

JORDAN GBV IMS Task Force

Annual  
Report  
2021





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# Executive Summary

This report provides information on incidents of Gender-Based Violence (GBV) reported by survivors in Jordan during 2021. The information was gathered with the consent of survivors who received psycho-social support (through the case management approach) via seven organizations members of the Gender Based Violence Information Management System (GBV IMS) Taskforce. The GBV IMS Task Force<sup>1</sup> is the body responsible for gathering, maintaining and analyzing data related to GBV, along with ensuring the security and protection of sensitive data concerning GBV. The Task Force is also responsible for drafting reports and providing strategic directions to GBV programmes based on identified gaps and trends.

It is important to highlight that the data and trends noted in this report are not representative of the prevalence of GBV in Jordan (or among refugee populations) as these trends are based solely on incidents reported by survivors to the Data Gathering Organizations (DGOs)<sup>2</sup> engaged in GBV response and using the GBV IMS in 2021. It is accordingly not advisable to use these findings as a proxy for the prevalence of GBV in any settings or to use it in isolation to monitor the quality of programmatic interventions. Despite the above limitations, the GBV IMS is considered the highest quality GBV incident data currently available to the humanitarian actors, which can be used effectively for trend analysis and improving coordination of GBV prevention and response.

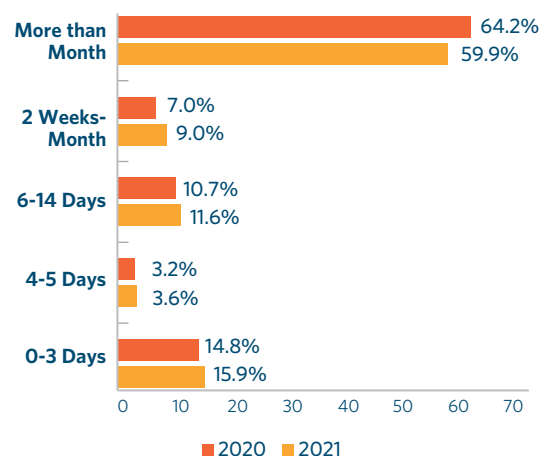
The number of survivors assisted by members of the GBV IMS Task force in **2021 increased by (19.4%) after a decrease that was observed in 2020**. This can be explained by the resumption of face to face service provision in all sites during 2021, including in person activities which are considered an important entry point for women and girls. Additionally, remote service provision was maintained which continued to offer a feasible option for those who could not come to the centers. Because of the changes in government measures and easing of movement restrictions to contain the COVID 19 pandemic, GBV incidents reported increased rapidly following the re-opening of service delivery centers. Survivors had also options of hotlines and phone based case management.

Moreover, the increase could also be linked to cash assistance offered by some of the DGOs which contributed to increased access to services.

In terms of nationalities of survivors seeking help: 66% are Syrians, 27.4% are Jordanian and 6.5% are survivors of other nationalities mainly Iraqis, Yemenis and Sudanese. It is important to mention that 2021 has marked a slight increase in the percentages of Jordanian survivors assisted by members of the GBV IMS task force (3% increase compared to 2020), this could be due to a higher number of awareness programs on availability of services targeting Jordanians and strengthened partnerships between the DGOs and local CBOs.

Finally, it is also important to stress that in line with the last five years the majority of survivors reached services more than one month after the incident. In 2021 59.6% reached them more than one month after, compared to 64.2% in 2020. Although the trend has been improving in the last year thanks to different efforts to ensure timely access to help, the situation still points towards the need of innovative methods to increase outreach and information sharing of available GBV services with refugees and local communities and the importance of seeking timely assistance in particular for survivors of sexual violence.

**Time between incident and disclosure**



<sup>1</sup> The Gender-based violence Information management system (GBVIMS) Task Force members have signed an Information Sharing Protocol that defines roles and responsibilities and data protection procedures. The Taskforce is chaired by UNHCR and UNFPA with the technical support of UNICEF.

<sup>2</sup> INTERSOS, Jordanian Women Union (JWU), Noor Al Hussain Foundation (NHF), Jordan River Foundation (JRF), International Rescue Committee (IRC), Arab Women Organization (AWO) and United Nation High Commissioner for Refugees (UNHCR).



## Context

Twelve years into the Syrian crisis, refugees remain in exile as their country continues to face a protracted conflict and an overwhelming humanitarian crisis. The Jordanian Syrian border has remained closed for new refugee entries into Jordan since June 2016. Borders were temporarily closed for Syrian refugees' departure during COVID-19 but they were starting from 8th of August 2021. As of the 31st of December 2021, 6,254 Syrian refugees returned to their country of origin due to high living costs in the country of asylum and assistance reduction, lack of work opportunities or for family reunification - especially for unaccompanied and separated children.

As of the 31st December 2021, the United Nations High Commissioner for Refugees (UNHCR) recorded 672,952 registered Syrian refugees in Jordan, a number that has remained consistent over the past four-years due to the increased entry restrictions into the Kingdom. Among the Syrian refugee population 26% are women, 24.6 % are men, 24.3 % are girls and 25.3% are boys. Women and girls represent more than half of the refugee population (50.3%).

In Jordan, close to 80.5% of registered refugees live outside the camps, primarily concentrated in urban and rural areas in the northern governorates of Jordan, with lesser population in the southern governorates. The remaining Syrian refugees live in camps, mainly in Zaatar Camp (± 80,708), Azraq Camp (± 43,936) and the Emirati Jordanian Camp (± 6,667). Jordan also hosts refugee populations from other countries. The total number of Yemenis registered with UNHCR is 12,777. They are to be added to the multiple other refugee populations that Jordan hosts, including 66,362 Iraqis, and more than 7,972 from Sudan, Somalia, and other countries.

The continuously worsening economic situation in Jordan due to COVID-19 was one of the motives to return to the country of origin. According to CARE2021 Annual Needs Assessment, refugees expressed their beliefs that reduction in assistance - caused by underfunding humanitarian programs and the absence of one refugee approach implementation - is a strategy to persuade them to return to their countries of origin<sup>3</sup>. According to data of the Department of Statistics in Jordan for the third quarter of 2021, unemployment rate has reached 23.2% (21.2% for males and 30.8% for females), which represents a decrease in employment rates by 1.5% for males and 2.3% for females

comparing to the second quarter of the same year. The statistics reflect a constant impact of COVID-19 on the economic situation of Jordan and labor market with a slight enhancement by 0.7% compared to the second quarter of 2020.

Refugee occupations are generally limited to either informal work in the field of agriculture, construction, manufacturing, or incentive-based volunteering opportunities which are mainly available in refugee camps. Confining opportunities to these sectors and the expensive fees of issuing work permits are the main challenges that limited refugees from participating in the labor market and may expose them to significant risks of detention and exploitation. Moreover, only Syrian refugees in Jordan are legally allowed to work. Those from other countries, including Iraq, Yemen, Sudan and Somalia, are not able to apply for permits<sup>4</sup>. As of September 2021, the number of work permits issued for Syrian refugees reached 258,786, only 5.6% of them were for women<sup>5</sup>.

