

**MY VISION FOR A SAFE AND EQUAL FUTURE:
AN ADOLESCENT AND YOUTH FOCUSED ASSESSMENT ON GENDER BASED VIOLENCE
AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN JORDAN**

Executive Summary September 2018



**“I IMAGINE [A FUTURE WHERE THERE IS] NO DISCRIMINATION
[BETWEEN GIRLS AND BOYS] AND PEOPLE ARE EQUAL”**

Focus Group Discussion with out-of-school girls aged 12-17

Commissioned by: Plan International and CARE International in Jordan
Submitted by: Parallel Perspective Management Consulting Company
(Q Perspective)
Authors: Rochelle Johnston and Hana Asfour
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List of Acronyms

ACTED	Aid Agency for Technical Cooperation and Development
AI	Appreciative Inquiry
AWO	Arab Women Organization
BID	Best Interest Determination
CBO	Community based organization
CP	Child Protection
DHS	Demographic and health survey
DOS	Department of Statistics
FG	Focus Group
FGD	Focus Group Discussion
FIDH	International Federation for Human Rights
FPD	Family Protection Department
GBV	Gender-based violence
GBVIMS	Gender-based violence information management system
HPC	Higher Population Council
HRW	Human Rights Watch
IASC	Integrating Gender-Based Violence Interventions in Humanitarian Action
IATF	Inter-Agency Task Force
IMC	International Medical Corps
INGO	International non-governmental organization
IPV	Intimate partner violence
IRC	International Rescue Committee
IRCKHF	Information and Research Center – King Hussein Foundation
JCAP	Jordan Communication, Advocacy and Policy Project
JOHUD	Jordan Hashemite Fund for Human Development
KIIs	Key Informant Interviews
MENA	Middle East and North Africa
MICS	Multi indicator cluster survey
MoE	Ministry of Education
MoH	Ministry of Health
MoSD	Ministry of Social Development
MSI	Management Systems International
NGO	Non-governmental Organization
NNGO	National non-governmental organization
SOP	Standard operating procedures
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WRC	Women’s Refugee Committee

Table of Contents

1. Introduction	16
1.1. Assessment rationale	16
1.2. Objectives	17
1.3. Methodology	18
1.3.1. Appreciative Inquiry	19
1.3.2. Participatory Approaches	19
1.3.3. Mixed Methods	20
1.4. Research design, tools, and limitations	20
1.4.1. Literature Review	20
1.4.2. Age sensitive analysis of reported incidents of gender-based violence	21
1.4.3. Interviews	22
1.4.4. Focus group discussions (FGD)	23
1.4.5. Client Survey	25
1.5. Research team	26
1.6. Ethical considerations	26
1.7. Transcription and translation	26
1.8. Analysis	26
2. Findings	27
2.1. Gender Based Violence (GBV)	27
2.1.1. Types of GBV	27
2.1.2. Associated factors for GBV	48
2.1.3. Associated factors for child marriage	73
2.1.3.1. The value of marriage	73
2.1.3.2. Consanguineous and arranged marriages	73
2.1.3.3. Forced and coerced marriages for adults	74
2.1.3.4. Spousal age gap	74
2.1.3.5. Financial security	75
2.1.3.6. A better marriage	76
2.1.3.7. Girls' education	77
2.1.3.8. Risks of child marriage	77
2.1.3.9. Refugees	77
2.2. Sexual and reproductive health and rights (SRHR) needs and associated factors	79
2.3. Impact and consequences of GBV	85
2.3.1. Physical and mental health	85
2.3.3. Coping strategies and help-seeking behaviors	87
2.4. Support and service provision for GBV survivors and adolescents and youth	96
2.4.1. GBV Programming and services (How young people are protected and supported):	96
2.4.1.1. Safe Spaces and PSS/Life Skills/Empowerment Programming	97
2.4.1.2. Parenting Skills and Engagement of Parents/Caregivers	99
2.4.1.3. Awareness-Raising in Communities & Engagement of -Community Leaders	102

2.4.1.4	Engaging Men & Boys.....	103
2.4.1.5	Case management and PSS to survivors	103
2.4.1.6	National Legislation & Influencing	106
2.4.1.7	Coordination	108
2.5	How young people are protected and supported: SRHR programming	126
3.	<i>Provocative prepositions</i>	128
1.	Social norms	129
2.	Awareness and training.....	131
3.	Gender-based violence response	132
4.	Opportunities for girls and women	134
5.	Legal advocacy and research	134
6.	Research.....	135
4.	<i>Programmatic Recommendations</i>.....	136

Executive Summary

Introduction

Research and practice suggest that adolescents (10 to 19 years of age) and youth (15 to 24 years of age), and in particular girls and young women within these groups, are especially vulnerable to gender-based violence (GBV) in the context of Jordan, with contributing factors including the large-scale displacement related to the crisis in Syria. While gender inequality is understood to be the main factor causing the prevalence of GBV globally, the marginalized status of adolescents and youth, particularly girls and young women, in society is also an important contributing factor. This assessment is threefold. First, Identifies the main GBV and SRHR risks that adolescents and youth face in Jordan's urban areas. Second, Identifies gaps in the current service provision for adolescents and youth in Jordan's urban areas. Third, Identifies solutions and the support needed to address the main GBV and SRHR needs and risks that adolescents and youth face in Jordan's urban areas.

This mixed methods assessment focuses on female and male Jordanian, Syrian, and other refugee¹ adolescents and youth living in urban centers in Jordan. It incorporates and engages a diverse range of stakeholders, including young people themselves, and those in the best position to help them address GBV issues. The scope of this assessment describes the evidence base for interventions to respond to GBV as it affects female and male adolescents and youth. Also, it identifies participatory and adolescent- and youth-friendly solutions for preventing and responding to GBV. Additionally, it identifies the means to support adolescent and youth, in particular survivors of sexual violence, through SRHR services. Filling identified gaps in in GBV literature in Jordan, this assessment provides 1) an age-sensitive analysis of GBV including information on how adolescents and youth affected by sexual and gender based violence is currently being addressed, 2) a comprehensive discussion on physical violence within the family, and implications related to "honor" crimes beyond "honor" killings. This assessment is also unique because it comprehensively incorporates the views and opinions of young people and those caring for them on GBV, including their views on solutions for preventing and responding to GBV.

This assessment is based on the following data and data collection processes: an age-sensitive review of practice-based and academic research on GBV and SRHR in Jordan; analysis of data on reported GBV cases in Jordan contained in the GBV Information Management System (GBVIMS); interviews with representatives from ten organizations responding to GBV; 21 participatory focus group discussions with 167 participants (43 children, 139 female) from urban centers in Jordan (including young people, their parents/caregivers, community-members and professionals providing services to GBV survivors); and a self-administered anonymous survey completed by 74 clients receiving services for GBV (13 of whom were adolescents and youth). We adopted a participatory, appreciative inquiry-inspired approach, and collected the data using a mix of qualitative and quantitative methods.

¹ Iraqis and Sudanese

Findings

Primary and secondary research uncovered or confirmed several **forms of GBV** affecting adolescents and youth in Jordan. The prevalence of sexual violence, including sexual abuse, sexual assault, rape, and incest, was identified in the study. Analysis of the data showed that a very thin line exists in participants' understanding related to differences between these forms of sexual violence and sex perceived as "illicit" (i.e. premarital/extramarital sex), with survivors often judged as responsible for their GBV experiences (especially if they could not prove they had resisted, or not "provoked", the attack). Despite secondary data showing the prevalence of sexual violence within marriage, participants did not mention sexual violence within this, possibly because it is seen as very private or because it is not perceived as a form of GBV (i.e. it is not criminalized under Jordanian law). Sexual assault and harassment were often elided. According to the assessment's participants, sexual harassment included: verbal harassment, unwanted touching, a perpetrator exposing their genitals, following a victim to her home, sexualized bullying, and harassment over the phone or in online communication. Forms of GBV also included sexual exploitation, forced prostitution and human trafficking. Discussions about child marriage and wider forms of forced marriage, which was not necessarily considered by some participants to be a form of GBV, also showed the issues of men marrying girls and women they had sexually assaulted or raped, temporary marriages, and virginity testing. While girls' and women's movements, activities, and opportunities are reportedly restricted for "their own protection" (typically by other family-members), the assessment's findings suggest that movement restrictions themselves – and the accompanying denial of resources and limitations to access services– could be understood as a form of GBV. Physical violence was discussed most often in relation to intimate partner violence (IPV). However, among female adolescents and youth participants, violence perpetrated by parents and brothers attempting to control or punish daughters and sisters was more often mentioned than violence from husbands. Violence against girls and women by their natal family can be understood as an "honor" crime that is part of a continuum, with "honor" killings being the most severe, but also the rarest, form. Limited qualitative data refers to economic and emotional violence, perhaps because these are more invisible forms of violence.

Where and by whom GBV is perpetrated determines how it is understood and addressed. Given that girls and young women in Jordan seem most at-risk of GBV in the private sphere, female adolescents and youth may be confined at home to preserve family honor, more so than for their own protection. Moreover, being restricted to the home is associated with poor psychological, emotional, and physical outcomes for female adolescents and youth.

Belief in the importance of family, the home being inherently understood as a safe place for girls and women, and the role of fathers and brothers as protectors may contribute to the lack of attention given to GBV in domestic settings. For Syrian female adolescents and youth, discrimination against refugees, combined with gender and age-related norms, compounds their vulnerability to street harassment and increases the likelihood that they will be confined to the home.

This research also confirms – but does not comprehensively investigate – the following forms of GBV outside of the domestic sphere: sexual harassment and abuse at school (in particular mentioned in

relation to boys' schools); sexual harassment of girls affecting their access to education, social services, and employment; GBV at work for young women and adolescent boys; and technology as a facilitator of GBV. While urban areas are perceived by some participants as having higher rates of street harassment, living in an urban area is also associated with lower rates of early marriage and higher rates of factors that may protect girls and women from GBV including: educational attainment, participation in the labor market, and involvement in decision-making.

The assessment uses an **ecological framework to map factors that may be associated with GBV** as it affects adolescents and youth, with each level described in the following paragraphs. There is evidence that each of these factors is associated in some way with GBV in Jordan. However, for most of these factors, an association has only been shown for a particular sub-population and/or for a particular type of GBV, and not necessarily for adolescents and youth specifically. In particular, most of this research considers women and children without further gender and age disaggregation, such as for adolescent girls and young women. It also does not consider whether these factors are associated with GBV against male adolescents and youth.

At the level of the individual, risk factors may include: being younger, resisting gender norms, doing poorly in school and/or dropping out, abuse during childhood, being exposed to conflict, and refugee status. In general, employment may help protect adult women (although they still may face risks in the workspace or potential backlash in the home), but it may also expose children involved in child labor to GBV. GBV is associated with negative health outcomes that take both physical and mental forms, as well as other consequences including further potential risks of violence. Syrians in particular may have experienced high levels of GBV due to conflict and displacement, including vulnerabilities related to their refugee status, depleted resources, and lack of livelihood opportunities in their protracted stay in Jordan.

At the level of the family, various causes of family stress are associated with IPV, including low family income, unplanned pregnancy, interference by extended family members in a couple's affairs, and men's alcohol use. Financial dependence, or difficulty securing a divorce, may also prevent women from fleeing IPV.

At the level of the community, the capital that girls and women accumulate through education and economic empowerment can improve their status within the family, which might translate into additional level of support if they experience GBV or providing them with alternatives to staying in an abusive relationship. Conversely, Syrians' lack of social capital in Jordan may increase their vulnerability to GBV and hinder their ability to mobilize a response. However, it should also be noted that women may experience a backlash in response to increased independence and access to recourses as well as acting outside of perceived gender norms. Elaborating on the issue of 'shame', another female focus group participant mentioned that,

At the level of society, legal protections related to GBV are weakened by: the lack of gender equality and full emancipation for women under the law: the condoning of corporal punishment of children and wives; rape in the context of marriage; marriage of 15 to 17 year olds through legal exceptions; and the ways in which forms of sexual violence are defined (including the exclusion of males from definitions of rape). The discourse in Jordanian media and the judiciary work together in reinforcing and fortifying a gender inequality status quo in society, which includes practices that silence or ignore GBV-related issues. The militarization of Jordanian society (and the region more

broadly) also reinforces the idea that men are justified in using violence and that this is a part of masculinity.

For social norms and values influencing across the levels, associations have been found between various forms of gender inequality and GBV in Jordan. These include women's exclusion from decision-making, control of women's behavior, preference for male over female children, legal inequality, and girls' and women's access to opportunities. Norms dictate that the honor of the family as a whole is prioritized over the well-being of a survivor of GBV. Because unmarried girls and women are perceived to uphold the honor of their families through preserving their virginity until marriage, they become repositories for family shame and are blamed if they are sexually violated. Protection and honor are conflated to the extent that the well-being, and even the very life of a girl, can be sacrificed in some cases in the name of protecting her honor. However, it may be patriarchy, rather than loyalty to family, that is more the problem; collective interests might be defined differently if girls and women had equal status. Girls face a double burden of sexism and ageism. They are considered as adults even when they are still very young and are thus burdened with the responsibility of upholding their family's honor very early in life. According to research in Jordan, it is cultural, rather than religious, norms that figure most strongly in explanations of GBV.

Interventions to reduce **child marriage** must consider how marriage is valued within Jordanian society. The review of the literature shows that marriages (especially early ones), are often arranged by families themselves; and in the case of child marriage, are usually overwhelmingly arranged with cousins and/or much older men.² The desire for daughters to marry young may be driven by beliefs that marriage provides them with financial and physical security, secures their honor before any "shame" can take place, and results in a better marriage. Education may protect girls from early marriage, but is almost always compromised by early marriage. Early marriage is accompanied by other risks, including: other forms of GBV, health risks, and an early end to the marriage. We know from government statistics that Syrians in Jordan have far higher rates of early marriage. It is uncertain to which degree this difference predates their displacement or has been exacerbated by displacement and conflict.

One participant shared her experience of going through a divorce, saying,

Regarding **SRHR**, female youth in Jordan have high fertility rates, yet lack education and information on sexual and reproductive health and rights (SRHR). The former may also be related to the latter. This, along with their poor access to health services means that they are facing higher levels of pregnancy-related risks than necessary, particularly when combined with adolescent pregnancy. Married girls and young women are not only under pressure to demonstrate their fertility by having children soon after they marry, but they may also and subsequently face barriers in using modern contraception to delay their first child, to more optimally space their births, and to avoid unwanted pregnancy, including limited decision-making regarding family planning.³

² DOS, Jordan population and family health survey 2012, accessed August 6, 2018. <https://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

³ See: <http://apps.moh.gov.jo/MOH/Files/Publication/HR%20BOOK%20FINAL.pdf>

Solutions and Recommendations

The solutions identified in the assessment are drawn mostly from our primary research. Young people who survive GBV face many negative consequences of the violation and may respond with a range of **coping strategies**. In terms of consequences of GBV, emotional and cognitive responses identified through this research included fear, worry, shame, and developing psychological problems. Adolescents may think about the abuse they face (or have faced) in ways that makes it more manageable. They might also do nothing, which includes responses such as tolerating the violence, staying silent about it, and not knowing what to do. Avoidance coping strategies include physically escaping from the attacker, changing their behavior and appearance so as not to provoke an attack, changing or retracting their report of an incident of GBV, or forgetting what happened entirely. Negative impact on mental health and related coping strategies were also mentioned, such as suicide attempts, self-harm, and distracting themselves from the abuse in ways that were destructive to themselves or others. On the other hand, very positive coping strategies were raised like direct problem-solving. It should be noted that there is not a judgement of the response of survivors, as they each face different consequences of GBV and navigate it differently. Often, there are no clear-cut categories but survivors in their process may also simultaneously use or fluctuate between a variety of different responses.

Many adolescents and youth reported that they would not **seek help** for GBV and will only seek help out of desperation, due to the extent to which survivors are blamed and punished. However, raising awareness about GBV, building confidence in helpers, making young people feel safe, and making help more available and adolescent-friendly may encourage some young people to seek help. Family members were overwhelming identified as primary helpers; followed by the Family Protection Department (FPD) or the police and then organizations as the sources of help identified most outside of the family. School personnel also figured as potential helpers. Participants valued helpers who were dependable, empathetic, competent, had good communication (primarily listening) skills, and were committed.

Regarding entry points for the **case management process**, participants felt that it is more often the case that professionals detect and recognize signs of abuse (rather than survivors reporting it directly, particularly for adolescents). Participants felt that providing comfort and reassurance needs to be a focus in all phases of case management, but particularly at the beginning. Building the capacity of frontline staff to build trust and identify potential signs of GBV and refer a case, rather than follow a generic line of questioning, was recommended. Recommendations also included ensuring that a quality assessment of the case was conducted by specialized GBV service providers once, and then information shared as appropriate and with informed consent with other response actors to reduce re-traumatization. What emerged most strongly from discussions about designing, implementing and following up on GBV case plans was the importance of supporting coping and self-advocacy by survivors and engaging with survivors positively.

A comprehensive program of awareness-raising and training was called for **to prevent GBV, as well as ensure referrals to specialized GBV services**. It should be designed to:

- Detect signs of potential abuse and encourage reporting, making it clear to people where, and to whom, they can report GBV;
- Combat the misinformation and silence around GBV with information from reliable sources;
- Reduce the shame survivors feel and the stigma they face;

- Clarify for young people that GBV is wrong and teach them how to protect themselves;
- Understand the impacts and risks of child marriage;
- Understand the law in Jordan as it relates to GBV; and
- Prepare families, teachers and peers to better support survivors since most young people access support from them.

The assessment also identified possible outcomes related to cases of GBV and the related GBV interventions for service providers to keep in mind. Positive survivor-focused **outcomes of GBV response** shared by participants included being protected from abuse. However, negative outcomes included being shamed and punished by family members or authorities. Perpetrator-focused outcomes ranged from less punitive (being convinced to stop abusing) to more punitive (such as being arrested and jailed). Family-focused outcomes mentioned revolve around one of three areas: keeping the family together, maintaining patriarchy and gerontocracy within the family, and preserving the family's honor.

According to the participants in the assessment and from what was observed, **professionals supporting GBV survivors themselves need support**. This was reflected in the focus group discussions with professionals/service providers as well as from the secondary data review. Organizational-related support identified included: good leadership; close and systematic supervision; support from knowledgeable and experienced technical staff; and treating staff well. In the health sector, it was noted that more staff should be included in the GBV trainings that have already been developed. In the case of new training development, they should be designed in a way that is practical and takes into account the current context for GBV in Jordan, including relevant legislation and referral pathways. For example, training should focus on teaching soft-skills such as communication with survivors. In addition to case management approaches and guiding principles, all trainings should be designed on locally developed methodologies for GBV response to different types of cases, particular for child GBV survivors, in a way that provides clarity on referral pathways and addresses the challenges of doing GBV response in Jordan. International staff may also benefit from training related to working in the Jordanian context. Trainings should also be followed by ongoing on-the-job technical supervision and support to practice skills and ensure appropriate competencies for quality service provision.

Legislative amendments have had an impact on GBV. However, more improvements could be made, particularly—and fully—enforcing the marriage age of 18 without exceptions as one example. In parallel to legislative reform, addressing issues of legislative implementation or changing norms may be equally if not more important as well. Regarding **policy**, a new National Framework that includes Standard Operating Procedures (SOPs) on Family Violence looks promising, but it remains to be seen how it will be implemented and how coordination with the humanitarian inter-agency joint CP and GBV SOPs will work. Educating professionals responding to GBV regarding new policies and frameworks is also needed. This is just one way to begin moving toward a much stronger—and critical—engagement with social norms' roles in shaping actors' behaviors within the current system. This is particularly the case in the **justice system** where victim-blaming needs to be addressed (though the seriousness with which “honor” killings and rape cases are now treated is encouraging). Continued advocacy to address gender-discriminator legislation, including on personal status laws, is also needed to fully address contributing factors to GBV.

In Jordan, the **Family Protection Department** (FPD) has considerable power and responsibility in GBV case management and mediation beyond its normal policing role. It also has influence, resources and public recognition. Yet, there are concerns voiced by many participants (namely key informants interviewed in this assessment) about disclosure and reporting. Participants were particularly focusing on maintaining the survivor-centered approach aligned with GBV guiding principles. Mandatory reporting requirements for adult survivors are also controversial as it can be not aligned with GBV guidelines and there is a lack of clarity regarding how different actors navigate these in relation to survivors' informed consent. While the lack of sanctions for perpetrators in cases for which resolutions were mediated was roundly criticized, this less adversarial approach may be a potential alternative to explore for certain cases in this current context.

Under the new national framework, **case management** is accomplished through multidisciplinary case conferences led by the FPD, with the Ministry of Social Development (MoSD) playing a technical support role. Non-governmental organizations (NGOs) and international organizations providing protection, including case management services related to GBV, deliver a wide range of specialized and non-specialized GBV services, in particular to the refugee population. However, and like the MoSD, they lack statutory power. There are strong partnerships among international organizations and national NGOs delivering social services, which is something that has contributed to both service delivery capacity and advocacy on GBV, however, there are still gaps in coordination remaining, including identified between GBV and CP actors and to some degree between the humanitarian response and government ministries. The lack of shelter spaces was also identified as a gap in GBV response.

Specialized GBV **health care** is provided in family clinics in the emergency departments of public hospitals, with the support of a hospital case management committee. The Ministry of Health (MoH) also seconds medical forensic and psychiatric physicians to the FPD. One concern is that a survivor may need to undergo two separate medical examinations, one for the collection of evidence, and the other to receive treatment. As with the FPD, the MoH is invested with significant resources and social standing. Many of their professional standards are reportedly compatible with a survivor-centered approach to GBV care (for example, respecting confidentiality and informed consent), however, this would need to be further explored in practice.

Regarding **referrals**, while some organizations provide a wide range of specialized and non-specialized services, or have strong relationships with entities that do, others – particularly government ministries – have very narrow mandates and lack the relationships necessary to connect their clients with these services. This research found that organizations are responding to mandatory reporting differently, depending on the following: the type of case, their position on mandatory reporting; the status of their client – refugee or non-refugee; the strength of their relationship with the FPD (something that often corresponds with whether the organization is Jordanian or international); and whether they are a government, UN or NGO agency. When the survivor is a refugee, some international agencies first make a referral to UNHCR or CP agencies for a Best Interest Determination (BID), which may or may not recommend reporting to the FPD. While there was a certain level of coordination, there was a lack of knowledge among certain organizations about services provided by other agencies and laws related to GBV, as well as differing degrees of trust between agencies.

During the course of our research, we came across a number of gaps and concerns related to the **approaches** taken to GBV responses in Jordan. These need to be reconciled if response is to become more effective and sustainable. **Standardization of service delivery** was seen as

necessary for ensuring quality service for all clients. However, adapting these standards without considering the type and needs of the case as well as the context and conditions in which they are applied, or misunderstanding their purpose and what they are meant to achieve—were concerns expressed by our participants. In relation to GBV case management, staff shared their frustration about how they do everything they are supposed to do, for example, yet face the same roadblocks time after time, particularly when they try to address issues like early marriage. It was also identified as important to adapt approaches to the local realities faced by adolescent and youth survivors of GBV.

The massive international refugee response has in part created **parallel systems for responding to GBV, one for Syrian refugees, the other for Jordanians**. International organizations are at times reluctant to engage with a Jordanian system they see as prioritizing interests of the patriarchal family over the rights of individual, mostly female, survivors. Furthermore, the tension between these systems has been exacerbated by implementation of the mandatory reporting requirement. Agencies serving Jordanians, who are themselves mostly Jordanian, have no choice but to engage with the system—a course of action that has the potential to bring about more sustainable and comprehensive GBV services for more survivors that will endure long after those responding to the Syrian crisis have left Jordan. It would be important to explore further how agencies are navigating mandatory reporting and referral pathways, as well as to continue to advocate on the revision of mandatory reporting policies for a survivor-centered approach.

Our focus on adolescents and youth highlights challenges created by different actors taking different approaches in responding to GBV depending upon the **age of the clients they focus on**: adult- focused GBV actors serving children on the one hand and CP-focused actors trying to serve GBV survivors on the other. This lack of coordination and limited age-sensitive collection and analysis with regards to data on GBV cases subsequently and directly impacted this research as a result.

Those in the community we spoke with were fairly outspoken about GBV and SRHR. It was noted by some that concern about offending Jordanian sensibilities may not really be out of fear of offending ordinary Jordanians who hold traditional values. Rather, this concern may more accurately reflect a fear of **offending those in positions of authority** who may feel that part of their authority derives from upholding those traditional values.

Guidelines for medical professionals with regard to **SRH** to provide adolescent-friendly awareness-raising and services seem in tension with certain legal and social norms that require parental/guardian consent. Yet, some doctors are reportedly complying with them. The education system does not provide SRH education, and mothers may not have the required information and skills, leaving medical personnel as *the* single source for SRH services, including the best source of SRH information as well. Helping young people overcome embarrassment and fear of stigma is key for them to be able to access services; given that help is often not sought at all, or sought from mothers and friends in some cases.

The report ends with statements that bridge the findings of our assessment, “what is,” with idea of “what might be”: our propositions for the future. This is our vision:

We facilitate dialogues about **social norms**. In doing so, we link to and take direction from Arab feminists and networks to promote women empowerment and participation, including female role

models, and reclaim male honor as a vehicle for mobilizing men to uphold the rights of girls and women. We form alliances between women, youth, and other marginalized groups to address age and gender-based discrimination together, and make parenting and the education systems vehicles for ending GBV and sexism. We speak about and work to end sexual violence in the family as well as transform public spaces into places where girls and women feel welcome and respected.

In our **awareness and training work** with young people, their families and communities, we take direction from young people. We support adolescents and young people in raising awareness with their peers and discussing as possible between male and female adolescents/youth on social norms, as well as engaging with their parents/caregivers and communities, including joint dialogues and activities together. We build capacity for GBV response at the community level and educate about SRH and GBV at school, through parenting programs, with assistance from the MoH, and through the internet, social and traditional media. We communicate through all forms of media to amplify our social change work. We sensitize frontline workers on GBV and appropriate referral pathways, as well as investing in training and mentoring those responding to GBV on practical skills that work in a Jordanian context, with particular attention to social norms.

Regarding **GBV response**, we expand opportunities for detecting and reporting GBV that respect confidentiality and the survivor's wishes. We conduct high quality assessments with new GBV clients once to prevent further distress and build case plans that promote their healthy coping strategies, self-advocacy, and positive engagement in ways that minimize negative outcomes. We support the police to take a survivor-centered approach, refrain from prosecuting GBV survivors for other crimes, address all forms of "honor"-motivated crimes (not just murder), and take action to stop street harassment. The health system ensures premarital counseling, forefronts education on SRH and GBV, equips all primary care physicians to detect and effectively refer cases of GBV as well as supporting focal points to provide quality services to survivors of sexual violence, and provides medical care and forensic examinations for GBV survivors during a single visit.

We expand **opportunities for girls and women** for education, to be economically productive, guaranteeing their safety at work from GBV, benefit from safe spaces and psychosocial support and life skills activities, and participate in decision-making in the community.

We continue to work for the **legal equality of women, including training of law enforcement and judiciary**. We use successful reforms as a model for possible legislation to reduce the restrictions placed on girls' and women's movement, and to decrease the prosecution of GBV survivors for perjury. We ensure that the law is also implemented in ways that respect gender equality. We advocate on survivor-centered approaches within policies, in particular related to mandatory reporting.

We **research** further how GBV affects vulnerable young people and sectors not reached by this assessment or explored fully, including persons with disabilities, LGBTIQ+, in camp contexts, and in the workplace and schools. We also investigate how people speak about GBV and SRH in every day life, including norms around what is perceived as illicit sex and consent to sexual activity related to survivor-blaming, as well as cultures of boys and young men regarding masculinity, so that we have local language and understandings to target social norms and public education work. We further explore current GBV service provision and referral pathways and opportunities to strengthen response. We research staff competencies so that we can improve their capacity to respond to GBV.

1. Introduction

Gender based violence (GBV) in Jordan takes many forms, including but not limited to intimate partner violence (IPV) and sexual violence, including sexual exploitation and sexual harassment. It also includes harmful traditional practices such as early and forced marriage. GBV in Jordan certainly predates the Syria crisis. However, massive displacement and conflict-related stress might be impacting the dynamics of GBV in Jordan, particularly in refugee communities⁴. It is widely understood that GBV disproportionality affects girls and women due to underlying gender inequalities, although boys and men also face specific risks including related to sexual violence. Research and practice suggests that adolescents (10 to 19 years of age) and youth (15 to 24 years of age) in Jordan are particularly vulnerable to GBV. Yet, how to best protect and support these groups remains unclear.

To reach this understanding, this assessment identifies what is possible in terms of GBV prevention and response in Jordan, what is working, and what we should build on. Our report begins with a description of the factors we know or suspect to be associated with GBV in Jordan as it affects adolescents and youth. This age-sensitive overview of the evidence-base for GBV related to adolescents and youth is drawn from published research, secondary analysis of data on reported incidents of GBV, and primary data collected by our assessment team. The second half of the findings describes protection and supports for survivors of GBV in Jordan. It draws mostly on our own mixed methods research with young people and those caring for them, including professionals responding to GBV. In both sections the sexual and reproductive health and rights (SRHR) of young people are addressed, in particular as they concern GBV. Lastly, the report concludes with recommendations based on the findings to support in effective GBV prevention and response for female and male adolescents and young people.

1.1. Assessment rationale

There is a significant body of research relevant to GBV and SRHR in Jordan, and to the region of the Middle East and North Africa (MENA) more generally. Moreover, local authorities, non-governmental agencies (NGOs), international non-governmental organizations (INGOs), and United Nations (UN) agencies – especially since the Syria crisis – have accumulated practice-based knowledge in their efforts to respond to GBV. While existing research has collected data from young women and those under the age of 18, it rarely has included age-disaggregated analysis. Further, with the exception of studies on child marriage⁵ and consideration of street harassment in research

⁴ See R. A. Spencer, J. Usta, A. Essaid, S. Shukri, Y. El-Gharaibeh, H. Abu-Taleb, N. Awwad, H. Nsour, and C. J. Clark, *Gender Based Violence Against Women and Girls Displaced by the Syrian Conflict in South Lebanon and North Jordan: Scope of Violence and Health Correlates*, (Alianza por la Solidaridad, 2015); UNHCR, UNICEF, and WFP, *Joint Syrian Assessment Review of the Syrian Refugee Response in Jordan*, (UNHCR, UNICEF, and WFP, 2014), accessed, May 22, 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/JointAssessmentReview8Jan2014.pdf>.

⁵ M. Alma'arefa, *A Study on Child Marriage in Jordan*, (Amman: Higher Population Council, 2017), accessed, May 22, 2018. http://kvinfo.dk/sites/default/files/hpc_child_marriage_eng.pdf

UN Women, *Inter-agency assessment gender-based violence and child protection among Syrian refugees in Jordan, with a focus on early marriage*, (Amman: UN Women, 2013), accessed, May 22, 2018.

http://www2.unwomen.org/-/media/field%20office%20jordan/attachments/publications/2014/gbv_cp%20assessment%20jordan.pdf?la=en&vs=1754

on girls,⁶ we could not locate research that looks specifically at how GBV affects adolescents and youth. While an evidence-base for programming on GBV as it affects adolescents and youth can be defined by responsibly generalizing findings from existing research, the voice of young people and those caring for them is absent as it concerns most forms of GBV. While this body of existing research furthers our understanding of the problem of GBV in Jordan, it also often stops short of identifying solutions.

Research and practice also point to the significant risks that adolescents and youth face because they are denied accurate information about sexual health and rights.⁷ Unmarried girls and women in particular, including survivors of sexual violence, and young married adolescents and youth face greater barriers in accessing sexual health services than older married women and men. For this reason, this assessment has also been designed to identify targeted interventions to meet the critical SRH needs of these particularly vulnerable young people.

Plan International Jordan and CARE International Jordan have commissioned Parallel Perspective Management Consulting (Q Perspective) to conduct a GBV and SRHR assessment in Jordan with a specific focus on adolescents and youth. This aligns with Plan's global core objectives to work towards achieving child rights, including girls' rights and gender equality to foster an inclusive society. It also furthers CARE Jordan's 2020 programmatic goals: to strengthen humanitarian and protection response and action, enhance empowerment programming, and expand effective partnerships in order to support Jordan's most vulnerable populations with sustainable solutions. Findings and recommendations from the assessment will support current Plan and CARE programming in Jordan working with adolescent girls and boys and female and male youth from refugee and host communities.

1.2.Objectives

This solutions-focused assessment was designed to support the delivery of programming for prevention and response to GBV as it affects adolescents and youth in Jordan. Engaging a diverse range of young people, and those in the best position to help them, the assessment:

1. Describes the existing evidence base for interventions to address GBV as it affects female and male adolescents and youth in Jordan;
2. Identifies solutions for preventing and responding to GBV in Jordan to be implemented with adolescents and youth; and
3. Identifies means to support adolescents and youth, in particular adolescent and youth survivors of sexual violence and young married girls and women, through sexual and reproduction health (SRH) services.

⁶ B. Qamar and M. Lokot, *Adolescent girls assessment. Needs, aspirations, safety and access*, (Amman: IRC, 2015), accessed, May 22, 2018.

[https://www.rescue.org/sites/default/files/document/706/ircjordanadolecentassessment2015educati
nhighlights.pdf](https://www.rescue.org/sites/default/files/document/706/ircjordanadolecentassessment2015educati
nhighlights.pdf)

⁷ See R.L. Roudsari, M. Javadnoori, M. Hasanpour, S. M. M. Hazavehei, and A. Taghipour, "Socio-cultural challenges to sexual health education for female adolescents in Iran," *Iranian journal of reproductive medicine* 11, no. 2: 101-110.

Given that the clear majority of Jordanians (83 percent) and most refugees reside in urban areas, and in order to narrow the scope, this assessment has taken an urban focus. While some findings may be generalized to the camp context, this would require a separate assessment to generate more targeted observations and recommendations.

1.3. Methodology

A mixed methodology approach was used in this assessment, and specifically focuses on adolescents, in particular girls, and their vision for promoting safety and equality. This innovative visioning approach was designed to be solutions-oriented and participatory in order to promote inclusivity; extend understandings of equality and rights of beneficiaries; and support the development of co-learning and the co-construction of knowledge. Triangulation was used to confirm the researchers' findings, which improved the rigor and credibility of the assessment.⁸ Using a mixed methods approach further facilitated the discovery of multiple—and sometimes diverging—evidence, which may not have been discovered through the adoption of one single kind of data collection method. The risk of bias was also minimized, given that limitations of one methodology are compensated by the strengths of the other.

The first phase of this assessment consisted of a desk review of relevant documents provided by Plan and CARE and identified through other sources, as well as preliminary consultation with the consultancy's reference group. This desk review was used to establish a general understanding of 'what we need to know' about the topic in question and provided a basis to outline the assessment design and methodology (including the development of the data collection tools).

The second phase of this assessment was devoted to data collection using both qualitative and quantitative methodologies. Methods included: semi-structured individual interviews with key informants; focus group discussions (FGDs) with a diverse groups of youth and adolescents, parents (primarily mothers) and teachers, as well as Protection service providers; secondary analysis of GBVIMS data; and primary data analysis of a client survey provided to GBV survivors receiving services.

Participatory measures and techniques within qualitative interviews and focus groups created channels to encourage the co-construction of knowledge through the inclusion of perspectives from diverse backgrounds and educational levels. Gender was mainstreamed into the assessment processes through the incorporation of gender-responsive methods that encouraged participation and inclusion. Mechanisms for engagement and inclusion entailed: ensuring sex- and age-disaggregated data collection procedures; adopting a methodological approach that is flexible to the constraints of interviewees and the context under assessment; identifying 'hard to reach' populations as well as the challenges of reaching participants and addressing barriers to participate;⁹ and making sure to be culturally-sensitive during the fieldwork process.

The sections below provide a more detailed overview of the assessment methodology, including the assessment approach, the research design tools, and limitations of the study.

⁸ Denzin, N. and Lincoln, Y. *The SAGE Handbook of Qualitative Research*. 2nd edn. (Newbury Park: Sage Publications, 2000).

⁹ Some of the measures used to include 'hard to reach' populations in this assessment include conducting focus groups in different geographic locations where there is less access. Participants who are both Jordanians and Syrians, as well as from other refugee populations and ethnic minorities, were included.

1.3.1. Appreciative Inquiry

Given the call for a solutions-oriented assessment, we eschewed typical deficit-oriented approaches that conceptualize communities in the language of “unsolved problems” or “unmet needs”. As Mark Singh and Douglas Reid explain:

Traditional participatory citizen/employee engagement approaches to dialogue and deliberation [and we would add assessments] are often designed to determine local problems, resource constraints, deficiencies and unmet basic needs. After participating in these traditional approaches, stakeholders often view their community or organization as one of problems and needs—most of which require the help of outsiders to overcome (International Inst. for Sustainable Development, 2000). These approaches are rooted in negativity and often fail to sustain community participation. They can also entrench a sense of dependence by the community on those with greater resources or power.¹⁰

In contrast, we employed Appreciative Inquiry (AI). AI moves beyond these traditional problem-centered methods to identify past achievements, existing strengths, and ideas for solutions within organizations and communities. Using this framing as a point of departure establishes a basis to generate possibilities of what could be, creating a space to build a shared vision for the future and a plan to achieve that vision.¹¹

This assessment delivers the first two of the four AI phases:

- Phase I: Discover the best experiences, most important values, and aspirations that participants have for protecting and supporting adolescents and youth affected by GBV. (Discover)
- Phase II: Imagine an idealized future state in which GBV survivors are supported, and that adolescents and youth in Jordan can realize their rights and full potential safe from GBV. (Dream)
- Phase III: Build bridges between the current known state (Phase I) and the idealized future (Phase II), by identifying what is currently present within the community that is necessary for reaching a desired future state. (Design)
- Phase IV: Build a plan to reach the idealized future state around the declared intentions of the participants. (Destiny)

1.3.2. Participatory Approaches

AI is a participatory research approach. Participatory approaches are often experienced by participants as less extractive and more empowering. This makes them well-suited for research with communities who have been disempowered: for example, young people and those who have survived violence. Moreover, the very act of participating in research can promote changes in knowledge, attitudes and behaviors: “Participatory research designs are particularly appropriate [in

¹⁰ M. Singh and D. Reid, “Appreciative inquiry,” *Design research techniques* (website), accessed, May 22, 2018. <http://designresearchtechniques.com/casestudies/appreciative-inquiry/>

¹¹ G. Ashford and S. Patkar, *The positive path: Using appreciative inquiry in rural Indian communities*, (Winnipeg: DFID, IISD, 2001), accessed, May 22, 2018. https://www.iisd.org/sites/default/files/publications/ai_the_positive_path.pdf

the context of research on GBV] when the aim is to stimulate discussion and reflection within a community about an issue, and to promote community-based actions”.¹²

Though this assessment is not participant-led, it is participatory in many respects. Key stakeholders, especially a reference group of CARE and Plan International staff, along with groups of case managers and male and female youth, had input into the design of the assessment and its tools. Tools were tested and data was collected by CARE case managers who work directly in the field, and they played a crucial and active role in revising the GBV scenarios that were the stimulus for much of the data collected. Engaging this participant group as researchers made sense given the centrality of support and services for GBV survivors to the questions being researched; and their experience and familiarity with working as part of these communities. Finally, participatory research often uses methods which allow participants to share their experiences and knowledge in a variety of formats, including ways that are more playful and creative, and as a result more adolescent-friendly. For example, the FGDs used creative participatory methods, such as dramatic enactments and drawings.

1.3.3.Mixed Methods

The assessment uses a mixed methods approach, combining quantitative with qualitative data to triangulate and verify results and to increase the internal reliability and consistency of the findings. A mixed methods approach can also bring to light diverging evidence that may be overlooked with a single methodology. Qualitative methods included KIIs and FGDs. Quantitative methods included self-administered surveys with survivors (in the context of them receiving case management services) as well as analysis of existing data generated by agencies involved in GBV case management.

It is often the case that qualitative data obtained from FGDs/KIIs is more nuanced given that the complexity of GBV and that cases are often not reported (i.e. ‘invisible’). GBV is recognized by the *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (prepared by the IASC) as a phenomenon that does not need to be proven and is understood to take place everywhere, particularly in crisis contexts. Reports are therefore typically written through a lens based on community and stakeholder perceptions of concerns (rather than statistics and quantitative data related to the cases themselves).

1.4.Research design, tools, and limitations

1.4.1.Literature Review

Academic and grey literature concerning GBV, SRHR, and adolescents and youth in Jordan were included in the literature review of this assessment. These were located through academic databases and online search engines using the keywords: “GBV,” “gender-based violence,” “Jordan,” “youth,” “adolescents,” “early marriage,” “sexual abuse,” “sexual harassment,” “sexual health,” and “reproductive health.” The assessment steering committee also shared resources for this desk review, and additional documents were drawn from existing and credible websites related to the Syria crisis response. The culmination of these documents were analyzed with the support of

¹² M. Ellsberg and L. Heise L, *Researching Violence Against Women: A Practical Guide for Researchers and Activists*, (Washington DC: World Health Organization, PATH, 2005), 74, accessed, May 22, 2018. https://www.path.org/publications/files/GBV_rvaw_front.pdf

NVivo qualitative data analysis software to identify factors – both risk and protective factors¹³ – associated with GBV and SRHR in Jordan. We then created a concept map (*refer to page 33*), informed by Bronfenbrenner's¹⁴ ecological framework for human development, to show the level at which these factors operate and where interventions to promote change may need to happen.

The designs of the research projects included in the review are diverse and of varying quality. This makes it especially important to eschew comparisons across studies (for example, between studies focused on Jordanians and refugees or between different types of GBV), as differences are as likely attributable to differences in research design as they are to differences between groups or changes that have occurred over time. Research is also limited due to the likelihood of underreporting of GBV, particularly of sexual violence, so any analysis of reported cases of GBV is biased in favor of those incidents that are more likely to be reported and/or individuals who are more likely to report. A few studies drew samples from the community more generally (i.e. not those specifically seeking GBV services) through household surveys or from lists of beneficiaries registered for non-GBV related services. However, very few of these studies carried out sampling in a way that would allow their results to be generalized to the wider population of adolescents and youth in Jordan. As previously mentioned, data reported in these studies are usually not disaggregated in a way that allows us to tell whether the findings apply to female and male adolescents and youth, making it especially difficult for us to undertake age-sensitive analysis. Finally, the validity of this research suffers from the fact that GBV, and issues having to do with sexuality, can be taboo in many cases. This means that not only may participants be reluctant to share accurate information about GBV, and institutions unlikely to approve GBV research, but researchers themselves may not be equipped to ask certain questions on the topic due to the sensitivity surrounding the issue. It also means that researchers often do not speak directly to GBV survivors in order to not cause additional distress or place them further at risk. Relatedly, the degree of careful consideration employed in adapting research questions and tools developed outside of Jordan to the local context (and in terms of understanding and reflecting local understandings and priorities more generally), varied among the studies.

