees are not registered or do not have papers that grant them protection, so they don't report incidents of abuse to protection agencies or to the police as they believe they are not entitled to any support.

It is also important to note that Sudanese refugees seeking refuge in Amman have faced troubling incidents in their country of origin, with widespread sexual assault and rape commonly used as a weapon of war against women, girls, men and boys in Sudan. Case managers working with Sudanese refugees have highlighted the traumatic effects of the war and sexual assault and rape on their clients, with long lasting health and mental health consequences lived until this day. This highlights the need for targeted support for this population to address the specific needs and risks they face currently and have faced prior to seeking refuge.

In focus: Iraqi Refugees

In addition to facing risks as women and girls living and navigating public spaces in East Amman, Iraqi refugees find themselves in need of work to sustain their families. They face additional risks of exploitation and abuse at the workplace, including sexual exploitation, as most women and girls work in unregulated jobs without being able to secure a work permit. Common work avenues for Iraqi women include house cleaning, providing caregiving services for elderly individuals in their homes, or working in factories (sewing, chocolate making, soap making, etc.). Additionally, the Iraqi community is also highly patriarchal and riddled with gender inequality, which is synonym to heightened risks of IPV and family violence for women and girls inside the home.

GBV services and awareness raising for Iraqi women and girls have resulted in positive changes in their behaviour and attitudes. However, this is reportedly clashing with their husband's and male family member's behaviour and attitudes, which highlights the need to further engage men and boys including from the Iraqi nationalities in GBV social behavioural change programs.

In focus: Yemeni Refugees

Reportedly, the Yemeni community is highly patriarchal and very closed. Women and girls are mostly homebound, unable to go out or work, and denied any opportunity for self-agency. They live sheltered lives inside the home, at the mercy of extreme patriarchal rules and customs. This results in experiencing widespread IPV and family violence, in particular denial of access to resources, opportunities or services. Reportedly, women and girls are not allowed to have communication or any type of relationships with males outside the small family circle. If a girl or young woman is caught speaking on the phone with a man, or contacting him via social media, she can be at risk of physical abuse that can lead to honour crimes.

Yemeni women and girls are mostly homebound, unable to seek services and access safe spaces. Girls are often denied access to education, especially higher education. In addition, early marriage is very common amongst the Yemeni community. Women and girls also often wear full body and face coverage (the khimar), and once they are outside, they face discrimination and heightened risk of sexual harassment due to their attire.

This highlights the need to effectively outreach to homebound Yemeni women and girls, especially married girls, while adopting a do no harm approach, to engage them with GBV prevention and response services.

In focus: Palestinian Refugees

Palestinian refugees in East Amman live in crowded neighbourhood camps. Reportedly, the community is also patriarchal and closed, with women and girls being perceived as inferior to their male counterparts. Violence against women and girls is normalized and widespread. Cases of IPV and family violence are widespread including honour crimes. Consulted community members reported several cases of women and girls being killed by their partners or family members for minimal behaviours such as talking to men outside the family. Femicide is reportedly at the top of GBV risks faced by Palestinian women and girls. Additionally, forced marriage and early marriage are also widespread.

Women and girls also face sexual harassment and abuse within the camps and outside whilst navigating public areas in Amman. Reportedly, sexual harassment is also a risk within the homes, with large families cramped inside small houses and unsecure crowded buildings.

In the past years, awareness raising efforts have yielded positive effects with women and girls. However, homebound women and girls were not able to have access to these initiatives. Additionally, more work is needed to engage men and boys in GBV social behavioural change programs, to address the root causes of IPV, family violence and femicide.

5.1.3 Heightened risks of violence including GBV for members of the LGBTQI+ community in Amman

Individuals with diverse sexual identities and orientation face heightened risks in Jordan. Although the Jordanian penal code does not criminalize homosexuality, same sex relations is prohibited under the Islamic law, and a man dressing as a woman constitutes an offense punishable by law. The present GBV risk assessment engaged with members of the LGBTQI+ community and service providers who have all been granted anonymity for protection, in order to seek their experiences of violence and GBV in East Amman. The findings paint a troubling picture of widespread violence and abuse targeting the LGBTQI+ community, especially men who look and act feminine (regardless from their sexual orientation) and transsexual individuals. As a consequence, LGBTQI+ individuals must live in hiding to protect themselves.

As someone who doesn't conform to traditional gender identities that dictate how a man should behave, speak, walk or dress, I face many layers of abuse. All the types of abuse are intertwined, from emotional and psychological abuse, to harassment, to physical abuse and also rape. Just because I am feminine, I have experienced rape several times.

