

TALKING RESPECTFULLY AND EFFECTIVELY ABOUT GENDER-BASED VIOLENCE IN ROHINGYA COMMUNITIES

Rohingya tell humanitarians: raise awareness and promote community action

Summary: what you absolutely need to know

1. Refugees rely on humanitarians to learn about gender-based violence (GBV) and get help when it occurs¹. Rohingya people find much of the information shared in awareness sessions new, interesting, and helpful. They appreciate facilitators who teach them why GBV is problematic, provide guidance on reducing violence in the camps, and explain case support services. Community members tend to be more satisfied with awareness-raising activities than with the support and services they receive to address GBV cases, which can be slow, ineffective, or even cause additional harm to victims. GBV cases are sometimes referred by humanitarians to government authorities and legal service providers, and the roles and responsibilities of these different responders can be unclear to Rohingya community members.

2. Communication practices hinder the effectiveness of GBV services. Interpreters are not always present when humanitarians and camp residents talk about GBV, causing frustration and misunderstanding. Awareness sessions are sometimes conducted in places that are inaccessible to women, and people hesitate to join sessions with mixed groups of male and female participants. Staff of humanitarian organizations do not always communicate in a culturally appropriate manner, and seem to deprioritize building trust and relationships, which affects refugees' willingness to approach them about cases.

3. The Rohingya community wants humanitarians to do more to tackle GBV. Many Rohingya see GBV as a serious social problem. Despite their concerns about existing services and communication by humanitarians, they want humanitarian organizations to strengthen current activities and expand their programming. The community turns to humanitarians and other outsiders to deal with complex and serious cases that cannot be addressed by families and community members on their own.

4. Rohingya people prefer to address GBV cases within their community when possible. Refugees feel that some GBV cases do not require the support of humanitarians. Unless medical, protection, and legal support services are needed, people generally prefer issues to be handled by community leaders such as religious leaders, majhi, and community-based organizations (CBOs) rather than by outsiders. Leaders and ordinary people want training that improves their ability to address GBV in the camps without relying on humanitarians. They doubt that GBV can be mitigated by humanitarians without closer community engagement and better coordination with leaders.

¹ The Government of Bangladesh refers to the Rohingya in Bangladesh as "Forcibly Displaced Myanmar Nationals (FDMN)." The United Nations refers to this population as Rohingya refugees, in line with the applicable international framework; this is also how they refer to themselves. In this document, both terms are used, as appropriate, to refer to the same population.

Recommendations for humanitarians

- Try to provide all **information and services to address GBV in Rohingya**, either directly through a Rohingya volunteer or through a Bangladeshi staff member working with a Rohingya interpreter.
- Ensure that staff who interact with camp residents consistently **use field-tested terminology in Rohingya or Chittagonian**, using TWB's glossary as a starting point.
- Avoid **mixed-gender interactions** when discussing GBV with the Rohingya community.
- Use a **combination of visual and spoken forms** of communication to improve understanding about GBV.
- Respond to refugees' **requests for training on topics related to GBV** and support them to build the skills needed to serve as community-level resource persons.
- Improve community relationships by ensuring that staff **understand and respect Rohingya culture** and build trust and personal connections with individual community members.
- Collaborate **with and train Rohingya stakeholders** who already engage with other community members on GBV, including religious leaders, CBO members, and *majhi*.

GBV affects one in four women, but their experience of GBV programs isn't well understood

Over 900,000 Rohingya refugees/FDMN now live in the camps of Cox's Bazar, Bangladesh. Many rely on humanitarian organizations to share information, raise awareness, and address protection issues. GBV affects many camp residents. A 2020 study found that one in four Rohingya refugee women have suffered GBV². While GBV against men and boys is rarely reported, levels are believed to be higher than the data suggests. Intimate partner violence is the most common form of GBV in the camps. There are also high rates of child and forced marriage, trafficking, sexual exploitation, verbal and mental abuse, rape, sexual assault, and harassment.

