

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\*

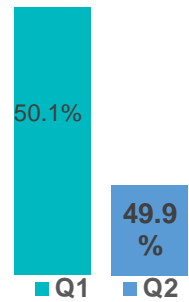
- The number of reported incidents of GBV in Q2 is almost the same as in Q1 of 2023.
- 90% of the survivors are married; 5% are Single; 3% are divorced and 2% are widowed.
- 75% of incidents were reported by survivors who experienced GBV incidents before.
- 40% of incidents occurred at Evening/Night; 31% in the Morning and 28% in the afternoon.
- 7.5% of reported incidents are of Sexual Violence.
- Perpetrators Age: 26-40 years – 64%; 41-60 years – 17%; 18-25 years – 17%.
- Number of Perpetrators:
  - 1 Perpetrator – 87%;
  - 2 Perpetrators – 8%;
  - 3 Perpetrators – 3% ;
  - More than 3 Perpetrators – 2%
- 0.5% survivors are living with disabilities.
- 79% of the survivors are Refugee & 21% are Host community.

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

### GBV INCIDENT BY MONTH

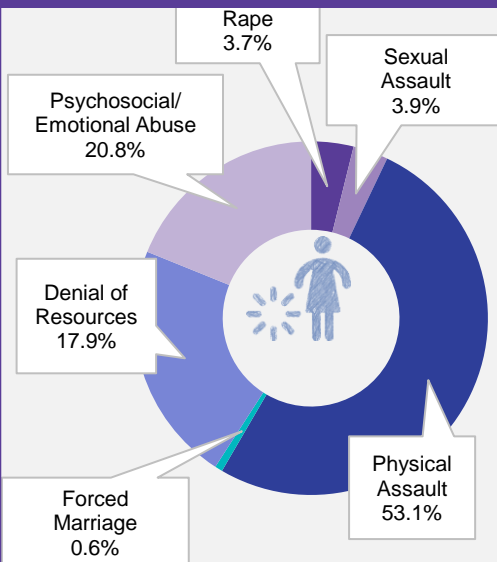
In Q2, there was a slight decrease in the number of reported GBV incidents. However, organizations' focal points believe that this decrease may not be significant as the difference between Q1 and Q2 is only 0.1%. It is important to note that only 10 out of 13 reporting organizations contributed data in Q2, meaning that the reported incidents of the remaining organizations are not reflected in the data. Reduction of humanitarian assistance in June had a considerable impact on the household dynamics, subsequently consequences in the occurrence of IPV, as reported by the caseworkers. Moreover, Rohingya refugee men residing in adjacent camps of Teknaf are reported to be involved in substance abuse and gambling which negatively impacts family relationships and heightens risks of GBV.

Figure 1: Reported GBV incidents in Q2 2023



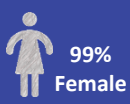
Despite the various efforts from the humanitarian actors, GBV survivors continue to face challenges in accessing survivor-friendly services in some camps. The Q2 data analysis session revealed that Majhis and perpetrators from some camps were threatening to restrict or manipulate survivors from reporting incidents to the humanitarian service providers. The consecutive fire incidents at Camp 21 and 24 and ongoing security issues in this quarter have also limited access to WFS/WGSS services for women and girls. Moreover, GBV facilities and services from three reporting organizations were interrupted due to fund constraints.

### TYPES OF GBV INCIDENT



Among all types of GBV, physical assault remains the highest reported incident and is interlinked with the incidences of denial of resources, emotional abuse, and forced marriage (including child marriage). Most of the reported incidents are correlated with polygamy and dowry and are increasingly common in the camps. Men were reported bypassing the CIC-authorized marriage system and opting for the local system facilitated by majhis and religious leaders during the community consultations. This creates the opportunity for Majhis to demand bribes from the families to misreport the age of the bride and facilitate child marriage. Majhis have also been found to use these arranged marriages as a form of resolution for rape and abuse cases.

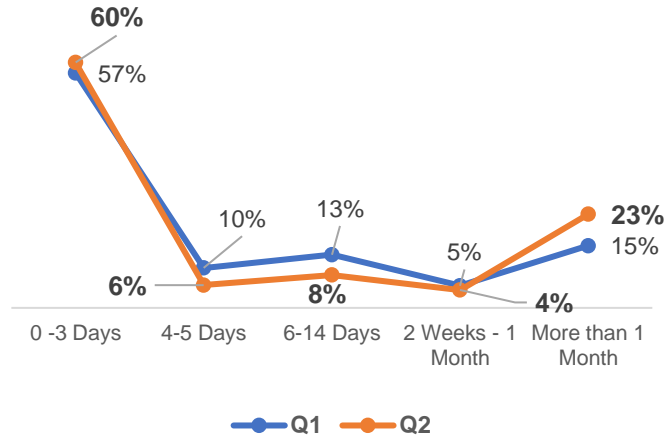
**Intimate Partner Violence (IPV) constituted 80%, out of all reported GBV incidents, it decreased by 2 % from Q2 in 2023 (82%). Child sexual abuse is 3% and harmful traditional practices were 2% in Q2 2023. The sex and age of the survivors are as follows:**