Member of the LGBTQI+ community, Amman

The extent of the abuse encompasses:

- Emotional and psychological abuse in the streets, as well as a lack of acceptance in their own families. It is not uncommon for LGBTQI+ individuals to be threatened by family or community members, or even to be kicked out of the family home.
- Denial of access to services and discrimination while accessing services when the service providers suspect that the individual is of diverse sexual orientation or identity. This includes health services being denied to transsexual individuals, and protection services being discriminatory against members of the LGBTQI+ community.
- Physical abuse: in the street by strangers or by community members, and even by family members once they find out that the individual is LGBTQI+.
- Online violence including bullying, name calling, and incitement to violence and murder of those who are visibly LGBTQI+. In addition, conservative individuals and police have sometimes resorted to click bait and infiltrating mobile phone applications to uncover members of the LGBTQI+ community and expose them, which results in extreme harm for these individuals.
- Sexual assault and rape including “corrective rape” by strangers or community/family members. For Lesbian women, sexual assault and rape is perpetrated with the purpose of

“correcting” their sexuality and making them heterosexual. For Gay men and transexual women, sexual assault and rape is perpetrated to punish the feminization of what is perceived to be a male body.

- Homicide in cases where extremely conservative families and communities become aware of the sexual orientation and/or identity of one of their members.

As a member of the LGBTQI+ community, I must be careful where I go, and who do I trust with my identity. In some highly conservative places in the community, people would kill me if they found out. It's a scary thought to realize that you can get killed for something related to your identity, something that you didn't even do or choose, while the person who might kill you will not face any consequences although they would have committed a crime.

Member of the LGBTQI+ community, Amman

Reportedly, members of the LGBTQI+ community who have faced discrimination, violence or abuse rarely report these incidents, as they fear being revictimized by service providers or the police. In addition, services offering protection to LGBTQI+ individuals, especially refugees, are lacking in East Amman and in Jordan as a whole. For example, if someone exposes a refugee for being HIV positive, they are at risk of immediate forced repatriation.

COVID-19 has hit the LGBTQI+ community very hard. Many lost their jobs, and most were confined at home with non-accepting and abusive family members. The lockdown period reportedly included an unprecedented level of violence against LGBTQI+ individuals at the hands of their families. Many were kicked out of home during the lockdown and ended up homeless.

It wasn't just about the lockdown. We were stuck at home with parents and siblings who despise our existence and do not accept us. I faced a lot of abuse, and as a result I am now on anti-depressants.

Member of the LGBTQI+ community, Amman

When asked if they know about available services or if they access them, consulted members of the LGBTQI+ community mentioned that they fear exposing themselves and fear a lack of confidentiality when seeking services. One person mentioned heightened risk of sexual exploitation and abuse for services, especially that LGBTQI+ individuals can be at high risk of threats of being exposed. This highlights the need to ensure protection, safety and confidentiality, as well as robust staff training prior to providing services to LGBTQI+ individuals.

6. Overview of GBV services in East Amman

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

6.1 Available GBV services including survivor support services²²

A wide range of GBV prevention and response services are available in Amman, including women and girls' safe spaces (WGSS), hotlines and helplines (including the national emergency number 911), GBV case management, psychosocial and mental health support, security, legal justice (legal services and documentation), group PSS services targeting adolescent girls, adolescent boys, and women, emergency cash assistance, awareness raising, parenting programs, engaging men and boys programs, advocacy and inter-agency referrals. Specialized services are also available: Health including Clinical management of rape, legal support, livelihood, education, and shelters. These services are offered by a diverse group of organizations, specialized in Protection and GBV: Community-based organizations, local NGOs, international NGOs, UN agencies, and the Jordanian Government through the Family Protection Department (FPD). During COVID-19, the majority of GBV services moved to remote service delivery modalities, such as through the phone, social media or other online platforms.

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

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

We have WhatsApp groups for our community. We are in contact on an ongoing basis. Whenever there is a service or opportunity available, I directly send it on the group.

²² For the referral pathway for East Amman, refer to the Amaali application.

When other women come across opportunities, such as sales at a supermarket or job opportunities, they also share with the community. During COVID 19, the group was a main way to share information and spread awareness. Otherwise, women would have been locked into their homes with no knowledge of what was going on outside.

