

UNFPA has been supporting the deployment of the Gender-Based Violence Information Management System (GBVIMS), a multi-faceted tool launched since May 2018 in Cox's Bazar. This tool has been used to harmonize the collection of Gender-Based Violence (GBV) data protocols and procedures and to promote safe and ethical transfer of incident reports containing sensitive data among relevant partners. The purpose of this factsheet is to provide stakeholders with data to inform and support GBV evidence-based programming, resource mobilization and evidence-based advocacy efforts to prevent, mitigate and respond to GBV in the Cox's Bazar Rohingya humanitarian response.

The narrative analysis presented here is the result of discussions, focus group discussions and Key Informant Interview with various stakeholders both in Cox's Bazar level as well as the field level both in Refugee camps and affected host communities.

KEY INSIGHTS*

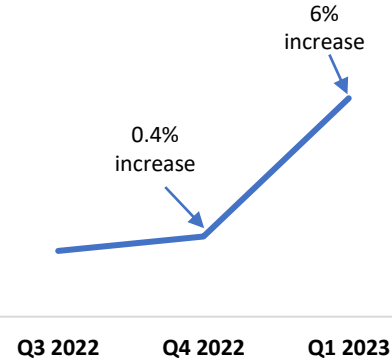
- In Q1 2023, Overall GBV reported incidents has increased by 6% from Q4 2022
- 89% of the survivors are Married; 6% are Single; 3% are Divorced and 2% are widowed.
- 73% of reported cases are from prior survivors
- 70% incidents occurred in the Night and 30% in the Morning.
- 8% of reported incidents are of Sexual Violence.
- 82% of incidents are perpetrated by intimate partners, 7% are by family friend/neighbor, 5% by family other than spouse or caregiver and 2% by Primary Caregiver / Parent
- 99% of the Perpetrators are 18 years and above.
- Number of Perpetrators: - One Perpetrator – 86%; two Perpetrators – 9%; Three Perpetrators – 3% ; More than 3 Perpetrators – 2%
- 1% survivors are living with disabilities.
- 80% of the survivors are Refugee & 20% are Host community.

*Percentages rounded to first decimal place. The total may not add up to 100%.

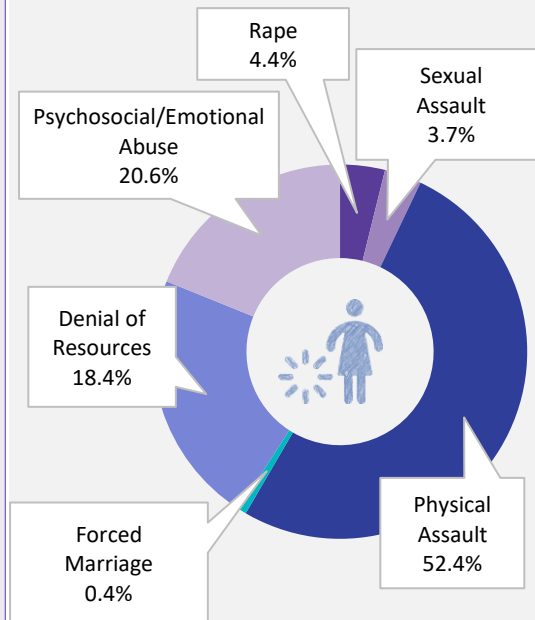
GBV INCIDENT BY MONTH

The steep increase in reporting can be attributed to the efforts of regular awareness and outreach sessions even while distributing dignity kits during the fire response. Joint Response Plan agencies, this year, secured some funds (*in contrast to previous quarter*), to resume their activities and ensured staff availability in the facilities as Case Management is a critical component within the GBVSS.

However, consecutive fire incidents and closure of public transport within the camp has created limitation in mobility for the Rohingya refugees, which subsequently affected timely service



TYPES OF GBV INCIDENT



In Q1 2023, **physical assault decreased by 2% while psychological/emotional abuse and denial of resources have slightly increased by respectively 1.7% and 0.3% from Q4 2022.**

Overall, the limited income-generating and recreational activities for the community coupled with a growing lack of a sense of safety among the refugees are contributing to increasing these incidents and heightening the risk of GBV.

To deal with this situation, men are inclined to multiple marriages (*polygamy*) and demand dowry (*a harmful traditional practice*), as a negative means of survival.

On the other hand, women are marrying (both voluntarily and forcefully) to escape from the risks and security situation from the camps. It is even found that women are marrying strangers and moving to neighboring countries (*mostly Thailand and Malaysia*) into an uncertain life which further puts them at risks like trafficking and sexual slavery.

Intimate Partner Violence (IPV) constituted 82%, out of all reported GBV incidents, it **decreased by 2% from Q4 in 2022 (84%)**. **Child sexual abuse is 3.3%** and harmful traditional practices* is **1.1%** in Q1 2023.



