





# You Have a Right, a Choice ... Claim It!

Desk Review
Gender Based Violence in Jordan (GBV)
Women with Disabilities and GBV in Jordan

Information and Research Center – King Hussein Foundation October 2020

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## **Abbreviations**

ARDD Arab Renaissance for Democracy and Development

AWO Arab Women's Organization

**ESCWA** United Nations Economic and Social Commission for Western Asia

**FPD** Family Protection Department

**GBV** Gender-based violence

**HCPD** Higher Council for the Rights of Persons with Disabilities

**IFHNHF** Institute for Family Health – Noor Hussein Foundation

IRCKHF Information and Research Center – King Hussein Foundation

JNCW Jordanian National Commission for Women

JOHUD The Jordanian Hashemite Fund for Human Development

JRF Jordan River Foundation

**KHF** King Hussein Foundation

**NCFA** National Council for Family Affairs

NCHR National Centre for Human Rights

**PWD** People with disabilities

SGBV Sexual and gender-based violence

Sigli Sisterhood is Global Institute Jordan

VAW Violence against women

**ZENID** Queen Zein Al Sharaf Institute for Development

## 1. Introduction

## 1.1 Project overview

The King Hussein Foundation (KHF) is leading a consortium comprising of the Institute for Family Health — Noor Al Hussein Foundation (IFHNHF), Information and Research Center — King Hussein Foundation (IRCKHF), and I Am Human Society for Rights of Persons with Disabilities to implement a three year project: 'You have a right, a choice...claim it!,' funded by the Embassy of The Netherlands. The project aims to improve the standards of gender-based violence (GBV) response at the national and local levels in Jordan, with a specific focus on women with disabilities, as well as enhance women's rights in Jordan through Muslim marriage contracts.

In order to do so, this document presents what information is currently available on GBV in Jordan. Based on an extensive review of literature and legislation, this report provides an overview of the legislative framework, the main actors and stakeholders as well as the prevalence of GBV. It also identifies the gaps in research on GBV in Jordan. Section 5 presents a review of women with disabilities in Jordan, as per the focus of this project.

#### 1.2 Definitions

While GBV is a global issue, its definition and understanding varies from one country or organization to another. In some countries, GBV and violence against women (VAW) are two definitions that are used interchangeably. While women and girls are at higher risk of sexual and gender-based violence at a global level, men and boys are also at risk.<sup>1</sup>

For the purpose of this document and project, the following table presents definitions that will be encompassed under the term gender-based violence.

Term	Definition	
Gender Based Violence (GBV)	"Violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately." <sup>2</sup> It can be physical, emotional, psychological, or sexual in nature and inflicts harm on those experiencing it whom may include women, girls, men and boys. <sup>3</sup>	
Violence against Women	"Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."	
Sexual Violence	"Any sexual act attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object."	

Sexual and gender based violence (SGBV)	"Any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys."
Sexual Harassment	"any form of unwanted words and/or actions of a sexual nature that violate a person's body, privacy, or feelings and make that person feel uncomfortable, threatened, insecure, scared, disrespected, startled, insulted, intimidated, abused, offended, or objectified." <sup>7</sup>
Domestic Violence	"An incident or pattern of incidents of controlling, coercive, threatening, degrading and violence behavior, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer."8

## 2. Gender Based Violence Legal Framework

#### 2.1 Commitments under International Law

Jordan ratified the Convention on Elimination of all Forms of Discrimination against Women (CEDAW) in 1992 and published it in the official gazette in 2007. It maintained reservations to the following articles:<sup>9</sup>

- Article 9 (2): State Parties shall grant women equal rights with men with respect to the nationality of their children.
- Article 16 (1): States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:
  - o (c) The same rights and responsibilities during marriage and at its dissolution;
  - (d) The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;
  - (g) The same personal rights as husband and wife, including the right to choose a family name,
     a profession and an occupation

The concluding observations in response to the sixth report included the following recommendations on gender-based violence:<sup>10</sup>

- Enhance its efforts to combat all forms of gender-based violence against women, including domestic and sexual violence, paying particular attention to disadvantaged groups;
- Enact legislation to specifically define and criminalize all forms of gender-based violence against
  women, including marital rape, and address the prevention of violence, protection of victims and
  prosecution and punishment of perpetrators;
- Take measures to encourage women who are victims of violence to report their cases, including
  by destignatizing victims, providing capacity building programmes for judges, prosecutors,
  police officers and other law enforcement officials on how to investigate such cases in a gendersensitive manner and developing user-friendly reporting guidelines;

- Ensure that allegations of gender-based violence against women, including domestic violence, are
  duly investigated, prosecuted and sanctioned and that victims have access to appropriate redress,
  including compensation;
- Provide mandatory training for judges, prosecutors and law enforcement officials, especially
  those who conduct mediation in cases in which domestic violence is deemed to constitute a minor
  offence, on the strict application of relevant legal provisions;
- Strengthen services for women who are victims of gender-based violence, including by
  establishing shelters throughout the territory of the State party and ensuring the availability of
  psychosocial rehabilitation and reintegration programmes.
- Systematically collect data on all forms of gender-based violence against women, disaggregated by sex, age, nationality and the relationship between the victim and the perpetrator, as well as on protection orders, prosecutions and sentences imposed on perpetrators.