While for women, employment and income generating opportunities continue to be governed by the expectation of the society to fulfill their gender roles. Increasing women participation in labor force was also prohibited by restrictions on their movement and social interaction under the pretext of protecting them from sexual abuse and harassment, domestic care burdens, and supporting children education due to schools' closure during the pandemic.

Since the start of COVID-19, the need to meet basic needs for families remained the first concern and increased with the continuation of the pandemic. Many women were compelled to get loans or debts to cover daily expenses. Among Syrian refugee, women got loans to pay rent, utilities and previous debts<sup>6</sup>, while Jordanian women got loans to pay for the acquisition of cars, housing renovations/acquisitions, wedding expenses, previous debts, or to pay rent and utilities for them and their family members<sup>7</sup>.

According to SIGI, in 2020 there were 62,000 Jordanian women who were fined, and 23,000 were sentenced for having debts with finance and small project companies, as well as banks<sup>8</sup>.

<sup>4</sup> <https://www.unhcr.org/news/press/2022/1/61effaa54/jordan-issues-record-number-work-permits-syrian-refugees.html#:~:text=With%20an%20unemployment%20rate%20of,able%20to%20apply%20for%20permits.>

<sup>5</sup> <https://data.unhcr.org/en/documents/details/89396>

<sup>6</sup> <https://data.unhcr.org/en/documents/details/87870>

<sup>7</sup> <https://data.unhcr.org/en/documents/details/87870>

<sup>8</sup> <https://www.sigi-jordan.org/?p=10886>

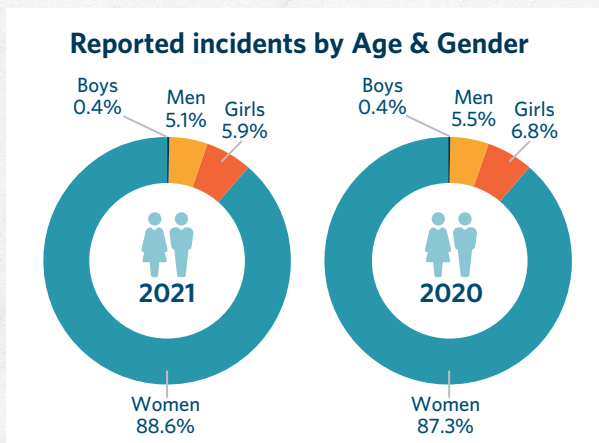
<sup>3</sup> 2021 Annual Needs Assessment - Care, Jordan, Page 5 <https://data.unhcr.org/en/documents/details/92107>



# Main trends

## a) Sex and age of SGBV survivors

During 2021, 94.5% of survivors assisted by data gathering organizations were female -this is in line with global GBV trends highlighting that women and girls are disproportionately affected by GBV. This trend has been consistent across the last 5-year period. Home remains unsafe for women and girls, 86.2% of perpetrators are intimate partners (husbands in this context), caregivers or family members (fathers, brothers, extended family members or in laws), while 5.4% of incidents reported were perpetrated by a known person to the survivor, such as family friend, neighbor, employer, service providers or other community members. Only 7.9% of perpetrators were unknown or have no relation to the survivor such as taxi drivers, gas cylinders distributor, landlords, community based organization staff, or strangers committing sexual harassment through social media platforms/internet, or in the streets and public places such as markets and parks.

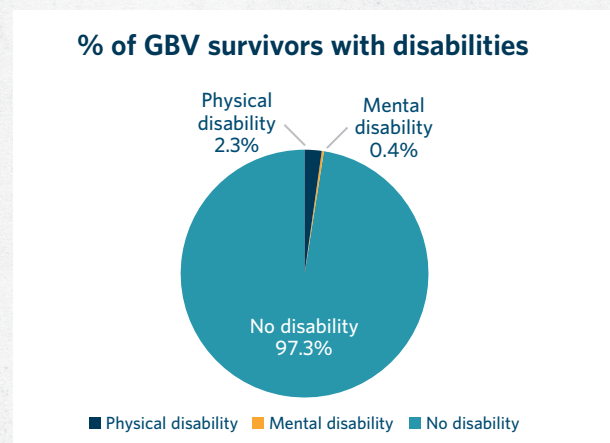


Reported GBV incidents by girls continue to decrease compared to the previous years despite the ongoing efforts of GBV service providers to reach girls by providing awareness raising sessions that target families and tailored GBV programs for adolescent girls. The challenge in reporting GBV incidents by girls is related to the perpetrator-survivor relationship, since they mostly occurred in the context of domestic violence perpetrated by the caregiver or family members. This is usually associated with fear of family breakups, stigma and isolation by the community or retaliation as well as feelings of guilt or self-blame for being abused or when reporting violence. Moreover,

schools' closure during COVID-19 has impacted the attendance and dropout rates for children. According to a study conducted by UNICEF in December 2020, out-of-school rates are higher for children of non-Jordanian nationality. More than 50,600 "Syrian refugee children, 39,800 Jordanians, and 21,500 children of other nationalities are estimated to be out of school. Nationally, out-of-school rates are higher for boys than for girls, apart from Jordanians in the 6-11 age group where girls have a higher out-of-school rate than boys. The number of children at risk of dropping out in the school year 2017/18 was 40,647<sup>9</sup>. Besides, attending school personally had slightly granted girls freedom of movement to go to school or attend safe spaces activities which indisputably facilitated disclosure in a safe atmosphere.

Research has found that persons with disabilities (PWDs) are at least three times more likely to experience physical violence, sexual violence, and emotional violence than persons without disabilities<sup>10</sup>. Women with disabilities in particular are up to 10 times more likely to experience sexual violence, and estimates suggest that 40 percent to 68 percent of young women with disabilities will experience sexual violence before the age of 18<sup>11</sup>.

Collected data in 2021 indicates that only 2.7% of incidents reported were by survivors with disabilities. In line with the previous years' trend, more people with physical disability reported incidents compared to people with mental disability.