For all of these reasons, we qualify all the factors we identify through the literature review as *potentially* associated with GBV as it affects adolescents and youth in Jordan, and corroborate findings as possible with primary data. While these potential risk factors should be considered in developing solutions, in no way can we say definitively that addressing one or a number of these factors will alleviate GBV in Jordan. The networked nature of these factors means that each interacts with and affects the other, and it needs to be understood and worked with as a system, and not viewed in isolation.

1.4.2. Age sensitive analysis of reported incidents of gender-based violence

Due to concerns about re-traumatizing GBV survivors and in order to minimize risks, the research was designed so that no information was sought directly from survivors about violence they suffered. Instead, the research team was given permission by the GBV Information Management System (GBVIMS) Task Force to conduct age-sensitive secondary analysis of anonymized data from survivors in Jordan reported in the GBVIMS by organizations who provided case management

¹³ Outcome factors associated with GBV and SRHR are diverse and include social, physical, mental effects incurred from GBV and SRHR, including death.

¹⁴ U. Bronfenbrenner, *The ecology of human development* (Cambridge, MA: Harvard University Press, 1979)

data during 2016 and 2017. These agencies collect data in the context of providing services to GBV survivors (through direct service provision or referrals) and broader GBV programming, including activities focused on GBV prevention as well as empowerment to the survivors and those at risk of GBV. Because the data is only from reported cases, it is in no way representative of the total incidence or prevalence of GBV in Jordan or among refugee populations in Jordan. Our analysis also shows likely errors in reporting into the database that lead us to be cautious in interpreting these findings. Given that the GBVIMS Task Force does not allow to share externally numbers of case in the GBVIMS to be reported according to established practice to not be misunderstood to indicate prevalence, the data is presented as percentages.

Of the GBV incidents reported into the GBVIMS for the years 2016 and 2017, 2.4 percent of them concern survivors 0 – 11 years old, 30.2 percent concern survivors who are 12 – 17 years old and 67.5 percent concern survivors who are 18 years and older. In 95 percent of these cases, the survivors are refugees. As already stated, these proportions tell us about identified GBV survivors served by agencies reporting into the GBVIMS and not actual proportions among the population of GBV survivors in Jordan. While we have been careful in our analysis to only highlight large differences between subgroups found in the data, we did not test for the statistical significance of these differences.

1.4.3. Interviews

Qualitative semi-structured interviews were conducted between 12 February and 30 April 2018 with 12 key informants (10 female, 2 male) who have knowledge about GBV as it affects adolescents and youth. The informants also facilitated introductions with and access to professionals who provide direct support to GBV survivors and wider groups of adolescents and youth. Theoretical sampling methods¹⁵ were used to recruit these participants to ensure that the assessment included individuals who were likely to have knowledge of different elements of the phenomena being studied and/or interrelationships between these components.

Decisions about who to recruit were determined through the literature review and following consultation with the Plan International and CARE management teams and key partners working on GBV. For example, we sought out interviews with those working from within different government organizations, as well as national and international organizations providing GBV services. The ideas and concepts that emerged during early interviews and FGDs led us to choose further participants who developed our understanding of GBV as it impacts adolescents and youth. Potential participants were approached directly by the research team by email, phone, or through partners of Plan and CARE and invited to participate in an interview. Key informant interviews (KIIs) took place in private offices at the participants' places of work.

In interviews, participants were asked to prioritize two types of GBV for discussion. They then answered open-ended questions about how survivors of these types of violence are affected, and how they cope with the violence, including how they seek help and from whom. They were then asked about how professionals respond to GBV and what needs to be in place so that professionals can best respond. Following an AI approach, the interviews ended with informants describing a time

¹⁵ See B. G. Glaser and A. L. Strauss, *The Discovery of Grounded Theory: Strategies for Qualitative Research* (Chicago: Aldine, 1967): “the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them in order to develop his theory as it emerges” (45).

when their organization provided the best possible support to a survivor of GBV. They were further asked to imagine a time in the future when their community could stand up against GBV and what would be in place to make that happen.

A notable limitation of the KIIs was the lack of representation from national NGOs engaged in GBV response in this assessment. While this may have been due to limited availability, the challenges of engaging these stakeholders also raises questions about the level of trust and coordination among the stakeholders working on GBV-related issues.

1.4.4. Focus group discussions (FGD)

FGDs were conducted with young people (10 FGDs: four with females 12-17 years, four with females 18-25 years, one with males 12-17 years, and one with males 18-25 years), those who cared for them including parents and teachers (six FGDs: four with women and two with men), and professionals (namely case managers) who provide services to GBV survivors (five FGDs). FGDs were conducted between 21 February and 26 April 2018. A total of 165 people (43 children, 137 female) participated in these 21 FGDs. FGDs were held in Amman, Marka, Zarqa, Irbid, Karak, and Mafraq.

Table 1 Focus group discussions

	Target Group	Location of FGD	Gender	Age Group	Nationality	No. of Participants
1.	Out-of-school	Amman	Female	12-17	Mixed	9
2.	Other refugees (non- Syrian)	Amman	Female	18-24	Non-Syrian refugees	12
3.	Higher socio-economic level	Amman	Female	18-24	Unspecified	8
4.	Higher socio-economic level	Amman	Male	18-24	Unspecified	11
5.	GBV Case Managers MoSD	Amman	Mixed	Adult	Unspecified	6
6.	GBV Case Managers CARE	Amman	Mixed	Adult	Unspecified	7
7.	GBV Case Managers Caritas	Amman	Mixed	Mixed	Unspecified	6
8.	GBV Case Managers IMC	Amman	Mixed	Adult	Unspecified	6
9.	Parents of children who are married	Marka	Female	Adult	Syrian	15
10.	Teachers	Karak	Female	Adult	Jordanian	15
11.	Teachers	Marka	Female	Adult	Syrian	3

12.	Higher socio-economic level	Irbid	Female	Adult	Jordanian	15
13.	Married	Irbid	Female	18-24	Syrian	9
14.	Married	Karak	Female	12-17	Jordanian	12
15.	Positive deviance	Amman	Male	Adults	Jordanian	8
16.	Syrian refugees	Mafraq	Female	12-17	Syrians	11
17.	Parents of child who is married	Marka	Male	Adult	Jordanian	1
18.	Street-involved	Zarqa	Female	12-17	Unspecified	3
19.	Child labour	Zarqa	Male	12-17	Unspecified	8

During KIs, participants were invited to arrange a focus discussion with their case managers or other staff providing direct support to GBV survivors. Recruitment of staff to participate in these FGDs was at the discretion of the organization. However, the research team encouraged them to adapt the same theoretical sampling methods and avoid coercive recruitment. Participants for the remaining FGDs with adolescents, youth, and parents were recruited through organizations, especially CARE and Plan International, providing services to target populations. Recruitment criteria and protocols were provided to the staff handling recruitment for this assessment. Each of these FGDs was comprised of between four and 15 individuals of the same gender, and of similar age. Young people and/or those caring for them were provided with an allowance for transport to and from the FGDs to help facilitate their access.

After gaining informed consent for research from the participants, the protocol for the FGD began by asking participants to share what they value most about how their community treats young people (adolescent and youth participants were asked to draw a picture to illustrate this) and who young people go to for support if they face problems. They were then presented with two scenarios chosen from the following, with certain scenarios excluded for certain groups due to sensitivity (see Annex A for scenarios):

- Child marriage
- Sexual harassment (young people and adult community members only, not with adolescents)
- Intimate partner violence (IPV)
- Suspected sexual abuse
- Sexual exploitation (professionals only)
- Sexual and reproductive health problem

Participants worked in groups to role-play what happened *after* the incident described in the scenario (to avoid discussing the actual incident of violence and causing potential distress). Following this, a discussion was facilitated during which they were asked how those who experienced these types of violence were affected, how they coped with the violence, how they sought help and from whom, and how those helping them responded. The FGD ended with the same appreciative type of questions included in the interviews to obtain FGD participants' vision for support.

Limitations of this methodology included the group format itself. The format promoted peer-learning and had the potential to mobilize collective action, while deterring participants from disclosing their own abuse, something that could have been traumatizing. However, and at the same time, it also likely elicited socially-acceptable responses. An interview format might have been more effective in eliciting reports of actual behavior and beliefs that are potentially socially unacceptable – helping us to better understand GBV and possible solutions. However, individual interviews are less time-effective, could potentially cause distress to adolescent participants if they had previously experienced violence, and do not allow for discussions between participants which also shed interesting light on the variety of perspectives. In addition, the purpose of the assessment is not to obtain a complete and accurate accounting of the phenomena of GBV in Jordan. While drawing and creating dramas based on the scenarios worked well for some groups and participants to help them feel comfortable sharing in the group, it also had the opposite effect on certain groups who were less comfortable with each other and/or with the methodology of role-playing. For this reason, the researchers adapted these methods in different ways if and when the original approach did not work for a particular group (for example, usually by asking them to tell rather than act out the story). This method was effective in engaging participants in discussions around sensitive topics in an adolescent- and youth-friendly way. However, upon review of the data, this approach may have limited data collection related to existing services available and modalities for service provision.

There were also important limitations related to the diversity of FGD participants, given that some important populations were not represented in these groups, which limits the ability for this assessment to comprehensively identify their specific risks and concerns. These groups include: people with disabilities, young people who were economic migrants, street-engaged young people, and LGBTIQ+ young people. The authors further recommend that this gap be addressed in future assessments on GBV and SRHR. Though FGDs with police officers, medical personnel, additional school teachers, and school counselors would have also been valuable for this assessment, these groups were not included due to limitations on time.

The number of FGDs conducted with male adolescents and parents/caregivers were also limited due to time constraints and difficulties related to recruiting these participants. It is therefore suggested that future assessments strive to include greater representation from this group, as well as further engagement of community leaders. Moreover, some of the FGDs were insufficient in number to produce robust findings on aspects such as geographical distinctions and differences in perspectives between host and refugee communities. However, certain observations that should be explored more in-depth are still included in the findings.

1.4.5. Client Survey

Given that the participation of GBV survivors in research is considered good practice,¹⁶ while being in alignment with ethical standards to minimize risks and distress to survivors,¹⁷ we included the perspective of GBV survivors through a short, anonymous, self-administered written survey (see Annex B). Survivors were asked about their experience with the services they received and what was most important to them about how these services were delivered. These questions were modeled on the client satisfaction surveys already used in the context of GBV case management in

¹⁶ Ellsberg and Heise, *Researching violence against women*.

¹⁷ IASC, *Guidelines for integrating gender based violence interventions in humanitarian action (2005)* accessed, August 4 2018. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf.

Jordan. Innovating these for research meant GBV survivors were able to participate in the assessment in a way that minimized the burden and risk to them. Further, the results directly fed back into improving the delivery of GBV services, ensuring that participants benefited from participating.

The survey was provided to all GBV clients who met inclusion criteria at centers where they receive services before or after their case management meetings. The survey was completed by 74 clients, 13 of whom were adolescents and youth. We know that at least four (31 percent) of the adolescents and youth and 17 (23 percent) of the older adult respondents were male. One limitation of the survey was that there was a significant amount of missing data, which is not surprising due to the fact that the survey was self-administered which might have caused wrong entry of information.

1.5. Research team

The research team was led by two female researchers, one Jordanian and one expatriate, with decades of experience in researching gender and violence (including GBV), particularly with children and youth. Their work was overseen and supported by a reference group comprised of technical and program staff from Plan International and CARE with backgrounds in Protection (GBV and CP), SRHR, and/or gender. Data collection was carried out by the researchers and a team of four CARE Jordanian case managers (three female and one male) and two research assistants (one female and one male) who were trained in data collection.

1.6. Ethical considerations

Ethical protocols were developed to ensure ethical standards were maintained, based on international standards for ethical research including the WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies (WHO 2007), as well as CARE and Plan International's own protocols and policies. Principles included free and informed consent, voluntary participation, maintenance of confidentiality except in case of duty to report child abuse, and minimization of any risk of harm. All members of the research team were trained in ethical principles and the project's protocols. See Annex C for a description of the ethical procedures of the assessment.

1.7. Transcription and translation

One facilitator and one note-taker who were the same gender as the participants attended each FGD. Detailed notes of the FGDs were taken by bilingual research assistants in Arabic and translated into English, with key and ambiguous language left in Arabic. The same arrangement was made for KIIs, with the exceptions of interviews conducted in English. FGDs were also tape-recorded (with participants' consent) to aid in preparation of detailed notes.

1.8. Analysis

Qualitative data produced from the interviews and FGDs were analyzed thematically with the aid of NVivo qualitative data analysis software. Following a methodology known as semi-grounded coding, research questions formulated by the reference group were used to organize the data into higher level themes. Within these themes, data were organized into mid-level themes that emerged from the data itself. When particularly relevant, say with coping strategies, other theoretical categories informed the development of these mid-level themes. These themes structure the

reporting of findings in this document. Descriptive analysis of quantitative data was carried out within Excel. Whenever possible, qualitative and quantitative data were cross-validated.

This section provided an overview of the methodology used to guide this assessment, including a description and justification of the overall approach of the research, the research design and data collection tools, and limitations of the assessment. The following section below will provide an overview of GBV in Jordan, with particular focus on youth and adolescents. More specifically, it will look at the common types of GBV faced by adolescents and youth, the main perpetrators of GBV, as well as common situations and places in which different types of GBV occurs. It will also examine associated factors for GBV at three different levels: 1) the individual level, 2) the family level and 3) the social norms and values level. Lastly, this section will also include a related analysis of associated factors for child marriage.

2. Findings

2.1. Gender Based Violence (GBV)

The earlier section provided an overview of the methodology used to guide this assessment, including a description and justification of the overall approach of the research, the research design and data collection tools, and limitations of the assessment. The section below will provide an overview of GBV in Jordan, with particular focus on youth and adolescents. More specifically, it will look at the common types of GBV faced by adolescents and youth, the main perpetrators of GBV, as well as common situations and places in which different types of GBV occurs. It will also examine associated factors for GBV at three different levels: 1) the individual level, 2) the family level and 3) the social norms and values level. Lastly, this section will also include a related analysis of associated factors for child marriage.

2.1.1. Types of GBV

According to the Inter-Agency Standing Committee (IASC) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*:

Gender-based violence (GBV) is an umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e. 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 spaces. Common forms of GBV include sexual violence (rape, attempted rape, unwanted touching, sexual exploitation and sexual harassment), intimate partner violence (also called domestic violence, including physical, emotional, sexual and economic abuse), forced and early marriage and female genital mutilation. GBV is recognized as a widespread international public health and human rights issue.¹⁸

¹⁸ Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*. (Inter-Agency Standing Committee, 2015),5.

It is commonly known that there is significant underreporting of sexual violence and other forms of GBV due to the barriers and stigma that GBV survivors face. While boys and men can be survivors of GBV, globally the vast majority of survivors are girls and women, and the vast majority of perpetrators are boys and men.¹⁹ In the context of the Syria crisis, UNFPA reports that adolescent girls are at higher risk of sexual violence and early marriage.²⁰ On the other hand in Jordan, there has also been recent attention to the risk of sexual violence among boys in the Syrian refugee community.²¹

It is important to note that there is not a consistently used and widely understood translation of GBV into Arabic. The IASC term for GBV in Arabic is “al-'unf al-qa'im 'ala a-naw' al-ijtima'l” although professionals in Jordan often use the English acronym “GBV” even when speaking in Arabic. As in other contexts in the world, GBV is not a concept that is necessarily understood by all community-members and among different aspects of society. The commonly used Arabic words for GBV or different forms of GBV by individuals who are not GBV professionals, can be intentionally vague, indirect, and sometimes even offensive. This presented a significant challenge in carrying out this current assessment, and is one of the reasons why scenarios were used, and found to be effective, in our FGDs. This is also why we kept key terms in Arabic in the detailed notes of interviews and FGDs that we analyzed.

The following paragraphs in this section discuss behaviors that were referenced in the context of this research and other research on GBV in Jordan. They are all forms of GBV per the GBV definition. These were either raised directly by the researchers (informed in part by previous studies conducted on the topic) then validated by participants as occurring in Jordan or were raised unprompted by participants. However, it should be noted that just because participants discussed these behaviors does not necessarily mean that they considered them forms of GBV, or that they considered them as violent or unacceptable; as violence may often be normalized due to gender norms.

The majority of focus group participants – both female and male – mentioned **sexual violence including sexual abuse, sexual assault and “violations” including rape**. Sexual violence included assaults that involved penetration (rape) as well as assaults that did not. Several examples of assaults on children by older men were mentioned. In several cases the stories that were recounted were of GBV toward Syrian children. For example, during a focus group with street girls, one participant recounted a story of a “Syrian child who was killed by a man after he raped him.” During another FGD with males aged 18 to 24, stories were also reported of older males abusing younger boys, which was described as common because it was more difficult to prove assault with males than females. Meanwhile, during a focus group with government officials, participants shared that reports of child survivors of sexual abuse were uncommon, and in most cases “indirectly reported”; “[they] notice injuries or behavioral changes that they think might be linked to abuse”.

¹⁹ IASC, *Guidelines for integrating gender based violence interventions in humanitarian action* (2005), accessed August 4, 2018. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf [Accessed on 21 July 2018].

²⁰ UNFPA, *Marrying too young. End child marriage.* (2012), accessed July 21, 2018. <https://www.unfpa.org/sites/default/files/pub-pdf/MarryingTooYoung.pdf>

²¹ E. Presler-Marshall, I. Gercama, and N. Jones, *Adolescent girls in Jordan. The state of the evidence*, (Gage, 2017), accessed, May 22, 2018. <https://www.gage.odi.org/sites/default/files/201711/GAGE%20Jordan%20SA%20-%20WEB.pdf>

It should be noted that in Jordanian law, rape is exclusively defined as vaginal penetration of a female who is not your wife. All other sexual assaults are classified in Jordanian law as “**indecent assault**”, thus, marital rape or rape of boys and men is not included in the legal definition in Jordan. Despite the research team expecting **incest** to be taboo, and despite the paucity of research on this type of violence, it was widely discussed by the participants. In the perceptions of community-members, survivors were often judged responsible for the abuse, especially if they could not prove they had not “provoked” the assault, had fought off the perpetrator, yelled, or tried to escape. For example, during a FGD with Jordanian mothers who had gone through child marriages, one participant recounted a story of her son being attacked and raped by a group of older men; “his father accused him of making seductive gestures towards the sexually perverted men who raped him.”

Sexual exploitation, including forced prostitution of boys, girls and women, were mentioned by participants – specifically of girls and women by their husbands and by criminal gangs of boys. Other research has documented sexual exploitation in the context of humanitarian aid delivery.²² **Human trafficking** in Jordan related to domestic work, sex work, and forced marriages of Syrian refugees that often involved the transport of betrothed into and out of Jordan was also raised by participants. It is also important to note that trafficking can occur both within and beyond a country’s border. Previous research, for example, highlights that Syrian women residing in Jordan’s refugee camps are at a great risk of sexual exploitation,²³ as more than 80 percent live below the poverty line and are struggling to survive.²⁴

The problem of human trafficking was also mentioned during discussions with a legal expert, who gave the example of a 16-year-old Syrian girl forced into marriage, and “the person would bring men into her house, and she would perform prostitution.” The legal expert explained that the girl was forced into marriage by her mother and brother, who “got money in return for her fake marriage...and she was trafficked.” Hence, factors such as gender, economic situation, and refugee status intersect to create greater vulnerabilities among individuals. They also influence the level of agency that people have in challenging oppression. This highlights the importance of adopting an intersectional lens when analyzing vulnerabilities in populations.

Children being shown **pornography and sexually explicit media** was also brought up as a concern during discussions with mothers and teachers. Increased accessibility and availability to technologies that facilitate greater communication between girls and boys were perceived to place girls at greater risk to GBV. The need to protect boys and girls from the internet was also highlighted because participants believed the internet facilitates broader access to pornography as well, which was described during a focus group with female Jordanian teachers as one of “the leading causes of sexual perversion and harassment.”

Sexual harassment including **verbal harassment** and **sexual assault** including **unwanted touching** was discussed during several (4-6) FGDs with youth and adolescent girls. The line between what constituted sexual harassment versus assault seemed very thin among our

²² Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

²³ Harper, L., *Syrian women in Jordan at risk of sexual exploitation at refugee camps* (2014), accessed July, 21 2018. <https://www.theguardian.com/global-development/2014/jan/24/syrian-women-refugees-risk-sexual-exploitation>.

²⁴ UHNCR, *UHNCR Jordan Factsheet- February 2018*. (2018), accessed July 21, 2018. https://reliefweb.int/sites/reliefweb.int/files/resources/FactSheetJordanFebruary2018-FINAL_0.pdf.

participants, with the word harassment often being used by FGD participants from the community for acts that constituted sexual assault and even rape. The line between welcome flirtation and verbal harassment was similarly blurred in how it was described by community-members.

Harassment can be **facilitated by technology** – over the phone, through text messages, and over social media. Reference was also made to **sexualized bullying** among boys and among girls. Taking advantage of survivor-blaming, perpetrators may use compromising photographs or information to **blackmail** their victims to cooperate in further abuse and to make sure they do not report it. For example, during a FGD with street girls, one participant recounted a story of a girl being photographed by a friend of her brother.

“The male friend [took] picture of the sister and start[ed] threatening the girl, the girl does whatever he wants then talks to her friend and then the friend says go talk to your mum, and then the mum forces him to delete her pictures, the guy said he didn’t even have them.”

Sexual harassment was believed among the professionals included in our data collection to have grown exponentially in recent years to the degree that it is not taken seriously any more, and generally not reported. To emphasize this, sexual harassment was described by case managers “as a normal thing now... [to the extent that] we have stopped caring about it, which is a problem.” As with sexual assault, a survivor may be held responsible for the harassment, and similarly, the definition in law is problematic.

Child marriage, mostly of girls, is practiced among Jordanians and an even higher percentage of Syrians residing in Jordan. Instances of child marriage are also found among Palestinians in Jordan. The ratio of marriages for females under the age of 18 in 2015 was 13.4 percent nationally while it was a much higher (34.6 percent) for Syrians in Jordan.²⁵ Our participants provided examples of those under the age of 18 who are legally married (girls as young as 15 can be married with permission from a judge) as well as those too young to be legally married, but mostly the former.

In addition to child marriage as a type of **forced/coerced marriage**, there were also examples of marriage of those over the age of 18 that were forced/coerced by parents. Participants from the community did not always perceive child marriage as forced/coerced in all cases or cited contributing factors regarding why it took place. For example, child marriage was described as “a way to escape an uncomfortable family home” during a FGD with mothers in Karak. Some mothers also mentioned couples eloping when they could not obtain permission from their families to marry, marriage following a pregnancy out of wedlock, as well as **men marrying the girls and women they sexually assaulted**. While child marriage was mainly associated to girls, there were a few reports of child marriage experienced by boys, namely during FGDs with female Jordanian teachers. **Virginity testing**, another form of GBV often tied to marriage, was mentioned during discussions with several case managers.

Most literature discusses **physical violence** as a form of GBV in relation to **intimate partner violence (IPV)**. However, focus group findings supported with a review of the literature on GBV

²⁵ Alma’arefa, *A Study on Child Marriage*.

suggests that in Jordan, physical violence towards female adolescents and youth was often inflicted on these groups by parents, brothers, and in-laws as a form of **domestic violence**. This violence was often directed toward the victims as punishment for them resisting norms of feminine modesty and obedience. Meanwhile, according to the GBVIMS findings, 46 percent of perpetrators are described as intimate partners/former partners, followed by family-members other than the spouse or caregiver (9 percent).

In addition to IPV, physical violence against girls and women by natal family can also fit the definition of “**honor**” crimes. “Honor” crimes are likely far more common than, but are still related to and can result in, “**honor**” killings. According to the Human Rights Watch (HRW), an average of **around 20 deaths are recorded Jordan each year as honor killings, and the number is increasing**.²⁶ The need to change the mentality of people working in state protection to address these cases was emphasized during an interview with a legal expert. The interviewee explained,

“These people still have an aggressive attitude towards women, they look at her as below the man, and that if she goes out she will do something wrong, and that the man/brother is entitled to whatever he wants.”

Highlighting the extent to which patriarchy is institutionalized in Jordan, the interviewee also gave the example of the Family Protection Department (FPD) only giving authority to the male head of household to release a female from a shelter, “even if he abuses or neglects the child, and even if she is over 18.” The fear of females dishonoring their families was perceived to be more important than to be protected.

Restrictions on girls’ and women’s movement and activity, including withholding educational, employment and other opportunities, are often described and perceived as being in the best interest of girls and women and imposed to protect them. However, they are forms of GBV, namely **denial of resources and services** that can lead to other risks. In general, girls have much less freedom of movement than boys, especially after puberty. Both the literature review and the focus group findings with youth and adolescent girls discussed the latter. Girls are expected to show complete obedience to their parents’ decisions, even when the decisions compromise the girls’ future. Examples reported during FGDs include girls being forced by their parents - and particularly fathers - to leave school in order to “protect them” from situations that may place their honor in threat. Protection and honor justifications were also cited as reasons for child marriages, as well as alleviating financial pressure on the family. From a rights-based perspective, restricting a young child’s movements and activities is usually acceptable when done in the best interest of the child, such as to protect from them danger. However, with few exceptions, restricting the movement and activity of an adult – as well as restricting age-appropriate movement and activities for children – is clearly an unjustifiable deprivation of liberty, further one that is unequally imposed upon girls and women.

There was little discussion in our research or the literature about **economic violence**, perhaps because (as will be discussed below) girls and women are presumed to be economically dependent

²⁶ Miller, S. *Focus on: Honor killings in Jordan*, (2018), accessed July, 22, 2018. <http://thediplomaticenvoy.com/2018/03/30/focus-on-honor-killings-in-jordan/>

on their husbands or fathers. The crucial exception to this are cases where girls and women demand their legal share of inheritance, which could be a potential trigger for so-called “honor” crimes.²⁷

institution is that GBV cases often include a combination of different forms of violence. Elaborating on this, he said,

“Often cases that involve physical abuse, also involve economic, and sexual so you cannot separate them from each other in most cases.”

An important issue mentioned during an interview with a key informant working in a government

This is commonly understood by GBV practitioners that often GBV is expressed in more than one form of violence and that violences are interrelated and compounded, with the survivor then facing further risks. Thus, IPV often includes physical and psychological violence, as well as sexual violence, but also control over access to resources and movement.

While it may be difficult to delineate less-visible types of violence such as economic violence within these overlapping forms, it is important to emphasize that women’s agency to challenge GBV is strongly connected to their economic empowerment. In general, the better the economic situation of women, the more agency she and other GBV survivors have to escape abusive relationships in their households, although it is important to note there are many other factors to consider. Being economically empowered enables females to become economically independent and self-reliant, however, there are also reports that domestic violence can occur when gender roles are challenged, such as prevalent situations in refugee homes when women may take on the role of breadwinners.

Participants in KII and FGD with youth and adolescent girls and boys as well as teachers and case managers said little about **psychological/emotional violence as a form of GBV**. An exception was a focus group with street girls where participants gave the example of parents offending their children and being verbally abusive to them, as a form of psychological/emotional violence. This is interesting given that this is the type of violence most commonly reported in the GBVIMS²⁸ as well as referenced in Al-Nsour, Khawaja and Al-Kayyali’s study on IPV.²⁹ A possible explanation is that this type of violence is so normalized that participants would not mention it unless specifically asked; which they were in these other studies and through the case management service provision, but not in our assessment.

²⁷ Khudeir, D.I. You have come a long way woman a sparkle slogan without realistic meaning woman status in Jordan. *Journal of Education and Practice*, 8:14(2017): 137-142.

²⁸ GBVIMS Task Force. *Gender-Based Violence Information Management System (GBVIMS) Annual Report 2015*, (Amman: GBVIMS Task Force, 2015), accessed, May 22, 2018. <https://data2.unhcr.org/en/documents/download/49814>.

²⁹ M. Al-Nsour, M. Khawaja, and G. Al-Kayyali, “Domestic violence against women in Jordan: evidence from health clinics,” *Journal of Family Violence* 24, no. 8 (2009): 569-575.

Types of GBV by age cohort and gender

Our analysis of data from the GBVIMS for 2016 and 2017 provides an opportunity to look at differences across age groups related to the types of GBV reported. Again, it is possible that certain types of violence are more likely to be reported than others (and some types more likely to go unreported all together depending upon the age and gender of the survivor). For this reason, the relationships reported here may translate to the general population of GBV survivors, but they may also and rather instead reflect just the population of survivors who seek support from agencies reporting into the system. Another limitation to the GBVIMS is that only one “primary or presenting” type of violence can be recalled; however, often survivors face multiple types of violence.

As mentioned in the introduction, **95 percent of the survivors of incidents included in the GBVIMS for these years are Syrian**. Figures 3, and 4 show the percentage of types of GBV incidents reported into the GBVIMS for different age cohorts. Agencies contributing this data do not report the exact age of survivors. Instead, survivors are assigned to one of the following age groups: 0-11 years, 12-17 years, or over 18 years. For this reason, we cannot fully determine whether younger adults are at higher risk for GBV than older adults, or distinguish between younger and older adolescents.

Figure 3 Percentage of types of reported GBV incidents for the age group of 12 and 17 years

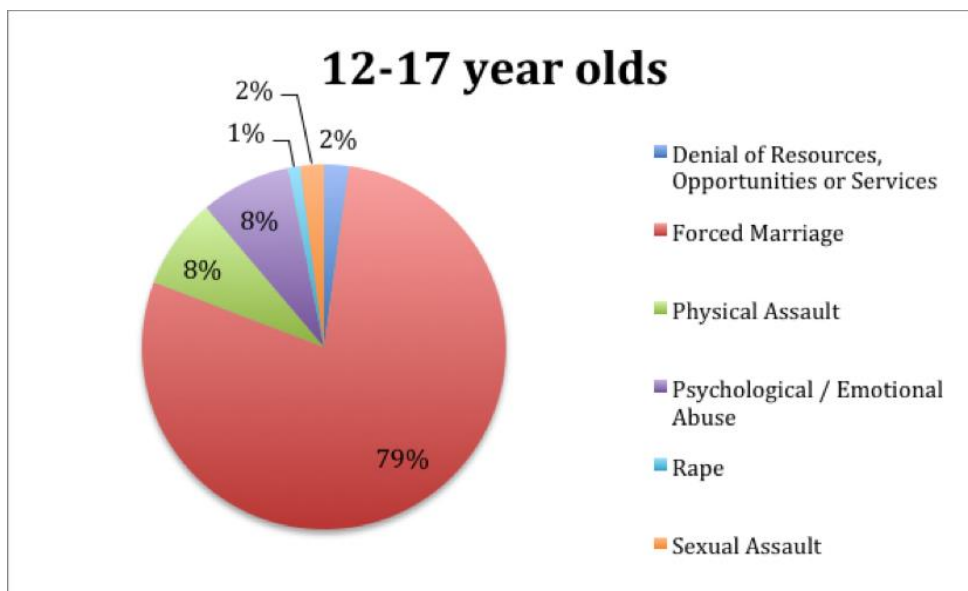
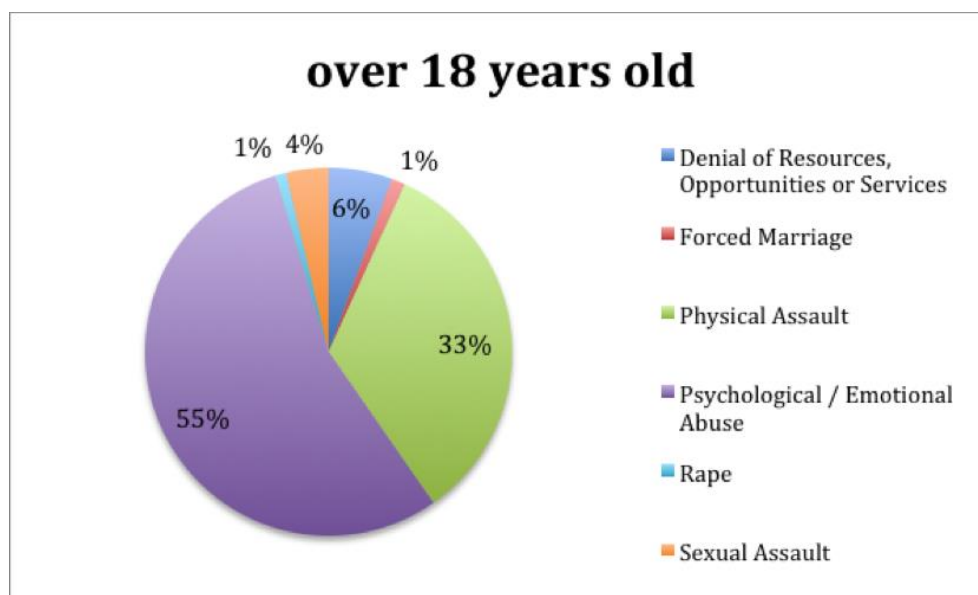


Figure 4 Percentage of types of reported GBV incidents for individuals above 18 years of age



During FGDs with youth and adolescent females and males, many believed that children were at greater risk of GBV. These participants also believed that children would be more likely to report the experience than youth and adolescents who were more likely to keep their assault a secret – particularly females - due to aspects such as shame and fear. This was reflected when a male participant said,

“In my opinion, [whether a child talks about his/her experience of abuse] depends on the age of the child, if this child is under 9 or 10 [years of age], they usually say everything they see or experience. If the child is older than that, *maybe* they will tell his parents.” (FGD, male, higher socio-economic, 18-24).

Another notable finding in the GBVIMS data is the **very high percentage of forced marriage cases reported for 12-17 year olds**. In 2016, UNHCR was identifying all cases of marriage under the age of 18 at the time of a household’s registration with them (i.e. a new arrival), or most significantly, the formation of a new household as a result of marriage. For this reason, child marriage (which is classified in the system under forced marriage) was far more likely to be detected by UNHCR outside service delivery that is the scope of GBVIMS data collection. Given that the large number of cases skew our results, forced marriage was excluded from our subsequent general analysis of this data in order to more fully look at other forms of GBV; it was analyzed separately as child marriage.

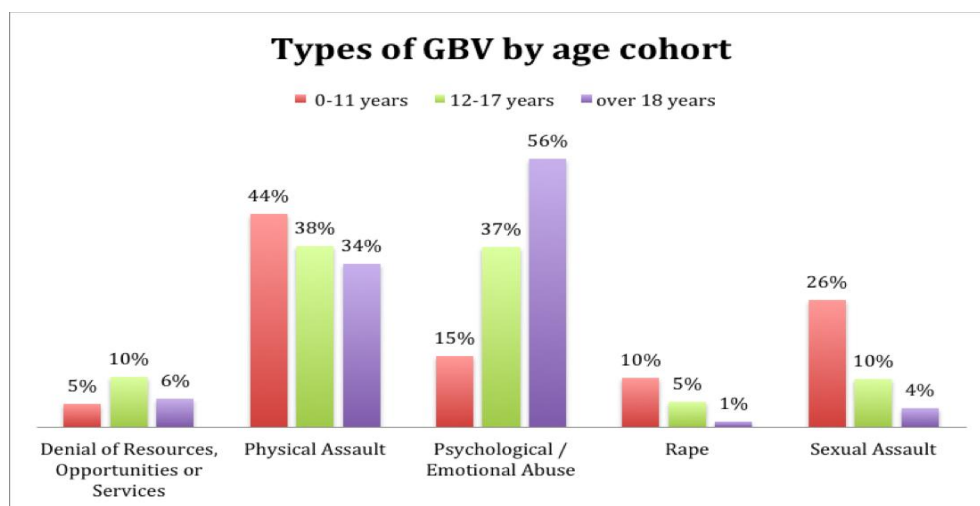
This latter distinction is important also given the fact that child marriage was also reported as one of the most prevalent types of abuse during an interview with the FPD, particularly among Syrian refugees. In many cases during FGDs with female and male youth and adolescents as well as teachers and case managers, participants associated child marriage to factors such as poverty,

parents' and children's educational levels, and the desire for parents to protect their daughter's honor. Conflict is also another driver of child marriage, as it is seen as a way to cope with economic hardship or protect girls from the risk of sexual abuse.³⁰

Interestingly, a key informant reported that working towards changing attitudes on negative practices such as child marriage was more difficult with host communities compared to Syrian refugees. This was because, "power imbalance [between Jordanians and Syrians] works in favor of us [Jordanian service providers]. They [Syrian refugees] have to comply. [Meanwhile] Jordanian families do not feel obliged."

Looking at the percentage of incidents of GBV of different types for each age cohort, the GBVIMS findings indicate that **nearly twice the percentage of incidents reported for adolescents are for denial of resources, opportunities or services, as compared with both young children and adults.** This is an interesting finding and could likely reflect the increasing pressures on adolescent girls in particular related to their often limited movement due to fear of stigma and shame. Figure 5 places the incident rate at 10 percent for adolescents as compared with 5 percent for young children and six percent for adults. While the percentage of reported incidents of physical assault, rape and sexual assault declines from adulthood, to adolescence to childhood, the percentage of reported incidents of psychological and emotional abuse increases for adolescents and then adults.

Figure 5 Types of GBV by age cohort



It should be noted that the GBVIMS only registers one type of GBV per incident. While the intention behind this is to highlight the most serious types of GBV, it means that incidence types of other types of GBV or forms of GBV that are presented later than the initial violence are underrepresented. This is also a limitation as survivors often face multiple and compounding types of violence.

Figure 6 also shows that **the overwhelming majority of incidents of forced marriage, reported into the system are of adolescent females, in other words child marriages.**

³⁰ UNICEF, *State of the World's Children*, (UNICEF, December 2017), accessed July, 23, 2018. https://www.unicef.org/publications/index_101992.html

Figure 6 Forced marriage incidents

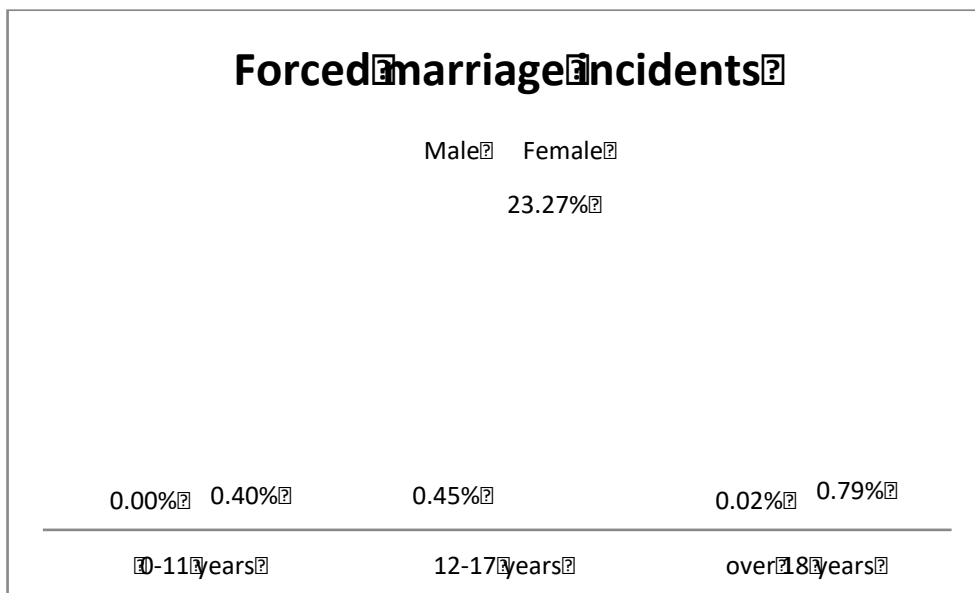


Figure 7 shows that **the percentage of incidents with female survivors increases with age from 60 percent for young children to 86 percent for adolescents and 94 percent for adults.** This finding could potentially reflect that while children of both genders are quite vulnerable, as per global patterns of GBV, older girls and women are quite vulnerable to the different forms of GBV and disproportionality affected relative to their male counterparts due to gender inequalities, as well as potential underreporting by male adult survivors. Figure 8 provides an overview of the percentage of survivors who are female according to type of GBV for each age cohort. **A higher percentage of both reported rape and sexual assault of young children are against males than female, with that trend dramatically reversing itself for the adolescent and adult cohorts.**

Figure 7 Percentage of incidents with female survivors

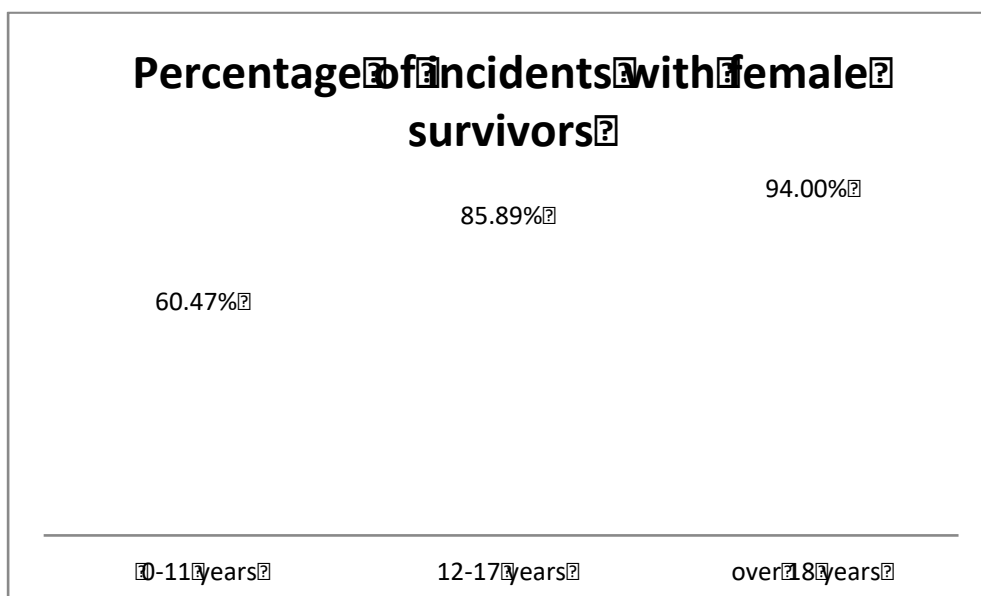
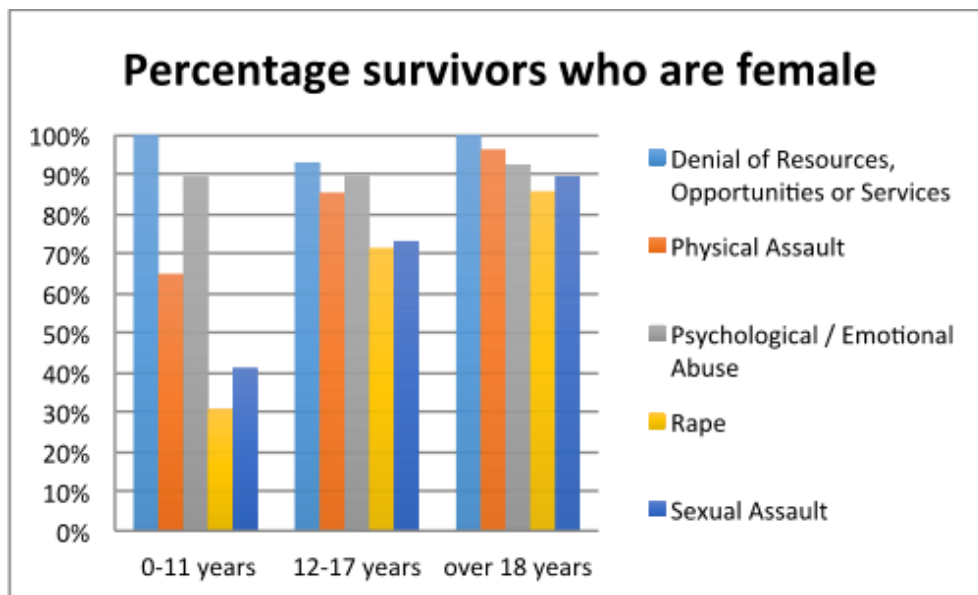


Figure 8 Percentage survivors who are female



The percentage of males among those reporting physical assault is also higher among the younger cohorts. However, as already mentioned, these differences were not tested for statistical significance; and once forced marriage is separated/pulled out from the data, the number of remaining GBV cases in the database for 0-17 year olds is small. Any of these differences could reflect differences in rates of victimization or differences in reporting, but paired with an understanding of the great risks of GBV that adolescents face, it could potentially be an indication that adolescent survivors are not being as reached by services or face additional barriers to disclose. Also differences in reporting could reflect the perceived seriousness of impact on males versus females, or differences in shame among those of different genders and ages.