Humanitarians are tasked with communicating effectively with the Rohingya community about GBV, but little research has been done to understand whether community members are satisfied with current programming. This study by Translators without Borders (TWB) aims to fill this gap by learning about Rohingya people's perceptions and recommendations for humanitarians.

Topics explored during the study included:

- Anecdotes about discussing GBV with humanitarians.
- Level of satisfaction with past interactions.
- Feedback on GBV communication by humanitarians.
- Experiences engaging with non-humanitarians about GBV.
- Requests and recommendations that humanitarians should consider when developing programs.

Many camp residents have talked about GBV with Bangladeshi staff and Rohingya volunteers who work for UN agencies and NGOs. UN agencies mentioned by participants included UNFPA, UN Women, and UNHCR. NGOs mentioned included BRAC, Technical Assistance Inc. (TAI), Action Aid and IRC. Participants also spoke of the One-Stop Crisis Centers (OCC) run by the Government of Bangladesh, which provide a range of GBV case support services. Camp residents are often unsure about the names of the NGOs whose staff they spoke with, as multiple humanitarian organizations work on GBV and staff do not always clearly identify themselves and their organizations. Respondents seemed to use the term "NGO" interchangeably when describing UN agencies, local and international NGOs, and the OCCs. Mentions of specific organizations are redacted in this report.

² International Rescue Committee (2020) The Shadow Pandemic: Gender-Based Violence among Rohingya refugees in Cox's Bazar, <https://www.rescue.org/sites/default/files/document/2247/theshadowpandemicbangladesh.pdf>

Rohingya also talk about GBV with and get help from religious leaders, CBO members, and majhi, the male community members selected by camp authorities to serve as the captains of blocks of roughly 100 households each. Majhi bridge communication between camp residents, humanitarians, and the offices of the Camp-in-Charges (CiCs), the male Bangladeshi civil servants who govern each camp. Some interactions also involve police.

Both women and men find awareness-raising programs helpful and applicable

"We heard very useful information that we had not learned before. I was not so aware of GBV or that it happens all over the world, particularly affecting women. Both facilitators were well trained and we could understand the content."

– Housewife, 37 years old

Respondents unanimously described GBV as the most widespread social problem in the camps and stressed the need for humanitarian programming to address it. A 36-year-old housewife expressed gratitude for existing services that was echoed by multiple respondents: *"We are happy that many NGOs visit the camps and aid our people by providing training and knowledge on GBV."*

Camp residents mainly interact with humanitarians about GBV in two ways: during awareness-raising activities and when seeking support for an incident. Interactions are facilitated by either Bangladeshi staff, Rohingya volunteers, or both together. Although Rohingya cannot legally be hired as staff, they play a crucial role as interpreters and co-facilitators.

Awareness sessions cover types of GBV, its harmful impacts, and ways to get help. Respondents mentioned learning about intimate partner violence, domestic violence, physical punishment, child marriage, verbal and mental abuse, trafficking, sexual assault, and harassment during sessions. Facilitators present these as human rights violations and injustices that cause harm. This framing made participants reflect on the need to mitigate GBV even though some forms are considered acceptable in their society.

People who attended awareness sessions felt empowered to help others, and some had successfully advised individuals suffering violence to report it. A 40-year-old man who is unemployed said, *"The information was very useful for me because it enabled me, a lower-class man in the community, to share what I learned in class with other refugees. Now I can help direct them to the offices of NGOs that work on GBV."* Women who attended sessions enjoyed the opportunity to gather and chat with other women. They appreciated when facilitators had taken the time to talk with them about their lives in addition to sharing information.

Respondents who interacted with humanitarians to get medical, psychosocial, or legal services for themselves or another GBV survivor felt satisfied when there was clear communication and effective support. One person whose neighbor often shouted at and beat his wife referred the case to an organization whose officer counseled the couple and helped them come to an agreement that resolved the problem and prevented the couple from separating.