9 Jordan Country Report on Out-of-School Children <https://www.unicef.org/jordan/reports/jordan-country-report-out-school-children>

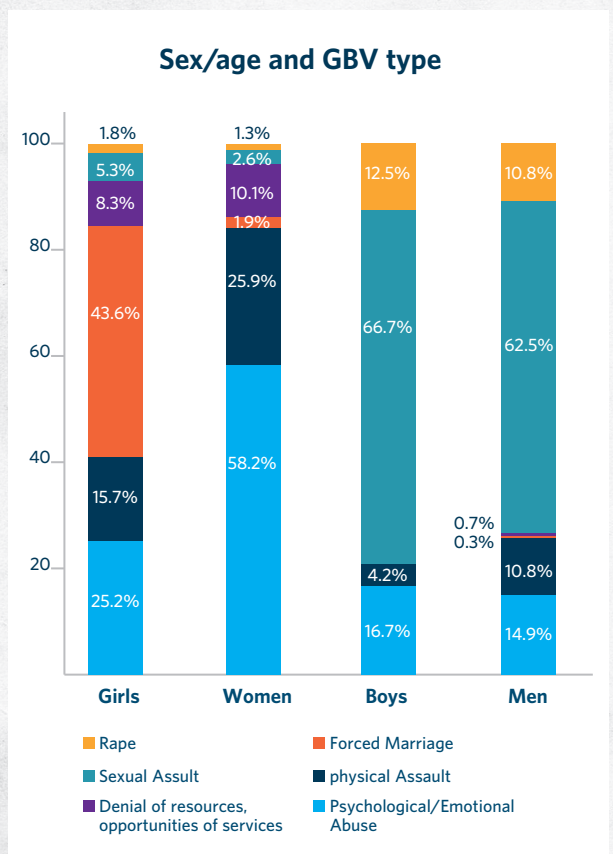
10 Management Sciences for Health & UNFPA, We Decide Young Persons with Disabilities: Equal Rights and a Life Free of Violence (2016), <https://www.msh.org/blog/2016/08/12/we-decide-young-persons-with-disabilities-call-for-equal-rights-and-a-life-free-of->

11 Id.

Compared to 2020, the rate hasn't changed despite the focused efforts to reach out to persons with disabilities. This comes as a result of lacking equipped services in some areas of Jordan for PWDs in addition to the absence of affordable and accessible transportation. Survivors with disabilities may also need to be accompanied by a family member to reach service providers, but since reported incidents are mainly perpetrated by family members, it becomes challenging to find supportive family members who would agree to accompany the survivor to help centers. Nevertheless, social norms impose other restrictions on PWDs and their families in terms of acceptance and respect of their rights which forced some families to hide their members with disability.

### b) Types of Sexual and Gender Based Violence

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



In line with previous years, the main types of GBV reported were psychological abuse (53.9%), physical assault (24.4%) and denial of resources, opportunities

or services (9.4%), mainly in the context of domestic violence/intimate partner violence.

Psychological/emotional abuse most commonly occurs in the form of "humiliation" and "confinement" by intimate partners (most typically husbands). In addition, this category also includes incidents of "verbal sexual harassment" and online harassment with more time spent online and on social media. Physical violence was also mostly perpetrated by intimate partners and took the form of beatings, slapping, and kicking among other types of violence. It is important to underline that physical assault has severe consequences on survivors and may result in the death of the survivors or cause disability. "Denial of resources" is the third most reported type of GBV. Women and girls are increasingly reporting incidents of denial of resources, opportunity and services mainly perpetrated by their husbands and male relatives. Male perpetrators prevent women from having access to citizenship or documentation. Women are also excluded from decision-making within the family or around the use of cash assistance, while others also report that their husbands would confiscate their salaries (employers are also reported for withholding part of the salary). Some survivors shared that their husbands/male relatives would prevent them from accessing reproductive health and mental health services. In addition, women saw their inheritance rights curtailed as well as their rights to alimony or custody. Finally, women reported being denied opportunities to work as well as access to women empowerment activities or education.

Controlling behaviors reported by girls include denial of access to school and tertiary education, limitations of movement and social contacts as well as access to reproductive health services for unmarried girls. Husbands or male relatives also prevent girls from attending girls' empowerment activities and other services. Denial of resources is therefore normalized within communities, women and girls are often unaware these incidents constitute gender-based violence. Child marriages made up the largest number of forced marriages, predominantly affecting girls of 15-17 years old. Forced marriage constitutes only 4.3% of all of the reported cases, suggesting that few girls seek help to prevent marriage from occurring, but it is not indicative of prevalence. More than 1 in 4 children are married before the age of 18, and nearly 1 in 10 are married before the age of 15-years. Recently released statistics from the Supreme Judge Department show a slight decrease in 2021, from 11.8% of registered marriages in 2020 to 10.6% in 2021. This is reflecting the recent improvement in legislation to raise the age of marriage as well as the implementation of the National action plan against child marriage and on the ground initiative to reach at risk adolescent girls and their families.

Sexual assault and rape constitute some of the most severe forms of GBV with life-threatening consequences, yet they are the most under-reported forms of violence. Despite the constant efforts of GBV service providers to raise awareness about sexual abuse and confidential services and building the capacity of community-based organizations, volunteers and non-GBV specialists on GBV safe referral and PSEA, reporting sexual assault remains low and has slightly decreased (6.1% compared to 7.6% in 2020) and rape incidents reported remain low at 1.9%. The stigma associated with seeking help when subjected to sexual violence constitute a major barrier for survivors' ability to come forward, coupled with the risk of honor killing. Since the beginning of 2021 until November, 16 females were murdered by male family members and some of these crimes were motivated by what so called "honor-related violence"<sup>12</sup>. In addition, mandatory reporting requirements in the Jordanian law prevent survivors who do not wish to file complaints from seeking much needed assistance (in particular medical assistance). Marital rape remained under-reported by women and girls. Absence of legislations which criminalize the act of rape within the wedlock, cultural background and gender norms that consider sexual relationships a guaranteed right for husbands, in addition to the fear of stigmatization and defamation, are all factors that hamper survivors from reporting. Survivors tend to speak up about this type of violence only after individual or group counseling on women's rights and GBV types.

Because of the COVID 19 situation, there are increased risks of technology facilitated GBV. Some instances of online sexual harassment and blackmailing perpetrated by impersonators - some pretending to work for humanitarian aid agencies- have been reported<sup>13</sup>. According to SIGI, 43% of reported cybercrime incidents in 2021 fell under the mentioned types<sup>14</sup>. To deepen the analysis, it is important to take into account age and gender. As indicated in the above chart, the main GBV type faced by girls who were assisted by the GBV IMS Task Force members was child marriage (44%), followed by emotional abuse. Women, on the other hand, have reported being most affected by emotional abuse (58%) and physical assault (26%), occurring mainly in the context of intimate partner violence as analyzed above.

COVID-19 continues to have a deep impact on families across different nationalities, putting on them additional burdens to maintain any source of income and meet their basic needs especially in the circumstances of high living expenses and assistance cuts. Men are usually the breadwinners for their families. During the pandemic, many have lost their jobs and felt failure of fulfilling their gender role, which contributed to increasing the tensions in households. However, denial of resources,

services, opportunities is still underreported although it has slightly increased in 2021. It is often normalized within families and communities, building upon gender roles stereotypes and cultural norms, where male figure is the decision-maker within the household.