## 2.2 National Legislation and Policies

The following table is adapted from the Gender Justice and the Law Report of 2018, highlighting whether the law provides for gender equality on different matters related to GBV:<sup>11</sup>

Law provides for gender equality	Some gender aspects of the law have been addressed	Law does not provide for gender equality
Protection from Domestic Violence no. 15 of 2017 protects women and girls from domestic violence.  Rape: Article 292 of the Penal Code criminalizes rape.  Human trafficking: The law on Protection Against Trafficking of Humans No 9 of 2009 provides comprehensive measures to address human trafficking.  Exoneration by marriage: Article 308 of the penal code exonerated a man in cases of rape or sexual assault if he marriage his victim. In 2017 and after years of advocacy, article 308 was abolished.	Sexual Harassment: The Penal Code outlines offenses that could be considered SH, but the terminology used remains vague and ambiguous. For example, article 305 states that fondling in a manner that offends 'public modesty' is punishable by law. Article 306 criminalizes actions, words, or expressions that offend 'public modesty,' and article 307 criminalizes violating the sanctity of womenonly places.  Honor crimes: in 2017, article 98 of the Penal Code was amended to prevent a reduction of penalties for 'honor crimes.' Article 340 – which allows for a reduction if a spouse is murdered when caught in the act of adultery - has not been removed yet.  Minimum age of marriage: legal age is 18, but a judge can consent to a marriage of a minor over the age of 16.	Marital rape: is not criminalized.  Abortion for rape survivors: is prohibited by articles 321-325 of the Penal Code.  Marriage and divorce: women do not enjoy equal rights in marriage and divorce. A wife has a legal obligation of obedience toward her husband, and in return she receives financial maintenance. The law allows men and women to add conditions to the marriage contract. Men can divorce unilaterally by talaq.

The main national policies that are relevant to GBV are:

- Comprehensive National Human Rights Plan (2016-2025): the plan was prepared to address existing deficiencies in legislations, policies and practices in the promotion of human rights and upgrading them in line with the Kingdom's constitution and human rights commitments. The second goal of the plan's Third Pillar is to enhance and protect women's rights. The specific objectives are 1. Women's enjoyment of their rights in conforming to justice and equal opportunities, and 2. To develop and adopt the policies that aim to enable women to enjoy all their rights. 12
- National Strategy for Women in Jordan (2020-2025): the strategy's main vision is to ensure a
  society free of all forms of gender-based violence and discrimination, in which women and girls
  realize their full human rights and have equal opportunities to achieve inclusive and sustainable
  development. The plan was built with multi-sector participation from civil society organizations,
  the governorates, the private sector and Parliament.
- National Framework for Family Protection against Violence (2016): The framework was first launched in 2007 under the umbrella of the National Council for Family Affairs. The response to GBV was first organized under the framework, which defines procedures and protocols for protecting victims of violence.<sup>13</sup> The second edition of the framework was produced in 2016.
- Communication Strategy on Gender-based Violence (2016-2025): The Ministry of Social
  Development issued a Communication Strategy on GBV in 2014, focusing primarily on violence
  and its harms, financial consequences associated with violence, and the threat to life of those
  abused.
- National Strategy and Action Plan to combat Human Trafficking (2010-2012): The strategy and action plan were developed to strengthen the implementation of the Anti-Trafficking Law No. 9 of 2009, which provides comprehensive measures to address human trafficking, including penalties of up to ten years of prison for forced prostitution and other aggravated circumstances, including child trafficking.<sup>14</sup>
- Jordanian National Action Plan on Women, Peace and Security (2018-2021): the plan for advancing the Implementation of UN Security Council Resolution 1325 on Women, Peace and Security aims to integrate a gender-based approach towards women's participation in prevention and protection processes during conflicts, as well as in peace building, and maintaining stability and sustainable security.<sup>15</sup>

### 2.3 National Structures for the Protection from GBV

Four national structures are mandated to protect and safeguard women and children in Jordan. These include, the Family Protection Department, which is part of the Public Security Directorate, the Jordanian National Commission for Women, the National Council for Human Rights, and the National Council for Family Affairs. <sup>16</sup> Furthermore, the Ministry of Health, Ministry of Education, Ministry of Justice, and Ministry of Social Development all have special departments on domestic violence. Also, the Ministerial Committee for the Empowerment of Women has executive functions for policies related to women. <sup>17</sup>

**Family Protection Department (FPD):** established in 1997, the FPD is the national entity responsible for handling cases of gender-based violence, sexual assault, child abuse and domestic violence.<sup>18</sup> The FPD is part of the Public Security Directorate and operates as a specialized police center as well as a hotline.<sup>19</sup> The FPD has 14 centers spread across the country and since it opened, it has provided protection services to over 24,000 women and children in Jordan.<sup>20</sup>

The Jordanian National Commission for Women (JNCW): established in 1992, JNCW is the National Women Machinery and is responsible for the defining policies related to women and participating in national plans and strategies. In 2008, JNCW launched Shama' – a network for combating violence against women – as part of the 16 days of activism to combat GBV. With members from different national organizations, the network coordinates efforts to eliminate VAW, follows up on the implementation of the National Strategy, coordinates efforts in the field of VAW, monitor and document VAW programs and expands services to reach all areas of Jordan. JNCW's Women's Complaint Office provides aid to women survivors of violence, which provides advice for resolving cases and referrals to lawyers, in addition to other support and financial services. 22

The National Council for Family Affairs (NCFA): established in 2001, NCFA is a national institution working on various issues including family empowerment, early childhood development, and protection against violence. It is responsible for the development of several policies including the National Framework for Family Protection, the National Plan of Action for Children, and the National Strategy for Family Protection.<sup>23</sup>

The National Centre for Human Rights (NCHR): established in 2006, the center is an independent human rights institution established by Law No. 51 that aims to document and deal with human rights violations. NCHR has a Complaints and Legal Services Unit set up to receive and treat individual complains on human rights. While it has a broader scope than JNCW and NCFA, part of the complaints it receives are VAW complaints, especially complaints of violations of women's rights to equality and access to justice.<sup>24</sup> <sup>25</sup>

Finally, there are four governmental shelters in Jordan that provide women and girls exposed to GBV and are at a threat of being killed by their families, with protection and rehabilitation services. Some provide shelter for girls under the age of 18 and others for women over the age of 18. Additionally, there are 19 social services offices distributed in all the governorates that belong to the family protection units.<sup>26</sup>

## 3. Prevalence of GBV in Jordan

There are no available national figures on the prevalence of GBV in Jordan. However, certain indicators can be derived from studies and publications conducted in Jordan over the years.