Yemeni community volunteer, Amman

6.1.1 Awareness of community members on available GBV services

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

Table 5: 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	All	0
Female adult youth who were asked to list at least 2 GBV services	All	0
Adolescent Girls who were asked to list at least 2 GBV services	All	0
Men who were asked to list at least 2 GBV services	All	0
Adolescent Boys who were asked to list at least 2 GBV services	All	0
Single female headed household	All	0
Women with disabilities	All	0
Working women	All	0
Older Women	All	0
LGBTQ+	All	0

Additionally, consulted women and girls were easily able to list several options of available GBV services, however they mentioned that other women and girls in their community might not be aware of these. They had recommendations on how to raise awareness through social media and WhatsApp groups to keep everyone aware of all existing services and opportunities. Consulted women also mentioned that they feel safe accessing GBV services, and that they encourage other women survivors around them to disclose incidents and seek services through hotlines or WGSS that they have accessed and benefited from in the past.

6.1.2 Accessibility and safety of services and facilities

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

GBV services are in theory available for women and girls and all survivors residents of East Amman, honouring the GBV guiding principle of non-discrimination²³. However, in reality, the vast majority of individuals receiving GBV services are women, girls, and survivors who are Jordanian, Syrian, Palestinian or Iraqi refugees. Other refugees such as Yemeni, Sudanese, or Somali, and other nationalities such as migrant women seem to have much less access to GBV services. This is due to several factors: firstly, donors and projects are mostly centred around service provision to Syrian refugees and Jordanians from the host community. While GBV services are open to everyone, other services available in community centres and safe spaces such as livelihood activities and cash assistance are only available for participants from Syrian and Jordanian nationalities. This limits the number of non-Syrian and non-Jordanian persons accessing services in safe spaces or service provision centres. Also, because most programs are designed with Syrian refugees and Jordanians in mind, the majority of outreach plans and strategies do not extend to non-Syrians and non-Jordanians.

Additionally, survivors with disabilities reportedly also have less access to services, as well as survivors belonging to the LGBTQI+ community. The later reported fearing backlash over their sexual identities and orientation, which prevents them from asking for support when needed. As for homebound women and girls – especially married girls – additional efforts are needed to outreach to them and engage them safely in existing services.

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

²³ Defined by the Inter-Agency Standing Committee as: Survivors of GBV should receive equal and fair treatment regardless of their age, race, religion, nationality, ethnicity, sexual orientation or any other characteristics.

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

Consulted service providers all gave tangible examples of how they include women and girls in service planning, service delivery and decision making about available services. Examples included FGDs with community members prior to, during and after service delivery, to include women and girls' voices at all stages of the programme cycle. They also reported that survivors were able to make their own decisions freely about which services they would like to receive. Additionally, consulted key informants all mentioned several types of post-service delivery M&E, where survivors and other service receivers are able to share their experiences and any recommendations they may have (such as for example a client feedback survey). In WGSS and other service delivery centres, PSEA complaint mechanisms are also available, and the community has reportedly been trained on using these.

6.1.4 Barriers in accessing services

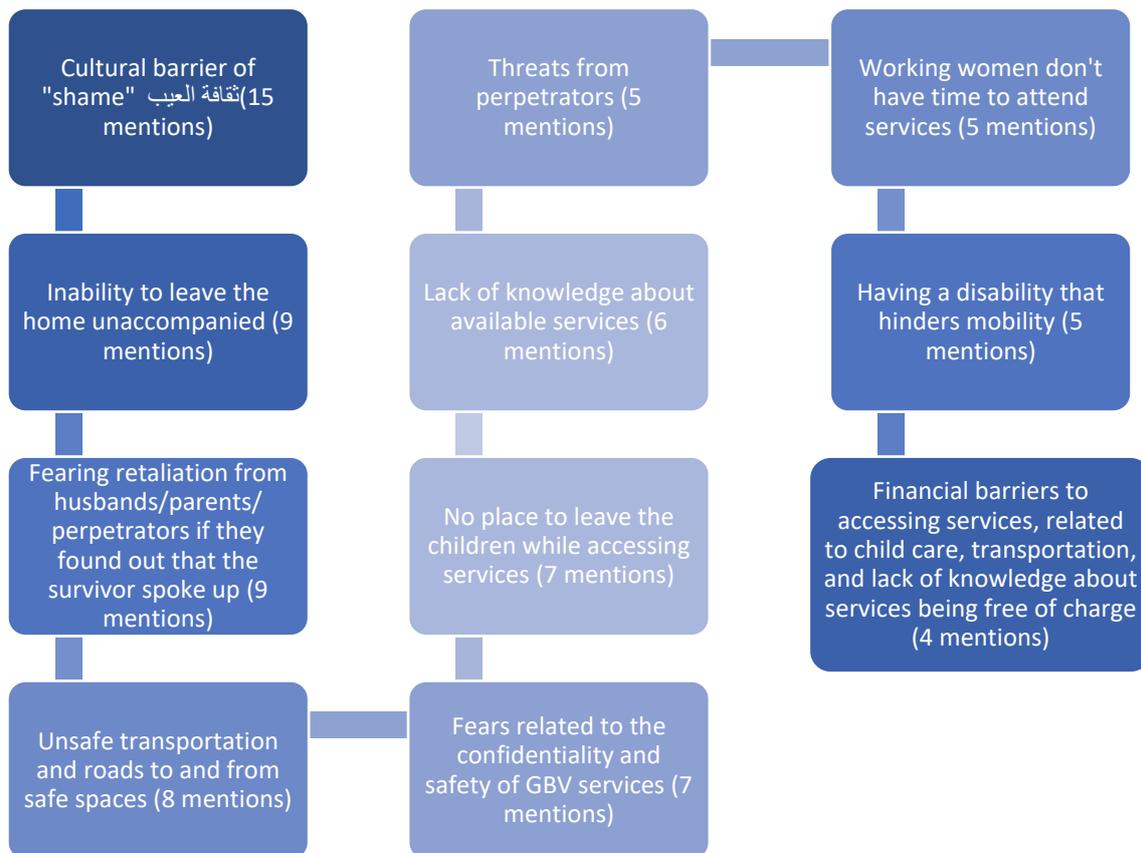
According to consulted women, girls, men and boys, the biggest barriers in accessing services facing women and girls are related to gendered roles and expectations placed upon females by a highly patriarchal society. The most mentioned barrier was customs and traditions, and a culture of shame (ثقافة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