Refugees call on humanitarians to raise more awareness about GBV and victim support in the camps

Every respondent said that humanitarians should teach more people about GBV and cover more topics. They felt that if enough people understood the harms of GBV, there could be a camp-wide shift away from violence. A 31-year-old male NGO volunteer explained, *“If we knew more about GBV, we believe we would have the potential to reduce violence against anyone in our respective blocks.”* A 28-year-old male community outreach mobilizer added, *“If people understand their own rights and the rights of others, they will think before doing anything wrong or committing GBV because they will be able to be more discerning.”*

Many Rohingya are unaware that victim support is available, so information about services should be shared more widely. When explaining services, it is important for humanitarians to assure that victims’ identities and reports will be kept strictly confidential.

Differing views on approaching some sensitive topics highlight the challenges for humanitarian awareness-raising. Although there were many requests for training that promotes behavioral change, some respondents cautioned against challenging certain norms and practices. One man said he was happy to hear a facilitator advocating against the dowry system, but disagreed with their criticism of child marriage; other men and women saw child marriage as a key issue to address.

A female respondent saw marital issues as a private matter in which humanitarians should not intervene. A 33-year-old housewife said that NGOs should avoid pushing the idea of gender equality. *“If staff talk immediately about girls and boys being equal in all aspects of their lives, this may be too sensitive. We don’t accept this idea of equality from every angle.”* Yet a 37-year-old housewife disagreed: *“I think our fathers, husbands, and household heads need to understand gender equality, which is not always easy for them to understand, but NGOs should work on it gradually, more and more.”* Others said that no topic would be too sensitive if discussed carefully and compassionately.

Some GBV awareness sessions are a model of respectful humanitarian communication

“Because [the female Rohingya NGO volunteer] spoke in Rohingya, we understood well. I realized... that traffickers can definitely take advantage of women on their way to Malaysia and India. It was a helpful and useful topic that I feel I should have known about before... I decided to share something privately with her after the session.”

– Housewife, 42 years old

Many respondents shared positive accounts about learning from Bangladeshi and Rohingya facilitators. Their satisfaction with these interactions was linked to feeling respected by facilitators who spoke formally and politely. Their favorite awareness sessions were those led solely by Rohingya volunteers or co-facilitated by a Bangladeshi staff member and a Rohingya volunteer. Women who participated in sessions led by female Rohingya volunteers described a sense of pride in their professionalism and presentation skills.

Some respondents said they felt more respected by staff working on GBV awareness-raising than in other exchanges with humanitarians. One 30-year-old woman said, *“No one had ever talked to me as peacefully and respectfully.”* A 30-year-old man commented, *“Most refugees, including me, think that we refugees are worth nothing in the eyes of Bangladeshi staff. But I am very satisfied because when I spoke to the staff member, he communicated with me in a very polite and respectful way.”*

Rohingya reject culturally inappropriate communication styles

Although there were plenty of positive reflections, most respondents had also experienced miscommunication when talking about GBV with humanitarians. They criticized interactions where they noticed language and translation gaps, cultural misunderstanding, an improper tone of voice, and rude body language.

Organizations should provide interpreters to reduce misunderstandings and use visual and audio formats to clarify information

"The information was very important to me, but I did not fully understand what they told me. I was ashamed because there were no Rohingya volunteers there to translate."

– Male NGO volunteer, 26 years old

Most interactions where language was a problem were with Bangladeshi staff who did not speak Rohingya or Chittagonian, and were without an interpreter. The resulting misunderstandings caused embarrassment, frustration, and confusion. Respondents blamed this on a failure of humanitarian organizations to send a Rohingya interpreter and to adequately train field staff. One man, who worked on GBV prevention as a staff member of an NGO in Myanmar, thought that participants might suspect that an NGO was inappropriately telling them to change their culture if no Rohingya volunteer was present.