## RAPE REPORTED AND TIME ELAPSED

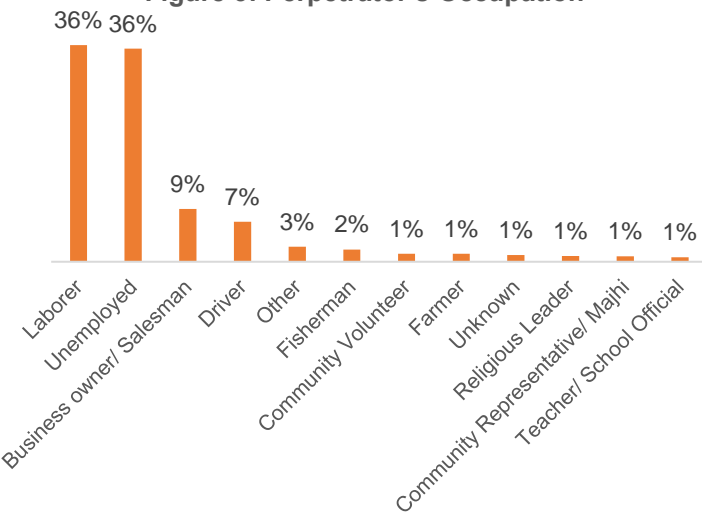
During this quarter, the incidents of sexual violence decreased to 7.5% from the previous quarter's 8.1%. This reduction is attributed to the fact that these incidents are underreported despite continuous efforts to break the stigma around them. Although the availability of integrated services for gender-based violence and sexual and reproductive health is available, the service-seeking behavior has felt down due to the unstable security context in the camps as mentioned by the FGD participants. Figure 2 also indicates an increase in the reporting time of rape by 3% from Q1. Despite these positive developments, rape is still stigmatized and there is a lack of awareness around it. In cases where the rape survivors are children, caregivers often conceal the incident initially due to fear of reprisals from the perpetrators. The cases are only reported when the pregnancy becomes visible after the critical time has elapsed. This makes the cases complicated for both health and gender-based violence actors.

**Figure 2: Incidents of Rape, Time Elapsed (Health Service or Referral Provided)**



## ALLEGED PERPETRATOR'S OCCUPATION

**Figure 3: Perpetrator's Occupation**



**Figure 4: Survivor-Perpetrators Relationship**

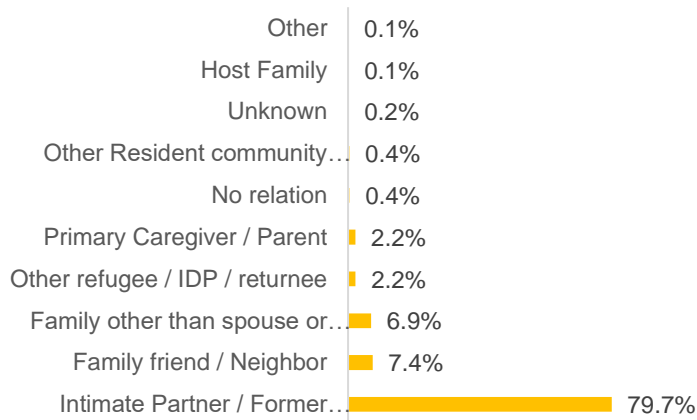


Figure 3 shows that 72% of perpetrators are either unemployed or daily laborers which is interrelated with one of the causing factors for exacerbating the IPV. However, participants added that the recent ration cuts have worsened the existing challenge of income-generating opportunities, leading to men resorting to polygamy, as a source of livelihood. Furthermore, community members are illegally leaving their homes and moving to different neighboring countries e.g. Thailand and Malaysia, resulting in increased incidents of GBV such as trafficking and child marriage.

