

Gender Based Violence against Female Syrian Refugees living in Jordan.

Brisa Alexandra Merino Navarrete
Chile

55th Master of Science in Public Health/International Course in Health Development

KIT (Royal Tropical Institute)

Vrije Universiteit Amsterdam (VU)

“Gender-Based Violence against Female Syrian Refugees Living in Jordan”

A thesis submitted in partial fulfilment of the requirement for the degree of Master of Science in Public Health

By

Brisa Alexandra Merino Navarrete

Chile

Declaration:

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Abbreviations

CA: Cash Assistance.

CEDAW: Convention on the Elimination of All Forms of Discrimination Against Women.

FHH: Female-Headed Household.

GBV: Gender-Based Violence.

MENA: Middle East and North Africa.

MHH: Male Headed Household.

MoI: Ministry of Interior.

NGO: Non-Governmental Organizations.

SGBV: Sexual and Gender-Based Violence.

UNESCO: United Nations Educational, Scientific and Cultural Organization.

UNFPA: United Nations Population Fund.

UNHCR: United Nations High Commissioner for Refugees.

UNICEF: United Nations Children`s Fund.

Glossary

Displacement: It refers to the “forced movement of people from their locality or environment and occupational activities. It is a form of social change caused by a number of factors, the most common being armed conflict. Natural disasters, famine, development and economic changes may also be a cause of displacement”. (UNESCO, 2017)

Domestic Violence: “Domestic violence can be any violence between current or former partners in an intimate relationship wherever and whenever the violence occurs, as well as between family members (for example, mothers-in-law and daughters-in-law). Domestic violence may include sexual, physical, psychological or financial abuse.” (Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, UNHCR, 2003)

Early marriage: “Arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions)”. (Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, UNHCR, 2003)

Forced marriage: “Arranged marriage against the victim’s/survivor’s wishes; often a dowry is paid to the family; when refused, there are violent and/or abusive consequences”. (Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, UNHCR, 2003)

Formal education: “Education that is institutionalized, intentional and planned through public organizations and recognized private bodies and -in their totality- constitute the formal education system of a country. Formal education programmes are thus recognized as such by the relevant national education authorities or equivalent authorities, e.g. any other institution in cooperation with the national or sub-national education authorities. Formal education consists mostly of initial education. Vocational education, special needs of education and some parts of adult education are often recognized as being part of the formal education system”. (UNESCO UIS 2011)

Gender-Based Violence: “Violence that is directed at a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty”. (Handbook for The Protection of Internally Displaced Persons, UNHCR. 2009)

Honour crimes: “Crime that is, or has been, justified or explained (or mitigated) by the perpetrator of that crime on the grounds that it was committed as a consequence of the need to defend or protect the honour of the family” (Council of Europe, 2003)

Non-formal education: “Non-formal education in Jordan is for people aged 9 to 20 years old who are outside of formal education. This education modality is certified by the Jordanian Ministry of education”. (UNICEF Jordan, 2019)

Sexual harassment: “Sexual harassment is any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. While typically involving a pattern of behaviour, it can take the form of a single incident. Sexual harassment may occur between persons of the opposite or same sex. Both males and females can be either the victims or the offenders.” (Secretary-General’s bulletin (ST/SGB/2008/5), United Nations, 2008)

Sexual and Gender-Based Violence: It refers to “any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships.” (UNHCR, 2019)

Urban areas: Part of the literature distinguishes between refugees living in camps and those living in urban areas. It is unclear if the concept of urban areas encompasses all of the refugees currently out of camps, including those residing in rural areas.

Violence against Women: “any act of gender-based violence that results in, or is likely to result in, physical, sexual and psychological harm to women and girls, whether occurring in private or in public. Within this definition other harmful acts are included such as early marriage, honour crimes and deprivation of inheritance rights”. (Declaration on the elimination of violence against women, 1993)

Abstract

Background and problem statement: Violence against Syrian females began before the conflict in Syria. 25% of women were victims of domestic violence, 13% of girls experienced early marriages, and several honour crimes occurred every year. This was intensified by the gender power imbalance entrenched in society. Displacement into Jordan increased the risk of violence for females where 52.8% of reported cases of violence, accused psychological/emotional abuse whereas child marriage was increased four times higher than in Syria.

Objective: Review Gender Based Violence against female Syrian Refugees living in Jordan in order to address these issues.

Study methodology: A literature review and a desk study were conducted through academic articles, grey literature and websites. The multisectoral model from United Nations High Commissioner for Refugees guided the research.

Results and discussion: Female Syrian refugees in Jordan are at risk of Gender-Based Violence due to poor living conditions, lack of economic resources and unemployment opportunities. These factors, in combination with gender imbalance triggered by sociocultural factors, developed cases of domestic violence, child marriage and sexual harassment. Legal, security, healthcare and psycho-social sectors implemented interventions to address GBV drivers. However, there are gaps that are hindering access and utilisation of services.

Conclusion and recommendations: Improvements focus on bureaucracy, job opportunities, self-reliance programmes and access to economic support. However, there are legal, safety/security and cross-cutting barriers impeding Syrian refugees to access services. Recommendations focus on the latter to mitigate these factors.

Key words: Syrian refugees, Violence against women, Gender-Based Violence, Jordan

Word count: 12,821.

Introduction

My name is Brisa Merino Navarrete. I obtained my B.Sc. in Nursing from Universidad de Los Andes in Chile and worked for four years in the Intensive Care Unit of a clinic in Santiago, Chile. In this capacity, I had the opportunity to work with patients with different backgrounds and life stories, including women that fled their countries due to political or economic circumstances. During those years, Chile implemented an awareness campaign to fight femicide and domestic violence against Chilean women, and different groups defending women's rights started participating in the public debate. From these experiences, I became interested in the struggles that female migrants, and particularly refugees face in their host countries.

Arguably, the conflict in Syria triggered the biggest humanitarian crisis of our time, and Jordan is one of the countries with the largest ratios of Syrian refugees per capita. For that reason, I wanted to investigate the topic of gender-based violence of female Syrians in the country.

Gender-based violence can take different forms, including physical, psychological and emotional harm and even sexual and economic abuse. These forms of violence are rooted in imbalanced power dynamics between men and women, and sociocultural norms of the community they are immersed in. Gender-based Violence is a flagrant violation of the refugees' human rights and actively affects their physical and psychological well-being. For that reason, it has become a crucial public health issue for governments and international organisations.

This thesis seeks to understand the current situation of victims of gender-based violence in Jordan and its contributing factors. It also explores the capacity of the government and international organisations to respond. In turn, our research will explore potential measures for improvement. By doing so, we expect to contribute to the general understanding of the issue in the country and provide a valuable resource for public health professionals.

Chapter 1: Background

The influx of Syrian refugees into Jordan started in 2011 as a consequence of the internal violent conflict in Syria⁽¹⁾. The conflict forced internal and external displacement of more than 5.6 million people, seeking asylum principally in Lebanon, Turkey and Jordan but also in Europe and America⁽²⁾.

Jordan is a Middle East country sharing boundaries with Syria, Iraq, Saudi Arabia, Israel, Palestine and the sea⁽³⁾ (Fig. #1). It is divided into twelve governorates, and its capital is Amman⁽⁴⁾. Jordan is a constitutional monarchy where the king holds the most political power⁽⁵⁾.

The country has 10,309 million inhabitants, 47% are females, and 53% are males. They concentrate on Amman (42%), Irbid (18.5%) and Zarqa (14.3%), particularly in urban areas (90.3%). Regarding the population structure, 44.3% of people are below 20 years old⁽⁶⁾.

Jordan is an Islamic state where 93% of the population is Muslim, 6% are Christians and 1% from other religions⁽⁷⁾. This has influenced the development and institutionalisation of a patriarchal society model⁽⁸⁾ with defined gender roles where men are breadwinners and females are child caregivers⁽⁹⁾.

On the other hand, school attendance is one of the highest in the region. A report from 2018 revealed that expected years of schooling for males are 12.9 years and 13.4 for females⁽¹⁰⁾. Nonetheless, despite this, Jordanian women do not have equal access to employment⁽¹¹⁾, and it is estimated that less than 20% of women are engaged in the workforce⁽¹²⁾. The Jordanian culture and social norms limit women's participation in the society⁽⁹⁾.

Economically, even though Jordan is an upper middle-income country with an annual GDP per capita of US\$ 4,129 (2017), it still has an unemployment rate of 18.3% (2017)⁽¹³⁾ and 14.4% of the population lives below poverty line (2010)⁽¹⁴⁾. The economic progression of Jordan has been affected by conflicts in Syria and Iraq, due to the high refugee influx, disrupted trade routes and lower investments⁽¹⁵⁾.

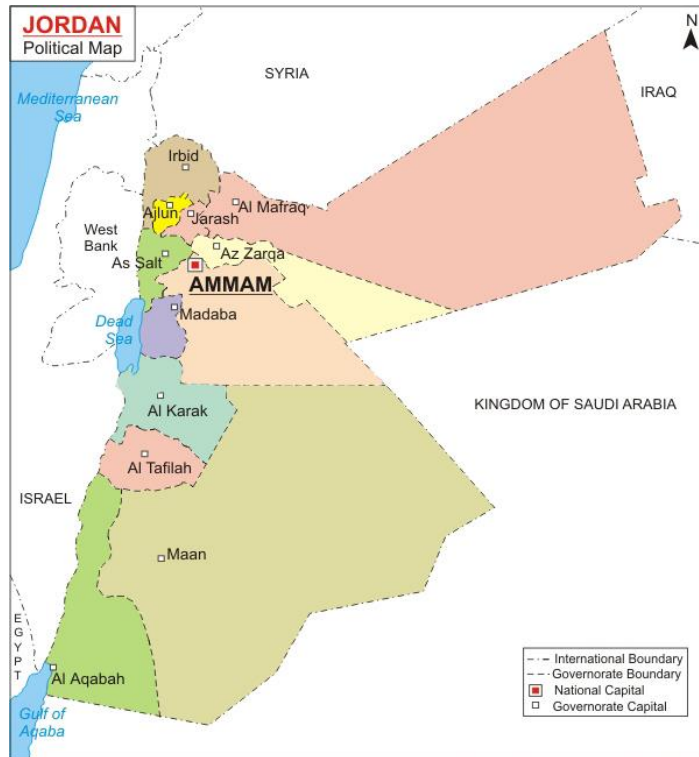


Figure #1: Political map of Jordan and neighboring countries. Source: Naruvis, 2019⁽⁴⁾.

Syrian refugees in Jordan.

