

Methodology & Data sources: The GBVIMS data analysis is triangulated with Focus Group Discussions (FGDs), Key Informant Interviews (KIs) and GBV Perception Surveys with GBV field actors, Camp Focal Points (GBV CFP) and various stakeholders in the camps and host communities. Data sources include (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/KIs (with GBV CFP and case workers):** Service provider FGD & KIs from actors across 33 camps and host communities.

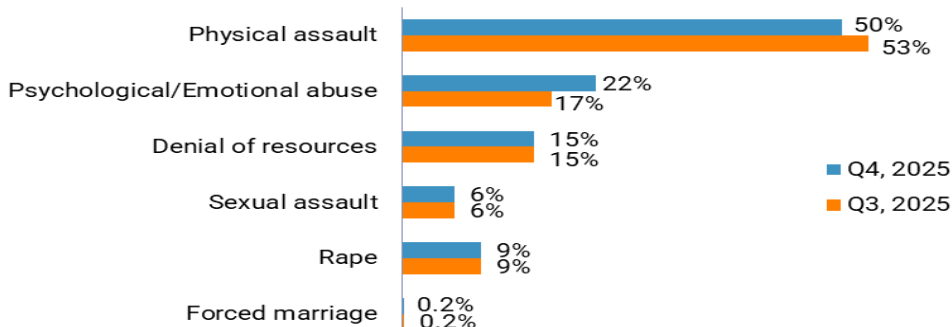
KEY INSIGHTS



TYPES OF GBV INCIDENT

A marginal **decrease of 0.1%** was recorded in reported GBV cases compared to Q3 2025. However, field observations, focus group discussions, and Camp Focal Point (CFP) feedback suggest a perception of increased GBV incidents, particularly in relation to intimate partners and threats linked to growing insecurity within the camps.

Types of GBV Reported (%), Q4 2025

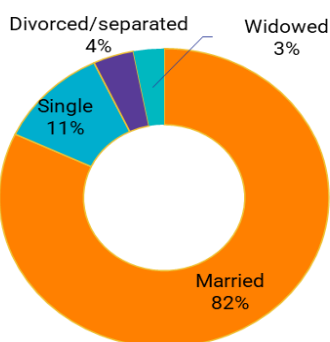


By the type of GBV cases reported, **physical violence** remained the most reported form of GBV in Q4 2025, accounting for 50% of all cases, despite a 3% decrease compared to Q3 2025. This marginal decline does not reflect reduced risk, as incidents remained widespread within households and intimate relationships, with women and girls experiencing slapping, beating, kicking, and assaults using household objects.

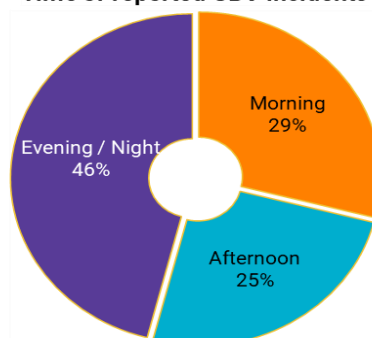
Emotional and psychological violence became more visible in Q4 2025, increasing by 5% compared to the previous quarter, reflecting intensified fear, intimidation, and control across households and communities. Survivors reported verbal threats, humiliation, blackmail, and death threats to enforce compliance, particularly in the contexts of extramarital relationships and financial dependency.

Denial of resources remained steady at approximately 15% of reported cases, reflecting persistent structural and domestic deprivation increasingly linked to external economic pressures. In Q4 2025, **sexual violence**, including rape (9%) and sexual assault (6%), remained consistent with Q3 2025, suggesting continued and, in some contexts, escalating risk despite stable reporting. Similarly, **forced marriage** accounted for 0.2% of reported GBV cases in Q4 2025, even though focused group discussions suggest that the risk persists and may be under reported.