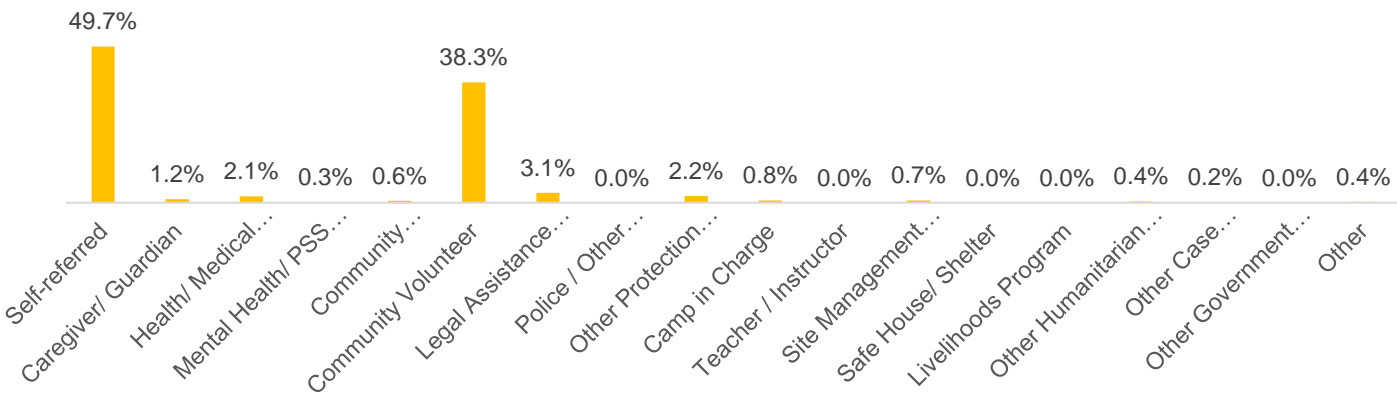
## LOCATIONS OF REPORTED GBV INCIDENTS (TOP 8)

In Q2, 91% of GBV occurred at survivors' residences and only 5% at perpetrators' residences were mostly related to intimate partner relationships. Participants in the focus group discussions noted that most of the child survivors' GBV-reported cases are perpetrated at friends' and relatives' residences. However, one of the safety and security problems raised by women and girls is related to the lack of adequate functional lights at the communal latrines, which is creating challenges for women and girls in accessing these facilities at night. This situation has led to unexpected incidents, where some men have locked the latrine doors while women and girls are inside. These men attempt to sexually abuse them by taking advantage of the darkness and wearing visors to conceal their identities.

Locations	Q1 2023 (%)	Q2 2023 (%)
Survivor's Residence	89.5%	90.6%
Perpetrator's Residence	6.5%	5.0%
Street / Pathway	1.4%	1.5%
Friend or Relative's Residence	0.7%	0.8%
Water point	0.3%	0.6%
Bathing Facilities	0.3%	0.3%
Hotel	0.1%	0.1%
Bush	0.2%	0.1%

REFERRALS SERVICE PROVISION AND GAPS

Figure 5: Referral Services in Q2 2023



**18.3%** of the total cases required **Safe Shelter services**, out of the cases requiring this service, **2.5% availed it and 96.9% declined the services.**

**7.5%** of the total cases required **Mental Health services**, out of the cases requiring this service, **28.4% received the service, 65.8% of the survivors declined the services and 5.8% did not receive due to unavailability.**

**75.6%** of the total cases required **Legal Assistance services**, out of the cases requiring this service, **30.2% of the survivors received and 69.5% declined the service.**

**3.7%** of the total cases required **Child Protection services**, out of the cases requiring this service **22.5% received, 68.7% declined the services and 8.8% did not receive due to unavailability.**

**71.1%** of the total cases required **Health/Medical services**, out of the cases requiring this service, **94.9% received the services and 5.1% of the survivors declined the services**

**63.2%** of total cases required **Basic Needs services**, out of the cases requiring this service, **94.8% received, 3.9% declined the service.**

**13.8%** of the total cases required **Police & Security services**, out of the cases requiring this service, **7.2% received the services and 92.8% 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.

Among all the referral services, the highest referrals are conducted respectively by GBV survivors (50%) and community volunteers (38%). Continuous information dissemination and capacity building of the frontline workers have contributed to this development. Having mentioned this, it is observed that there is still a gap and challenge in referring GBV cases among the humanitarian actors for which the referral mechanism still needs to be oriented across different sectors.

**Recommendations:**

- Considering the multifaceted and dynamic factors that perpetuate gender-based violence, focal points of reporting organizations recommended to GBVSS for a long-term GBV prevention mechanism involving the different sectors and engaging the community including majhis and other relevant community leaders.
- GBV SS in collaboration with the partner agencies should conduct a GBV risk assessment and service gaps in view of the current security scenario of the context. The outcome of the assessment can be a foundation for designing the targeted programs and activities to address issues such as the high rate of declining services.

**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.