to some extent, when you are facing violence every day at home, you don't go out to centres and organizations. You stay at home because the abuser makes you stay at home. The cycle of abuse that goes on over years and years is the hardest to break. Who knows how many women suffer behind closed doors in silence?

GBV case manager, Amman

A fear of retaliation and concerns over their reputation often stops women and especially adolescent girls and young women from speaking up and asking for support. In more than 5 FGDs, women reported that survivors are often threatened by the perpetrators and forbidden from speaking up or asking for support. Additionally, many consulted women and girls mentioned that they fear services might not be confidential and safe, and that news of their help seeking would reach their families and put them at further risk. The lack of trust in organisations and fears related to confidentiality and safety was mentioned 7 times during FGDs.

Barriers to receiving services are summarized below:



Additional barriers exist for women and girls with disabilities, especially those residing in crowded neighbourhoods with roads that are not equipped to facilitate the movement of those with mobility difficulties. Moreover, some service delivery centres are reportedly not physically accessible for women and girls with disabilities (stairs, absence of ramps, absence of assistive devices in bathrooms, etc.). a big gap is also noted in outreach to and inclusion of women and girls with disabilities in humanitarian programming, including GBV services, as they remain largely homebound and invisible. The same is applicable for married adolescent girls whose voices are missing from this report as partners were not able to outreach to them and include them in neither FGDs nor KIIs.

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

restrictions and school closures meant that women saw their caregiving responsibilities compounded and were not able to find the time or space to seek support from service providers.

6.1.4.1 *Community perceptions about GBV services*

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

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

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

6.2 **Identified gaps in services**

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

- Applying a strong intersectional approach and ensuring the efficient inclusion of women and girls and all survivors with disabilities in GBV services, especially through outreach and centre's accessibility, with special attention to those who are harder to reach and engage with:
 - Homebound women and girls especially married girls
 - Women and girls with disabilities
 - Refugees from countries other than Syria and Palestine
 - Working women
 - Members of the LGBTQI+
- Increased knowledge of service providers on available safe shelter options for survivors, and solid reintegration programs for those leaving shelter and reintegrating their communities.

- 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.
- Livelihood programming for survivors and women at risk of GBV from all nationalities and strengthened income generating avenues after existing programs.
- Cash for Protection assistance for non-Syrian refugees.
- Effective engagement of men as agents of change.
- Risks mitigation strategies when working with perpetrators of GBV.

