

“...now our husbands listen to us. Husbands take advice from us before doing any work. If we give any suggestion, our husbands accept it.”

- Participant in women's focus-group discussion

What impact has Australian Aid had for Rohingya refugee women and girls?

Over the course of 2020 through to 2023 in the Rohingya Response in Bangladesh, CARE Australia, along with its partners, have delivered programmes to mitigate risks, prevent and respond to Gender-Based Violence (GBV). This has been achieved through support from the Australian Humanitarian Partnership (AHP) (1). These programmes have delivered specific interventions and services including community-based protection committees, GBV awareness sessions, safe spaces for women and girls and comprehensive GBV case management including counselling and referrals.

In March 2023, staff from a number of AHP funded agencies conducted a series of focus-group discussions in the refugee camps of Cox's Bazar, with both men and women-only groups. These conversations allowed us to better understand community perspectives around gender-based violence. Through unpacking the complexity of the issue in these discussions and combining with our programme insights, our aim was to better understand how services have functioned in mitigating risks, preventing and responding to gender-based violence together with refugee communities and how they can be improved.



Amidst cutbacks to aid, violence against women is normalised

“We are not able to meet our needs with the food that we get from WFP. As a result, there is scarcity and chaos in our family.”

- Participant in men's focus-group discussion

With donor funding shrinking, resulting in significant cutbacks to aid in the camps – refugees are increasingly feeling the pressure (2). In lieu of any other legal means to earn a living, the psychological burden of providing for one's family, was palpable in our conversations with the refugee community. Further, they conveyed that violence committed by a husband against his wife in the home, was a common part of daily life. With this backdrop of cutbacks to aid and resulting pressures of survival, community members felt that an increase in gender-based violence could only be expected. All aid agencies are required to leave the refugee camps at 3pm each day, meaning that a protection response must in practical reality rely on community-led structures to ensure protection for women and girls.

Refugees we spoke with noted the deeply-held cultural norms which exacerbate the challenge of gender-based violence. Particularly those which dictate that wives, particularly in the early years of the marriage, have very little decision-making power in the home. This is combined with prevailing cultural practices around payment of dowries, despite its prohibition under Bangladeshi Law. As is well-established, payment of dowries leads to an asymmetry of power in marriage and often leads to indebtedness and abuse.

The groups of men and women we spoke with both agreed that an additional key driver of violence in the home was illness. Refugees conveyed that when family members, including children and parents, become unwell, it increases family pressures which often result in violence. This pressure is only compounded by a noticeable rise in disease across the camps, including scabies outbreaks and a rapid increase in dengue fever. The community members we spoke with noted that recent reductions in health services within the camps were resulting in increased anxiety within households. More broadly, the UN has noted that further aid cuts will result in higher malnutrition rates and further deterioration of health outcomes for refugees (3).

(1) Outcome 1: Basic needs: Rohingya and host communities are safer and live in dignity, with more equitable access to protection and humanitarian assistance. Intermediate outcome 1.2: Improved access to quality protection services that support the safety and wellbeing of affected communities.

(2) In March 2023, the World Food Program (WFP) cut the monthly food vouchers for refugees from USD12 to USD10 per person due to funding shortfall. See:

<https://www.washingtonpost.com/world/2023/03/15/rohingya-refugee-camp-donations-bangladesh/>

(3) See: <https://reliefweb.int/attachments/f7c8c19e-aff2-4a18-b81f-8b2728e3d9cb/UNHCR%20march%202023%20ops%20update.pdf>

Impact through AHP-funded programmes

“Like a car needs petrol to keep moving, we need these messages to change the behaviour.”
- Participant in men’s focus-group discussion

Reducing intimate partner violence

Behaviour-change takes time, with true cultural shifts occurring over the much longer term. Both groups of men and women we spoke with noted that GBV awareness sessions are tangibly helping the community understand that intimate partner violence is not right.