The Jordanian government and United Nations High Commissioner for Refugees (UNHCR) lead the refugee response in Jordan. In addition, the donor community, and international and national NGOs also offer a valuable contribution⁽¹⁶⁾. The registration and accommodation of Syrian refugees began within UNHCR camps in Jordan. In 2014, the country allowed refugees to leave camps and move to urban areas with UNHCR authorisation plus an identification card from the Ministry of Interior (MoI). The MoI card enables Syrian refugees to access work permits, school and public healthcare services⁽¹⁷⁾.

As of 2018, Jordan hosts 666,294 Syrian refugees settled in urban areas (83%) and camps (17%). There are three refugee camps in the country, one in Mafraq and two in Zarqa⁽¹⁸⁾. Syrian refugees outside of camps are mainly located in Amman (29.5%), Mafraq (24.6%), Irbid (20.8%) and Zarqa (14.4%), while the rest of them have been distributed across the country⁽¹⁹⁾. In turn, 49.5% of Syrian refugees are older than 18 years old and 50,1% of them are women⁽¹⁹⁾. In addition, 39% of refugee households are headed by women⁽²⁰⁾.

Displacement into Jordan meant not only the loss of their homes and family members but also the loss of their economic resources⁽²¹⁾. Currently, refugees in camps receive international aid for their basic needs, but those living outside of camps only get partial support⁽²²⁾.

International organisations and the Jordanian government have struggled to improve the economic conditions of Syrian refugees due to recent cuts in humanitarian aid. In 2015, it was estimated that 86% of them were living below the poverty line⁽²¹⁾.

Housing living conditions of Syrian refugees vary between camps and urban areas. UNHCR provides tents and caravans for camps, able to host 4.6 people in average⁽²³⁾. Refugees in urban areas have to find their own accommodation and struggle with rent costs, which lead them to share living spaces with other families⁽²⁴⁾. In urban areas, it is also possible to find refugees living informal settlements if rent is too expensive, which are typically tents or makeshift shelters⁽²⁵⁾.

School attainments levels among adult Syrian refugees are diverse. The illiteracy rate for women (14%) is higher than for men (10%)⁽²⁶⁾. Education in Jordan is free of charge for public schools located in camps and urban areas⁽²⁷⁾, but there is still 40% of Syrian children are out of school. Jordan and international organisations are unifying efforts to increase enrolment⁽²⁸⁾.

Currently, UNHCR and other humanitarian organisations provide free healthcare assistance for Syrian refugees registered in camps, but those registered in urban areas require to pay out-of-pocket for public health services⁽¹⁷⁾⁽²⁹⁾, which creates financial constraints to access these services⁽³⁰⁾⁽³¹⁾. Moreover, long distances to health facilities and unawareness of services available are also important barriers⁽³²⁾. Furthermore, Syrian influx into Jordan burdened the health system creating a shortage of health workers, inadequate infrastructure capacity and insufficient equipment and supplies⁽³⁰⁾.

On the other hand, displacement left female Syrian refugees more susceptible to experience Gender-Based Violence (GBV)⁽³¹⁾⁽³³⁾⁽³⁴⁾ and makes them more unlikely to access legal and healthcare services⁽³⁵⁾. This violence is grounded on an unequal power relationship between women and men at a family or community level. GBV may take the form of physical, emotional, psychological or sexual violence, and it can also be expressed as economic abuse⁽³⁶⁾. In turn, female Syrian refugees are unlikely to report violence due to fear and cultural stigma⁽³⁷⁾.

Chapter 2: Problem Statement, justification, objectives and methodology of the thesis.

2.1 Problem Statement

Gender-based Violence against women has become a major public health concern globally. Latest reports say that one in three women worldwide has experienced physical or sexual violence in their lifetime. It is estimated that male intimate partners committed 30% of physical or sexual violence cases and 38% of women's murders⁽³⁸⁾. It is estimated that in the Middle East and North Africa (MENA) region, 40% of women in the region have experienced physical or sexual violence by their intimate partners at some point of their lives, while 700,000 girls under 18 years old are forced to get married every year⁽³⁹⁾. Furthermore, it is suspected that figures of physical and sexual violence are higher as women tend to not disclose violence⁽⁴⁰⁾. Main forms of GBV against Arab women and girls are domestic violence, honour crimes, sexual harassment, female genital mutilation, and forced and early marriage⁽³⁹⁾.

In Syria, before the conflict, laws preventing domestic violence, sexual harassment and honour killing were not in place. Figures of domestic violence or sexual abuse reached one of four Syrian women, whereas honour crimes amounted to more than fifty cases every year⁽⁴¹⁾⁽⁴²⁾. Syrian women usually did not disclose violent events because they feared exclusion from society, and those who denounced violence at the police station did not receive answers or were victims of verbal or physical abuse from police officers. Furthermore, those women who sought justice in the court were socially stigmatised for their actions⁽⁴²⁾. On the other hand, child marriage in Syria was only possible with the consent of the father or grandfather, and in the presence of the judge⁽⁴²⁾. Before 2011, 13% of women between 20 and 25 years got married before the age of 18⁽⁴³⁾.

In 2017, data collected from Jordanian GBV service providers revealed that 95% of Syrian victims were women. Figure #2 shows that Syrian girls were more exposed to forced marriage (69.2%) followed by physical assault and emotional abuse, whereas Syrian women mostly experienced psychological/emotional abuse (52.8%) and physical assault (29.1%)⁽⁴⁴⁾.

Psychological/emotional abuse was usually committed by husbands in the form of humiliation and verbal sexual harassment. Physical assault usually involves beating, slapping or kicking, among others. On the other hand, forced and early marriage is mostly faced by girls between 15 and 17 years old⁽⁴⁴⁾. According to the data of the United Nations Population Fund (UNFPA), child marriage has increased four times in Jordan compared to figures obtained in Syria before conflict⁽⁴⁵⁾. Economic abuse such as denial of resources, opportunities or services is generally underreported as it is not considered as a type of violence by victims. Sexual assault and rape reached 6.7% of the violence cases in 2017, which is double than what it was in 2016⁽⁴⁴⁾.

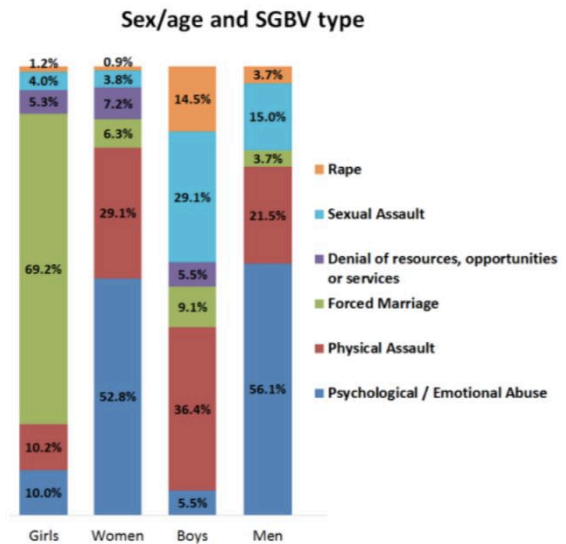


Figure #2: Distribution of Sexual and Gender Based Violence according to gender and age. Source: GBV IMS Task Force 2017⁽⁴⁴⁾.

2.2 Justification

GBV against women is a human right's violation rooted in gender inequality, causing problems at the individual and national level, and for that reason requires immediate attention⁽⁴⁶⁾.

Victims of GBV are at risk of severe health and psychosocial problems and even death. Main consequences of physical violence are acute physical injuries, chronic physical conditions and reproductive health problems such as miscarriages, unwanted pregnancies, sexually transmitted infections, among others. Furthermore, mental health may also be compromised, which exposes victims to self-destructive behaviour in the long term. Finally, the Syrian society stigmatises female victims of GBV, blaming and segregating women, which has been linked to mental disorders⁽⁴⁷⁾.

On the other hand, this issue could also mean a financial constraint to states, as direct and indirect costs of GBV against women tend to be as high as 1-2% of Gross National Product⁽⁴⁰⁾.

2.3 Objectives.

2.3.1 General objective.

- 2.3.1.1 Review Gender Based Violence against female Syrian Refugees living in Jordan in order to address these issues.

2.3.2 Specific objectives.

- 2.3.2.1 To explore context of Gender-Based Violence against female Syrian refugees living in Jordan.
- 2.3.2.2 To analyse factors contributing to Gender-Based Violence against female Syrian Refugees living in Jordan.
- 2.3.2.3 To identify strategies and services addressing Gender-Based Violence in Jordan.
- 2.3.2.4 To recommend strategies and services addressing Gender-Based Violence against female Syrian Refugees living in Jordan.

2.4 Methodology

The methodology used for this thesis is a literature review and a desk study of published and unpublished articles and documents complying with inclusion criteria.

2.4.1 Search strategy

The search will be done using Google as a search engine. In addition, sources of information include online libraries (VU Libsearch and Google Scholar), online databases (Pubmed) and websites of national and international organisations such as follows WHO, UNWOMEN, UNFPA, UNHCR, GBV SWG, Jordanian Ministry of Health, Department of Statistics of Jordan among others. Lastly, snowballing search technique will be included to review references of academic articles, grey literature and websites to select additional information related to the topic.

2.4.2 Inclusion criteria

The criteria to select articles for this literature review will be:

- Data of the last 16 years to analyse national and international guidelines, and tendencies and pertinent changes influencing the current condition.
- Only English literature will be included.
- Academic articles, grey literature and websites related to Gender-Based Violence against Female Syrian refugees living in Jordan or in the Middle East and North Africa.
- Data considering only Syrian refugees above 13 years old.

2.4.3 Keywords

The literature research used keywords and MeSH terms described in *Table N°1*.

Table N°1: Keywords used for literature review.