Boys and men reported mainly incidents of sexual assault, often in the context of detention as well as discrimination and retaliation against gay/bisexual/transgender refugees and sale and exchange of sex. Continuity of providing the services through hotlines and awareness campaigns about GBV and available services for male survivors, as well as building the capacity of GBV case management agencies on working with male survivors, child survivors and LGBTIQ+, resulted in a notable increase of reporting sexual abuse by men and boys. Compared to 2020 there was a 8% increase of reported incidents by men and a 21% increase for sexual abuse incidents perpetrated against boys.

Notwithstanding this, the chart demonstrates clearly that women and girls are disproportionately affected by the different types of GBV. The number of girls reporting rape and sexual assault is low compared to other ages and sexes. Sexual violence is a risk for adolescent girls, but stigma, value of virginity, custody of male guardians and risk of so called "honour killing" are all factors contributing to the underreporting.

### c) Service Provision

This year, we saw an increased percentage of cases seeking help who were self-referred, meaning the survivor approached the case management agency directly. This could be explained by the increase in initiatives that focus on outreach and dissemination of information on hotlines and other channels to seek help either in person or through virtual case management.

Referrals from Police have increased this year, which could be correlated with increased collaboration and coordination efforts between the government and NGO service providers reflecting also increased level of trust in the quality of services provided by these organizations. Increased number of referrals from "Shelter", which have also tripled from last year, have been explained by enhanced follow up on cases that are benefiting from shelter services ensuring that they have access to a variety of multi sectoral services as needed. Referrals from schools and teachers remain zero similar to last year despite schools reopening and going back to normal, which reflect the need for better coordination with the education sector. Some of the DGOs have also reflected on the challenge of absence of school counselors in schools, who would usually be approached by students. Referrals from the health

<sup>12</sup> SIGI <https://www.sigi-jordan.org/>

<sup>13</sup> GBVIMS midyear report January-June 2021, Jordan <https://reliefweb.int/report/jordan/jordan-gbvims-tf-midyear-report-january-june-2021>

<sup>14</sup> Id.



sector maintain also at the same level from last year. Another observation is the decreased percentage of “unavailable services” for all service categories, through which we can see increased availability of services provided by different service providers and where service providers are also ensuring that survivors receive necessary support, either through referral to other specialized services or via direct provision by the same service provider. In 2021, there was a decline of referrals to health services, oftentimes due to fearing a requirement for mandatory reporting to the police (which is particularly strict for Jordanian medical staff compared to other service providers). Health services are not automatically available for free to all GBV survivors, which may also contribute to survivors declining referrals. Advocacy to restrict mandatory reporting requirements only to child survivors remains needed, as well as advocacy with health actors to ensure access to free health care to all GBV survivors (for health concerns related to GBV) .

**Legal assistance and security services** remain some of the most sensitive areas of service provision, as the majority of survivors decline referrals; similar to last year they remain amongst the highest declined across all services where survivors have expressed fears of retaliation if seeking police assistance, as well as fear of stigma due to lack of confidentiality and lack of survivor-centered approach within law enforcement actors (victim-blaming, perpetrators asked to sign pledges instead of serving jail terms). Despite that, this year there was an increased percentage of received legal assistance and safety and security services, this was due to improved coordination between some of the DGOs and organizations providing such services.

In 2021 there was a decline of referrals to medical, psychosocial and livelihood services. This has been explained by data gathering organizations with the worsening economic situation which causes survivors to not be able to cover transportation costs to reach service providers and/or to believe that referral to Cash Assistance services was the main solution for their problems. This is in line with the highest percentage of referrals being made to cash assistance services and with an increased percentage of availability of Cash assistance services within service providers organizations, reflecting more focus on such initiatives and higher demand on these services.

Regarding **livelihoods**, it continues to reflect the largest gap in service availability, with more than 58% of survivors unable to access livelihood services due to unavailability of such services. 19% of survivors in need received the services either directly or referred to another agency. 23% declined referral which could



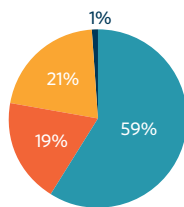
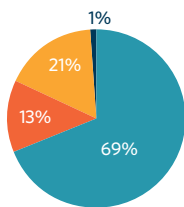
## Service Provision

■ Service received ■ Referred ■ Declined ■ Unavailable

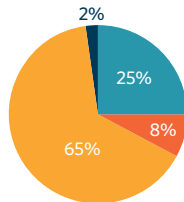
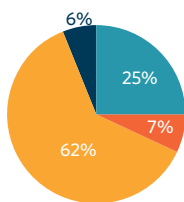
2020

2021

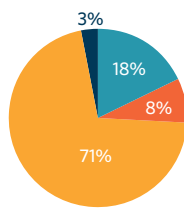
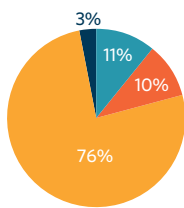
### Health / Medical Services



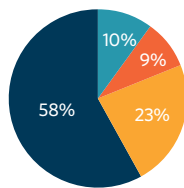
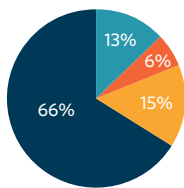
### Legal Assistance Services



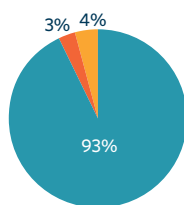
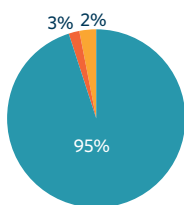
### Safety Security Services



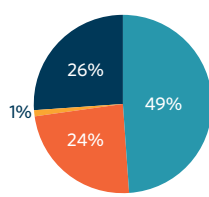
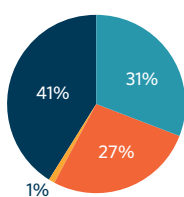
### Livehoods Services



### Psychosocial Services



### Cash Assistance Services



be linked to the findings we presented on reported incidents of Denial of resources, where it contributes to decreasing access to work for women outside of their home. The finding on increased use of Cash based interventions is also in line, as women were asking for Cash assistance instead of being enrolled in livelihood programs, to enable them to deal with different forms of violence that they are subjected to. Members of the DGOs have expressed an increased need for transformative approaches to be applied in women awareness programs to shift thinking towards empowerment of women and linking Cash interventions to livelihood opportunities.

