

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.

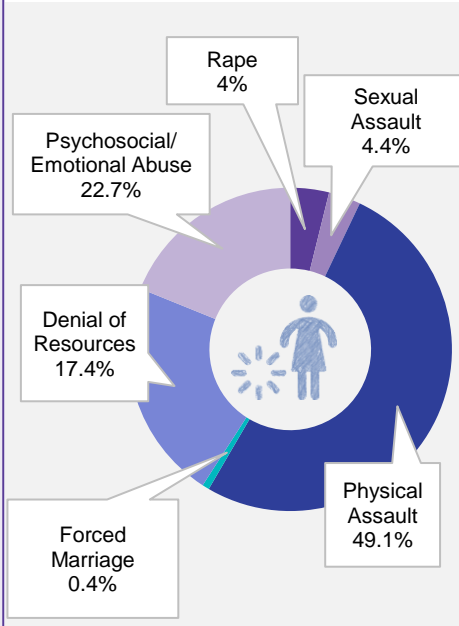
The narrative analysis presented here is the result of consultations, focus group discussions and Key Informant Interviews with various stakeholders both in Cox's Bazar level as well as the field level both in Refugee camps and affected host communities.

KEY INSIGHTS*

- The number of reported incidents of GBV has increased in Q3 compared to Q2 2023.
 - 89% of the survivors are Married; 6% are Single; 3% are Divorced and 2% are widowed.
 - 74% of reported cases are reported by survivors who experienced GBV incidents before.
 - 39% of incidents occurred at Evening/Night; 31% in the Morning and 28% in the afternoon.
 - 8.4% of reported incidents are of Sexual Violence.
 - Perpetrators Age: 26-40 years – 63%; 41-60 years – 19%; 18-25 years – 17%.
 - Number of Perpetrators:
 - 1 Perpetrator – 87%;
 - 2 Perpetrators – 9%;
 - 3 Perpetrators – 3% ;
 - More than 3 Perpetrators – 2%
 - 0.7% survivors are living with disabilities.
 - 79% of the survivors are Refugee & 21% are Host community.
- *Percentages rounded to first decimal place. The total may not add up to 100%.*

TYPES AND TRENDS OF GBV INCIDENT IN Q3

There has been an increase in the number of GBV incidents reported in Jul-Sep 2023, compared to Q1 and Q2. The highest number of cases were reported in August. However, this increase may be due to uninterrupted services being provided at the facility level and continuous awareness sessions being conducted by the GBV actors, as stated by the focal points of reporting organizations.



Among all types of GBV, physical assault was the most reported type, accounting for 49.1% of the incidents reported under the GBVIMS, followed by psychological/emotional abuse (22.7%) and denial of resources (17.4%). Women and girls reported that men are leaving for different areas and countries in search of better job opportunities. However, they often end the relationship without any communication, and their whereabouts are unknown to their families. Meanwhile, men staying in the camp are frustrated due to the limited scope of income opportunities, contributing to the sustained high level of IPV, which accounts for 79% of all incidents reported in Q3 2023.

During this quarter, the reporting of sexual violence increased from 7.5% (reported in Q2) to 8.4%, with rape (4%) and sexual assault (4.4%). This increase in reporting may be a result of the targeted awareness sessions and programs for parents and adolescents, as the community is more aware of the life risks associated with sexual violence. Women and girls in focus group discussions reiterated that sexual violence is most prevalent among girls under the age of 18 but it remains under-reported, and therefore, child sexual abuse constitutes only 3% of reported cases, which may actually be higher than this, assumed by some sources.

It is important to note that forced marriages are reported less frequently than other types of gender-based violence due to their correlation with other incidents. Survivors who have been subjected to child marriage often report physical, psychological, and socio-economic abuse in addition to the marriage.

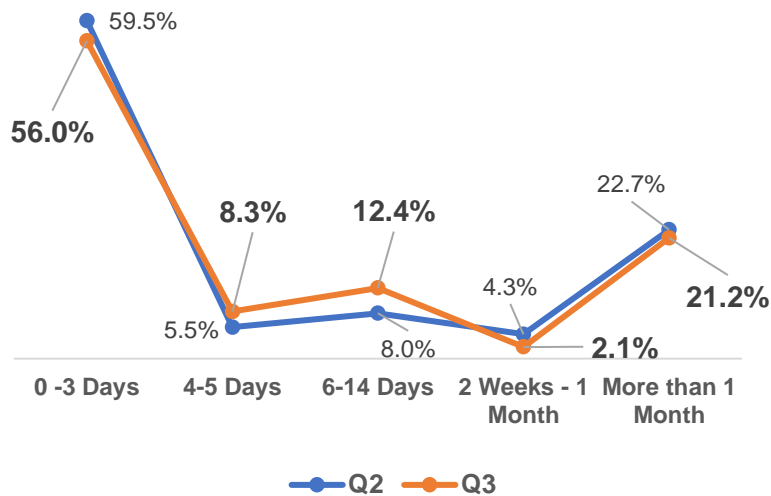
In Q3, Intimate Partner Violence (IPV) constituted 79%, out of all reported GBV incidents, keeping the same trend observed in Q2 2023 (80%). Child sexual abuse is 3% and harmful traditional practices were 1% in Q2 2023. The sex and age of the survivors are as follows:



RAPE REPORTED AND TIME ELAPSED

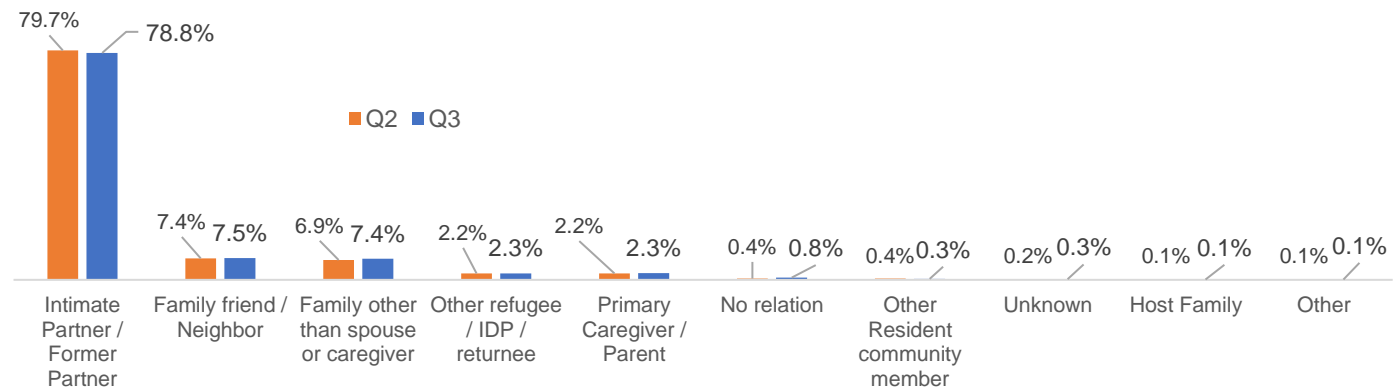
In FGDs with women, girls and GBV case workers, there is an increasing trend of **rape** among adolescent girls, in triangulation with the GBVIMS data. It's observed that in camp settings, adolescent girls engaging in relationships with men and boys often encounter experiences of GBV, including sexual violence. In some cases, boys perpetrate GBV by promising to marry the girl if they engage in physical intimacy as lovers and later renege on their marriage commitment and subject the girls to abuse and sometimes unintended pregnancy. Despite challenges, humanitarians involved in addressing GBV risks have continued delivering crucial information and services such as Clinical Management of Rape (CMR). They have actively promoted awareness on sexual violence prevention through various structured and non-structured GBV programs e.g. SASA!together, EMAP, etc. The positive results from these initiatives may be reflected in Figure 1, which illustrates that as high as 56% of reported rape incidents received timely health services or necessary referrals within the critical timeframe (72 hours).

Figure 1: Incidents of Rape, Time Elapsed (Health Service or Referral Provided)