	Problem Statement / Justification	Objective 2.3.2.1 and 2.3.2.2	Objective 2.3.2.3
Key words	<p>Syrian refugees OR women Syrian refugees OR female Syrian refugee</p> <p>AND</p> <p>Health needs OR barriers OR perception OR lifestyle OR violence against women OR domestic violence OR intimate partner violence OR mental disorders OR stress OR psychological stress OR psychological abuse OR emotional abuse OR child marriage OR GBV OR education level OR literacy OR school OR employment OR unemployment OR socio-economic OR household income OR housing condition OR living condition OR social norms</p> <p>AND</p> <p>Jordan OR Arab states OR Middle east</p>	<p>Syrian refugees OR women Syrian refugee OR female Syrian refugees OR Arab Society OR Arab culture OR Arab women Or Arab men</p> <p>AND</p> <p>Islam OR religion OR social norms OR gender roles OR customs OR beliefs OR cultural context OR displacement OR mental disorders OR psychological disorders OR emotional disorders OR stress OR negative coping mechanisms OR employment OR unemployment OR education OR literacy OR illiteracy OR housing OR housing conditions OR poor living conditions OR accommodation OR GBV prevention OR GBV response OR gender-based violence OR LGBTI OR FGM OR disabilities</p> <p>AND</p> <p>Gender-based violence OR domestic violence OR</p>	<p>Syrian refugees OR women Syrian refugees OR female Syrian refugee OR national strategy OR guidelines OR protocols OR distribution OR GBV survivors OR sexual violence victims</p> <p>AND</p> <p>Reproductive health services OR MISP OR GBV healthcare OR clinical management of rape OR awareness campaigns OR user fees OR MHPSS OR MHPSS mapping OR psychosocial services OR safe spaces OR community mobilization OR community-focused intervention OR person-focused intervention OR justice OR legal OR security OR safety OR psychological aid OR</p> <p>AND</p> <p>Jordan OR camp OR refugee camp OR host communities OR urban areas</p>

		social stigma OR sexual exploitation OR sexual abuse OR physical abuse OR emotional abuse OR justice OR health professionals OR health facilities OR health screening OR health system	
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2.4.4 Analytical Framework

This section presents and describes the two analytical frameworks that will lead the literature review, the structure of results and their analysis. The names of the frameworks are "The multisectoral model" elaborated by UNHCR in 2001 (Fig. #3)⁽⁴⁸⁾ and "the Social Model of Health" developed in 1991 by Göran Dahlgren and Margaret Whitehead⁽⁴⁹⁾ (Fig. #4).

UNHCR framework was chosen because it is the only one in the literature describing action response and responsibilities from health, psychosocial, safety/security and legal/justice to prevent and address GBV in a humanitarian crisis. On the other hand, "The Social model of Health" was selected because it allows clarifying the relation between individuals and external factors influencing their health.

In this thesis, "the Social Model of Health" will be used in chapter 3 to identify and analyse individual and community factors influencing GBV against Syrian females. However, factors such as healthcare services and environmental conditions will not be reviewed in this phase as they will be identified and analysed within health and safety/security sectors of the UNHCR framework. These findings will be assigned to survivor/community sector of UNHCR framework.

After that, the UNHCR framework will lead the research of factors influencing GBV from health, psycho-social, safety/security and legal/justice sectors in Jordan. Protection will be addressed in each element, considering the obligation to implement measures of prevention and response against GBV for each sector.

In chapter 4 UNHCR framework will lead the research of strategies and services implemented by health, psycho-social, safety/security and legal/justice addressing factors found in chapter 3 influencing GBV against Syrian females in Jordan.

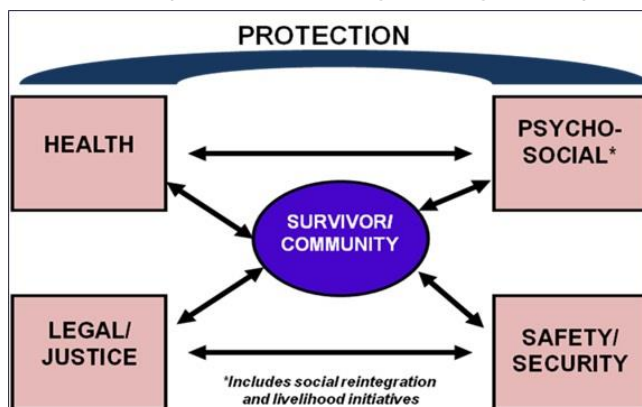
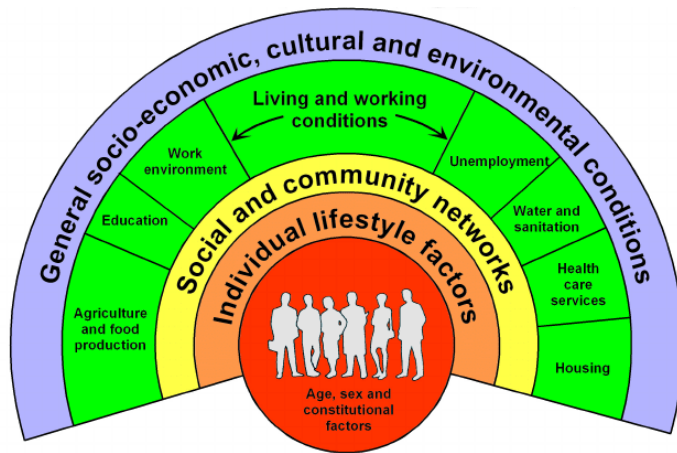


Figure #3: The multisectoral model. Virtual Knowledge Centre to End Violence Against Women and Girls. Source: UN Women, 2013⁽⁴⁸⁾.



Source: Dahlgren and Whitehead, 1991

Figure #4: Social Model of Health – Dahlgren & Whitehead (1991). Source: Economic and Society Research Council, 2019⁽⁴⁹⁾.

2.4.5 Limitations

- The research is conducted in English, however, in MENA region the official language is Arabic which hinders access to potential important information.
- Peer reviewed articles related with GBV against Syrian female refugees in Jordan are scarce.
- There are some international guidelines addressing GBV in humanitarian response which have not been updated for a long time.

3.1 **Social determinants in Gender-Based Violence against Syrian female refugees living in Jordan.**

3.1.1 Age and gender of Syrian GBV survivors.

GBV affects Syrian men and women in Jordan. Figure #5 shows the distribution of GBV among Syrian males and females living in Jordan in 2017. It shows that females are more likely to report violence than men. Most of the GBV cases belong to women older than 18 years old (75,4%), followed by girls (19,2%), men (3,6%) and boys (1,9%)(⁴⁴). These figures cannot determine whether Syrian males or Syrian females are more affected by violence as it is based on self-report, but it allows us to infer that female are more vulnerable or willing to disclose violent events than men.

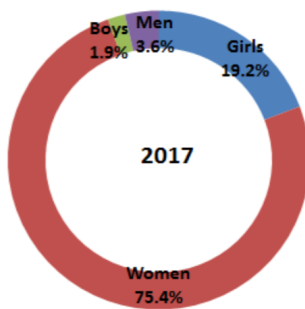


Figure #5: Percentage of GBV incidents reported by Syrian refugees living in Jordan by age and gender. Source: GBV IMS Task Force, 2017(⁴⁴).

3.1.2 Sociocultural context of Syrian refugees.

3.1.2.1 Islam and gender roles.

According to different authors, Islam considers that men and women are equal but different in many respects(⁵⁰)(⁵¹), characterising men as physically stronger, rational and independent, while women are physically weaker, emotional, nurturing and vulnerable(⁵²).

Regarding marriage, Islam has well-defined roles within the household, assigning husbands the task of supporting and protecting the family, including food, clothing and accommodation, while wives must be obedient and respectful of their husbands' authority, and take care of the house and children(⁵⁰). In this sense, men hold a position of power over women, which may trigger a dynamic of gender-imbalance between them and contribute to cases of violence in the future(⁵³).

Following gender roles is considered evidence of good individual or family behaviour; therefore, if people do not comply with them, both the individuals and the family as a whole risk segregation and judgment from society(³³)(⁵⁴). Thus, to protect families, gender roles may be reinforced through abusive behaviour, and this punishment is sometimes met with acceptance and self-blaming in battered women(⁵⁵)(⁵⁶).

3.1.2.2 Syrian LGBTI community.

LGBTI females are vulnerable to violence, facing segregation and social rejection. Moreover, as LGBTI issues are taboo in Jordan, only some organisations address violence against them⁽⁵⁷⁾.

In the MENA region, refugees who belong to the LGBTI community have reported cases of sexual and gender-based violence due to cultural notions of sexuality and gender¹⁶¹⁽⁵⁸⁾. In Jordan, even when the legal system is relatively open to the LGBTI community, Syrian refugees still experience social segregation, discrimination in the workplace and rejection by their families and communities. In turn, they struggle to gain access to healthcare and may suffer from discrimination even from police officials and staff of humanitarian aid organizations⁽²⁰⁾⁽⁵⁹⁾.

3.1.2.3 Female genital mutilation.

The most recent study on female genital mutilation (FGM) in Syria, concludes that there is no evidence to support that FGM was a significant issue in that country before the conflict⁽⁶⁰⁾. At the same time, UNICEF does not list Syria nor Jordan as countries where FGM is common practice⁽⁶¹⁾⁽⁶²⁾.

3.1.2.4 Stigma against mental disorders.

Culture in the Middle East has a strong stigma against mental disorders associating them with a feeling of shame, fear and embarrassment, which prevent disclosure. The Syrian conflict and displacement of Syrians into Jordan brought a wide range of mental health problems, either grounded in pre-existing mental disorders or resulting from the war and post-emergency adaptation process⁽⁶³⁾.

3.1.3 Socio-economic condition of Syrian refugees.

Poverty rates among Syrian refugees living in Jordan are driven by difficulties in access to employment and high costs of living expenses compared to Syria. Monthly household income of Syrian families relies on cash assistance and sales of food given by humanitarian organisations, casual labours, remittances, sale of jewellery, savings and loans from neighbours or family⁽⁶⁴⁾.

According to a study, 94% of Syrian households in Jordan reported an average monthly income below 300 JOD, which in the majority of cases is not enough to cover their expenses, that amount to approximately 410 JOD (The conversion of JOD to Euro is 1 JD= 1.27 Euro). In turn, female-headed households are below average monthly income⁽⁶⁵⁾⁽⁶⁶⁾⁽⁶⁷⁾.

Syrian refugee families sometimes engage in coping mechanisms to reduce their economic burden, such as marrying girls off or pulling boys out of school, so they are able to work⁽⁶⁸⁾. On the other hand, lack of resources put single Syrian women, widows to engage in forced marriages and transactional sex in exchange for goods⁽⁶⁹⁾. In these households, women opposed to child marriage for their young girls⁽⁷⁰⁾.

3.1.4 Education of Syrian refugees.

Formal and non-formal education are powerful tools to prevent violence⁽⁷¹⁾. They allow women to make their own choices in life, to obtain better health and well-being and achieve economic independence, among other benefits⁽⁷²⁾. A study shows that women with a lower education level are more likely to accept husband's violence⁽⁷³⁾, and men with a lower education level are more likely to commit violence against women⁽³⁸⁾.

Before the crisis, Syria was characterised by giving boys and girls equal access to education⁽⁷⁴⁾. However, in rural communities, families tend to restrict the movement of women in the public space and impose early marriage, which may result in lower school attainments for girls⁽⁷⁵⁾.

Table #2 describes the educational attainment of Syrian refugees aged 20 and above living in Jordan. It shows that 26% of adults did not finish elementary school, 61% did not finish preparatory school, 14% of the total Syrian refugees completed secondary or post-secondary, and 1% is enrolled to finish studies in 2017 - 2018⁽²⁶⁾.

