

## **GBVIMS Factsheet, Q1 2025**

## Cox's Bazar January-March 2025



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.

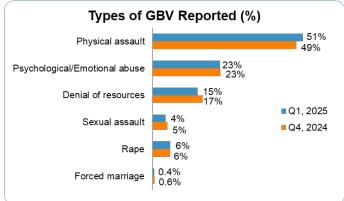
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## **KEY INSIGHTS**

- ■In Q1 2025, overall reported GBV incidents decreased by 1% compared to Q4 2024.
- 86% of the survivors are Married; 8% Single; 3% divorced and 3% are widowed.
- Rape (6%) cases reported remain same in comparison to Q4 2024.
- ■92% of the rape cases reported were referred for Clinical Management of Rape (CMR) services within the critical window of 72 hours.
- •41% incidents reported at Evening/Night, 31% in the Morning and 28% in the afternoon.
- ■75% of incidents are perpetrated by intimate partners, 8% are by family friend/neighbor, 8% by family other than spouse or caregiver and 2% by Primary Caregiver / Parent
- ■99% of the Perpetrators are above 18 Years.
- Number of Perpetrators:
  One Perpetrator 84%;
  Two Perpetrators 9%;
  Three Perpetrators 4%
  More than 3 Perpetrators 3%

# GBV INCIDENTS IN Q1 2025: most commonly reported types and context in GBVIMS





Physical assault remained the most commonly reported form of GBV among women and girls in the Rohingya refugee camps and host communities, accounting for **51**% of all reported cases. This was followed by psychosocial/emotional abuse (23%) and denial of resources (15%). Sexual violence constituted **10**% of reported cases, including sexual assault (4%) and rape (6%). Forced marriage was the least reported form of GBV, representing only 0.4% of cases. Compared to Q4 2024, there was a **2% increase in physical assault cases,** which may be linked to restricted mobility for both women and men, as well as limited livelihood opportunities at the household level.

Intimate Partner Violence (IPV), where women and girls experience harm within their households, accounted for **75% of reported GBV cases** in Q1 2025, an increase of 3% compared to Q4 2024. The rise in IPV cases has been attributed to factors such as polygamy, denial of access to resources and opportunities, and limited access to essential services for women and girls.

#### RAPE REPORTED & REFERRED WITHIN 72H CRITICAL WINDOW

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

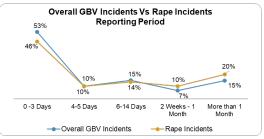
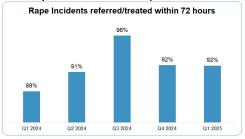


Fig 3. Percentage of rape incidents referred/treated within the critical window, (for cases reported within 72 hours)



**92%** of the total rape cases reported were referred for Clinical Management of Rape (CMR) services within the critical window of 72 hours. However, heightened risks, insecurity, ongoing violence, and fear of stigma deterred 8% of individuals from seeking services in a timely manner. Reporting within the critical window enables survivors to access life-saving services including CMR and MHPSS for improving recovery outcomes.





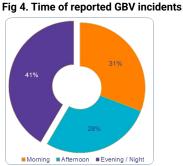
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### TIME & LOCATIONS OF REPORTED GBV INCIDENTS

The GBV incidents is placed mostly in the evening/night (41%), followed by morning (31%) and afternoon 28%. Survivors' residences (89%) continue to be the most frequently reported locations for incidents followed by perpetrator's residence (4%). GBV risks persisted throughout the time is marked by sexual harassment and



physical assault, particularly in public areas like marketplaces, streets and pathways, while fear of sexual violence intensifies at night. Technology-facilitated violence affected women and girls at day and night time.

Table 1. Locations of reported GBV incidents

Locations	Q4 2024	Q1 2025
Survivor's Residence	90%	89%
Perpetrator's Residence	3%	4%
Street / Pathway	3%	3%
Friend or Relative Residence	1%	1%
Water point	0.3%	1%
Hotel	1%	0.5%
Bathing Facilities	0.3%	0.3%
Public toilets/latrines	0.1%	0.2%
Bush	0.3%	0.3%
Technology/Virtual	0.2%	0.3%
Market/Shopping Center	0.1%	0.2%
Others	1.1%	1.1%

## ALLEGED PERPETRATOR'S OCCUPATION

Fig 5. Alleged Perpetrator - Survivor Relationship

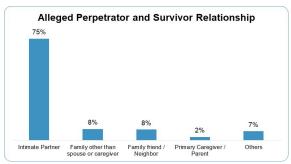
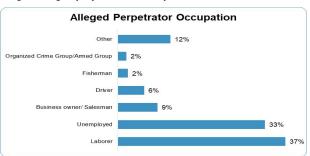


Fig 6. Alleged perpetrators' occupations



The majority of perpetrators were laborers (37%), unemployed individuals (33%), business owners/salesmen (9%), members of organized groups (2%), fishermen (2%), and others (12%). This directly reflects the impact of socioeconomic conditions within the camps and host community areas. Additionally, the limited livelihood opportunities have continued to worsen the rates of GBV and Intimate Partner Violence (IPV).

#### REFERRALS SERVICE PROVISION AND GAPS

Fig 7. Sources of referral of the incidents

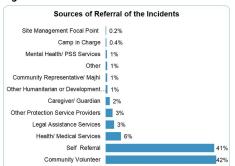


Fig 8. Services received by the survivor

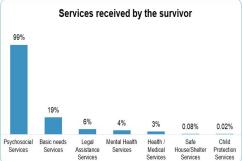
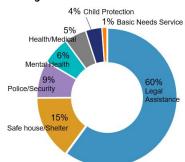


Fig 9. Declined Referral Services



Almost all (99%) of the survivors received psychosocial support service. Among the reported cases, 42% of incidents cases are received from community volunteer while 41% are self referred by themselves. According to the camp focal points there is a gap in the legal provision. This may stem from continued reliance of the Rohingya refugees community on local community leaders for resolving cases rather than engaging with formal legal service and also delay process on formal legal 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 Coordinator: Annie Waweru waweru@unfpa.org; GBV Sub-Sector Information Manager: Yamuna Shrestha vshrestha@unfpa.org Rohingya Response Webpage: https://rohingyaresponse.org/sectors/coxs-bazar/protection/gender-based-violence/

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