

Methodology & Data sources:

The mixed-method analysis presented here is the result of GBVIMS data analysis, triangulated with Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and key informant surveys with GBV Camp Focal Points (GBV CFP) and various stakeholders at Cox and field level and in refugee camps and affected host communities. Due to the sensitivity of GBV and ongoing security situation, GBVSS employs its risk monitoring system through FGDs and KIIs with specialized field service providers and GBV CFPs directly working with women and girls in the camps. For 2024 Q1, GBVSS conducted service provider FGDs and KIIs across 33 camps.

- **GBVIMS analysis:** Data source: GBVIMS incident recorders from 15 data gathering organizations (DGOs)
- **GBV key informant perception survey:** key informant survey responses from GBV Camp Focal Points from actors across 33 camps
- **GBV risk monitoring FGD/KIIs (with GBV CFP and case workers):** service provider FGD discussions & KIIs from actors across 33 camps

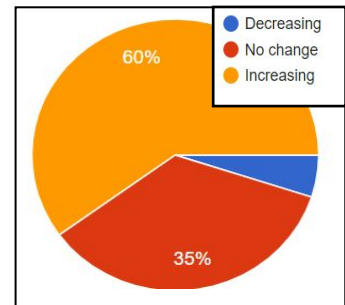
KEY INSIGHTS

- In Q1 2024, overall reported GBV incidents **increased by 8%** compared to Q4 2023.
- **86%** of the survivors are Married; 7.6% are Single; 3.7% are divorced and 2.8% are widowed.
- **74%** of reported incidents are prior survivors.
- **43%** incidents reported at Evening/Night, 30% in the Morning and 27% in the afternoon.
- **9.9%** of reported incidents are of Sexual Violence.
- **74.8%** of reported incidents are perpetrated by intimate partners, 8% are by family friend/neighbor, 9.3% by family other than spouse or caregiver and 2.6% by Primary Caregiver / Parent
- Perpetrators Age: 26-40 years – 64%; 41-60 years – 18%; 18-25 years – 15%.
- Number of Perpetrators:
1 Perpetrator – 87.6%;
2 Perpetrators – 9%;
3 Perpetrators – 2.9% ;
- **0.7%** survivors are living with disabilities.
- **77.7%** of the survivors are Refugee & **22.3%** are Host community.

GBV INCIDENT IN Q1 2024

Q1 2024 has observed a 8% increase in reported GBV incidents compared to Q4 2023. Upon triangulation with the GBV CFPs, 60% of GBV camp focal points (across 33 camps) think GBV is increasing in their respective camps, 35% think the situation remains similar, while 5% think it's decreasing in the past three months. Partners also qualified stating that part of the increase is likely associated with the numerous awareness sessions and message dissemination for services and the initiation of project activities of a few DGOs in 2024.

Fig. 1: Overall GBV trends perceived by GBV Camp Focal Points (CFP) in Q1, 2024



TYPES OF GBV INCIDENT: most commonly reported in GBVIMS

By types of GBV incidents, **Physical assault** remained the most common type of GBV reported in Q1 2024, accounting for (49.5%) of the incidents reported under the GBVIMS, similar as in 2023, followed by **Psychological/Emotional abuse** (22.7%) and **Denial of resources** (17.2%).

Sexual violence accounted for around 9.9% of the reported in Q1 2024 (**Rape** for 5.3% and **Sexual assault** for 4.6%) and is increasingly being reported in Q1 2024 (8% in Q4 2023). While this increase may be due to increased reporting, this particular type of GBV was confirmed by field GBV actors to be severely under-reported.

Although the % of reported sexual violence and rape incidents remained comparatively lower (at 5.3%) than Physical assault (49.5%), it is still worth noting that there was an increase of reported rape incidents in Q1 2024 as compared to the quarterly average reported incidents in 2023. This include marital rapes as well as extra-marital incidents.

