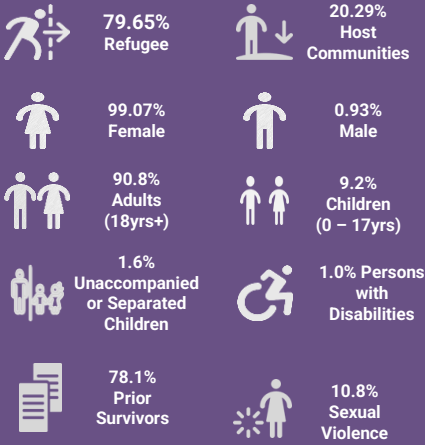


Methodology & Data sources: The result of GBVIMS data analysis is presented here through triangulation with Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and Perception Surveys with GBV field actors, Camp Focal Points (GBV CFP) and various stakeholders in the camps and host communities. Data sources: (i) **GBVIMS Incident Recorders** from 14 Data Gathering Organizations (DGOs), (ii) **GBV Perception survey:** KI survey responses from GBV CFPs across 33 camps, (iii) **GBV risk monitoring FGD/KIIs (with GBV CFP and case workers):** Service provider FGD & KIIs from actors across 33 camps and host communities.

SURVIVORS' STATISTICS

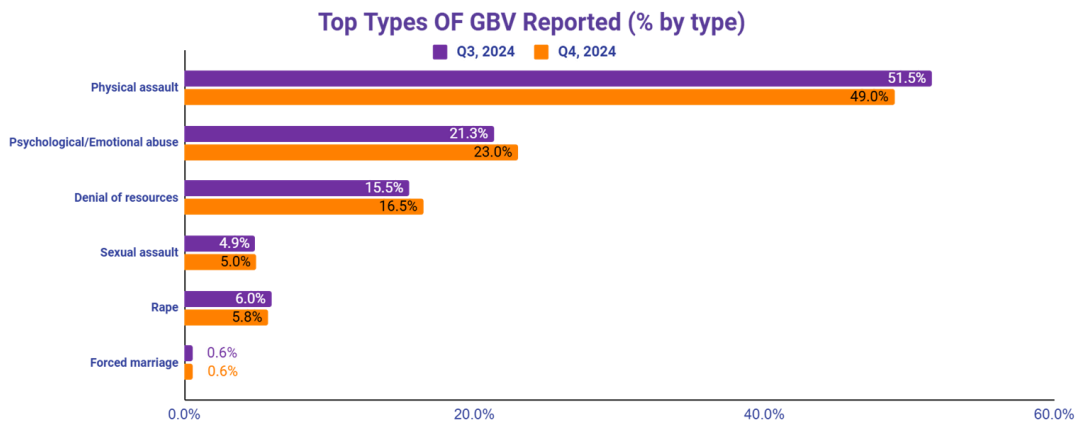


KEY INSIGHTS

- In Q4 2024, overall reported GBV incidents increased by 2.70% compared to Q3 2024.
- 0.2% decrease in Rape reported in comparison to Q3 2024.
- Of all reported rape incidents, 44.2% were reported within 72 hours of the incident. Survivors who consented to CMR referral, 92.06% were referred and treated within the critical 72-hour window in Q4 2024
- 84.6% of the survivors are Married; 9.3% Single; 3.2% divorced and 2.7% are widowed.
- Perpetrators Age: 26-40 years old – 65.1%; 41-60 years old – 16.8%; 18-25 years old – 15.4%
- Overall GBV trends perceived by GBV CFPs in Q4, 2024: Increasing– 48.78%.

GBV INCIDENTS IN Q4 2024: Most commonly reported types and context in GBVIMS

Figure 1: Types of GBV Reported and Case Context (by %) under GBVIMS in Cox's Bazar, Bangladesh



In Q4 2024, the most commonly reported types of gender-based violence (GBV) incidents are physical assault (49%), psychological/emotional abuse (23%), and denial of resources (16.5%). The percentage of sexual violence stands at 10.8%, comprising rape (5%) and sexual assault (5.8%), which is almost similar to the previous quarter. In terms of the context of reported incidents in Q4 2024, Intimate Partner Violence (IPV) accounts for 72.49%, making it the most common type, followed by sexual abuse (3.92%) and harmful traditional practices (2.25%). IPV is prevalent across most camps and is associated with issues such as the insecurity, lack of livelihoods, including polygamy and displacement.

RAPE REPORTED & REFERRED WITHIN 72 HOURS CRITICAL WINDOW

Fig 2. Time Between Incident and Report Date (Overall GBV incidents vs Rape incidents)

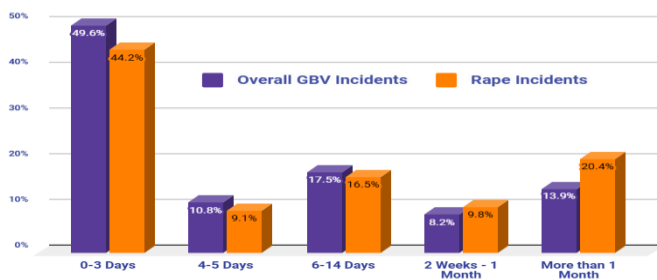
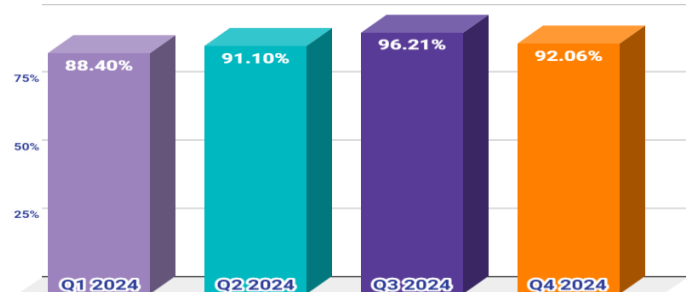