These differences in reporting could also relate to the fact that willingness to disclose abuse varies across cultures.³¹ Surveys of adults who experienced sexual abuse when they were children highlights that most cases of abuse were not reported during childhood, but rather disclosed or identified years later.^{32,33} A related report on child abuse identified the following as key barriers to disclosing abuse during childhood: inability to understand that the abuse was wrong or how to articulate it; feeling threatened from the perpetrator; as well as feelings of shame, embarrassment and fear of being stigmatized or being accused of lying.³⁴ It would require further analysis of data and discussion with GBV practitioners to identify the amount of time between incidents taking place and being reported by different age and gender groups and types of GBV, although, for example, it

³¹ WHO, World report on violence and health, (Geneva: WHO, 2002) accessed July 23, 2018. http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf?ua=1

³² Laumann EO, Gagnon JH, Michael RT, Michaels S *The social organization of sexuality: Sexual practices in the United States* (University of Chicago Press: Chicago, 1994).

³³ Bicanic, I. A., Hehenkamp, L. M., van de Putte, E. M., van Wijk, A. J., & de Jongh, A. Predictors of delayed disclosure of rape in female adolescents and young adults. *European journal of psychotraumatology*, 6:1(2015), 2588.

³⁴ Alnock, D., Miller, P. *No one noticed, no one heard: a study of disclosure of childhood abuse*. (London: England: NSPCC, 2013).

has been a common challenge in Jordan and the wider region to facilitate disclosures of rape for survivors to seek support within the 72 hours timeframe for effective medical care.

During a focus group with male participants aged 18 to 24, several participants believed that survivors of abuse were less likely to disclose their experiences because of the fear of being blamed. In the case of male survivors, there was also the belief that reporting abuse would reflect negatively on their masculinity. Elaborating on this, a participant said, “if this child tells his family, they will blame him/her on what happened, and they will be shaming them of their weakness, and they will pressure this child even more.” Participants in another focus group mentioned that GBV survivors were more likely to disclose their experience if “it is from someone outside the house/family... [but] if it’s from the house this will be harder”. For refugees, disclosure of abuse is even less likely because of the fear of authorities and even deportation. This was reflected during an interview with a key informant working at a local NGO who said, “They are scared of the process. The legal process but especially of deportation if Jordanians are perpetrators.”

It is interesting to note that rape as a form of sexual violence against males is recorded in the GBVIMS, despite the specific barriers male survivors also face to come forward, including a legal definition in Jordan that does not include forced sexual penetration of males (or of married women).

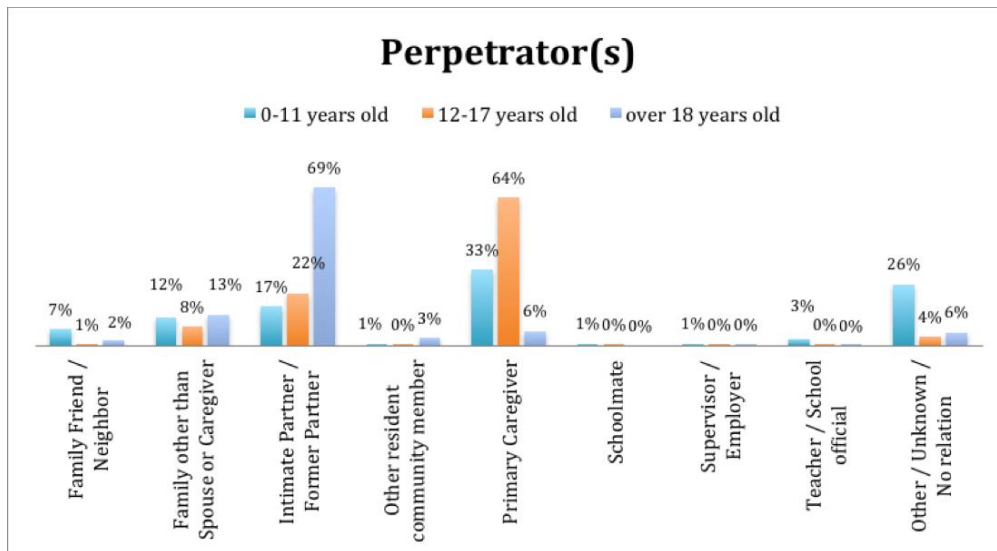
By whom and where

This section begins by sharing findings from analysis of the GBVIMS in regards to perpetrators of GBV, then moves to a discussion of where GBV occurs. Some types of GBV are almost by definition associated with certain places and perpetrated by certain people. For example, IPV, also referred to as domestic violence, is associated with the home and husbands, and sexual harassment with public spaces like the street, school, or work (sexual harassment by in-laws or landlords being an exception). Most GBV research in Jordan looks at one – or at most a few – spaces where adolescents and youth experience GBV, making it difficult to compare violence in one space with violence in another; and also posing challenges to come to accurate conclusions about whether some spaces are safer than others. Moreover, some types of violence, in some spaces, by some types of people are very under-researched, such as sexual violence in the home by relatives.

Perpetrators of GBV

Figure 9 shows the percentage of survivors of each age cohort for different types of relationships with the perpetrator of GBV they are reporting. As mentioned in the introduction, 95 percent of the survivors of incidents included in the GBVIMS for these years are Syrian, and these findings cannot be generalized to the population of GBV survivors in Jordan, or to Syrian survivors. Furthermore, and for the reasons mentioned earlier, we have omitted incidents of forced marriage from this analysis as it is included in a separate section in child marriage. The figure shows clearly that **family members are the primary perpetrators of GBV incidents reported into the GBVIMS**, most so among adolescents where family members make up 94 percent of perpetrators.

Figure 9 Perpetrators of GBV



Figures 10 and 11 make clear that the **type of perpetrators differs by type of GBV. Rape and sexual assault are more likely to be reported as perpetrated by family friends or neighbors**, and most dramatically are those incidents with perpetrators reported as **“other,” unknown or of no relations to the survivor**. Rather than extremely high rates of perpetration of rape and sexual assault by strangers, the latter likely reflects **the strong desire of survivors, or their family members, to hide the identity of their perpetrators**, particularly if their perpetrators are family members, so as not to risk further victimization and shame. Not surprisingly, **physical assault is more likely to be perpetrated by intimate partners among adults, and more likely to be perpetrated by primary caregivers among children**.

Similar findings were reflected during FGDs with female and male participants. Many described perpetrators as “older strangers”, “older students at school”, “neighbors”, as well as “relatives” from extended families, rather than being direct family members. Contrary to the majority of reports, however, very few mentioned cases of incest; however, during a FGD with males where one participant reported that he had heard of a case where a father was sexually abusing his “15-16 year old daughter on a regular basis.” However, these stories that were mentioned in this regard were of families that were not related to participants who shared this information (noting that FGDs also did not request individual disclosures due to the sensitivity so this was also why specific cases would not be reported in discussions).

Figure 10 Perpetrators of physical assault

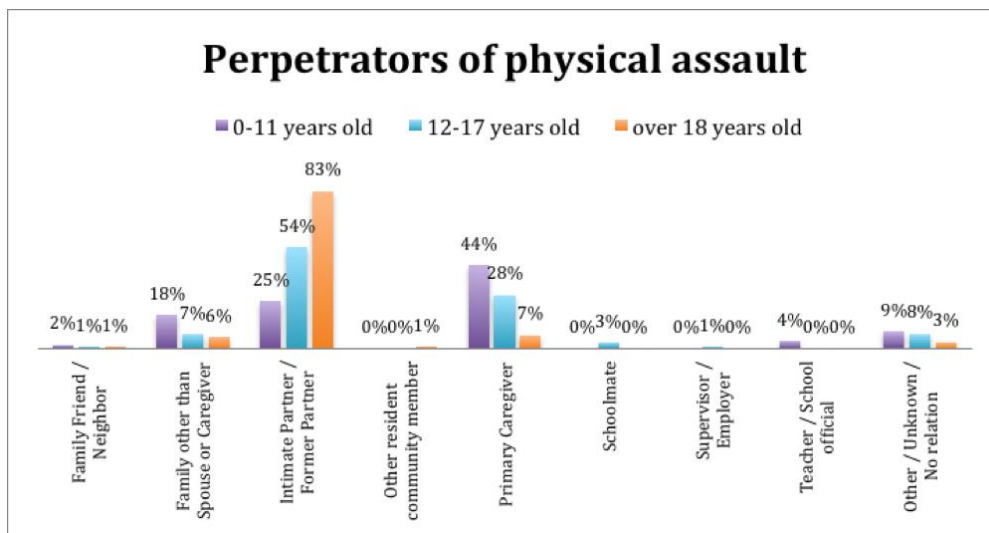
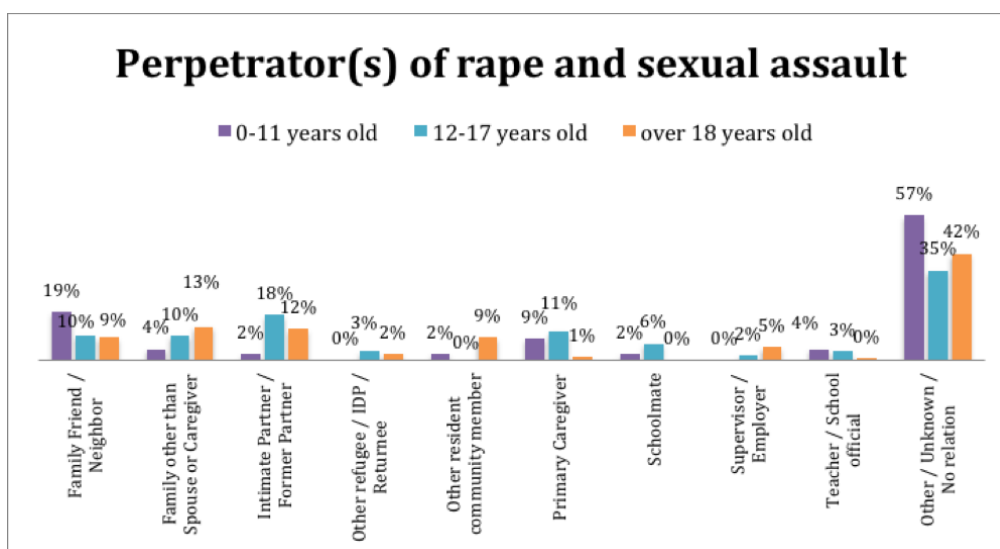


Figure 11 Perpetrators of rape and sexual assault



GBV at the home

Gender plays a role in defining perceptions of safety and violence in different spaces. Exemplifying this, girls and women in Jordan may be confined to the home to protect them from the dangers of the public sphere. However, the perception of safety does not reflect the likely reality: **70 percent of Syrian girls and women living in Jordan included in one assessment reported that the violence they experienced happened at home**, with 80 percent reporting that it was at the hands of a husband or someone else known to the survivor.³⁵ Moreover, divorced and widowed adolescent girls are especially vulnerable to stigmatization and many types of GBV.³⁶

³⁵ UNFPA, *More than Numbers: Responding to gender-based violence in the Syria crisis*. (Amman: UNFPA, 2016), accessed, May 23, 2018. https://www.unfpa.org/sites/default/files/pub-pdf/unfpa_gbv_take10may17-single41.pdf

³⁶ UNFPA, *Listen, Engage and Empower. Addressing the needs of adolescent girls in Syria and the region*. Briefing and Round Table Discussion, 2018.

These perceptions in part likely reflect the conflation of the physical and psychological danger posed by unrelated males (especially *shabaab* or male youth) who populate the public sphere, with the potential threat to the reputation of girls and women, or more accurately their family's honor. While being flirted with in public may damage a young woman's marriage prospects and result in her being violently punished for bringing shame on the family, experiencing GBV at the hands of one's family-members, particularly if kept secret, may have less impact on honor.

In general, sexual violence, and the implications on girls' virginity and marriage prospects, was regarded as the most sensitive type of GBV. Related to this, during a FGD with males aged 18 to 24, one participant shared a story he heard of a daughter who had become pregnant after being sexually abused by her father. He said that the father sent his daughter to a clinic for an abortion when she got pregnant, and during the next pregnancy, he tried to conduct the abortion at home, but the girl died. The participant explained that the family covered the death because "they are afraid of the shame". Elaborating on the issue of 'shame', another female focus group participant mentioned that,

"Even mothers... prefer to hide the problem [of sexual abuse] even if their daughters get raped and get diseases, [rather] than talking about their problems to solve it."

Understandably and as in any context, it may be often difficult to report against family members because of the consequences this would bring to the family, including the survivor. It may also and often be the case that violence is normalized when it is committed by family members. From FGDs with female youth and adolescents, for example, it is clear that the majority of participants strongly believed in the importance of keeping such matters private, and that they should not be disclosed to the public (including both community members or organizations); even if this would jeopardize their personal well-being.

On the other hand, interrelated norms - the importance of family, the home being inherently a safe place, especially for girls and women, and the role of fathers and brothers as protectors - may contribute to the lack of attention given to GBV in the home. For example, 94.2 percent of forensic reports concerning sexually-related assaults from the northern region of Jordan list strangers as perpetrators of child sexual abuse, even though culturally-speaking girls in Jordan are unlikely to be left alone with strangers. Many of these attacks were very likely perpetrated by relatives.³⁷

With the movement and activities of girls and women in Jordan so often restricted by family members, the home itself may become an agent of GBV. According to a study conducted by the Jordan Communication, Advocacy and Policy (JCAP) project of the United States Agency for International Development,³⁸ spending increasing amounts of time indoors contributes to women's dependency on male family members and feeling more vulnerable to their pressures. Restrictions on movement, or mobility, can have psychological and emotional impacts on girls. In the case of Syrian girls in Mafraq, for example, depression due to isolation and boredom has been documented.³⁹ The literature has also shown that Palestinian girls are more likely to experience

³⁷ A. M. Shotar, S. Alzyoud, A. Oweis, K.A. Alhawamdeh, and K. Khoshnood, "Sexual offenses among children in the north of Jordan: an exploratory study," *Journal of child sexual abuse* 24 no. 5 (2015): 538-554.

³⁸ USAID, JCAP, *Family planning among Syrian refugees in Jordan*. K. (Amman: USAID, JCAP, 2016), accessed, May 22, 2018. http://www.tawasol-jo.org/sites/default/files/family_planning_among_syrian_refugees_in_jordan_0.pdf

³⁹ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

physical and social isolation than their Jordanian counterparts and that only a third of Syrian girls leave home on a daily basis.⁴⁰ Other factors reported to have influenced girls' ability to control their lives and make decisions on matters that concern them include issues related to security and safety, as well as the influence of male family members such as brothers.⁴¹

As confirmed by FGDs, the role of fathers, brothers, and husbands in perpetrating GBV at home, including sexual abuse, has been mentioned; however other family members can also be involved. Though mothers were often identified as allies and protectors, they can also conspire with their husbands, particularly when it comes to hiding abuse and even instigating GBV. Mothers are definitely and often involved in enforcing and implementing mobility restrictions and orchestrating, though less often making the final decision about, early or other forced marriages.⁴² Given that couples may reside with or near the husband's parents, including for married adolescent girls, in-laws also appear as abusers and instigators.⁴³ Abuse by landlords, maintenance workers and neighbors who have access to the home is also documented in the literature.⁴⁴

GBV and the street

Sexual harassment is the form of GBV generally associated with public spaces. The anonymity of urban centers populated with unrelated male strangers - *shabaab*, taxi drivers, shopkeepers - is seen to facilitate this crime. The male perception that females belong to the private sphere and that they own public domains such as streets, markets, and workplaces, and thus have a right to intimidate women who transgress these boundaries, has been described as a driver of sexual harassment.⁴⁵ This also leads families and husbands to feel justified in restricting the movements of girls and women, keeping them "safe at home." However, it is important to note that boys and men, particularly Syrians, also perceive public spaces as dangerous.⁴⁶

The characteristics of the space itself are important. A study conducted on women's mobility in Jordan highlighted that they were more likely to go unaccompanied to markets and health care facilities in locations located within their area of residence, which supports the importance of modalities of service provision that bring services closer to communities in order to facilitate access to services.⁴⁷ During FGDs, some adolescent girls reported preferring small roads from main ones, because they encounter fewer people who might harass them, while others preferred busy streets because they did not feel alone and it was easier to seek help when harassed.⁴⁸ Many girls also mentioned that they preferred going into the streets accompanied by a male or older female family-member or female friends to avoid incidents of harassment and/or to be more protected during such incidents.

⁴⁰ Ibid.

⁴¹ Qamar and Lokot, *Adolescent girls assessment*.

⁴² Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

⁴³ Spencer, et al., *Gender Based Violence Against Women and Girls*.

⁴⁴ Ibid.

⁴⁵ Qamar and Lokot, *Adolescent girls assessment*.

⁴⁶ See ODI, *A promise of tomorrow. The effects of UNHCR and UNICEF cash assistance on Syrian refugees in Jordan*, (London: ODI, 2017), accessed May 22, 2018. <http://www.unhcr.org/5a1d1b7b4.pdf>; CARE and Promundo, *Men and boys in displacement. Assistance and protection challenges for unaccompanied boys and men in refugee contexts*, (Rio de Janeiro: CARE and Promundo, 2017), accessed May 22, 2018. https://promundoglobal.org/wp-content/uploads/2017/12/FINAL_CARE-Promundo_Men-and-boys-in-displacement_2017-1.pdf

⁴⁷ USAID, JCAP, *Family planning among Syrian*.

⁴⁸ Qamar and Lokot, *Adolescent girls assessment*.

Women's freedom to move about their daily activities by themselves increased with age. Findings of the JCAP study on mobility also highlighted that women were less likely to be mobile and unaccompanied in the following cases: if they were located in the south, if they were Syrian, uneducated, or unemployed, and if they were of the lowest income quintile.⁴⁹ This finding could potentially be related to differing social norms, increased vulnerability to harassment and other risks, or other factors.

For example, Spencer et al. also notes that Syrian women and girls report high levels of sexual harassment.⁵⁰ Moreover, their male relatives are not as able to protect them from the host community's hostility. The case managers, young people and family members who participated in our research similarly reported that few formal complaints are made by Syrian survivors because they fear retribution from a Jordanian perpetrator and unfair treatment by the police.

GBV and community spaces

In general, community and women's centers, community-based organizations (CBOs), and other organizations are regarded as safe spaces. Organizations with child friendly spaces were reported to be particularly attractive to mothers during FGDs with case managers. Highlighting the value of such spaces, a case manager reported that the organization she works for provides training courses for mothers and youth such as cooking and jewelry production in order to allow them to socialize together and even start their own small businesses.

The concern for girls and parents, however, is related to their movement en route to such centers, and therefore, their ability to access them in the first place.⁵¹ Restrictions imposed on women and girls' movements can also influence their health-seeking behavior, and can lead to, for example, poor compliance to antenatal care.⁵² This being said, it is important to note that there have been reports of sexual exploitation by those providing humanitarian services.⁵³

GBV and school

Given that all public schools, and many private schools, in Jordan are gender-segregated, and for the most part in upper grades students are taught by teachers of the same gender, one might expect GBV at school to be less of a problem. However, incidents at boys' schools during several FGDs with males were reported as well as violence at schools being reported by mothers and case managers. Anecdotally, there are accounts of some schools having persistent problems. Sexual harassment amongst girls was also mentioned. Travelling to and from school, as well as harassment in the areas around girls' schools, were noted particularly as concerns, especially for Syrian students: "We left schools sometimes because there were boys in front of our schools," said an adolescent female in Amman. "Sometimes, boys were jumping in and entering the girls' schools and refusing to leave, they were harassing them inside their schools," said another. Sexual

⁴⁹ USAID, JCAP, *Family planning among Syrian*.

⁵⁰ Spencer, et al., *Gender Based Violence Against Women and Girls*.

⁵¹ Qamar and Lokot, *Adolescent girls assessment*.

⁵² IATF, *Inter-agency task force (IATF) health sector gender analysis. Final Report* (Amman: IATF, 2016), accessed, May 22, 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/IATFHealthSectorGenderAnalysis-KeyFindings-OnePager13.07.2016%5B1%5D.pdf>

⁵³ See Spencer, et al., *Gender Based Violence Against Women and Girls*; Qamar and Lokot, *Adolescent girls assessment*.

harassment of young women in universities, including by male teachers, has been discussed in the media. The Information and Research Center – King Hussein Foundation (IRCKHF) also has a research project on this issue planned.⁵⁴ There are cases where parents do not feel that schools provide their daughters with adequate protection, leading them to remove girls from school and increasing their chances of child marriage. Also for girls, concerns about violence and family honor were issues that strongly influenced their enrolment in school.⁵⁵

The education system is of course a crucial – and very contested place – for addressing social norms that contribute to GBV. It is notable that some parents, teachers, and Islamist groups protested attempts at curriculum reform in 2016 that challenged gender roles. The reforms were attacked because they were perceived as promoting secularist views and encouraged students to go against Islamic values and Jordanian norms. Meanwhile, supporters of such amendments regarded them as a step forward to improving the image of women and promoting cultural and religious pluralism.⁵⁶ There is also a lack of sexual and reproductive health education in Jordanian schools.

⁵⁴ The Information and Research Center – King Hussein Foundation (IRCKHF) has a research project on this issue planned.

⁵⁵ Qamar and Lokot, *Adolescent girls assessment*.

⁵⁶ Azzeh, L. *Teachers, parents protest changes to school curricula*. (Amman: Jordan Times, September 2016) accessed July 23, 2018. <http://jordantimes.com/news/local/teachers-parents-protest-changes-school-curricula>.

Figure 12 Syrian girls aged 18 to 24, Irbid



GBV and work

Aside from research on sexual harassment in Jordan's garment industry,⁵⁷ we were not able to locate any research on women and GBV at work.⁵⁸ Global research has indicated that girls engaged in child labor and women in the workplace are likely to face GBV due to power differences and risks. However, more research is needed on this topic in the context of Jordan to have a more nuanced understanding on how it takes place.⁵⁹ It is important to also and specifically highlight that qualitative research suggests that adolescent males are vulnerable to sexual violence at work,⁶⁰ which is concerning given the high numbers of boys engaged in child labor in Jordan. Possibly linked to employment, agricultural areas are identified as a risky place for girls and young women.

GBV and electronic spaces

Female adolescents and youth have also reported feeling at risk of GBV via communication tools such as phones.⁶¹ One risk of using a phone has to do with parents reading text messages from boys, including unsolicited messages, and concluding the girl is involved in a relationship.⁶² Syrian boys and young men who have been sexually assaulted reported being lured by perpetrators with promises of viewing pornographic films on their phones and being blackmailed using photos that perpetrators had taken of the abuse on their phones.⁶³ Internet use is now widespread in Jordan, with 62.3 percent of Jordanian households having access to the Internet as of 2017.⁶⁴ Although no studies have been carried out in Jordan to examine the relationship between internet access and sexual crimes, there is a wealth of literature on this in other contexts. Existing studies show that adolescents with access to online social networking sites are more likely to be exposed to social information, set-up high-risk social networking profiles, and receive online sexual solicitations.⁶⁵ These factors have been identified as predictors of offline sexual meetings between victims and perpetrators.⁶⁶

GBV and displacement

Refugees, as people who have moved between spaces, provide a unique perspective on the question of space and GBV. Syrian girls generally feel that Jordan is a safe place to live compared

⁵⁷ ILO, *Addressing sexual harassment in Jordan's garment industry* (Amman, ILO, 2014) accessed, May 22, 2018. http://www.oit.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/genericdocument/wcms_237612.pdf

⁵⁸ Shotar, et al., "Sexual offenses among children in the north of Jordan."

⁵⁹ Cruz, A., Klinger, S. *Gender-based violence in the world of work: overview and selected annotated bibliography*. (Geneva: ILO, 2011), accessed July 23, 2018. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_155763.pdf.

⁶⁰ Chynoweth, *Sexual violence against men and boys*.

⁶¹ Spencer, et al., *Gender Based Violence Against Women and Girls*.

⁶² Qamar and Lokot, *Adolescent girls assessment*.

⁶³ Chynoweth, *Sexual violence against men and boys*.

⁶⁴ Department of Statistics, "Distribution of Persons Aged (15+) by Using of Internet (%)," accessed, May 28, 2018. http://www.dos.gov.jo/dos_home_e/main/population/gender/it/2015/10.pdf.

⁶⁵ J. G. Noll, C. E. Shenk, J. E. Barnes and K. J. Haralson, "Association of maltreatment with high-risk internet behaviors and offline encounters," *Pediatrics* 131 no. 2 (2013): e510-e517; J. Wolak, D. Finkelhor, and K. Mitchell, "Internet-initiated sex crimes against minors: Implications for prevention based on findings from a national study," *Journal of Adolescent Health* 35 no. 5 (2004): 424-e11.

⁶⁶ Ibid.

to war-torn Syria.⁶⁷ Findings of a CARE assessment on Syrian refugees in urban communities indicated that 28 percent of households surveyed left Syria because they had specific fears of violence, including GBV, which increased after the onset of war in Syria.⁶⁸ However, some reported experiencing increased levels of IPV since coming to Jordan. Our discussion of child marriage below also explores possible links between displacement and rates of child marriage among Syrians in Jordan.

Furthermore, prejudice against refugees appears to be contributing to the sexual harassment of Syrian girls and women. They fear Jordanian boys and men in particular, reporting that they make discriminatory comments in tandem with their sexual advances, and feel there is impunity for Jordanians who target Syrians. In the same vein, a study conducted by UNHCR in 2017⁶⁹ indicated that refugee boys are more likely to be survivors of sexual violence from older boys and men who are Jordanian, rather than those from within their own communities.

This assessment focuses on urban contexts; however, it is important to consider differences between urban and camp contexts for refugees as it concerns GBV. Jordan's Demographic and Health Survey from 2012 indicated that girls living in camps were more vulnerable to GBV than urban non-camp refugees. Research that focuses on women over the age of 15 showed that those living in camps were much more likely to have experienced any form of violence than those living out of camps, and were also more likely to justify violence, yet at the same time they reported feeling more supported (by services and aid).⁷⁰ In urban contexts, refugees may face more difficulties in obtaining information and knowing where and how to obtain services and the services may not always "come to them."

GBV and geography

Research that looks across geographical areas (though it should be noted there is very little in this regard) should be viewed with caution. Reported cases tend to reflect the different availability and quality of GBV services in different locations across Jordan rather than the prevalence of GBV. For example, communities with a higher ratio of health centers to population, or with centers that are more accessible or provide good services, will likely generate more reported cases of GBV. Even if the data are collected from household surveys, lower rates of GBV could merely reflect greater stigma about disclosing GBV in certain communities, not differences in prevalence. For example, data that are available related to registered marriages as of 2015 for girls under the age of 18 report the highest rates in Mafraq (21.4 percent) and Zarqa (17.4 percent) and the lowest for Karak (6.0 percent) and Tafila (5.3 percent) governorates; compared with 13.4 percent for the Kingdom as a whole. Meanwhile, the highest ratio of Syrian females married below the age of 18 is in Ajloun governorate (44 percent), followed by Al Mafraq (42.7 percent), Madaba (40.8 percent) and Irbid (40.1 percent).⁷¹

⁶⁷ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*; Qamar and Lokot, *Adolescent girls assessment*.

⁶⁸ FIDH, *Violence Against Women in Syria: Breaking The Silence*, (Paris: International Federation for Human Rights, 2012); International Rescue Committee (IRC), *The Situation of Syrian Refugee Women and Girls in Northern Jordan: A Gender-Based Violence Rapid Assessment, Northern Jordan*, (Amman: IRC, 2012).

⁶⁹ S. Chynoweth, *Sexual violence against men and boys in the Syria Crisis*. (Amman: UNHCR, 2017) accessed, May 22, 2018. <https://data2.unhcr.org/en/documents/download/60864>

⁷⁰ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

⁷¹ Alma'arefa, *A Study on Child Marriage in Jordan*.

Though this assessment focuses on those in urban areas, it is worth noting that research shows an association between living in an urban center and lower rates of child marriage and higher rates of factors that may protect girls and women from GBV (related to educational attainment, participation in the labor market, and involvement in decision-making indicators).⁷² However, anecdotally, urban areas are felt to have higher rates of street harassment.

2.1.2. Associated factors for GBV

The section above provided an overview of GBV in Jordan, with particular focus on youth and adolescents. It described the common types of GBV faced by adolescents and youth; the main perpetrators of GBV, as well as common situations and places in which different types of GBV occurs. The section that follows examines associated factors for GBV in Jordan at three different levels: 1) the individual level, 2) the family level and 3) the social norms and values level. Lastly, this section will focus on an analysis of associated factors specifically related to child marriage.

The ecological model has been used for decades in the public health and social fields to understand how different environmental factors at different levels, within, close to or distant from an individual, work together to determine their susceptibility to health problems⁷³ or other social issues. Heis has applied the ecological model to understanding GBV and Abu Sabah, Chang, and Campbell-Heider have, with modifications, applied Heis's model to GBV in Jordan.⁷⁴ In turn, we use an adapted version of this model for a number of reasons and with a number of modifications and qualifications.

The ecological model can be helpful in illustrating the complexity of a phenomenon like GBV, while at the same time making it comprehensible. It can be especially useful in showing how interventions at multiple levels are needed in order to address GBV and how they can complement each other. It can also help us structure and connect diverse information, from different sources, collected in different ways, in a way that is comprehensible but not overly deterministic. The ecological model is also a relational model; it emphasizes the intimate connections among individuals and between individuals and their environment. It may also be well suited for the context of Jordan given that most people consciously think and live their lives in relational terms.

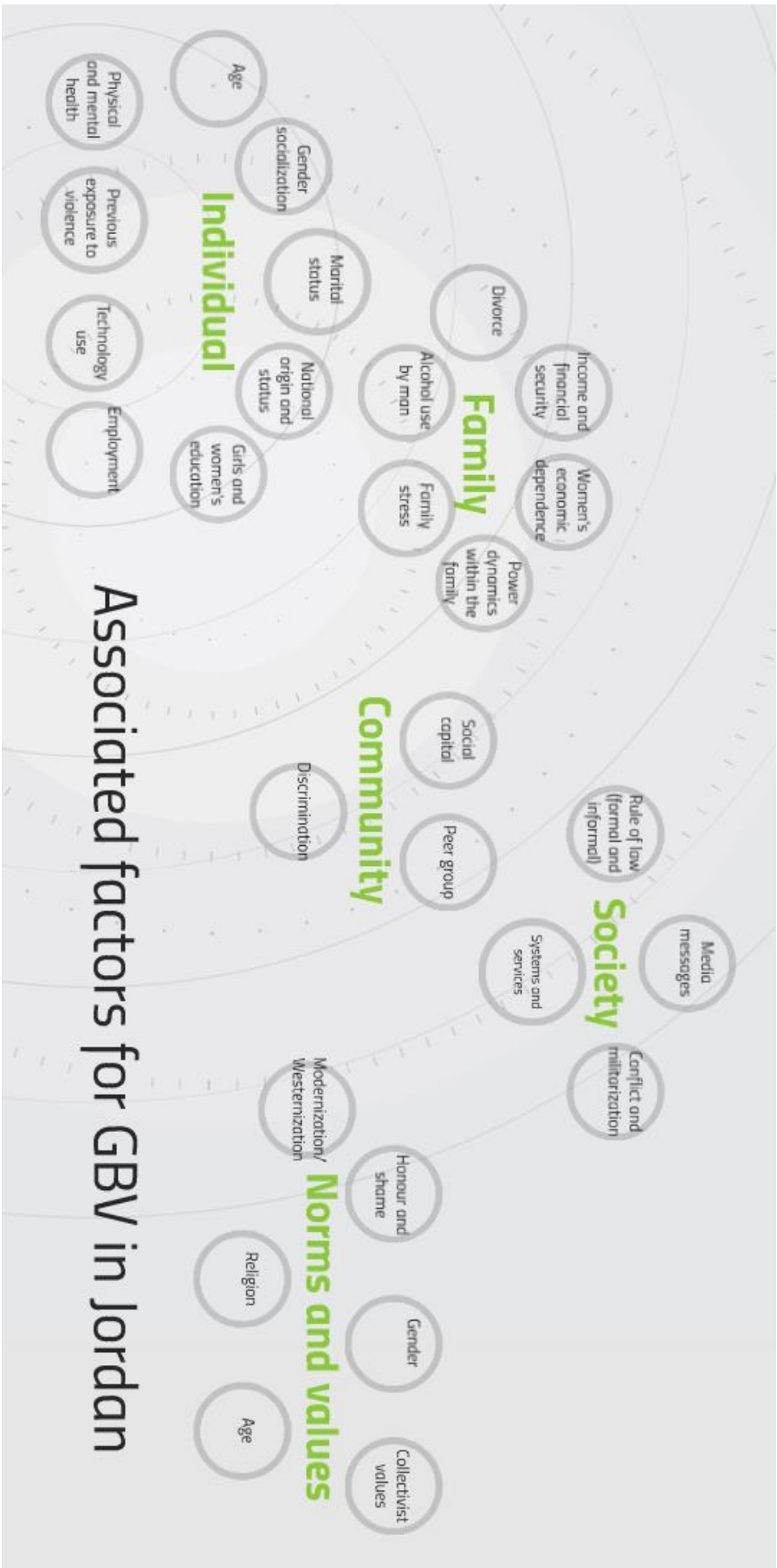
There are, however, some limitations with the ecological model as it is currently used. The first is that people are often overly concerned with rigidly distinguishing one level from another and spend significant time trying to decide where different factors fit. Though we do label different levels and locate factors at each, we acknowledge that there is no one right way of using the model and that some factors are cross-cutting; it is merely a tool for communicating ideas, and depending upon your perspective, and which society the model is applied to, it may be best to construct it differently. It is the relational nature of the ecological model and how different factors at different levels reinforce or undermine each other that is important, not the number and the names of the levels.

⁷² USAID, JCAP, *Family planning among Syrian*.

⁷³ See World Health Organization (WHO), *Framework convention on tobacco control*, (WHO, 2003), accessed, May 24, 2018. http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf; World Health Organization (WHO) *Global strategy on diet, physical activity, and health*, (WHO, 2004), accessed, May 24, 2018. http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_R17-en.pdf

⁷⁴ E. A. Sabbah, Y. P. Chang, and N. Campbell-Heider, "Understanding intimate partner violence in Jordan: application of the ecological model," *Perspectives in psychiatric care* 53 no. 3, (2017): 156-163.

Figure 13 Associated factors for GBV



Individual level

– Age

A study conducted by Presler-Marshall, Gercama, and Jones highlighted that adolescent girls were more likely to experience and accept violence than adult women.⁷⁵ Moreover, they are less likely to have decision-making power in their families. According to a JCAP (2015) study, women's freedom to leave the house unaccompanied increases with age, suggesting that older women are perceived to be more able to keep themselves safe and less likely to be targeted with GBV. Older women are also more likely to be married, and the consequences of being victimized by certain forms of GBV as a married woman may be less. Getting married while young is also associated with a large age gap between a wife and her older husband. Findings showed that the larger the age gap between spouses, the greater the intellectual incompatibility between them and the more likely male spouses are to dominate their wives,⁷⁶ a differential power relationship that may facilitate violence and abuse.

During FGDs with women who had gone through child marriages, several participants believed that age was an important factor when considering marriage for both girls and boys. Child marriage was perceived as harmful because “the girl will not be aware of the harm her body may be exposed to.” Poor communication between spouses due to age differences was believed to create challenges in their relationship with one another and consequently create an unhealthy environment for children. One divorced Syrian woman shared her experience of being forced into marriage at an early age to a man 16 years her elder, describing her marriage as “an exhausting life... there was absolutely no mutual understanding between the two of us”. After giving birth to two children, the woman decided to divorce him; however, she was forced to leave her children with him, which made her a “broken woman.”

– Gender socialization

The social construction of gender in Jordan and its links to GBV is explored in detail below when we discuss factors related to norms and values. The extent to which girls are socialized to be submissive, obey their parents, dress modestly, speak softly, and attend to their reproductive roles varies among individuals and families.⁷⁷ Nevertheless, many youth and adolescent girls believed that families and society as a whole treated males and females differently because of their gender. To highlight this, one adolescent female complained, “in general our community doesn't mind if the boy does anything but the girls can't do a lot of things because she is a girl!” However, and while many of the girls recognized the gender inequality they were subjected to, it was common for them to normalize such treatment.

As girls and women challenge gender roles by moving into what are seen as masculine public spaces, they can be punished for this transgression with sexual harassment.⁷⁸ Harassment can

⁷⁵ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

⁷⁶ Spencer, et al., *Gender Based Violence Against Women and Girls*.

⁷⁷ P. Ouis, “Honourable traditions? Honour violence, early marriage and sexual abuse of teenage girls in Lebanon, the occupied Palestinian territories and Yemen,” *The International Journal of Children's Rights* 17 no. 3 (2009): 445-47.

⁷⁸ Qamar and Lokot, *Adolescent girls assessment*.

then lead a girl's family to increase restrictions on her activities and movements.⁷⁹ The same restrictions can also be applied to married women by their spouses, as was highlighted during a FGD with street girls. One participant shared a story of a woman living in Jordan with her husband saying,

“She [The woman] was walking in the street and [got]... harassed by someone, [but] because she is alone here in Jordan with her husband, she felt afraid to tell her husband because he may forbid her to leave home alone.”

In the case of IPV, a woman's willingness to keep it a secret, keep the family together, and avoid the stigma of being divorced⁸⁰ may also reflect how she is socialized into gender roles. Similarly, an increase in “honor” crimes can be seen as a reaction to women and girls breaking with gender norms.⁸¹ This includes, for teenage girls, being seen (or rumored to be seen) in the company of boys or behaving in a manner that brings shame to the family. Research also suggests that the refusal of girls and women to surrender their right to inheritance, a break with what females are traditionally expected to do, may also be linked to “honor” killings. Gender socialization also has an effect on boys and men. Boys who experienced harsh discipline from their fathers – reflecting an authoritarian and patriarchal style of parenting – were more likely to justify honor killings and disregard the implications of such crimes on girls.⁸²

– Girls' and women's education

Studies show that women are less likely to be abused or to accept being abused if they have high educational attainment.⁸³ Another study conducted by UNICEF⁸⁴ indicated that while factors such as poverty and education are associated with child marriage in Jordan, the statistical relationship between them is non-linear (not one of cause and effect) and complex. Nevertheless, married girls were more likely to leave school, and those who did not do well at school were also more likely to be removed from school and forced into marriage. Parents often choose to withdraw their daughters from school to protect the personal safety of the child and family honor (reputation), as well as to avoid any situations that can threaten opportunities for marriage. Moreover, girls are often blamed for being sexually harassed, justified as a response to the way they ‘dress,’ behave, and ‘respond to harassment.’ This can lead to further restrictions on their movements and removal from school. During a FGD with females aged 18 to 24, one participant mentioned several reasons that girls might be forced to “leave school and go to centers like JOHUD” (which was the case with her). The

⁷⁹ IRC, *Integrating cash transfers into gender based violence programs in Jordan: Benefits, risks and challenges*. (Amman: IRC, 2015) accessed, May 22, 2018. <http://www.cashlearning.org/downloads/erc-irc-action-research-web.pdf>

⁸⁰ Abu Sabbah, Chang, and Campbell-Heider, “Understanding intimate partner violence in Jordan.”

⁸¹ Ouis, “Honourable traditions?”

⁸² Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

⁸³ See Department of Statistics, Macro International, *Jordan Population & Family Health Survey 2007*, (Amman: Department of Statistics, 2008) accessed, May 22, 2018. http://pdf.usaid.gov/pdf_docs/PNADN523.pdf; M. Gharaibeh and A. Oweis, “Why Do Jordanian Women Stay in an Abusive Relationship: Implications for Health and Social Well-Being,” *Journal of Nursing Scholarship* 41 no. 4 (2008): 376-384; M. M. Haj-Yahia, “Beliefs of Jordanian women about wife beating,” *Psychology of Women Quarterly* 26 (2002): 282–291; Al-Nsour, Khawaja and Al-Kayyali, “Domestic violence against women in Jordan.”

⁸⁴ UNICEF, *A study on early marriage*.

reasons she mentioned included: “hating studying or the teacher or [the] father forbids the girl to go because of the guys in the street!” Another aspect strongly associated to school dropout is poverty, which has been highlighted repeatedly in literature.⁸⁵

In the case of Syrian girls, a number of studies have found that parents chose to keep their children out of school because they were worried about their children’s safety in the face of growing bullying, which included sexual harassment in the case of girls.⁸⁶ Other reasons for leaving school were highlighted during a FGD with ethnic minority refugee women. One participant reported cases where boys refused to continue their schooling because “they know they have no chance to attend university.” Other reasons mentioned included bullying and the need to earn a living to support the family.

Figure 14 Syrian females aged 12 to 17, Mafraq



⁸⁵ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*; Qamar and Lokot, *Adolescent girls assessment*; USAID, JCAP, *Family planning among Syrian*.