	Amman	Zarqa	Irbid	Mafraq	Other governorates	Camps	All
Currently enrolled	1	1	1	1	-	1	1
No completed schooling	24	29	21	36	26	25	26
Elementary	34	33	34	37	35	37	35
Preparatory/basic	24	24	27	17	25	23	24
Secondary	10	7	10	5	11	9	9
Post-secondary	7	5	6	3	3	5	5
Total	100	100	100	100	100	100	100

Table #2: Educational attainment of Syrian refugees aged 20 and above living in Jordan. Source: FAFO, 2019⁽²⁶⁾.

On the other hand, Syrian children of ages 5 to 17 decreased school enrollment by 12% since 2015 and 2017. In turn, the percentage of children outside of school in that period increased by 17%⁽²⁸⁾.

Table #3 shows school enrollment for registered Syrian refugees aged 5 to 17 years old between 2015 and 2017. It shows that

Jordan	Registered Syrian refugees	Total	Formal education		Non-formal education		Out of school	
DEC - 17	657,628	232,800	126,127	54%	21,673	9%	85,000	37%
DEC - 16	655,675	232,868	125,000	54%	67,658	29%	40,210	17%
DEC - 15	632,228	221,134	145,458	66%	43,610	19%	32,066	15%

Table #3: Education situation of Syrian children aged 5 to 17 years old in Jordan between 2015 and 2017. Source: Kids Rights, 2018⁽²⁸⁾.

Some of the barriers mentioned by Syrian refugees trying to enrol children at school are:

- Lack of economic resources to afford school-related costs (e.g. transport)⁽²⁸⁾⁽⁷⁶⁾.
- Education capacity of Jordan is not enough to enrol all Syrian children refugees in school-age⁽²⁸⁾.
- Administrative issues: Firstly, Jordanian schools demand official Syrian school certificates which are not easily available due to the crisis. Secondly, regulations of the Ministry of Education prohibit school enrolment of children two or three years older than their grade level. Lastly, refugees must obtain "security cards" to gain access to education⁽⁷⁶⁾.
- Lack of transport to reach schools⁽²⁸⁾ and fear of sexual harassment to girls while commuting to and from educational institutions⁽²⁰⁾.

3.1.5 Unemployment conditions for Syrian Refugees.

In 2014, unemployment reached 64% among Syrian refugees living in Jordan, and it dropped to 25% in 2017. If data is disaggregated by gender, 23% of Syrian men were unemployed, whereas this figure doubled for women in 2014. Moreover, men sought more job opportunities (78%) than women (22%). Figure #6 illustrates that 29% of unemployed Syrian refugees are located in camps, followed by residents of Amman (22%), Irbid (19%) and Mafraq (13%)⁽²⁶⁾. The Jordan labour market is divided into very well defined segments, and opportunities for women usually are limited exclusively to the healthcare sector, education and public service, which have not grown much in recent years⁽⁷⁷⁾.

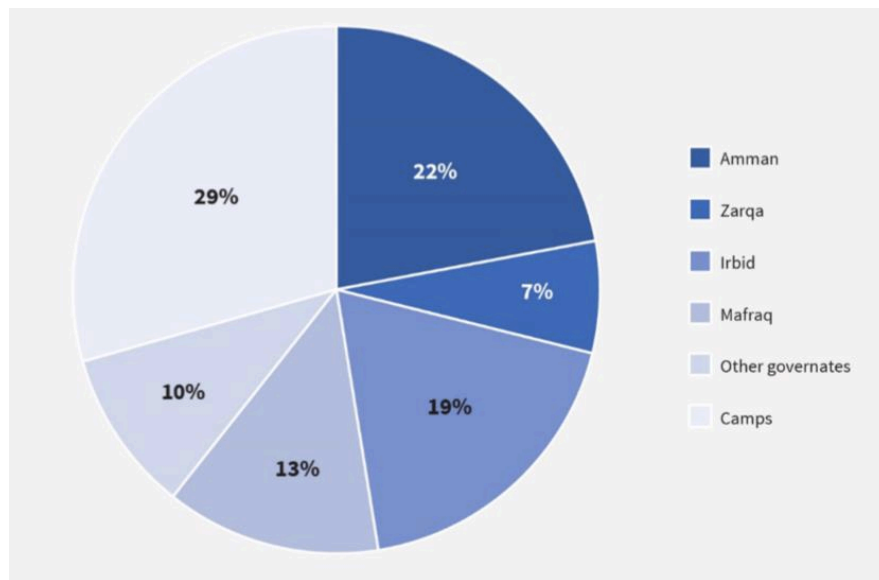


Figure #6: Distribution of unemployed Syrian refugees across Jordan. Source: FAFO, 2019⁽²⁶⁾.

Reports show that unemployment increased stress among Syrian refugees living in Jordan, but it also stimulated a gender role switch in some Syrian families. The inability of men house providers to fulfil economic family demands and the inclusion of Syrian women in the labour market have generated uncomfortable feelings among Syrian men. Both

contexts create a sense of loss of masculinity and wounded pride leading men to use violence to re-establish power and control within family group⁽⁷⁸⁾.

3.2 Barriers faced by female Syrian GBV survivors to access health, psycho-social, safety/security and legal services in Jordan.

3.2.1 Access to GBV healthcare services.

Healthcare to GBV survivors is delivered partially by the public sector, private sector and humanitarian organisations among the country⁽⁶³⁾. In turn, international NGOs such as UNFPA and UNHCR drafted different protocols and guidelines on how to deal with survivors of violence because Jordan lacked National Protocols to manage cases of rape. Additionally, services rely on several independent standards to manage referrals⁽⁷⁹⁾.

Medical service provision to female Syrian refugees' survivors of violence decreased from 57.7% in 2016 to 51.9% in 2017, which meant an increase of refusals of healthcare services from 26.8% to 32.5% in the same period. Acceptance of referrals to other services supporting GBV survivors remained stable at 15.1%⁽⁴⁴⁾.

According to cultural norms, female Syrian refugees are prevented from leaving their homes alone, which reduces their chances to seek healthcare assistance. This situation is worsened by fear of being sexually harassed by local men outside in the street⁽⁶⁹⁾. On the other hand, some women fear that reporting violent events may result in stigmatisation of their families and, in extreme cases, honour killings⁽⁷⁹⁾. Also, some Syrian females are reluctant to receive medical treatment by male physicians either because they felt uncomfortable or because their husbands did not allow them to do so⁽⁸⁰⁾. However, the lack of female physicians in healthcare services is common⁽⁸¹⁾.

Healthcare services to GBV victims are included in the program of reproductive health, which is widely distributed across the country. Nonetheless, these facilities do not always offer clinical management of rape (CMR). According to the last mapping, every camp has at least one health facility delivering CMR, while outside camps this service is provided only in a few facilities in Irbid, Mafraq, Amman, Zarqa and Balqa⁽⁸²⁾. Primary Health Care facilities provide services from Monday to Friday between 08:00 am to 4:00 pm whereas hospitals receiving referred patients work 24 hours a day⁽⁷⁹⁾.

The Minimum Initial Service Package (MISP) is one of the main tools used in humanitarian crisis to deal with issues of reproductive health, including sexual violence⁽⁸³⁾. An assessment of the implementation of the MISP in Jordan identified that women in the Zaatari camp and the Irbid governorate were mostly unaware of services available for rape survivors. Also, some of them reported being unfamiliar with the benefits of healthcare after an event of violence⁽⁷⁹⁾.

Costs of medical assistance and transport from and to health facilities have been mentioned as barriers to healthcare services⁽⁸⁴⁾⁽⁸⁵⁾. Syrian refugees living outside camps are considered foreign users of the healthcare system, which means that they must pay 80% of the total fees upfront⁽¹⁷⁾.

3.2.2 Access to Mental Health and Psycho-social services.

The utilisation of psychosocial services by Syrian female GBV survivors increased from 75.3% in 2016 to 85.5% in 2017 and victims refusing help decreased from 11% to 9.2% in the same period. Referrals with other services providing support to GBV survivors decreased from 13.5% in 2016 to 5.3% in 2017. However, this information was collected from survivors while they were receiving psychosocial services⁽⁴⁴⁾.

The public mental health system in Jordan delivers services through three psychiatric hospitals, outpatients' clinics, and health centres, among others. These centres are visited by psychiatrists 2 or 3 times per week in all governorates. Availability of psychiatrist and nurses in mental services is limited, being 2 and 0,04 per 100,000 citizens, respectively, and most of them are concentrated in the private sector. These services are highly expensive to uninsured people⁽⁶³⁾.

In addition, 35 national and international organisations deliver Mental Health and Psycho-social (MHPSS) services in and outside of camps. The main facilities offering MHPSS activities are community centres followed by PHC centres and schools, and only patients attend specialised MHPSS clinics⁽⁸⁶⁾. Currently, these services are mostly provided by non-specialized staff (75%), and only partially by specialized staff (25%)⁽⁶³⁾.

MHPSS activities are distributed across the country, with 41% of them located in the north region, 43% in the central region and 16% in the south region. MHPSS services are mostly free, and only 3% of organisations charge a fee for their services⁽⁸⁶⁾.

Most of the MHPSS services are delivered to strengthen the community and support families (38%), whereas the fewest are focused on individual psychological support (19%). Lastly, 47% of the organisations provide case management and referrals of vulnerable people to other GBV services⁽⁸⁶⁾.

Syrian refugees face socio-cultural barriers to access mental health and those willing to seek mental health have claimed that unawareness of MHPSS services⁽⁸⁵⁾, costs of services⁽⁶³⁾ and lack of "safe spaces"⁽⁸⁷⁾ are additional obstacles. Moreover, long distances to reach facilities⁽⁸⁵⁾ and difficulties with transportation⁽⁶³⁾ have also been listed as deterring factors from seeking these services.

3.2.3 Safety and security factors influencing GBV.

3.2.3.1 Access to the police.

While at the beginning of the refugee crisis, the involvement of the police force with the camps was minimal, reports show that over time, they were able to develop a trusting relationship with the community⁽⁸⁸⁾. Despite the presence of police in camps, women still reported a sense of insecurity, especially around areas where men usually meet and places poorly lighted as common toilets⁽⁸⁹⁾. In urban areas, refugees' legal situation is sometimes irregular which may act as a deterrent for approaching police officers in case of violence⁽⁸⁸⁾.

GBV survivors frequently refuse to use safety and security services in Jordan. The total number of victims declining these services increased from 74% in 2016 to 87% in 2017. Referrals to other services supporting GBV survivors remained almost unaltered, decreasing slightly from 9% to 8% in 2017⁽⁴⁴⁾.