#### 3.1 Domestic violence

Around 10,527 cases of domestic violence have been reported to the Family Protection Department in 2019, of which 3,260 were referred to court. Cases which were referred to court included 1,196 sexual assault cases and 2,064 physical violence cases.<sup>27</sup>

While 2020 figures are still not officially released, there was an increase in the number of reported domestic violence cases during the COVID-19 curfew. <sup>28</sup> Experts explain that during lockdown, domestic violence incidents increase for two reasons: first, because the victim and perpetrator are constantly confined together in one space, and second,

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because of the limited access that the victim has to the outside world and in particular to the services that she needs.

The Jordan Population and Family Health Survey has been carried out since 1990. While the survey was usually filled out by women, in the latest survey (2017-2018) data was collected from men for the first time. The survey included a women's safety module to collect information on domestic violence – this however was only collected from women. Of a sample of 19,000 households (14,870 ever-married women age 15-49), the following was reported:<sup>29</sup>

#### Experience of violence:

- 21% of ever-married women age 15-49 have experienced physical violence since age 15; 2% of women have experienced physical violence during pregnancy.
- Among ever-married women age 15-49 who have
- experienced physical violence since age 15, 71% reported a current husband as the perpetrator, and 15% a former husband as the perpetrator.
- Over 1 in 10 ever-married women report physical violence by a brother (13%) or by their father (12%).
- Urban women are slightly more likely (21%) than rural women (19%) to have experienced physical violence since they were 15 years old. This is also true for women's recent experience of physical violence: 15%

FIGURE 1 - OF EVER MARRIED WOMEN AGED
15-29
(POPULATION & FAMILY HEALTH SURVEY
2017-2018)

21% experienced physical violence

71% reported a current husband as a perpetrator

Over 1 in 10 reported physical violence by a brother or a father

- of urban women have experienced physical violence in the past 12 months, as compared with 13% of rural women.
- Women in the central region (24%) of Jordan are more likely to have experienced physical violence since age 15 than women in the North (18%) and South (12%) regions.
- By governorate, the proportion of women who have experienced physical violence since the age of 15 ranges from 6% in Karak to 31% in Zarqa.

#### Marital control:

- 15% of ever-married women have experienced at least three controlling behaviors by their husbands, while 29% have never experienced any controlling behaviors by their husbands.
- Controlling behavior by a husband was defined as: is jealous or angry if she talks to other men, frequently accuses her of being unfaithful, does not permit her to meet her female friends, tries to limit her contact with her family, and insists on knowing where she is at all times.

#### Spousal violence:

- 26% of ever-married women age 15-49 have ever experienced spousal physical, sexual, or emotional violence.
- 21% of women have experienced emotional violence, 18% have experienced physical violence, and 5% have experienced sexual violence.
- Women who are divorced, separated, or widowed (14%) are more likely than currently married women (5%) to report spousal sexual violence.
- Spousal violence (physical, sexual, or emotional) is most prevalent in the central region (30%) and least prevalent in the southern region (16%).
- By governorate, spousal violence (physical, sexual, or emotional) is most prevalent in Balqa and Zarqa (36% each) and least prevalent in Ajloun and Karak (10% each)

21% have experienced emotional violence

18% have experienced physical violence

5% have experienced sexual violence.

#### Injuries due to spousal violence:

• 24% of ever-married women who have experienced spousal physical or sexual violence reported injuries; 22% reported cuts, bruises, or aches, and 8% reported eye injuries, sprains, dislocations, or burns.

#### Help seeking:

- Only 1 in 5 women (19%) who have experienced any physical or spousal sexual violence have sought help to stop the violence. Two-thirds never sought help or told anyone about the violence.
- Women under the age of 25 are less likely to seek help when they experience physical or sexual violence than older women.

• By governorate, the proportion of women who seek help when they experience physical or sexual violence is highest in Tafiela (30%) and Irbid (25%) and lowest in Ma'an (8%) and Balqa (10%).

#### 3.2 Sexual harassment

In 2017, The Jordanian National Commission for Women conducted a study on sexual harassment in Jordan with a sample of 1,366 respondents – 86% female and 14% male (including 1,044 victims and 322 perpetrators). While the study was not representative on a national level, it was the first of its kind in terms of scope, covering all 12 governorates in Jordan (50% center, 42% north, 8% south).