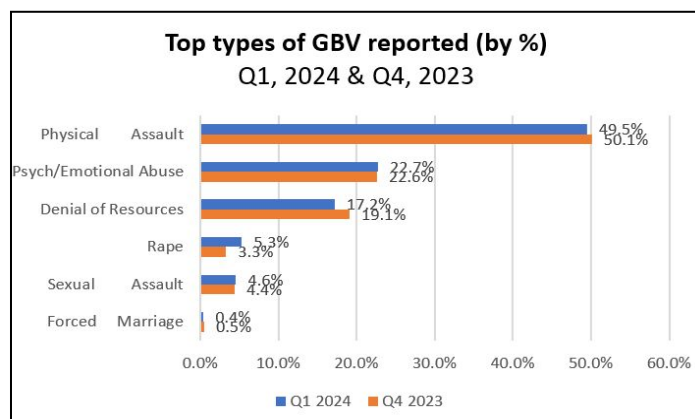


Figure 2: Overall GBV trends perception by GBV Camp Focal Points (CFP) in Q1, 2024

By case context, of all reported incidents in Q1 2024, **74.8% are of Intimate Partner Violence (IPV) nature (compared to 76.3% in Q4 2023)**, regardless of the classification above. GBV CFPs reported that there's an observed increase in IPV in most of the camps, associated with all forms of violence, ranging from sustained physical assaults, marital rapes, and denial of resources.

In Q1 2024, Intimate Partner Violence (IPV) constituted **74.8%** of all reported GBV incidents, similar to Q4 in 2023 (76.2%). **Child sexual abuse is 3.5%** while Harmful traditional practices is **1.7%**.



99.5%
Female



0.5%
Male



93.8%
Adults
(18yrs+)



6.2%
Children
(0 – 17yrs)

LOCATIONS OF REPORTED GBV INCIDENTS & PERCEPTION FOR SAFETY IN CAMPS

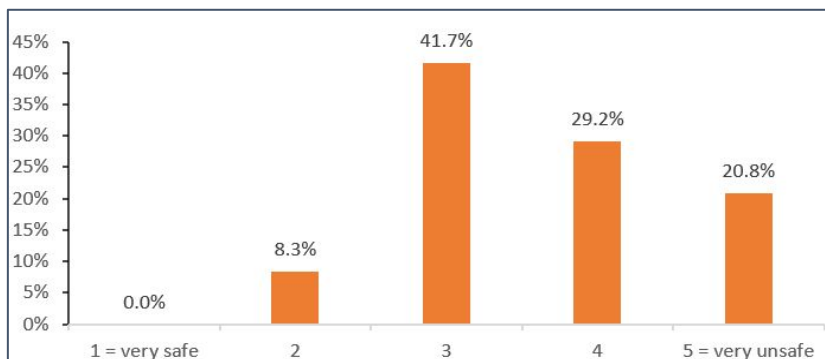
Regarding women and girls' perception of safety and security in the camps, GBV CFPs from **more than 50% of the camps** surveyed indicated that **women and girls are feeling unsafe or very unsafe in the camps in Q1, 2024**. Recruitment of men and boys has created an unsafe and insecure situation for women and girls as they are left alone and then at risk of being targeted by members of armed groups increasing fear and raising risk of psychological trauma. One GBV CFP shared that a woman reported to a GBV field case managers that, "... We are feeling very unsafe now that there are no male members in the household. When there are no men in the house, we are constantly being harassed and threatened by community members or outsiders that come into the camp at night" Women also reported increased fears of forced and child marriage in the absence of male family members.

It is very evident that the **survivor's residence** and the **perpetrator's residence** represent the highest among all reported incident locations. GBV CFPs stated that this can be attributed to economic and security reasons. Due to insecurity and fear of recruitment, there is an increasing trend of movement of men between camps and outside of camps. This movement tends to cause multiple intimate relationships and marriages as well as female-headed households, resulting in persistently high percentages of all types of GBV reported. For example, women who are left behind are then at risk of experiencing heightened protection risks.

Since men are in hiding, women must increasingly collect food and NFIs and are reporting increased exposure to sexual harassment and exposed risk to sexual violence on their way to markets and other sites and service facilities. Female field staff and volunteers report increased cases of harassment, threats, and violence. As a result many staff and volunteers have had to decrease or halt outreach activities and can therefore not discriminate critical messages to women and girls. This is compounded by reports that women and girls are not accessing services, fearing violence and that even when they do they fear unsafe disclosing GBV or other protection incidents.