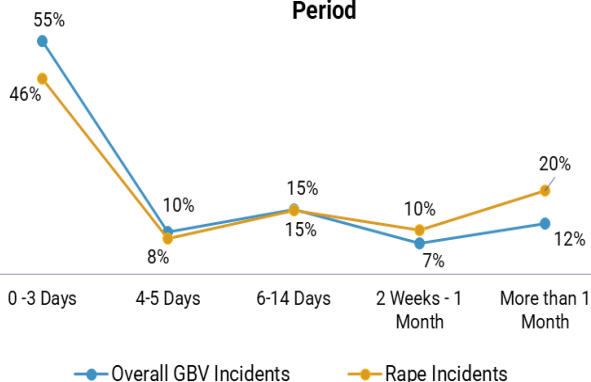
Marital Status



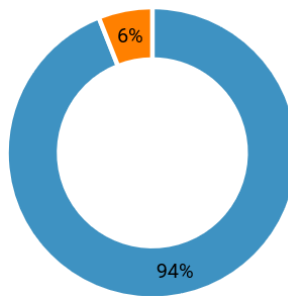
Time of reported GBV incidents



Overall GBV Incidents Vs Rape Incidents Reporting Period



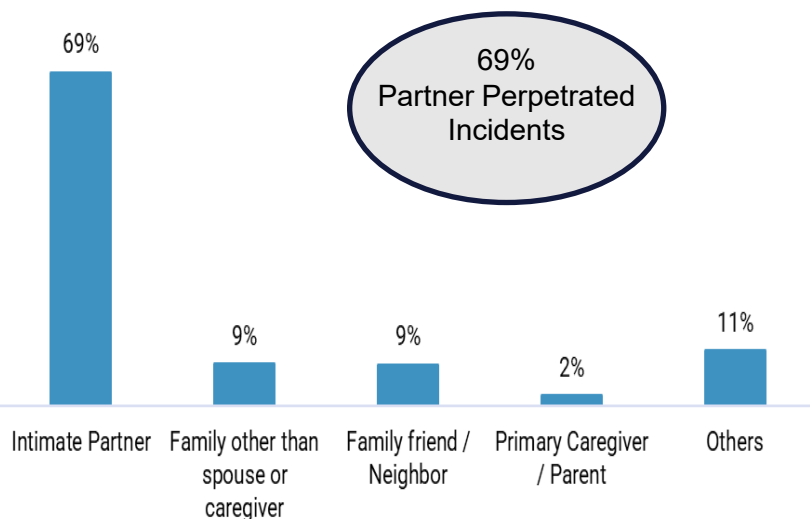
Rape cases referred within the critical window of 72 hours for CMR Services



The large majority 94% of survivors were able to access lifesaving Clinical Management Rape (CMR) services for all rape incidents reported within 72 hours.

■ Referred within 72 hours ■ Not referred within 72 hours

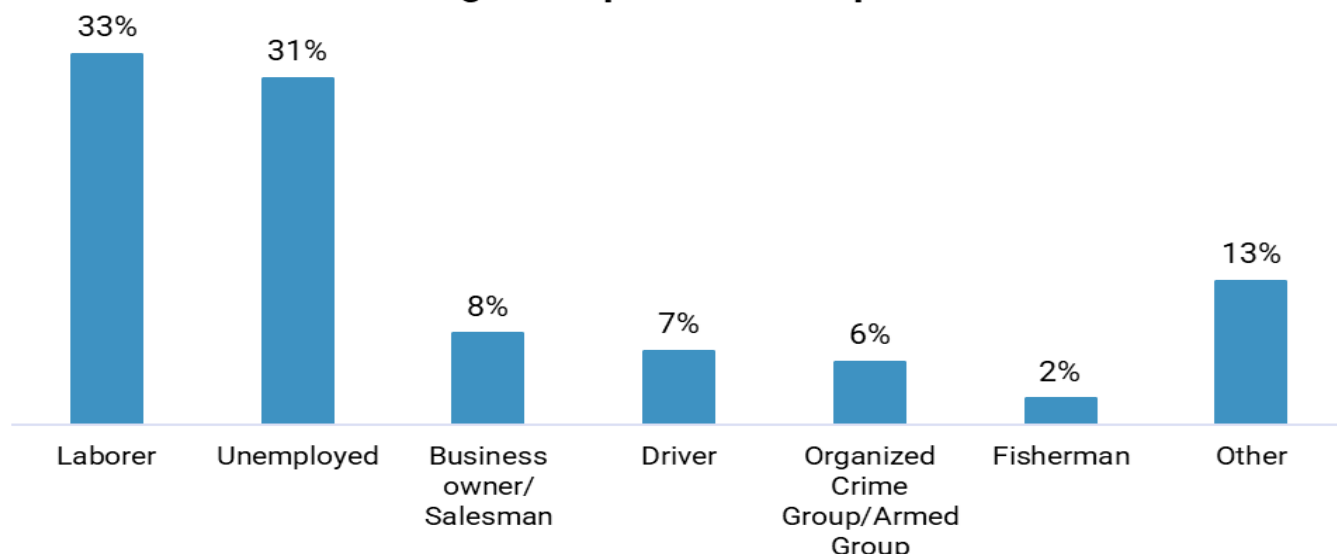
Alleged Perpetrator and Survivor Relationship