It explored various forms of SH including nonverbal (e.g. suggestive gesturing), verbal, physical, cyber, and psychological SH. 86% of the victims were female, and 14% were male. 80% of the perpetrators were male, and 20% were female. The study found that the percentage of respondents who experienced sexual harassment was as follows: 89.1% non-verbal (gesturing), 88.4% verbal, 80.8% online, 68.7% physical, 52.3% psychological.<sup>30</sup>

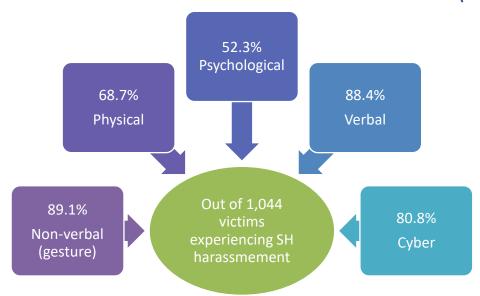


FIGURE 2 - % OF VICTIMS EXPERIENCING DIFFERENT TYPES OF SEXUAL HARASSMENT IN JORDAN (JNCW, 2017)

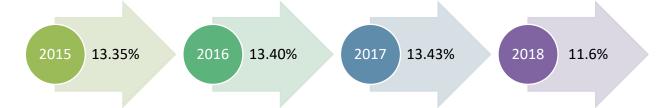
In 2018, the Arab Renaissance for Democracy and Development (ARDD) conducted a study on harassment in the workplace, analyzing harmful and discriminatory workplace practices in Jordan. The study methodology included focus group discussions with 52 women, 439 surveys completed with Syrian refugee women, Jordan women and women from other nationalities as well as interviews with representatives of 13 companies.

It found that 52% of Jordanian women and 73% of Syrian refugee women informally reported experiencing sexual harassment at the workplace. Furthermore, the study found It found that sexual harassment was one of the main challenges facing women in the workplace and that women lack knowledge about the types of sexual harassment as well as available reporting mechanisms.<sup>31</sup>

## 3.3 Child marriage

According to the 2015 Population and Housing Census, the percentage of females who were married under the age of 18 in 2015 was 18.1% - of those, 11.6% were Jordanian, 43.7% were Syrian, and 13.5% were from other nationalities. In other words, 2 out of every 10 married females were minors in 2015. <sup>32</sup> Between 2015 and 2017, the percentage of registered marriages involving underage girls has been somehow constant but started to decrease in 2018: from 13.35% in 2015 to 13.40% in 2016 to 13.43% in 2017 to 11.6% in 2018. <sup>33</sup>

FIGURE 3 - % OF REGISTERED MARRIAGES INVOLVING GIRLS UNDER 18 (SUPREME JUDGE DEPARTMENT, 2018)



#### Drivers of Child marriage

There are several drivers of child marriage in Jordan. These include different economic, protection or social reasons and in some cases a combination of the three.

Many child marriages in Jordan are driven by **economic motives**. This is demonstrated by the fact that child marriage is far more common among families from poor socio-economic backgrounds. <sup>34</sup> With growing poverty and unemployment rates, some families tend to resort to child marriage to reduce the financial burden. This is especially true for larger or extended families. <sup>35</sup> In addition to reducing the financial burden, some families initiate such marriages in the hopes that the future husband can also improve the financial situation of the whole family. <sup>36</sup>

Child marriages are also driven by **protection concerns**. Many families are afraid that a girl, once reaching puberty, becomes at higher risk of sexual assault and harassment. Girls are at risk of sexual assault and harassment in many places, starting from the home, in or on the way to school and in public spaces.<sup>37</sup> While marriage is perceived as a protection mechanism for these girls, many families are unaware that in child marriages the safety of the girls is by no means guaranteed, as they are could be at risk of SGBV by their husbands and in-laws.<sup>38</sup>

Furthermore, another aspect of security is the assumption or hope that a married woman becomes economically and socially secure for life.<sup>39</sup> Research has shown that some families hope that an 'early' marriage will protect their daughters from drugs and violence, or from becoming too open-minded due to the influence of peers, and probably even more, to free themselves from this great burden of danger.<sup>40</sup>

**Social norms** play an integral role in child marriages. Since girls cannot be completely protected from sexual assault, their reputation and honor and that of the whole family is at risk. For this reason, it becomes desirable for some families to marry a girl early than to expose an entire family to the risk of hindering the family honor. <sup>41</sup> Additionally, for many families, marriage adds to social status. <sup>42</sup> This is

especially true for girls who are no longer in school. In many cases, early marriage also simply represents a tradition that families feel should be continued. Following the footsteps of their mothers and grandmothers, many girls are socially expected to continue this tradition.<sup>43</sup>

#### **Consequences and risks**

Some of the highest risks associated with child marriage are health risks. Child marriage usually leads to early pregnancy. As the reproductive system of the underage girl is not yet fully developed, this can lead to a variety of serious health problems both for the girl and the unborn baby. Repeated miscarriages as well as premature births and caesarean sections are not uncommon.<sup>44</sup> There is also a direct correlation between the mortality rate of mothers and their children and their age during pregnancy.<sup>45</sup> A lack of knowledge about contraceptive methods and their use is also a health risk, as it can lead to frequent and successive pregnancies, which is another health risk for the girl.<sup>46</sup>

Even though one of the most common reasons for child marriage is the protection and safety of the girl, the reality is often different. Many girls are exposed to physical<sup>47</sup> and sexual violence including forced intercourse.<sup>48</sup> In some cases, girls are also exposed to violence by in-laws and extended family.<sup>49</sup>

Furthermore, in most cases young married girls do not finish their school education. This is either because they are unwilling to do so, or are not allowed by their husbands, or are not allowed by the school which deems it inappropriate to mix married children with unmarried children, so as not to expose the latter to the "bad influence" of young wives with their sexual experiences.<sup>50</sup>

Child marriage also negatively impacts the psycho-social wellbeing of young girls. Many often suffer psychological trauma in the first days of their marriage. Difficulties in coping with the responsibilities as a wife and later as a mother as well as the loss of social ties with the family of origin or friends place immense pressure on these girls.<sup>51</sup> This often leads to depression and social isolation.<sup>52</sup>