A survey conducted in 2012 revealed that women experiencing sexual violence are unlikely to seek help, with only 5% of sexually abused victims requesting assistance. Furthermore, even when this number increased to 61% if the victim also suffered from physical abuse, they mainly resorted to family members and friends⁽⁹⁰⁾. Figures of those seeking help from the police decreased to 1.5% for physically abused victims and 3.3% for those

experiencing physical and sexual abuse. This is influenced by sociocultural norms and sense of fear but also due to costs of transport from and to the police station, lack of gender-sensitive reception of police points and a feeling of helplessness when dealing with police officers⁽⁹⁰⁾. The presence of female police officers may make the denouncing process more approachable for GBV survivors, but even when Jordanian police counts with a Women Police Department since 1972, and a Family Protection Department officially in charge of GBV cases⁽⁹¹⁾⁽⁹²⁾, the percentage of women in the police force is still quite low⁽⁹³⁾. Thus, women rarely ask for help to the Family Protection Department and prefer to approach NGOs instead⁽⁸⁸⁾.

3.2.3.2 Access to safe shelters.

Safe shelters have been developed by national and international organisations across the country to protect GBV survivors of further violence. Nonetheless, their number is still insufficient, and they are not offering child custody or support while mothers are under protection orders⁽⁹⁴⁾. The government is increasing the availability of women's shelters to protect them from honour crimes; however, women are put in jail without any charge for protective custody. Some of them have been living there for more than ten years and permission to leave depends on the facility's administrative governor⁽⁹⁵⁾. National and international organisations have been denounced this protective custody as a violation of the victim's rights⁽⁵⁷⁾.

3.2.3.3 Environmental factors influencing GBV.

3.2.3.3.1 Water, Sanitation and Hygiene (WASH).

WASH issues in humanitarian settings expose girls and women to GBV risks. Long distances to water points or latrines where they might lack privacy, illumination or locks increase the risk of sexual harassment⁽⁹⁶⁾.

Syrian refugee camps count with communal WASH blocks, which have toilets, showers, and laundries. Even though 84.6% of Syrian refugees have a private toilet, including shower, most vulnerable refugees still depend on communal WASH blocks facilities⁽⁹⁷⁾.

A survey identified that 97% of Syrian refugees living in urban areas had a private washroom inside their homes. However, 9% referred that their toilets and showers lacked privacy because they were inside of kitchens without doors, and they were also shared with other families. Those who had a toilet outside of home 9% referred not have enough privacy⁽⁶⁵⁾. In informal settlements of Syrian refugees in urban areas, there are high rates of open defecation⁽⁹⁸⁾. An assessment realised over 23 settlements identified that only 29.4% had private latrines, 45% had access to communal latrines, and 25.6% of people had access to neither one⁽²⁵⁾.

There is no available information regarding cases of rape or violence against female Syrian refugees due to the poor condition of WASH services in and outside of camps. However, in other countries such as India, it has been reported that girls living in impoverished villages have faced rape while they were defecating in open spaces or using public toilets⁽⁹⁹⁾.

Although we could not find evidence of female Syrian refugees reporting any incident of violence related to WASH, they are at risk of sexual harassment and rape in and outside of camps due to inadequate access to private and safe washrooms. In turn, women living in informal settlements are more at risk than women in camps or formal settlements outside of camps.

3.2.3.3.2 Housing conditions

Lack of adequate housing during resettlement may contribute to sexual assault or exploitation. Moreover, women lacking resources may also be exposed to abuses and exploitation by landlords⁽⁹⁶⁾.

In urban areas, high rent costs bring Syrian families to live in shared spaces that are in sub-optimal conditions resulting in loss of privacy and increase of tensions between family members, raising the chances of domestic violence as a form of releasing their anger⁽²⁰⁾.

On the other hand, landlords are reluctant to rent places to unaccompanied women because the owners perceive them as "socially problematic" or unlikely to afford rent⁽¹⁰⁰⁾. Additionally, there are reports saying that landlords offer free accommodation and money in exchange for sexual favours. In addition, female Syrian refugees lacking economic resources sometimes can only afford unsafe places lacking electricity, private washroom or even a locking door which increases women's feelings of insecurity and potential harassment⁽⁷⁰⁾.

Regarding camps, the communal kitchen has been identified by Syrian women as one of the most insecure areas⁽⁸⁹⁾.

Housing conditions influence domestic violence within Syrian families but also increases the risk of sexual harassment among unaccompanied Syrian women by landlords or due to insecure living spaces.

3.2.4 Legal and Justice system factors affecting GBV.

In 1992, The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was ratified by the Jordanian government to pursue women's rights⁽¹⁰¹⁾. Through this convention, countries commit to increasing gender equality in their legal systems through the abolishment of discriminatory laws and the introduction of new legislation that reduces discrimination against women. Also, courts and public institutions must assure adequate protection to women against discrimination. Lastly, countries under this treaty must ensure the elimination of every type of discrimination against women from persons, companies, and organisations. Upon ratification, the provisions of CEDAW are mandatory⁽¹⁰²⁾.

3.2.4.1 Gaps in criminal laws to comply with CEDAW.

Jordan has improved its criminal laws to prevent violence against women and reach gender equality in society. In this vein, it has introduced laws addressing domestic violence, rape, and human trafficking, and it repealed the law that exonerated alleged rapists if they marry their victims⁽⁹³⁾.

Despite these achievements, there is still room for improvement. In this regard, rape within marriage remains unpunished, and adultery reduces the penalties in case of the murder of a spouse. Moreover, laws addressing honour crimes against women have side effects, such as prolonged detentions of women in specialised centres to protect them⁽⁵⁷⁾.

Laws addressing sexual harassment are not comprehensive enough, and for example, online harassment is not covered. Penalties have increased for employers or supervisors who harass women in the workplace⁽⁹³⁾. However, companies are not obligated to design

and implement internal procedures to prevent and manage sexual harassment in the workplace⁽¹⁰³⁾.

There is no legal prohibition against same-sex intercourse in the penal code, whereas female genital mutilation is not explicitly addressed by Jordan criminal laws⁽⁹³⁾.

3.2.4.2 Gaps in personal status laws to comply with CEDAW.

In Jordan, the legal age to get married increased to 18 years old, although a judge may consent marriage of a minor who is 15 years old or older⁽⁵⁷⁾⁽⁹³⁾.

On the other hand, single women remain under the guardianship of their fathers or other males until they turn 40, meaning that they the guardian's consent to get married. In turn, there are weak rules for protecting women against the decisions of their guardians⁽⁹³⁾.

3.2.4.3 Gaps in labor laws to protect female Syrian refugees.

Syrian women struggle to find a job in Jordan as they cannot easily access to work permits⁽¹⁰³⁾. In addition, the labour market is limited for refugees as there are multiple jobs available only to Jordanians⁽¹⁰⁴⁾. These factors push the Syrian women refugees into the informal sector where they lack legal and social protection, increasing their chances of experiencing sexual harassment due to power imbalance⁽¹⁰³⁾.

3.2.4.4 Mandatory reporting of GBV cases.

In Jordan, medical staff is obligated to report any case of GBV they receive to the authorities, which has prevented female Syrian refugees from seeking medical assistance⁽⁴⁴⁾.

3.2.4.5 Legal status of Syrian refugees

There are reports of Syrian leaving the camps illegally to look for better living conditions and more opportunities in the urban areas, risking being arrested and returned to the camps. This meant that these refugees lived in hiding from the authorities⁽¹⁷⁾.

UNHCR provides an asylum seeker certificate for Syrian refugees living outside of camps and lists the recipients as persons of concern to this organisation. This certificate allows Syrian refugees access to aid provided outside the camps by UNHCR and other humanitarian organisations such as subsidised healthcare, cash and food⁽¹⁰⁵⁾. In addition, MoI card is required to access public services such as healthcare, education and work permits. The process for obtaining this card has been described as burdensome, and if refugees do not have the MoI card or the asylum seeker certificate, they risk forced relocation into camps⁽¹⁰⁵⁾. In 2017, it was estimated that approximately 110,331 Syrian refugees have not registered with government facilities to obtain their documentation⁽¹⁰⁶⁾, while 57% of refugees currently working do not hold a work permit⁽¹⁰⁷⁾.

3.2.4.6 Legal assistance for Syrian female GBV survivors.

Legal assistance services received by GBV survivors decreased from 15.2% to 9.6% in 2017 and GBV survivors refusing legal aid increased from 71.9% to 78.1% in the same year, which has been attributed by researchers to a fear of losing confidentiality and potential reprisals against victims. Referrals to other services supporting GBV survivors remained stable at 11.8% in 2017. On the other hand, the unavailability of these services decreased from 1.4% to 0.5% in 2017⁽⁴⁴⁾.

Women face several obstacles in accessing justice to claim their rights, such as the sociocultural context and barriers in the justice system⁽⁹³⁾. A study identified that the main factors obstructing the reporting of violence against women are the personnel's attitudes and lack of knowledge or skills, society stigmatisation and gaps in legislation and procedures. Moreover, women have complained about the approach of the judiciary staff when dealing with GBV cases, and some of them have been encouraged to reconcile with their husband to avoid litigation⁽¹⁰⁸⁾. On the other hand, transport costs, court fees and lack of pro-bono lawyers prevent women access to the justice system. Even though organisations are offering free legal aid, they only have enough resources to attend to the poorest and most vulnerable women⁽¹⁰⁹⁾.

The presence of female judges and lawyers encourage women to denounce and claim their rights. However, they only comprise 19% and 27% of the legal workforce⁽⁹³⁾.

4.1 Interventions to empower refugee communities to prevent and address GBV.

4.1.1 Empowering Syrian community through Gender-Based Violence awareness campaigns.

Jordan and NGOs have made several efforts to increase awareness against GBV across the country, including the implementation of different international and national awareness campaigns. Since 2007, international activist movement named "Speak Up...Harassment is a Crime" was implemented by Jordanian civil organisations, UN agencies and international organisations within the country. This initiative is carried out for 16 days every year to advocate for the elimination of GBV, and promoting social mobilisation and awareness across the country⁽¹¹⁰⁾.

In 2014, Jordan launched the "Amani" campaign to raise awareness of GBV issues. The campaign was developed by an interagency collaboration with the involvement of female refugees. The message focused on violence and abuse prevention, but it also informed about places to obtain help and support. The material was distributed among government offices and refugee camps⁽¹¹¹⁾. On the other hand, organisations such as IRC and WRC focused their efforts on raising awareness among refugees with disabilities about prevention and protection of GBV⁽¹¹²⁾.