In Q4 2025, perpetrator-survivor relationship profiles decreased by 4% compared with previous quarters. The majority of reported incidents (69%) were perpetrated by intimate partners, followed by neighbours or family friends (9%) and other family members (9%). Among alleged perpetrators, 33% were labourers and 31% were unemployed.

Ongoing limited income-generating opportunities and high levels of unemployment continue to exacerbate negative coping mechanisms, including the sale or withholding of food rations by male family members.

Alleged Perpetrator Occupation



Location of GBV incidents

Locations	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Survivor's Residence	89%	88%	88%	88%
Perpetrator's Residence	4%	4%	4%	3%
Street / Pathway	3%	3%	3%	3%
Friend or Relative Residence	1%	1%	1%	1%
Water point	1%	1%	0.5%	0.4%
Hotel	0.5%	1%	1%	1%
Bathing Facilities	0.3%	0.4%	0.2%	0.4%
Public toilets/latrines	0.2%	0.4%	0.3%	0.5%
Bush	0.3%	0.4%	0.6%	0.5%

In Q4 2025, the overwhelming majority (88%) of the reported GBV incidents occurred within survivor's own residence, underscoring the persistent risks faced by women and girls in their own safe spaces. Nearly half of the incidents (46%) took place during the evening or night hour. Incidents reported at perpetrators' residence and along street/pathways each accounted for 3%, reflecting risks in poorly lit or congested areas. A smaller proportion of incidents occurred in friends or relatives' residence (1%) and in hotel (1%), indicating that GBV risks extend beyond immediate household settings. Incidents were documented during the short visits as well as the temporary accommodations for new arrivals.

GBV SERVICES RECEIVED BY THE SURVIVOR



100% Psychosocial Services



17% Basic Need Services



5% Legal Services



4% Mental Health Service/Medical Services

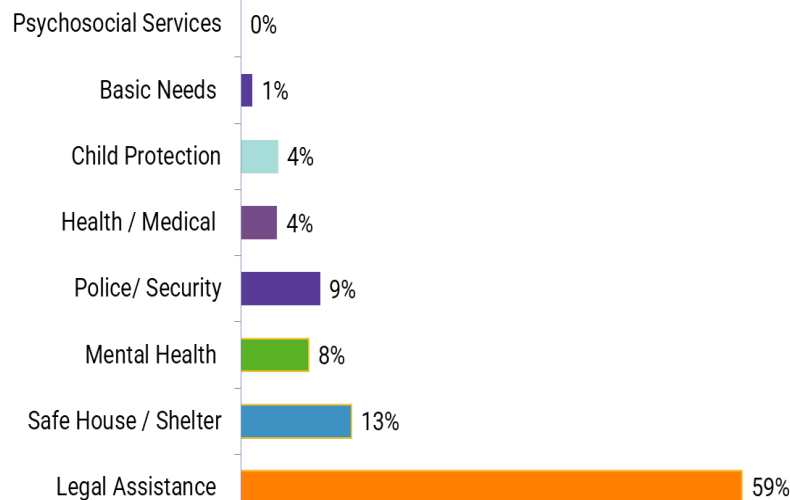


0.4% Safe House/Shelter Services



0% Police and Security Services

DECLINED REFERRAL SERVICES



59% of GBV survivors declined legal services, reflecting persistent barriers including fear of social reprisal, lengthy legal processes and emotional distress, when accessing justice. Similarly, 13% declined safe shelter referrals mainly due to fear of community blame and stigma, uncertainty about household responsibilities and ration support, concerns for the safety of family members, restrictions on phone use, and discomfort with unfamiliar environments. Some also felt community-based shelters were unsafe as perpetrators could easily locate them.

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 and Program Coordinator:** Alona Bermejo bermejo@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/>

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