Finally, child marriages often end in divorce.<sup>53</sup> This may increase the financial burden on the girl's family and further stigmatizes the girl for being divorced.<sup>54</sup>

#### Child marriage in the context of displacement

In addition to social, economic and protection reasons, refugee families also marry off their daughters at a young age to acquire Jordanian citizenship by marrying a Jordanian<sup>55</sup>, which is associated with further benefits including the possibility to move out of a refugee camp - sometimes even for the girl's whole family.<sup>56</sup>

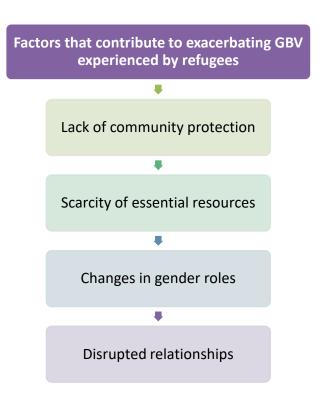
Research shows that especially in the case of child marriages contracted among Syrian refugees, it is not uncommon for these marriages not to have been registered. The reasons include limited knowledge about registration, high fees, or hoping to get the marriage registered upon return to Syria. However, not only have these marriages not been reviewed by the Shari'a court, but the unregistered marriage can lead to further complications including the lack of legal protection for the girl and her future children.<sup>57</sup>

## 3.4 Violence against refugee women and girls

As of 2019, Jordan was hosting the second-highest number of refugees per capita in the world. This includes around 654,681 registered Syrian refugees (83.5% of whom live in host communities), 67,152 Iraqi refugees<sup>58</sup> and more than 2 million registered Palestinian refugees who were displaced in 1948 and 1967.<sup>59</sup> While there is a lack in demographic data on Palestinian and Iraqi refugees, statistics show that there are more Syrian women than men aged 18 and above in Jordan.<sup>60</sup>

During displacement or humanitarian crises, several factors contribute to exacerbating GBV experienced by refugees including lack of community protection, scarcity of essential resources and services, changes in gender norms and roles, and disrupted relationships. 61 Research shows that female refugees tend to be highly vulnerable to sexual and gender-based violence (SGBV) as a result of displacement. With the increased length of the stay in host communities, the socio-economic situation of refugees deteriorates, which pushes families to resort to negative coping mechanisms including child marriage and child labor - putting boys and girls at risk of sexual and gender based violence. 62 Additionally, frustrations derived from the changing gender roles - as many male refugees lose their role as breadwinners - and the lack of privacy in overcrowded shelters increase risks of domestic violence. In such situations, female refugees are especially vulnerable and are often among the most difficult to reach.<sup>63</sup>

FIGURE 4 - GBV EXPERIENCED BY REFUGEES



Extensive research on SGBV has been conducted with Syrian refugee communities in Jordan over the years, some of the main findings include:

- The overwhelming majority of SGBV survivors are women and girls, but men and boys are also at risk.<sup>64</sup>
- Around 50% of survivors accessing GBV services suffered some form of domestic violence, more than 70% of violent incidents happened in their home, and of those cases, 80% were committed by an intimate partner or someone familiar.<sup>65</sup>
- In a survey with 200 ever married Syrian refugee women (aged 15-49), the most reported form of violence in public spaces was emotional violence including insults and verbal abuse followed by sexual violence by neighbors and owners of the house. In the private sphere, the most reported forms of violence were physical and emotional violence. <sup>66</sup> Furthermore, 34.8% of the 124 women

who experienced any violence did not seek help. Of the remaining women who reported the violence, 26.1% told a female family friend, 23.2% told their husband, and 14.5% told a friend. None of the women reported the violence to a religious leader, an employee of a center related to the Ministry of Health or the Ministry of Social Development.<sup>67</sup> The barriers to seeking help were as follows: being afraid of survivor blaming, fear of the consequences after reporting, lack of trust in authorities, shame, and inability to leave the home.<sup>68</sup>

A more recent 2020 report found that in terms of nationalities of survivors who seek help: 70% are Syrians, 23% are Jordanian and 7% refugees of other nationalities mainly Iraqis and Sudanese.<sup>69</sup>

## 3.5 Violence against boys

While girls and women are highly subjected to SGBV, evidence shows that boys are also at risk. A 2019 research finds that from a sample of around 4,000 adolescent boys and girls, not only were boys more likely to experience violence at home than girls (52% versus 47%), they 'experience discipline that is more violent than that experienced by girls because their parents often view them as intractable, whereas parents see girls as compliant.' Additionally, the research found that boys are twice as likely to experience corporal punishment at school than girls (58% versus 25%). Boys were found to be at higher risk of peer violence than girls (46% versus 38%). Syrian refugee boys were found to be at most risk of experiencing verbal and physical violence by peers in their community, especially those traveling in host communities at nighttime.<sup>71</sup>

Research is also beginning to understand the experiences of boys with sexual harassment in public spaces. While girls are the main targets to sexual harassment in public spaces, a 2017 research by Care and Promundo showed that refugee boys are at risk of sexual harassment and violence on their way to school and in public spaces. As boys are allowed to move freely in public spaces, they are at higher risk of encountering potential sexual predators in their communities. Additionally, refugee boys tend to have very limited knowledge on sexual and reproductive health, including what constitutes sexual violence and rape.<sup>72</sup>

