



GBVIMS ANNUAL REPORT 2025

Cox's Bazar, Bangladesh

CONTEXT

Gender-Based Violence (GBV) remained a critical concern for the health, safety, security and wellbeing of women and girls among both Rohingya refugees and host communities in Cox's Bazar. Women and girls continued to face multiple challenges within the camps, including safety and security risks, limited livelihood opportunities, and food insecurity. In response to growing economic and social pressures, many families resorted to negative coping mechanisms, some of which heightened the risk of GBV and further exposed women and girls to violence, exploitation, and abuse.

In the Rohingya refugee response in Cox's Bazar, GBV remains significantly underreported despite high risks faced by women and girls in camps and surrounding host communities. Data collection is essential, yet particularly complex in this humanitarian setting.

The Gender Based Violence Information Management System (GBVIMS) is an inter-agency GBV data collection and reporting mechanism created to standardize the safe and ethical sharing of GBV incident data among GBV service providers. GBVIMS was rolled out in Cox's Bazar in May 2018 with support from UNFPA. Data collection and sharing have been informed by the Information Sharing Protocol (ISP). In 2025, the signatory members of the ISP include four UN agencies, five INGOs and nine NNGOs, who are members of the GBVIMS Task Team. Among the 18 signatory members, 14 organizations are Data Gathering Organizations. The DGOs provide incident data based on their respective GBV case management services in the humanitarian response to the Rohingya refugee and the Bangladeshi host communities adjacent to the camps.

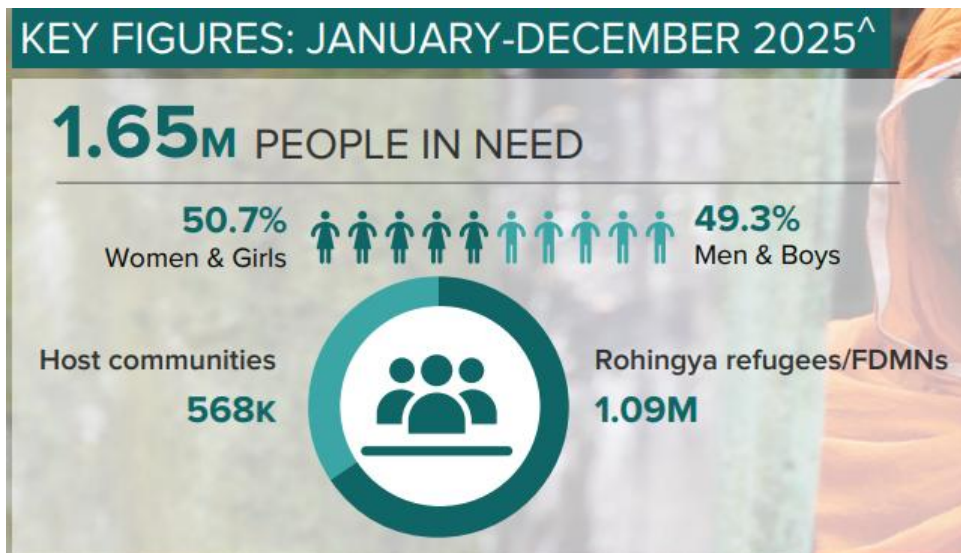
This report covers all GBV incidents reported in January to December 2025 by the 14 DGOs. This information is securely collected by the DGOs either directly from the GBV survivors or indirectly from guardians/caregivers of child GBV Survivors through the GBVIMS Incident recorder or Primero software. GBVIMS records information only after obtaining informed consent from the survivors.

For GBVIMS Annual Report, other secondary sources were also triangulated through Focus Group Discussions (FGDs), Key Informant Interviews (KII) and Perception Surveys with GBV field actors, Camp Focal Points (GBV CFP), field observations and various stakeholders in the camps and host communities. Service providers FGD & KIIs are from actors across 33 camps and host communities.

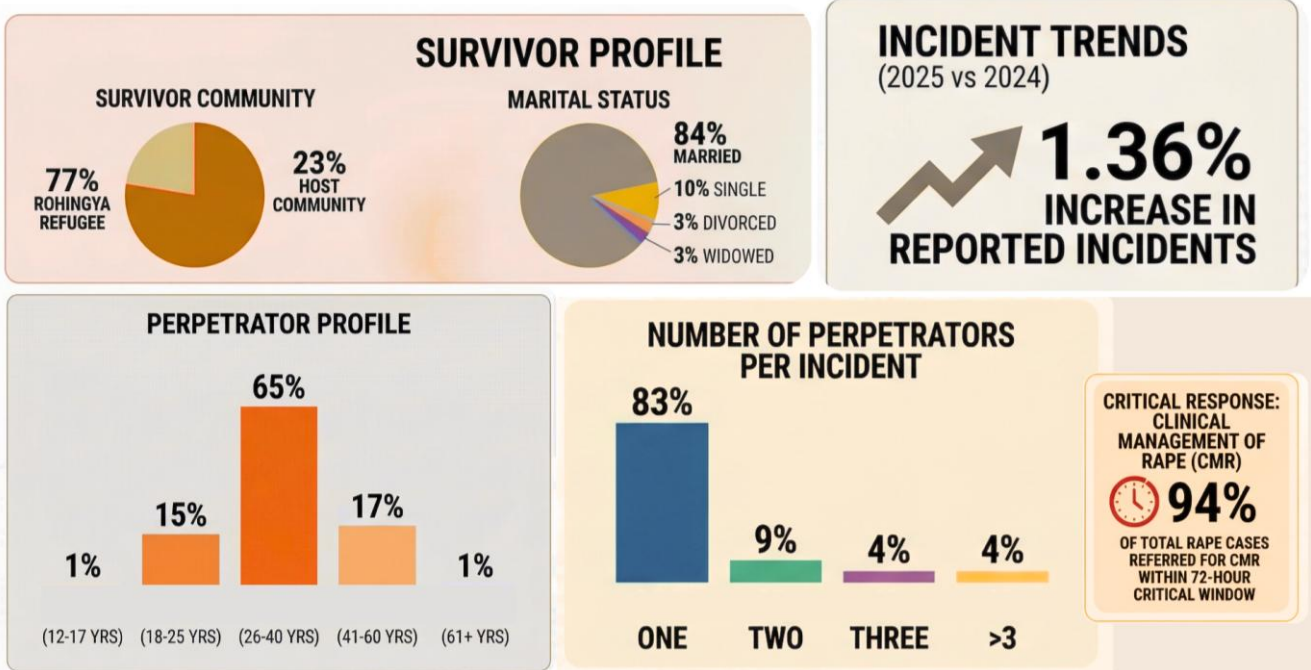
The goal of this report is to support an evidence-based GBV situation analysis to inform programme, advocacy and coordination of the Rohingya humanitarian response. The report is composed of 7 sections including: i) key highlights, (ii) nature and scope of reported GBV incidents, (iii) information about survivors, (iv) service provision and gaps, (v) challenges and barriers, and (vi) key recommendations.