7. Recommendations

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

7.1 Recommendations for GBV service providers

7.1.1 Recommendations for GBV prevention:

- Offer strong social behavioural change programs and awareness raising programs to women, men, girls and boys including caregivers and influential community leaders, in order to challenge the normalization of gender inequality and GBV in the community, including IPV, family violence, “honour crimes”, sexual harassment and online and ICT-facilitated violence.
- Coordinate with the cyber-crime unit of the PSD to combat online and ICT-facilitated violence.
- Map existing programs on gender and GBV transformative approaches currently available in Jordan, initiate sustainable programs to ensure impact.
- Offer awareness raising programs on women’s rights and build women’s capacities through teaching and modelling safe strategies to advocate for their rights. Suggestion to create peer-to-peer support networks where these safe strategies could be brainstormed, discussed and shared by women themselves.
- Conduct community-wide awareness campaigns on IPV, early marriage and family violence, including “honour” crimes, marital rape and sexual abuse within homes. Include group sessions, social media messaging, posters in high traffic areas and radio programs. Ensure community members are informed of safe referral pathways and how to safely support a friend or peer to access GBV services.
- Increase efforts to widely inform communities of remote services that will be triggered in the event of another lockdown prior to any further lockdowns.

- Provide psychosocial support services for survivors and women and girls at heightened risk of GBV, including peer support groups and stress management.
 - Design remote-delivery PSS services that take into account the safety of participants and can be used in the event of a lockdown when household stress levels are likely to be increased.
- Undertake community consultations prior to designing all GBV activities, take women and girls' and men and boys' feedback and recommendations and mainstream them into all phases of the program cycle.
- Strengthen existing GBV prevention programs targeting women and girls to include programs tailored to the diverse needs of different groups of women: women and girls with disabilities, adolescent girls, older women, LGBTQI+ individuals, and refugees from all nationalities.
 - Ensure that all service delivery centres are accessible to women with diverse needs.
- Work with men and boys and effectively engage them as allies through programs such as EMAP, which build the capacity of male supporters to advocate for women's rights in their communities. Include clear information on safe referrals.
 - Suggestion to use parenting and caregiving programs as an entry point to work with men on gender equality and the prevention of GBV.
 - Provide psychosocial and recreational activities targeting men, with a focus on developing positive, alternative masculinities.
- Ensure a gender-transformative approach throughout all GBV programming with women, girls, men and boys, as one “that address the root causes of gender-based inequities through interventions that challenge and redress harmful and unequal gender norms, roles, and unequal power relations that privilege men over women” (Definition by the World Health Organization)

7.1.2 Recommendations for GBV mitigation and response:

- Coordinate with WASH partners to identify WASH needs and service homes and shelters with private latrines inside the house in densely populated areas in East Amman.
- Coordinate with Protection partners to advocate for well-lit streets and coordinate with Shelter colleagues to ensure that alternative solutions are provided to women and girls living in non-secured shelters/homes. Ensure that homes are secured as necessary through for example installing strong locks, placing iron protection on windows, etc.
- Effectively outreach to and engage women and girl refugees from all nationalities especially Iraqi, Yemeni, Sudanese, and Somali refugees in WGSS services.
- Conduct a risk and needs analysis regarding married adolescent girls. Identify effective ways to outreach to this vulnerable and invisible population and effectively engage them in GBV services, such as for example using maternal health services as an entry point.

- Similarly, conduct a risk and needs analysis regarding women and girls with disabilities. Identify effective ways to outreach and effectively engage them in GBV services, such as for example using health or education services as an entry point.
- Provide targeted support to refugee women, girls, men and boys from all nationalities who have faced sexual abuse and rape as a weapon of war in their countries of origin.
- Enact concrete steps to address the barriers in accessing services identified by consulted community members, such as providing transportation support or establish a child-care centre in GBV service provision centres to allow women to fully participate in services.
- Strengthen women empowerment programs and develop a strong trauma informed approach to programs and service entry points, to support women and girls to build resilience and confidence and reinforce their ability to seek support and speak up about abuse.
- Train caregivers on how to respond to children being sexually harassed or being the victims of sexual assault or rape, including effective psychosocial support interventions and psychological first aid.
- Train and offer guidance to caregivers on how to respond when girls and young women or boys face online and ICT-facilitated GBV.
- Conduct trainings to community members, including women and men, on bystander interventions in cases of witnessing sexual harassment, sexual assault, rape or IPV.
- Increase outreach of GBV response services in East Amman to inform about available services including GBV Case Management, health services and legal aid. Outreach via social media, the Amaali App, camp radio and noticeboards informing the community about available GBV services. Ensure that there are active referral pathways for survivor-centred response services in every neighbourhood, even during lockdown periods.
- Increase access to safer remedies for survivors, including increased awareness of the option for survivors to access to safe shelters, health services such as clinical management of rape, and legal services.
- Where possible and safe, create or strengthen existing safe spaces for the LGBTQI+ community in Amman, to provide prevention, mitigation and response services targeting the community.
- Strengthen and continue delivering survivor centred GBV case management services that can be adapted safely to remote delivery. Include cash assistance into GBV case management to respond to urgent needs of survivors from all nationalities, sexual orientations and identities.
- Continue delivering services for women and girls through WGSS. Ensure centres are accessible for older women and women and girls with disabilities.