#### 3.6 GBV and COVID-19

A policy brief by UN Women and ESCWA argued that women in the Arab region will disproportionately bear the burden of health and social risks resulting from the COVID-19 pandemic. The pandemic is expected to result in the loss of 1.7 million jobs in the Arab region, including 700,000 jobs held by women. As a result, more women are expected to fall into poverty and particularly those who are heading and supporting their households. Economic, health and social risks are compounded from refugee and displaced women and girls in the Arab region as the risk of exposure to COVID-19 will increase as well as the risk of violence against women and girls including sexual exploitation and abuse.<sup>73</sup>

In Jordan, a policy paper by ARDD showed that based on cases received by the center's legal unit, women who were working remotely were facing an increased workload and 'struggled to balance their professional obligations while bearing the majority of the family burdens.'<sup>74</sup>

Furthermore, the GBV IMS Taskforce showed that in 2019, 88% of perpetrators of GBV cases reported to case management agencies were husbands. During the COVID-19 lockdown many of these women were trapped with these husbands in their homes and were likely to be abused even more and restricted due to lockdown as strict measures have been taken by the Jordanian government to contain the COVID-19 pandemic.<sup>75</sup>

Even though the preliminary trend analysis of GBV cases during COVID-19 showed a 68% decrease in reported cases during the first two weeks of the lockdown, this drop does not mean there were fewer incidents of GBV. On the contrary, specialized GBV agencies and women's organizations confirmed that women faced increased risk of abuse and domestic violence as well as higher obstacles in seeking help. During such times, as services were mostly available online, women were not always able to call because of the proximity to their abuser and lack of access to mobiles. Furthermore, they showed that the women who do call were usually in severe and life threatening situations. The main forms of GBV reported during lockdown were physical and emotional abuse by an intimate partner, in addition to online sexual harassment and cases of sexual exploitation. Moreover, women were more hesitant to share information on the phone compared to face to face meetings. Women have also shared concerns of being separated from the children in such difficult times.<sup>76</sup>

An assessment by UNFPA and other local partners with 360 Jordanian and Syrian men, women, boys and girls showed that 69% of survey respondents agreed that GBV has increased since the beginning of the pandemic, citing emotional and physical abuse as the most common types of GBV. Women and girls also agreed that access to GBV and sexual and reproductive health services became more difficult as this access became virtual due to the lockdown. More adolescent girls than adult women were able to access virtual services.<sup>77</sup>

UN Women conducted an assessment to explore the impact of COVID-19 on vulnerable women in Jordan, covering 847 Syrian and Jordanian respondents (798 female; 50 male) in Azraq and Za'atari refugee camps and in several host communities across Jordan. The assessment showed that 62% of respondents felt that they were at increased risk of suffering physical or psychological violence. This was mostly due to increased tension within the household and increased food insecurity. The higher the number of individuals residing in the same household, the higher the risk. 54% of women who reported an increase in the risk of violence also reported borrowing money and/or food from neighbors and friends.<sup>78</sup>

As reported by JNCW, several steps were taken to address the increase in GBV incidents during the lockdown. This included a GBV service mapping undertaken by the Sexual and Gender-Based Violence (SGBV SWG) and comprising of 25 partners, UN agencies, international non-governmental organizations (INGOs), local non-governmental organizations (NGOs), government counterparts operating across governorates in Jordan serving refugees and host communities. Additionally, the FPD took measures and organized transportation of survivors to safe places (shelters) while the movement of people was restricted during comprehensive lockdown. Finally, the SGBV working group launched "Amaali", a mobile application that provides information on services to seek help or to join group activities to improve skills, release stress and enhance social networks. Through the application, women and girls can also share risk points if they identify areas that are generally unsafe for women and girls.<sup>79</sup>

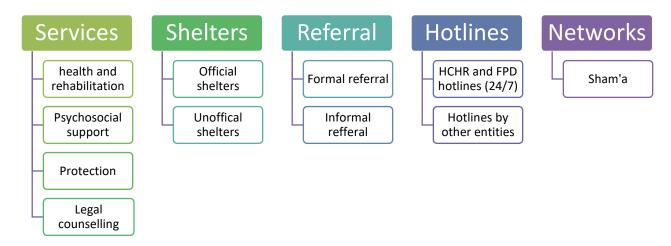
## 4. Stakeholders and services

In addition to the four national structures mentioned in section 2, several governmental and non-governmental organizations directly or indirectly work on GBV and VAW cases. The scope of work differs and encompasses rehabilitation and health services, legal counseling, psychological counselling, protection, awareness raising and advocacy. Governmental organizations include the Ministry of Health, Forensic Medicine, Ministry of Social Development, and Ministry of Justice. Non-governmental organizations include but are not limited to: Institute for Family Health – Noor Al Hussein Foundation (IFH), Jordanian Women's Union, Sisterhood is Global Institute Jordan (SIGI), Arab Women's Organization (AWO), Mizan Law Group for Human Rights, Queen Zein Al Sharaf Institute for Development (ZENID), ARDD, The Jordanian Hashemite Fund for Human Development (JOHUD), Jordan River Foundation (JRF), and many others.

UN and international agencies who have programs tackling GBV include The United Nations Children's Fund (UNICEF), UN Women, The United Nations Population Fund (UNFPA), The United Nations Relief and Works Agency for Palestine Refugees (UNRWA), The World Health Organization (WHO), The United Nations High Commissioner for Refugees (UNHCR), Save the Children among others. Additionally, task forces working on GBV include:

- The GBV Information Management System (GBVIMS) Task Force is the body responsible for gathering, maintaining and analyzing data related to SGBV, along with ensuring the security and protection of sensitive data concerning SGBV.<sup>80</sup>
- The Sexual and Gender-Based Violence (SGBV SWG) working group established in 2014 with the aim to support a comprehensive and coordinated approach to SGBV, including prevention of SGBV and provision of compassionate care to SGBV survivors.<sup>81</sup>

The most comprehensive mapping on the prevalence of VAW and available services was conducted in 2008 by UNFPA. Services outlined by the mapping are summarized in the following diagram.