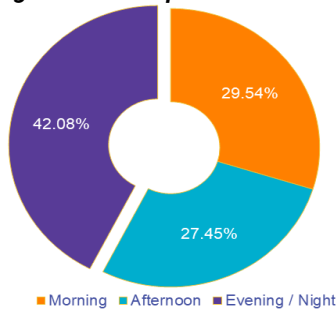
Fig 3. Percentage of rape incidents referred/treated within the critical window, (for cases reported within 72 hours)



A significant 92.06% of these cases were referred for clinical management of rape (CMR) services within this critical window. However, heightened risks, insecurity, ongoing violence, and fear of GBV incidents deterred 7.94% of individuals from seeking services promptly. This was particularly true for women and girls, who felt unsafe due to the increased presence of organized armed groups in the camps.

TIME & LOCATIONS OF REPORTED GBV INCIDENTS

Fig 4. Time of reported GBV incidents



GBV Community Focal Points (CFPs) from over **46.34%** of the camps indicated that women and girls felt significantly unsafe or very unsafe in the camps during Q4 2024.

Table 1. Locations of reported GBV incidents

Locations	Q3 2024	Q4 2024
Survivor's Residence	91.7%	89.7%
Perpetrator's Residence	2.6%	3.0%
Street / Pathway	2.1%	3.2%
Friend or Relative Residence	0.7%	0.9%
Water point	0.4%	0.3%
Hotel	0.4%	0.6%
Bathing Facilities	0.4%	0.3%
Public toilets/latrines	0.2%	0.1%
Bush	0.4%	0.3%

Survivors' residences continue to be the most frequently reported locations for incidents. Additionally, Public spaces, such as streets, pathways, and marketplaces, have also been flagged as areas of concern due to threats, eve teasing, and bullying. Public latrines, water points, and bathing areas pose risks related to peeping, videotaping, harassment, and blackmail. There is a strong emphasis on enhancing security in the camps, with a focus on high-risk areas and nighttime vulnerabilities. Furthermore, online platforms have emerged as significant spaces for GBV, directly exposing children and adolescents to harm.

ALLEGED PERPETRATOR'S OCCUPATION

Fig 5. Alleged Perpetrator - Survivor Relationship

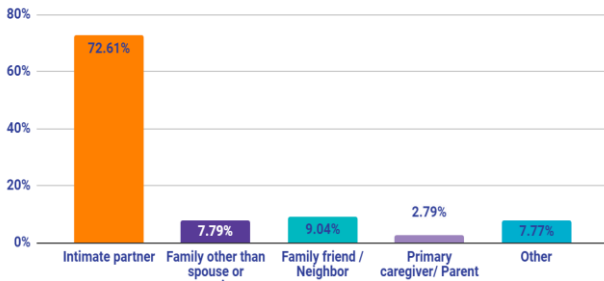
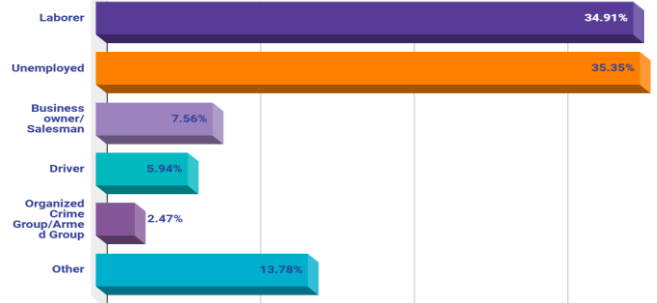
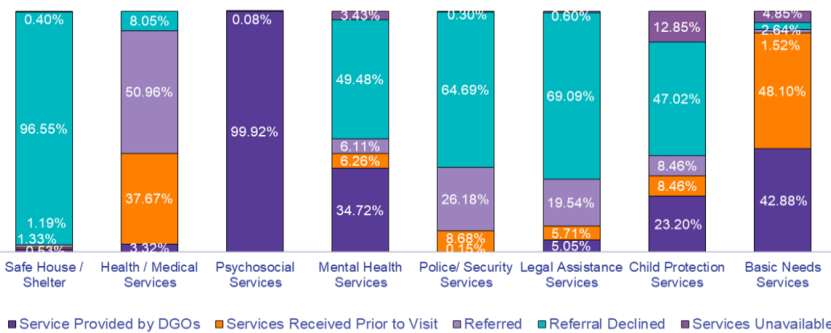


Fig 6. Percentage of the alleged perpetrators' occupations

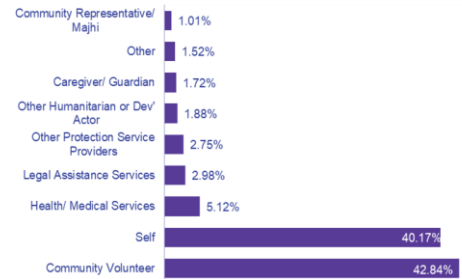


Unemployed individuals and daily wage laborers represent the highest proportion among the perpetrators in this context indicating a close relationship to the lack of income-generating opportunities. Furthermore, FGDs and KIIs indicated that poverty and the absence of livelihood opportunities contributes to trend of substance abuse, gambling or misuse of technology resulting in increased intimate partner violence and other forms of GBV.

REFERRALS SERVICE PROVISION AND GAPS



Sources of Referral



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

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 Coordinator:** Annie Waweru waweru@unfpa.org; **GBV Sub-Sector Information Manager:** Yamuna Shrestha yshrestha@unfpa.org **Rohingya Response Webpage:** <https://rohingyaresponse.org/sectors/coxs-bazar/protection/gender-based-violence/>

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



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 (16 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.