Other initiatives have emerged to raise awareness in Jordan. For example, "safe spaces" provide workshops for women regarding their rights and forms of GBV. Also, other services are offered, such as legal assistance and referral services. Additionally, they organise awareness sessions of GBV to males and boys dealing with women's rights, gender roles, gender equality and different model of masculinities⁽¹¹³⁾. Other organisations have trained community-based volunteer networks with both male and female participants to increase awareness of violence against women and early marriage within society⁽⁸¹⁾⁽¹¹⁴⁾.

The Jordanian government and the UNFPA created the Sexual and Gender-Based Violence Standard Operating Procedures (SGBV SOPs) guideline to strengthen multisectoral efforts to prevent and respond to SGBV⁽¹¹²⁾.

4.1.2 Empowering Syrian community through education.

The Ministry of Education has made several efforts to increase Syrian children enrolment in formal and non-formal education. In 2017, a media campaign was designed to incorporate children out of school to the education system. Simultaneously, 197 public schools started a double shift outside camps, and new teachers were trained and deployed to increase the education capacity. In addition, a "Catch Up" program was developed to provide non-formal education to children aged 9 to 12 years old who have been out of school for more than three years. This program allows children to cover two academic grades in one year, after which they can incorporate to formal education⁽¹¹⁵⁾.

Also in 2017, UNICEF added nine schools with double shifts, expanded non-formal education centres across Jordan and incorporated transportation assistance for the vulnerable children located in temporary refugee settlements and host communities. Additionally, they also offered support to 45 schools in camps and started 52 kindergarten

classes⁽¹¹⁶⁾. Despite the improvements, 40% of Syrian children living in host communities remained out of school, reporting several barriers such as distance to the education facility, insufficient economic resources, lack of recognition of prior education and child marriage⁽¹¹⁵⁾. International and national organisations have been also developing programs to provide education to Syrian children with disabilities who cannot reach educational facilities, and home-based programs have also been deployed⁽¹¹⁷⁾.

Until 2018 GBV, gender roles and gender equality have not been formally added to the Jordanian school curricula. Currently, NGOs are working with the government to modify the curricula and include them⁽⁵⁷⁾.

Another strategy implemented by the Jordan Response Plan for The Syria Crisis between 2018 and 2020 is child cash assistance to most vulnerable families. This intervention aims to prevent drop outs from schools and avoid harmful coping mechanisms implemented by families to compensate lack of resources⁽¹¹⁸⁾.

Barriers such as lack of economic resources and documentation are still preventing youth from accessing tertiary education⁽¹¹⁵⁾. UNHCR developed a program to enable young refugees to access higher education in Jordanian universities. They also offered funds to cover tuition fees, transport costs, study materials, and an allowance for other expenses. This scholarship includes other benefits such as preparatory classes and psychological support⁽¹⁶⁾.

UNHCR, UNICEF, UNESCO, and the Jordanian government joined efforts with donors to address the refugee's educational needs of. Also, an interagency organisation is working to assure refugee participation in identifying gaps and solutions for the education system and increase access to education for the Syrian community⁽¹¹⁷⁾.

4.1.3 Empowering Syrian community through work permits and employment.

The Jordanian government seeks to promote the inclusion of refugees to the labor market. New initiatives have created opportunities for Syrian refugees in areas that require unskilled labour such as construction and agriculture⁽¹¹⁹⁾. However, sectors such as education, business and healthcare that may offer work for skilled workers are still partially closed to Syrian refugees, and restricted for Syrian females⁽¹²⁰⁾. On the other hand, opportunities for entrepreneurship are limited, and in practice refugees cannot register to run a home-based business, because the requirements are impossible to comply with⁽¹²⁰⁾.

Moreover, the government has strived to simplify the application for job permits. In this respect, since 2016, the requirements for these permits have been reduced, and fees were eliminated. Also, Syrian refugees in camps can now opt for a work permit and temporarily work in cities across the country⁽¹¹⁸⁾. However, it is estimated that more than half of the permits granted are not in use, and only 4% of permits were issued to female Syrian refugees⁽¹¹⁸⁾⁽¹²⁰⁾⁽¹²¹⁾.

In the year 2018, UNHCR and the International Labour Organization opened a job agency named Azraq Centre for Employment, which seeks to help refugees to secure a job and apply for work permits⁽¹²²⁾.

4.1.4 Empowering female Syrian refugees through self-reliance programmes.

National and international organisations are currently working to improve the conditions of Syrian women in the country. Economic opportunities for women refugees have several benefits, such as the opportunity to earn wages and increase their household income,

which promotes gender equality and reduces SGBV risks⁽¹²³⁾. One of the initiatives implemented is called cash-for-work, and it provides work permit for short-term employment opportunities for women living in and outside camps⁽¹²⁴⁾. This has contributed to a reduction of domestic violence and higher participation of women in decision-making processes at the family and community level. This measure has also engaged men to reduce breaches in gender inequality⁽¹²³⁾.

Other programmes focus on training of different skills among women and youth to increase their employability or self-employment in the labour market in the short and long-term. These programmes also have supported and promoted strong links between women and private sector market⁽¹²⁵⁾.

4.1.5 Empowering Syrian community through cash assistance.

Cash assistance (CA), also called cash transfers or cash distribution is a mechanism of financial aid that allows refugees to periodically receive a certain amount of money destined to fund their basic needs, such as food, shelter and water⁽¹²⁶⁾. Various organisations offer different CAs, but the most common one is provided by the UNHCR, which is assigned on the most fragile families (approximately 23% of the population in urban areas), pondering risk factors such as living conditions, sanitation, healthcare, and education⁽¹²⁶⁾. On the other hand, the Jordanian government also offers CAs for various purposes such as food and rent⁽¹¹⁸⁾.

Reports show that these interventions have had a positive impact on refugees, boosting a sense of well-being, helping them afford their rent and preventing them from extreme measures to deal with insufficient income. Nonetheless, evidence shows that CAs may also discourage refugees from finding a job as beneficiaries are twice as likely to be unemployed⁽¹²⁷⁾. On the other hand, female Syrian refugees have linked CAs with a decrease in tensions in the household, and a subsequent reduction in domestic violence⁽¹²⁸⁾⁽¹²⁹⁾. Women in FHH considered that CAs could give them the freedom to move, helping them to avoid potential harassment from landlords. On marked contrast, male refugees participating in the same study saw no relation between financial struggles and domestic violence, even when they agreed that the CAs could improve the level of happiness of their family members⁽¹²⁸⁾⁽¹²⁹⁾.

Furthermore, there are NGOs providing emergency CAs for female victims of GBV. These interventions have been particularly successful at decreasing partially or fully the victims' exposure to violent behaviours (100%) by separating them from the perpetrators. However, female refugees still regarded the amounts transferred as insufficient to fulfil all their needs⁽¹²⁹⁾.

4.2 Interventions in healthcare and MHPSS services to prevent and address GBV.

Jordan and UNICEF have recently launched the new National Protocol for Clinical Management of Rape and a new Standard Operating Procedures for Gender-Based Violence and Child protection⁽¹³⁰⁾. In general, reports say that GBV guidelines are not used as a primary source for development, implementation, monitoring and evaluation of programmes⁽⁸¹⁾.

In addition to current health facilities deployed by the Ministry of Health across the country, other organisations such as UNFPA have contributed to delivering reproductive health services with more health clinics, mobile clinics and outreach teams in and outside

camps. These resources have been distributed within the northern and southern region and the villages near the Dead Sea⁽¹³¹⁾. Mobile clinics and community-based volunteers have been trained to deliver first psychological aid and refer GBV survivors to health facilities⁽⁸¹⁾. Additionally, women's centres are also providing clinical management of rape to female Syrian refugees⁽⁸²⁾.

Capacity building of reproductive health services providers is supported by UNFPA, which has also trained local NGOs, international NGOs and governmental institutions. The training plan focuses on Clinical Management of Rape and MISP for reproductive health in emergency cases, among others⁽¹³¹⁾. Regarding the lack of female physicians, Jordan cannot assure the availability of female staff as international GBV guidelines suggest, but health sector actors are training more female physicians and nurses⁽⁸¹⁾.

The "Amani" campaign and community-based volunteers have contributed to raising awareness about services available to sexual gender-based violence (SGBV) and child abuse survivors⁽¹¹¹⁾.

Regarding mental health, international organisations have brought teams of psychologists, psychiatrists and psychosocial workers into Jordan, in response to the mental health demand of Syrian refugees. Psychological assistance is being offered in mental health facilities and home visits⁽¹³²⁾. On the other hand, 43% of organisations delivering psychosocial services for Syrian refugees have built centres called "safe spaces" across the country, allowing women and girls to feel physically and emotionally protected. Reports evidence that these centres mitigate risks of SGBV and prevent further violent events⁽¹³³⁾. However, "safe spaces" for women represent 13% of the total centres constructed across the country, and a cut in donor funding in the last years have reduced the availability in 45% in 2017⁽⁸⁶⁾.

4.3 **Interventions in safety and security services to prevent and address GBV.**

4.3.1 Legal status.

In 2018 and 2019, UNHCR helped the Jordanian government to initiate a program that enables Syrian refugees in urban areas to regularise their legal situation⁽¹³⁴⁾, which according to recent reports has allowed over 20,000 refugees to formally register with the Jordanian government⁽¹⁶⁾. Moreover, between 2016 and 2018 the government also extended the scope of work permits to cover various business sectors and relaxed some of the requirements needed to apply for these permits, which has helped more than 120,000 workers to obtain their work permits⁽¹⁶⁾⁽¹³⁵⁾⁽¹³⁶⁾.

4.3.2 Police response to GBV.

In 2015, the Jordanian government announced that new female officers were joining the police force⁽¹³⁷⁾. Nevertheless, the number of officers does not seem to have a significant impact, and there is no information regarding new initiatives to attract more women to the police.

Moreover, the Jordanian police have also received training on the unique needs of women subject to violence in conflict situations⁽⁵⁷⁾⁽¹³⁸⁾.

In 2013 there were efforts of instituting a neighbourhood watch, but the project was quickly canceled due to risks of corruption and lack of trust from the Syrian community. In the same year, there was another project that involved forming a community police force comprised of Jordanian officers, and training them to be noticeable while

approachable and open towards the community. This police force was instructed to work actively with leaders within the camp, which help them to be well-received by the refugees, and eventually help people with daily problems such as domestic disputes. The project concluded in 2016 but was regarded as a success⁽⁸⁸⁾.

Furthermore, the Family Protection Department offers a hotline for cases of violence against women that operates 24 hours a day, while some NGOs also offer hotlines for these cases⁽⁵⁷⁾.

