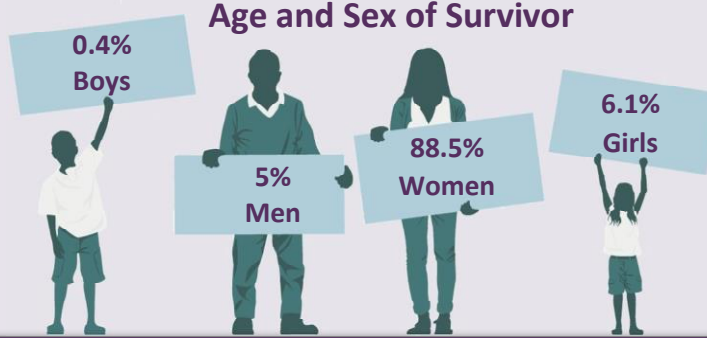


# Jordan GBVIMS TF Midyear Report

## January – June ,2022

### Age and Sex of Survivor



Survivors who received SGBV services disclosed mostly incidents of :

### Type of Violence

51%

**Psychological / Emotional Abuse** (includes threats violence, forced isolation, harassment / intimidation, gestures, etc)

27%

**Physical Assault** (includes hitting, slapping, kicking, shoving, etc. that is not sexual in nature)

10%

**Denial of resources, opportunities or services** (includes denial of inheritance, earnings, access to school or contraceptives, etc)

### Context



**70%** of reported GBV incidents were in the context of intimate partner violence

**88%** of reported GBV incidents perpetrated by family members\*

**79%** of reported GBV incidents took place at the survivor's home



This percentage refers to a combination of several profiles: intimate/former partner, primary caregiver, and family other than spouse or caregiver

### Access to services



6.8%

of survivors wishing to be referred to security services. Due to fear of stigma and retaliation by perpetrators as well as lack of survivor centered approach within security services.



56%

of survivors reported incidents through Centers as first point of contact due to increased awareness on service providers, hotlines and Amaali app.



23.7%

of survivors received health response services. clinical management of rape (CMR) coverage available across locations and 24/7 in selected facilities.

The data shared is only from reported cases, and is in no way representative of the total incidence or prevalence of sexual and gender-based violence (SGBV) in Jordan. This consolidated statistical report is generated exclusively by SGBV service providers who use the GBV Information Management System for data collection in the implementation of SGBV response activities in a limited number of locations across Jordan that target the population affected by the Syria crisis, and with the consent of survivors. This information is confidential and cannot be reproduced without the authorization of the GBVIMS Task Force. For further information, contact GBV IMS Task force co-chairs: Mays ZatarimAzatari @unhcr.org and Pamela Di Camillo dcamillo@unfpa.org.

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## Thematic analysis

- Noticeable decrease in number of reported incidents' location as "other", which refers to GBV cases that were perpetrated online/virtually. This was explained by the Data Gathering organizations as a result of the more active role being played by the Cybercrime unit where information is being widely disseminated on different platforms about the confidential support provided by the unit. Return to school and work have also reduced time spent on the internet/behind the screen post COVID which may have also contributed to this. Many organizations have also shared that they have introduced awareness programs on Cyber security awareness. Moreover, according to a paper published by SIGI in 2022, a lower visibility for women and girls on different social media platforms was noticed reflecting significant self-censorship to avoid incurring such harassment and fear of family and the surrounding community if subjected to any form of cybercrimes, producing complex challenges for women and girls.
- The decrease in male cases being reported signals to a possible reduction in access of service or opportunities for disclosure for male survivors. Most of those who reported this period in comparison to the same period in 2021 reported psychological or emotional abuse in comparison to sexual assault and rape last year.
- Accessibility in general was improved for GBV case management services, most particularly for time between incident and seeking help date as well as a significant 17% increase in GBV service providers being the first point of contact for survivors. This may point to an increased awareness for GBV service provision across the organizations and locations where providers work. Another reason for this increased ease of access to GBV services may be due to the fact that many GBV case management service provides during the COVID-19 pandemic debuted various online and phone case management and group support options and continued to do so after the surge of COVID-19 cases.

## Recommendations

- Continue investing in cyber security awareness programs and disseminate information on available services in response to perpetrated online GBV Cases.
- Increase accessibility to GBV services through targeting the most left behind groups such as males as part of the LGBTQI community, survivors with disabilities and married child survivors. This can be accomplished through awareness campaigns of diverse modalities in person and online and by partners and various stakeholders. Specialized programming for these groups may also increase accessibility and therefore higher reported cases of GBV.
- Work with men and boys to advance gender equality and end violence and encourage them to abandon harmful stereotypes.
- Equip and empower staff to prevent, identify and respond to sexual misconduct. Ensure, through learning and awareness-raising activities, that staff are able to identify and understand the impact of sexual misconduct, and are equipped to take up their role in preventing and responding to such misconduct.