Locations	Q1 2024	Q4 2023
Survivor's Residence	90.3	91.6%
Perpetrator's Residence	3.7%	3.1%
Street / Pathway	2.2%	1.8%
Friend or Relative's Residence	0.9%	0.9%
Water point	0.6%	0.6%
Hotel	0.6%	0.0%
Bathing Facilities	0.4%	0.5%
Public toilets/latrines	0.3%	0.4%
Bush	0.2%	0.1%

Fig 3. Women and girls' safety perception scale on camp security due to the recent security situation changes, according to GBV Camp Focal Points, by % of camps (1 = safe, 5 = unsafe)



ALLEGED PERPETRATOR'S OCCUPATION

The top 5 occupations of the alleged perpetrators as reported in GBVIMS are: **laborer (35%), unemployed (34.9%), business owner/ salesman (8.2%), driver (6.3%), and others (3.4%)**. Therefore, perpetrators either with unemployment status¹ or daily wage earners represent the highest among all parameters in this context. The perpetrators' occupation is interrelated with the lack of income-generating opportunities and services. Being the breadwinner, this situation instills frustration and anger among men and increases risks for GBV. FGDs found that men move to other cities or countries for livelihood purposes, leaving their wives and families behind in the camp. Since female-headed households are more at risk of experiencing violence by other men, this increases protection risks. Furthermore, FGDs hinted that a lack of livelihood opportunities contributed to substance abuse and drug trafficking resulting in increased intimate partner violence and other forms of GBV.

SEXUAL VIOLENCE, INCLUDING RAPE INCIDENTS

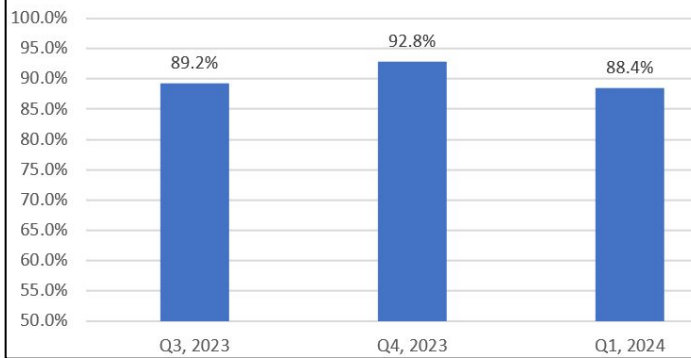
DGOs also reported that **sexual violence continuously remains underreported** and amongst all, rape is presumably higher than reported. Communities reported that adolescent girls and unmarried women are most at risk and that marital rape is quite high. To mitigate risk of pregnancy, HIV, and othe sexually transmitted diseases (STDs), continuous awareness raising on clinical management of rape (CMR) services with men and women and particularly parents remains. Moreover, FGDs with GBV Camp Focal Points also revealed that community leaders including majhis and imams are taking bribes from the perpetrators to mediate rape cases between survivors' families and perpetrators which subsequently results in reparation and forced marriage. There were concerns flagged by GBV field actor key informants that at night, criminal groups were reportedly breaking into houses at night and may have perpetrated sexual violence. These reports also mentioned urvivors threatened with retaliation if they were to report.

1. Rohingya volunteers in the camps who receive stipends for regular/ ad-hoc supports are counted as "labor" so unemployed here refers to those that are not volunteers

Rape reported & referred within 72H critical window

For all rape incidents reported within 72 hours in which survivors consented to CMR referral, **88.4% were referred and treated within the 72 hour critical window**. This means the large majority of survivors were able to access lifesaving CMR services to prevent HIV transmission, provide emergency contraception, and ensure that survivors are able to access full GBV CM services including MHPSS care early on, ultimately improving their recovery outcomes.

Fig 4. Percentage of rape incidents reported within 72 hrs treated/ referred within the 72 hrs critical window.



Emerging GBV risks

In addition to the types of GBV reported in the GBVIMS, the GBV camp focal points (CFPs) across the camps also reported multiple emerging GBV threats for women and girls in the Rohingya communities in Q1 2024 in relation to the worsening security crisis.

Activity of Armed Groups and Organized Groups within Bangladesh

GBV CFP FGD indicated that women and girls are feeling extremely insecure especially at night due to armed groups and organized groups' activities, and that the threats of potential harassment, physical violence, sexual violence, and kidnapping are high. Comments from GBV CFP FGD participants indicate left-behind women and girls and especially adolescents fearing these groups are at increased risks of forced marriages imposed by them. These groups target female headed households at night, asking for money and at time subjecting them to physical abuse. Children of female-headed households are also targeted by criminal groups and threatened with forced recruitment

According to statements from GBV actors, incidents of rape are increasing and there are increased concerns that organized groups are perpetrators. Claims of organized group members soliciting money and goods were reported by GBV CFPs. Additionally, beneficiaries unable to participate in night patrolling are extorted for money. GBV actors flagged concerns that failure to pay could result in sexual abuse of female members of their households.