⁸⁶ S. L. Sirin and L. Rogers-Sirin, *The Educations and Mental Health Needs of Syrian Refugee Children*, (Washington DC: Migration Policy Institute, 2015); USAID, *Jordan national youth assessment*. (USA: MSI, 2015) accessed, May 22, 2018. https://s3.amazonaws.com/usjkamp/prod_uploads/system/resources/attachments/000/000/505/original/Jordan_National_Youth_Assessment_2015.pdf?AWSAccessKeyId=AKIAIJL2X4Q3B25PE6DQ&Expires=1525029059&Signature=leG6x%2B1cxSntBNi3U4snN0GkLB8%3D

– Employment

Employment is associated with women being less vulnerable to IPV and more likely to condemn it.⁸⁷ While women’s economic activity may be associated with greater empowerment, this does not automatically translate into them having the power to make decisions about how the money they earn is spent. Moreover, even though employment helps reduce risks and increases capacities of women, it does not entail automatic protection from all forms of GBV, and in some cases it could potentially also be a contributing factor if it is regarded as challenging gendered responsibilities and distribution of power in the household. A study conducted by JCAP showed that a wife’s decision-making power was particularly low in rural areas, where women’s educational levels and economic activity are likely to be lower than in urban areas.⁸⁸

Child labor is common among families in Jordan, and children may be more vulnerable to violence due to the high-risk work they are engaged in. In fact, a study conducted by UN Women highlighted that of the 47 percent of households reporting a child contributing to the household’s income, 1.5 percent reported child labor as the primary source.⁸⁹ The same report finds that boys make up 85 percent of reported child laborers. Among those girls who were employed, 80 percent work in either domestic work or agriculture, both regarded as high-risk sectors for physical abuse and sexual exploitation. In the case of Syrian refugee children, it is estimated that 94 percent of children working in Zaatari camp are male.⁹⁰ Syrian boys have been reported to be at risk for sexual abuse at work.⁹¹ During a FGD with case managers, one participant reported that he had dealt with a case in which a Syrian boy was blackmailed into doing illegal work by a gang of Jordanians. The participant said,

“There was a gang of Jordanian youth [who were] blackmailing a Syrian 13 year old child from Za’tari [camp]. He was [forced to sell] products on traffic lights; selling drugs, providing sex services and many things.”

– Physical and mental health

Regarding the mental health of adolescents and youth generally, a survey conducted of adolescent Jordanian and Syrian girls ages 13 to 17 in Jordan indicated that while some girls showed signs of stress, the majority were self-reportedly doing well.⁹² However, UNHCR data highlights that 50 percent of Syrian children experience nightmares, bedwetting, and difficulty sleeping due to the distress they have gone through since the start of Syrian war. Moreover, findings of a study

⁸⁷ Abu Sabbah, Chang, and Campbell-Heider, “Understanding intimate partner violence in Jordan.”

⁸⁸ JCAP, USAID, *Knowledge, Attitudes and Practices, toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan*, (Amman: JCAP, USAID, 2015).

⁸⁹ UN Women, *Inter-agency assessment gender-based*.

⁹⁰ UNICEF, “UNICEF assessment shows 85% of Syrian refugee children in host communities live in poverty,” last modified, February, 25, 2018. https://www.unicef.org/jordan/media_12451.html

⁹¹ Chynoweth, *Sexual violence against men and boys*.

⁹² IRC, *Integrating cash transfers*.

conducted by UNICEF and IMC found that adolescent Syrian girls were more likely to experience emotional distress than adolescent Syrian boys.⁹³ Boys reported facing more difficulties and felt less supported by their parents and friends. The study's findings also highlighted that girls reported more of the following compared to boys: feeling unsafe away from their parents, being isolated and restricted in terms of movements and activities, and feeling depressed, tense and sad.

– **Technology usage and Previous exposure to violence**

Abuse during childhood is a predictor of an individual's likelihood in experiencing IPV at a later age.⁹⁴ In some Syrian families, stressors of conflict and displacement led to or worsened violence that was already present.⁹⁵ During a FGD with case managers, a participant gave an example of a relevant case he had dealt with saying,

“There was a five years old [Syrian refugee] child [who] threaten his sister to kill her with a knife, he was expos[ed] to violence by his father, his father was under pressure, he was keeping watching Syrian news on TV with the child, the child told the case manager he will kill his sister like Bashar [Al Asad] does.”

The use of technologies such as the internet is also considered by parents as a threat to girls because it exposes them to ideas that may have a negative influence on how they think and act, and it is difficult to supervise technology use as a parent. Mothers participating in a study conducted by Qamar and Lokot felt technologies such as phones and WhatsApp make it easy for girls to communicate with boys who flirt with them.⁹⁶ Some parents mentioned that they would not allow girls to own phones, only allowing them to use a family phone or their own phone with supervision. From the perspective of several girls during FGDs, using a phone was considered risky in terms of the likelihood that they might receive harassing text messages. Parents in turn might read those texts and think the girl is involved in a relationship with a boy. A focus group with Syrian girls aged 12 to 17 highlights several examples of how girls were at risk of GBV due to technologies such as mobiles:

“Some girls like to send their photos to boys, so they threaten them, if girls tell their parents they will forbid them going to school, so, girls tell their friends not families.”

“There was a girl, she was threaten[ed] by someone to distribute her photos, she told her brother who tried to help her, but the guy extorted him to get money, then, the brother killed the guy and the sister.”

⁹³ UNICEF and International Medical Corps (IMC), *Mental Health/ Psychosocial and Child Protection for Syrian Adolescent Refugees in Jordan*, (Amman: UNICEF and IMC, 2014), accessed, May 24, 2018. <http://reliefweb.int/sites/reliefweb.int/files/resources/IMC%20MHPSS%20and%20CP%20Assessment%20Za'atari%20July%202013%20final%20%281%29.pdf>

⁹⁴ C. J. Clark, J. Silverman, I. A. Khalaf, B. Abu Ra'ad, Z. Abu Al Sha'ar, A. Abu Al Ata, and A. Batiha, “Intimate partner violence and interference with women's efforts to avoid pregnancy in Jordan,” *Studies in family planning* 39 no. 2 (2008): 123-132; M. Khawaja, N. Linos, and Z. El-Roueiheb, “Attitudes of Men and Women towards Wife Beating: Findings from Palestinian Refugee Camps in Jordan,” *Journal of Family Violence*, 23 (2008): 211-218.

⁹⁵ Spencer, et al., *Gender Based Violence Against Women and Girls*.

⁹⁶ Qamar and Lokot, *Adolescent girls assessment*.

“I have a friend, her brother helps her, she asked him to help her when she was annoyed by someone on Facebook, and he did.”

Nevertheless, restricting girls' access to such technologies would also mean limiting their access to information, and as such placing them at a disadvantage to boys in terms of gaining knowledge and specifically information on services.^{97,98}

– **National origin and status**

It is important to be cautious about comparing the situation of Jordanians with those of other nationalities in Jordan, as very little GBV research is designed in a way in which reliable comparisons can be made. The literature on migrant workers in Jordan was not reviewed for this study, and there is little recent data available on non-Syrian refugees, with the exception of Palestinians.

Changes in gender roles have been reported among Syrian families who have migrated to Jordan. Gender roles can be understood as social norms or rules that define various factors for men and women such as their interests, responsibilities, opportunities, limitations, and behaviors. The patriarchal gender order has defined specific roles, behaviors and characteristics for both genders to perform in order to fulfill their roles in society. These are known as masculine and feminine binaries.⁹⁹

In Jordan, socioeconomic and political factors have led to changes in the masculinities of Syrian men from being hegemonic to marginalized. This is because they are no longer able to perform their role according to these social normative roles,' which defines them as the breadwinners and providers of their families.¹⁰⁰ Moreover, an increasing number of Syrian women have taken up the role of breadwinner within their families, as it has become much more difficult for men working illegally to evade deportation. These changes – along with unemployment/financial distress, poor living conditions, displacement, and other stressors – may threaten the masculinity of men and affect their stress levels and mental health.¹⁰¹ Such disturbances in gender roles assigned to women and men has increased risks of tension arising within Syrian households, as more men have been reported to take their anger out on their wives in order to prove their masculinities.¹⁰² There are also reports of increased violence on children within the home due to these increased pressures as well.¹⁰³

⁹⁷ UNICEF, *State of the Worlds Children 2017. Children in a digital world*. (New York: UNICEF, December 2017) accessed July 28, 2018. https://www.unicef.org/publications/files/SOWC_2017_ENG_WEB.pdf

⁹⁸ Antonio, A., & Tuffley, D. (2014). The gender digital divide in developing countries. *Future Internet*, 6(4), 673-687.

⁹⁹ Nasser Eddin, N. *Negotiated Masculinities. The case of Iraqi refugees in Jordan*. (Research Turkey, November 2014).

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid..

¹⁰³ Wearmouth, R., Anselmi, P. *Domestic violence against Syrian refugee children 'endemic' as parents buckle under strain*. (December 2017), accessed July, 28, 2018. https://www.huffingtonpost.co.uk/entry/domestic-violence-syria_uk_5a379bcce4b040881bec1f5f?guccounter=1&guce_referrer_us=aHR0cHM6Ly93d3cuZ29vZ2xILm5sLw&guce_referrer_cs=vvByHW2zH4vagPjEB5gwVw

Syrian girls are even more limited in their 'voice' and agency compared to Jordanian girls.¹⁰⁴ Perhaps associated with this, the majority of marriages of Syrians in Jordan are arranged. Rural women with lower educational levels are also more likely to marry at a younger age than those who are educated and living in urban areas. Syrian women and girls residing in MENA host countries face high levels of harassment and may be targeted for abuse because they are refugees. Qamar and Lokot's study indicated that Syrian girls were more likely to show anti-social behavior and were also more likely to hurt themselves than Jordanian girls.¹⁰⁵ It also highlighted the need to provide Syrian girls and their parents with appropriate psychosocial support to help them deal with the trauma of fleeing the conflict in Syria as well as the difficulties of living as a refugee in Jordan.¹⁰⁶

Family level

At the family level, factors linked to the economic status of the family and economic power of women within the family, as well as family dynamics and dysfunctions (including the breakup of families), also affect the prevalence of GBV.

¹⁰⁴ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

¹⁰⁵ Qamar and Lokot, *Adolescent girls assessment*.

¹⁰⁶ Ibid.

Figure 15 Females aged 18 to 24, higher socioeconomic, Amman



– **Income and financial security**

Although in Jordan family income is associated with IPV, the exact relationship between these factors is not understood. While poverty and economic distress is often identified as an impetus to child marriage, research on this topic identified additional factors associated with child marriage

such as the perceived need to protect girls, ensure their financial security for the future, and preserve family honor.¹⁰⁷ Similarly a UNICEF report identified poverty and social beliefs and customs as main causes of child marriage. Several other studies have highlighted that countries that are poorest worldwide also have high rates of child marriage, as it is a coping mechanism for families living in poverty. Child marriage is also likely to lead to a perpetuation of poverty as well as prevent girls from reaching their potential and practicing their basic rights.¹⁰⁸

Relatedly, in a study conducted by the World Bank, family honor was less of a concern for women with more education and belonging to well-off families.¹⁰⁹ Looking at the situation of Syrian refugee families in Jordan, the existing 'bail out system', which allows Syrians to move out of refugee camps if sponsored by a Jordanian, has also increased practices of exploitation of Syrian girls through marriage. It is feared that cases of child marriage may increase further if economic conditions do not improve for Syrian families. Contrary to this are findings of a study that showed Syrian families were delaying the age of marriage of their daughters because of their unstable situations economically and beyond.¹¹⁰

Economic empowerment has been recognized as a key component in structural interventions that aim to tackle gender inequalities and GBV among women and girls. However, evidence exists to support the view that women's economic empowerment can actually raise the risk of GBV, as shifts in gender roles can threaten the 'natural' gender order within households. Meanwhile, other evidence exists to support the view that increased empowerment is likely to reduce GBV risks because educational or financial empowerment can facilitate households' upward social mobility, which in turn reduces women's risks to GBV.¹¹¹

According to Nasser Eddin (2014), women empowerment programs in Jordan do not address women's status nor are they empowering. This is because, firstly, they operate under the system of patriarchy; and secondly, they do not focus on "changing the symbolic meanings that ascribe roles to both genders,"¹¹² which is why patriarchy persists. Nevertheless, interviews with case managers and key informants emphasized the importance of women's financial independence to increase their agency to challenge and overcome GBV. The Ministry of Social Development (MoSD) reported providing girls with academic and vocational training opportunities during their stay in shelters to facilitate their economic independence and in turn make them more resilient to overcoming GBV.

– **Women's economic dependence**

According to a World Bank study, female engagement in the labor market (ages 15 and above) reached only 16 percent in Jordan, compared to 23 percent in Lebanon and 14 percent in Syria.¹¹³

¹⁰⁷ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

¹⁰⁸ Higher Population Council, *Policy brief: child marriage in Jordan*. (Amman: HPC, 2017) accessed July 24, 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/63079.pdf>

¹⁰⁹ World Bank and the Hashemite Kingdom of Jordan, *Jordan Country Gender Assessment: Economic Participation, Agency and Access to Justice in Jordan*, (Washington DC: World Bank, 2013).

¹¹⁰ USAID, JCAP, *Family planning among Syrian*.

¹¹¹ Mejia, C., Cannon, A., Zietz, S., & Arcara, J. Perspectives on Gender-Based Violence and Women's Economic Empowerment in Sub-Saharan Africa: Challenges and Opportunities. *Chapel Hill, NC: MEASURE Evaluation*, (University of North Carolina, 2016).

¹¹² Nasser Eddin, N. *Negotiated Masculinities. The case of Iraqi refugees in Jordan*. (Research Turkey, November 2014).

¹¹³ World Bank and the Hashemite Kingdom of Jordan, *Jordan Country Gender Assessment*.

As 'breadwinners' and 'heads of households,' men often feel entitled to have the final say in family decisions, even in family planning matters. As already explained, in the context of women's employment status, working tends to reduce Jordanian women's vulnerability to, and acceptance of, IPV. Furthermore, women's economic dependence on their male spouses may force them to stay in violent relationships.¹¹⁴

In the case of Syrian refugees, findings of an ILO study highlighted that procedural difficulties in obtaining work permits for Syrians discentivizes Syrians to work in the formal sector and for employers to employ them. Having work permits was also believed to restrict work opportunities for Syrians because it linked workers to a single employer, which can also place Syrians at greater risk to exploitation. The ILO study findings also highlighted that although Syrians with work permits were more likely to work longer hours, they were also more likely to be paid higher wages than those without work permits. Moreover, Syrians with work permits were more likely to work in better working environments because of the threat of labor inspections.¹¹⁵ Hence, poor regularization of their work rights compounded by the limited opportunities available to men may put families under greater stress which may increase the likelihood of IPV. Working informally also placed Syrian refugees – both female and male- at greater risk to exploitation, particularly for those involved in child labor. This was highlighted during a FGD with males aged 12 to 17, who were involved in child labor. One Syrian participant shared a story of a boy that was sexually abused. He said,

"I know a child he is Syrian from the same village we are coming from in Syria, he started to work at a barbershop, and then the owner of this shop sexually harassed him, and then they went to the police and this man he got a sentence of seven years in jail."

There are also risks of Syrian women not being able to report abuse if they are economically dependent on their spouses or engaged in unsafe/risky work. In an effort to promote decent work conditions for Syrian refugees, the Better Work Initiative has intensified its focus - starting 2018 and onwards- on gender; to ensure gender sensitivity in its services and in order to align with global strategies. This will include continuing its collaboration with a local Jordanian organization called SADAQA, that works to protect women on labor-related issues such as women's pay, day care facilities, and maternity and paternity leaves.¹¹⁶

– Power dynamics within the family

Marital conflict is also associated with families where power dynamics and decision-making control is imbalanced towards the husband, or where interference from other family members in the couple's affairs is common.¹¹⁷ Women who participated in decision-making having to do with household finances were less likely to experience IPV.¹¹⁸ Relatedly in Jordan, a married woman is

¹¹⁴ USAID, JCAP, *Family planning among Syrian*.

¹¹⁵ ILO, *Work permits and employment of syrian refugees in Jordan*. (Geneva: ILO, 2017) accessed July 24, 2018.

¹¹⁶ ILO, IFC, *BetterWork annual report 2018 an industry and compliance review Jordan*. (Geneva: ILO, 2018).

¹¹⁷ E. Abu Sabbah, N. Campbell-Heider, and Y. P. Chang, "A Narrative Review of the Research on Spousal Violence against Women in Jordan," (presentation, International Family Violence and Child Victimization Research Conference, Portsmouth, New Hampshire, 2014).

¹¹⁸ JCAP, USAID, *Knowledge, Attitudes and Practices*.

expected to live with, or close to, her husband's family which can further subordinate her and place her at greater risk of violence from in-laws.¹¹⁹

– **Family stress**

Various factors are associated with increased marital conflict, such as: the husband's control of decision-making within the family, low family income, an unplanned pregnancy, and interference from other family members.¹²⁰ Another factor that can reportedly lead to marital conflict is the husband's desire for male offspring to preserve the family name. In fact, a study conducted by Okour and Badarneh indicated that women with more male sons were less likely to experience violence from their husbands than those with more daughters.¹²¹ As already mentioned, there are reports of increased conflict within Syrian families due to changing gender roles.¹²² Frustration due to men being unable to find jobs, economic stress, and cramped living conditions were reported as factors that increased tension between family members in Syrian households. The war in Syria, the trauma it has caused, and having to flee, is of course also a cause of tremendous stress on families.

– **Marital status**

While marital status has often been used as a criterion for research participant recruitment – and with the exception of the topic of access to SRH information and services – participants only spoke minimally about marital status' association with GBV in Jordan. Fortunately, our analysis of data from the GBVIMS provides some insight into this factor.

Figure 16 Types of GBV by marital status and ages above 18 years¹²³

¹¹⁹ Spencer, et al., *Gender Based Violence Against Women and Girls*.

¹²⁰ Abu Sabbah, Chang, and Campbell-Heider, "Understanding intimate partner violence in Jordan."

¹²¹ A. M. Okour and R. Badarneh, "Spousal violence against pregnant women from a Bedouin community in Jordan," *Journal of Women's Health* 20 no. 12 (2011): 1853-9.

¹²² Qamar and Lokot, *Adolescent girls assessment*.

¹²³ Incidents of forced marriage have been omitted from this analysis as they are addressed separately (they are represented in higher numbers due to the fact that they are identified during refugee registration processes).

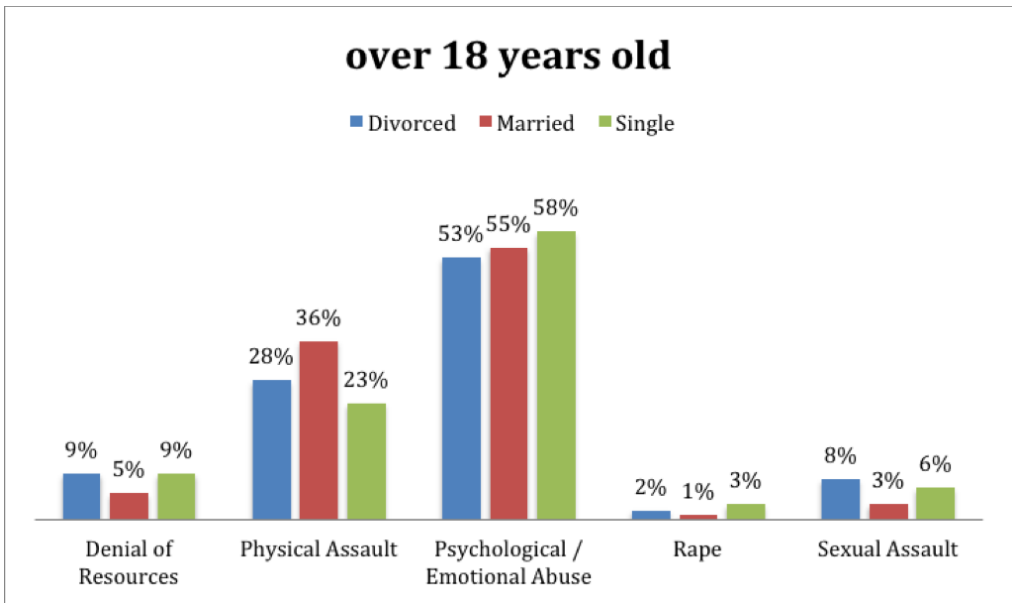
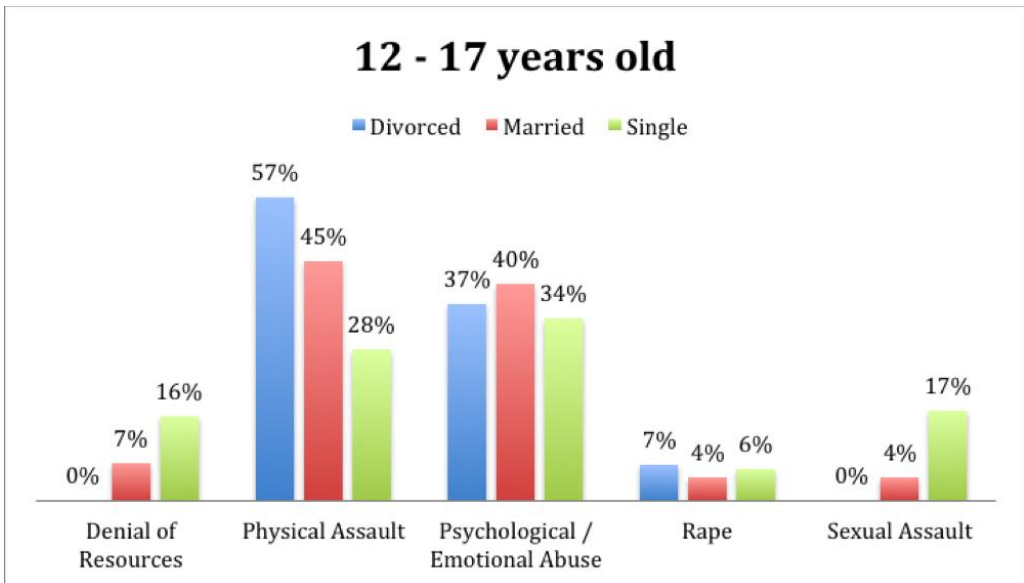


Figure 17 Types of GBV by marital status and ages between 12 and 17



There are a couple of differences among survivors of different marital status worth noting. The percentage of sexual assault cases is higher among survivors who are single, particularly among adolescents (17 percent versus 4 percent for marriage and 0 percent for divorced). A higher percentage of those who are single or divorced if over 18 (9 percent and 9 percent as opposed to 5 percent for those who are married) report being denied resources, opportunities or services, while a higher percentage of those married (36 percent as opposed to 28 percent for divorced and 23 percent for single) report being physically assaulted. The former points to mobility restrictions to which young unmarried women may be particularly vulnerable. Though these differences in percentages appear to be large, it should be cautioned that given a smaller number of adolescent cases, the difference in the actual number of cases is sometimes modest.

With reference to divorce, it is important to note that various factors make it difficult for women, including those fleeing violence, to obtain a divorce. These factors include: their social background,

financial dependence, lack of family support as well as custody issues.¹²⁴ During a FGD with mothers, one participant claimed that she was unhappily married, but she remained in the marriage

“I wanted a divorce many times, but I had nowhere else to go and I was too afraid of the stigma. My husband is like a brick wall. I can’t get through to him to talk about family matters or anything else. The stress has severely damaged my health. I feel like I have aged prematurely.”

because of the lack of social support and risk of stigmatization. She said,

Community level

At the community level, social capital, or the number and strength of the relationships within and between communities in Jordan, may impact GBV. Among adolescents and youth, peer groups may be particularly important. The relationships between different groups in society, as opposed to just within groups, can give rise to discrimination and exploitation. Thus, resulting inequality may increase vulnerability to GBV.

¹²⁴ Gharaibeh and Oweis, “Why Do Jordanian Women Stay.”

– Social capital

The importance of social capital, or social power, is demonstrated by women reporting that they feel safer and more empowered to take action against perpetrators of sexual harassment when they are living among relatives and know their neighbors.¹²⁵ For example, Syrian refugees see themselves as lacking social capital that Jordanians have and lacking the social capital they used to have in Syria before the conflict.¹²⁶ Along these lines, Syrians report that having Jordanian family members helps protect them from GBV.¹²⁷ For these reasons, a number of interventions are being implemented to mobilize social capital in Jordanian communities to prevent sexual harassment, with the development of neighborhood protection committees as just one example of this.¹²⁸

In the case of interpersonal violence, women may be empowered to stop violence or leave an abusive relationship if supported by their family. This was highlighted during FGDs with mothers.

The preference in the region for marriage to close relatives, particularly a cousin, is perceived to be protective. However, and because women and young people have less power within these kinship networks, their interests may be subsumed by the interests of older male family members or the interests of the family as a whole. Moreover, as will be discussed in the next section, the way in which social capital is linked to honor, and women's expected role in upholding family honor, means that the importance of social capital in Jordan may put girls and women at risk for violence.¹²⁹ However, the capital that girls and women accumulate through education and economic empowerment can improve their status within these networks.¹³⁰

– Peer group

Similarly, in the context of peer relationships, social capital is not always protective. Parents, in particular, see girls' relationships with girls with "bad reputations" or boys as undermining parental guidance intended to protect girls' safety and reputation.¹³¹ During a focus group with mothers, a participant highlighted the influence of peers on her daughter and measures she took to protect her. She said,

"My daughter was introduced to pills and drugs from kids in school. One day the door knocks and it's the Criminal Investigation Department asking for her. I protected her. However, since then, I took her out of school, and I let her elder brother beat some sense into her every now and then. I think it's good that he hits her. Otherwise she would spend time with terrible people".

In the second half of this report, we discuss how young people themselves have both positive and negative things to say about their peer group.

Figure 18 Female school dropouts aged 12 to 17, Marka

¹²⁵ This is not the only consideration for how society is structured. However, one aspect is connections based on family/group identity.

¹²⁶ Qamar and Lokot, *Adolescent girls assessment*.

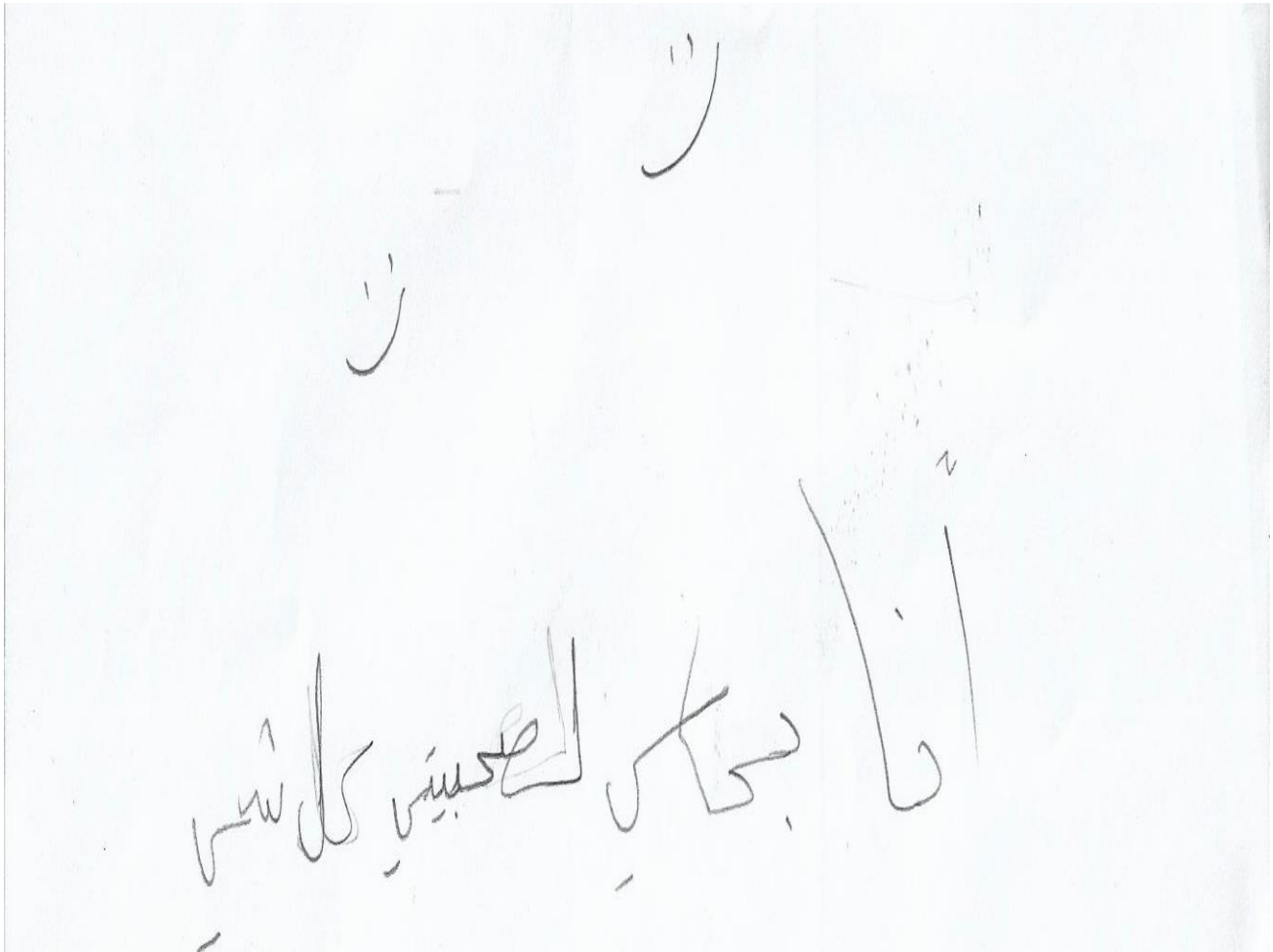
¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ouis, "Honourable traditions?"

¹³⁰ Ibid.

¹³¹ Qamar and Lokot, *Adolescent girls assessment*.



– Discrimination

Social capital includes relationships between groups as well as within them. Recent research has documented the exclusion that Syrians experience in the face of strong connections among Jordanians and how this contributes to Syrian girls being targeted for sexual harassment¹³² and sometimes retribution against those Syrians who report GBV to the police. There is the perception that Jordanian perpetrators are favored by the police, and many hold fears that reporting GBV will lead to Syrian survivors or their family members being deported.¹³³ While Syrian girls and young women report that Jordan is a safe place, especially compared to war-affected Syria, the combined effects of discrimination due to their refugee status and gender deters them from leaving the house; increasing their dependence on, and subordination to, male relatives.¹³⁴ They may also be less likely disclose abuse to service providers due fear of discrimination. This problem was highlighted during an interview with a legal expert who explained that often, she would receive cases where Syrian women were abused and feared to go to the authorities to report the abuse because they were scared of being deported for petty crimes such as not paying a small loan or a fine.

Society level

¹³² Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

¹³³ Qamar and Lokot, *Adolescent girls assessment*.

¹³⁴ UN Women, *Inter-agency assessment gender-based*.

Wider institutions also impact GBV. This includes institutions that provide services that strengthen the resilience of young people, but also the ways that institutions tolerate or even foster GBV. The dynamics of this system shape what happens within families and, in the case of the school system, directly impact adolescents and youth.

– Rule of law

State-sanctioned, kinship- and community-based systems for maintaining law and order may deter and punish GBV or conversely grant impunity to perpetrators and criminalize survivors of GBV.

There is no specific guarantee of gender equality under the law in Jordan's constitution, and there are laws which legally enshrine gender-based discrimination. Of particular relevance are laws which grant legal authority over women under the age of 30 to their fathers until marriage and then after that to their husbands.¹³⁵

Women are represented by a male guardian in a contract of marriage.¹³⁶ Girls and women also suffer from inequality in inheritance under the Sharia Law. Moreover, their rights are strongly dictated by custom. Women, for example, have fewer rights than men to sue for divorce and the rights of mothers and fathers differ in determination of custody. Guardianship of children does not go hand-in-hand with custody in Jordan, and is granted to a patrilineal male relative in case of the father's death or incapacity, rather than to the mother. Within marriage, civil status law excuses corporal punishment¹³⁷ and rape¹³⁸ of wives by husbands. A positive development is that the reduction in sentences for those found guilty of "honor" killings has been removed from the law.

Though the minimum age of marriage in Jordan is 18, children as young as 15 can marry with the approval of a judge.¹³⁹ The girls and the children of girls whose marriages are not legally approved have few legal protections. However, Presler-Marshall, Gercama, and Jones argue that the legal exceptions for girls 15-17 years of age may be undermining efforts to discourage child marriage, rates of which have hardly decreased between 2005 (14.3 percent) and 2013 (13.2 percent).¹⁴⁰ The 'bail-out' system, which allows Syrians to move out of refugee camps if sponsored by a Jordanian, may have made child marriage of daughters more attractive for refugee families living in camps.

Regarding sexual violence, rape constitutes a separate and more serious offense than other forms of sexual assault which are categorized as an attack on one's honor. However, rape under Jordanian law is defined exclusively as vaginal penetration of a female outside of marriage.

A law which bears on SRHR is that sexual activity outside of marriage, adultery or fornication, is illegal. Moreover, those under the age of 18 cannot legally consent to sexual activity, meaning that non-coerced sexual activity outside of marriage, even between young people of the same age and status, would be considered rape or indecent assault. Meanwhile, incest is not included in

¹³⁵ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

1. ¹³⁶ The World Bank, *The status and progress of women in the Middle East and North Africa*. (Washington, DC: The World Bank, 2007) accessed, May 22, 2018. <http://documents.worldbank.org/curated/en/873011468299062424/pdf/436480WP0Box321nder1BW200701PUBLIC1.pdf>

¹³⁷ USAID, JCAP, *Family planning among Syrian*.

¹³⁸ Shotar, et al., "Sexual offenses among children in the north of Jordan."

¹³⁹ USAID, JCAP, *Family planning among Syrian*.

¹⁴⁰ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

Jordanian law as a separate offense. Also relevant to SRHR is that those under the age of 18 cannot consent to medical treatment and require parental or spousal approval, deterring medical professionals from providing treatment to young people unaccompanied by parents who approach them.

There has been sustained and determined advocacy by women's rights groups to address legal inequality, and this has led to improvements in girls' and women's legal status. Most recently, these include changes to the Penal Code removing the provision that allowed charges of rape to be dropped if the perpetrator marries the victim for at least five years.¹⁴¹ Despite these changes in the Penal Code, as well as amendments made in 2010 of Jordan's Personal Status Code to improve women's access to divorce and child custody, the law remains gender-discriminatory. For example, Article 9 of the Nationality Law forbids Jordanian women married to non-Jordanians to pass their nationality onto their husbands and children. In 2014, however, the government issued a decision to ease restrictions in access to fundamental economic and social rights for non-citizen children of Jordanian women. The Jordanian authority also issued 66,000 special ID cards for non-citizens in 2017. However, the government has been accused of not committing to its promises, particularly with regards to aspects such as access to work permits and drivers' licenses.¹⁴²

– **Media**

The media carries messages about GBV, but also violence and gender more generally, that reach all levels – individual, family, community, and society – and is both informed by and influences norms and values. In the case of “honor” killings, the Jordanian media and the judiciary “influence each other to the benefit of the gendered *status quo*.”¹⁴³ The sexual morality of murdered females “takes center stage in media coverage.” In general, different forms of GBV are either given license or not reported by the media.¹⁴⁴

Mothers who Qamar and Lokot spoke with during the course of their research expressed concern about messages that girls received about romantic love and acceptable behavior for women, often from foreign producers, that they felt might put their daughters at risk.¹⁴⁵ Also, a group of teachers in informal schools we spoke to were concerned that the consumption of pornography by boys and men may contribute to sexual violence.

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– **Militarization**

Given the mode of governance in Jordan, internal and external threats to security, and occupation and full-scale war in neighboring countries, militarization, itself a gendered process, may also impact GBV in Jordan. Military institutions are almost by definition patriarchal, and depend upon and reinforce the idea that men are violent and are justified in using violence, and women and

¹⁴¹ “Jordan MPs vote to scrap rape law loophole,” *BBC*. August 1, 2017, <http://www.bbc.co.uk/news/world-middle-east-40793049>

¹⁴² Human Rights Watch, *Jordan events 2018*. (2018) accessed July 24, 2018. <https://www.hrw.org/world-report/2018/country-chapters/jordan>

¹⁴³ E. Mahadeen, “The martyr of dawn’: Femicide in Jordanian media,” *Crime, media, culture* 13, no. 1 (2017), 51.

¹⁴⁴ *Ibid*, 50..

¹⁴⁵ Qamar and Lokot, *Adolescent girls assessment*.

children need to be defended.¹⁴⁶ Peterson argues that in Jordan, these ideas extend to the rest of society where “young people aspire to work in the armed forces, the King is depicted in full military uniform and students line up every morning in a military-style assembly.”¹⁴⁷ He further argues that a possible reason for the more severe corporal punishment of boys is “to fortify them to deal with a hostile or military environment.”¹⁴⁸ The corollary of this is that militarization appears to fuel GBV through traumatizing men who then cope by acting out violently against women, as well as through promoting the same misogynistic values that drive GBV. While the gendered nature of militarization has been studied, the fact that militarization takes aim at male adolescents and youth, and the traumatizing effect it can also have on them, is often overlooked.

More recent research within Jordan investigates the connection between GBV and radicalization, which can be understood as militarization by non-state rather than state actors. Its findings suggest “a strong link exists between GBV and radicalization in that women who have experienced GBV are more likely to have also been exposed to the effects of radicalization.”¹⁴⁹

– **Systems and services**

The availability, quality and orientation of the governmental and non-governmental systems and services in place in Jordan likely affect outcomes for GBV survivors and can even contribute to GBV at times. This holds true for both more targeted services for GBV survivors as well as for more general services for host and refugee populations. Through responding in ways that condemn or condone GBV, increase or mitigate risks for women and girls, or through impacting other factors associated with GBV (for example, family stress or education and employment for girls and women), systems and services likely also affect whether GBV occurs in the first place.

As duty-bearer, the government is the main entity responsible for protecting people from violence. However, humanitarian actors also play a critical part in situations of crisis and displacement in supporting mechanisms that seek to address and eliminate violence. Actors involved in humanitarian response have a collective responsibility to prevent and respond to GBV as part of their work to protect the rights of affected people. Insufficient and/or poor responses can lead to greater harm and can even facilitate the perpetuation of violence and inequality. In addition to causing risks, service provision that does not take into account GBV can lead to the establishment of a weak foundation to support and improve the “resilience, health and well-being of survivors, and [may further] create barriers to reconstructing affected communities’ lives and livelihoods”.¹⁵⁰ For example, failing to provide safe access to water points and accessible, sex-segregated latrines and bathing facilities can place women, girls and other vulnerable populations at risk of sexual assault. An example from more targeted GBV services that could actually contribute to risks of abuse was highlighted during an interview with a legal expert who gave the example of the FPD only giving “authority to the male head of the household [to release a survivor from an MoSD shelter] even if

¹⁴⁶ C. Enloe, *Bananas, beaches and bases: Making feminist sense of international politics*. (Berkeley: University of California Press, 2014).

¹⁴⁷ MSI, *Jordan National Youth Assessment*, (Amman: USAID, 2015), 124.

¹⁴⁸ Ibid.

¹⁴⁹ ACTED, AWO, IRCKHF, and CWS, *Exploring the relationship between gender-based violence and radicalization in Jordan* (Amman: ACTED, AWO, IRCKHF, and CWS, 2016): 4.

¹⁵⁰ IASC, *Guidelines for integrating gender-based violence interventions in humanitarian action: reducing risk, promoting resilience, and aiding recovery*. (IASC, 2015) accessed July 24, 2018. http://www.europarl.europa.eu/meetdocs/2014_2019/documents/femm/dv/gbv_toolkit_book_01_20_2015/_gbv_toolkit_book_01_20_2015_en.pdf

he abuses or neglects the child, and even if she is over 18, or any age, if she is a female, she can only leave the shelter, when her father takes her out.”

Though systems and services for GBV response have been mapped and described and individual services evaluated, we did not locate research that evaluates these impacts. Our own findings related to this question are found in the second half of this report.

Social norms and values

The factors related to social norms and values permeate all levels. While norms and values may appear ethereal and impossible to study directly, they manifest themselves in ways that are easily observable and distinctly embodied: for example, whether females are even present in a room, or how a child is dressed to look like a boy or like a girl. That being said, social norms are usually so taken for granted that we may not take note of them in our own society, and struggle to articulate or make sense of them.

It is also important to note that Jordanian norms and values, due to the country’s (and region’s) experience of colonialism and now neocolonialism, are often positioned in opposition or alignment to Western values. This points to the importance of adapting approaches and reframing discourse to draw from indigenous movements and community-based approaches for their identification of needs and solutions. Understanding the implications of how debates about GBV in Jordan relate to a grossly unequal global system is essential to responsibly and effectively tackle GBV in the Jordan context. At this level, we explore norms related to gender, collectivist values, honor and shame, modernization/westernization, age, and religion.

– Gender

Specific aspects of the relationship between gender inequality and GBV that have been studied in Jordan include women’s involvement in decision-making, controlling women’s behavior, preference for male over female children, women’s legal rights, and girls’ and women’s access to opportunities. Men’s control of family decision-making extends to control over women and their children. The corollary of this right to control the behavior of women and children is the right to use violence to maintain that control. In a nationally representative survey on IPV conducted in 2006:

Women believed in obedience to the husband (93 percent) and his control (28 percent) of all family members. Around half of the sample (48 percent) believed that the husband has the right to punish his wife, and nine percent of wives believed the husband has the right to use violence during family dispute.¹⁵¹

Control over girls and women often relates to control of their sexual behavior, linking to SRHR. Female sexual promiscuity – or as Ouis argues merely the suspicion of it¹⁵² – is not only punished with violence, it can be punished even with murder.¹⁵³ This type of GBV was until very recently condoned by Jordanian law with a lesser sentence for those found guilty of “honor” killings than for murder with other motives.

¹⁵¹ D. M. Al-Badayneh, “Violence against women in Jordan,” *Journal of family violence* 27, no. 5 (2012), 374.

¹⁵² Ouis, Honourable traditions?

¹⁵³ Spencer, et al., *Gender Based Violence Against Women and Girls*.

Decision-making, including having a voice in family decision-making and being the final arbitrator in decision-making, is associated with issues like access to health care,¹⁵⁴ breastfeeding,¹⁵⁵ and family planning.¹⁵⁶ While breastfeeding and family planning are sometimes framed as family decisions, ultimately, they impact the bodily integrity of women.