Over the course of the multi-year response, protection interventions for women and girls were mostly targeted through the prism of Safe Spaces in the early years. Forced to flee and carrying the associated trauma of displacement, men conveyed that when they first arrived in the camps in Bangladesh, they would have fierce arguments with their partners. Over time and with greater levels of community buy-in and acceptance, refugees noted that male-specific outreach programs had made a perceptible contribution to overarching behaviour change in the camps. As one focus group participant stated: *“Many families in our community used to quarrel and fight, now it has reduced a lot. Now most of the people know how to maintain peace in the family.”*

Changing the culture of violence at an individual and household level can only be sustained if supported by broader community and camp structures. Community members conveyed to us that in addition to attending awareness sessions, people were motivated to take action. As one focus group participant stated: *“If there is violence between a husband and wife, we go to Majhi [Rohingya community leader]. If the Majhi can’t resolve it then we go to Camp-in-Charge [Bangladesh Government official]. Domestic violence has reduced a lot.”*

In previous years, instances of family violence were perceived as a personal matter, to be resolved privately within the family. With sustained effort to raise awareness and action, many conveyed to us that it is now common practice to report instances of violence to both community and formal authorities. A number of respondents outlined that while positive behaviour change had been achieved, they thought this was due to the ongoing consistency of awareness sessions and case management. They felt that the moment this stops, rates would go up again. This echoed their experience during COVID restrictions when agencies were unable to enter the camps.



The enduring threats for women and girls

“We are taught numerous things upon arriving here [in the camps], including not to send our older girls somewhere unaccompanied, and not to go out alone at night, and before leaving the house, to inform the rest of the family.”
- Participant in women’s focus-group discussion

Rohingya refugee women and girls are vulnerable not only to violence in the home, but also what was universally conveyed to us were stories of harassment and feeling unsafe on the street and in the community. Adolescent girls in particular identified sexual harassment, known as ‘eve teasing’, as being a key contributor to feeling unsafe outside of the home. They went on to note that this occurred at all times of day including daylight hours. The work of community-based protection committees has made some women feel more confident to report harassment and speak out against it.

However, despite these notable shifts, addressing harassment and the impacts this has on the confidence and mobility of women and girls, has been challenging to progress. This signals the need for more sustained work to shift social norms, working towards a broader cultural shift. Based on many of our conversations with community members, much of the focus remains on keeping women and girls away from public spaces rather than urging changed behaviour amongst men and boys.

Protecting against a rise in trafficking

Young girls have been the main victims of the human trafficking trade in Bangladesh's Rohingya refugee camps (4). They are most at risk of being sold into servitude, often as domestic workers or into factories. Through AHP-funded GBV and protection programmes, awareness raising sessions were held with the community, highlighting the dangers associated with trafficking and the warning signs to look out for. The community valued these sessions, with one Rohingya refugee we spoke with conveying that *"trafficking was very high, but now it has reduced as the community are more aware about the traffickers' tricks and how to protect themselves."* Certainly, more can be done to strengthen the ongoing linkages between awareness raising efforts and referral mechanisms for identification and legal assistance.

Conclusion and Recommendations

"We didn't know what women's rights were before. But now we know what women's rights are."

- Participant in women's focus-group discussion

Key issues should be considered when taking action to address the safety and concerns of women and girls in the Cox's Bazar camps. This cannot progress without consideration of the broader context of cuts to essential services and support for the Rohingya refugee community by donors and a lack of legal and safe options to work and earn a living. The incredible pressures of providing for a family and keeping them in good health are key drivers for violence in the home. Interventions to respond to GBV do not occur in a vacuum.

We know that women and girls pay a heavy price both amidst humanitarian crisis and protracted displacement. We know from experience that multi-year funding models allow organisations to focus not just on the immediate lifesaving needs but also on the longer term needs of the vulnerable crisis-affected communities. These are essential to support GBV response, which requires time to build trust, change social norms and build systems for community-led response. Sector-wide processes, practices, donor policies and programming can be better implemented in ways that address GBV.

An anticipated 'protection crisis' requires a protection response rooted in camp realities and the development of community-led structures to ensure protection for women and girls. Continuing with the following programming priorities will ensure gender-based violence in Rohingya refugee communities in Bangladesh can continue to be tackled.

Key recommendations:

- Ensuring the routine inclusion, resourcing, and monitoring of GBV risk mitigation measures across all programming.
- Recognising the complexity and interconnectedness of vulnerabilities; poor hygiene practices lead to increased health issues, which in turn reduces the ability of a family breadwinner to earn an income, which can often lead to intimate partner violence.
- Working with communities to shift patriarchal social norms and address the root causes, exacerbating factors, and impacts of GBV in crises contexts.
- Creating and managing safe spaces for women and girls.
- Providing appropriate gender and age-sensitive sexual and reproductive health in emergency services including, where possible, the clinical management of rape.
- Engaging men and boys to prevent and address GBV in their communities.



(4) See: https://www.iom.int/sites/g/files/tmzbd1486/files/documents/iom_human_trafficking_case_data_analysis_-_rohingya_2.pdf