*Harmful traditional practices, such as Dowry has been a common practice in this context.

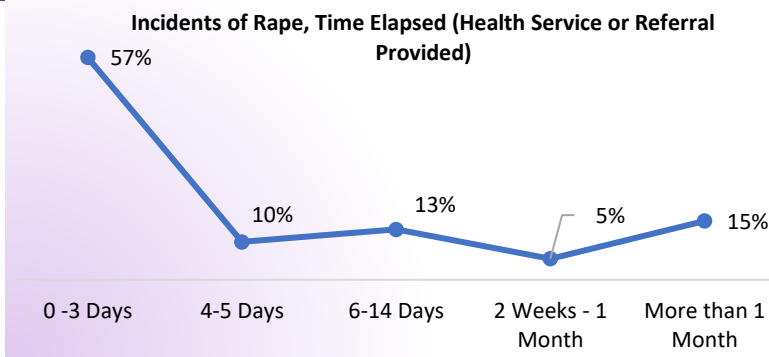
REPORTING OF RAPE AND TIME ELAPSED (Health service or referral provided)

Sexual violence continuously remained underreported, and rape is presumably higher than reported (as per reporting organizations).

FGDs with community women revealed that most of the rape incidents are among adolescent girls and unmarried women.

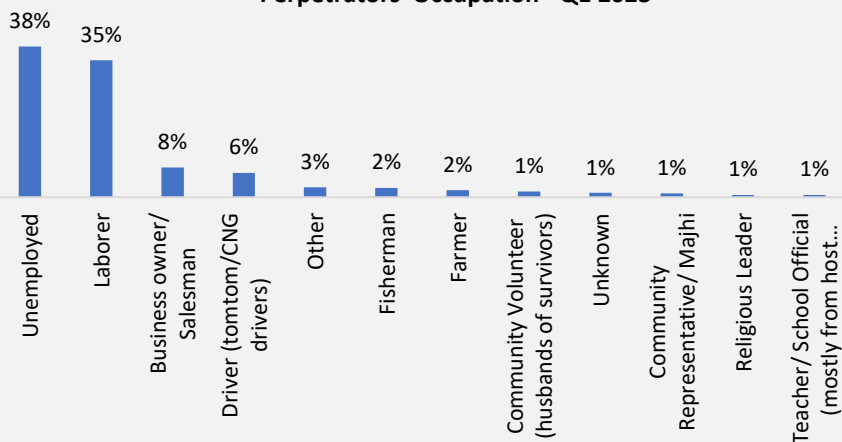
There also seems to be a gap in identifying and defining "marital rape" at the service provider level/ case worker level.

Therefore, there is still a need for continuous awareness of the consequences of rape and importance of CMR services, with men and women and particularly the parents/guardians so that reporting behavior is strengthened to mitigate further risks such as unwanted pregnancy and sexually transmitted infections. Moreover, FGDs also revealed that community leaders including majhi's and imam's are taking money/compensation from the perpetrators to mediate the rape cases between survivors' families and perpetrators, which subsequently ends up with reparation marriage (*rape survivors are forced to marry their perpetrators, for the sake of dignity for the family's honor*)



ALLEGED PERPETRATOR'S OCCUPATION

Perpetrators' Occupation - Q1 2023



The perpetrators' occupation is interrelated with the previously mentioned factors, such as the lack of income-generating opportunities and services for men. Being the breadwinner, this situation instills frustration and anger amongst the men.

During the FGDs, it was found that men are working as migrant workers in other countries and are leaving families behind, including women and children at the camp, thus these vulnerable refugees are being targeted by other men and are at further risk of GBV and child abuse.

Perpetrators either unemployed or daily wage laborers represent the highest among all parameters in this context. Furthermore, women during the FGDs hinted that, some of the men involved in trading illegal drugs within the camps also abuse the substance, resulting in increased violence particularly intimate partner violence and further exaggerating GBV risk.

LOCATIONS OF REPORTED GBV INCIDENTS (TOP 8)