Armed group recruitments for youth and intensified GBV threats for women and girls

Since January 2024, the escalation of the armed conflicts on the Myanmar border has resulted in intensified protection risks for all members of the Rohingya communities. Recruitment directly contributed to the worsened safety situation of women, girls and populations with diverse vulnerability. With the threats increasing, many youth left the camp due to fear for armed group recruitments, leaving their female counterparts behind, further worsening women and girls' vulnerability. GBV camp focal points reported that women and girls are threatened of rape and other types of GBV by the armed groups and organized groups if their male partners and family members refused to be recruited. Field protection monitoring channels are reporting, recruitment of men and boys into armed groups and organized groups and that these groups particularly target Rohingya volunteers with a certain level of education and skills. Informants indicate these groups want good "talents" with good communication skills. Reports indicate that they target volunteers because they have a "stipend/salary."

Sustained and complicated IPV incidents, with emerging contributing factors: gambling and substance use

Complicated incidents of IPV continued to grow in numbers across the camps. Emerging contributing factors of IPV include the observable increase of internet access, enabling wide-spread online gambling among men in the community. The lack of livelihood opportunities further fuels this phenomenon observed in the camps, contributing to tension, altering household dynamics and escalating domestic violence.

Population groups with increased vulnerability against GBV

Adolescent girls, younger women and female-headed households without a male partner continue to be identified as the most vulnerable population group. GBV CFPs reported that when women are single, left behind, or abandoned by their male partner, they become easy targets for harassment since “there is no man in the household to protect them.” GBV CFPs and other actors indicated hearing many parents worried about and hiding their adolescents girls because the potential threats of rape by organized groups. The GBV specialist key informants indicated that with high rates of IPV and forced marriages, especially for adolescent girls, parents feel that “...in order to ensure an adolescent girl's safety it's better to get her married.” Additionally, according to GBV CFPs during the FGDs, many indicated the intensified risks for single women in the community since “there is no men to protect them, and they are being increasingly targeted by perpetrators in the community or by organized groups.”

Challenges, barriers and response gaps

Severe under-reporting due to fear of threats and retaliation

One of the most commonly mentioned themes from FGDs and KIIs with GBV field actors directly working with women and girls was elevated fear of reporting GBV as most are afraid of reporting the violence.

Barriers to help-seeking behavior for accessing services

Survivors of GBV (mostly women and girls) are deterred from reporting incidents because some authorities ask survivors to identify themselves or provide evidence of the incident. Survivors also fear being investigated or are rejected for assistance and referrals.

GBV CFPs also reported that **majhis** and perpetrators from some camps were threatening to **restrict or manipulate survivors from reporting incidents** to the humanitarian service providers. **Community leaders (including majhis and imams)** were reportedly taking bribes from the perpetrators to intimidate rape survivors and mediate between survivors' families and perpetrators resulting in reparation marriage.

GBV CFPs indicate that women tend not to seek support due to fear, risk of stigmatization, or further harm. They do not want to go to legal and security actors and fear that law enforcement will not consider the safety and security of the survivor. Actors have also been involved in protection incidents

GBV CFPs flagged concerns that survivors of rape are subject to further protection risks when they report the incidents to law enforcement and other community leaders, as they may not be sensitized or trained in GBV survivor-centered approaches and principles, for example breach of confidentiality. Some officers were reported to be causing harassment and survivor blaming. In host communities, informants indicate that the police sometimes request money for legal procedures.