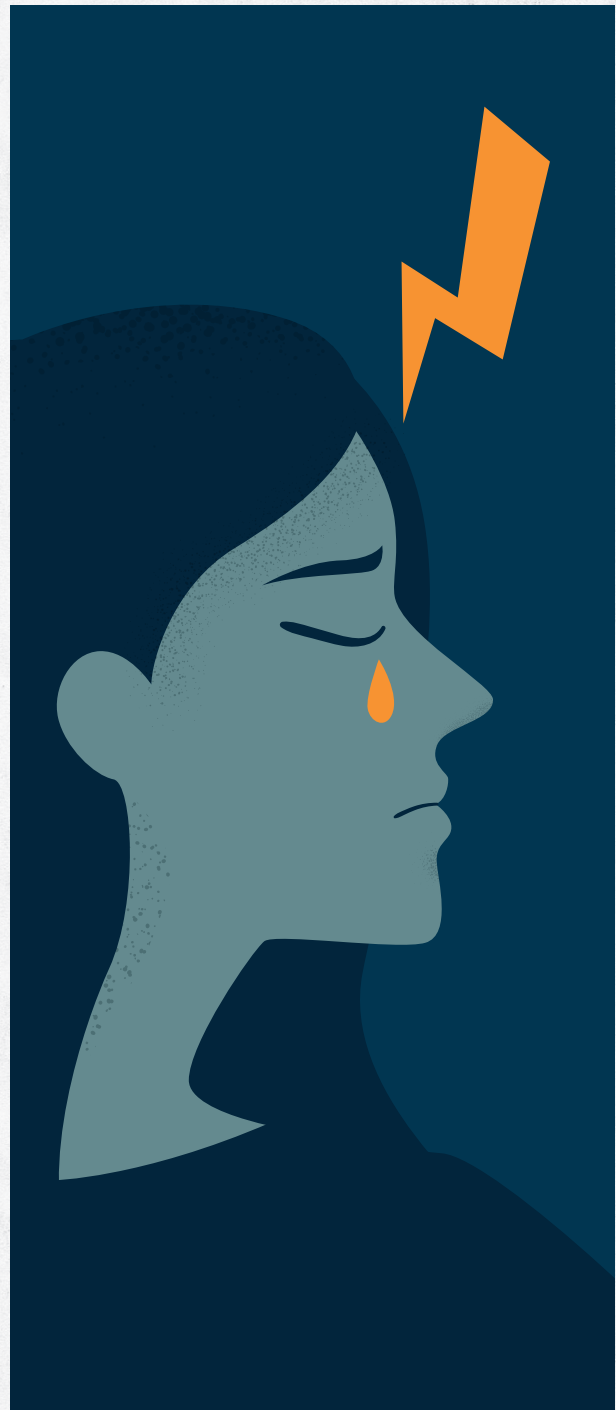
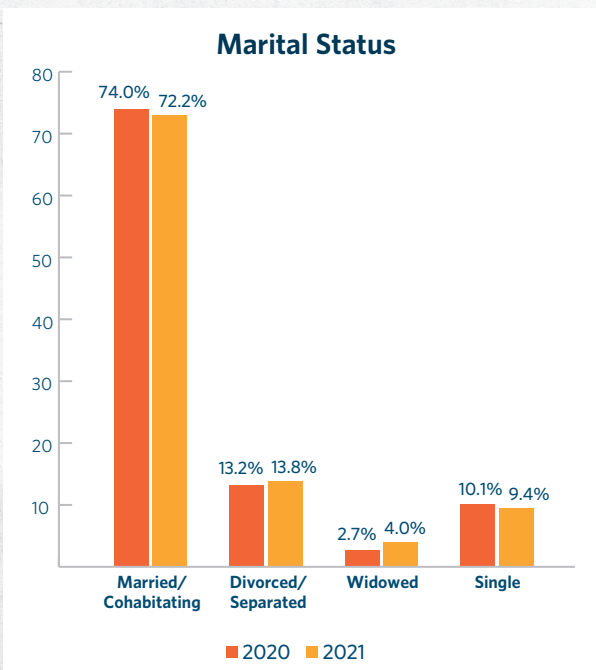
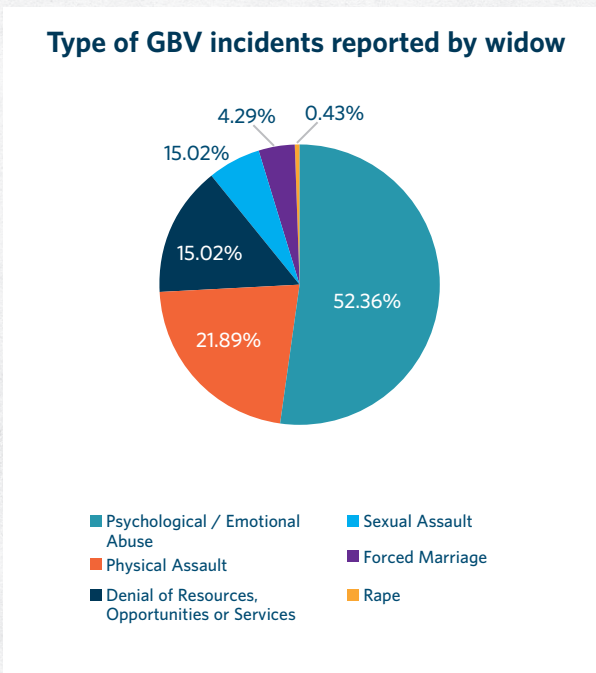
**Cash based interventions** remains the sector that has changed the most compared to previous years, recording an improvement in the assistance provided to survivors. In 2019 only 34 % of survivors either received or were referred to cash assistance, in 2020 the beneficiaries in need that received or were referred to these services increased to 53% and to 73% in 2021. In line with this positive trend the unavailability decreased from 63% in 2019 to 41% in 2020 and to 26% in 2021. In 2021 there was a focus on embedding tailored cash-based interventions into GBV case management programmes with a positive effect on referral and safety outcomes. In a recent study conducted by UNFPA on integrating cash based intervention in case management, women discussed the importance of reducing financial dependence to decrease conflict and violence in the relationship. Women stated that the ability to manage and use the money to meet household needs strengthened their confidence to say no to demands and threats by the husband. Women also discussed the importance of case managers in helping them to prioritize and making decisions on use of cash, while also learning about and using referrals to services to meet health, justice and safety needs.

**Psycho-social services** remain the most available services for survivors throughout the country, and is the most common service provided directly by the case management agencies, indeed 96% mostly through case management approach or specialized psychosocial support provided by the same agency. Data shared by data gathering organisations is based on information collected with survivors during psycho-social service provision, thus data on psycho-social service provision should be understood within this context. Moreover, referral pathways are an essential part of the response to GBV, establishing connection between survivors in need and the services they require. Although it is clear from the above information on referrals done by GBV partners that the mechanism is strong and moving in a positive direction, referrals from other providers to GBV providers remain weak.