The discussion about types of GBV makes the point that the denial of women's rights to make decisions about their own lives can in and of itself be considered a form of GBV. Not only are restrictions of movement and activities unfairly applied to girls and women, they consequently affect their ability to access other rights and opportunities, notably education and employment¹⁵⁷ and for refugees, humanitarian services. Furthermore, norms, but also laws, unfairly punish those who seek to leave violent relationships; for example by requiring women to renounce their property rights in order to initiate divorce and by not giving them legal guardianship over their children even when they are granted physical custody.¹⁵⁸

Child marriages by their nature are forced as children cannot consent at that developmental stage because they are not aware of the consequences and are in an unequal power relationship vis-à-vis their parents and future husband. Qualitative findings also suggest that younger wives have less of a say in decision-making than older wives, and that large age gaps between wives and husbands contribute to girls and women having less of a say in family decision-making.¹⁵⁹ Moreover, men control decision-making not only at the family level, but within legal and sociopolitical institutions that condemn or condone GBV.¹⁶⁰ Child marriage is also based on gender norms, including on when it is most desirable for girls/women versus boys/men to marry as well as marriage as a responsibility, form of protection, and future for girls. It also has been linked to the valuing/disposability of girls in general, related to social notions of daughters as economic burdens, possessions that can be traded for resources, sexual objects, and/or solely vehicles for reproductive functions. As another example, Abu Sabbah, Chang, and Campbell-Heider see the unequal valuing of males and females at the macro-system level¹⁶¹ as contributing to other forms of GBV, pointing to Okour's and Badarneh's 2011 study that found women with more sons were at lower risk for IPV than women with more daughters.¹⁶²

As discussed above, there is evidence that control over resources may be related to GBV,¹⁶³ particularly in regards to women's employment outside of the house being associated with lower levels of IPV. The explanation for this is that women's economic dependence further justifies and enables male dominance. This point demonstrates how gender roles are closely related to, but not interchangeable with, gender equity.¹⁶⁴ It goes beyond ascribing different roles for males and females – being the breadwinner and participating in public life for males, and child-rearing and

¹⁵⁴ See IATF, *Inter-agency task force (IATF) health sector gender analysis*; USAID, JCAP, *Family planning among Syrian*.

¹⁵⁵ Ibid.

¹⁵⁶ USAID, JCAP, *Family planning among Syrian*.

¹⁵⁷ Ibid.

¹⁵⁸ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

¹⁵⁹ USAID, JCAP, *Family planning among Syrian*.

¹⁶⁰ Abu Sabbah, Chang, and Campbell-Heider, "Understanding intimate partner violence in Jordan."

¹⁶¹ Ibid.

¹⁶² Okour and R. Badarneh, "Spousal violence against pregnant women."

¹⁶³ Al-Badayneh, "Violence against women in Jordan."

¹⁶⁴ Abu Sabbah, Chang, and Campbell-Heider, "Understanding intimate partner violence in Jordan."

domestic responsibilities for females – to the valuing of masculine roles above feminine roles and thus, assigning dominant roles to men and subordinate roles to women. In the context of GBV, the idea that men should be in control and women should obey condones violence by men and the victimization of women. These gender roles are presented as the natural order, and they are policed, sometimes violently. As noted above, when women and men transgress gender roles, they may be punished with GBV. Examples include: sexual harassment of girls and women who move into men's public spaces¹⁶⁵; through honor crimes targeting girls who behave in a way that is perceived to be dishonorable;¹⁶⁶ and through assaults, including sexual assaults, on men who are seen as feminine.¹⁶⁷

Lastly, an important aspect of gender inequality is women, and even more so girls, being viewed as vulnerable and needing protection.¹⁶⁸ As with gender roles, female weakness is seen as integral to being female. The implication is that rather than building the capacity of girls to protect themselves, or better yet putting a stop to male violence, girls must be kept home and/or constantly watched over by relatives, preferably males who can keep them safe from the inevitable attacks on their bodies, reputations, but also, and as will be discussed next, their family's honor. It also reinforces the view that women are vulnerable and inferior, and thus easy targets of violence.

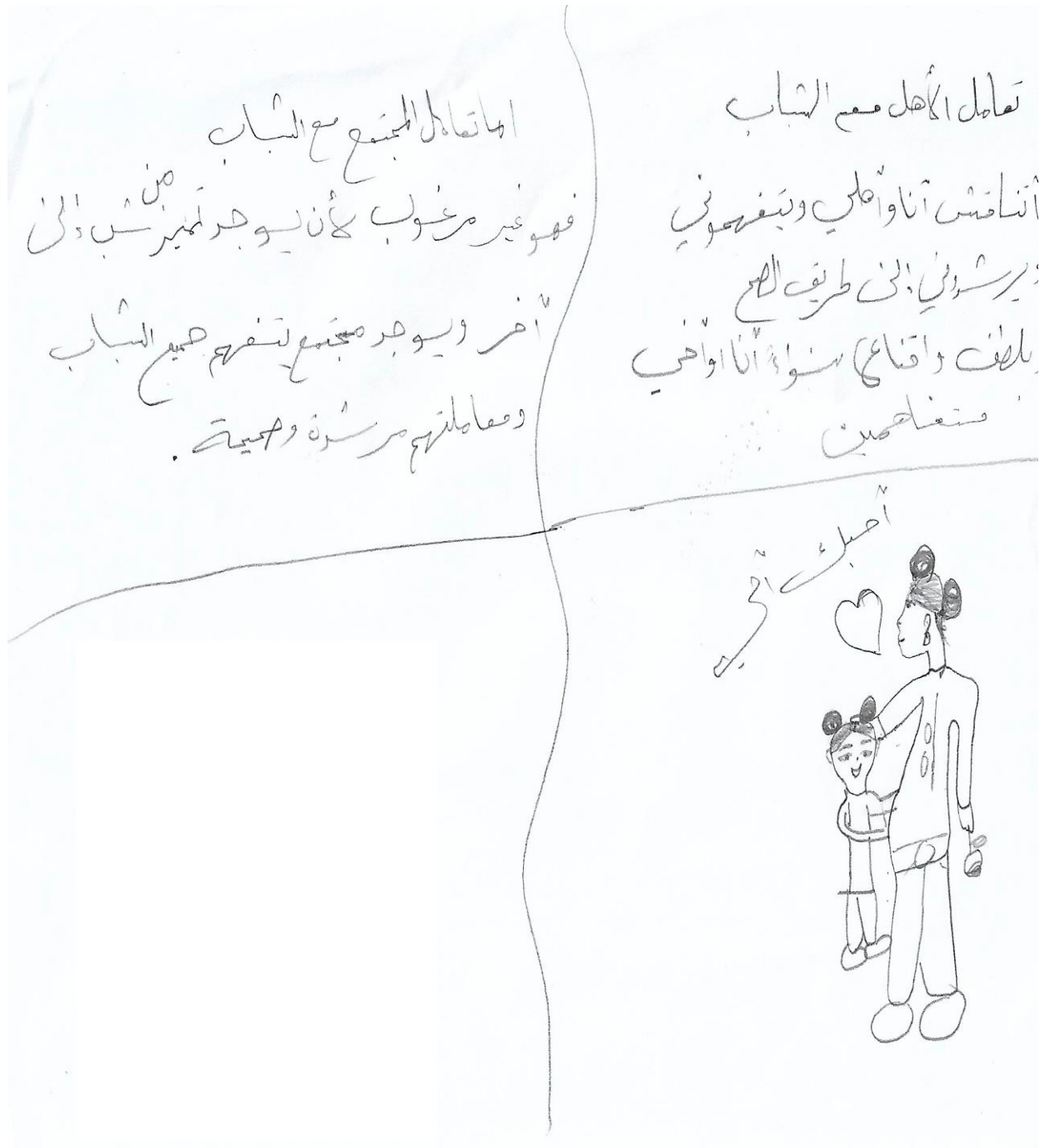
Figure 19 Female school dropouts aged 12 to 17, Marka

¹⁶⁵ Qamar and Lokot, *Adolescent girls assessment*.

¹⁶⁶ Spencer, et al., *Gender Based Violence Against Women and Girls*.

¹⁶⁷ Chynoweth, *Sexual violence against men and boys*.

¹⁶⁸ Ibid.



– Individual and Collectivist Values

Johnstone argues that despite outside influences and dramatic changes in lifestyles, notions of 'tribe' and 'tribal law' remain strong in Jordan. They are inextricably tied with identity for many Jordanians... "[and] the central principles and processes of dispute resolution underpinning the tribal justice system are still prevalent in Jordan today."¹⁶⁹

¹⁶⁹ N. Johnstone, *Eliminating tribal dispute resolution and women's access to justice in Jordan*. (Amman: WANA Institute, 2015), 1-2, accessed, May 22, 2018. <http://wanainstitute.org/sites/default/files/publications/Tribal%20Dispute%20Resolution%20and%20Women's%20Access%20to%20Justice%20in%20Jordan.pdf>

She goes on to describe principles and processes of Bedouin dispute resolution that are particularly relevant to women's attempts to access justice in Jordan. These include: *asabiyya* (solidarity especially with tribal or family members), *sharaf* (honor or social standing especially in a masculine sense), and *irb* ("specifically in relation to women and most often to their reproductive and sexual lives").¹⁷⁰ While these are all factors that are relevant to women's access to justice in Jordan, it is also important to not generalize across individuals, families, and regions of Jordan as well; and to recognize the influence of other historical and present day values shaping these processes.

The importance of *asabiyya* reflects a collectivist orientation in which the needs of the family or "big family" (tribe) are privileged over the needs and even rights of the individual¹⁷¹. As an International Rescue Committee (IRC) staff member is quoted as saying, "in Jordanian law, there is no deterrent for those who practice violence against women and girls... they only protect the family" (Qamar & Lokot, 2015¹⁷²). This means that: family allegiances may trump judicial standards; family members may prioritize the *sharaf* of the family as a whole over the well-being of a survivor of GBV; and that a survivor herself may prioritize the interests of the family over her own well-being (JCAP, 2016b).¹⁷³

– Age

What is omnipresent in this whole discussion is that gender intersects with age and, also importantly, marriage status. In Ahmad et al.: "in addition to 'oppressive' gender norms, Jordanian culture also tends to emphasize generational hierarchies, with even adult children expected to accede to their parents' demands and adolescents seen as immature and in need of monitoring and control."¹⁷⁴ In this context, girls face a double burden of sexism and ageism. On the other side, boys and young men, particularly those who are unmarried and unemployed, are denied legitimate power and so may act out against girls and women to feel more like men.

The way in which adulthood is conceived of in Jordan also has implications for GBV, particularly sexual violence against girls and child marriage. To begin with, turning 18 does not correspond with when adulthood becomes a social reality. Marriage is typically perceived as a far more meaningful marker of adulthood. According to Al Gharaibeh, it is "central to obtaining social acceptance and self-actualization of the socio-religious adult role for the individual."¹⁷⁵ For this reason, girls themselves often wish to be married early. For some girls, marriage seems the only route to adulthood or a way to leave an untenable family situation; gaining one's own space, status and independence. Females are also believed to be ready for marriage at a much younger age than males, reflected in legal allowances for girls as young as 15 to marry. Further, Ouis argues that in honor cultures, children are viewed as being "morally mature and are expected to adhere to the strict moral code of honor operating in society," meaning children, not just adults, can be blamed for bringing sexual violence on themselves.¹⁷⁶

¹⁷⁰ Ibid, 10.

¹⁷¹ Ouis, Honourable traditions

¹⁷² Qamar and Lokot, *Adolescent girls assessment*. 141.

¹⁷³ USAID, JCAP, *Family planning among Syrian*.

¹⁷⁴ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*, 17.

¹⁷⁵ Ibid.

¹⁷⁶ Ouis, *Woman or child?*, 448.

– Religion

The literature suggests that religion “does not contribute significantly to shaping Jordanian women’s beliefs” about IPV¹⁷⁷ and a misunderstanding of Islamic doctrine condoning violence against women is what leads to problems.¹⁷⁸ A similar non-relationship was found by Eisner et al. for beliefs about the acceptability of “honor” killings¹⁷⁹ and for family planning.¹⁸⁰

2.1.3. Associated factors for child marriage

While the factors associated with other forms of GBV overlap with child marriage, they are not always the same. Child marriage is considered socially acceptable in many communities and parents may be motivated to marry their daughters early based on desires to protect them and secure their future. Though child marriage is a form of forced or coerced marriage by virtue of adolescents being too young to give consent, girls seem eager to marry in some cases. Interventions to reduce child marriage must consider the value accorded to marriage in Jordanian society. Marriages, especially child marriages, are often to cousins, or are arranged by families, to much older men. The desire to marry daughters young may be driven by the belief that marriage provides them with financial security and results in a better marriage. Education may protect girls from child marriage, and it is almost always compromised by child marriages. Child marriage is accompanied by other risks and consequences, including: other forms of GBV, health risks, impact on psychosocial and emotional well-being, and an early end to the marriage. Refugees, especially Syrians in Jordan, have far higher rates of child marriage.

2.1.3.1. The value of marriage

Marriage in Jordan is highly valued, and frequently regarded as an integral part of the country’s social fabric. As Al Gharaibeh notes, it is not only “central to obtaining social acceptance and self-actualization of the socio-religious adult role for the individual,” but it is a contract between families and across generations.¹⁸¹ Child marriage is not entirely illegal; although the minimum age for marriage is 18, girls between 15 and 18 can be married if consent is obtained from a Sharia Court.¹⁸² UNICEF argues that this legal “loophole” may be responsible for Jordan’s lack of progress on child marriage, which did not significantly decrease between 2005 (at 14.3 percent) and 2013 (at 13.2 percent).¹⁸³ Being married is perceived as bringing certain benefits to girls as well. It can increase a girl’s social status in the community and bring her greater respect.¹⁸⁴ It can also provide her with her own home/living space away from her parents.

2.1.3.2. Consanguineous and arranged marriages

The majority of child marriages in Jordan are to male relatives.¹⁸⁵ According to the 2012 Demographic Health Survey (DHS), 43 percent of girls married between the ages of 15 and 19 are

¹⁷⁷ M. M. Haj-Yahia, “Beliefs of Jordanian women about wife beating,” *Psychology of Women Quarterly* 26 (2002): 282–291.

¹⁷⁸ Abu Sabbah, Chang, and Campbell-Heider, “Understanding intimate partner violence in Jordan.”

¹⁷⁹ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

¹⁸⁰ JCAP, USAID, *Knowledge, Attitudes and Practices*.

¹⁸¹ *Ibid.*, 10.

¹⁸² World Bank and the Hashemite Kingdom of Jordan, *Jordan Country Gender Assessment*.

¹⁸³ UNICEF, *A study on early marriage in Jordan*, (Amman: UNICEF, 2014), accessed, May 24, 2018. https://www.unicef.org/jordan/UNICEFJordan_EarlyMarriageStudy2014-E_COPY_.pdf

¹⁸⁴ UN Women, *Inter-agency assessment gender-based*.

¹⁸⁵ GoJ, ICF International. *Jordan Population and family health survey 2012*. (Amman: Department of Statistics, 2013), accessed, May 22, 2018. <https://dhsprogram.com/pubs/pdf/fr282/fr282.pdf>

related to their husbands, and 30 percent for marriages of women between the ages of 20 and 24.¹⁸⁶ These types of marriages are likely to be arranged. Children of consanguineous marriages are also at higher risk of having a disability.

2.1.3.3. Forced and coerced marriages for adults

While it is generally more difficult to force older women into marriage, this also happens.¹⁸⁷ The long-term consequences of forced marriage include self-harm and suicide. It is also common for women forced into marriage to experience domestic violence. Often these women are unable to divorce due to aspects such as lack of family support, financial dependence, as well as the fear of being stigmatized. The value of family support was highlighted during a focus group with females aged 15 to 19. One participant shared her experience of going through a divorce, saying,

“When I was standing in front of the judge to get the divorce, my father supported me so I felt the courage to speak up... after my divorce I felt bad, I was depressed and crushed but my family was there for me and I came to this center which helped me to move on.”

The emotional consequences of forced marriages can also lead to parents being violent or unable to provide a positive environment for their children to live in.¹⁸⁸ In certain cases, however, forced marriage can be difficult to determine as it is often normalized. Factors such as psychological pressure, lack of awareness, and the ability to make informed decisions need to be taken into consideration.¹⁸⁹

The normalization of forced and child marriage was highlighted during a focus group with mothers. Participants were asked to perform a sketch of the following question: *You are approached by a young relative, she tells you her parents intended to marry her off soon. What solutions do you propose to this problem?* The sketch went as follows:

Young girl: Please, auntie. Try to convince my parents not to marry me. I'm too young and I want to finish school.

Auntie to mother: Try to reconsider what you are doing to your child. She's too young. Let her finish school. Let her grow up first.

Mother: I can't do anything about it. It's her father's call.

Auntie: Have you tried talking him out of it?

Mother: I have. He's determined. He listens to his brothers, not to me, and they're encouraging him. Besides, we have all married young. What's the worst that could happen?

2.1.3.4. Spousal age gap

There may be an association in Jordan between child marriage and husbands being significantly older than their wives: generally at least five years older and not uncommonly more than ten years older. Presler-Marshall, Gercama, and Jones argue that marriage to older men is “primarily

¹⁸⁶ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

¹⁸⁷ Ouis, Honourable traditions? Honour violence, early marriage and sexual abuse of teenage girls in Lebanon, the Occupied Palestinian territories and Yemen. *The International Journal of children's Rights*, 17(3): 445-474.

¹⁸⁸ http://sheffieldscb.proceduresonline.com/chapters/p_forced.html#diff_forced

¹⁸⁹ USAID, JCAP, *Family planning among Syrian*.

because their families saw the arrangement as a form of protection and security for their daughters” as well as the valuing of young wives.¹⁹⁰ This difference has been demonstrated quantitatively and shown to be more pronounced among Palestinians and even more so among Syrians.¹⁹¹ It has also been demonstrated qualitatively with community-members themselves seeing a relationship between child marriage and spousal age gap.¹⁹² Refugee girls may be more likely to marry older men, and in some cases Jordanians, because they are perceived as providing protection in an unsafe or unfamiliar setting.¹⁹³ They may be more vulnerable to exploitation as a result. However, it is important to note that a complex myriad of aspects contribute to such marriages, including: perceptions that Syrian girls have less options living as refugees in host countries; lack of educational opportunities available to them; concerns about sexual violence; and financial hardship faced by families. Marriage situations can therefore be seen as a form of escape and security for both girls and their families. For instance, there have been reports of Syrian families choosing to marry off their daughters to older and rich men to ensure that they are protected and to help families cope with economic hardships.¹⁹⁴ During an interview with a legal expert, the interviewee gave the example of a 16-year old Syrian girl who was forced into marriage by her mother and brother in return for financial compensation. The girl was later coerced into prostitution by her husband. Fed up with her situation, one day she started a fire in the house. The legal expert said the girl was sent to court for arson. However, after hearing her story, the judge made a decision to send the girl to Al Khansa Protection Facility. A year later, however, the legal expert said that “they sent her back to her parents but made the mother make an oath that they do not harm her.”

2.1.3.5. Financial security

“UNICEF (2014) observes that while poverty and education are clearly related to child marriage in Jordan, statistical relationships appear complicated and non-linear.”¹⁹⁵ Related to this, ensuring a financially secure future for daughters may also be behind the drive for child marriage. This may especially be the case with Syrian refugee women and girls who have fewer educational and employment options.¹⁹⁶ Other circumstances compelling child marriage are an adolescent pregnancy outside of marriage.¹⁹⁷

During a FGD with case managers, several participants believed that child and forced marriages was a way for families to deal with economic hardship. One participant gave the example of Syrian families in Jordan saying that they “might marry off their daughters early because the family can’t afford to support them financially.” Another participant expressed empathy towards such Syrian families faced in these situations, claiming that,

¹⁹⁰ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*, ii.

¹⁹¹ Ibid.

¹⁹² See Spencer, et al., *Gender Based Violence Against Women and Girls*; UN Women, *Inter-agency assessment gender-based*; USAID, JCAP, *Family planning among Syrian*.

¹⁹³ USAID, JCAP, *Family planning among Syrian*.

¹⁹⁴ Nazzal, N. *Syrian gang marrying off minor refugee girls to older men in Amman*. (August 2014) accessed July 25, 2018. <https://gulfnnews.com/news/mena/syria/syrian-gang-marrying-off-minor-refugee-girls-to-older-men-in-amman-1.1427281>

¹⁹⁵ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*, 10.

¹⁹⁶ Spencer, et al., *Gender Based Violence Against Women and Girls*.

¹⁹⁷ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

“We cannot blame Syrian refugees! If the head of the family cannot get a work permit and he has three or four girls, he won’t be able to support them so it is easier for him to marry them off.”

2.1.3.6.A better marriage

Scholars such as Sharabi¹⁹⁸ have described the structural order of Arab countries as ‘neopatriarchal’. Unlike societies governed by liberal or social democratic structures, religion is bound to power and state authority. Moreover, the family, rather than the individual, constitutes the universal building block of the community. The structure of neopatriarchy also facilitates the normalization of patriarchy at a community (meso) and family (micro) level. Classical patriarchy is defined as the “a system of hierarchies, which enforces the superiority of men and seniors, including women, over women and junior men”. To create and reinforce these hierarchies, patriarchal gender structures create roles for both men and women, which are masculine and feminine, and are assigned to persons based on their sex during birth. According to the ‘patriarchal gender order,’ the role of the male is to be the ‘provider’, ‘protector’, ‘breadwinner’ and ‘head of the household.’ Meanwhile, women are perceived as fragile and in need of protection. The primary role assigned to women is reproductive; and they are perceived to be home-makers and care-givers of their households.¹⁹⁹

Hence, in the Arab world – while there is variation, based on general social norms – a woman is traditionally valued for her ability to produce many children, with a young wife seen as having greater reproductive capacity.²⁰⁰ Related to this, in some communities, young girls may be preferred as brides, as those with higher levels of education are sometimes perceived as strong-headed and problematic. The social stigma of being unmarried may also contribute to child marriage.²⁰¹ Parents who favor child marriage may fear their daughters’ exposure to bad influences and threats to her reputation that may then compromise her marriage prospects. A particularly good marriage prospect, such as a proposal from a man from a well-respected family, may provide an incentive to marry off a girl at a young age.²⁰² However, having children at a young age is acknowledged by many community-members to be stressful and challenging as well. While they may have different levels of awareness of the risks and consequences of child marriage, several reports indicate that adolescent girls and parents often self-identify the risks related to health, as well as emotional and socio-economic threats, including a higher risk of divorce and the related consequences from this.²⁰³ Moreover, FGDs with females and mothers also reflected an awareness of these risks, with reports of child marriage being described by Jordanian mothers who experienced child marriage, as “damage[ing] to [the] health”, and “above [a girl’s] capacity to endure.” Several Syrian teachers also believed that marriage for male children has negative consequences, giving the example of boys “leav[ing] school and entering into child labor to support their families.”

¹⁹⁸ Sharabi, H. *Neopatriarchy: A Theory of Distorted Change in Arab Society* (Oxford, ,Oxford University Press, 1988).

¹⁹⁹ Nasser Eddin, N. (2014)

²⁰⁰ Ouis, Honourable traditions?

²⁰¹ Ibid.

²⁰² Qamar and Lokot, *Adolescent girls assessment*.

²⁰³ Bartels, S. A., Michael, S., Roupetz, S., Garbern, S., Kilzar, L., Bergquist, H., ... & Bunting, A. Making sense of child, early and forced marriage among Syrian refugee girls: a mixed methods study in Lebanon. *BMJ global health*, 3:1(2018), e000509.

Other research however has highlighted demographic shifts of marriage in Arab countries, reflecting wider socio-economic changes that are happening throughout the region, although it is important to note that these shifts may not reflect the impact of conflict and displacement on refugee families. Specifically, Arab economies are increasingly shying away from agrarian systems, which encouraged child marriage and larger family structures to greater extents. Moreover, an increasing number of people are moving into cities and working in sectors other than agriculture such as industry and services. Education rate among youth is also increasing and women are more likely to work in the public sphere. These shifts are in turn challenging the traditional gendered roles of women in both private and public spheres.^{204, 205, 206}

2.1.3.7. Girls' education

There seem to be complex relationships between education and child marriage. Women from rural areas who have low education attainments are more likely to marry younger than those from urban areas and/or with more education.²⁰⁷ Girls may be removed from school to marry and indeed face greater barriers in returning to school once married. It may also be the case that girls who drop out of school for other reasons are at greater risk for child marriage because they are not otherwise occupied. There is a further link back to GBV; though girls may be removed from school because they are performing poorly or because the family cannot afford to send them to school, some parents also believe that schools do not provide adequate protection for their daughters.²⁰⁸

2.1.3.8. Risks of child marriage

Girls married at an early age and wives much younger than their husbands had a higher likelihood of experiencing IPV.²⁰⁹ A study of IPV found that the percentage of married women who thought that husbands had the right to use violence against wives was highest among those aged 15 to 19, as well as those living in rural areas and who were uneducated.²¹⁰ This is especially significant as one might expect less support for IPV among younger people as they have grown up in an environment where women have more rights than before. Yet, according to the World Report on Violence and Health, younger girls are more likely to experience IPV due to their vulnerability and having less power.²¹¹

2.1.3.9. Refugees

Studies have highlighted that child marriage is much more prevalent among Syrian girls compared to Jordanians.²¹² What has also caused concern is the annual increase in marriages of Syrian girls registered in Jordan, from 12 percent in 2011 (less than the national rates for Jordan) to 34.6

²⁰⁴ Rashad, H., Osman, M., Roudi-Fahimi, F. *Marriage in the Arab World*. (Washington: PRB, 2005) accessed July 25, 2018. https://assets.prb.org/pdf05/MarriageInArabWorld_Eng.pdf

²⁰⁵ UNICEF, *Early marriage child spouses*. (Italy: UNICEF, 2001) accessed July 25, 2018. <https://www.unicef-irc.org/publications/pdf/digest7e.pdf>

²⁰⁶ IRC, *Adolescent girls assessment. Needs, aspirations, safety and access*. (IRC, June 2015) accessed July 25, <https://www.rescue.org/sites/default/files/document/706/ircjordanadolescentassessment2015educationhighlights.pdf>

²⁰⁷ USAID, JCAP, *Family planning among Syrian*.

²⁰⁸ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

²⁰⁹ Alma'arefa, *A Study on Child Marriage in Jordan*

²¹⁰ JCAP, USAID, *Knowledge, Attitudes and Practices*.

²¹¹ E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi and R. Lozano, *World Report on Violence and Health*, (Geneva: WHO, 2002).

²¹² (CARE 2017; UNICEF, *A study on early marriage*; USAID, JCAP, *Family planning among Syrian*.)

percent in 2015. Conflict and displacement are widely considered to be driving an increase in child marriage among Syrians in Jordan as reported in qualitative data based on consultation with communities and service providers. However, it should be noted that in Syria, child marriage of girls under 18 was commonly practiced by certain families pre-existing to the crisis, particularly in rural areas, as the legal age of marriage is 16 (with girls sometimes marrying as young as 13).²¹³ It is important to note that the majority of Syrian refugees in Jordan are from Deraa,²¹⁴ the region with the highest rate of child marriage in Syria: 18 percent compared to 9.7 percent for all of Syria, as measured in the 2006 Multi-Cluster Indicator Survey.²¹⁵ This suggests that the increase may in part be due the influx of Syrian girls who were culturally predisposed to marry early anyway. However, this cannot be generalized for the governorate of Deraa which includes both urban and rural locations (or even for rural areas more generally as there are variations across locations and families). Additionally, this is not to say that other factors particular to the Syrian displacement should be discounted; rather that the cultural/customary component of child marriage among certain Syrian populations, something that predates the crisis, may be important to also consider. It is also important to note that child marriage is not only practiced by Syrian communities in Jordan, but also by many Jordanian communities.

Other factors that may relate to child marriage of Syrians include more severe mobility restrictions and lower attendance in school of Syrians.²¹⁶ A study conducted in 2014 also indicates that the perceptions Syrian refugees have about child marriage are associated with the economic status of their families, their feeling of safety, and access to services such as health and education.²¹⁷ There have been reports of Syrian refugee families arranging for their daughters to marry men in Syria to help bring the men into Jordan.²¹⁸ War and displacement have placed girls in vulnerable situations and they have been forced to engage in mixed-sex settings, which can cause neighbors to gossip and parents to be fearful of their daughters' reputations.²¹⁹ Married girls may be seen as less vulnerable to rape, and also less stigmatized in the event that they are raped.²²⁰

Palestinian refugee girls are also more likely to marry as children, particularly those living in refugee camps. According to figures from 2015, 17.6 percent of all marriages of Palestinians were of girls

²¹³ JCAP, USAID, *Knowledge, Attitudes and Practices*.

²¹⁴ UNHCR, *Syrian Refugees in Jordan by Origin*, (Amman: UNHCR, 2017), accessed, May 24, 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/Syrian%20refugees%20in%20Jordan%20by%20Origin%20202.pdf>

²¹⁵ Central Bureau of Statistics, Pan-Arab Project for Family Health/League of Arab States and UNICEF, *Syrian Arab Republic Multiple Indicator Cluster Survey*, (Central Bureau of Statistics, Pan-Arab Project for Family Health/League of Arab States, & UNICEF, 2008), accessed, May 24, 2018. https://mics-surveys-prod.s3.amazonaws.com/MICS3/Middle%20East%20and%20North%20Africa/Syrian%20Arab%20Republic/2006/Final/Syrian%20Arab%20Republic%202006%20MICS_English.pdf

²¹⁶ IRC, *Integrating cash transfers*; UNFPA, Regional Situation Report for Syria Crisis, (Amman: UNFPA, 2016), accessed, May 24, 2018, http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Regional_Situation_Report_for_Syria_CrisisIssue_No._52_December.pdf

²¹⁷ USAID, JCAP, *Family planning among Syrian*.

²¹⁸ Ibid.

²¹⁹ See International Rescue Committee (IRC), Adolescent Girls Assessment. (Amman, IRC, 2015), accessed May 24, 2018. <https://www.rescue.org/sites/default/files/document/706/ircjordanadolescentassessment2015educationhighlights.pdf>; USAID, JCAP, *Knowledge, attitudes, and practices*; Women's Refugee Commission (WRC), *A Girl No More: The Changing Norms of Child Marriage in Conflict*. (WRC, 2016), accessed, May 24, 2018, <http://reliefweb.int/report/world/girl-no-more-changingnorms-child-marriage-conflict>

²²⁰ WRC, *A Girl No More*.

under 18 years of age.²²¹ Poverty was also one of the main reasons reported for child marriage among Palestinian refugees of large-sized families.

2.2. Sexual and reproductive health and rights (SRHR) needs and associated factors

Access to SRH information and services

It is estimated that currently, half of the world's population is below the age of 30, which equates to the highest youth population in history.²²² Although the years of youth are regarded as healthy periods in peoples' lives, over 1.4 million adolescents die each year, and 97 percent of these deaths are in low and middle-income countries. Moreover, an even larger number of adolescents and youth suffer from poor health conditions.²²³

As for youth in Arab countries, they share several similar demographic traits: an increase in population rate, the same age structure, and similar marriage patterns. Over the past 40 years, the population in Arab countries on average has tripled and the age structure is still young in comparison to global rates. Moreover, over 54 percent of the population in Arab countries are below the age of 25, in comparison to 48 percent and 29 percent for developing and developed countries respectively.²²⁴ In Jordan, population growth rate is very high, reaching 2.2 percent between 2004 and 2013. 37.3 percent of the country's total population are younger than 15 years of age, 59.4 percent are between 15 to 64 years of age and 3.3 percent are older than 64 years of age.

In its Reproductive Health/Family Planning Clinical Guidelines, the Jordanian Ministry of Health (MoH) states that:

“The reproductive health needs of adolescents have been ignored for a long time. Information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, STIs, and the subsequent risk of infertility.”²²⁵

Findings of the 2000 Jordan Youth Survey highlighted a lack of information on puberty and the process of maturation among female and male youth in the country. In fact, it was estimated that 57 percent of young females felt scared and surprised when they first got their period. Moreover, these survey findings also showed that 86 percent of males and females reported that they would have liked to be more informed on aspects such as physiological changes and puberty. There have also been concerns raised in the region related to menstruation, such as a lack of sanitary materials and access to appropriate safe and dignified facilities for menstrual hygiene, including the impact on school attendance for girls.

²²¹ Alma'arefa, *A Study on Child Marriage in Jordan*.

²²² Hewko, J. *This is what millennials want in 2018*. (WEF, January 2018) accessed July 28, 2018. <https://www.weforum.org/agenda/2018/01/this-is-what-millennials-want-in-2018/>

²²³ Makhlof Obermeyer, C. Adolescents in Arab countries: health statistics and social context. *DIFI Family Research and Proceedings*, 1, 2015

²²⁴ Ibid.

²²⁵ The Hashemite Kingdom of Jordan Ministry of Health, *Reproductive Health/Family Planning Clinical Guidelines*. (Amman: The Hashemite Kingdom of Jordan Ministry of Health, n.d.), 465

Findings indicated that 100 percent of women aged 15 to 24 were aware of contraceptives. However, there were misunderstandings on the view of Islam with regards to contraception, especially among males. Reproductive health was a concept that was not known to 29 percent of women and 44 percent of men. The meaning of reproductive health was more known among youth aged 20 to 24 than adolescents aged 15 to 19. Knowledge on reproductive health information and services was also considered to be for married people only. Thus, limited information available to adolescents on reproductive health is a key challenge.²²⁶ Barriers to adolescent reproductive health lead to an inability to obtain services, including due to “physicians usually encourage[ing] newlyweds, young and nulliparous women not to use contraceptives”.²²⁷

Female youth in Jordan have high fertility levels, yet lack education and information on sexual and reproductive health (SRH). This in turn may explain high birth rates in the country. This lack of information – along with their poor access to health services – means that female youth are facing higher levels of pregnancy-related risks than necessary. Married girls and young women are not only under pressure to demonstrate their fertility early, but they also face barriers related to: using modern contraception to delay their first child, optimally spacing their births, and avoiding unwanted pregnancy. On the other hand, unmarried girls and women may face stigma in trying to access SRH services or information, as they are not supposed to need it because they are “not supposed to be” sexually active.

The children participants in the Jordan Situation Analysis also highlighted that children and young people’s limited access to information and education on healthy lifestyle represents a challenge related to promoting their wellbeing. Additionally, a 2005 UNFPA survey showed that the misconceptions and gaps in knowledge of SRH was higher among males versus females, but that there was a general interest in learning more about healthy lifestyles including: issues related to psychological and emotional wellbeing, puberty, sexual health, pregnancy, and protection from HIV/AIDS. The survey also emphasized the importance of confidentiality, particularly for girls, because of social norms against unmarried girls visiting reproductive health clinics.²²⁸

According to a study conducted in 2017, less than one percent of girls in urban areas of Jordan reported that they received information on menstruation from health practitioners. Findings also showed that 82.4 percent did not feel that they were adequately prepared when they first got their period. The study highlighted that a large number of girls in LMIC lacked awareness of their biological maturation and its consequences, and when they do get their period for the first time, they still face the challenge of accessing suitable sanitary materials as well as physical and emotional support.²²⁹ A key factor influencing attitudes towards biological maturation are negative gender norms related to girls and women’s sexuality and value, including norms that validate practices such as child marriage and other practices related to protecting family honor, which are likely to lead to GBV.²³⁰

²²⁶ Ibid.

²²⁷ Almasarweh, I.S. *Adolescent reproductive health in Jordan. Status, policies, programs and issues.* (2003), accessed July 25, 2018. http://www.policyproject.com/pubs/countryreports/ARH_Jordan.pdf

²²⁸ UNICEF *Children in Jordan Situation Analysis.* (Jordan: UNICEF, 2007), accessed August 4, 2018. https://www.unicef.org/sitan/files/SITAN_Jordan_Eng.pdf

²²⁹ Chandra-Mouli, V., Patel, S.V. Mapping the knowledge and understanding of menarch, menstrual hygiene and menstrual health among adolescent girls in low- and middle income countries. *Reproductive Health.* 14, 30(2017): 2-16.

²³⁰ Plan International, *Adolescent girls and boys needs assessment. Focus on child labour and child marriage.* (2018) accessed July 27, 2018. <https://data2.unhcr.org/en/documents/download/64845>

Syrian refugees in Jordan, particularly women and girls, face extreme challenges with regards to their SRHR due to factors such as socio-economic pressures, power dynamics between host and refugee populations, and gender-related dynamics and social norms. Major concerns within Syrian refugee populations resulting from these challenges were reported to include early pregnancy, child marriage, GBV and sexual assault. The knowledge of Syrian refugee women on reproductive health is also in many cases limited to awareness on a few family planning methods.²³¹ A study conducted in 2016 indicated that 42 percent of Syrian married women never took contraceptives and thought of discontinuing it because they believed it had negative side effects. Findings also showed misunderstandings on how contraceptives are used and how they work.²³²

Around 70 percent of Syrian refugees residing in host countries are women and children. The SRH of Syrian women and girls in host countries face great disadvantages due to lack of services, gender dynamics and fear of seeking services. A study conducted by Smith²³³ highlighted dissatisfaction among Syrian refugees with the accessibility of reproductive health care services in Jordan. Furthermore, these findings indicate a need for more support groups to facilitate access to knowledge on reproductive health issues such as birth control and family planning (which was recorded as lacking for Syrian refugees in Jordan). Various studies have also highlighted that refugee women and girls are at greater risk to GBV, child marriage, early age pregnancies, and prostitution.^{234,235,236} In Jordan, both GBV and prostitution among Syrian refugee women and girls are key concerns.²³⁷ These concerns were also reflected during focus groups with case managers and interviews with key informants.

Fertility and sexual activity

In Jordan, fertility is often linked to social status. There is a common desire for large families – with families having 3.7 children on average – and particularly for sons.²³⁸ The fertility rate is slightly lower than the desired birthrate at 3.36 births per woman, which is itself twice the replacement birth rate.²³⁹

However, the economic cost of raising children is starting to influence decision-making about family size for Jordanians, particularly in urban areas.²⁴⁰ The challenges of living as a refugee may also be discouraging Syrians in Jordan from having more children.²⁴¹ Demonstrating fertility is important in

²³¹ UNFPA, *UNFPA Response to Syrian humanitarian crisis in Jordan Year 2013*. (2013) accessed July 27, 2018. https://jordan.unfpa.org/sites/default/files/pub-pdf/UNFPA_Response_to_Syrianfinal.pdf

²³² Dehnert, E. Among Syrian refugees, dispelling myths about contraceptives. (2018) accessed July 27, 2018. <https://jordan.unfpa.org/en/news/among-syrian-refugees-dispelling-myths-about-contraceptives>

²³³ Smith, H. *Syrian refugee women in Jordan: Family planning preferences and barriers in a host community*. Independence study project collection, (2016)

²³⁴ Al-Tuwaijr, S. *Gender-Based Violence and Child Protection Among Syrian refugees in Jordan with a Focus on Early Marriage* (Amman, Jordan: UN Women, 2013).

²³⁵ Charles L., Denman K. Syrian and Palestinian Syrian refugees in Lebanon: the Plight of Women and Children. *Journal of International Women's Studies*. 14, 5 (2013): 96.

²³⁶ Doedens Wet al. *Reproductive Health Services for Syrian Refugees in Zaatri Refugee Camp and Irbid City, Jordan*. (Washington, DC: US Department of State, Bureau of Population, Refugees and Migration, 2013).

²³⁷ Samari, G. Syrian Refugee Women's Health in Lebanon, Turkey, and Jordan and Recommendations for Improved Practice. *World medical & health policy*, 9:2(2017), 255-274).

²³⁸ USAID, JCAP, *Family planning among Syrian*.

²³⁹ The level of fertility at which a population exactly replaces itself from one generation to the next, which is 2.1 children per woman in most countries.

²⁴⁰ USAID, JCAP, *Family planning among Syrian*.

²⁴¹ Ibid.

marriage and the use of contraceptives by newlyweds is typically viewed negatively; 84 percent of women have at least one child within the first three years of marriage.²⁴² Because of the high rates of pregnant young women or those trying to become pregnant,²⁴³ there is a high and unmet need for SRH services among those in their early twenties. While rates of adolescent pregnancy, mostly related to child marriage, are low among Jordanians, they are higher and climbing —among Syrians.²⁴⁴

While there are strong norms opposing sex outside of marriage and requiring the virginity of girls and women before marriage in Jordan, seven percent of college students reported having non-marital sex according to a study from 1994, as did four percent of 15 to 30 year olds in a study from 1999.²⁴⁵

Sexual and reproductive health morbidity and concerns

A recent study conducted in Southern Jordan found that women aged 15 and above experienced high rates of reproductive and other related morbidities. While not generalizable to the rest of Jordan it may be indicative of concerns elsewhere. Findings also highlighted the need to sensitize health care practitioners to the health needs of women, particularly those who are living in marginalized regions of the country and to provide women with appropriate information related to health care needs.²⁴⁶ Another more recent study conducted by WHO identified reproductive health concerns including: reproductive tract infections, chlamydia, prolapse (more of a concern for older women), infertility, urinary tract infections, urinary incontinence (often linked to childbirth and age), and anemia. It should also be noted that the risk of these health concerns as well as others are increased in cases of child marriage, both within the short and long term. Challenging expectations that STIs are less of a concern in traditional Muslim societies, Mawajdeh, Al-Qutob and Schmidt's study also found that more than one-third of women in the community they drew their sample from currently had or had previously contracted chlamydia, a STI. Most of these women had not sought medical treatment, even though many of them knew their condition was abnormal.²⁴⁷

It is believed that husbands are more likely to be the ones transmitting STIs to their wives than the other way around as they are more likely to have previous or concurrent partners. Yet, husbands are less likely to seek treatment, or to be stigmatized for having a STI, than their wives.²⁴⁸

SRH problems mentioned during the FGDs carried out as part of our assessment with youth and adolescent girls included issues such as first periods, urinary tract infections, constipation, and pregnancy (including miscarriage, unwanted pregnancy from rape, and abortion).

²⁴² JCAP, USAID, *Knowledge, Attitudes and Practices*.

²⁴³ USAID, JCAP, *Family planning among Syrian*.

²⁴⁴ Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

²⁴⁵ I. Khalaf, F. Abu Moghli, and E. Froelicher, "Youth-friendly reproductive health services in Jordan from the perspective of the youth: a descriptive qualitative study," *Scandinavian Journal of Caring Sciences* 24 no. 2 (2010): 321-331.

²⁴⁶ Abu-Moghli, F.A. et al. *Reproductive and non-reproductive health status of women aged 15 years and above in southern Jordan*. EMHJ, 18, 5 (2012): 417-425.

²⁴⁷ S. M. Mawajdeh, R. Al-Qutob, A. Schmidt. "Measuring reproductive morbidity: a community-based approach, Jordan," *Health Care Women International* 24 no. 7 (2003): 635-49.