## 5. Women with Disabilities in Jordan

As mentioned earlier, while this project focuses on raising the standards of all GBV rehabilitations services in Jordan, there is also a focus on GBV of women with disabilities in Jordan who are discriminated against for being female and for having a disability.

## 5.1 Legal Framework

In 2008, Jordan ratified the Convention on the Rights of Persons with Disabilities (CRPD), which focuses on the basic rights and fundamental freedoms of persons with disabilities (PWD). The Kingdom has also ratified the International Labour Organization's Vocational Rehabilitation and Employment Convention and the Arab Agreement on the Rehabilitation and Employment of the Disabled. Their aim is to facilitate the integration of PWD into the workforce and ensure equal opportunities between abled and disabled workers.<sup>82</sup>

To ensure that national legislation is in line with ratified conventions, Jordan adopted Law No. 31 of 2007 on the Rights of Persons with Disabilities. <sup>83</sup> In that same year, the Higher Council for People with Disabilities (HCPD) (which in 2017 was changed to the Higher Council for the Rights of People with Disabilities) was established with a vision of working towards "a society in which people with disabilities have a decent and sustainable life that will grant them effective participation based on equity and equality." <sup>84</sup> In addition to Law No. 31, a National Strategy for Persons with Disabilities (NSPD) for 2007-2015 was approved in 2007. The strategy provided a framework for action to achieve the social, economic and political inclusion of PWD. <sup>85</sup>

In 2017, a shadow report on the status of the implementation of the CRDP in Jordan was submitted to the 17<sup>th</sup> Session of the UN Committee on the Rights of Persons with Disabilities by the Information and Research Center – King Hussein Foundation, Identity Center, and the "I am Human" Society for the Rights of Persons with Disability. The report was produced in consultation with Persons with Disabilities Organization in Jordan. The shadow report found the following:<sup>86</sup>

- In some legislation, PWD are viewed as incapable human beings and are treated as 'medical cases', and this has been reflected in daily practices.
- A review of Jordanian legislation reveals that some laws lack effective and necessary measures to empower PWD to access the various facilities, just like other citizens.
- There are inconsistencies between the CRPD and national legislation.
- Girls with disabilities are most at risk of various forms of discrimination and exclusion, including hysterectomies, and these are not prohibited by national laws.
- The employment of PWD does not exceed 1% in the public sector and 0.5% in the private sector.
- The need of a new strategy, as not more than 50% of the objectives of the NSPD have been achieved.

As a result, the HCPD drafted a new law on the rights of PWD which was endorsed by the Jordanian Lower House of Parliament in May 2017. It is reported that the law is one of the most advanced in the Arab region and introduces the concept of informed consent, "which gives citizens with disabilities the right to decide for themselves after receiving enough information about the consequences of each of their decisions."<sup>87</sup>

Finally, Jordan has also ratified the Convention on the Elimination of All forms of Discrimination against Women (CEDAW). While the convention does not contain text regarding the rights of women with disabilities specifically, under the General Recommendation 18, the CEDAW Committee asks State parties to provide information about women with disabilities in their periodical reports, including measures taken to ensure equal access to education, employment, health services and social security, and participation in all areas of social and cultural life.<sup>88</sup>

### 5.2 The Situation of Persons with Disabilities in Jordan

According to the 2015 Population and Housing Census, 11.2% of the population in Jordan over the age of 5 were suffering from some form of disability.<sup>89</sup> Despite the legal framework affirming their rights, PWD are still faced with discrimination and stigma at the societal level in Jordan. Negative attitudes towards PWD cause their exclusion from accessing public spaces, education and employment.<sup>90</sup>

#### **Education**

Different studies show varying statistics regarding school enrolment among children with disabilities.<sup>91</sup> Nonetheless, qualitative research shows that children with disabilities are faced with many physical and social barriers in their access and continuation of school.<sup>92</sup> Furthermore, specialized educational services, such as teaching in sign language or braille, are limited outside the capital city of Amman, which further hinders children with disabilities' education.<sup>93</sup>

#### **Employment**

According to the 2017 ESCWA report, when looking at people of working age (aged 15-64), the employment rate among men with disabilities is 32.8%, compared with 61.4% for men without disabilities. In the case for women, only 5.2% of women with disabilities are employed employed with the already low (12.4%) employment rate of women without disabilities.

PWD appear to work long hours in low-quality jobs, earning poor wages, and under difficult conditions. They are often looked down upon and are vulnerable to job insecurity. In addition, mobility is also a concern, given the lack of adequate and adapted infrastructure for PWD in Jordan, such as accessibility to buildings or to public transport.<sup>96</sup>

Challenges among women with disabilities seem to be even starker as a result of potential harassment, which further discourage them from economic activity, and the disapproval of their families to engage in the labor market.<sup>97</sup>

#### Health

Even though Jordan offers free health insurance to all people with disabilities, in 2017, it was estimated that a third of Jordanians with disabilities were not covered. 98

The conflict in Syria has increased the prevalence of disability among refugees in Jordan. The significant prevalence of disability among Syrian refugees can be partially explained by the large numbers of warrelated injuries. <sup>99</sup> Data suggests that the demand for health services from refugees with disabilities in Jordan is unmet, and specialist health and rehabilitation services are considered inadequate. <sup>100</sup>