A 31-year-old male NGO volunteer had observed Bangladeshi facilitators trying their best to help participants understand information without an interpreter. He appreciated that they brought placards, banners, and drawings and played audio files to clarify the information. They also attempted to speak in Rohingya, he recalled, but this was awkward. *"Their communication style was respectful but not culturally appropriate because they tried to use Rohingya words and phrases. They didn't pronounce the words correctly and it became really embarrassing."* In another session there was confusion even with an interpreter, he said, because *"the staff used some English words that the interpreter did not understand."*

If a Rohingya interpreter is not available, most respondents thought that the next best option is for a Chittagonian speaker to lead the session, despite differences in the pronunciation and meaning of some words between Rohingya and Chittagonian. The man who worked on GBV prevention in Myanmar said that awareness sessions should be canceled if no interpreter is available because the risk of harm caused by miscommunication would be too great.

But other respondents seemed mostly satisfied with communication with Chittagonian-speaking staff, although differences between the two languages can cause some discomfort. For example, respondents discouraged the use of **tu** and **tura** for "you", which is disrespectful in Rohingya. Instead, they prefer humanitarians to use the formal Rohingya words - **oney** (singular) and **onora** (plural).

Organizations should provide interpreters to reduce misunderstandings and use visual and audio formats to clarify information

"The two female staff] felt superior to us and were just talking down to us like there had been some argument or problem. During the session, one participant left the room because she disliked their rough communication style and behavior."

– Housewife, 33 years old

Participants in awareness sessions feel embarrassed when facilitators use body language that they consider impolite. Respondents shared examples including *"unnecessarily pointing fingers," "using body gestures unsuitable for a facilitator,"* and *"sitting too informally with both legs pointing toward participants."* A 42-year-

old housewife said that the participants and Rohingya interpreters in a session she joined “felt uneasy, but we did not tell [the female staff member] because she would have felt ashamed.”

A humanitarian’s tone of voice greatly affects participants’ satisfaction with interactions. In Rohingya society it is considered good manners to speak softly and not draw attention to oneself. Many respondents said that humanitarian staff and authorities frequently use “rough speech,” talking too loudly and using informal words and terms. Some saw this as a linguistic and cultural difference between Rohingya and Bangladeshis, but some respondents had also heard humanitarians speaking about refugees in derogatory terms.

Gender, language, and location factors affect people’s satisfaction with interactions about GBV

“Only women can fully feel the suffering of women.”

– Housewife and NGO volunteer

Nearly all respondents felt strongly that awareness sessions and GBV services should be segregated by gender. The discomfort that arises in mixed-gender awareness sessions can be so great that, as one 31-year-old female NGO volunteer described, “Some participants could not focus or pay attention to the session because the speaker was male.”

Respondents preferred information to be provided fully in Rohingya, describing confusion when NGO staff speak Rohingya or Chittagonian but using Bangla and English words for specific concepts. “It should not be necessary for us to know English well,” said one respondent. “What we need is to understand the topic in our own language: Rohingya.”

They prefer Rohingya volunteers rather than Bangladeshi staff to teach people about GBV, provided they are well prepared by their organizations. However, people prefer to report a sensitive case to an outsider without another Rohingya person present, even an interpreter, for fear of rumors spreading within the community. When this is a factor, respondents felt the presence of a Chittagonian speaker would be sufficient despite the risk of miscommunication.

“The communication style of the NGO staff was respectful and they behaved so politely. But they taught us by writing on a whiteboard. Unfortunately I am not educated enough to understand what they wrote.”

