

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 field actors, Camp Focal Points (GBV CFP) and various stakeholders in the 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 Q2, 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

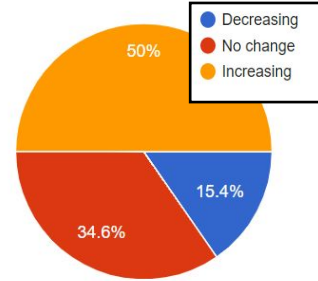
- In Q2 2024, overall reported GBV incidents **decreased by 6%** compared to Q1 2024.
- **86.2%** of the survivors are Married; **8%** are Single; **3.6%** are divorced and **2.2%** are widowed.
- **74.3%** of reported incidents are prior survivors.
- **40.6%** incidents reported at Evening/Night, **30.6%** in the Morning and **28%** in the afternoon.
- **10.4%** of reported incidents are of Sexual Violence.
- **73.8%** of reported incidents are perpetrated by intimate partners; **9.9%** by family other than spouse or caregiver; **8.2%** by family friend / Neighbor; **2.3%** by primary caregiver/ parent
- **0.6%** survivors are living with disabilities.
- **77.4%** of the survivors are Refugees & **22.5%** are Host communities.
- Perpetrators Age:
26-40 years old – **63%**;
41-60 years old – **17.7%**;
18-25 years old – **17.9%**.
- Perpetrators numbers:
1 perpetrator: **85.4%**;
2 perpetrators: **9%**;
3 perpetrators: **3.3%**;
more than 3 perpetrators: **2.3%**

GBV INCIDENTS IN Q2 2024

In GBVIMS, Q2 2024 has observed a **6%** decrease in reported GBV incidents compared to Q1 2024.

However, upon triangulation with the GBV Camp Focal Points' (CFP) quarterly field perception survey results from direct field observations, **50%** of GBV CFPs (across 33 camps) perceived that overall, GBV increasingly occurred in their respective response sites, **34.6%** observed that the situation remains similar, while **15.4%** noted it has decreased in the past three months. Partners indicated that the decrease of reported incidents in GBVIMS may be due to service/ reporting barriers derived from the intensified security situations in the camps.

Fig. 1: Overall GBV trends perceived by GBV Camp Focal Points (CFP) in Q2, 2024



TYPES OF GBV INCIDENT: most commonly reported types in GBVIMS

By types of GBV incidents, **Physical assault** remained the most common type of GBV reported in Q2 2024, accounting for (**50.6%**) of the incidents reported under the GBVIMS, similar as in Q1 2024, followed by **Psychological/Emotional abuse (22.5%)** and **Denial of resources (16.2%)**.

Sexual violence accounted for around **10.4%** of the reported in Q2 2024 (as compared to Q1 2024 (**9.9%**)), comprising of **Rape for 5.8%** and **Sexual assault for 4.6%**. 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, this include marital rapes as well as extra-marital incidents.

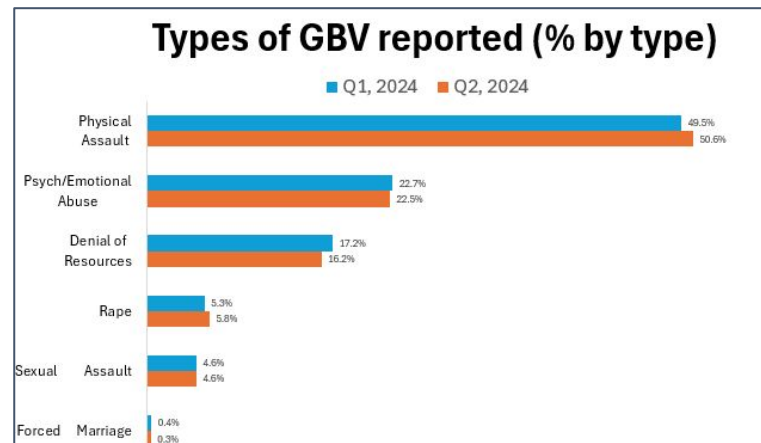


Figure 2: Types of GBV reported (by %) under GBVIMS in Cox's Bazar, Bangladesh

By case context, of all reported incidents in Q2 2024, **73.8% are of Intimate Partner Violence (IPV) nature** (compared to 74.8% in Q1 2024), 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. As aligned with the GBVIMS incident records, **86.2%** of the survivors are Married; **8%** are Single; **3.6%** are divorced and **2.2%** are widowed.

Of all reported incidents, refugees comprised **77.4%** of the incidents, while **22.5%** of incidents are reported by the Host community.

In Q2 2024, Intimate Partner Violence (IPV) constituted **73.8%** of all reported GBV incidents, similar to Q1 in 2024 (**74.8%**). **Child sexual abuse is 4.2%** while Harmful traditional practices is **1%**.