The pervasive stigma that surrounds disability can have a significant impact on the psychosocial well-being of persons with disabilities. A recent study on adolescence highlighted that the social isolation and the higher risk of bulling result in a higher probability of reporting psychological distress among adolescents with disabilities.<sup>101</sup>

#### 5.3 Women with Disabilities and Gender-based Violence

Women and girls with disabilities often face a double discrimination based on their gender and their disability. They are more vulnerable to poverty and social exclusion, often lack access to basic services and have limited social, political, and economic opportunities. <sup>102</sup> Furthermore, they experience higher rates of GBV compared to women without disabilities, including sexual abuse, neglect, maltreatment and exploitation. <sup>103</sup> Despite the scale and gravity of the problem, it often remains invisible due to the isolation to which many are subject, or because it involves attitudes, behaviors and norms that are socially accepted. <sup>104</sup>

In crisis situations, where social, community, and institutional protection mechanisms are often weakened or overwhelmed, GBV may become even more pervasive. Vulnerable groups, including women with disabilities, are often more at risk of GBV, because they are "less able to protect themselves from harm, more dependent on others for survival, less powerful, and less visible." Despite their increased vulnerability, GBV and women's empowerment programs do not systematically mainstream disability, and PWD are often excluded from programs and services that seek to prevent and respond to GBV. In addition, policies and commitments to disability inclusion often lack specific reference to women and girls. Consequently, women and girls with disabilities fall through the cracks in both gender and disability policy and programming.

Community practices in Jordan still inflict violence and abuse against PWD inside and outside the family. 110 While both men and women with disabilities are marginalized and discriminated against, women with disabilities are more stigmatized and vulnerable to abuse. They suffer from discrimination in society, marriage, education, and employment. 111 As the Jordanian society can be characterized as being a patriarchal one, many women often have restricted movement and limited voice and agency. This increases women with disabilities' vulnerability to exploitation, abuse and violence. 112 In addition, when there is more than one member in the family with a disability, males are prioritized. 113

There is a significant gap in the available knowledge regarding how women with disabilities are affected by GBV in Jordan. A 2015 study conducted by Women's Refugee Commission and International Rescue Committee in four countries, including Jordan, tried to bridge this gap.<sup>114</sup> The findings show that the most common type of GBV reported is sexual violence, including rape and sexual assault, followed by emotional violence and exploitation. The group that is perceived as most at risk of sexual violence are girls and women with mental and intellectual disabilities. Their families and service providers may only realize that they are victims of sexual violence when they become pregnant. Sexual abuse against boys and men with

intellectual disabilities has also been reported in Jordan, although to a lesser extent. Sexual abuse perpetrated by strangers against adolescent girls and boys with intellectual disabilities has been also reported, leading some caregivers to lock them at home to protect them from future violence. The study also observed that wives of men with disabilities are also at risk of sexual harassment and exploitation when they have to take on the role of their husband or have to move in the community alone.

Violence against PWD can be inflicted by people close to them. Women with disabilities may experience sexual, physical and emotional violence perpetrated by their intimate partners, which can be exacerbated by the perceived failure to fulfil the roles expected of them in the household. Young boys and girls with disabilities may face verbal abuse by caregivers based on expectations about how they should behave in their gendered roles. Men with disabilities also reported feelings of shame and humiliation resulting from emotional and psychological violence used by family and community members, who perceive them as "weak", "dependent" and unable to live up to conventional norms of masculinity. In the case of displaced families, the high levels of stress they experience can be a factor that increases the vulnerability of PWD who are dependent on their family caregivers. This dependency can contribute to the caregiver's anxiety and stress, who may resort to using emotional, physical or other forms of violence against the person with a disability as a means to release their resentment.

The study also shows that social isolation and the loss of protective community networks increase the vulnerability of PWD and their female caregivers to GBV inside and outside the house. This is especially relevant in the case of displaced people, such as refugees, who are often separated from their families and neighbors and lose their traditional community support and protection mechanisms. Women and girls with disabilities who are isolated at home due to social or physical barriers can also be also more vulnerable to GBV, since they lack access to community networks, friends and service providers. Environmental barriers, including inadequate transport, aggravate their isolation and difficult their access to GBV response services.

Finally, the study found that negative attitudes and discrimination by family and community members as well as GBV service providers constitute barriers for survivors with disabilities when accessing GBV services. Additional stigmatization can make PWD reluctant to denounce sexual violence, while individuals with mental or intellectual disabilities may not be listened to or believed when reporting a case of GBV perpetrated against them. Discrimination and prejudice are also considerable barriers to the participation of PWD in GBV prevention and awareness-raising activities, especially for persons with mental and intellectual disabilities, who are perceived as incapable to understand and learn from such activities. Communication barriers, such as lack of sign language interpreters, also prevent PWD to participate in GBV prevention programs.

## Knowledge gaps

Research on VAW has been ongoing since 1998, focusing mainly on the experiences of women and girls. Recent research is beginning to explore GBV as opposed to VAW, researching the experiences of boys and men as well and disaggregating data wherever possible. While our understanding of GBV is growing, the lack of nationally representative data makes it difficult to accurately understand the size and scope of the different forms of GBV, its perpetrators and victims.

#### Recommendations:

- National surveys such as the Population Census and the Population and Family Health Survey should include modules on GBV that are answered by girls, boys, women and men to help fill the research gap on a national level. They should also explore the characteristics and challenges faced by people with disabilities in Jordan.
- Disaggregated data on the situation of people with disabilities needs to be collected to better understand their general characteristics as well as the social and economic challenges hindering their full inclusion in society. Specifically, information about the experiences of girls and women with disabilities is needed to understand the scope of the discrimination that they face.

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