– Father, 40 years old

Information should be shared in different places and formats to engage the most people. Table 1 lists respondents’ recommendations, including a clear preference for oral and low-text communication. The location of an awareness session determines who can attend and affects participants’ comfort level. Rohingya women rarely enter public spaces, and many are unwilling to venture outside the home at all, even to a nearby shelter, so humanitarians should make household visits to reach the most women. However, they should be aware that it could be unsafe for a woman suffering intimate partner violence to confide in a visitor if her husband is home. A 26-year-old male volunteer had an idea for engaging women that does not seem to have been taken up by humanitarian organizations. He suggested inviting women to the shelters of women who are knowledgeable about Islam and deliver lectures on Fridays:

“If NGOs used those shelters for awareness sessions on other days of the week, I think many women would attend who would not go to other shelters in the block. This is because the women learn Islam at those shelters and know they will be able to maintain their veils and follow Islamic rules.”

Table 1: Respondents’ recommended locations and channels of communication on GBV

Locations	Channels
<ul style="list-style-type: none"> • Door-to-door (preferred by women) • Mosques and madrassas • Community centers • Women-friendly spaces • Shelters of respected people in each block • WFP distribution points • Learning centers • Public open spaces 	<ul style="list-style-type: none"> • In person (preferred) • Placards • Posters • Banners • Drawings • Megaphones • Miking • Audio messaging on WhatsApp

People often hesitate to tell humanitarians about GBV cases

“I am satisfied that NGOs let refugees know about GBV, because most do not know what it actually is. But in other ways I am not satisfied, because NGOs mostly just provide information and not practical services.”

– Male community outreach mobilizer, 28 years old

Respondents shared concerns about unclear confidentiality and protection protocols, delayed responsiveness, and the inability of humanitarian staff to contend with serious cases. As some of the anecdotes below illustrate, Rohingya community members may see NGOs, the OCC and camp-level authorities as responsible for resolving legal disputes and complex cases that are in fact beyond their influence. This affects perceptions of organizations’ effectiveness and suggests people need more information about roles and limitations.

Concerns about victim protection discourage reporting

Refugees hesitate to involve humanitarians and authorities in GBV cases when they are worried about confidentiality. In one case, a family approached a humanitarian organization for help after their underage daughter was raped and became pregnant. Rohingya volunteers were present when the girl provided testimony and rumors about her pregnancy later spread in the community. She experienced a severe mental health crisis.

A 31-year-old man spoke of a domestic violence case that was carelessly escalated:

“I know a real example of a person who beat his wife and son. The son got injured and the wife took him to a clinic. The doctor took the victim’s picture and sent it to the CiC, who sent police to arrest the culprit... The culprit thought that his wife had complained directly and he divorced her. It wouldn’t have happened if the doctor hadn’t informed the CiC without the victim’s consent.”

Because elevating a complaint to a humanitarian organization or authorities can make a problem worse, respondents wanted support to solve minor problems at the community level. One man said, *“I would like to suggest to NGOs not to refer all cases to authorities.”*

Service providers are slow to respond

Several respondents complained that humanitarian organizations and other actors take too long to deliver justice, and shared their own experiences of these delays. They recognized that delays were also caused when NGOs passed cases on to a CiC, lawyer, or police, and made worse by complex referral systems. But they still thought staff could be more efficient. It may be that community members overestimate the ability of humanitarian organizations to influence the speed of legal proceedings. If so, better communication on their scope and limitations could be helpful in managing such frustrations.

In the case of the rape victim whose story is described above, the family took the case to court with the help of an NGO, hoping that a conviction would restore their honor. But the case progressed slowly and the family were disappointed when the NGO said they were unable to help further. A 32-year-old man who tried to help the family said: *"after almost two years there is still no justice for the victim."* Eventually the girl gave birth and she, her child, and her parents relocated to the remote island of Bhasan Char to escape the shame they faced in the camps.

A lack of effective action on human trafficking causes frustration

Refugees find it difficult to get help for complex issues like trafficking, which might require cross-border coordination beyond the reach of camp-level actors; in some cases, respondents accused those at camp level of direct or indirect involvement in trafficking. In one case, a 35-year-old housewife sought justice after her brother in Malaysia hired two Rohingya traffickers to send a girl there to marry him. *"Complaining to the NGO did me no good," she said. "They could have stopped the girl from being trafficked by my brother if they wanted to, by asking the police for help. There is no justice for human trafficking, neither from the CiC nor from NGOs."* The woman was told by an NGO staff member that she was the first person ever to make such a complaint and that the organization could not take on her case.