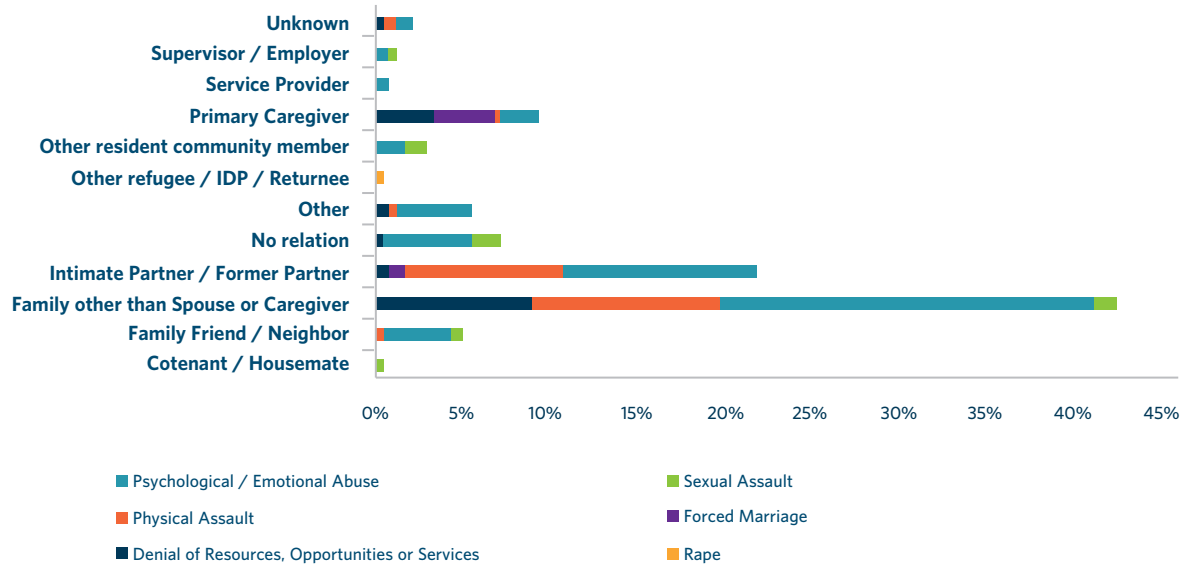


# Thematic Focus

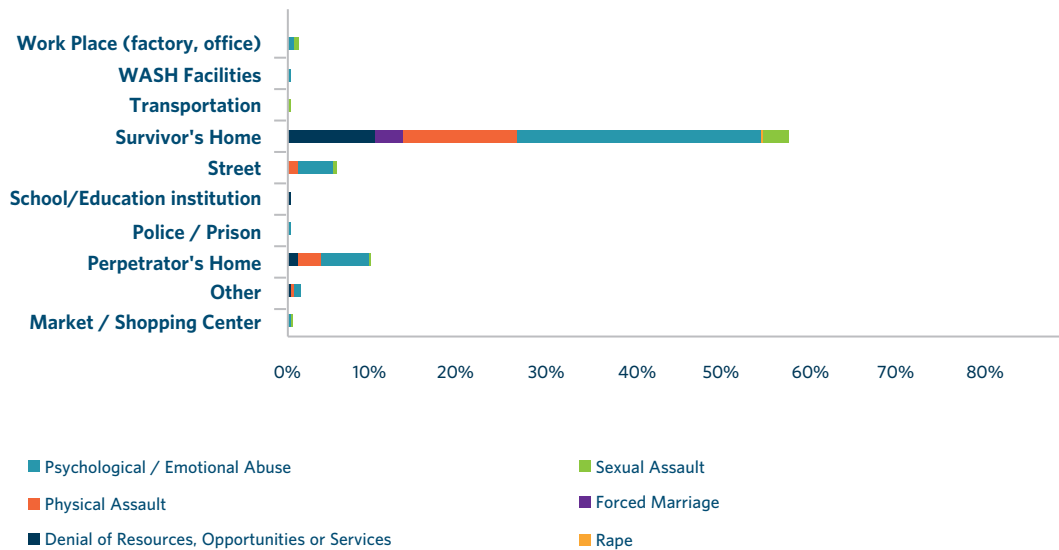
## a) Marital Status



### Widow survivors relation to alleged perpetrators by SGBV type



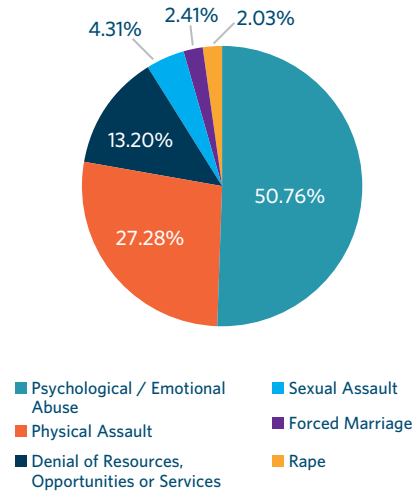
### Location of incidents reported by widow survivors