- Strengthen and increase advocacy on improving the Jordanian legislative framework in relation to GBV, with particular attention to the act of sexual harassment, “honour” crimes and child marriage. Increased penalties for families that engage in GBV crimes.
- Advocate with law enforcement and government to promote removing perpetrators from the home as a result of GBV crimes, in contrast with removing the survivor from their home which is the current response to high-risk situations. Conduct further research to determine the safest process and the legal framework/ operating procedures for protecting women and children in cases where a perpetrator is to be removed from the home.
- Pressure for the enactment, strengthening and enforcement of legal measures against sexual contact with young girls and boys less than 18 years of age.
- Raise awareness through advocacy/communication campaigns on marital rape at both community and decision maker level, and ultimately advocate for the recognition of marital rape as a criminal offence.
- Challenge policies, legislation and practices undermining women’s social, legal, political, economic, and sexual status.

7.1.3 Recommendations pertaining to service providers capacity building:

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

7.1.4 Recommendations around the protection from sexual exploitation and abuse:

- Promote protection from sexual exploitation and abuse (PSEA) while reinforcing reporting and referral mechanisms for survivors.

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

7.2 Recommendations for livelihood service providers

- Overall, conduct further gender and GBV mainstreaming in livelihood projects. Livelihoods programs need to involve women throughout the project lifecycle, to ensure that their specific needs are taken into considerations, and that potential risks are addressed.
- Increase livelihoods programming for men and women from all nationalities, ensuring transparent beneficiary selection based on clear vulnerability criteria (without solely targeting survivors of GBV). If possible, offer options of business training and grants for participants who successfully complete vocational training courses.
- Integrate livelihoods interventions into GBV prevention and response programs:
 - For example, the inclusion of trainings or awareness on economic abuse, women's right to work, and decent work (including the right to work without harassment) into livelihoods programming.
 - Provide capacity building to livelihood staff members on safely receiving disclosures of GBV and referring to GBV case management.
 - Closely coordinate with the different GBV case management agencies in East Amman to ensure strong referral system to and from case management/livelihood services.
 - Install information corners in livelihood service provision centres with an updated service map and information dissemination on GBV and GBV services, leaflets from NGOs who are active in the area, service booklets for beneficiaries, etc.

- Throughout the program cycle and especially at the onset, engage with community members including men (husbands, brothers, and/or fathers) to reinforce women and girls' access to livelihood services. For example: Talking to male family members during the outreach phase and informing them of the project and its different steps, organizing open days at the centre to allow concerned family members to become familiar with the space, etc. could help homebound women and girls have access to the services.
- Provide age-sensitive services to women and girls:
 - Increase livelihood mentorship activities for adolescent girls, focusing on soft skills training, literacy, traineeships, and awareness of women's rights to work.
 - Provide livelihood services and activities without setting an age limit, to cater for the needs and empower older women.
- Advocate for safe and accessible work permits for refugees from all nationalities.
- Establish a child-care centre when available in livelihood service provision centres to allow women to fully participate in livelihood and/or skills building activities and address barriers to women's economic participation.
- Set up or strengthen existing PSEA systems and community-adapted complaint mechanisms.
- Training beneficiaries on the use of community-adapted complaint mechanisms.
- Train all staff on PSEA on an ongoing basis. Suggestion to use resources available online through: <https://safeguardingsupporthub.org/> or <http://www.pseataaskforce.org/> .

7.3 Recommendations for donors

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

7.4 Recommendations for improving the GBV risk assessment and way forward

- In terms of facilitating the FGD, below are a few recommendations for facilitators:
 - It is recommended to ask all FGD questions without skipping some, and as much as possible to try and ask them in the suggested order as planned in the tool.
 - After conducting the mapping exercise, it is helpful to summarize the findings and reach a common agreement with the group of participants before moving onto the rest of the questions.
 - Repeating the questions of the FGD tool and rephrasing them has proved helpful in making sure participants have the time to understand, think of and properly respond to the question.
 - Distributing printed copies of the GBV types and definitions to participants during the FGDs seemed helpful to foster the group's understanding and increase their participation in answering GBV risk related questions.
- As much as possible during sampling, include all refugee nationalities present in the area, and all specific segments of the population who might be at heightened risk of GBV.
 - Specifically, include more working women, with attention to those working in factories, and women working in small offices/shops.
 - Include more adolescent girls, especially married adolescent girls.
 - Also, in the event of not being able to include members of the LGBTQI+ community in FGDs, include them as much as possible through key informant interviews, or through reaching out to organizations who provide services to individuals with diverse sexual orientation and gender identity.
- Once finalized and approved, disseminate the results of this GBV risk assessment to GBV coordination mechanisms at national level and at governorate level in Amman, as well as Protection, Child Protection and Livelihood coordination mechanisms (working groups, task forces, email lists, etc.).
- Translate the GBV risk assessment to Arabic for more effective and wider dissemination.
- Disseminate the GBV risk assessment report through Amman's GBV organization's social media accounts, to make sure it also reaches community members. Share a copy of this report with FGD and KII participants who have asked to know more about it.