SAFETY PERCEPTIONS and LOCATIONS OF REPORTED GBV INCIDENTS

Safety perception in camps

Regarding women and girls' perception of safety and security in the camps, GBV CFPs from **more than 64.6% of the camps** surveyed indicated that **women and girls are feeling unsafe or very unsafe in the camps in Q2, 2024.**

Heightened protection risks: kidnapping, abductions, thefts, assaults, robberies

In addition to the insecurity associated with the recruitment of men and boys on the border since Q1 2024, in Q2 2024 GBV partners reported that **kidnapping, abductions** and the continued high incidence of **thefts, assaults or robberies** in the Rohingya camps posed increased threats and fear to the community, including women and girls.

From the KIIs, the locations with perceived safety concerns by GBV CFPs include:

- **Public "hubs"/ marketplaces ((Macha Ghor) with men and boys gathering** are also flagged by women and girls as locations they feel very unsafe in the community.
- **Water points, public latrines** are also reported by women and girls through GBV CFP to be sites of security concern across the camps, including risks of peeping, videotaping, harassment and blackmailing among others.
- **Lack of lighting** in the camps makes it additionally unsafe at night especially for women and girls. These are caused by deliberate destructions of lamps and insufficient repair / maintenance.

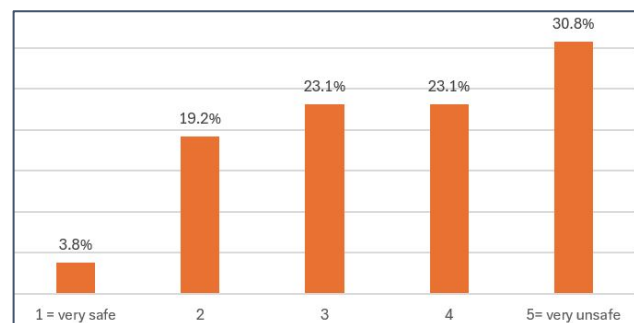
Locations of reported GBV incidents

Survivor's residence and the **perpetrator's residence** remains the highest among all reported incident locations since 2023. GBV CFPs stated that this can be attributed to economic and security reasons. As for public spaces, 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 also continued to report cases of harassment, threats, and violence. 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.

Fig 3. Locations of reported GBV incidents in GBVIMS

Locations	Q1 2024	Q2 2024
Survivor's Residence	90.3	90.7%
Perpetrator's Residence	3.7%	3.1%
Street / Pathway	2.2%	2%
Friend or Relative's Residence	0.9%	0.9%
Water point	0.6%	0.7%
Hotel	0.6%	0.5%
Bathing Facilities	0.4%	0.2%
Public toilets/latrines	0.3%	0.3%
Bush	0.2%	0.2%

Fig 4. Women and girls' safety perception scale on camp security due to the recent security situation changes in Q2 2024, according to GBV Camp Focal Points, by % of camps (1 = safe, 5 = unsafe)



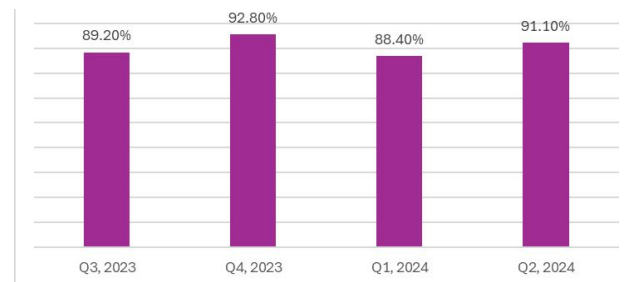
ALLEGED PERPETRATOR'S OCCUPATION

The top 5 occupations of the alleged perpetrators as reported in GBVIMS are: **laborer (36.2%), unemployed (35.2%), business owner/ salesman (8.2%), driver (5.8%), 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.

Rape reported & referred within 72H critical window

For all rape incidents reported within 72 hours in which survivors consented to CMR referral, **91.1% were referred and treated within the 72 hour critical window in Q2, 2024.** 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.

Fig5. Percentage of rape incidents reported/treated within the 72H critical window



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

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 Q2 2024 in relation to the worsening security crisis.

Organized groups and crimes against Rohingya women and girls: forced marriages, abductions and rapes

Women and girls are feeling extremely insecure due to armed groups and organized groups' activities, and the threats of potential harassment, physical violence, sexual violence, and kidnapping are high.

- **Abduction of women and girls:** GBV field actors received reports of women and girls being kidnapped/ abducted to host communities. Incidents of rape perpetrated by organized groups are increasing, indicated by many GBV CFPs in Q2 2024. In fear of the organized groups' power in the community, these forced marriages, abductions and rapes remain unreported to GBV service providers / field administration.
- **Host community involvement:** In Q2 2024, GBV CFPs increasingly reported GBV perpetrated by the host community against Rohingya women and girls, for instance, partners reported that more and more men from the host community are married to young Rohingya refugees.
- **Armed Groups/ Organized Groups within Bangladesh, the recruitments for youth and intensified GBV threats** Continuing from Q1 2024, 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.
- **kidnapping and abduction by armed groups** is high in Q1-Q2, 2024. With the threats increasing, many youth left the camp due to fear of armed group recruitments, leaving their female counterparts behind, further worsening women and girls' vulnerability. Left-behind women and girls and especially adolescents are at increased risks of forced marriages imposed by them, according to GBV CFP FGD participants.