4.3.3 Improving safe shelters for GBV victims.

In the year 2018, the Jordanian government announced the opening of new shelters for women victims of family honour crimes. This measure was advertised in 2016 as a measure to help women that were detained in protective custody. These facilities are supposed to accommodate only 50 people, and it is uncertain what would happen once there are no more rooms available⁽¹³⁹⁾⁽¹⁴⁰⁾. At the same time, there is no information regarding similar projects for future years.

4.3.4 Improving WASH and housing conditions for Syrian refugees.

According to the Jordanian Plan Response 2018-2020, the government is planning to improve the living conditions for vulnerable Syrian refugees in both camps and host communities through the creation of housing units in urban and rural areas, and the reparation of defective ones. In addition, awareness campaigns on existing procedures to opt for better accommodation in host communities⁽¹¹⁸⁾.

4.4 Interventions in the legal and justice system preventing and addressing GBV.

4.4.1 New policies and priorities for the legal system.

In the year 2016, the Jordanian government entered into a partnership with the European Union (EU) known as the Jordan Compact, which strived to improve the living conditions and access to employment of Syrian refugees in the country. The compact destined funds to shared priorities for the period 2016-2018, including the reinforcement of the rule of law and human rights⁽¹⁴¹⁾⁽¹⁴²⁾. The Compact's Annual Action Plan for the years 2017-2018 identified specific priorities such as increasing inclusiveness towards minorities in the justice system, build a more modern criminal procedure and allocate more resources to the training and specialization of judges⁽¹³⁵⁾.

Earlier this year, the EU and the United Nations held a conference regarding the future of the Syria and countries holding refugees, names Brussels III. In this conference, countries pledges funds for the year 2019, 2020 and the following years destined to help Syrian refugees in the area, including Jordan⁽¹⁴³⁾.

However, even when these new policies seem promising for Jordan, the legislation is still discriminatory against women. In this respect, the report delivered by experts from the CEDAW in 2017, revealed their concern about Jordan's pending implementation of their recommendations regarding the inclusion of gender as a case of discrimination in the Jordanian Constitution⁽¹¹⁶⁾. At the same time, Jordan continues to maintain reservations to this convention in crucial aspects such as social security, child custody, and divorce⁽¹⁴⁴⁾.

4.4.2 Legal status and work permits.

In 2018, the Jordanian government and the UNHCR started an initiative that allowed Syrian refugees living informally in urban areas to obtain formal status⁽¹³⁴⁾. This process was extended to March 2019 and has benefited more than 20,000 Syrian refugees to regularise their legal status⁽¹⁶⁾.

In turn, between 2016 and 2018, the government waived the fees for work permits, and broaden the validity of these permits for more than one business sector. It also relaxed requirements for application such as the need for a sponsor in construction and agriculture, and the obligation to provide technical qualifications for construction-related jobs. Additionally, the quotas that restrict the number of non-Jordanian workers in a company do not longer apply to Syrian refugees⁽¹⁶⁾⁽¹³⁵⁾⁽¹³⁶⁾. All of these measures have resulted in the issuing of over 120,000 work permits in that period⁽¹⁶⁾.

4.4.3 Access to justice.

Many international organizations have started providing free legal aid in recent years, and some of them even offered women representation before Jordan courts, such as Arab Renaissance for Democracy and Development- Legal Aid, Tamkeen and Justice Center for Legal Aid, and female Syrian refugees have shown to be aware of this resource after being referred to it by other NGOs⁽¹⁴⁵⁾. Nevertheless, as free legal aid is not explicitly regulated in Jordan, these organisations have been met with resistance from the Jordanian Bar association. Furthermore, while legal assistance is a valuable resource, judicial fees must still be borne by plaintiffs, and indirect and hidden costs such as transportation continue to be a problem to be addressed⁽¹⁴⁵⁾.

Additionally, Syrian women that are victims of GBV may access a hotline offered by the Jordanian Women's Union for legal advice⁽⁵⁷⁾.

On the other hand, the justice system is receiving support from UNHCR and UNICEF to improve legal protection for females⁽¹¹²⁾. Awareness campaigns to end violence against women among lawyers, parliamentarians and ministries have also been implemented⁽¹¹⁴⁾.

Chapter 5: Discussions

5.1 Forms of GBV violence among Syrian female refugees.

This research has shown that Syrian refugees in Jordan are exposed to risks of GBV, which are particularly prevalent for women, amounting to 95% of the total cases. The main forms of GBV are domestic violence, child marriage and sexual harassment.

The socio-cultural context, and in particular, well-defined gender roles at both family and social levels create a situation of power imbalance between men and women. In turn, refugees have reported suboptimal conditions and lack of employment opportunities, which has prevented them from meeting all their basic needs. Financial struggles are highly connected with an increase in domestic violence and child marriages, which is then exacerbated by the women's position in the Syria culture. Moreover, domestic violence has been linked to cramping and poor living conditions, however, there is no evidence of living conditions affecting the degree of child marriage among Syrian refugees.

On the other hand, due to the crisis, a large portion of refugee households are headed by women, and in such cases, economic hardships and poor living conditions have been connected to risks of forced marriage and transactional sex. Interestingly, in these households where gender roles are reversed, mothers strongly oppose early marriages, which hints that the decision of marrying girls is usually made by senior male members of the family. Thus, these forms of GBV could also be mitigated by empowering senior women to resist this decision.

Rape represents approximately 1% of the total GBV cases. Nonetheless, it is unclear if this figure also encompasses situations of marital rape suffered by women and especially girl victims of forced marriages. It is uncertain if these cases would be qualified as rape in the eyes of female respondents.

Based on the above, it became apparent that displacements put refugees in a precarious situation which exposes women to risks factors of GBV. The Jordanian government and international organisations are well aware of this problem, and in response, they have deployed various measures to prevent GBV and protect Syrian females against it.

5.2 Response and challenges of service providers facing GBV cases.

Regarding the ways to address the immediate physical and psychological ramifications of domestic violence. In this respect, the Jordanian Ministry of Health and humanitarian organisations increased the capacity building through new health facilities, mobile clinics and outreach teams. However, clinical management of rape across the country is very limited. Considering that cases of rape could be heavily underreported, victims could be facing severe challenges to access medical assistance. These resources seem to be only aiming to fight against domestic violence.

Notably, services are only free for refugees registered in camps. Considering the correlation between financial struggle and GBV exposure, medical fees act as a barrier for women registered outside of camps and living in the most vulnerable families, who could be one of the most susceptible groups to GBV cases. This situation, which in turn are those who have a higher risk of suffering from GBV. Even when hospitals are opened around the clock, primary health care centres are not, which means that there are fewer health facilities available for refugees. This increases the distance and transportation costs discouraging GBV survivors from making use of these services.

Another critical aspect of GBV response is to assure the security and safety of victims after violent events. The police are one of the main institutions offering protection to Syrian

refugees, and recent reports reveal that it is possible to build a trust relationship between refugees and police; however, other studies stated that police officers attitude towards women has been unsympathetic with their situation. This has prevented policeman from developing a relationship of trust with females in the community and has stopped them from helping refugees with day-to-day problems. For this reason, women may prefer to not report GBV cases, reducing the deterring effect of police over perpetrators. There have been successful experiments where police have been trained specially to form close ties with refugees. Nonetheless, there is no evidence of similar efforts targeted to GBV victims.

On the other hand, although the evidence shows that isolating women from violent environments is highly useful to prevent further episodes of GBV, women cannot afford new places to move in on their own. The information available only refers to shelters offering protection to potential victims of honour crimes. However, the new "safe spaces", designed to help women adapting to their new refugee status, in practice also work as a daytime shelter for victims of domestic violence, while offering psychological support to other victims as well. It must be noted that these centres are only open during the day, which means that women still may be subject to violence when they go back to their homes by night.

In 2018, the Jordanian Government opened especial shelters to protect potential victims of honour crimes. Nevertheless, reports are not explicit regarding the availability of these facilities for female Syrian refugees and members of the LGBTI community. This is particularly important considering that both were facing risks of honour killing in their country before the conflict. Interestingly, honour crimes are not listed among the most common GBV forms.

At the same time, in addition to women's needs of healthcare and safety, Syrian female GBV survivors also require help to stop relying economically on their husbands, in the case of FHH to prevent harassment from males trying to take advantage of their situation. To do so, they must first cover their basic needs of food, accommodation, clothing, among others. In this regard, the government is providing CAs for these purposes, whereas only a few NGOs have offered CAs specifically targeting GBV survivors. Even though the evidence reflects that this measure has had positive results, it is most effective in cases of domestic violence.

Lastly, the justice system plays an essential role in allowing women to materially enjoy their rights. Evidence shows that services addressing GBV cases are in place. However, Syrian women have reported different access barriers. For example, women have reported ill-treatment from administrative staff, and they are also unsatisfied with the general approach towards GBV cases in the judicial system. In this sense, there is no information about the judiciary staff's ability to correctly assess the situation. Among the efforts to manage GBV cases, the judicial system has led the training of their personnel to improve gender-sensitivity, but it is uncertain if they are a requirement for staff dealing with women victims of GBV.

An issue preventing government and organisations from consistently dealing with GBV cases is the tendency of the refugee population to actively decline help that would be otherwise available to them. In this sense, even if women are subject to GBV cases, they still sometimes choose not to seek assistance, which is a problem common to legal, security, healthcare and psychosocial services. These phenomena are triggered by socio-cultural norms and distrust in the service provider. Social media campaigns are one of the primary measures trying to fight against this problem. However, the refusal has increased in almost every sector. Despite social stigmatisation, the study shows that psychosocial services are the exception, but the data on the latter could be biased or unreliable. Moreover, there is no information explaining why the efforts so far have been unsuccessful. The increase in refusals does not necessarily mean that the media campaigns are defective because this could be a symptom of other factors.

For example, declining healthcare services could be explained by a reluctance to engage with the police or legal services, due to the introduction of mandatory reporting of GBV cases. Thus, to boost utilisation of healthcare services it may be necessary to address the concerns of the victims regarding the confidentiality of the legal system and the ability of the security services to protect them against potential reprisals. There is no information regarding efforts directed to alleviate women's reservations, and most of the resources have been allotted to workshops promoting legal awareness. As a separate cause, women also reported that the lack of female staff was a deterrent to access services. In some areas such as legal and security services, this situation may be especially challenging because segregation in the labour market could preclude women from accessing these areas.