Security as a barrier to service utilisation, school attendance and community participation

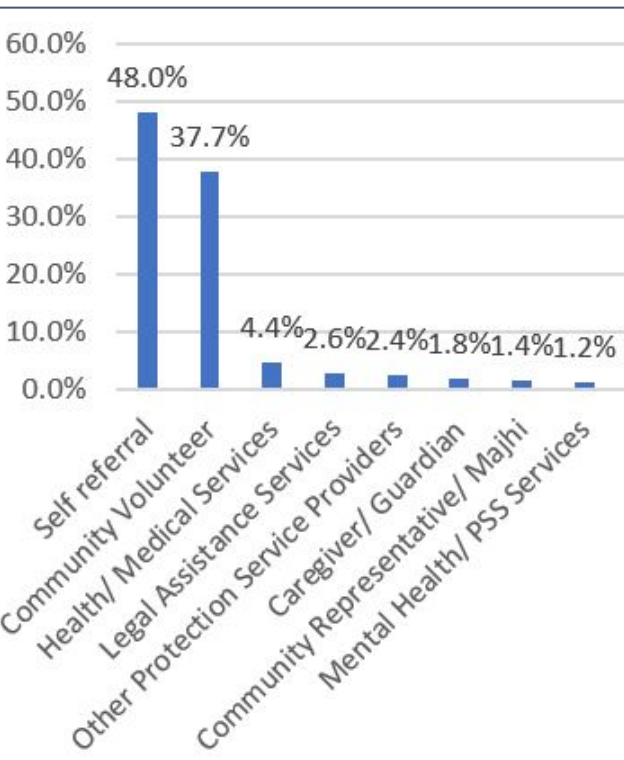
Multiple key informants reported a sharp decrease in the number of women and girls attending Women Friendly Spaces or a reduced hour in attendance simply due to the fear of coming out of their homes or of the security of their family members at home. The same was reported about adolescent centers, where program partners noticed many adolescent boys have dropped out of the curriculum due to the fear of armed group recruitment activities targeting adolescent boys.

Response capacity gaps

Due to camp activity regulations, there's also a lack of services during nights and weekends as referral for certain response services often depend on certain humanitarian actors no itn the camps after dark or on weekends

Response gaps are often created when CiC, APBn, and Mahjis rotate too quickly and due to ongoing high turnover of GBV service provider staff. Such high turnover destabilizes programming making training of rotational staff less effective.

REFERRALS SERVICE PROVISION AND GAPS



The top five sources of referral came from: **Self referral (48%), Community volunteers (37.7%), Health / Medical Services (4.4%), Legal Assistance Services (2.6%) and Other protection service providers (2.4%).**

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

- Case workers recommended that for **17%** of total cases survivors should consider **Safe Shelter services**, out of the cases requiring this service, **1.3%** availed it and **98% declined the services**.
- Case workers recommended that for **79%** of the total cases **Legal Assistance services**, may be an option. Out of the cases **24.3%** of the survivors **availed it** and **75% declined the service**.
- Case workers recommended that for **69%** of the total cases **Health/Medical services**, should be considered. Of these cases **92.1%** received the services and **7.9%** of the survivors **declined the services**
- Case workers recommended that for **13%** of the total cases **Police & Security services** should be considered, out of the cases, **23.8%** received the services and **75.6% of the survivors declined the services**.
- Case workers recommended that for **8%** of the total cases **Mental Health services** should be considered, out of the cases **27.2%** received the service and **71.2% of the survivors declined the services**.
- Case workers recommended that for **4%** of the total cases **Child Protection services** should be considered, out of the cases **21.8%** received and **51.2% declined the services**.
- Case workers recommended that for **63.2%** of total cases **Basic Needs services** should be considered, out of the cases **94.8%** received, **3.9% declined the service** and **1.3% did not receive due to unavailability**.

Among all the onward referrals, the high rate of declining services is respectively safe shelter, legal assistance, police, & security services. Survivors tend to decline services due to several factors; for example, receiving permissions for some of these services can be lengthy and complex. Additionally, as only survivors can know whether and when it is safest and best for them to leave abusive relationships many choose to remain in these relationships. 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 with the health service centers and perhaps this shows that these facilities need to be adapted further so that survivors can feel comfortable accessing the services.

The GBVIMS factsheet is a quarterly product produced by the GBV Sub-Sector, Cox's Bazar. For any queries, please reach out to the GBV Sub-Sector team with the contact information below:
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Rohingya Response Webpage: <https://rohingyaresponse.org/sectors/coxs-bazar/protection/gender-based-violence/>

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Organizations contributing to GBVIMS in Cox's Bazar

The GBVIMS statistics shared are 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 (15 out of 57 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. Qualitative information has been provided through use of interviews with key informants in order to triangulate IMS statistics. 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/sector. Failure to comply with the above would result in revoking pre-approved data sharing/ or refusal of future requests for data.