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

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.

- **Unemployment:** widespread reducing labor/economic opportunities in the camps led to idling and altered household dynamics, contributing to more risks for IPV in the households.
- **Polygamy:** 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 persistent GBV.
- **Gambling:** GBV CFP reported that a large number of men and adolescents are getting addicted to online gambling, leading to neglect of their family, beating, motivation for theft, and taking gold from the household.

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.

- Female-headed households are at greater risk in the camp. KIIs from field actors revealed many cases of organized group members forcefully enter the female-headed households, imposing threats and committed crimes, including abductions, sexual violence and forced marriages.
- Adolescent girls who are unmarried are targeted by members of armed groups. These members propose marriage to the girl's family. If the family does not agree to give their daughter in marriage to the members of the armed group, they forcibly abduct the girl into marriage, sexually violence or rape.

Persons living with disabilities experience higher rates of abuse and violence due to dependency, isolation, and stigma.

In Q2 2024, GBV CFPs reported additional barriers and challenges for persons living with disabilities in the Rohingya camps

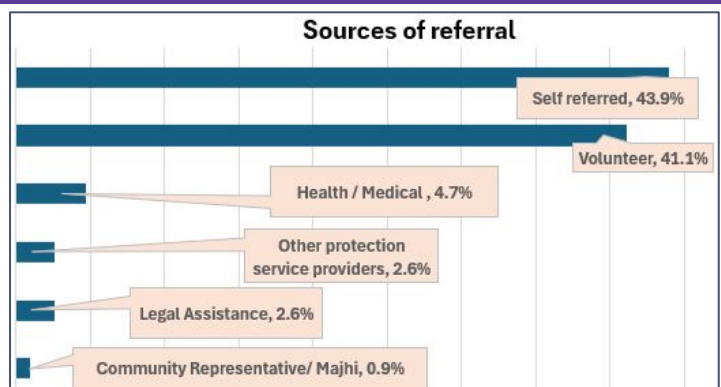
- Barriers in accessing services, such as public tube wells and latrines, that are often built on hilly sites prone to landslides and no disability friendly access.
- Discrimination and extortion: persons with disabilities are reportedly being asked by Majhis to receive requested services. They also face challenges to get the support service lack of empathy from the community and families.

Emerging / existing response gaps

- Quality and continuity risks due to shrinking resources - staffing for firewalled activities:**
 With funding shrinkage over the years in the Rohingya protracted crisis, GBV partners are increasingly reporting challenges in maintaining sufficient amount of staffing for firewalled activities, such as GBV case management. 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.
- Coordination gaps with with field administration staff: CiC, APBn, Majhis**
 Response gaps are often created when CiC, APBn, and Majhis 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.
- Access to legal services and safe shelters**
 GBV CFPs continued to identify the insufficiency of legal services, as well as the legal limitations for Rohingya refugee survivors to be a lasting challenge that contributed to unresolved GBV cases. Safe shelter spaces remain inadequate at times of increased cases who require safe shelters, particularly for survivors who identify as Gender Diverse Populations or male survivors.

REFERRALS SERVICE PROVISION AND GAPS

Among all incidents reported in Q2, 2024, the top sources of referral came from: **Self referral (43.9%), Community volunteers (41.4%), Health / Medical Services (4.7%), Legal Assistance Services (2.6%)** and **Other protection service providers (2.6%), Community Representatives / Majhis (0.9%)**.



Case workers recommended in **18%** of them that **Safe Shelter services** should be considered; out of the incidents requiring this service, **1%** availed it and **99% declined the services**.

Case workers recommended that for **71.7%** of the total incidents **Legal Assistance services** may be an option. Out of these, **20%** of the survivors **availed it** and **80% declined the service**.

Case workers recommended that for **42.7%** of the total incidents, **Health/Medical services** should be considered. Of these, **88.6%** received the services and **11.4%** of the survivors **declined the services**.

Case workers recommended in **13.6%** of the total incidents that **Police & Security services** should be considered, out of these, **22%** received the services and **78% of the survivors declined the services**.

Case workers recommended in **13.4%** of the total incidents that **Mental Health services** should be considered, out of these, **13.4%** received the service and **86.6% of the survivors declined the services**.

Case workers recommended in **2.8%** of the total incidents that **Child Protection services** should be considered, out of which **7%** received and **93% declined the services**.

Case workers recommended in **4.4%** of total incidents that **Basic Needs services** should be considered, out of which **27.3%** received, **72.7% declined the service** and **0.9% did not receive due to unavailability**.

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

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: **GBV Sub-Sector Interim Coordinator:** Sachchi Karki skarki@unfpa.org ; **GBV Sub-Sector Information Manager:** Pei-Chieh Tseng tseng@unfpa.org
Rohingya Response Webpage: <https://rohingyaresponse.org/sectors/coxs-bazar/protection/gender-based-violence/>

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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.