On the other hand, all services involve costs of some sort. Currently, socioeconomic conditions of Syrian refugees are already preventing them from meeting their basic needs, which means that they may consider these additional costs as a luxury. Healthcare and psychosocial services are free of charge only for Syrian refugees registered in camps; however, in host communities, these public services are not affordable to vulnerable Syrian refugees living there. Moreover, even when sometimes services are offered free of charge, there are still indirect costs that hamper access. Transportation is the most recurrent cost by far, which could mean that public transport is too expensive or not always available, and there is no data on potential measures to tackle this problem. Currently, healthcare and psychosocial services have mobile clinics and outreach teams approaching population directly, but there is no information about their frequency, working hours and distribution, which could prevent GBV victims from obtaining help on time. Regarding legal services, there are similar challenges for utilisation, as even when legal aid is free, women sometimes cannot afford judicial fees and prefers not to sue.

Studies have also identified insufficient cooperation between different service providers dealing with GBV cases. In this respect, referrals have been decreasing in recent years. Healthcare services should refer GBV events under the standard protocol, but they are not always a primary resource to addressing these cases. In turn, there is no information about protocols guiding GBV referrals from other services. It is not certain if the staff of services dealing with GBV cases would make use of the specific GBV protocols to improve this situation.

5.3 Empowering female Syrian refugees to prevent future cases of GBV.

Considering that financial and living conditions are potential drivers of GBV, it is crucial to protect women from them. One major aspect is access to the labour market of both men and women. The main obstacles that Syrian refugees face when looking for employment are lack of job opportunities, bureaucracy and labour segmentation.

The Jordanian government has implemented strategies to reduce unemployment and relax legal requirements. Even though the unemployment rate has reduced among Syrian refugees, job opportunities available are mainly in areas of unskilled labour such as agriculture and construction, which typically involve a lower salary and are off-limits for Syrian women. In turn, due to socio-cultural conditions, women have restrictions to move freely, and Jordanian laws prevent them from starting a home-based business. This may push them towards informal labour, which exposes them to risks of sexual harassment.

Sexual harassment in the workplace represents a very low percentage of GBV cases; this could be explained by the fact that Syrian women have restricted access to employment in Jordan. Even when employment may empower women and reduce the risk of both domestic violence and child marriages, they may still experience sexual harassment at

work. At the same time, this risk could lead husbands to oppose their inclusion to the job market.

On the other hand, education contributes to preventing GBV cases. However, interventions to increase access of Syrian children to education have been insufficient. Lack of economic resources and documentation are still the main barriers. A low-income household may be reluctant to enrol children in schools because they cannot afford the additional costs. Male children sometimes also contribute economically to the house, which can be an additional disincentive. Regarding child marriage, Syrian girls may be prevented from attending school, which exposes them to further forms of GBV.

In theory, educated women may opt for stable jobs in the future. Nonetheless, work segmentation and scarce job opportunities for skilled workers are still substantial barriers. Evidence shows that self-reliance programmes to uneducated Syrian women increase their skills, which may improve their chances for employment. In addition, these potential jobs could give them economic relief, lowering the chances of different forms of GBV.

5.4 Reflection on the limitation of our framework.

An absent aspect is the ability of sectors to coordinate with each other and provide a unified message to the population. In this sense “the multisectoral model” does not promote a united response from all sectors, even though they pursue the same objective, and does not review their capacity to interact with one another. To include strategic communication as an additional sector may help to draw more attention to this issue, which may improve collaboration and response of services.

5.5 Limitations of the thesis.

Statistics of GBV against Syrian female refugees in Jordan was principally obtained from GBV IMS task group and this organisation does not receive information from all GBV services providers in Jordan. Moreover, this thesis includes mainly data from official reports and websites of international organizations working with female Syrian GBV victims which may reduce the reliability and quality of data obtained.

Chapter 6: Conclusion and recommendations

6.2 Conclusion

Even though GBV issues against Syrian females persisted before the conflict in 2011, the risk of suffering from violence increased after their displacement into Jordan. Female Syrian refugees in Jordan are mostly affected by domestic violence, child marriage and sexual harassment. Perpetrators in MHH are usually intimate partners, whereas in FHH they are mostly external to their households.

The principal risks of GBV are poor living conditions and lack of resources, which is intensified by relationships of the power imbalance between men and women. Domestic violence is common in MHHs where men cope with the stress of financial struggles and the frustration arising from not fulfilling their roles of breadwinners. Furthermore, poor financial conditions lead Syrian MHH to child marriage to decrease the economic burden.

On the other hand, women in FHHs that are not in the company of males are exposed to sexual harassment, forced marriage and transactional sex. This is emphasised by scarce economic resources and socio-cultural factors. Although monthly income for FHHs is lower than for MHHs, women in these households strongly oppose child marriage.

The Jordanian government and humanitarian organisations deployed several services to help Syrian refugees to overcome their situation and improve their living conditions. Healthcare services increased their capacity building to reach remote areas and deliver comprehensive care of GBV victims. Furthermore, psychosocial services provide mental health assistance to Syrian refugees, achieving high coverage of GBV victims requiring this service. On the other hand, security services created a new shelter to protect potential victims of honour crimes, and the government worked to modify criminal that affected women, and relaxed about regulations to generate more employment opportunities.

It is essential to consider that domestic violence and sexual abuse are stigmatised by the Syrian society, which discourages women from requesting healthcare assistance. In marked contrast, even when mental disorders are also subject to scorn, it seems not to have a considerable impact on the access to psychosocial services.

However, strategies and services implemented are not addressing the issue completely. Costs of healthcare services hamper access to Syrian refugees, mainly for those registered outside of camps. In addition, mandatory reporting of GBV cases disincentives victims from seeking help. On the other hand, detention of honour crimes victims and the absence of gender sensitivity among police officers may discourage women from pursuing security services. In turn, women refuse to access the judicial system due to unapproachable personnel and a fear of losing confidentiality. In addition, the lack of female staff discourages Syrian females to utilise all of these services.

Despite the financial cuts in donor funds, the Jordanian government and humanitarian organisations have received extra financial support from international organisations to improve Syrian refugees' conditions in Jordan. Additionally, Jordan created the Plan Response to Syria Crisis, which contains an action plan to assign funds strategically to these priorities. Both measures can contribute significantly to address GBV violence against female Syrian refugees and tackling factors influencing GBV.

Both capacity building and school enrolment of Syrian children have increased, but still 40% of Syrian children are unenrolled. Indirect costs such as transport are still hindering families from accessing education, and also the fact children sometimes contribute to the household income.

Moreover, organisations have organised national awareness campaigns addressing women`s rights and violence against women, including males and women. However, there is no information regarding the effectivity of these campaigns.

The number of referrals between services is also low, which could potentially be explained by a lack of GBV referral protocols, or poor collaboration between sectors. This requires immediate attention, as GBV victims may need multiple services.

Although improvements have been made, there is still work to do to prevent GBV against Syrian female refugees in Jordan. The following section contains recommendations to eliminate barriers of access to different sectors.

6.3 Recommendations

6.3.1 Recommendations for all service providers.

6.3.1.1 Strengthening referral system between different sectors.

In light of the reduction in referrals between sectors, the government should strive to develop a National Referral Policy to guide different services providers on the best practices for referrals of GBV victims. In addition to this policy specific protocols should be created for each sector to define processes to assure efficient and safe referrals. It is also advisable to conduct multisectoral meetings with key informants to incentivize cooperation and recognize possible challenges. In turn, sectors should train personnel on these protocols to assure common understanding. These protocols should be closely monitored on an ongoing basis to determine their effectiveness and identify potential gaps.

6.3.1.2 Public transport card (PTC) to reduce costs of transport.

The implementation of a PTC is an initiative that may allow vulnerable Syrian refugees to move freely across the country to access services. This measure does not put a significant economic burden on the government, considering Syrian women are not approaching services due to public costs, meaning that this card would not represent a loss of income for Jordan. In any case it is still necessary to make sure that the public transport system has the capacity to accommodate these women. To make sure that these PTCs benefit GBV victims in particular, it is advisable to deliver the cards at the first point of contact regardless of the service. These cards should expire after certain period (for example 3 months), with the option of renewal if needed.

6.3.1.3 Using technology to improve access to services.

Sectors addressing GBV against female Syrian refugees should make the best use of existing technology and utilize it as a tool to interact with victims. In this sense, the government and NGOs could offer information and online resources such as lectures, talks and webinar. However, for these efforts to be successful it is necessary to assess the capacity of Syrian refugees to access technological devices, and also their ability and willingness to use them. On the other hand, technology could allow refugees to place anonymous complaints and contact the authorities without transportation costs.

6.3.2 Recommendations for legal and justice system

6.3.2.1 Elimination of mandatory reporting.

The provision that makes reporting of GBV cases from healthcare services compulsory should be repealed. Even when elimination of mandatory reporting seems to incentivize underreporting, the number of GBV cases reported in healthcare services were already low, which means that perpetrators were not pursued. This would encourage more women to receive healthcare and assistance.

6.3.2.2 Mandatory training of judiciary staff in GBV issues.

Judiciary staff should be prepared to cooperate with potential victims of GBV. In this regard, the government should ensure that the personnel are adequately capacitated for these purposes. Then, it should continuously organize lectures with mandatory attendance on the topic.

6.3.3 Recommendations for security and safety services

6.3.3.1 Establishing mobile "safe spaces".

The number of "safe spaces" offering psychological aid, legal assistance, awareness workshops and medical assistance to GBV victims has decreased due to budgetary constraints. Experience in Lebanon has shown that mobile "safe spaces" could offer a cheaper alternative and contribute to the capacity building of healthcare and psychosocial sectors. These units should be strategically assigned to key urban areas where they would be stationed for a few days each week. Furthermore, this initiative shall not begin without an awareness campaign that clearly communicates the location and working hours of the mobile "safe spaces".

6.3.3.2 Strengthening the relationship between Syrian refugees and the police.

Based on previous experimental projects in Jordan, the creation of a police unit to protect Syrian refugees in camps has been successful. However, there is still a feeling of distrust from female Syrian refugees against the police. Police officers are a valuable source of protection; therefore, they should be trained to interact with potential victims of GBV in an approachable and respectful manner. In this way, officers can build relationships of trust, and potentially help members of the community to solve daily problems such as domestic disputes. Police officers should be sufficiently visible to act as a deterrent of potential aggression, we believe that this measure should mitigate cases of domestic violence and sexual harassment in public spaces.

6.3.4 Recommendation for empowering female Syrian refugees.

Measures to empower women are already in place; however, there is no evidence on their success. For that reason, we recommend sectors to monitor and evaluate the effectiveness of their interventions in order to adjust any future campaign. Usually, interventions contain self-monitoring systems but do not necessarily contribute to the collective understanding of other organisations. Thus, efforts must be made to collect feedback from participants and produce a comprehensive report describing the positive and negative aspects of the campaigns of every sector. These reports could improve empowerment measures for all organisations, which means that women would benefit to a greater extent from these campaigns.

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