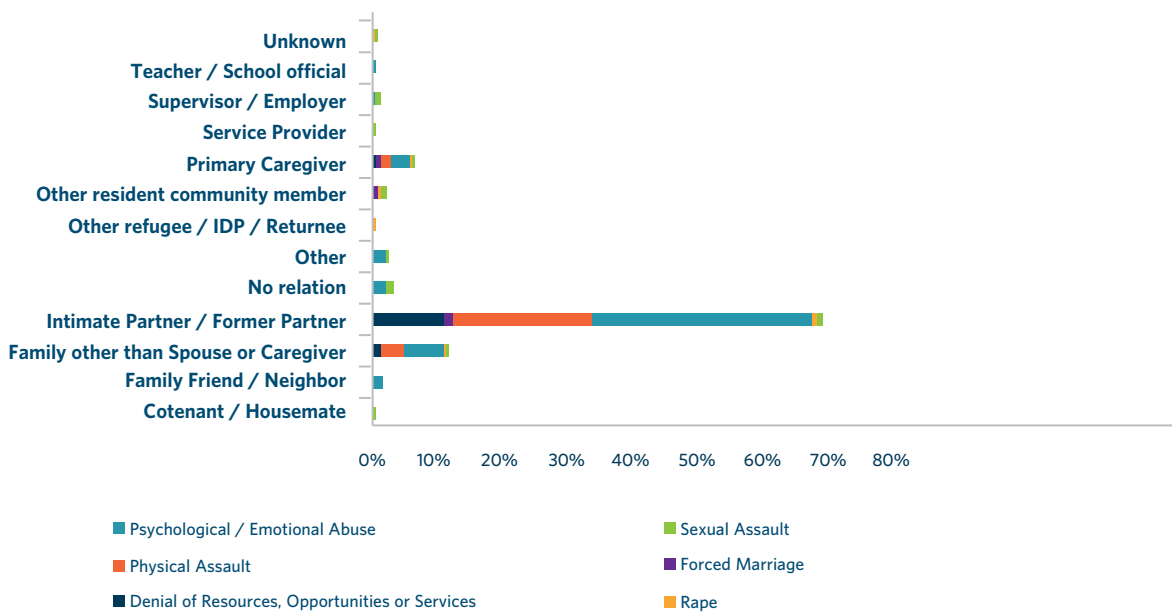
### Divorced / separated survivors

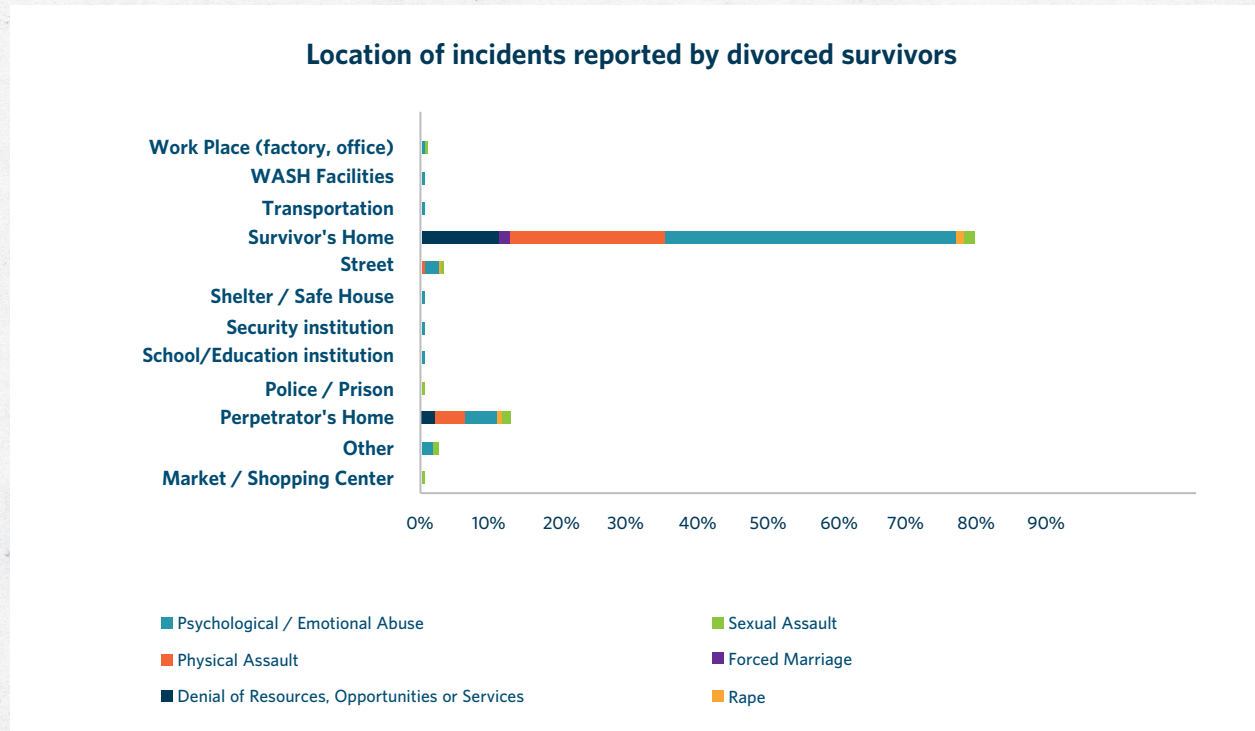
The majority of GBV survivors who reported GBV during 2021 were married women, nevertheless, there is a slight increase in reported incidents by widows, divorced, and separated survivors. Ever married women are the group who disclose violence more ( 90.7%) compared to single women (only 9.4%). Widows, divorced and separated women reported mostly domestic violence perpetrated by family members -including former husbands- in the context of physical, psychological abuse, denial of resources and even forced marriage. In this context the location of incidents is mainly home, divorced women often seek help long after the incident happens and even after the divorce. Widows, divorce and separated women are neither safe at home nor in the streets and online. Few incidents were perpetrated by others such as unknown persons, housemates (other families sharing and living at the same house), supervisor/employer, service provider, even neighbor and friend mainly in the form of sexual harassment and technology facilitated GBV.

Type of GBV incidents reported by divorce and separated



Divorced survivors relation to alleged perpetrators by SGBV type

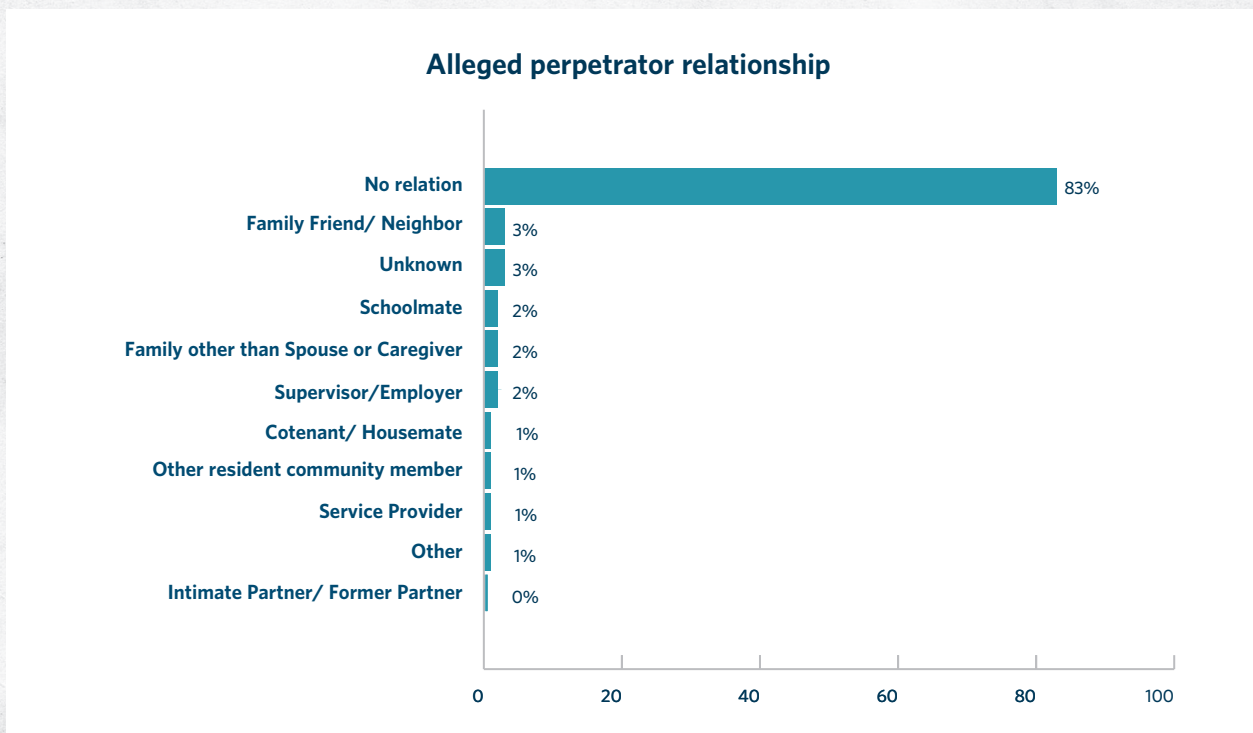
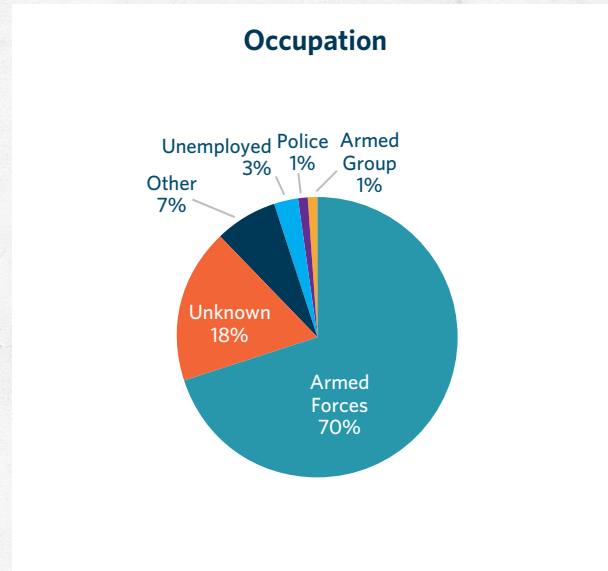