²⁴⁸ IATF, *Inter-agency task force (IATF) health sector gender analysis*.

Many female participants believed that not getting help for SRH problems could result in infertility. There was awareness by many participants that, if such health problems were left unaddressed, they could lead to complications that would be, in the words of an adolescent female from Mafraq, “more difficult to be treated.” A teacher from Kerak mentioned that “such situation(s) [SRH related illnesses] affects youth’s personalities, they become isolated, and unconfident, they keep thinking if they don’t have solution or answers to their problems.” This, as well as the risk of medical complications resulting from not seeking help for SRH problems, can also influence the well-being of individuals.

Family planning

According to a JCAP reproductive health survey, birth spacing is a more acceptable reason to use contraception than family planning. In Jordan, intrauterine devices (IUDs) are the most popular method of modern birth control, followed by contraceptive pills. However, many women who are trying to limit their fertility report not using modern contraceptives, and 40 percent of ever pregnant women reported that their last pregnancies were unplanned.²⁴⁹ Family planning is generally viewed as a woman’s responsibility, something that may deter men from using male contraceptives such as condoms or from participating in and supporting their wives in accessing reproductive health and antenatal care.²⁵⁰ During a FGD with females who had experienced child marriage, one participant highlighted the role of women in family planning saying, “after getting married, the girl should follow up with doctor to if her body is able to have a baby or not[...] [the husband’s role is to] help her and make her feel comfortable.” During another FGD with male adults, several participants believed that information on sexual and reproductive health was the responsibility of mothers and not fathers, as this contradicted their traditional role. They also more narrowly defined provision of information as “tell[ing] her not to do these things,” referring to having sexual relationships.

Side effects and fear of side effects of medical contraceptives (including concerns regarding fertility), the belief that family planning contradicts religious or cultural teachings, and the belief that traditional contraceptive methods are equally effective, may deter some from using modern contraceptives. During focus groups with boys, several reported fears of having problems in their sexual organs, specifically fears that using contraceptives would “lead to sterility in the future” and therefore affect their masculinities. Others reported they would not tell their friends in situations where they had sexual-related problems in order “not to be bullied”. Describing the culture in Arab families, another male participant said, “the[...]sexual culture and education does not exist, so no one can actually help except the doctor”. Access to SRH education that addresses these concerns may encourage use of family planning.²⁵¹ In Jordan, the low percentage of men’s participation in family planning is a key challenge to the delivery of reproductive health care. Moreover, both men and women prefer having male children and believe that this is a reflection of a man’s virility and authority. Hence, the desire to have male children has been reported as a challenge to family planning interventions.²⁵² Including men in family planning responsibilities is therefore crucial as they are usually the decision-makers in their families.

Risks of early pregnancy

²⁴⁹ JCAP, USAID, *Knowledge, Attitudes and Practices*.

²⁵⁰ USAID, JCAP, *Family planning among Syrian*.

²⁵¹ USAID, JCAP, *Family planning among Syrian*.

²⁵² Mansour, A. M., Malkawi, A. O., Sato, T., Hamaideh, S. H., & Hanouneh, S. I. Men's perceptions of and participation in family planning in Aqaba and Ma'an governorates, Jordan. *EMHJ-Eastern Mediterranean Health Journal*, 22, 2(2016): 124-132.

As already mentioned, pregnant adolescents and their babies may experience more health risks than non-adolescent pregnant women and their babies. In responding to the needs of Syrian refugees, the health sector in Jordan has noted an “increased expression of delivery complications and newborn conditions obliging urgent hospitalization (obstetric and newborn emergencies) among young women.”²⁵³ Those in the health sector have expressed concern about restrictions on women’s movement and activities that result in pregnant women not receiving antenatal care, a practice that seems to mostly affect younger women.

The MoH’s Reproductive Health/Family Planning Clinical Guidelines acknowledge that: “adolescent girls facing an unwanted pregnancy often seek abortions. Teenagers are more likely than older women to be forced to have an unsafe abortion. They also tend to delay obtaining the procedure until later in pregnancy. Adolescents, therefore, account for a disproportionate number of abortion complications.” However, due to the stigma around abortion and because abortion is illegal in Jordan, there is not much data regarding abortions available.

Gender based violence and sexual and reproductive health

Women who have experienced IPV may also be at higher risk for certain pregnancy-related complications including miscarriage, smoking during pregnancy, and preterm delivery; they are also less likely to access antenatal care.²⁵⁴ There is evidence that Syrian women exposed to conflict-related violence are “more likely to have poor sexual and reproductive health compared to women who are not exposed.”²⁵⁵ Health services are a crucial point of contact for GBV services (including medical care to address both short-term and chronic consequences such as injuries and STI/STDs from physical and sexual violence). Given that younger women, and in particular Syrian women, are less likely to go unaccompanied to health service appointments²⁵⁶ (and thus be able to meet privately with a health provider), it is not surprising that they may be less likely to be screened for GBV and/or offered specialized or related services as a result.

Sexual and reproductive health awareness, education and counseling

Qualitative research with male and female youth by Khalaf, Abu Moghli, and Froelicher, identified the following needs for sexual reproductive health information:

- Need for information about SRH services available
- Type of reproductive health services available
- Location of reproductive health services available
- Need for reproductive health information
- Puberty, including physical changes as part of maturation
- Adolescence Menstruation
- Pregnancy and delivery-
- Need for counselling
- Youth relations with the opposite sex
- How to avoid wrong behaviors
- How to adapt to physical and psychological changes

²⁵³ Ibid, 216.

²⁵⁴ Spencer, et al., *Gender Based Violence Against Women and Girls*.

²⁵⁵ Ibid. 10.

²⁵⁶ JCAP, USAID, *Knowledge, Attitudes and Practices*.

– Sexual relations and related issues²⁵⁷

However, it is important to note that there is a reluctance to discuss sex in Jordan, especially with unmarried young people²⁵⁸:

“Even discussing the process of physical maturation is frequently avoided within the family on the assumption that silence will keep young people innocent and discourage inappropriate behavior.”²⁵⁹ Yet, government policy lists young people as a target for sexual and reproductive health education and youth themselves are requesting it.²⁶⁰

SRH education is not provided to adolescents in school, with the possible exception of basic anatomy during biology class.²⁶¹ Young people therefore rely on their parents²⁶² and friends, the media, and medical personnel²⁶³ for this information. Jordan’s last focused survey on SRH knowledge, attitudes, and practices was conducted in 2000, and thus is woefully out of date. However, it is interesting to note that it found that: “Parents occupy a distant third place as a potential source of family planning information. Only 13 percent of young men and women said they would consider their parents as the primary source of information on this matter.”²⁶⁴ This contradicts the norm that dictates that parents should be responsible for educating their children about sexual health matters. One study also reports that: “the lowest exposure to [family planning information via] any media or non-media source was observed among women aged 15 to 19, Syrian women, those with no education, and women in the poorest income quintile.”²⁶⁵ In addition, young people’s chances of receiving accurate information from medical personnel is compromised by the same cultural norms against discussing these issues with unmarried young people, and the likelihood that young people, especially females, are accompanied to appointments by family members. Males are even less likely than females to report receiving SRH information.²⁶⁶

2.3. Impact and consequences of GBV

2.3.1. Physical and mental health

Our assessment did not collect primary data on the health consequences and risks of GBV as it is beyond the scope of this research and would have required assistance from medical practitioners to produce valid and accurate results. However, the public health literature on Jordan confirms that GBV can lead to negative health outcomes for youth and adolescents, both physical and mental, and these can be both life-threatening and chronic. A study conducted of female survivors of

²⁵⁷ Khalaf, F. Abu Moghli, and E. Froelicher, “Youth-friendly reproductive health services,” 324.

²⁵⁸ IATF, *Inter-agency task force (IATF) health sector gender analysis*.

²⁵⁹ Khalaf, F. Abu Moghli, and E. Froelicher, “Youth-friendly reproductive health services,” 322.

²⁶⁰ USAID, JCAP, *Family planning among Syrian*.

²⁶¹ MSI, *Jordan National Youth Assessment*

²⁶² Ibid.

²⁶³ JCAP, USAID, *Knowledge, Attitudes and Practices*.

²⁶⁴ John Hopkins University, *Jordanian Youth Survey: Knowledge, Attitudes and Practices on reproductive Health and Life Planning*, (John Hopkins University, 2000).

²⁶⁵ JCAP, USAID, *Knowledge, Attitudes and Practices*.

²⁶⁶ USAID, JCAP, *Family planning among Syrian*.

violence, by Spencer et al., highlighted the long-term physical and emotional health effects of violence on women and girls which, in many cases, interfered with their daily lives.²⁶⁷ Of the participants in their study who reported experiencing violence, a few mentioned contracting a sexually transmitted infection (STI) or having a miscarriage as a result of the violence. Another study on survivors of violence in Jordan indicated that 50 percent of women surveyed (n=124) reported experiencing psychological difficulties. Girls who experienced abuse were more likely to experience mental health problems.²⁶⁸

2.3.2. Further risks of stigma, violence, and GBV

In addition to physical and emotional health effects, participants brought up the fear of further violence: “When this [sexual abuse] happens, the girl feels afraid,” reported a female adolescent from Amman. Most descriptions of fear and worry that were discussed was in relation to how others, especially parents, might react when learning of the abuse. Fear and worry also centered around the wider community being told about the abuse (particularly in reference to an organization in which the young person sought help). Our participants’ responses suggest that fear is related to shame – shame that comes from girls and women being blamed for the abuse because of how they behaved, dressed, or talked. They also mentioned the shame that results from a loss of family honor. Shame in turn leads back to fear; as the way to regain the family’s honor is to kill, or very least punish, the survivor. This was highlighted by a case manager, who said,

As a female youth from Amman explained, the latter might be a reason for individuals’ tendency to avoiding seeking help “because this [others learning of the abuse] affects her reputation negatively... it is shame.” Meanwhile, for male survivors, the shame seems more personal, a sign of weakness that leads to a questioning of their masculinity.

Those who marry early are also believed to be more likely to divorce.²⁶⁹ If they do divorce, girls whose marriages have not been reviewed at court, either because they were married too young, they cannot afford it, or they do not understand the rules, do not have their rights legally protected.²⁷⁰ For Syrians in Jordan, child marriage was also felt to put girls whose husbands were fighting in Syria at risk of becoming young widows, which increased their vulnerability to exploitation and abuse.²⁷¹ Child marriage leads to early pregnancy, and globally, it has been found that mothers under the age of 18 are at much higher risk of having their child die in its first year of life, suffer from low birth weight, experience undernourishment, and face late physical and cognitive development.²⁷² The SRHR section below details more of the psychosocial and health risks faced by married girls and young women.

²⁶⁷ Spencer, et al., *Gender Based Violence Against Women and Girls*.

²⁶⁸ See A. Jumaian, “Prevalence and long-term impact of child sexual abuse among a sample of male college students in Jordan,” *Eastern Mediterranean Health Journal* 7 no. 3 (2001): 435-440; Presler-Marshall, Gercama, and Jones, *Adolescent girls in Jordan*.

²⁶⁹ See Alma’arefa, *A Study on Child Marriage in Jordan*; USAID, JCAP, *Family planning among Syrian*.

²⁷⁰ Alma’arefa, *A Study on Child Marriage in Jordan*.

²⁷¹ Spencer, et al., *Gender Based Violence Against Women and Girls*.

²⁷² UNICEF, *State of the World’s Children*, (New York: UNICEF, 2009), accessed, May 24, 2018. <https://www.unicef.org/sowc09/report/report.php>

In response to the distressing physical and mental impacts that GBV can have on an individual, as well as the fear of further risks of violence, it is common to seek or develop coping strategies or mechanisms to manage and/or decrease stress.

2.3.3 Coping strategies and help-seeking behaviors

The ways young people behave, feel about, and make sense of traumatic or stressful situations helps determine how they cope with incidences of GBV. Lazarus and Folkman define coping as, “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.”²⁷³

There is no agreed upon way to classify coping strategies across contexts, although attempts have been made to develop one. Some classifications clearly differentiate negative coping strategies from positive coping strategies, sometimes even positioning the former as mental illness or social deviance.²⁷⁴ However, research on the psychology and neuropsychology of trauma is demonstrating that what were previously judged to be abnormal and problematic psychosocial reactions by survivors are, in fact, normal adaptive responses of people trying to survive as best they can under abnormal conditions. This survivor-centered approach reserves judgment on these strategies as far as being labeled as either ‘bad’ or ‘good’, acknowledging that the survivor themselves is in the best position to decide which strategy will work for them in the moment. The survivor benefits from having a flexible and rich repertoire of coping strategies that they can use according to the type of hardship encountered.²⁷⁵ This is consistent with the proposition that effective coping is stress-specific, and strategies that work in one situation do not necessarily work as well in others.²⁷⁶

Our analysis of these coping strategies is informed by higher-level categories developed by other researchers that use concepts such as emotion- versus problem-focused coping,²⁷⁷ and active versus passive coping.²⁷⁸ Using our data, we propose the following mid-level categories to understand the coping strategies that young people shared in our assessment: emotional and cognitive; doing nothing; avoidance (destructive and constructive); destructive distracting; direct problem-solving; and seeking help (cognitive and behavioral).

It is important to reiterate that this is not an account of the actual coping strategies used by young survivors of GBV in Jordan. Rather, it is an account of typical coping strategies that young people who have not necessarily been survivors of GBV, community members, and professionals who work with GBV survivors, expect young victims to use in response to different types of GBV and in relation to their help-seeking behaviors. FGD participants were presented with different scenarios of GBV and asked: “How might this affect the young person?” and “What can they do to keep themselves safe in this situation?”

²⁷³ R. Lazarus and S. Folkman, *Stress, appraisal, and coping*, (New York: Springer, 1984), 141.

²⁷⁴ In fact our own classifications retain some of this judgemental language, such as destructive and constructive.

²⁷⁵ See E. B. Band and J. R. Weiss, “How to feel better when it feels bad: Children’s perspectives on coping with everyday stress,” *Developmental Psychology* 24 (1988): 247-253; M. Rutter, *Resilience reconsidered*.

²⁷⁶ M. Rutter, *Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications*, In J. P. Shondoff and S. Meisels (eds.), *Handbook of childhood intervention*, (Cambridge: Cambridge University Press, 2000).

²⁷⁷ Lazarus and Folkman, *Stress, appraisal, and coping*.

²⁷⁸ C. S. Carver, M. F. Scheier, J. K. Weintraub, “Assessing coping strategies: A theoretically based approach,” *Journal of Personality and Social Psychology* 56, no. 2 (1989): 267; L. Pearlin and C. Schooler, “The structure of coping,” *Journal of Health and Social Behavior* 19, (1978): 2-21.

Lastly, it is important to note that the categories below are often both consequences of GBV and coping strategies of survivors, as there is interrelation and overlap between the two. For instance, a survivor might try to ignore the situation and do nothing, as the violence has affected her sense of confidence and caused self-blame as well as fear of repercussions. Often the types of responses described below may also take place in conjunction or at different phases of the survivor's process, as the survivor may fluctuate between different responses.

2.3.2.1. Emotional and cognitive

Participants explained that the way young people thought about, or framed, an experience with GBV was itself a form of coping. In some cases, survivors are unaware that what is being done to them is wrong, especially if they are children. Our findings were consistent with literature that reports survivors justifying GBV in certain situations as their fault, internalizing norms of victim-blaming (Dos & Macro, 2008). Meanwhile, a teacher in an informal school mentioned that some girls may see harassment as a compliment, rather than abuse, due to it being a validation/reinforcement of their value in the eyes of men: "Some girls consider [that] harassment means she is beautiful and attractive, and they like it." Also related to sexual harassment, an adolescent female from Zarqa felt the best strategy would be for the girl being harassed to not care and to "show to him [the harasser] that she doesn't care." Along similar lines, there was a feeling that some of the sexual language used to verbally harass young people had become normalized, cognitively reframed by the wider community.

Participants also mentioned internalizing feelings and behaviours such as a survivor's loss of confidence, social isolation, perceived weakness, and distress. Specific to child marriage, a Jordanian girl married at an early age from Karak explained,

When a girl is forced to get married, this affects her psychologically. She feels she is different because she likes to continue her study but she couldn't, she will look at herself as a weak person, and the community will look at her the same.

2.3.2.2. Doing nothing

The coping strategies under the theme of doing nothing, include: tolerating, staying silent and not knowing what to do. These strategies may serve more than one function, and without an explanation from the survivor, it is impossible to know the motivation for adopting this strategy. An outsider may see doing nothing as maladaptive because it allows the violence to continue, or even sends the message that the violence is okay. This is exemplified by how often survivors are blamed and held responsible for violence because they did not run away or call for help. Doing nothing may be judged as a non-response; the passive reaction of someone who is frozen and cannot, in fact, do anything. While this is true, and freezing is very normal (especially in children), the freezing response can be extremely adaptive and a way of ensuring that violence does not escalate, or that further victimization does not occur as a result of others finding out. The decision to do nothing may be unconscious or even consciously and intelligently calculated as the best course of action, even a life-saving action. You can even see how judgement of coping strategies is embedded in some of

the literature on GBV in Jordan, which describes girls and women as adapting passively to their situation through ignoring; “normalizing and tolerating [violent] acts” in silence.²⁷⁹ However, doing nothing also poses risks (including not accessing services), which can carry life-threatening implications and affect health and well-being of the individual. Violence may also and often does continue, either from the same perpetrator or from later perpetrators taking advantage of the vulnerability of the survivor.

Tolerating violence

Tolerating abuse was mentioned often in the context of IPV. A young woman is more likely to tolerate abuse when she does not have the support of her parents and family. In the words of one case manager, survivors “will not talk to anyone” if they are unable to gain the support of their parents. Tolerating abuse therefore may be related to a perceived lack of options. Tolerating abuse was also reported by some participants as a better solution than “escaping” the marriage because doing so would disgrace the family.

Staying silent

Related to the two previous categories, staying silent is a coping strategy used by the survivor when she does not tell anyone at all about her experience. It is also used by a survivor’s support network, whether family-members, a friend, or a professional.

Someone who is being abused by a family member may be especially likely to stay silent: “I don’t think the child will be saying anything, since usually the child who is going through such experiences, he/she is already violated at home,” explained a male youth from Amman. A survivor may fear escalating the abuse or may stay silent to protect their abuser or other family members. Age was felt to influence whether this coping mechanism was used. As people get older, they have more access to people and networks outside of their family, including professionals, to whom they can selectively disclose abuse. On the other hand, in the words of a female youth in Amman, “if this child is under nine or ten years old, they usually say everything they see or experience, if the child is older than that, maybe he will not tell his parents, but maybe to his cousins or relatives to revenge.”

Given a culture of shame regarding GBV, families often encourage survivors to stay silent to avoid being shamed by the community and to protect the family’s honor. Girls and women may also stay silent of their own accord. For refugees especially, the problems that can result for families if GBV is reported to the police can be grave, including deportation. A female youth from Amman who is a refugee confirmed the latter in this assessment, sharing that “some families don’t accept that their daughter goes to police, in such cases, this can cause problems between families, so I would prefer to be silent.”

Not knowing what to do

Sometimes young people affected by GBV may want to do something but do not know what to do. This may be because of their lack of knowledge or experience, but also because violence by men in a patriarchal society, particularly male family members, is so difficult to challenge both socially and institutionally. There are simply no good options available. A teacher in a non-formal school in Karak explained,

²⁷⁹ Gharaibeh and Oweis, “Why Do Jordanian Women Stay.”

Another teacher in the same FGD said, “In the end, he is a child. He cannot do anything if it’s a 20 or 25 year-old guy.”

2.3.2.3. Avoiding

Escaping

Escaping is an avoidance coping strategy mentioned in both previous literature²⁸⁰ and among our participants in this current assessment. For example, a male youth from Amman suggested, “the child can try to run away” to escape sexual abuse. A case manager said that in the case of IPV, the woman could “leave... [and] go to her family.” When a girl is harassed in the streets, a female adolescent in Zarqa said she should “change... direction ...[or] walk with her feet on the ground and walk quickly.”

Changing behavior and appearance

The avoidance strategy of changing one’s behaviour and appearance to minimize risks are in part related to females being blamed for provoking GBV. GBV is often framed in a way to so as to place responsibility solely on girls. A female teacher in an informal school in Karak advised that at a certain age, a girl needs to take care with how she behaves and dresses “around male relatives and never be left alone with them no matter how trusted they are, [because] you never know when someone might lose control.” Another teacher said, “sometimes we should blame girls, some girls wear hot shorts at home in front of their fathers and brothers and excite their lust.”

In the public sphere, a study conducted by Qamar and Lokot found that girls used a so-called “respect yourself” approach to protect themselves from sexual harassment.²⁸¹ By this, they meant dressing conservatively (e.g. not showing skin and not wearing a lot of makeup) as a way to try to “escape notice” and to combat perceptions that they were “provoking” the harassment. Many strategies that participants shared with us required a girl or woman to change her behavior to try to avoid being in a situation where she was more vulnerable to harassment or doing things that might escalate harassment. It should be noted that this is not condoning that girls are at fault for harassment rather than holding perpetrators responsible, but it is relaying the perceptions of girls and community-members regarding how to mitigate potential risks. Strategies mentioned included: walking in “streets full of people” by a female youth in Amman; “avoid[ing] wandering around alone,” by a female teacher in Karak; and “walking with your eyes on the ground and looking angry,” by a female adolescent in Zarqa. Victim-blaming can lead to focusing on changing how women and girls or even specifically how GBV survivors behave, rather than how men/boys/perpetrators behave. This is reflected in an experience shared by a female teacher in an informal school in Kerak:

Changing testimony about incident

Survivors may use avoidance to cope with the consequences of GBV and with what happens in the aftermath of an incident. According to a legal expert we interviewed, clients often “change their testimony.” This may include even retracting their story about the abuse. They may change their story because family, or even the police, warn them that pursuing a conviction will bring them more problems. Changes in narratives can also be due to the impact of distress on how survivors process and retell their experiences, including the studied effect of distressing experiences on memory

²⁸⁰ Ouis, P. Honourable traditions?

²⁸¹ Qamar and Lokot, *Adolescent girls assessment*.

which may make it difficult for them to provide a chronological and cohesive testimony. However, while they “start as victims, they become the accused” if they do this, particularly due to the lack of awareness regarding GBV of service providers and authorities. Survivors of GBV who change their testimony are often charged and convicted of perjury, which carries a jail sentence.

Forgetting

Avoidance can be a cognitive as well as a behavioral coping strategy. Acute distress affects memory and the ability to communicate one’s experiences. In some cases when children are sexually abused, they may even forget the abuse. Even if “forgotten”, the abuse can still cause physical and unconscious emotional consequences, or even resurface later on. As one male youth from Amman shared, “if the child is very young...but if the community around him remind him with it when he is older, then there is a problem.” Forgetting about abuse was also reported as a reason that survivors, particularly children, change or recant their testimony.

Suicide (potentially including attempted suicide and self-harm)

Self-harm and attempting suicide was also mentioned as a potential dire consequence of the psychological impact of GBV. It was also framed by some participants as a strategy females used to cope with sexual violence (even though it by definition results in harm and is generally categorized as a maladaptive or negative coping mechanism). It was perceived by a male youth from Amman as a way of avoiding the “social pressures and shaming that the victim may face.” “If this happens to me,” said a female adolescent, also from Amman, “I will commit suicide, I will not ask for help from anyone, no one will understand me.” Notably, suicide was referenced in seven FGDs and thus, was among the more commonly mentioned consequences/responses to GBV. Also of note, it was mentioned by adolescents and youth but not case managers (though lawyers noted the liability issues if they did not comply with mandatory reporting requirements if their client committed suicide). The frequency that attempted suicide was mentioned stands in contrast with Jordan’s very low reported suicide rate as well as strong religious and cultural norms against suicide. We consulted further with mental health experts in Jordan about what this qualitative data might mean. One professional made the point that the rate of suicide and suicide attempts may be much higher than what is reported, due to the stigma about suicide and mental health issues generally in Jordan, particularly as they affect young women. Another professional pointed out that the same word for suicide in Arabic may be used to refer to completed suicide, attempted suicide, and self-harm (indeed some forms of self-harm like cutting may look like an attempt at suicide).

While self-harm and attempted suicide were often framed as a coping strategy by participants, it should also be noted that it falls under psychological consequences of GBV.

2.3.2.4. Destructive distracting

Coping strategies that distracted survivors from the abuse, but were destructive to others, were discussed, though less often than some other coping strategies. Exposure to GBV was believed to place children at risk of becoming violent, extremists, or even sexual perpetrators themselves (the latter particularly for male survivors). Survivors exposed to GBV were also believed to develop feelings of hatred towards society (also falling under the impact and consequences of GBV).

2.3.2.5. Direct problem-solving

GBV survivors may also defend themselves by, for example, talking back to males who harass them in the streets. However, our data suggests that many in the community believe that a female who is confrontational when she is being harassed in the street may be seen as inviting more attention from the harasser or potentially risking an escalation of the violence:

Conversely, fighting back may be acceptable, even necessary, if a survivor of sexual assault is to be believed by the community that she did not “invite” or “accept” the violence: “They should kick and scream and use weapons from their surroundings]” said a female teacher in an informal school. A female youth in Amman believed that parents had an obligation to sensitize their children on “how to protect themselves, how to not allow anyone to touch them or take them to empty places.”

Many examples provided by participants of defending oneself against GBV were in the context of child marriage. One case manager discussed a case of a girl who “refused to get married because she wants to go to school and play with her friends.” To resist, it was reported that girls looked for help from associations within the community, or family and friends. A girl may also try and convince her father to stop the marriage or go first to her mother (or other family-member) and ask her to convince the father.

It was also mentioned by a male youth that GBV survivors could become advocates for others to “stand against such things, [like] for example, Oprah Winfrey.”

Figure 20 Female school dropouts aged 12 to 17, Marka

عندنا تو اجهنا مشكلة أو مشاكل
 ألبت إلى أمي وأختي الكبيرة
 هذه الزيت بجلت لي المشاكل
 في بعض الأحيان ألبت
 إلى صديقة أمي وهي دكتورة
 ومرشدة لحيه...

وأنظر جميع الشباب والبنات
 الذين تواجههم المشاكل
 أن يترجها إلى أهلهم
 أو إلى مرشدين صحيين
 أو الأشخاص الواعين.

(النهاية)

2.3.2.6. Seeking help

Not seeking help

Participants spoke of how young people affected by GBV seek help, either from family and friends, or, usually with family support, from professionals. They also said that many young people, in many situations, do not seek help at all. In many cases, the reasons for not seeking help can be

mitigated, and we will discuss these in the next paragraphs. However, in some cases, there are reasons that are difficult to address purely in the context of service delivery. Instead they require long-term work on norms and broader change. This largely revolves around the belief that problems within the family should not be discussed within or outside the family and should be solved by the family. As a female youth from Amman said, “it’s weird to ask for help from an organization against our families, our society doesn’t accept this.” This is intimately related to the shame that comes from GBV, not only for the survivor but for the survivor’s family: “They will try to hide the case, and not talk about it, and shame it,” explained a male youth also from Amman. Yet, even with these barriers, there are ways to encourage adolescent survivors of GBV to obtain help.

Confidence in the specialized service providers

In the words of a case manager: “Sometimes the wife comes to [name of organization] to [access] another service and when she feels confident to speak up, she asks for this help.” Much of what inspires confidence in adolescent and youth survivors to reach out is described in the “characteristics of helpers” section below, including: respects privacy, is trustworthy, is an understanding person, and will not judge the survivor or get them into trouble. Having a peer recommend the service was also important. A survivor’s willingness to accept the types of procedures and approaches followed by the organization was also mentioned as an issue— for example the fact that their confidentiality may be breached if the organization adheres to laws which mandate that GBV be reported to the FPD. However, our researchers were concerned when some staff suggested that this type of information should be withheld from potential clients as it might deter them from seeking help. Withholding information and being dishonest is contrary to a survivor-centered approach in which all information is shared with survivors so that they can determine for themselves what is in their best interest.

Safety

Being able to instill a feeling of safety was one of the characteristics identified as inspiring confidence. However, it was also mentioned that survivors needed to be safe in order to access help, which is determined by the particularities of their situation; and often of their families’ reaction to the violence or their perception of what this may be.

Desperation

Some survivors may seek help when they have run out of other options and are desperate, such as when their lives are in danger: “It’s either they seek help immediately or commit suicide or murder, or run away at best,” said a mother from Marka. “It’s their last resort, usually, because they risk many consequences and being discredited.” A mother realizing that her child is in danger may be motivated to seek help, including as a way to avoid the risk of losing custody of her child. A legal expert we interviewed similarly reported that divorce was a major catalyst for a mother reporting child sexual abuse.

Help being available

The level of available professional help – or awareness and perception of such – could vary widely, as could the help within the family or social circle. Support from the family was crucial, not only as a direct source of support, but to facilitate accessing support from professionals – particularly in light of the taboo of seeking support for problems, particularly those within the family, from strangers (but also given the restrictions of movement facing some girls and women). Mobile helplines were identified as a potential approach for those who felt they had no one to go to or barriers to physically access services.

Help from whom

According to participants, survivors of GBV overwhelmingly seek help from family-members – mothers especially, but also fathers. Brothers also featured as prominently as fathers, and interestingly, more prominently than sisters. Perhaps because of gender inequality, they are considered as having more power to help. Friends were also an important source of support. Husbands were less commonly mentioned as helpers, perhaps reflecting that many of our participants were unmarried or the fact that husbands are often perpetrators of GBV. Extended family members, for example uncles, and grandparents, were more frequently mentioned than husbands.

The professionals most identified as sources of support for GBV were the FPD or the police, followed closely by organizations. Other sources of support outside of family were from schools, including teachers, school counsellors, and principals.

The responses, as well as existing literature and practice, suggest that people seek help from different people for different types of GBV, depending on their situation, awareness and perceptions of the available options, and preferences. This finding reinforces the importance of facilitating safe entry points for disclosures and referrals to services, as well as building adolescent-friendly capacities of professionals who can support GBV survivors. Strategies to support this would include continuing to train all service providers in effective referrals of adolescents potentially at-risk of or experiencing GBV, as well as raising awareness of adolescents about services and with families and community networks to ensure non-judgmental and supportive attitudes toward survivors.

2.4 Support and service provision for GBV survivors and adolescents and youth

Figure 21 Female school dropouts aged 12 to 17, Marka



2.4.1 GBV Programming and services (How young people are protected and supported):

The research provides a rich and nuanced picture of how young people who have survived or who are at-risk for GBV in Jordan are being protected and supported. In this section we detail the characteristics of helpers, the ways of helping, and the modalities of programming that were described to us. We have decided not to treat family, peers and professionals separately when looking at the characteristics of helpers since there was no clear differentiation by our participants between characteristics that were important for one type of helper versus another. This foreshadows our conclusion that the personality, attitude and soft skills of professionals – capacities that are unfortunately rarely built through formal education – are of paramount importance when working with GBV survivors and young people in general. However, for program modalities, findings are differentiated by the type of intervention in order to support targeted recommendations.

Though participants certainly told us that often young people in Jordan lacked support or were being inappropriately supported in the face of GBV, in keeping with the appreciative approach of this assessment here, we describe the range of supports that were valued by our participants. We do this to focus attention on areas that helpers, whether family, friends, professionals or leaders, can build on to respond to and prevent GBV. These include both solutions that are being implemented in Jordan with the resources that are currently available or ideas by participants regarding how responses could be made more effective and in line with what they would like to see.

Participants discussed the importance of GBV survivors accessing programs designed for young people or community-members in general. Types of suggested activities included: livelihoods, cash for protection, psychosocial support, community centers, education, life skills training, and recreation. Outside of this research, professionals have identified gaps in the availability of cash for shelter and cash assistance for GBV survivors in urban locations as well as barriers to accessing livelihoods activities (SGBV Sub-Working Group, 2018). While some participants worked for organizations that provided a wide range of specialized and non-specialized services or had strong relationships with others that did, other participants, particularly from some government ministries, worked for organizations with very narrow mandates and lacked the relationships necessary to connect their clients with these services.

It is also important to note that this assessment was not designed to evaluate the effectiveness of current protection and support. However, this document could be used to identify suggested areas and modalities of interventions to support (e.g. considering starting them in locations where they are not present or upscaling in other locations in which they are) as well as inform which practices should be evaluated to assess their effectiveness and make improvements accordingly. In addition, as with the rest of the findings, this section could certainly be a basis for the design and contextualization of training material for GBV professionals and other service providers in Jordan.

2.4.1.1. Safe Spaces and PSS/Life Skills/Empowerment Programming

The creation of safe spaces for youth and adolescents is a key strategy for protecting and empowering girls and boys who are at risk of GBV. Safe spaces are formal or informal places where youth and adolescent girls and boys can go and feel safe both physically and emotionally. By safe, we refer to being free from trauma, high stress levels, and violence or abuse (or feelings of violence). It is a space where adolescents and youth can feel relaxed and able to freely express themselves without worrying about being judged or treated badly.²⁸²

In many contexts, puberty is a stage in a girl's life when she is likely to experience more restrictions on her mobility and freedom of movement. This in turn affects her ability to develop social networks, which are important assets that promote positive wellbeing (Berkman and Syme, 1979; Marmot et al., 1991; Kawachi et al., 1996). Safe spaces are important places where girls can develop social networks, feel empowered, and build skills. They are particularly important for vulnerable populations such as refugee women and girls. This is because living in host countries safe spaces for refugee women and girls are further diminished.²⁸³

²⁸² UNFPA, *Women and girls safe spaces*. (UNFPA Regional Response Hub, 2015) accessed July 29, 2018. <http://gbvaor.net/?get=005613%7C2015/03/UNFPA-Women-and-Girls-Safe-Spaces-Guidance-2015.pdf>

²⁸³ Baldwin, W. *Creating "safe spaces" for adolescent girls*. (The Population Council, Inc. 2011) accessed August 29, 2018. http://www.popcouncil.org/uploads/pdfs/TABriefs/39_SafeSpaces.pdf

In Jordan, the JRF has established Makani centers across 39 communities in Jordan, which provided 6,404 children with psychosocial programming.²⁸⁴ Adolescents are also provided with life skills as well as information on child rights, as well as their parents/caregivers with sessions on positive parenting, through safe spaces established in UNRWA and UNICEF centers for women and girls.

Various services and activities are provided within safe spaces. Activities typically include adolescent/youth-friendly recreational activities such as music, sport, art, theater, handcrafts, storytelling, and reading for females and males to express themselves and explore their interests in comfortable and non-threatening settings. Safe spaces strive to help develop the protective capacities of adolescents and youth including through structured (non-focused and focused) psychosocial interventions, provision of information and awareness-raising, and building life skills. Life skills that are fostered include communication skills, healthy decision-making, and leadership, in order to broaden their opportunities and ensure that they are more resilient to economic, social and economic challenges. Although most activities take place in the center or at other locations for mobile modalities, the safe spaces model also includes outreach and awareness-raising activities targeting community-members, including community leaders, parents, and families. Awareness-raising targets women and girls as well as engaging men and boys on issues of GBV, CP, SRHR, and gender equality. The safe spaces model includes more targeted/specialized support to GBV survivors through GBV and/or CP case management and psychosocial counseling (or if not available directly in the center, through referrals to these services).

As well as having to be situated in appropriate locations, safe spaces also need to take into account cultural sensitivities and be tailored according to their surrounding context. Safe spaces can be located in schools, youth centers, women centers, community centers, counseling centers, or health facilities, including those supported by CBOs, local and international NGOs, UN agencies, and government ministries. In countries such as Egypt, safe spaces within youth centers are mandatory by law for each village.

Another project in Jordan entitled COMPASS provides girls with safe spaces where they can develop their life skills through sessions facilitated by young female mentors. Topics include on gender, GBV, and SRHR, in order to build the knowledge and protective assets of adolescent girls. This includes equipping women and girls with positive coping mechanisms, raising awareness on available services, and providing them with spaces where they can build a network of friends and supporters who they can draw on in the event where they are faced with GBV.²⁸⁵ As per good practice, parenting skills sessions are carried out with parents and caregivers in parallel as well.

Safe spaces can also be used as a platform for young women to be able to generate economic opportunities for themselves or to provide learning opportunities for girls and women through in/non-formal education or links to formal education.

During FGDs, the importance of providing support to vulnerable girls such as those at risk of and experiencing child marriage was highlighted. One participant emphasized the need for psychosocial support for these girls because “she is still a kid... she needs support to cope with her new life

²⁸⁴ See: <https://www.jordanriver.jo/en/media/news/jrf-signs-and-renews-agreements-cbos-expanding-unicef%E2%80%99s-makani-project-across-jordan>

²⁸⁵ IRC, Protecting and empowering adolescent girls from gender based violence in emergencies. (IRC, November 2017) accessed July 29, 2018. <https://www.rescue-uk.org/sites/default/files/document/1590/p708ircadolescentgirlspolicylowressinglepages1012171.pdf>

becoming married and a parent.” Also important was the need to provide these girls with “sexual health education and pregnancy course”, “personal skills training (such as communication skills)”, and “income generating courses that help her become independent.”

The need specifically for safe spaces was also highlighted during FGDs with youth and adolescent girls and boys. Many believed that these spaces were necessary, particularly in Arab societies, where speaking out about an abuse is not common nor is it considered acceptable. This was reflected during a FGD with males aged 18 to 24 when one participant said “in our society usually children don’t go and tell about what is happening with them, there should be a safe space, for the children with their family to talk about what is happening to them.” When GBV survivors feel safe to go these places, they will be encouraged to speak up against GBV. During the same focus group, another Syrian participant described the value of community-based centers in general in improving neighborhoods through empowering and raising awareness of youth and adolescents. He said,

I want to share a real story about the community I come from in Syria, it was known as the “thugs” neighborhood. However, there was an establishment of a community development center that helped a lot in developing the youth around this neighborhood. This center worked in engaging the youth with different art and cultural and economic development activities. These activities increased their awareness, as well as filled their time with something useful. Not only that, now these youth from my neighborhood, are going around in the area around them and they are implementing these activities around, so the whole reputation of this area got to change.

2.4.1.2. Parenting Skills and Engagement of Parents/Caregivers

According to the UN Committee on the Rights of Child General Comment 13, which is the guiding body on how to implement Article 19 of the UN Convention on the Rights of Child, the ‘family’ is considered the primary unit of child protection, and “states have the obligation to adopt all measures necessary to ensure that adults responsible for care, guidance and upbringing of children will respect and promote children’s rights.”²⁸⁶

On a national level, the Jordan National Action Plan for Children (2004-2013) aims to expand parenting programs so that parents are more capable of providing a positive environment for their children, as well as able to promote the role of CSOs and local communities in implementing early childhood and parenting programs.²⁸⁷

Parenting skills programs are essential in violence prevention strategies. They have proven effective in reducing violence against children when incorporated into primary, secondary and tertiary programs.²⁸⁸ Both the WHO and UNICEF have highlighted the importance of focusing on parenting in order to enhance protection of children from violence. Strategies and programs that prevent violence against children promote positive parenting, which refers to non-violent parenting

²⁸⁶ ISPCAN, *Positive parenting: IPSCAN global resource guide*. (ISPCAN, 2016) accessed July 29, 2018. https://www.ispcan.org/wp-content/uploads/2017/03/Positive_Parenting_Report_Fi.pdf

²⁸⁷ See: http://www.un.org/en/development/desa/policy/mdg_workshops/mdgreports/jordan/unicef_jordan_resources.pdf

²⁸⁸ Chen, M & Chan, K. L. *Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. Trauma, Violence and Abuse*, (2015).

approaches and the provision of safe home environments. Parenting skills programs also typically raise awareness on CP and GBV, including sensitization regarding gender norms and dissemination of information on available services. On an organizational level, international outcome measures for positive parenting programs should be applied so that comparisons can be made and research carried out to measure the impact of interventions.²⁸⁹

The IRC has developed a parenting skills intervention trainer's manual, which includes a curriculum for caregivers of children as well as caregivers of adolescents. Moreover, the "Better Parenting Programme" (BPP) is also implemented in Jordan with the support of UNICEF and more than 13 national partners. The programme aims to train caregivers and parents on essential knowledge and skills needed to properly take care of a child during her/his development and to ensure that she/he has an enabling environment at home. Findings of a study conducted to evaluate the BPP showed that the project had contributed to the promotion of positive parenting in Jordan. The project was able to improve beneficiaries' overall knowledge on parenting skills, including the usage of positive discipline methods.²⁹⁰

Working to raise awareness among, and change perceptions of, parents and the community is an essential part of keeping vulnerable youth and adolescent girls and boys safe. This was reflected throughout the focus groups with both youth and adolescent boys and girls: "We have to start awareness in our homes" (FGD, street girls, 12-17). Many adolescent girls highlighted the important role that parents had, particularly mothers, in building trust with their children so that they are able to confide in them in the event that they are subject to violence. Reflecting the important role that mothers played in protecting their children, a participant said:

Everything comes from the relation between children and their mothers, if there is trust between them, children go to their parents for protection, it depends if there is conversation between them, if mothers hear their children and don't ask them to shut down because they are young. The way of how parents treat their children is very important, children keep thinking why they asking us to shut down and try to find the answers themselves.

Moreover, it was believed that parents were responsible for raising their children's awareness about GBV risks, so that "they will [be able to defend themselves, because] if they are not sensitized, they would not know if what's happening to them is right or wrong." (FGD, males, 18-24)

²⁸⁹ ISPCAN, *Positive parenting: IPSCAN global resource guide*. (ISPCAN, 2016), accessed July 25, 2018. https://www.ispcan.org/wp-content/uploads/2017/03/Positive_Parenting_Report_Fi.pdf

²⁹⁰ Al Hassan, S.M., Lansford, J.E. Evaluation of the better parenting programme in Jordan. *Early Child Development Care*, 181, 5(2011): 587-598.

Figure 22 Female school dropouts aged 12 to 17, Marka



2.4.1.3. Awareness-Raising in Communities & Engagement of - Community Leaders

Raising awareness on GBV and how survivors can obtain help, including combatting victim-blaming and stigma in the community, is one way to encourage reporting.

“When there is more awareness, there are more visits to service providers. In Za’tari camp, there is more awareness among people, now, they talk about their problems freely, even, if someone exposed to rape, they have become freer to talk,” a case manager explained.

Awareness-raising can help survivors or potential survivors understand that GBV is wrong and should not be accepted, as well as to know where to seek assistance and that their information will be kept confidential. It also sends the message that it is against the law. Awareness-raising activities not only provide information to survivors and those at-risk. They can be designed and delivered in such a way that the facilitator has a chance to identify people who may be at-risk or have experienced abuse in order to safely refer them to services. One organizational representative interviewed explained:

“We identify them [potential survivors] from their behaviours, from observation in the context of our education programs. We provide children a session on how to stay safe, delivered in a child friendly way. Families won’t come to us on their own. We have to trigger a report.”