Conduct future GBV risk assessments in South of Jordan, such as in Karak, Maain, and Tafili.

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.”²⁴

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 others²⁵.

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+²⁶: 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.

²⁴ GBV AoR. Interagency GBV Case Management Guidelines, 2017

²⁵ Idem.

²⁶ 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 support²⁷.

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.

²⁷ 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 GBV²⁸

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

²⁸ 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

East Amman GBV Risk Assessment: Focus Group Discussion Tool

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 اي معلومات تمت مشاركتها في المناقشة خارج الحلقة.

يجب ألا تستمر مناقشة الحلقة أكثر من ساعة الى 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 اليه، خاصة احتمالية انخراط غير المشاركين.

المواد المطلوبة

- لوح ورقي
- اوراق للوح الورقي
- مخطط تفصيلي للمنطقة التي تجري فيها مناقشة حلقة التركيز
- اوراق لاصقة ملونة (احمر، اخضر و اصفر)
- اقلام خطاط

الخطوات الاساسية قبل بدء المناقشة

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

البيان الافتتاحي

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

اسمي _____ [اسم قائد فريق حلقة المناقشة المركزية] 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 ضمناً لأي دعم مباشر أو غير مباشر لك أو لمجتمعك ، فإن المعلومات التي تقدمها ستساعدنا في تحسين برامجنا.

هذا ليس مكاناً 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 تماماً 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.

سنتعامل 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 أيضاً. 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

تأكيداً منا على جمع كافة المعلومات سنقوم بتسجيل هذه المناقشة هل هذا مقبول بالنسبة لك؟ نعم ام 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:

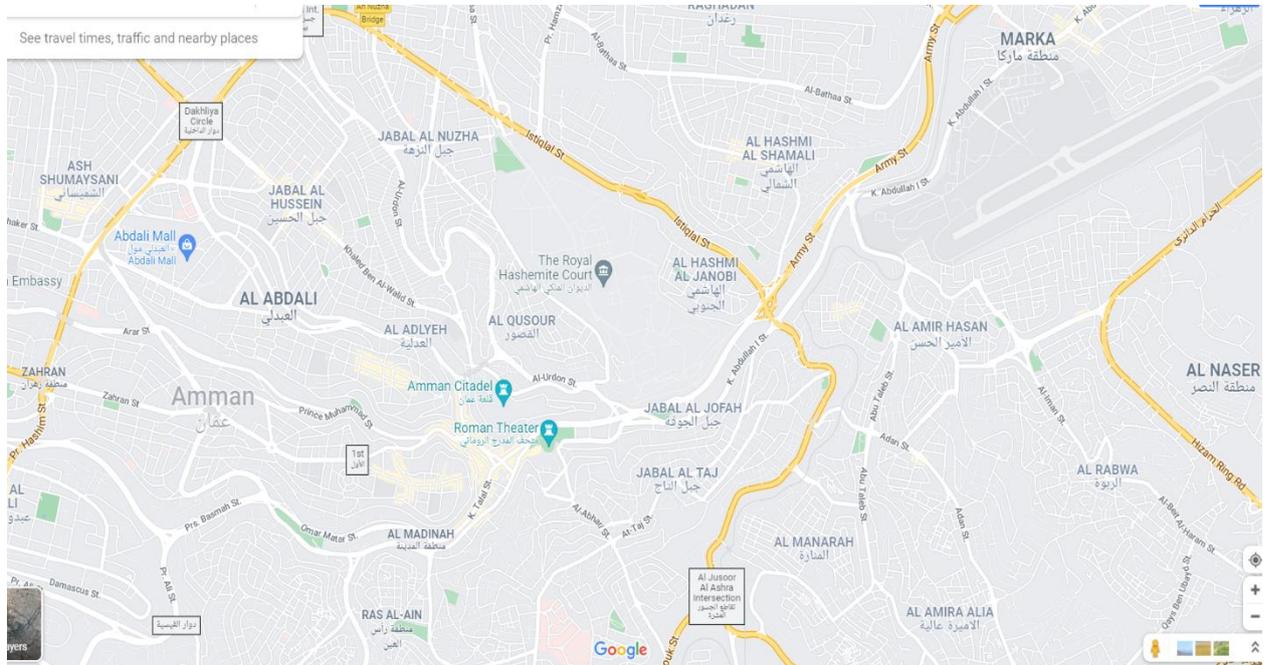
1. المنطقة التي تجري فيها مناقشة حلقة التركيز
2. التاريخ
3. عدد المشاركين
4. الجنس
5. العمر
6. الجنسيات الممثلة في المجموعة