The daughter of one respondent, a 42-year-old housewife, was forced to marry another community member. He took her to India, where they were detained at the border. The man managed to escape but the daughter remains in jail. The respondent said that despite numerous requests, her family *"got no help with protection and no help from any NGOs or authorities for our case."*

Case study: Navigating a complex referral network

Asma (not her real name) is a 30-year-old housewife and NGO volunteer trying to escape ongoing sexual harassment. Her story shows how victims are blamed for GBV, leading to additional abuse. It also illustrates how a humanitarian responder's gender affects refugees when they seek support, and the confidentiality concerns that arise when Rohingya interpreters are involved.

One night, when Asma's husband was away, the harasser forced his way into her shelter. She screamed for help and her **majhi** came quickly with a volunteer. They stopped the man and handed him over to his own **majhi**. Asma's **majhi** helped her inform the police, but they took no action. When her husband returned he heard about the incident from neighbors and beat Asma severely.

When she took an NGO volunteer job, her harasser began physically blocking and threatening her on her way to work. He even told Asma's husband that he had married her. Again, her husband beat her badly. She sought help again by confiding in an NGO colleague, a Bangladeshi staff member, who advised her to complain to her camp's head **majhi**. The head **majhi** referred her to the CiC's office, who sent her to the protection office of another NGO. There, a male staff member asked her why she needed help. Asma was ashamed to tell a man she didn't know about her case, but started to explain.

The man called in a female staff member, who took her to a private room. Asma was more comfortable talking to the female staff member, but communication was difficult. “She asked me whether it was okay for a female Rohingya volunteer to join our meeting,” Asma recalled. “I said that I didn’t want anyone to listen because if my complaint was exposed, my abuser could do something terrible.” The NGO assured Asma that they would take action. Asma was interviewed for this research shortly after she reported the case and was still waiting for help.

Refugees often prefer to receive support on GBV from within their community

“NGOs are not in the camp 24 hours a day, so community members are usually the first to respond to an incident. Religious leaders, CBO leaders, majhi, teachers, and ordinary community members help out all the time. Domestic issues and problems related to child marriage and dowry are easily handled by community members with the help of majhi.”

– Housewife, 36 years old

In addition to humanitarians, camp authorities and **majhi** share information and handle GBV cases. Prominent community members like religious leaders, teachers, and members of women’s CBOs and other civil society networks are also active. In addition, family members, friends, and neighbors give advice and intervene as needed. Individuals often prefer to solve problems internally. The woman quoted above added, *“We feel happier if our cases are resolved within our community, not referred to the CiC, and do not involve the authorities.”* However, as explored below, interventions by community leaders can also be problematic.

Majhi lack training and some do more harm than good

There is no community-level camp governance system to resolve disputes, so residents turn to **majhi** for support on GBV, although the **majhi** are not trained in case management or victim protection. **Majhi** sometimes refer cases to authorities and inform people about services, but they also often handle issues independently.

Respondents praised **majhi** who had ruled on a case in favor of a victim, provided helpful information about services, or referred cases to humanitarians or the authorities. A man who had dealt with a domestic violence case involving his neighbor said, *“I complained to my majhi about the case and he summoned both parties to his office. He listened to us and we made an agreement to avoid arguing in the future.”*

But respondents also said that many **majhi** are corrupt and collect bribes in exchange for helping victims. One man who had sought help on a dowry case said his **majhi** refused even to meet with him without payment. A 31-year-old man complained: *“My majhi does not help anyone unless he receives payment from the victim.”*

Several respondents also noted that majhi often blame the victim in cases of GBV, contrasting this with what they had been told by NGO staff about the harm this can cause.