Another participant pointed out the value of these activities for building relationships and trust: “Crucially, these sessions explain how participants can access help. When delivered by representatives of organizations delivering GBV services, they build a relationship that makes accessing that help easier.”

Irrespective of these efforts, and for reasons already mentioned, survivors may still be reluctant to seek help or may not be in attendance themselves. Given that most support to survivors comes from within families and communities, awareness-raising activities for these groups could help them understand how to be more supportive and even promote advocates for positive social norms change within boys and men or the wider communities.

Awareness-raising interventions in communities need to specifically focus on attitudes which are built on patriarchal norms that victim-blame both female and male survivors of GBV, particularly in cases of sexual abuse. Many of the female and male beneficiaries interviewed during focus groups highlighted this issue as a barrier to ‘speaking out’. A study conducted by Al Mosaed associated

types of violence and attitudes towards domestic violence to different cultures and power relations between women and men.²⁹¹

2.4.1.4 *Engaging Men & Boys*

Achieving gender equality and tackling violence is only possible with the inclusion and engagement of men and boys. It has been recognized that improving the situation of women and girls leads to improvements in society as a whole. Gender norms also pose specific limitations and risks for men and boys; thus, tackling gender norms also provide them with space to more freely and positively express themselves outside of hegemonic masculinity and the violence it often promotes.

The power of male family members within the family was reflected in all of FGDs with male and female adolescents and youth. Fathers were perceived as the heads of the households and decision-makers in the family. Gendered power dynamics between siblings was also reflected in several FGDs with female adolescents and youth. For example, during a FGD with refugee girls who were from ethnic minority groups, a participant claimed that her brothers forced her to wear a veil, saying, “my brothers forced me to put hijab in this area (in AlHashimi), but when I go out of this area I take it off.” The importance of addressing violence through promoting behavioral and attitudinal changes in boys was also highlighted during several FGDs:

“Youth (males) should be sensitized to look at girls as humans not as girls, [and] to respect them. They should ask themselves, if I were them what I would feel. If I feel bad it means girls will feel bad as well.”

2.4.1.5 *Case management and PSS to survivors*

Within government agencies, the FPD under the Public Security directorate of the Ministry of Interior manages all cases of GBV (on their website named “domestic violence and sexual assault”) and now under the new framework are supposed to adopt a multidisciplinary approach. Staff from the MoH and MoSD are seconded to the FPD. Along with service delivery agencies, such as the Jordan River Foundation, a national NGO (NNGO), they participate in case conferences led by the FPD and are responsible for opening and closing cases and making referrals to other agencies for legal or social services.

Given that statutory power is invested in the FPD, the MoSD does not have power or independence in these processes to the extent that these types of Ministries have in other country contexts. Due to this, their work on case management is interlinked and inter-dependent with the FPD, a law enforcement/police agency.

In Jordan, there are strong partnerships among international organizations (UN and international NGOs) and NNGOs delivering social services, particularly as a product of the humanitarian

²⁹¹ Almosaed, N. Violence against women: a cross-cultural perspective. *Journal of Muslim Minority Affairs*. 24,1(2007): 67-88.

coordination around the Syria crisis. These partnerships have contributed to both service delivery capacity and advocacy on GBV. NGOs and international organizations providing case management services and other Protection programming related to GBV provide a wide range of activities and services, however, like the MoSD they lack formal statutory power under Jordanian law. While some of them work closely with the MoSD (indeed there is an allowance for NGOs to participate in case conferences), others have little to do with the Ministry. The MoSD is less well-resourced and powerful than the police, indeed than some NGOs. They are currently the target of capacity-building by international agencies in the area of social work so capacities may increase. They contribute technically to the case management process. However, because their staff is seconded to the FPD they are structurally subservient to them. They provide services without having the final say in recommendations of whether clients and their families should be legally compelled to cooperate with legal proceedings.

The MoSD manages a number of shelters throughout the country. As well as providing accommodation and protection to GBV survivors, the centers also offer psychosocial support; cover medical and health costs; and provide education and training opportunities (technical and vocational) for boys and girls through schools and in the centers themselves. The cost of sheltering a GBV survivor at the MoSD centers is high, reaching \$USD1,127 annually. For this reason, cases are thoroughly assessed prior to being accepted and there are limitations in housing capacity. Case managers and organizational representatives participating in our research consistently identified the lack of shelter spaces and insufficient after care as a gap in GBV response. While placement with extended family-members is an option for children, it tends not to be used when there is a CP concern due to fears that extended family members will allow the perpetrator access to the child (a foster care system has just been set up as an alternative option).

Health services to survivors (CMR/CCSAS)

Specialized GBV care is provided in family clinics in the emergency departments of public hospitals, with the support of a hospital case management committee. According to the MoH, early detection screening, standards of care, and training for medical personnel working in public hospitals are reportedly in place, though it was indicated that there is a need to extend this training to more medical professionals. Training on the medical care of GBV survivors is not provided in the standard curriculum of medical schools or nursing colleges. Hospitals, rather than primary health clinics, have been designated to receive GBV cases – at least in part due to concerns about maintaining confidentiality in more community-based settings. Recently, the MoH announced that private hospitals will also be required to provide comparable services and train their staff – however, there are no provisions in place for training doctors in private practice. The MoH is also establishing a data management system for GBV cases, separate from the data management system for patient files.

The MoH also seconded medical forensic and psychiatric physicians to the FPD. One concern is that the collection of forensic data and medical care are not coordinated. A survivor may need to undergo two separate medical examinations, one for the collection of evidence and the other to receive treatment.

As with the FPD, the MoH is invested with significant capacities and social standing. Many of their official professional practices were reported to follow a survivor-centered approach to GBV care, such as respecting confidentiality and informed consent, although the implementation of such practices has not been determined. However, outside of this research, service providers have

raised concerns that GBV survivors are reluctant to seek medical care due to mandatory reporting (SBGV Sub-working group, 2018).

Syrians are entitled to receive the same care through the public system as uninsured Jordanians. The medical services provided by NGOs in refugee camps are not covered by this urban-focused survey.

Mandatory Reporting & Referrals

According to the 2017 law in Jordan, the detection of family violence and rape should trigger mandatory reporting to the FPD. Thus, in the case of Jordan, mandatory reporting if applied would encompass not only minors experiencing abuse, but also to cases of adult survivors of GBV contrary to a survivor-centered approach with informed consent. It also applies to all professionals, but there are distinctions between medical and non-medical personnel, and government and non-government, as per the Jordan Interagency SOPs on GBV & CP.

This research found that organizations are navigating mandatory reporting differently, depending on: the type of case; ; the status of their client – refugee or non-refugee; their relationship/*wasta* with the FPD (something that often corresponds with whether the organization is Jordanian or international or relationships of staff); whether they are a government, UN or NGO agency; and the assessment of the best interests of the child and/or informed by the survivor’s wishes. It should be noted that according to *Caring for Child Survivors of Sexual Abuse* guidelines, while humanitarian actors are expected to comply with local protocols, “where established and safe mechanisms to report child sexual abuse might not exist and where security can be unstable and dangerous, mandatory reporting can set off a chain of events that potentially exposes the child to further risk of harm, and as such it may not be in the child’s best interest to initiate a mandatory report. For example, investigators may show up to a child’s home, therefore, potentially breaching a child’s confidentiality at the family or community level (prompting retaliation). In addition, services for children may be non-existent, thus creating additional risk (e.g., separation from family, placement in institutions, or confiscation of private records). The local authorities may themselves be abusive or they may simply be ignorant of best practice procedures or guiding principles. If these following criteria are present, even if a mandatory law exists in theory, service providers are advised to use the central guiding principle—the best interests of the child—to guide decision-making in child-centered service delivery.”²⁹²

For government agencies, the requirement for referring cases is clear and automatic, although the scope of the research did not look into referrals in practice.

The GBV and CP coordination for the Syria crisis response developed SOPs including referral pathways for CP and GBV cases (last updated 2014 and currently being revised). These SOPs outline different government and NGO agencies that provide specialized services for GBV survivors, either adult or child survivors or both, as well as other CP cases²⁹³. Other referrals of

²⁹² International Rescue Committee & UNICEF. *Caring for Child Survivors of Sexual Abuse*. (2012): 92.

²⁹³ *Inter-agency Emergency Standard Operating Procedures for Prevention of and Response to Gender-Based Violence and Violence, Abuse, Neglect, and Exploitation of Children in Jordan*. (2014): 28. 57.

refugee children may be made directly to specialized CP and GBV case management agencies (both international and national organizations) who will then follow-up. It was reported that because this option of referral to UNHCR for BID is not available for Jordanian survivors, and because the INGOs may not have strong relationships with the FPD to influence how they handle GBV cases or sufficient resources to support these cases, international NGOs may refer these cases to national organizations that do.

Participants in the FGDs expressed concerns about referrals of GBV survivors, including whether service providers took a survivor-centered approach or prioritized the interests of family members and maintained misogynistic norms. A participant from an agency receiving referrals from the FPD expressed concern about not receiving sufficient or detailed enough information about GBV cases. Some staff from organizations indicated that they would not make referrals to UNHCR due to concerns about them potentially sharing information about clients with the government. Those from an agency that does not provide GBV specialized services expressed frustration about not being able to follow-up with clients after the referral due to concerns about confidentiality. There was trust and appreciation for assistance rendered to clients among some agencies, and considerable room for building trust among others.

2.4.1.6 National Legislation & Influencing

The judiciary

Though legal implementation has been a challenge, it was reported to be most related to social norms, rather than institutional capacity to implement the law. According to a legal expert we interviewed:

The laws are there, but need to be enforced. In many cases, whether the legal support provided to GBV cases is successful in achieving its goal depends on the judge or personal individuals that have the power to make decisions on the future of the victim.

This is most obviously the case with legislation on child marriage that gives judges in *shariyya* courts the right to grant permission for girls between the ages of 15 and 17 to marry if it is perceived to be in their best interest. Victim-blaming also impacts how cases are argued in court in a way that likely decreases the chance of convictions. Particularly relevant to this research, though the definition of a child is 18 in the law, our participants mentioned that adolescents and especially older adolescents tend to be treated as mature adult women. After puberty, they are seen as ready for marriage, including sexual relations within that relationship, and are also held responsible for bringing violence on themselves. As already mentioned, there is also concern about the aggressive prosecution of survivors of GBV for perjury if they change their testimony.

Encouragingly though, according to lawyers we spoke with the investigation and prosecution of cases of “honor” killings has improved. Rape cases supported by forensic evidence are also prosecuted aggressively, in particular when a survivor’s hymen has been damaged.

Law enforcement and protection

The power and responsibility invested in the police's FPD to respond to GBV and CP complaints is unusual by international standards and has increased under the new framework. As per usual for police, the FPD takes statements makes investigations, the results of which are provided to the General Prosecutor or to the Governor except in cases of rape and attempted murder. However, the FPD also oversees case management for survivors and can implement extra-judicial *wasatah* or mediation. It is important to note that the FPD is part of a powerful entity and has centers across the country. Our research also suggests that there is excellent public awareness of the FPD; most young people and community-members who participated in our research mentioned their name unprompted, and most said they would go to them with concerns related to GBV.

However, professionals we heard from felt that the FPD's implementation is more reflective of its security mandate, and how the best interest of a child is dealt with. The representative of one organization provided the following explanation:

The FPD is the central point on the topic of protection. They are a security entity. There should be more involvement of the Ministry of Social Development (MoSD) in dealing with cases FPD receive.

Globally, women's rights advocates are sometimes very critical of the use of mediation with GBV cases; it can provide a forum for the perpetrator to continue to victimize the survivor and provide impunity to GBV by not recognizing it as a crime. However, alternative methods of responding to GBV have been suggested by others as potentially of benefit to survivors, including for contexts when there are a lack of viable options for formal legal protection due to limited institutional capacity and discriminatory social norms. These modalities may also be perceived by the community to be culturally sanctioned and less adversarial. During the assessment, the primary objections to *wasatah* raised by participants were not in relation to the potential for re-traumatization, but rather about the lack of sanctions that followed a *wasatah*; it often requires that the perpetrator merely sign an oath pledging to discontinue the abuse. One participant made the point that even though "reconciliation" and "forgiveness" with no sanction at all was promoted as embodying a traditional approach, it runs contrary to punishments that were handed down by traditional courts in the past: "a strip of skin was cut from the rapist for every step he took towards his victim." "There are some legal aspects that, if used properly, can protect the woman, like *wasatah*" said a participant with a legal background. "If this is properly used and implemented, it could have a positive effect."

Reflecting their role in mediating tribal disputes, it is important to note that protection is also provided through governors' offices – particularly via restraining orders and orders barring a perpetrator from the family home. Before the new framework, the survivors had no choice but to move to a shelter. There is also innovative work going on with the FPD mediating cases where girls have run away from home. It might be a model for ways to reconcile customary approaches with the protection of unmarried girls and women. It is also an example of how police can be engaged in GBV prevention and response work – something that could present significant opportunities given how those working in the area of security in Jordan embody ideas of masculinity and national pride.

2.4.1.7 Coordination

Characteristics of helpers

Participants valued helpers who were dependable, empathetic, competent, had good communication (primarily listening) skills, and were committed. These characteristics are presented in order from most to least discussed by participants.

Trustworthy & Dependable

Trust was widely discussed as an important characteristic of someone helping. Maintaining confidentiality, being respectful and not judging the young person asking for help were also important. Having a trusted relationship, particularly with a family-member who was protective in general would encourage young people to seek help for GBV. Trust is the basis of providing professional assistance: “First, we build trust,” explained a case manager. Organizations responding to GBV need to have a reputation of trust within the community. According to the representative of one organization that works with Jordanians, “they have come to us because they trust us.”

Trust was often linked to maintaining the confidentiality of those seeking help: “Some friends tell others and their families about secrets of their friends,” said an adolescent girl living in Mafraq. “They are not reliable.” Being able to guarantee confidentiality encourages young people to disclose abuse and is something young people look for from organizations seeking to support them. A female informal education facilitator from Marka explains why confidentiality is important: “Secrecy matters a lot to try to maintain a future with a sense of normalcy for the victim. This is a stigmatizing culture that remembers a scandal.” Case managers discussed confidentiality and related challenges. This included the difficulty of maintaining confidentiality, particularly for Jordanians, in such a tight-knit society, frustration with having to break a commitment to confidentiality in order to comply with policies and laws around mandatory reporting of GBV, and questions and concerns about confidentiality of cases in organizational databases and sharing of data within and between organizations (for example, one question raised was whether the UN shares data about clients with the government). In Jordan, modalities for maintaining confidentiality need to take into account close relationships between families, an intense interest in the affairs of others by communities and the media, as well as government surveillance.

Being respectful meant speaking to others “politely,” but also referred to respect for the rights of young people and respect for women’s rights: how they “respect my dreams, and ambitions, and how they take my opinion and point of view seriously even in the setup of the ‘elderlies’” in Jordan, said a male youth from Amman.

The call for helpers to be non-judgmental of survivors and to not get angry is a counter to norms of victim-blaming: “If they are angry or upset they will not understand anything,” said a female youth from Amman. The call to be non-judgmental was directed not just at parents (though it frequently was) but also at professionals. Speaking about sexual violence, a representative of one organization said: “Victims are treated like criminals. Mostly in court, but also beforehand.” Victim-blaming was a key reason why young people do not go to the people who have the most power to help them. “If I see I will get in trouble, I will withdraw from the whole thing [reporting sexual abuse] and I won’t go for help,” said an adolescent male from Zarqa.

Empathetic

A range of characteristics that suggest empathy were mentioned, including: “understands me,” “is like a friend,” and “is loving and kind and creates a safe space.” “Understanding me” was the most important attribute. Young people do not see this as a characteristic of a peer or someone who is in the same situation as them, but the characteristic of a parent who is close to their child. Young people are seeking empathy from those with power and experience – affirmed by their call for parents and teachers to be “like friends” if they want young people affected by GBV to come to them for help. Participants said that love and kindness were essential for motivating young people to report abuse. “Children under 16 especially, they go to the person who provides them with affection,” says a father in Marka. Though individual relationships are important, participants also talked of the importance of a young person’s environment being loving and free of violence. This need for empathy was discussed in relation to family – it was felt that children who felt safe at home would go to family-members for support – but especially in relation to school, a finding that relates to the drive to make Jordanian schools violence-free supportive spaces.

Able to help

In addition to being dependable and empathetic, young people go to people who have the capacity to help them. They expressed frustration when adults could not help. “I told my family about this teacher, and asked for their help,” said one female adolescent from Amman. “But they told me, ‘What we can do?’” This frustration about injustices that cannot be righted was echoed by young people, families and professionals alike, and related to many aspects of the response to GBV. It often had to do with systemic problems, not just the capacities of a helper. For example, the approach adopted by the FPD or customary and legal dispute resolution systems work at cross-purposes with some advocating for a survivor-centered approach. In addition, refugee adults may have more limited resources and power, and GBV refugee cases may have different options available than cases from the host community. Beyond skills, capacity could mean whether the helper had the *wasta* (influence or connections) within the system to advocate on behalf of the young person. Professionals felt it was important that staff working with GBV survivors have professional experience. Young people consistently recommended those with more experience, particularly those who are older, as sources of support. However, they were not willing to blindly follow the advice of elders as this exchange between two female youth from Amman reflects:

- Researcher: Does it matter the age of the helper?
Participant 1: Yes the older people have a lot of experience so they will help.
Participant 2: No, the age doesn't make a difference, maybe he will give the worst advice ever!

Speaking about seeking help from family members, this female adolescent, also from Amman, said: “They can play two roles: guide us and destroy our lives.” Help from organizations was sought for their knowledge of systems that survivors may have to navigate.

Communicate effectively

Participants who valued communication were referring to the need for helpers to be good listeners. The representative of one organization talked about the importance of “listening with love to all people involved,” especially in relation to protecting girls from child marriage. The other communication skill mentioned was the ability to communicate with young people in ways that were appropriate for their age.

Committed

Discussion of the commitment shown by helpers focused mostly on professionals. The representative of one organization said “we believe in what we are doing.” Others talked about the amount of time and energy that was required to support clients affected by GBV and that cases were complicated, with high stakes, and never the same twice. “You give it everything you have. It can be exhausting,” said a representative of another organization.

The views of survivors of gender-based violence

We also asked survivors of gender-based violence who were receiving services to provide us with feedback about the support they had received and to tell us what types of support were most important to them. Due to the small sample size (especially of those from our target age group, 12 to 25 year olds) and incompleteness of many of the surveys (to be expected with a self-administered survey) here we report what responses most, some and few participants selected, with out specifying numbers and noting that findings may not be conclusive and would need to be further verified. Also, given that relatively few young people filled out the survey it is not possible to detect any differences between their responses and those of older adults. For this reason we report here the responses for all clients who filled the survey irrespective of their age.

Most participants reported that what was most important to them was being made to feel comfortable and staff being available to see them. Encouragingly, most participants reported that staff providing them with services did in fact make them feel comfortable and some of the participants reported that they were available to see them when they were visited. Being provided with information, linked with services, being allowed to decide for themselves what happens, staff using language they understand, receiving help with their problems, and staff answering their questions was seen as most important by some participants. However, few participants reported receiving these supports. Very few reported confidentiality, meeting in private, being able to express their problems in their own words, and not being judged as most important to them and similarly few reported that they were receiving these types of supports.

In sum, it is encouraging to report that most participants were receiving the types of support most important to them. However, they did not report receiving other types of support, even if these supports were less important to them. It is interesting to note that while being dependable was amongst the most commonly discussed “characteristics of helpers” discussed in our FGDs, few actual survivors of GBV identified characteristics of being dependable – confidentiality and not being judged for example – as most important to them. Also it is interesting to note that being made to feel comfortable, something that results from empathy, ranks higher than both dependability and many of the things staff do to try and help survivors, for example receiving help with their problems, answering their questions, and being linked with services.

Ways of helping

The participants, especially those delivering services to GBV survivors, discussed a range of interventions. In this section, these are organized according to the phase in the case management cycle where they best fit: introduction and engagement; assessment; and case plan design, implementation, and follow up. However, many modalities are relevant to the provision of other types of services to GBV survivors. Participants also discussed measures to prevent GBV.

Approaches that apply across these different phases include taking a survivor-centered approach, taking a child-friendly approach, taking a best interest approach (when the survivor is a child), the necessity (despite challenges) of speaking with survivors alone, and conducting home visits. Most of these ways of helping fall under the purview of those delivering specialized GBV services. However, it is important to note that our research echoes observations made in earlier research: that many, if not the majority, of cases of GBV in Jordan never come to the attention of professionals. Moreover, many of the GBV professionals we talked to believe that Jordanians are more likely to solve problems within the family, compared with refugees who have far more contact with humanitarian agencies. Some non-specialized institutions, such as the Ministry of Education, are carrying out, or plan to carry out, more community-based responses that address GBV, including prevention work as well as identifying and referring survivors, to help address this gap.

While specialized GBV services are critical, focusing exclusively on delivering GBV services through specialized agencies risks reaching few of those who need assistance, although work with non-specialized professionals also needs to recognize their limitations and strengthen linkages back to specialized agencies. Good practice suggests that a multi-leveled intervention (engaging adolescents, parents/caregivers and families, communities, and at national level, as well as including men, boys, and community leaders) and mobilizing multi-sectoral response is the most effective to be able to reach survivors and build prevention and response capacities.²⁹⁴

Entry points and engagement

GBV is not just self-reported, it is often detected and referred. “They do not seek help directly. We learn of their case from awareness sessions and we recognize it through signs in the children,” according to the representative of one GBV specialized organization. Participants talked about how parents are the first line in detection. While one organizational representative suggested that parents seem reasonably well-aware of signs and symptoms of potential abuse in their children, others suggested the need for making families more aware of the signs. Teachers also spoke of their role in identifying survivors, and early detection is a major focus of GBV response by doctors to ensure appropriate medical care after rape. This approach also helps to identify adolescents at-risk, in order to engage them in preventative services and activities before child marriage or another GBV incident takes place²⁹⁵. One organization described how they are using a very non-invasive standard screening form with all community members who access their services in the hope that it will alert them to clients at-risk for GBV.

Young people and their caregivers said that providing comfort and reassurance at this stage was important. There was less mention of this by those providing GBV services in relation to frontline workers, though they recommended ensuring that receptionists were welcoming.

Assessment

Less was shared about the assessment phase, though service providers talked about the need at this stage to take time, continue to build rapport, obtain information in ways that are indirect, talk to the client alone and possibly with the family as well, and conduct awareness-raising work with the family. One concern was raised about how the standardization of assessment tools sometimes came in the way of good case management work, as staff became focused on asking all the

²⁹⁴ Plan and WV presentation in Amman for the regional NLG Donor Briefing on GBV Programming Modalities

²⁹⁵ Noting that GBV cannot be entirely prevented through working with at-risk populations, as the perpetrators not survivors are responsible for their actions.

questions on the form, rather than attending to uniqueness of what the client and their family had to share. This may be more an issue of training rather than what is in the actual forms, as case management intake and assessment forms are not necessarily meant to be filled in in one sitting or in a structured way and intake should be guided by how and when the survivor wants to share.

It is also important to note that staff without a GBV background are engaged in assessment functions, particularly within the Government. The MoH and the Ministry of Education (MoE) form case management committees. While the MoH committee supports the health provider who has direct contact with the survivor, the MoE committees actually engage in investigations. These committees generally respond to other forms of abuse, so it is not clear whether they would attempt to similarly investigate a case of GBV or immediately refer to FPD, a more specialized government agency. One concern this raises is the number of times a survivor might need to recount their story, and the potential for “contamination” of their memory of what happened in the context of stress and influence they may be subject to in multiple retellings. Given the concerning issue of survivors of GBV being charged with perjury for changing their testimony, this is something that should be investigated further. Concerns were also shared by non-government professionals about the criminal investigation of GBV cases and needing to prove that GBV took place in order to access government services, particularly that these investigations were not up to the standards of the investigation for other types of crimes. Related to this, there is a significant concern that judicial/legal processes supersede over the care and wishes of the survivor and are not aligned with a survivor-centered approach.

Case plan design, implementation and follow up

What emerged most strongly from discussions about designing and implementing a GBV case plan was supporting coping and self-advocacy by survivors and engaging with survivors positively.

Though these results reflect the views of young people who may not have been exposed to GBV, the message is that young people want to have a say in decision-making about their lives and play an active role in solving problems they face – even something as difficult as GBV. Most of the young people interviewed said this, while acknowledging that they may sometimes make decisions that go against what their elders want and even against their own best interest. In the end, however, young people felt they benefit from controlling their own destinies. “If the person/individual feels that he has value, this will let him defend himself. Even if I make a mistake, God knows what is in my heart and knows my value as an individual. If I know that [I am valued] I will defend myself,” said a female youth from Amman. In the context of Jordan, the call for young people affected by GBV to be able to make decisions for themselves challenges not just norms about age and intergenerational authority that dictate that parents make decisions on behalf of their children, in particular girls, but norms around gender dictate that even adult and married women are not fully autonomous actors. Young people note the significance of being supported in sticking up for themselves, rather than have someone else do it for them. “I remembered when I decided to break up with my fiancé, my family supported me, and I remember when they encouraged me to defend myself in front of the judge, when he tried to know why I decided to break up. I was strong,” said an adolescent girl also from Amman. Specific supports they need to self-advocate include: the freedom to speak; opportunities to learn for themselves; options; help developing their own solutions; empowerment so they feel comfortable advocating for themselves; and someone on their side. In the context of being respected in this way, young people also expressed openness to advice from those with more experience.

When young people were asked to describe what they valued most about how their community treated young people, their focus was not on protection from harm or overcoming deficits, but on positive ways of engaging: celebrating young people's achievements and supporting their aspirations for the future. Professionals also pointed out that survivors of GBV benefit from being engaged with not as survivors needing help, but positively, as young people full of potential. For example, educational, livelihoods and other developmental opportunities, building or maintaining a strong support network, and fostering forward-looking optimism might be as important as specialized GBV supports.

It was also noted that working not just with GBV survivors, but with family-members, the community, and other professionals (and even at time it was mentioned with perpetrators), was important to address GBV. The representative of one organization described a strength of their approach as being "listening with love to all people involved."

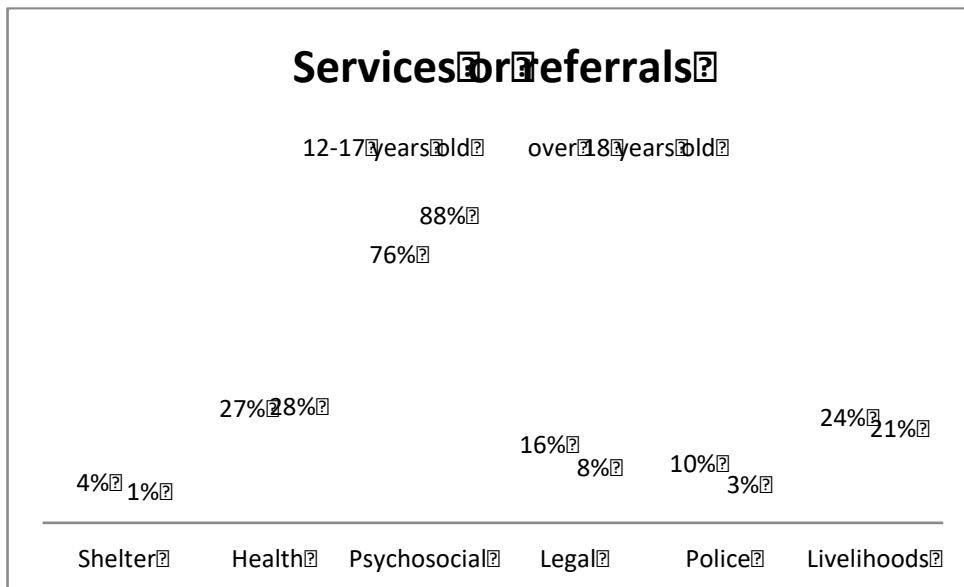
Finally, participants said that follow up was important: "We do follow up with the victim, or the woman, or the children to make sure they are safe. Follow up and make sure the victim feels that there are people who care about her and they will do everything to help her survive this."

Services and referrals

Our analysis of data from the GBVIMS also provides information about the services being provided to GBV survivors by agencies reporting into the system, or the services they are referring their clients to. As mentioned in the introduction, 95 percent of the survivors of incidents included in the GBVIMS for these years are Syrian, and these findings cannot be generalized to the population of GBV survivors in Jordan, or even to Syrian survivors. It should also be noted that significantly different services are available for Jordanians than are for Syrian refugees. Incidents of forced marriage have been omitted from the analysis and examined separately because they are more represented due to the fact that they are identified during refugee registration processes.

This chart shows both the types of services that adolescents and adults are receiving and being referred to. Those from both age cohorts are being referred to services at similar rates, though the rates of adolescents being referred to shelters, legal services and police is somewhat higher. A low percentage of adolescents and adults are being referred to the police (refer to earlier section on mandatory reporting policies), and especially to shelters, while a high percentage are being referred to or receiving psychosocial services.

Figure 23 Services or referrals by age group



Prevention

Raising awareness and educating people about GBV were by far the most discussed means of prevention. There are different reasons and modalities for raising awareness, which suggests that these efforts need to be comprehensive. The main target groups proposed were children and young people, boys and men, and parents. Participants suggested awareness-raising initiatives for young people and families already affected by GBV, as well as for the general public.

The reasons for raising awareness discussed by participants:

- To encourage reporting, making it clear to people where, how, and to whom they can report GBV, including for frontline workers and service providers to be able to recognize signs and safely refer at-risk/potential cases;
- To combat the misinformation/myths and break the silence around GBV with information from reliable sources;
- Related to the above, to reduce the shame survivors feel and the stigma they face;
- To clarify for young people that GBV is wrong and teach them how to minimize risks/protect themselves;
- To understand the impacts of child marriage;
- To understand the law in Jordan as it relates to GBV; and
- To prepare families, teachers and peers to better support survivors since most young people initially and often only seek support from them.

Participants discussed several methods for raising awareness. A consistent message was that children and young people need to be reached directly with this information. Schools were an obvious venue, and the MoE itself discussed their vision for school counsellors taking on this responsibility. Currently, organizations providing GBV programming are reaching some children through formal and informal education programs so there is some experience with this modality. Participants mostly identified NGOs as the ones raising awareness, despite the fact that the government, supported by international organizations, has launched very large public awareness campaigns on violence against children. It was mentioned that there is growing openness to

discussing these issues in mixed gender groups, something that may be particularly effective in fostering cooperation across gender lines in addressing GBV. The need for information and methods to be age-appropriate was raised by some, and with it the feeling that cultural sensitivities needed to be considered in how these issues were spoken about. At the same time, there was a clear call that this information needs to get to children starting at an early age. “Four-year-old children should know that adults should not touch them, for example, and they should know why,” said a female teacher at an informal school in Karak.

Parents were seen as primarily responsible for educating their children about GBV, and as those in the best position to do so, especially for young children. However, many did not feel equipped and were not comfortable to discuss these topics with their children. A mother from Irbid explains:

In our community, we are shy with our children, we need to break ice with them, I used to feel shy with my mom, but now I am more confident with my children, I used to do like what my mom was doing, but, I am trying to do something different, to open conversation with my children, I teach them when they are children how to defend themselves, children should know how to defend themselves.

Participants said that young people sometimes go to the Internet and social media for information, because it is not being provided through other means. New media, in addition to traditional media, may be optimal for reaching young people and their families. However, it should also be noted that they raised concerns as well as about the quality of information as well as other potential risks from social media. The MoE shared plans to integrate messages on GBV into its Ma’an campaign on violence against children.

Close parental supervision was seen as a way to protect children, including adolescent and adult daughters. While parental supervision can be oppressive, some parents spoke of this instead as relationship-building. An expression of concern and a commitment to spend time with one’s children builds trust and encourages children to come to parents with their problems. In the words of a mother from Marka, “Daily follow up conversation with the children whenever they come back home. Ask them how their day went so they won’t find someone else to tell them.”

Outcome of GBV responses

It is important to note types of GBV approaches that were mentioned during the assessment and their positive and negative potential outcomes at the level of survivors, perpetrators, and families. Participants discussed different strategies for intervention and their subsequent outcomes that are survivor- and perpetrator-focused, as well as family-focused. It is important to recognize that these outcomes are not only tied to the interventions themselves but are also part of the wider consequences for survivors who have experienced GBV; thus, it is useful for service providers to keep these potential outcomes in mind as they support survivors.

It should also be noted that aligned with standards in the region and globally, it is critical to take a survivor-centered approach based on the survivor’s informed consent and wishes. This approach also intersects with the best interest of the child for child survivors, with Child Protection actors often incorporating a family-based approach (depending on the source of the violence, age of the

child, etc. strategies may vary). There are also community-based and systems approaches to address GBV more widely at community and national level but this section focuses more on the level of the individual cases.

Survivor-focused

The most frequently discussed positive outcome was protection from further abuse. This usually meant the survivor no longer having to have contact with the perpetrator – or in cases where the survivor maintained contact with the perpetrator, the abuse having stopped. However, potentially negative outcomes were also mentioned including being shamed and punished. Examples of forms of punishment based on reports and participants' feedback, usually meted out by family members, included: a survivor having her movement restricted and opportunities taken away; being forced to marry the perpetrator; being abused and threatened with death; or even killed. Survivors also faced negative consequences from authorities including; being charged, convicted and imprisoned either for an unrelated offense or for perjuring themselves; and being put in protective custody, sometimes against their will, and sometimes in a criminal detention facility.

Perpetrator-focused

Outcomes for the perpetrator (i.e. not necessarily positive for the survivor) included being convinced to stop the abuse, being required to sign an oath by the police to stop the abuse, or being confronted about the abuse. More punitive actions included being caught or arrested and being punished. There was also some reference to revenge, usually by a brother defending his sister. The consensus was that except for charges of rape backed by forensic evidence, for which punishment can be harsh, sanctions for perpetrators are lacking. There was much concern about the oaths that perpetrators are asked to sign, often in the context of IPV, promising to stop being violent, as they were not regarded to be effective.

Family-focused

Many family focused outcomes mentioned revolve around one of three considerations: keeping the family together; maintaining patriarchy and gerontocracy within the family; and preserving the family's honor. One of the guiding principles of the National Framework on Family Violence is the "unity of the family." Professionals confirmed that while this may be used as a justification for condoning IPV, in cases of child sexual abuse, for example, fathers are generally compelled by the authorities to leave the family home. Under the new framework, the perpetrator, rather than the survivor, is the one to leave the family home, unless both parents pose a risk. The contradiction between this norm, and the reality that Jordan's divorce rates are either very high or average in the world, depending on how you measure them, is also something worth considering.

Protecting the family is often associated with maintaining the father as the absolute authority in the family. Participants did refer to ruptures in the relationships that bind family members together as a consequence of GBV. Finally, regarding family honor, the drama created by participants in a focus group in Irbid is illustrative. It portrayed a girl talking about her plan to escape her family who wanted to marry her off to a much older man. However, she was advised not to run away so as not to disgrace her family. Among our participants, it was clear that both parents/caregivers and young people share this concern about family honor.

Support needed for helpers

Professionals supporting GBV survivors also need support. On a day-to-day basis, much of this support is provided from within the organizations where GBV professionals work. At a macro-level, the legal and policy environment, which in turn determines the institutions in place for responding to GBV, either enables or disables attempts to respond to GBV. Finally, the principles and approaches that shape what GBV response in the Jordanian context looks like are crucial.

– **Organizational related**

Leadership

Good organizational leadership was viewed as an important support for staff, particularly for those working in government agencies. The commitment of those in leadership positions has been essential in building relationships among organizations, something critical for GBV response, as well as in enabling an organization to stay committed to a survivor-centered approach.

Supervision and support

GBV service and programming are quite complex and sensitive and require a context-specific approach. It takes much time to build sensitization of staff themselves on social norms to address (unconscious) bias, as well as to build core competencies for minimum standards. Community-based PSS work requires strong mobilization and facilitation skills, including how to engage adolescents. For specialized GBV service provision, each case is quite complex and unique and requires much experience in navigating the system. In addition, support is needed to ensure services are adolescent-friendly. In addition to training, ongoing on-the-job supervision, mentorship, and other support were raised as important in two respects. First, they are key in ensuring that staff adhere to standard operating procedures (SOPs), GBV guiding principles, and other standards for GBV response. Supervision also decreases the likelihood that staff display unhelpful and unconscious attitudes and behaviours in their work, as well as other risks of harm. In response to a question about how to deal with victim-blaming by staff who are supposed to be allies to GBV survivors, the manager of one organization replied: “Good supervision of staff is the solution to this.”

Supervision can also be challenging, as many who provide services to GBV clients do so in private. There is the risk that staff members who are not adequately supervised become overconfident and resistant to oversight and accountability for their work. This was indicated in a statement made by one case manager: “No one from the organization has authority over our work as case managers, all cases are confidential, but when we need support, there is technical support for our work.” While it is encouraging that the need for technical support was generally acknowledged as important for providing quality care to clients, the research team saw ample evidence in the course of carrying out this research that some staff engaged in GBV response needed further support with soft skills such as communication. Supervisors need to observe how their staff provide services to clients firsthand, and in context, if they are to help staff improve.

Participants shared how the key to providing good support was building an experienced team that had, over time, developed: sufficient technical knowledge of GBV; relationships to advocate with other organizations; and the skills and confidence to handle complex cases. In some organizations, the modality was to have a technical person in a supervisory role for the case management. Organizational representatives also bemoaned how difficult it often was to hire someone with sufficient skills for these senior technical roles. In international organizations, the challenges of

having that role filled by a non-Arabic speaking staff member were also noted, although there are still possible modalities for effective supervision and support to take place.

There was relatively little discussion by research participants of secondary trauma and burnout among those providing GBV response in non-government sectors although this was not specifically asked. However, one organizational representative mentioned that secondary trauma was one reason for high staff turnover in the FPD. Case managers emphasized that being treated well by their organization contributed to them being able to provide the best help to survivors: “In this organization, they treat the employees well, employees are not under threat to be fired, they build capacities of their employees, this is why employees can give a lot and in the best way.”

Training

We received diverse responses about training that could help those supporting GBV survivors. Just as raising awareness was the most recommended response to preventing GBV, many participants were quick to identify training as the solution to the ills they saw in other organizations. However, some said that more training was definitely not what was needed to improve support, reflecting frustration that more training is often thoughtlessly put forward as a solution to any problem.

The MoH for one was very pleased with the impact of the training they had developed for health staff. Materials and the capacity of trainers had been developed with support from international donors and organizations, but the challenge was finding funding to put as many staff providing health services as possible through the training as possible. Within the FPD the challenge of high rates of rotation of officers into and out of the FPD was noted, even by government standards, meaning that capacity built through training and experience was soon not invested at.

Reflecting on the gaps related to past trainings to improve services to GBV survivors, one recommendation was to ensure that training was practical and directly addressed the reality in Jordan, rather than theoretical and focused only on international standards. One manager related that the international GBV related training her staff receives requires no adaptation for the local context, something that the research team found concerning. Given these discrepancies, the major challenges related to GBV response in Jordan need to be addressed in a way that reflects a locally developed and practical methodology to serve as the basis for any training.

As already mentioned, the observations of the research team suggest (and the results of a recent assessment of the capacity of child protection staff globally confirm), that the soft skills so important to a survivor-centered approach need particular attention. These include listening skills, interviewing skills, the ability to understand and appreciate an other’s perspective, critical thinking skills, and problem-solving skills.

– Legislation and government policy

This assessment does not include a review of legislation and government policy as it relates to GBV, though we recommend that one be completed. However, research participants engaged in GBV response shared information about the impact these frameworks were having on their efforts to support survivors.

Legislation

The elimination of lesser sentences for perpetrators of “honor” crimes was mentioned as an important legislative change that may already be having an impact, at least on how the police and the judicial system are responding. Furthermore, amendments have been made to the law concerning IPV. It would be particularly helpful to investigate the conditions that brought about these changes and how they could be replicated to achieve further legislative improvements.

Looking forward, amending the age of marriage without exceptions to 18 was mentioned as a legislative change that may support efforts to combat child marriage. However, analysis of data from countries where child marriage has been banned suggests that legislative change is not in itself effective (Collin & Talbot, 2014); implementation of the legislation and changing norms must also be prioritized in conjunction.

Policies

There is a new National Framework and SOPs for Family Violence, which define the roles and responsibilities of those engaged in the response to GBV. Prior to this, Jordan did not have a national framework to incorporate and apply international commitments and the representatives of organizations we spoke with saw Jordan now having its own national standards as a positive step. There are also Inter-agency emergency SOPs for GBV and CP developed in response to the Syrian refugee crisis that guide humanitarian response and predate national SOPs. In general, the national framework and SOPs are mainly used by Jordanians working in a development context, with non-refugee Jordanian survivors outside of camps – while the inter-agency GBV and CP SOPs are used mainly by international and Jordanian organizations, working in a humanitarian/refugee response context with refugee (mostly Syrian) survivors inside and outside of camps. National organizations and government ministries are also included in the referral pathways for the interagency SOPs. However, this delimitation is a gross generalization, and there are many overlapping areas of responsibility and coordination, as well as sometimes contradictions.

Broadly speaking, both tracts take a similar approach, though at times different organizations are part of the referral pathways. UNHCR, for example, figures prominently in the inter-agency SOPs related to their mandate with refugee contexts. Issues of mandatory reporting are also dealt with differently. While the inter-agency SOPs encourage agencies to communicate mandatory procedures to children and their caregivers and refer to the FPD even without consent if it is in the child’s best interest, they also first encourage a BIA to be conducted by UNCHR or CP actors to determine the best interest of the child and suggest for the FPD referral to be made through UNHCR.. For adult GBV survivors, it describes the mandatory reporting procedures in Jordan but also stresses the importance of the informed consent of the survivor before any referrals.

– Systems

The national framework is new, and it remains to be seen how it will be implemented, and how coordination with the existing inter-agency SOPs will work. However, given experience implementing legislation and policies in Jordan, on GBV, this could be a challenge. On numerous occasions, it appeared to the research team that professionals working on GBV did not understand the legislation, policies, and systems in place (old and new), particularly related to coordination with other organizations and partners. Furthermore, participants across institutions identified the “mentality” of staff, which seemed to mean attitudes shaped by cultural norms, as a barrier to the implementation of policies which also contributed to varying responses.

How government agencies should work together on GBV response to ensure that a multidisciplinary array of services are provided to survivors is described in the National Framework on Family Violence and the SOPs, so we will not describe it in full here. However, we will share our participants' views on how this system is working. We noted concerns related to capacities and an uneven response across the country and among actors, and the extent to which the system is survivor-centered and focused on the protection of survivors. However, although the humanitarian crisis has strained capacities and gender-discriminatory policies remain, Jordan is viewed as at least having a formalized system for GBV response, as well as having made some strides toward legislation to address GBV, namely to revoke impunity for rapists through marriage to survivors and those committing "honor" killings...