[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 المنطقة التي يعيشون / يعملون فيها. سنشكل هذه الخريطة أساس مناقشاتنا.
- اطلب متطوعاً واحداً 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 المنطقة / الحي (السوق مثلاً). يجب أن يشجع الميسر المجموعة على التفكير في المكان الذي يعيشون فيه ويتواصلون اجتماعياً ويعملون وما إلى ذلك.
- وضح أن بعد اكتمال الخريطة، ستطرح مجموعة من الأسئلة المتعلقة بما رسموه. ذكر المشاركين بأنك لن تحدد من قال ماذا وانه 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 بالأمان²⁹؟ إذا كان الأمر كذلك؟ لماذا هذه الأماكن؟ في أي وقت من النهار / الليل؟ يقوم الميسر بتمييز هذه الأماكن على الخريطة بملصق أخضر.
- 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.

²⁹ يمكن أن يكون الشعور بالأمان ذاتيًا تمامًا؛ قد يكون من المفيد أحيانًا أن تسأل أولاً عن الأماكن التي يحب المشاركون الذهاب إليها ثم لماذا وفي أي وقت من النهار / الليل. اعتمادًا 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 أيضًا السؤال عن أنواع الأشياء التي تشعر المرأة / تشعر بالأمان منها.

2. (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 النقاط صورة للخريطة ، بحيث تعكس بوضوح اسم الأماكن التي تشعر فيها النساء والفتيات والرجال والفتيان بالأمان أو عدم الأمان / تأكد من ان يكون هذا مسجلاً أيضاً.

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 الاجتماعي³⁰ (GBVIMS). التحقيق حول الجناة المحتملين لكل شكل من أشكال العنف.

الأشكال و مرتكبوها

الاغتصاب: اعتداء جنسي مع ولوج دون الموافقة / الجناة: الشريك الحميم أو الشريك السابق / البالغ لطفل / أي شخص

الاعتداء الجنسي: أي شكل من أشكال الاتصال الجنسي دون رضا اي من الطرفين مثل: محاولة الاغتصاب ، وكذلك التقبيل غير المرغوب فيه أو المداعبة أو اللمس. يتضمن هنا ايضاً التشويه للأعضاء التناسلية للإناث. **الجناة:** الشريك الحميم أو الشريك السابق / البالغ لطفل / أي شخص.

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

الزواج بالإكراه: زواج فرد دون إرادته **الجناة:** الشريك الحميم أو الشريك السابق / شخص بالغ لطفل / أي شخص بما في ذلك أفراد الأسرة.

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، والامرأة 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

الإساءة النفسية / العاطفية: إحداث ألم أو إصابة نفسية أو عاطفية. الامثلة 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... الخ.
الجناة: الشريك الحميم أو شريك سابق / شخص بالغ لطفل / أي شخص بما في ذلك أفراد الأسرة.

³⁰ 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.

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 مناطق شرق عمان؟
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 مناطق شرق عمان؟
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؟
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 ، المثليين/ات، 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 مناطق شرق عمان 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.
- [ليؤكد 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 أماناً 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 أماناً 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 معروفاً. شارك معهم رقم الشكاوى و اشرح كيفية تقديم الشكاوى. 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 وأرائكم 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 اسئلة؟

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.

ادع 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 الجنسي و العنف المنبني 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 East Amman? 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 East Amman 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? (probe around sensitive topics – see below comment on question 14).
10. Are you/your staff trained on data protection standards for SGBV? (documents are password protected, password shared separately, name of survivor does not appear on e-mail/documents which contains information about SGBV incidents, need to know principle: information is only shared with focal point, only info required for service provision, with prior informed consent of survivor, all documents in locked cabinets If yes, are these standards respected by your organization/sector during referrals?
11. Anything to add?