Case study: A complicit majhi complicates a victim’s struggle to get help

Yasmin (not her real name) is a 30-year-old Rohingya widow who lives in the camp with her three children. Her story illustrates how a climate of fear in the camps makes it difficult for GBV victims to seek safety, even when authorities become involved, and the harm caused by corrupt **majhi**. It also highlights the risks that arise when translation needs are not handled appropriately.

In mid-August 2021, Yasmin's *majhi* and twelve members of an armed criminal group tried to forcibly evict her from her shelter so they could use it for illegal activities. One night, she was dragged to the block *majhi's* shelter, where she was beaten and tortured. Yasmin needed medical attention as a result, but was afraid to seek help from a nearby NGO clinic for fear that news of the incident would spread, putting her at greater risk.

Instead, she sought treatment from one of the camp's "community doctors" – minimally trained practitioners who treat patients outside the humanitarian-run clinics. Yasmin hoped that the community doctor near her block could help her discreetly, but he refused to treat her for fear that the armed group would know he was aware of her case. Next, Yasmin confided in a CBO member who explained how to go to the police, but who was unwilling to accompany her due to his fear of the armed group.

Yasmin went to the police and explained her case in Rohingya, but the officers could not understand her and she was unclear whether any action would be taken. On a rainy day a few weeks later, when Yasmin was out, a member of the armed group directed rainwater into her shelter, causing it to flood badly. When her 14-year-old daughter protested, he forced his way into the shelter and beat her. A neighbor called the police to rescue the girl.

The police came but were accompanied by the complicit *majhi* and relied on him for translation. Yasmin could not explain that he was one of the people responsible. The following night, he forcibly brought her to her head *majhi*, who also insulted her and said he would relocate her to Bhasan Char if she did not vacate her shelter. Yasmin says that in the days that followed, the *majhi* engaged Rohingya volunteers from the local CiC's office, who forced their way into her shelter three times and also threatened to send her to Bhasan Char.

Yasmin complained to a Rohingya protection volunteer working for a UN agency, who told her she could not be forced to move to Bhasan Char, but she still has not received help to stop the ongoing pressure. She believes the language barriers she encountered during the police investigation were key factors that have prolonged her suffering.

Religious leaders condemn violence but can also restrict women's rights

Some religious leaders caution against GBV in their sermons, and are called on to solve problems jointly with *majhi*. Respondents spoke positively about these collaborations, which they had experienced having better outcomes than when *majhi* solved cases on their own. A 31-year-old male NGO volunteer explained, *"During prayer time in the mosque, imams warn people against bad deeds and violence. When there are quarrels or violence... the community's respected people and majhi try to make peace and handle the reconciliation, so outsiders do not hear about the violence."*

However, religious leaders can also discourage support for women's rights. One woman complained, *"They are very strict sometimes. After growing up [and going through puberty], girls are not supposed to work outside. If religious leaders see them, they call their fathers and order them to stop their daughters. I can understand that we need to change these kinds of views in our community."*

Community-based organizations have victims' trust but lack specific training

“NGO staff just talk according to the instructions they get from their officers. As a CBO we are different because we talk closely and personally with women. They are from our community. They are too ashamed and afraid to share freely with NGO staff.”

– Member of a women's CBO

Only a couple of respondents said they had engaged with CBOs about GBV. There are not many camp CBOs led by Rohingya women, and the ones that work on GBV do so on a limited scale. In the small sample of residents interviewed for this study, few mentioned getting support from a CBO so the researchers could not study community perceptions of CBOs' work in detail. However, in one focus group, members of the camp-based Rohingya Women Empowerment and Advocacy Network (RWEAN), which has worked on GBV and gender issues since 2018, compared their approach with that of humanitarians.

One of RWEAN's services is to physically accompany victims when they go to the authorities to report cases. A 19-year-old member said she helps women who might otherwise hesitate, to share their stories with majhi and CiCs. *“We are there outside, waiting for her, and this is helpful for her.”* Still, victims *“don't share much with NGOs, because they don't trust them,”* she said. *“But from their hearts they share everything with us. They know we are helping our own people. They trust us and know we are there for them.”*

The women acknowledged the importance of humanitarian organizations and their capacity to help far more victims, but said that NGOs seem less willing than *majhi* and CiCs to collaborate with them. They asked NGOs to partner with CBOs to improve outcomes and build trust. Training was their main request: *“Even we, as CBO members, have not had any systematic training about GBV. It's a big gap for us.”*

To address GBV effectively, humanitarians should prioritize building relationships with community members

Every respondent thought humanitarians could do better at engaging refugees. They made the following recommendations:

1. Understand Rohingya culture and the legacy of trauma

A 33-year-old housewife said that without taking the time to learn more about the Rohingya people, *“NGOs may not deeply understand who we are and how we practiced our culture in Myanmar.”* She said that without analysis, humanitarians were likely to engage in culturally inappropriate ways. The community needed to be better engaged in program design, see humanitarians as *“working from their hearts,”* and feel more respect and empathy. A 32-year old man who is unemployed said staff should *“think about how Rohingya are traumatized and persecuted.”*

2. Take time to connect

Weak relationships with humanitarians discourage victims from seeking help. One RWEAN member, a teacher who shares information about GBV with parents, advised humanitarians to focus more on establishing trust and closeness. At present, she said they *“don't interact much beyond their sessions. They don't communicate or collaborate. They just spend their working hours here and go back. They don't build relationships.”*

3. Collaborate with and train community leaders

Majhi, religious leaders, CBO members, and other prominent community members need training to address GBV more effectively. Mosques, madrassas, and community learning centers have committees that already engage with wide networks of camp residents and could talk to them about GBV. A 28-year-old male community outreach mobilizer speculated, *“Unless respected people, community leaders, and majhi talk about GBV, ... these issues will not decrease in our society.”* Because so many refugees recognize GBV as a serious problem, leaders as well as ordinary people say that if properly trained they would readily work to stop it. *“The best way forward* ¹¹

is for NGOs to train more and more Rohingya. That way, whatever the situation, people will take responsibility and help their own community, even if they are not being paid as a volunteer.”

We heard from a targeted sample of 38 Rohingya respondents

The study was led by one international researcher and four Rohingya-speaking researchers in July 2022 and included respondents from Camps 1E, 1W, 4, 5, 6, 15, 18 in Cox’s Bazar, Bangladesh. Rohingya-speaking researchers spoke to most respondents in person or by phone and the international researcher talked to some respondents remotely using video conferencing. The study utilized three qualitative research methods:

- **Interviews with individuals**, all Rohingya who have interacted with humanitarians about GBV by attending an awareness-raising session, seeking help after an incident, or supporting a victim.
- **Focus group discussions** with members of two groups: 1) Rohingya who have volunteered with humanitarian organizations on GBV-related programs and 2) Rohingya who have worked to address GBV as members of CBOs.
- **Case studies** in which the research team examined three camp residents’ experiences of GBV-related communication with humanitarians in detail.

We interviewed fifteen people: seven women and eight men. Twenty people participated in four focus group discussions: five female and five male NGO volunteers, and five female and five male CBO members. The research team conducted the three case studies by approaching people familiar to them who had dealt with issues related to those explored in the interviews and focus group discussions.

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About Translators without Borders

TWB is a nonprofit organization offering language and translation support for humanitarian and development agencies and other nonprofit organizations on a global scale. TWB Bangladesh has supported the Rohingya refugee response since 2017, providing language and translation support to response partners and conducting research and training to meet the language and communication needs of the Rohingya and host communities. TWB is a cornerstone of CLEAR Global, an initiative launched in 2021 to expand our ambition to help people get vital information, and be heard, whatever language they speak.

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