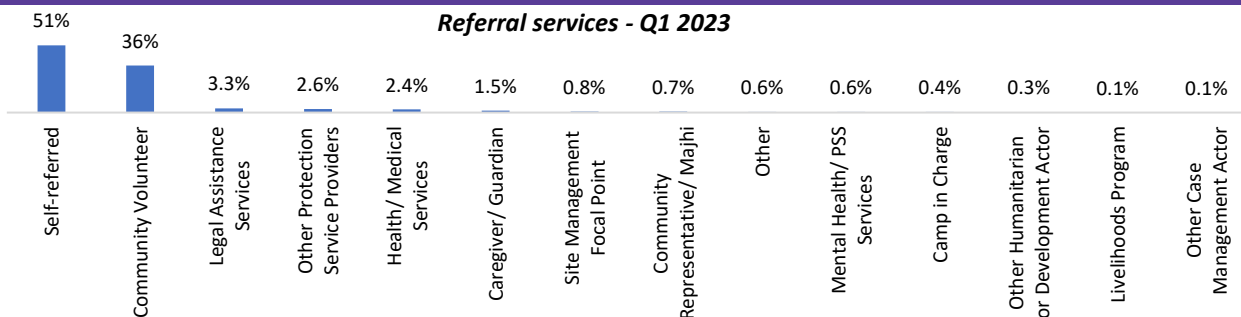
Locations	Q4 2022	Q1 2023
Survivor's Residence	89.9%	89.5%
Perpetrator's Residence	6.7%	6.5%
Street / Pathway	1.2%	1.4%
Friend or Relative's Residence	0.5%	0.7%
Water point	0.4%	0.3%
Bathing Facilities	0.2%	0.3%
Hotel	0.1%	0.1%
Bush	0.2%	0.2%

Considering the rate of IPV, it is evident that the survivor's residence and the perpetrator's residence represent the highest incident locations.

Almost all the women from FGDs echoed that the current dire living condition in the camp, and shelter proximity, contributed to increased violence.

Women further stated that there is no robust deterrence system (a system criminalizing polygamy) for men having multiple marriages. Despite the camp authority (CiCs) having introduced a system of marriage registration, majhis and community leaders are arranging marriages by charging money from both the man and woman. This situation enables men to having multiple intimate relationships and marriages which has resulted in higher number of reported IPV.

REFERRALS SERVICE PROVISION AND GAPS



Of the total cases, **20.3% of the survivors** required **Safe Shelter services**, out of them **1.5% received it** however **98% declined the services**.



Of the total cases, **10% of the survivors** required **Mental Health services**, out of them **34.9% received the service**, **64.7% survivors declined the services**.



Of the total cases, **77.7% of the survivors** required **Legal Assistance services**, out of them **30.9% received the service** and **68.6% declined the service**.



Of the total cases, **4.7% of the survivors** required **Child Protection services**, out of them **25.7% received** and **68.7% declined the services**.



Of the total cases, **71.6% of the survivors** required **Health/Medical services**, out of them **96.2% received the services** and **3.8% declined the services**.



Of the total cases, **63.2% of the survivors** required **Basic Needs services**, out of them **94.8% received**, **3.9% declined the service** and **1.3% did not receive due to unavailability**.



Of the total cases, **16.6% of the survivors** required **Police & Security services**, out of them **7% received the services** and **92.4% of the survivors declined the services**.

**Basic needs services consist of food items and non-food items that include shelter/housing, clothes and, Dignity Kits etc.*

Safe shelter, legal assistance, police & security services are being declined by the majority of the survivors. Despite requiring these services, the rate of decline is high as availing these services is lengthy and complex and even most of the survivors prefer to live in abusive relationships/marriages to avoid further harm and GBV risk. In addition to this, MHPSS services are consistently being declined by the survivors. It is found that most of the MHPSS counseling centers are integrated within the health centers where survivors do not feel comfortable accessing the services. GBVSS has been continuously coordinating with the Health sector including SRH WG and relevant sectors to address the gap and challenges.

Recommendations	Responsible	Timeline
To address polygamy and dowry-related violence, community women recommended building a robust deterrence system which is to criminalize polygamy, it is possible only with the involvement of the government authority (CiCs), as women believe, Majhis and community leaders are corrupted. GBVSS should continue consultation with the CiCs and relevant stakeholders.	GBVSS	Immediately
Continue advocacy to strengthen and increase Men & Boys engagement centre to deliver psychosocial support services, including other tailored prevention activities to ensure comprehensive and multi-dimensional GBV service.	GBVSS and GBV actors	Continuous
It is recommended to strengthen prevention and response activities for couples such as couple counselling and awareness sessions to address increasing intimate partner violence.	GBV actors	Immediately

Donors supporting GBVIMS under the GBV SS of Cox's Bazar



Organizations contributing to GBVIMS in Cox's Bazar



The data shared is from reported incident and cases and is in no way representative of the total incidence or prevalence of Gender-Based Violence (GBV) in Cox's Bazar, Bangladesh. These statistical trends are generated exclusively by GBV service providers (17 out of 61 total partners in GBV sub-sector) using the GBV Information Management System (GBVIMS) for data collection in the implementation of GBV response activities in a limited number of locations across Cox's Bazar and with the informed consent of survivors. This data should not be used for direct follow-up with survivors or the afore-mentioned organizations for additional case follow-up. The following information should not be shared outside your organization/agency/cluster/ministry. Failure to comply with the above would result in revoking pre-approved data sharing/ or refusal of future requests for data.