The judiciary

Though legal implementation has been a challenge, we argue below that this is more related to social norms, rather than being due to institutional capacity to implement the law. According to a legal expert we interviewed:

"The laws are there, but need to be enforced. In many cases, whether the legal support provided to GBV cases is successful in achieving its goal depends on the judge or personal individuals that have the power to make decisions on the future of the victim."

This is most obviously the case with legislation on child marriage that gives judges in *shariyya* courts the right to grant permission for girls between the ages of 15 and 17 to marry if it is perceived to be in their best interest. Victim-blaming also impacts how cases are argued in court in a way that likely decreases the chance of convictions. Particularly relevant to this research, though the definition of a child is 18 in the law, our participants mentioned that adolescents and especially older adolescents tend to be treated as mature adult women. After puberty, they are seen as ready for marriage, including sexual relations within that relationship, and are also held responsible for bringing violence on themselves. As already mentioned, there is also concern about the aggressive prosecution of survivors of GBV for perjury if they change their testimony.

Encouragingly though, according to lawyers we spoke with the investigation and prosecution of cases of "honor" killings has improved. Rape cases supported by forensic evidence are also prosecuted aggressively, in particular when a survivor's hymen has been damaged.

Social services

Within government agencies, the FPD manages all cases of GBV and now under the new framework are supposed to adopt a multidisciplinary approach working with other ministries. Staff from the MoH and MoSD are seconded to the Family Protection Department and along with service delivery agencies, such as the Jordan River Foundation, a national NGO (NNGO), participate in case conferences led by the FPD and are responsible for opening and closing cases and making referrals to other agencies for legal or social services.

Given that statutory power is invested in the FPD, the MoSD does not have power or independence in these processes to the extent that these types of Ministries have in other contexts in the region and globally. Due to this, their work on case management is interlinked and inter-dependent with the FPD. The MoSD social worker seconded to the FPD makes a determination of the risks faced by the survivor (something that may recommend referral to a shelter or apprehension of a child), carries out home visits (potentially with a police officer), and follows up on cases.

There are strong partnerships among international organizations and NNGOs delivering social services, something that has contributed to both service delivery capacity and advocacy on GBV. In addition to referral pathways, there have also been efforts to provide training and other support to government ministries. NGOs and international organizations providing case management services and other Protection programming related to GBV provide a wide range of specialized and non-specialized services, however like the MoSD they lack statutory power. While some of them work closely with the MoSD (indeed there is an allowance for NGOs to participate in case conferences) others have little to do with the Ministry. The MoSD is less well-resourced and powerful than the police, indeed than some NGOs, though they are the target of capacity-building by international agencies in the area of social work so this may improve. They contribute technically to the case management process. However, because their staff is seconded to the FPD they are structurally subservient to them. It should be noted that they provide services without having the final say in recommendations of whether clients and their families should be legally compelled to cooperate with legal proceedings.

The MoSD manages a number of shelters throughout the country. As well as providing accommodation and protection to GBV survivors, the centers also offer psychosocial support; cover medical and health costs; and provide education and training opportunities (technical and vocational) for boys and girls through schools and in the centers themselves. The cost of sheltering a GBV survivor at the MoSD centers is high, reaching \$USD1,127 annually. For this reason, cases are assessed prior to being accepted. Case managers and organizational representatives participating in our research consistently identified the lack of shelter spaces and insufficient after care as a gap in GBV response. While placement with extended family-members is an option for children, it tends not to be used when there is a CP concern due to fears that extended family members will allow the perpetrator access to the child (a foster care system has just been set up).

It should be noted that the scope of this assessment did not cover an in-depth evaluation of how this works in practice, as this would require further consultation with government and other GBV service providers, including a capacity assessment and detailed review of case trajectories; thus, it is suggested that this may be a potential valuable area of exploration for further assessments.

Health

Specialized GBV care is provided in family clinics in the emergency departments of public hospitals, with the support of a hospital case management committee. Early detection screening, standards of care, and training for medical personnel working in public hospitals are reportedly in place, though there is a need to extend this training to more medical professionals and to further understand if survivors are able to access care in practice. Training on the care of GBV survivors is not provided in the standard curriculum of medical schools or nursing colleges. Hospitals, rather than primary health clinics, have been designated to receive GBV cases – at least in part due to concerns about maintaining confidentiality in more community-based settings. Recently, the MoH announced that

private hospitals will also be required to provide comparable services and train their staff – however, there are no provisions in place for training doctors in private practice. The MoH is also establishing a data management system for GBV cases, separate from the data management system for patient files.

The MoH also seconds medical forensic and psychiatric physicians to the FPD. One concern is that the collection of forensic data and medical care are not coordinated. A survivor may need to undergo two separate medical examinations, one for the collection of evidence and the other to receive treatment.

As with the FPD, the MoH is invested with significant capacities and social standing. Many of their official professional practices reportedly follow a survivor-centered approach to GBV care, such as respecting confidentiality and informed consent, although the implementation of such practices has not been determined. However, outside of this research, service providers have raised concerns that GBV survivors are reluctant to seek medical care due to mandatory reporting requirements (SBGV Sub-working group, 2018).

Syrians are entitled to receive the same care through the public system as uninsured Jordanians. The medical services provided by NGOs in refugee camps are not covered by this urban-focused survey.

– **Principles and approaches**

During the course of our research, we came across a number of gaps and concerns related to the implementation of GBV responses in Jordan that would need to be reconciled if it is to become more effective and sustainable. While some of these issues were raised by participants, others were observed in the course of carrying out our work and then cross-checked with participants.

Standardization

Standardization of support was often discussed in the context of SOPs. Government policies such as the National Framework on Family Violence can help achieve standardization on a macro-scale. On a micro-scale, this can be accomplished through training and standard tools such as those for intake, assessment, case planning, etc. that are included in the SOPs. The standardization of support to GBV survivors was generally viewed positively, but drawbacks were also mentioned.

Beginning with positive viewpoints, standardization was seen as necessary for ensuring access to and quality service for all clients. This includes translating into practice the values of a survivor-centered approach and the largely theoretical professional training that staff may have received. Standardization guarded against staff improvising in their work with clients, (one participant used the word “experimenting”) and provided a check against clients being subjected to harmful attitudes that staff-members might hold.

Drawbacks included the blind following of these standards, losing sight of what they were meant to achieve, or never understanding their purpose in the first place. This was noted particularly with the use of tools that were out-of-date or not adapted to fit the particular needs of a client, and were at times being used as a substitute for staff critically assessing needs and creatively engaging the client in problem-solving. Staff shared their frustration about doing everything they were supposed to do, yet facing the same roadblocks time after time. This was discussed particularly in the context of child marriage, where staff said everything they were supposed to say to families about child

marriage, yet families remained committed to their daughters marrying early, also pointing to the need to ensure parallel work on social norms and legislative change, as well as addressing contributing factors through provision of educational and employment opportunities.

One of the standards that organizations strive to achieve in GBV response is confidentiality. While to an extent this requires individual staff commitment, organizational investments are also necessary. Participants gave the examples of rooms where staff can meet with clients in complete privacy, and data management systems and protocols that ensure that only those working directly on a GBV case can access the client's files. Mandatory reporting also presented challenges for staff and organizations, and that requires staff be absolutely clear with clients about limits on confidentiality, as well as further clarity in the SOPs for service providers regarding how to navigate this in relation to informed consent. It also points to an area for continued advocacy with the government to ensure a survivor-centered approach is reflected in policy, in order to minimize deterrents for survivors to disclose and potential further harm to them if they do so. Also mentioned were: challenges with communications and coordination, both for referrals and case consultations, related to supporting GBV clients, as well as clarity regarding the integration between GBV and CP pathways and guiding principles.

Customary systems and international standards

Societal norms, including a lack of a gender-sensitive and non-judgmental approach to survivors, were often viewed in opposition to GBV standards, particularly by some of the professionals were heard from in this assessment. Participants, whether young people and other community-members, or professionals, also talked consistently about norms and customary institutions as barriers to effective GBV response. "We have a problem with the people providing protection in our country, their ethics and traditions," said a case manager. Another described: "It's not easy. Everything is built on the *ishiri* (big family, extended family or tribe). We can't refer [to government institutions] because they are under the influence of these tribal relationships]. So it is *not possible* to have a great system" (emphasis added).

This type of thinking may distract from the possibility that the system that some are trying to implement may simply not be a good fit for Jordan, and that there may be a better way of doing things. Those who continue to push imported approaches may be standing in the way of difficult, likely painful, possibly slow, but potentially significant work to develop Jordanian solutions that bring about real and lasting improvement. A possible explanation for the lack of progress on preventing child marriage is that sometimes standards have been imported from abroad with little to no contextualization, despite the specific directive found in most international standards and frameworks for adapting them to local contexts. One organizational representative said that no modifications needed to be made to the standardized international training that their staff received in GBV case management. Another said that international standards were often treated as "holy books," and expressed frustration that those who promoted them were never willing to consider how it might necessary to meet Jordanians half-way – that it was not only Jordanian approaches that needed to change, but sometimes international approaches should also adapt. While the Jordanians interviewed experienced this tension acutely, and implied or openly stated that some Jordanian norms were good and important and must be upheld (the value of family was raised again and again), international participants remained more narrowly focused on implementing international standards.

Parallel systems: humanitarian and national

The Syrian refugee response has brought enormous resources into the country for GBV response – though most have been directed towards Syrians. These resources have been largely directed to international organizations using international humanitarian approaches, which they have trained Jordanian staff and partners to implement. This massive international response has to a degree created parallel systems for responding to GBV pointing to the need for integration into and reconciliation with the national system.

This division has been exacerbated by mandatory reporting, which has made international organizations in need for better engagement with the Jordanian system. When response teams – international or Jordanian – decide whether to refer a case to the FPD, the person providing the response may choose not to if the survivor is Syrian and it is not regarded as in the best interest of the case and consent is not provided by survivors. However, agencies serving Jordanians, who are themselves mostly Jordanian, have different way of reporting hence best interest should always be the center of the response. They either refuse to refer and potentially face a legal process and penalty for doing so, or, they make the referral and then use their resources and energy to advocate on behalf of the survivor to ensure that her rights are respected, while also possibly fighting for systemic change. While the first course of action might be in the best interest of the individual client that the organization is serving at that moment in time, without also engaging with the system and supporting the capacities of government ministries, it may be difficult for it to result in better GBV services for more survivors and be sustained long after the response to the Syrian crisis has left Jordan.

Individual professionals responding to GBV are put in the difficult position of navigating the ambiguities within parallel systems. No matter which system they work within or even in navigating both, they are required to implement approaches that are not as effective as they could and should be. In the words of one case manager talking about sexual violence, “we are stuck on how we will protect the girls.”

We are presenting this tension here as though it is a simple dichotomy, which it is not. For example, there are Jordanians and Jordanian institutions including within government advocating for an approach more aligned with international standards, and there are international institutions, particularly those who worked in Jordan before the Syria crisis, who are advocating for further engagement of the national system.

Parallel systems: GBV and CP

Our focus on adolescents and youth highlights challenges created by different actors taking different approaches in responding to GBV depending upon the age of the clients they focus on: adult-focused GBV actors serving children on the one hand and CP-focused actors serving GBV survivors on the other. This was even a challenge within agencies serving both children and adults; though a strategy recommended by one agency to manage this was to serve clients through the program, CP or GBV, where they first accessed services. While by and large these two types of actors adopt a very similar approach, and we will not explore theoretical differences here, they were working in uncoordinated ways or at cross-purposes at times. Psychosocial programming is one area where adolescents often fall through the cracks. To begin with, these actors have much to learn from each other. CP actors tend to have more appreciation for how family cohesion contributes to better outcomes overall for people of all ages and take a child-friendly approach, as well as assessing the best interest of the child. Also they can have more experience with the evolving nature of children and young people’s capacities, something that is important in supporting

the agency of young people affected by GBV. On the other hand, GBV actors tend to be more equipped to address gendered dimensions of violence and be aware of underlying gender dynamics/inequalities, and they can guard against the tendency of some CP actors to discount young people's views in BID and not include a survivor-centered approach. Often GBV actors are more experienced in dealing with situations of sexual violence for child survivors, and CP actors might not feel as equipped. This suggests the need to further train and support CP actors in GBV and gender and GBV actors in child-appropriate approaches, as well as ensuring that referral and coordination mechanisms are clear (and that cases are not passed or dropped due to lack of clarity about who is leading).

In attempting to collect data and secondary research for this assessment, the researchers were able to directly observe the lack of coordination and age-sensitive collection and analysis of data on GBV cases. CP actors need to differentiate between GBV and other types of child abuse, while GBV actors need to differentiate between GBV affecting different age groups, including adolescents. Further, GBV response actors should record and consider the specific age, rather than just age cohort, of clients, to support further age-disaggregated analysis. In not doing so they miss out on the chance to understand important differences between younger and older adolescents and between younger and older adults. Lack of coordination was also noted in support provided to government ministries between CP and GBV actors.

Authority breeds conservatism

Both in the data, and during work with different stakeholders to design the assessment, we noticed that authority figures could be particularly invested in upholding ideas about what people ought to be doing with regards to GBV and SRHR and the issues that surround it. Sometimes the desire of these authority figures to propagate norms was at the expense of speaking about and openly addressing what people are actually doing as concerns gender roles, sexual relations, etc. Authority figures included community leaders as well as those working for organizations responding to GBV. Everyone else, without too much hesitation, admitted what was actually going on. This could be observed along different dimensions of power: adults versus children, men versus women, more educated versus less educated, higher versus lower socio-economic groups, even GBV case managers versus community members.

This manifested itself most obviously in the question of whether people in Jordan were willing to talk about sexual violence, particularly incest, and issues relating to sex more generally. In the design of the research there was much concern among those involved about the sensitivities of the topic being researched: that the questions asked would offend people and that the organizations involved would get in trouble. However, when the time came to talk to people in the community, they spoke fairly candidly about GBV and SRHR, although certain topics were still regarded as more taboo. This included young people, but also parents, teachers and organizational staff, speaking to us in focus groups, provided they were speaking to us as peers rather than as experts and authority figures representing their community.

What this suggests is that concern about offending Jordanian sensibilities may not really be a fear of offending ordinary Jordanians with their traditional values, rather it may be a fear of offending those in positions of authority who may feel that part of their authority derives from upholding those traditional values. By this we do not necessarily mean those in official positions of authority, but also

a manager in the context of a workplace, a teacher in the context of a classroom, or a parent in the context of a family. The implication is that during design and implementation of GBV responses, those in the position of authority may be far more conservative in what they are willing to tackle than the community would be. There is also an irony in the fact that many who have achieved positions of authority, particularly among younger generations, through Western-oriented education, who are living an urban lifestyle, are far less knowledgeable about Jordanian traditions than the average Jordanian. The result is that they may ascribe to a far more conservative version of Jordanian tradition than the one that existed in the past, or that exists in communities now. These findings point to the importance of a community-based approach including ongoing consultation with different groups in the community. While it is important to frame these matters in a careful and adapted way, it also indicates there is space to further engage in discussions on these topics at the community level.

2.5 How young people are protected and supported: SRHR programming

The policy framework

The MoHs' Reproductive Health/Family Planning Clinical Guidelines state:

- (1) The health care provider should be youth-friendly.
- (2) The service provider should participate in health and sex education programs in schools and should provide the appropriate information whenever asked by adolescents. This should be under complete confidentiality.
- (3) Prevent unwanted pregnancies by offering the appropriate contraceptive method, according to each case (mostly oral contraceptive pills, condoms).
- (4) Prevention, screening, and treatment of STIs.
- (5) Provide high quality care for young girls who become pregnant. 296

The guidelines neither clarify that these services should be extended to both married and unmarried girls, nor reconcile the contradiction between these guidelines and the requirement that a child's guardian consent to medical treatment. However, an expert on GBV response within the medical system confirmed that some doctors do comply with these guidelines, even with their unmarried clients, although this would need to be further verified as it did not fall within the scope of this assessment.

Sexual and reproductive health education

Young people felt that learning about SRH issues empowered those facing SRH problems to "ask for help... [because] we realize the danger we can face if we didn't," in the words of an adolescent female from Kerak. However, SRH awareness and education was described as mostly non-existent in Jordan's education system. The need to educate girls and boys on these issues in schools was emphasized by a teacher in an informal school in Kerak, "in order to avoid disastrous uninformed decisions."

²⁹⁶ The Hashemite Kingdom of Jordan Ministry of Health, *Reproductive Health/Family Planning Clinical Guidelines*, 465.

Mothers were viewed as the ones most responsible for making sure their children were aware of SRH issues, however this presumes that they have the required information and skills. Access to information through the internet was also seen by young people as empowering. One female adolescent from Kerak said: “Now, social media is playing big role in our life, maybe we can get knowledge from it, also finding publications on health awareness. These things are very beneficial for teenagers as they don’t know a lot on such issues.” Others mentioned reading brochures and seeking information from organizations who provided such assistance.

However, participants were concerned that an over reliance on information received from the internet and friends rather than professionals might put young people at risk of obtaining incorrect information. Medical personnel are not only a source of SRH services but information as well. Their role in this regard is explicit in the MoH’s clinical guidelines on reproductive health/family planning as they pertain to adolescents, and SRH education is a component of the mandatory premarital counselling delivered by physicians.

Overcoming embarrassment

Embarrassment – or worse, shame – is a barrier to both sexual and reproductive education and health care. Ways of overcoming shame were suggested by our participants. Young people may be less embarrassed when given the opportunity to hear about others’ experiences with SRH problems. According to a male youth from Amman, “when the child gets older [he/she] will understand that such things can happen to everyone.” According to an adolescent girl also from Amman, girls are less embarrassed if they can see female doctors. Reflecting concerns about bringing shame on themselves and their families, confidentiality and trustworthiness of doctors may influence young people’s decisions to seek medical help. Shame felt by parents was also an issue. In the case of daughters, an adolescent girl from Amman said, “some parents refuse to take [them] to the doctor when this happens, they feel it is shame, they will tell us: ‘what will we tell the doctor?’” On the other hand, the following dramatic skit performed during one focus group shows how doctors may attempt navigate to respect confidentiality to a degree to minimize potential harm, and the role of family-members in a relationship between a doctor and her patient:

(Girl arrives home to her mother)

Girl: Hi, I have a problem, I was returning home from school, when two boys followed me and assaulted me, I want you to check if I am ok.

Mother: Did they attack you?

Girl: Yes, they did.

(The mother felt afraid because her daughter is late with her period, the mom called the doctor and asked her to go to her clinic.)

Doctor: Your daughter was attacked by two guys, and she is pregnant now.

Mother: Whatttt!! How this happened? Where is she ?

Doctor: She was afraid to tell you.

Mother: How did you allowed for them to do that?

The doctor: This happens always, I will tell you how to solve the problem. The most important thing is to not tell her father, he will kill her. We will make her a surgery to abort.

How family members relate to young people may affect their willingness to seek their help. A female adolescent from Amman emphasized the importance of families giving their children enough “confiden[ce] [to believe that] problems of whatsoever type can happen and there is nothing that can shame them.”

According to a female youth from Irbid, being married made it less shameful for females to seek information and care for sexual and reproductive health issues, as once married you were now supposed to be concerned with such issues. For males, one of the barriers to seeking help was the association of SRH problems with weakened masculinity.

Seeking help

In general, SRH-related problems were considered private and are not often shared with others, even close family-members. An adult female in Irbid spoke of how, as a woman, you had to “force yourself to be strong and help yourself.” Only in situations when pain was severe, in the words of an adolescent female from Kerak, “when we realize the danger we can face if we didn’t,” would SRH problems be mentioned to family members. In most cases, help would be sought from same sex relatives. Girls reported “the [older] sister, the wife of the brothers, sometimes teachers also” as sources of support. A female teacher at an informal school in Kerak said: “If my son tell[s] me about his problem, I don’t know [how] to reply, I will ask him to tell his father, he will take him to the doctor, but my daughter tells me, it’s a priority for me, I will find a solution.” Participants also mentioned sometimes seeking help from friends, however, there was also a fear of being bullied and judged. Only a few reported seeking help from organizations, and a suggestion was made by a female adolescent from Mafrqa to establish “a center to sensitize girls on such issues.”

Together with mothers, doctors were identified as those from whom help should be sought. With regard to whether young people should be accompanied by parents when visiting a doctor, a male youth from Amman said: “Again it depends on the age, if they are young, they should just tell their family. If they are older, they should just go to the doctor directly and they should be fine with it since they are aware of the situation.” Moreover, some families did not take their children to the doctor because “they don’t have money!” according to a female youth from Amman. When seeking medication for SRH problems, an adolescent girl from Zarqa said, sometimes girls “could ask her friend to go to the pharmacist and say that her friend has a sexual problem and get help like that.” Herbal remedies which could be prepared by relatives were also mentioned, although it should be noted that without medical supervision these run the risk of not being effective or even causing harmful health consequences.

3. Provocative prepositions

A provocative proposition is a statement that bridges the best of “what is,” in other words what we have just described in this assessment, with speculation or intuition of “what might be.” “It is provocative to the extent to which it stretches the realm of the status quo, challenges common assumptions or routines, and helps suggest real possibilities that represent desired possibilities” for

organizations, communities and individuals.²⁹⁷ For the most part the following describe what the actors we engaged with can start doing right now, with existing capacities and resources, to achieve the future they desire for young people in Jordan in relation to GBV and SRHR.

1. Social norms

I don't want to be in an aggressive community. (female adult GBV survivor)

Recognizing that GBV is a social practice, we pursue a collective and multi-leveled approach to awareness-raising and social change, developing and using methodologies that engage the social norms associated with GBV.

We work to support adolescent-led dialogues and awareness-raising with their peers, families, and community-members, for example, adolescent-led discussions with parents/caregivers and joint activities together. We also work to promote dialogue as possible between female and male adolescents and youth on social norms and solutions to address GBV and promote gender equality.

A possible source of inspiration for community-level interventions: The “Communities Care: Transforming Lives and Preventing Violence Program” brings diverse community members together over a few months for “facilitated dialogues” where they share and critically reflect on social norms that promote or protect adolescents and youth against GBV; identify norms they want to change or expectations and behaviours they want to promote; take collective action for social change; and amplify their work to build collective commitment in the wider society. This approach has been used and evaluated by UNICEF in Somalia and South Sudan.

Arab feminist values

We are led by Arab feminists and networks and realize their visions and approaches, recognizing as well the diversity that exists within these views.

The strengths of our families and communities are mobilized as an asset in responding to and preventing GBV. We promote matriarchy and women’s power within the context of collectivist and family-centered social systems, while also empowering girls and women to be able to express themselves as individuals and make their own informed decisions.

We identify, support and publicly celebrate a diverse range of female role models, providing them opportunities to connect with and mentor girls and young women.

We challenge patriarchal notions that consolidate female subjugation and oppression, such as conceptions of men as protectors, breadwinners and heads of households, and women as vulnerable, reproductive and subservient.

Honorable men

We need to raise awareness of not just women, we need to raise awareness to all the community, including the male, community members, the children, etc. GBV is a social issue

²⁹⁷ D. Cooperrider, “Tips for crafting provocative propositions,” *AI Commons*, accessed, May 27, 2018. <https://appreciativeinquiry.champlain.edu/educational-material/tips-for-crafting-provocative-propositions/>

we should not work on it separately and exclusively with females. (lawyer who represents GBV survivors)

We work towards breaking the ties that bind family honor to female sexuality. Instead we uncover and promote forms of male honor that respect the rights of girls and women and hold boys and men accountable for responding to GBV, working to expand the repertoire of masculinities available to boys and men, perhaps looking back to past codes of honor or religiously inspired models of masculinity to support in engagement of communities and religious and community leaders.

We engage with and work through institutions in Jordan that influence ideals of masculinity, for example the military and police, as well as schools and universities, and help these institutions become vocal advocates against GBV and for girls' and women's rights.

We decrease violence against children, including against boys, including corporal punishment, in school and at home and instead discipline them with respect, connection and love.

Intersectional approach and alliances of women and youth

We adopt an intersectional approach in our work on GBV, by taking into consideration social markers such as age, gender, disability, sexuality, and other diversity considerations to gain a more nuanced understanding of vulnerabilities among youth and adolescents.

We form alliances among women, young men, and youth to advocate for their shared goals of emancipation, for example by taking advantage of the respect afforded to older women to promote feminist values among young men.

Parenting and education

We have to start awareness from our homes. (adolescent girl from Marka)

We stand behind mothers as engines of social change and help fathers expand and develop their role as parents through collaborations between parenting and GBV programming that not only address GBV, but also focus on issues such as gender roles, gender socialization, and SRH education.

A possible source of inspiration: There are exciting findings that show dramatic reductions in support for GBV among men who attend parenting programming.²⁹⁸

Our schools expand their work on violence prevention to include sexual harassment and abuse by peers and authority figures and to work with parents to keep children safe in the wider community and at home.

Out from the shadows: sexual violence and other forms of GBV and the family

Combat the shame and silence culture surrounding sexual abuse. (female non-formal educator from Marka)

²⁹⁸ E. Sidons, "Men half as likely to assault partners after parenting course, study finds," *apolitico*, (2018), accessed, May 27, 2018. https://apolitical.co/solution_article/men-half-as-likely-to-assault-partners-after-parenting-course-study-finds/

We give voice to the fact that sexual violence occurs within families, and is most often perpetrated by fathers, brothers, grandfathers, cousins, and uncles. We seek to de-normalize violence in the home and raise awareness on its consequences as well as destigmatizing services and support to survivors.

Stepping out into the community

We understand that placing restrictions on girls' and women's movement can constitute GBV and work to decrease this practice.

We support efforts to reduce restrictions on girls' and women's mobility with work to make public spaces safe for girls and women and promote their participation in decision-making. We target hotspots with public service announcements and mobilize community protection committees with strong representation of girls and women, and police, to monitor these places and intervene when harassment occurs. We engage boys and men in this work, helping them move from being bystanders to being upstanders.

A possible source of inspiration: harassmap.org, a mobile and online platform that uses interactive mapping to try to reduce the social acceptability of sexual harassment throughout Egypt.

We are fostering social cohesion and relationships of respect and trust between refugees and Jordanians, particularly at the community level.

Building sensitization and collective ownership to address GBV

Communities and professionals working in a variety of sectors lead and take ownership of their own responses to GBV and have community- and institutional- level mechanisms in place accountable for responding to and preventing GBV. We promote building sensitization, awareness, and accountability of service providers on GBV and gender. We promote the importance of working together and coordination for a shared and more effective response between different agencies at the community and national levels, including between UN, INGOs, NNGOs, and government ministries.

In parallel to specialized service provision, we adequately resource community-based approaches to address GBV such as the role of community committees in raising awareness and referrals.

2. Awareness and training

Supportive environments for young people, their families, and communities

We take direction from youth and adolescents in all aspects of awareness-raising related to GBV and SRH.

Awareness targeting youth on how to be safe and protect themselves. (adolescent female, Amman)

We raise awareness about GBV and train those who are most likely to detect and offer initial help to young survivors of GBV – family members and young people themselves – in self-advocacy, self-

care, and peer support, while ensuring linkages to specialized GBV services. We do this knowing that many young survivors may never seek services from professionals on their own and that adolescents and youth with whom we work, as well as family-members themselves, might be exposed themselves at somepoint to potential incidents of GBV.

We continue to advocate for SRH education in schools, ideally in partnership with and delivered by community and professional experts (i.e. health workers) or school counsellors as opposed to classroom teachers.

Our parenting education programs teach parents how to educate their children about GBV, consent and SRH in age-appropriate ways beginning in early childhood.

We mobilize the MoH and through them physicians to implement their Reproductive Health/Family Planning Clinical Guidelines that call for physicians to conduct SRH awareness-raising work with patients and through schools.

We harness the internet and social media to provide an interactive platform for young survivors, those at risk, and those at the family level supporting them access to accurate information and support around GBV and SRH.

We make change on GBV, and gender equality more generally, visible by diffusing, reinforcing and amplifying messages of change through all forms of media. We extend face-to-face dialogues through online and media-based forums on social norms.

Non-judgmental and quality service provision for professionals

We develop GBV and SRHR training for professionals locally, based on human rights and humanitarian standards and guiding principles but grounding it in the situation and needs in Jordan. We align it with defined competencies, make it practical, and marry it with ongoing supervision and mentorship. We focus particularly on building the soft skills or “characteristics of helpers” identified in this research as well as higher level questioning and analytical skills, and deal explicitly with victim-blaming.

We engage professionals implementing GBV response in the facilitated dialogues on social norms described above as participants, acknowledging that the social norms they have internalized are a major barrier to them delivering survivor-centered support.

3. Gender-based violence response

Effective GBV detection and self-referral

We make safe entry points for accessing confidential help for GBV and SRH concerns available in schools, community centers and activities for young people.

We educate professionals who come in contact with children, particularly teachers, school counsellors and youth workers, to build trust, detect signs of GBV, and take appropriate action if they suspect abuse, including referral pathways to specialized GBV services.

We promote and build the capacity of helplines (for example, Jordan River Foundation's 110 Helpline) to support young survivors of GBV and ensure they make effective referrals to GBV services.

We use the internet and social media to reach young survivors of GBV and young people with SRH concerns, and to raise awareness about GBV and SRHR.

We maintain the confidentiality and anonymity of those reporting violence. Before or as clients begin to disclose abuse, we inform them of our legal obligation to report GBV and that that may mean violating their confidentiality. We continue to advocate for survivor-centered approaches to reporting policies that are based on their informed consent.

Quality and supportive GBV case management

"They are giving me enough time to talk." (adult female GBV survivor)

We have and implement protocols that ensure that a survivor is assessed only once by a person with extensive training, experience and supervision in GBV in order to minimize re-traumatization and other risks of harm.

We build case plans for young GBV survivors that enhance their healthy coping strategies, support their self-advocacy, provide them with opportunities for positive engagement, and address the negative outcomes that they and their families may face.

We ensure appropriate profiles for hiring of and competency-based training and supervision for GBV case managers and other service providers providing GBV services. We invest in hiring and retaining skilled and experienced supervisors to support GBV case managers and health service providers.

Leveraging policing to support survivors

My vision of the future: I want support in respectful way, in a humane society. (adult female GBV survivor)

We put measures in place to protect survivors of GBV from being prosecuted for other crimes.

We include the physical abuse of adolescent girls and young women by family-members in our broader work to fight "honor" crimes.

We police sexual harassment on the street by encouraging reporting and intervening in incidents to raise awareness, issue warnings, or lay charges.

We sensitize and train law enforcement and judiciary in GBV and gender, in particular survivor-centered approaches, and advocate for survivors to be linked – based on their informed consent – to needed services. We advocate for informed consent from survivors prior to any legal proceedings and that this not be a precondition for service provision.

Accessible and quality health services

We develop quality, gender-sensitive/women-empowering, and culturally attuned premarital counselling methodologies and content on SRH and GBV, possibly hiring and training non-medical professionals (rather than physicians) to deliver this.

We continue to roll-out training on GBV to primary care physicians and other medical staff, making early detection of GBV (and referral based on informed consent) part of the protocol for primary care visits. We continue to support the designated medical service providers in the provision of quality and non-judgemental medical care for survivors and ensure availability of needed treatment/PEP kits.

Whenever possible we provide GBV survivors with medical care and collection of forensic evidence in the course of a single visit, whether in the hospital or at the FPD.

4. Opportunities for girls and women

Promoting the value of and access to education for girls

We promote access to educational opportunities for girls and women and safe environments in schools free from violence. We work to address school drop-out, including barriers related to mobility and safety, as well as tackling gender norms about girls' value and roles in society.

Safe working environments and employment opportunities for female youth and women

We work to increase the participation of women in the labour market and in business. We invest in developing employment and entrepreneurship opportunities for adolescent girls and young women, including safe and dignified part-time work for school-aged girls (linked to their ongoing enrollment in education).

We act to ensure that women are safe from GBV and have their rights upheld at work.

Safe spaces and activities for the well-being and empowerment of girls and women

We provide girls/women-at risk and GBV survivors with sustainable economic empowerment opportunities coupled with psycho-social support and life skills training in order to strengthen their agency to overcome or avoid entering abusive relationships.

We continue to carve out more safe community spaces for adolescent females and youth to meet, organize, lead, learn new skills, and pursue their dreams.

We leverage multisectoral responses including with cash-based interventions, livelihoods/economic empowerment, and education to tackle child marriage and other forms of GBV with adolescents, young women, and their families and spouses.

5. Legal advocacy and research

We continue to work for women's equality across all areas of law, studying how advances in Jordan have been made in women's legal rights, which of these led to the greatest improvements in women's lives, and how these successes could be replicated.

We explore whether legal sanctions for confining girls and women at home and restricting their movement will contribute to a decline in this practice and what consequences such a measure might have.

We amend the law, or issue a decree to urge prosecutorial discretion, to decrease prosecutions of survivors who change their testimony for perjury.

We monitor and put measures in place to bridge the gap between *de jure* and *de facto* implementation of the law as it relates to GBV.

We explore how child marriage regulation is currently being implemented, including for exceptions to the age of 18, and identify recommendations for legal amendments and implementation to minimize this practice.

We provide regular training to judges, state governors, magistrates and others involved in law enforcement, particularly on sexual equality, non-discrimination for reasons of sex, and GBV that is practical and locally contextualized.

We advocate for survivor-centered approaches to be enshrined in law, in particular in relation to mandatory reporting provisions, and for gender-egalitarian policies in personal status and other areas of legislation.

6. Research

We carry out assessments on GBV against boys and young men, young people with disabilities, street-engaged young people, LGBTIQ+ young people and labour migrants, as well as assessments on GBV at universities and in workplaces.

We conduct ethnographic and/or participatory research on the cultures and concepts of masculinities for Jordanian boys and young men and identify opportunities for engagement in promoting positive social norms on gender equality.

We learn how ordinary people talk about GBV and SRH in Arabic (*'amia*) and create awareness-raising materials in Arabic based on this research (rather than translating GBV and SRHR awareness raising materials developed in English into Arabic).

We continue to probe into current service provision, referral pathways, and wider GBV programming to identify what is working effectively and how to address gaps and challenges. Age-disaggregation – including for younger and older adolescent girls and boys as well as by other vulnerability considerations – for data and analysis is supported.

We develop national competencies for staff responding to GBV and implementing SRH services and then assess staff across the sector according to these competencies.

4. Programmatic Recommendations

Promoting positive changes in social norms:

- **Link with and support Arab feminists and networks to promote girl/women empowerment and gender equality, including** through the use of concepts such as patriarchy and women's power in the context of collectivist and family centered social systems. Identify, support and publicly celebrate a diverse range of female role models, providing them opportunities to connect with and mentor girls and young women. Challenge patriarchal notions that consolidate female subjugation and oppression, such as conceptions of men as protectors, breadwinners and heads of households, and women as vulnerable, reproductive and subservient
- **Engage men and boys** in the promotion of gender equality and advocacy against GBV, including through promotion of alternative forms of positive masculinity. This can include engaging religious and community leaders as well as institutions such as the police and military that are typically perceived as the embodiment of masculinity in addressing social norms within these institutions and raising awareness in communities.
- **Support existing and/or create parenting programs** which focus on developing a positive role for parents, including fathers, through collaborations between parenting and GBV programming that address GBV and also focus on issues such as gender roles, gender socialization, and SRH education. Engage schools in work with parents to promote positive parenting, schools free of violence, and community-based mechanisms to mitigate risks of GBV.
- **Raise awareness on consequences of violence, available services, and confidentiality in order to destigmatize support for survivors.**
- **Support efforts to reduce restrictions on girls' and women's mobility** by working to make public spaces safe for girls and women and promoting their participation in decision-making. This can be achieved through targeting hotspots with public service announcements and mobilizing community protection committees with strong representation of girls and women, and police, to monitor these places and intervene when harassment occurs. Ensure that boys and men are engaged in this work and help them move from being bystanders to being upstanders. Foster social cohesion and relationships of respect and trust between refugees and Jordanians, particularly at the community level.
- **Support communities and professionals** working in a variety of sectors build their sensitization on, feel accountable for, and take ownership of their own responses to GBV. Put in place -community- and institutional-level mechanisms in responsible for preventing and responding to GBV. Build a shared understanding of the importance of working together and coordinating to address GBV, including between UN, INGOs, NNGOs, and government ministries. In parallel to specialized GBV service provision, continue to resource community-based and systems approaches to build capacities on and address GBV at different levels.

Awareness and training

- **Conduct targeted youth and adolescent-focused awareness-raising activities, such as** Facebook messaging campaign, radio, local theatre on issues related to GBV and SRH. In addition to this, raise awareness about GBV and providing training to those

who are most likely to offer help to young survivors of GBV – family members and young people themselves – in self-advocacy, self-care, and peer support and linking to specialized GBV services. **Conduct awareness campaigns using social media** outlets to reinforce and amplify messages of change on GBV and gender equality. This includes providing and expanding spaces of face-to-face dialogues as well as online and media-based forums on social norms

- **Support adolescent-led dialogues and awareness-raising with their peers, families, and community-members**, for example, adolescent-led discussions with parents/caregivers and joint activities together. **Promote dialogue as possible between female and male adolescents and youth on social norms and solutions to address GBV and promote gender equality.** Engage professionals implementing GBV response in the facilitated dialogues on social norms described above as participants, acknowledging that the social norms they have internalized are a major barrier to them delivering survivor-centered support.
- **Advocate with Ministry of Education and relevant stake holders for SRH education in schools**, ideally in partnership with and delivered by community and professional experts (i.e. health workers) or school counsellors as opposed to classroom teachers.
- **Work with the MoH to implement their Reproductive Health/Family Planning Clinical Guidelines** that call for physicians to conduct SRH awareness raising work with patients and through schools.
- **Utilize the internet and social media** as an interactive platform for young survivors, those at risk, and those at the family level supporting them **to access accurate information and support** around GBV and SRH. **Use the Internet and social media** to reach young survivors of GBV and young people with SRH concerns, and to raise awareness about GBV and SRHR.
- **Develop GBV and SRHR training for professionals locally**, based on human rights and humanitarian standards and guiding principles while grounding it in the situation and needs in Jordan. Align it with defined competencies, make it practical and marry it with ongoing supervision and mentorship. Moreover, focus particularly on building the soft skills or “characteristics of helpers” identified in this research as well as higher level questioning and analytical skills, and deal explicitly with victim-blaming.

GBV Response

- **Make safe m age and gender specific entry points for accessing confidential help for GBV and SRH** concerns available in schools, community centres and activities for young people. Such as **promoting and building the capacity of helplines** (for example Jordan River Foundation’s 110 Helpline) to support young survivors of GBV and ensure they make effective referrals to GBV services. Also, **educate professionals who come in contact with children**, particularly teachers, school counsellors and youth workers, to build trust, detect signs of GBV, and take appropriate action if they suspect abuse, including their familiarity with referral pathways to specialized GBV services.
- **Increase quality of case management services** through ensuring that those reporting violence follow proper **procedures to maintain the confidentiality, and building case plans for young GBV survivors** that enhance their healthy coping strategies, support their self-advocacy, provide them with opportunities for positive engagement, and address the negative outcomes that they and their families may face.

- **Promote the hiring of relevant profiles and provision of competency-based training and supervision for GBV case managers and other service providers providing GBV services. Invest in hiring and retaining skilled and experienced supervisors** to support GBV case managers and health service providers.
- Continue working with legal aid organizations to **ensure that survivors of GBV are protected from being prosecuted for other crimes**. This can include legal aid organisation as partners in GBV prevention and response programming.
- Raise awareness and promote **police engagement on sexual harassment** so that they are encouraged to support prevention and intervene in and report incidents, including through raising awareness, issuing warnings, or laying charges. This includes; sensitizing and training law enforcement and judiciary in GBV and gender, in particular survivor-centered approaches, and advocate for survivors to be linked – based on their informed consent – to needed services.
- Support the development of **quality, gender-sensitive/women-empowering, and culturally attuned premarital counselling methodologies** and content on SRH and GBV, hiring and training non-medical professionals (rather than physicians) to deliver this.
- Continue to **roll out training on GBV to primary care physicians and other medical staff**. Continue to support the designated medical service providers in the provision of quality non-judgemental medical care for survivors and ensure availability of needed treatment/PEP kits
- **Promote access to educational opportunities for girls and women and safe environments in schools free from violence**. Work to address school drop-out, including barriers related to mobility and safety, as well as tackling gender norms about girls' value and roles in society.
- **Advocate for an increased participation of women in the labour market and in business**, through the development of employment and entrepreneurship opportunities for adolescent girls and young women, including safe and dignified part-time work for school-aged girls (tied to their ongoing enrollment in education). **Advocate for safe working environment** for women that are free from GBV, and promote the enforcement of women's rights at work.
- **Provide GBV survivors and girls/women at-risk with sustainable economic empowerment opportunities** coupled with psycho-social support and life skills training in order to strengthen their agency to overcome or avoid entering abusive relationships.
- **Leverage multi-sectoral responses** including with cash-based interventions, livelihoods/economic empowerment, and education **to tackle child marriage and other forms of GBV with adolescents, young women, and their families and spouses**.

Legal advocacy and research

- **Continue to work for women's equality across all areas of law**, studying how advances in Jordan have been made in women's legal rights, which of these led to the greatest improvements in women's lives, and how these successes could be replicated.

- **Explore how child marriage regulation is currently being implemented, including for exceptions to the age of 18, and identify recommendations for legal amendments and implementation to minimize this practice.**

Provide regular training to judges, state governors, magistrates, and others involved in law enforcement, particularly on sexual equality, non-discrimination for reasons of sex, and GBV that is practical and locally contextualized.

- **Advocate for survivor-centered approaches to be enshrined in law, in particular in relation to mandatory reporting provisions, and for gender-egalitarian policies in personal status and other areas of legislation.**
- Conduct **research on whether legal sanctions** for confining girls and women at home and restricting their movement will contribute to a decline in this practice and what consequences such a measure might have.
- **Carry out assessments** on GBV against boys and young men, young people with disabilities, street-engaged young people, LGBTIQ+ young people and labour migrants, as well as assessments on GBV at universities and in workplaces.
- **Conduct ethnographic and/or participatory research** on the cultures of Jordanian boys and young men and identify opportunities for engagement in promoting positive social norms on gender equality.
- **Conduct research on how ordinary people talk about GBV and SRH in Arabic** (*'amia*) and **create awareness raising materials** in Arabic based on this research (rather than translating GBV and SRHR awareness raising materials developed in English into Arabic).
- **Continue to probe into current service provision, referral pathways, and wider GBV programming** to identify what is working effectively and how to address gaps and challenges. **Support age-disaggregation – including for younger and older adolescent girls and boys as well as by other vulnerability considerations** – for data and analysis.
- **Develop national competencies for staff responding to GBV and implementing SRH services** and then assess staff across the sector according to these competencies.