ABOUT ALLEGED PERPETRATORS

Figure 2: Survivor-perpetrator relationship



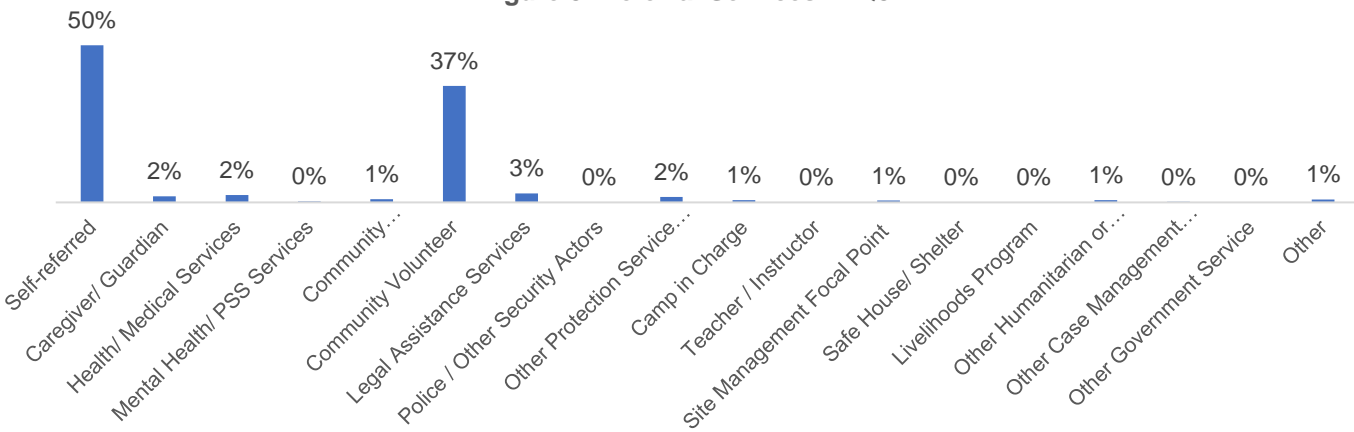
LOCATIONS OF REPORTED GBV INCIDENTS (TOP 11)

Locations	Q2	Q3
Survivor's Residence	90.6%	90.9%
Perpetrator's Residence	5.0%	5.0%
Street / Pathway	1.5%	1.6%
Friend/Relative's Residence	0.8%	0.6%
Water point	0.6%	0.4%
Bathing Facilities	0.3%	0.3%
Hotel	0.1%	0.1%
Bush	0.1%	0.1%
Public toilets/latrines	0.2%	0.1%
Distribution Settings	0.1%	0.1%
Market/ Shopping Center	0.1%	0.2%

This table illustrates that women and girls face an ongoing risk of gender-based violence **within their households** which is also reflected in figure 2. The majority of GBV incidents take place **within the survivor's residence (90.9%)** and **perpetrator's homes (5%)**, by the **intimate partners or former partners (78.8%)** followed by **family friends and neighbors (7.5%)** which is reflected in figure 2. It is noteworthy that **7.5% of cases involve families other than spouses or caregivers**, primarily involving instances of child sexual abuse or rape. While there are incident locations such as streets/pathways, water points, bathing facilities, and public toilets/latrines that have limited parameters and require the attention of other sectors, the GBV Sub-Sector (GBVSS) remains focused on maintaining and enhancing GBV risk mitigation efforts. GBVSS along with GBV Camp Focal Points consistently coordinate with various stakeholders from relevant sectors through active field-level engagement to ensure the continued implementation of these mitigation measures.

REFERRALS SERVICE PROVISION AND GAPS

Figure 3: Referral Services in Q3



18.2% of the total cases required **Safe Shelter services**, out of the cases requiring this service, **1.7%** received it and **97.7%** declined the services.

8.3% of the total cases required **Mental Health services**, out of the cases requiring this service, **35.2%** received the service, **64.3%** of the survivors declined the services.

76.3% of the total cases required **Legal Assistance services (legal counselling)**, out of the cases requiring this service, **30.6%** of the survivors received and **68.9%** declined the service.

3.1% of the total cases required **Child Protection services**, out of the cases requiring this service **26.9%** received, **67.7%** declined the services and **5.4%** did not receive due to unavailability.

67.1% of the total cases required **Health/Medical services**, out of the cases requiring this service, **93.9%** received the services and **6.1%** of the survivors declined the services

63.1% of total cases required **Basic Needs services**, out of the cases requiring this service, **95%** received, **4.6%** declined the service.

11% of the total cases required **Police & Security services**, out of the cases requiring this service, **7.4%** received the services and **92.3%** 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.

Regarding referral services, GBV actors play a crucial role in disseminating information about the GBV referral pathway in communities. This effort has led to significant achievements in community awareness and attitudinal changes, as the community previously did not recognize GBV as a form of violence and often considered it a private family matter. Nonetheless, there has been a level of awareness and understanding that women and girls are the primary targets of GBV. This awareness has encouraged them to step forward and report the cases to humanitarian actors. As a reflection, we see that 50% of the referral services are initiated by GBV survivors themselves, and community volunteers facilitate an additional 37% of the referrals (as shown in Figure 3).

Recommendations:

- Given the high incidence of intimate partner violence (IPV) primarily perpetrated by a survivor's husband, involving men and boys in GBV prevention efforts is recommended. It's essential to engage them in livelihood, income-generation, and skill development programs. The implementation of such engagement should consider their limited recreational opportunities, often due to congested living conditions in the camps. Prioritizing programs for men and boys is crucial for creating safer environments for women and girls at home and in public spaces.

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 incidents 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 (15 out of 67 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 aforementioned 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.