According to a study conducted by SIGI in Jordan half of widows and separated women reported exposure to one or multiple types of violence. This analysis confirms the vulnerability of ever married women, in particular separated/divorced and widows, noting that our services reach only 9% of single women therefore requiring more outreach efforts.

## b) Sexual abuse against men and boys

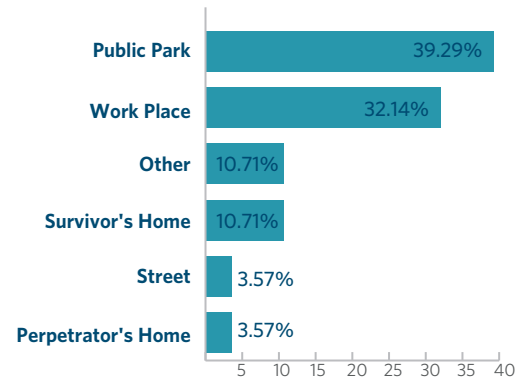
While women and girls are more at risk of violence at home by people they know, men and boys report mainly conflict related sexual violence and other risks of GBV because of their sexual orientation and gender identity. 83% of male survivors were abused by strangers who do not have any relation with them, 70% of the perpetrators were armed group. 71.4% of sexual abuse against male happened in Syria, 26.9% in Jordan, 0.4% Iraq and 1.2% other countries. The male sexual abuses in the country of origin (Syria) were mostly (77.7%) reported in prisons, checkpoints, transit centers and borders. However reported incidents of sexual abuse in the country of asylum (Jordan) were mainly located in the street, the survivors and perpetrators' home mostly in the context of LGBTQIA+.





Same-sex relations are not criminalized by law, but there are still risks associated with disclosing incompliance to gender identity and/or sexual orientation.

#### Time between incident and disclosure



A FGD discussion was held in January 2022 by one of data gathering organization focusing on main GBV risks faced by male transgenders and gays. Transgenders reported exposure to discrimination and persecution because of their gender identity by community members and at household level. Their access to services is extremely limited due to stigma and lack of safe and respectful environment especially in the field of education, public services and accessing labor market and income generating opportunities, leaving sex work as the only option available for them to earn some kind of income.

People identifying as gay reported instead that they are forced to "hide" their sexual orientation and having "double life", and are only able to being openly themselves within the LGBTQIA+ community.





# Recommendations

## Main Finding

## Recommendation

Majority of survivors reached services more than one month after the incident.

Study on obstacles to seek help and delays in seeking help. Continue promoting innovative community-based approaches to disseminate information on availability of compassionate and confidential GBV case management services and clinical management of rape services.

Reported GBV incidents by girls continue to decrease compared to the previous years.

Develop innovative approaches to reach adolescent girls and married young women and facilitate their access to GBV services. Foster collaboration and promote joint initiatives with Child Protection actors to mitigate the risks of GBV against children including adolescent girls/boys and in particular against Child marriage and sexual abuse and exploitation.

Organize interagency workshop in clarifying referral pathway for GBV.

Only 2.7% of incidents reported were by survivors with disabilities. In line with previous years' trend, more people with physical disability reported incidents compared to people with mental disability.

Work with Disability inclusion organization to increase outreach and build capacity of GBV providers to deal with survivors with disabilities in particular mental disability.

Sexual assault and rape constitute some of the most severe forms of GBV with life-threatening consequences, yet they are the most under-reported forms of violence.

Work to counter stigma at different levels:  
Advocacy to review definition of rape in law and review mandatory reporting  
Work with service providers on survivor centered approach - community level and improve access and build trust in services.

Security/Police remain amongst the highest declined across all services as survivors have expressed fears of retaliation if seeking police assistance as well as fear of stigma due to lack of confidentiality and lack of survivor-centered approach within law enforcement actors (victim-blaming, perpetrators asked to sign pledges instead of serving jail terms).

Disseminate paper on the impact of mandatory reporting on help seeking behaviors and work with law enforcement agencies on application of survivor centered approach. Review training approach and work on attitudes and coaching approach.

## Main Finding

## Recommendation

Livelihoods continue to reflect the largest gap in service availability, with more than 58% of survivors unable to access livelihood services due to unavailability of such services.

Strengthen livelihood opportunities targeting GBV survivors and linked to case management through MOUs or joint programmes.

Decline of referrals to health services oftentimes due to fearing a requirement for mandatory reporting to the police (which is particularly strict for Jordanian medical staff compared to other service providers).

Advocacy to restrict mandatory reporting requirements only to child survivors remains needed, as well as advocacy with health actors to ensure access to free health care to all GBV survivors (for health concerns related to GBV).

Number of Cash based interventions increased.

To strengthen monitoring mechanisms on the protection impact of cash in GBV case management and to elaborate a sectoral guidance note to harmonize the approach.

Referrals from schools and teachers remain zero similar to last year despite schools reopening and going back to normal.

Work with the education sector and Ministry of education to strengthen GBV prevention and response.

Confirmed vulnerability of ever married women, in particular separated/divorced and widows, with our services reaching only 9% of single women.

Tailor programmes based on marital status, increase outreach efforts and monitor reach to leave no one behind.



in Coordination & Cooperation with:

