

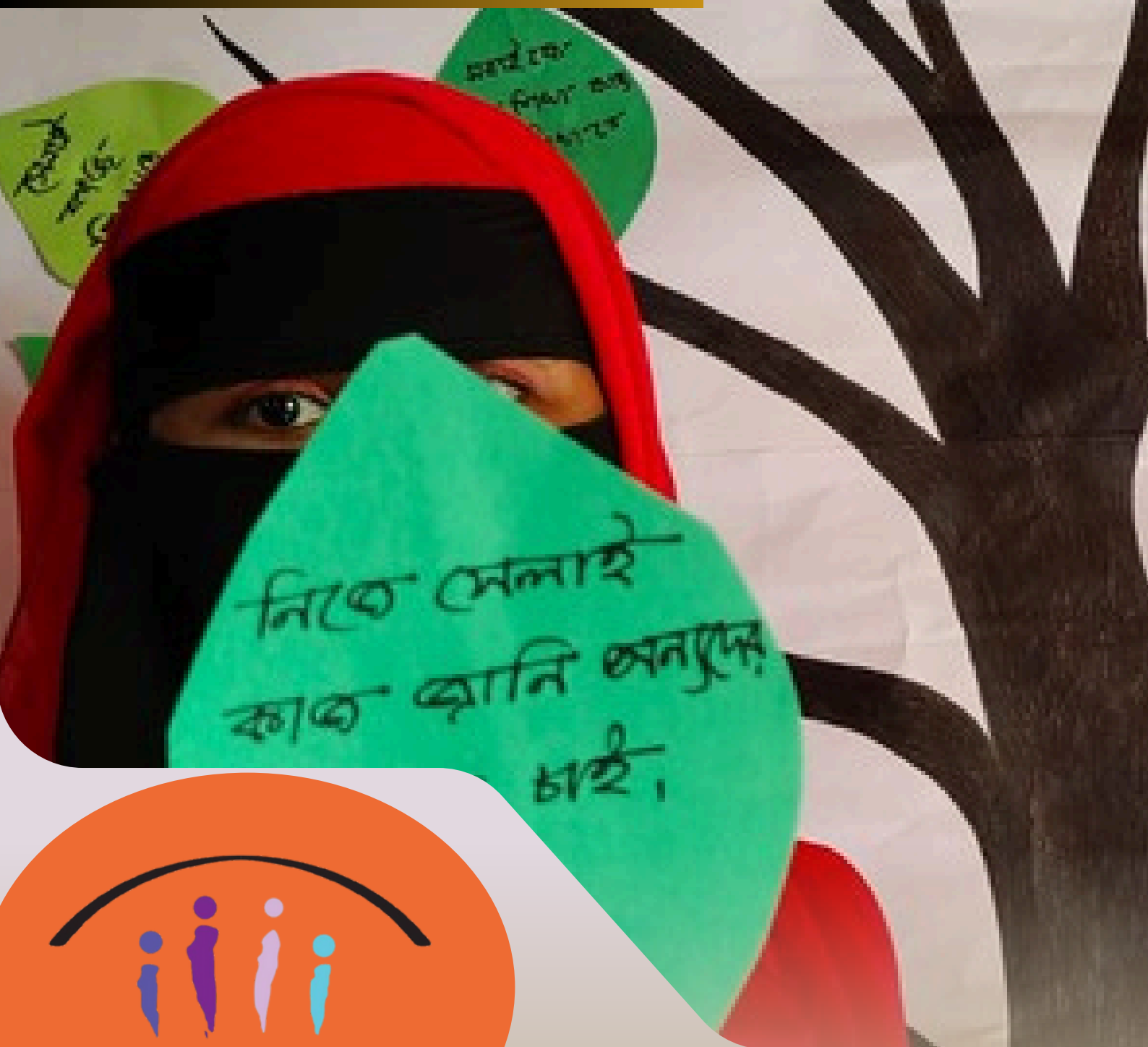
GBV SUB-SECTOR

COX'S BAZAR, BANGLADESH

Rohingya Refugee Response

QUARTERLY BULLETIN

Q3 (JULY–SEPTEMBER), 2025



Cox's Bazar GBV Sub-Sector

Workshop for women-led organization



GBV Sub-Sector Highlights

- Following reprioritization, approximately 30% of GBV service provision in the camps was disrupted following the reprioritization and reprogramming led by the Inter-Sectoral Coordination Group (ISCG). The GBV Sub-Sector (GBV SS) budget decreased from USD 27.4M to USD 7.7M focusing on life saving activities only, with an additional USD 1.2M gap for new arrivals. Partners consequently deprioritized prevention activities and focused on first priority response services, which include GBV case management, risk mitigation, and psychosocial support.
- Compounding the significant funding cuts and facility disruptions, the monsoon floods and landslides - experienced in Cox's Bazar District in the reporting quarter - further damaged 58 GBV facilities across GBV partners, severely impacting service continuity and data protection, prompting the GBV SS to fully adopt GBVIMS+/Primero from 2026.

Situation Overview

- In alignment with the ISCG prioritization exercise, the GBV SS revised the number of partners from 54 to 27 and delisted 88 facilities from the GBV SS mapping to eliminate duplication, leverage resources, and ensure service continuity.
- During the quarter, the GBV SS convened two SAG meetings and three GBV SS meetings. Discussions focused on the ongoing CP-GBV integration, mid-year funding analysis, prioritization, preparations for Inter-sector Needs Assessment, WASH and SCCM safety audit, and planning for JRP 2026
- In response to rising technology-facilitated GBV (TF-GBV) cases in the camps, the GBV SS held a webinar for all partners on 14 July, attended by 138 participants. The session aimed to build understanding of TF-GBV, its manifestations, and response, including the legal and policy framework in Bangladesh.
- To promote localization and align with global GBV AoR discussions, the GBV SS with the support of UNFPA— in collaboration with Oxfam and GiHA— conducted a three-day workshop with 29 representatives from Women-led Organizations (17 F, 12 M) to strengthen their leadership in GBV prevention and response in the camps.

Situation Overview

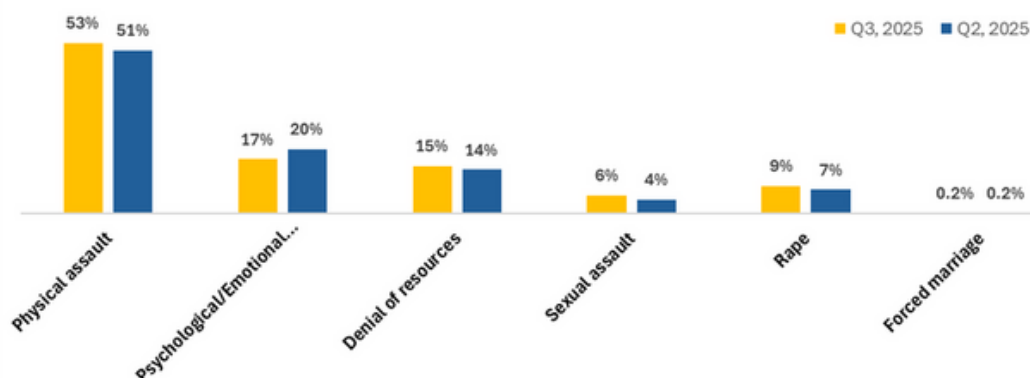
- In alignment with the ISCG prioritization exercise, the GBV SS revised the number of To strengthen GBV case management, the GBV SS convened a task force meeting with Data Gathering Organizations (DGOs) to discuss partners' GBV data management and the planned migration from the Incident Recorder to Primero in 2026. The GBV SS IM team also delivered a three-day GBVIMS+/Primero workshop for 84 caseworkers from multiple organizations to strengthen GBV case management.
- The GBV Sub-Sector and UNHCR Legal protection held a half-day workshop with 36 participants (21 F, 15 M)—including GBV caseworkers and legal actors—to identify barriers to survivors' access to legal aid. According to GBVIMS factsheets, 60% of survivors in Q2 and 59% in Q1 declined legal aid, citing lengthy procedures and confidentiality concerns. As an action point, the GBV SS and legal unit will strengthen the capacity of legal aid providers on GBV, and intensify awareness-raising.
- For multi-sectoral engagement and to strengthen the GBV referral pathway, the GBV SS conducted a two-day GBV mainstreaming training for non-GBV actors on 25–26 August, attended by 27 participants (12 F, 15 M) from WASH and SCCCM.
- The GBV SS has published a 5W dashboard on the [Rohingya refugee response website](#).
- The GBV Sub-Sector, in collaboration with the Protection Sector, CPSS, and the MHPSS Working Group, conducted a day-long Psychological First Aid (PFA) workshop for 82 Protection Emergency Response Unit (PERU) members (32 F, 50 M) to strengthen first responders' ability to provide immediate support during emergencies and to emphasize self-care for sustained effectiveness. In addition, the GBV SS mapped 3,809 dignity kits for emergency response during the monsoon season and circulated Emergency Response tools, ([Prepositioned Dignity Kits](#) tracker, [Community GBV messages](#), [Preparedness Messages](#), [list of emergency communal relocation centers](#), [GBV Risk Monitoring Tool](#), [GBV referral Pathway](#), [Dignity Kit \(DK\) Guidance Note](#), and [Damaged/ Flooded GBV Facility Tracker](#)) to ensure availability and accessibility of services during any emergency.
- For Advocacy, the GBV SS published advocacy products—[Q2 2025 GBVSS Bulletin](#), [Q2 2025 GBVIMS Factsheet](#) and [Q2 2025 Joint Protection Monitoring Report](#) in collaboration with the GBV SS members, GBVIMS DGOs and the Protection sector.
- GBVSS regularly updated the [GBV referral pathway](#) for all 33 Rohingya camps through the contribution of 33 GBV Camp Focal Points, to ensure timely, safe, and survivor-centered referral to essential services.

GBV mainstreaming training



Overall GBV Trends

Top types of GBV Reported (%) in Q3 2025



Compared to Q2, Q3 recorded a **7%** increase in reported GBV cases, as captured by Gender Based Violence information Management System data. Field observations, focus group discussions, and Camp Focal Point (CFP) feedback indicate that the rise in cases is primarily linked to reduction of GBV risk mitigation due to fund cuts, intensifying household stress, erosion of community protection networks, and worsening economic conditions. As financial insecurity deepens, families face reduced coping capacities, increasing the likelihood of domestic tensions escalating into violence. **3%** of survivors were divorced and 4% were widowed, highlighting the specific vulnerabilities of women who lack household or social support structures. Marginalized groups are often targeted for exploitation, coercion, and abuse as they struggle to secure their daily needs amid limited livelihood opportunities.

In Q3, **Physical violence** increased by **2%**, accounting for 53% of all reported GBV cases, which is attributed to escalating household aggression amid worsening economic strain and reduced aid, as per the FGDs and consultations with GBV actors. Camp Focal points reported cases of increased disputes over food, debt, and household decisions increasingly turning violent as men's loss of income and authority fuels control and frustration.

Reports of weapon use (household hard utensils) during domestic altercations point to rising volatility, while coerced reconciliations mediated by informal leaders perpetuate impunity. The trend highlights deepening social distress and weakened protection structures, underscoring the need for sustained psychosocial support, conflict resolution efforts, and male engagement in non-violent behavior change. Community feedback indicates more protection-driven marriages among new arrivals and a rise in polygamy (men moving between camps and remarrying), creating unstable, resource-strained households and heightening risks of coercion and violence. In one FGD, a woman reported that her husband eloped to another camp and remarried but is still collecting food on behalf of the family, leaving her without resources to feed the children.

KEY INSIGHTS



76%
Refugee



23%
Host
Communities



98%
Female



2%
Male



91%
Adults
(18yrs+)



9%
Children
(0 – 17yrs)



0.1%
Unaccompani
ed/Separated
Children



1 %
Person with
Disabilities

Overall GBV Trends

Psychological and emotional abuse decreased by **3%** compared to the previous quarter. Field insights suggest that this decline reflects reduced reporting rather than an actual improvement. Normalization of coercive control, compounded by mounting livelihood pressures, has led survivors to deprioritize seeking psychosocial support as physical safety and income generation become more immediate survival needs. GBV focal points continue to identify emotional abuse as a pervasive form of violence, often embedded within physical and sexual abuse. Some survivors reported persistent intimidation, humiliation, and restrictions on movement or access to resources, tactics that sustain dependency and silence. In several accounts, women described being threatened with harm to their children if they sought assistance, underscoring how psychological abuse operates as a tool of control.

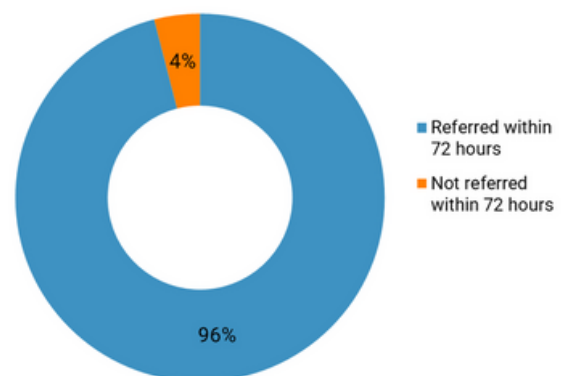
Beyond the household, the camp environment remains psychologically taxing; the growing influence of organized groups, coercion linked to debt and aid resources, and fear of retaliation collectively heighten women's sense of insecurity. This broader climate of intimidation deepens emotional distress while simultaneously discouraging reporting and help-seeking.

Denial of resources increased by **1%**, marking a continuation of restrictive practices due to harmful cultural beliefs that limit women's autonomy and reinforce gender inequality. Women and girls have reported being denied access to basic needs such as food, healthcare, and education, often under the pretext of protection or control. Many cases involve financial coercion, where male relatives withhold income or force the sale of personal belongings to meet household expenses. In some camps, women reported mortgaging ration cards to secure short-term relief, only to face further exploitation later. "I have to stay with my husband because I have no choice, no money of my own, not enough and no place to go. He controls everything." The statement from the survivor reflects the broader reality of how economic deprivation and control over resources serve as a cause and contributing factor of gender-based violence.

Sexual violence; Rape and sexual assault increased each by **2%**, signaling both increased frequency and severity. Findings from GBV Camp Focal Points and focus group discussions with community members identified sexual violence as a prevalent form of GBV, though it remains underreported. Reports indicate a growing involvement of armed group members in such incidents, with **5%** of perpetrators identified as members of these groups marking an increase from previous quarters. Incidents often involve abduction, rape and extortion, with survivors and their families being forced to pay for release or silence.

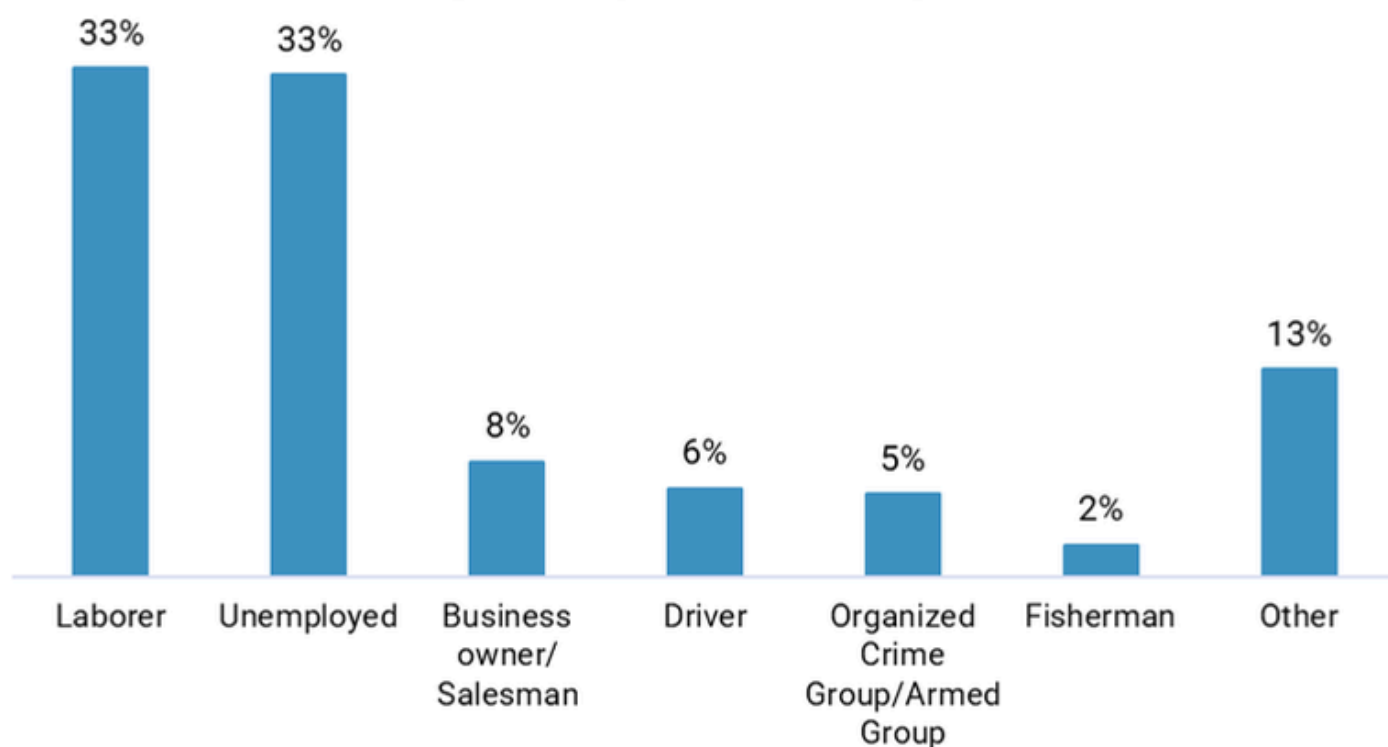
Marital rape emerged as a growing concern during focus group discussions with women. Participants reported that such cases often go unrecognized and unaddressed due to prevailing social norms, fear of stigma, and limited awareness of marital rape as a form of gender-based violence.

Rape cases referred within the critical window of 72 hours for CMR Services



Overall GBV Trends

Alleged Perpetrator Occupation



While **forced marriage** accounted for only **0.2%** of reported cases, qualitative evidence confirms that it remains widely prevalent and underreported. Child marriages are often justified by families as protective measures against insecurity or sexual violence. However, these arrangements are driven primarily by economic hardship and social pressure, with Majhis and religious leaders sometimes facilitating secret ceremonies. The consequences are severe, loss of education, restricted mobility, reproductive health risks, and lifelong cycles of dependency. This highlights the importance of strengthening our ongoing behaviour-change initiatives—such as SASA! Together, Girl Shine, Champions of Change, and men & boys engagement programmes—alongside deeper community dialogue and engagement with community and traditional leaders to challenge and shift the normalization of child marriage. In Q3, **57%** of survivors declined legal services, signaling ongoing erosion of trust and persistent barriers in justice pathways. This reluctance was compounded by heightened community interference in GBV cases through mediation, intimidation by local power holders, and recurrent breaches of confidentiality during settlements. Together, these dynamics heightened fears of retaliation, further discouraging help-seeking and entrenching a climate of silence and impunity. Moreover, the growing influence of armed groups has further weakened accountability; in some camps, these actors mediate GBV cases through informal mechanisms that trade justice for monetary compensation. Such practices sideline the GBV referral pathway hindering access to lifesaving services, including Clinical Management of Rape (CMR). At the same time, gaps in law-enforcement responsiveness and ongoing security risks, especially after dark near latrines and water points—continue to expose women and girls to harassment and assault.

Perpetrator profiles remain consistent with previous quarters: **72%** of incidents were perpetrated by intimate partners, 7% by neighbors or family friends, and 7% by other family members. Notably, 88% of all reported incidents occurred within the survivor's residence, confirming the home as the most unsafe environment for women and girls in the camps.

EMERGING GBV RISKS

- **Community Mediation and Survivor Vulnerability:** During the reporting period, partners noted increased informal mediation of GBV cases by community leaders (*Majhis*), with reports of undue influence—including bribe-taking—and intimidation of survivors who seek formal services. These practices undermine established referral pathways and delay access to time-critical care, including Clinical Management of Rape (CMR) and Women and Girls' Safe Spaces (WGSS), thereby compromising health, protection, and legal outcomes. Concurrently, indicators of trafficking and related exploitation are rising; however, formal reporting remains low due to fear of retaliation and stigma. GBV actors are reinforcing safe and confidential referrals, engaging protection and law-enforcement counterparts to address interference, and scaling survivor-centred risk communication, while continued attention is required to counteract harmful mediation practices and strengthen accountability.
- **Child Marriage and Community Risk Factors:** Child marriage remained prevalent during the reporting period. Partners reported instances allegedly facilitated by some block *Majhis*, alongside an emerging pattern of boys contracting marriages outside the camps. Under-reporting to the Camp-in-Charge (CiC) offices and the Armed Police Battalion (APBN) persists, attributed to fear of reprisals, stigma, and community pressure. The prolonged closure of most of the learning centres has reduced protective routines and is associated with increased child marriage, child labour, idle time, exposure to harmful online content, and rising social tensions. While girls' attendance at Women and Girls' Safe Spaces (WGSS) has increased, gaps in positive parenting and structured, age-appropriate engagement continue to leave children—particularly adolescent girls—at heightened risk of early marriage, exploitation, and GBV.
- **Survival Risks—Theft and Gambling:** Partners reported a rise in online gambling and gaming during the reporting period, correlating with increased household insecurity and GBV risks. Women faced threats and physical violence linked to the depletion of household resources through gambling. To service debts, some families reportedly liquidated assets—selling valuables and food rations or mortgaging family identification cards (FCN)—with isolated allegations of children being leveraged in debt recovery. Concurrently, fragile shelters were increasingly targeted for theft. Limited access to LPG has driven reliance on firewood, heightening exposure to safety risks and fuelling community tensions. GBV partners are scaling PSS and case management outreach and strengthening referrals with protection actors, while gaps persist in economic support, shelter reinforcement, and access to safe energy.

Challenges and Advocacy

- **Funding Constraints and Staffing Shortages Impacting GBV Service Quality:** Due to funding constraints, organizations have experienced staff reductions, which has adversely affected the quality of GBV service provision. For instance, a single caseworker is now responsible for managing one Women Friendly Space (WFS), compromising the quality of case management. This highlights the urgent need for sustained and increased funding to ensure adequate staffing and maintain the quality of essential GBV services.
- **Heavy Rains Damaging Facilities Leading to Recurrent Cost:** Heavy rains caused damage to GBV facilities, presenting significant risks to service provision. These damages necessitate additional repair costs and critically endanger case management files, with the potential for substantial data loss. This underscores the urgent need for resilient infrastructure and robust data protection measures to ensure the continuity and safety of GBV services.
- **Misconception on Resettlement:** Despite referring to the UNHCR Hotline—diverse information and increasing willingness around resettlement—are driving survivors to refuse safe shelter or relocation, hindering effective GBV case response. This highlights the need for clear, consistent, and accurate information dissemination regarding resettlement processes to ensure survivors can make informed decisions and access appropriate support.
- **Alleged/Reported Gang Rapes and Challenges of GDP:** Incidences of gang rapes, allegedly perpetrated by armed groups or disguised individuals, have left women feeling unsafe at home and in public. Concurrently, Gender-Diverse Population (GDP) remain survivors with no safe shelter, often unable to access support from their traditional community leaders without formal Hijra community membership. This highlights the urgent need for inclusive protection measures and accessible, safe spaces for all at-risk groups, including GDP, to ensure comprehensive GBV response and support.
- **Lack of Safe and Ethical Treatment:** Despite service providers including health workers having been trained on ethical data collection and confidentiality, there remains a gap in some who do not adhere to the principles. Notably, women have reported not getting safe and ethical treatment from certain hospitals, as they were even asked for detailed survivors' information by a volunteer. This highlights the urgent need for strict adherence to ethical guidelines and confidentiality protocols in all service provision settings, particularly in sensitive GBV cases, to ensure survivors receive respectful and safe care.

GBVSS Partner's Inputs–World Vision Bangladesh

Organizational Objectives: World Vision Bangladesh aims to ensure the sustained well-being of children, especially the most vulnerable, by strengthening protection systems, promoting peaceful relationships, and addressing gender-based violence in both refugee and host communities. Through integrated programming and strategic partnerships, WVB focuses on reducing child marriage, trafficking, and violence against women and girls, while enhancing psychosocial support and community resilience. The organization is committed to inclusive, faith-sensitive, and rights-based approaches that empower families and foster safe environments for children to thrive.

Key Highlights:

- Provided need-based support and referral services for Gender-Based Violence (GBV) cases.
- Delivered non-structured psychosocial support to 46 individuals to aid in their trauma recovery.
- Strengthened coordination with 30 GBV and non-GBV service providers and 20 government officials (including police, APBN, teachers and others).
- Prioritized and implemented key measures to mitigate Gender-Based Violence.

Major Achievements:

- Graduated 86 highly vulnerable women and girls from a market-oriented skills training program in sewing, handicrafts, and cooking.
- Marked International Suicide Prevention Day in both refugee and host communities through an event featuring story-sharing sessions and a "Hope & Empowerment" poster activity. These activities successfully created a safe, expressive space for participants to connect, reflect, and offer mutual support.
- Built community capacity to raise awareness on gender-based violence (GBV) and referral mechanisms. World Vision Bangladesh trained 90 community leaders (40 male, 50 female) from refugee and host communities, who subsequently organized 78 community sessions reaching approximately 624 individuals.

Suicide prevention day celebration



GBVSS Partner's Inputs-Aid Comilla

Organizational Objectives: AID-COMILLA works to create a fair and safe environment where everyone, especially women, girls, and other at-risk individuals, can live with dignity. The organization focuses on reducing vulnerability by empowering communities, improving access to protection and lifesaving services, raising awareness on issues like violence, and promoting equality. Through its programs, AID-COMILLA helps people gain knowledge, make informed choices, and build resilience, empowering them to protect themselves and support each other in the community.

Key Highlights:

- AID-COMILLA is providing comprehensive GBV case management services in Camps 13, 15, and 22, supporting survivors with timely and survivor-centered response since 2023.
- Through the Women Rise curriculum, 80 women across 8 groups from the three camps have been engaged in empowerment sessions, enhancing their confidence, life skills, and community participation.
- Clients are receiving a range of services including GBV case management, referral services, individual and group psychosocial support (PSS), and Women Rise sessions, ensuring wide-ranging support to survivors.
- A total of 900 individuals were reached through GBV outreach sessions in this quarter, creating awareness on rights, available services, and prevention of violence against women and girls.

Major Achievements:

- At the end of case management support, survivors shared their experiences with us. Many expressed that they feel safe and comfortable coming to AID-COMILLA. They reported that the guidance and support they received helped reduce stress and anxiety, and gave them confidence to handle difficult situations. Hearing these stories motivates our team to continue providing empathetic, survivor-centered care.
- We selected 80 women from the community to join the Women Rise program. After the first three sessions, only 25-40% felt confident sharing their opinions. But after completing all 13 sessions, 75-80% of women reported feeling more confident, strong, and able to participate in family and community decisions.
- Through 98 community sessions, people learned more about GBV and available services. They became more aware and now refer survivors to us whenever incidents of violence occur which ensure that women receive timely support and response.



GBVSS Partner's Inputs–Good Neighbors Bangladesh

Organizational Objectives: Good Neighbors Bangladesh aims to prevent and respond to Gender-Based Violence (GBV) through comprehensive survivor-centered interventions in the Rohingya Camp of Cox's Bazar. During July–September 2025, the organization focused on strengthening community awareness, improving access to quality psychosocial support services, and empowering women and adolescent girls to build resilience and advocate for their rights.

Key Highlights:

- Good Neighbors Bangladesh implemented GBV response services in 2 Rohingya camps (Camp 15 & Camp 16).
- Economic empowerment opportunities for women were provided through life skills, Sewing and Handicraft training to adolescent girls and women.
- A total of 1,854 beneficiaries reached directly to the awareness session on GBV Prevention and response including Persons With Disabilities.

Major Achievements:

- Conducted comprehensive awareness initiatives with men, women, boys, and girls to promote understanding of GBV, gender equality, and the importance of respectful relationships within the community.
- Collaborated closely with community-based protection committees and other service providers to ensure effective referral pathways and coordinated GBV prevention and response actions.
- Implemented life-skills, arts and crafts training sessions to enhance self-reliance, confidence, and resilience among women and adolescent girls in camps.

Swing and handicraft training



GBVSS Partner's Inputs-Oxfam

Organizational Objectives: Oxfam in Bangladesh is committed to overcoming poverty and inequality by advancing gender justice, promoting social inclusion, and strengthening the resilience of vulnerable communities. Through humanitarian, development, and advocacy initiatives, Oxfam upholds people's rights to protection, sustainable livelihoods, and climate justice. The organization aims to empower marginalized groups—especially women and youth—to lead transformative change toward a just and equitable society.

Key Highlights:

- Oxfam in Bangladesh delivered GBV response services in five Rohingya camps (3, 4, 12, 19, and 22) and two unions (Rajapalong and Hnila).
- A total of 481 survivors—including persons with disabilities and other highly vulnerable individuals—accessed referral and psychosocial support services.
- More than 200 participants attended awareness sessions on GBV, PSEA, CFRM, child marriage, and dowry. Post-session assessments indicated increased knowledge and confidence in addressing related risks.
- Recreational activities for boys and girls helped reduce stress, foster teamwork, and enhance emotional well-being in safe, inclusive spaces.

Major Achievements:

- Psychosocial support was integrated into the Women's Transformative Leadership Training, with participants reporting increased confidence and stress relief through breathing exercises, role-play, and safe dialogue. Folk song events and storytelling sessions engaged over 1,000 participants, raising awareness of GBV, harmful practices, and protection pathways through culturally resonant methods.
- Community protection mechanisms were strengthened by incorporating feedback from civil society findings, ensuring timely responses to emerging risks and increasing trust in survivor-centered services.
- Dialogue sessions with Majhis, Imams, youth, and community members promoted positive norms, identified early risks, and addressed issues such as trafficking, online gambling, and socio-economic vulnerabilities to strengthen protection strategies.

Transformative women leadership training