1. KEY HIGHLIGHTS

Demographic Statistics About Rohingya and Host Communities¹

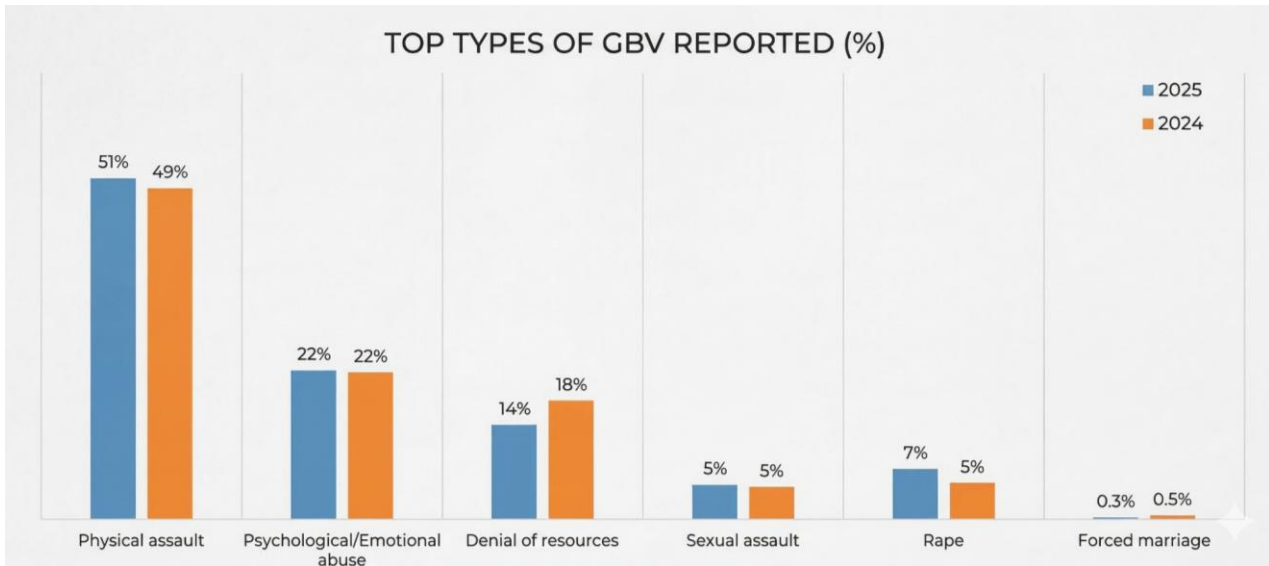


2025 ANNUAL REPORT ON GENDER-BASED VIOLENCE (GBV) INCIDENTS



¹ 2025-26 Joint Response Plan, Rohingya Humanitarian Crisis; <https://rohingyaresponse.org/wp-content/uploads/2025/03/JRP-2025-26.pdf>

2. NATURE AND SCOPE OF REPORTED GBV INCIDENTS



In 2025, the GBV reported incidents recorded a slight increase by **1.36%** compared to 2024. From the field observations, focus group discussions, and Camp Focal Point (CFP) indicate that GBV incidents are linked to funding 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.

Physical violence remained the most reported form of GBV in 2025, accounting for **51% of all cases**. This could be attributed to escalating household conflicts amid worsening economic strain and reduced aid. GBV focal points reported cases of disputes over food, debt, and household decisions increasingly turning violent as men’s loss of income and authority fuels need for control and frustration. An additional factor contributing to the high number of cases occurring at home corresponds to the limited movement of families due to the ongoing security situation, coupled with unemployed men spending more time at home and online gambling.

Psychological and emotional abuse remained **22% in 2025**. Normalization of coercive control, compounded by lack of livelihood opportunities, has led survivors to deprioritize seeking psychosocial support as physical safety and income generation become more immediate survival needs. Increased dependency and the use of marriage as a perceived protective mechanism for both women and their daughters contributed to the normalization of emotional abuse within households. Psychological and emotional abuse especially involves the threats of abandonment, remarriage, or withdrawal of food and financial support. Additionally, online harassment through calls, messages, photos, and videos emerged as a key psychological and emotional abuse to the women and adolescent girls.

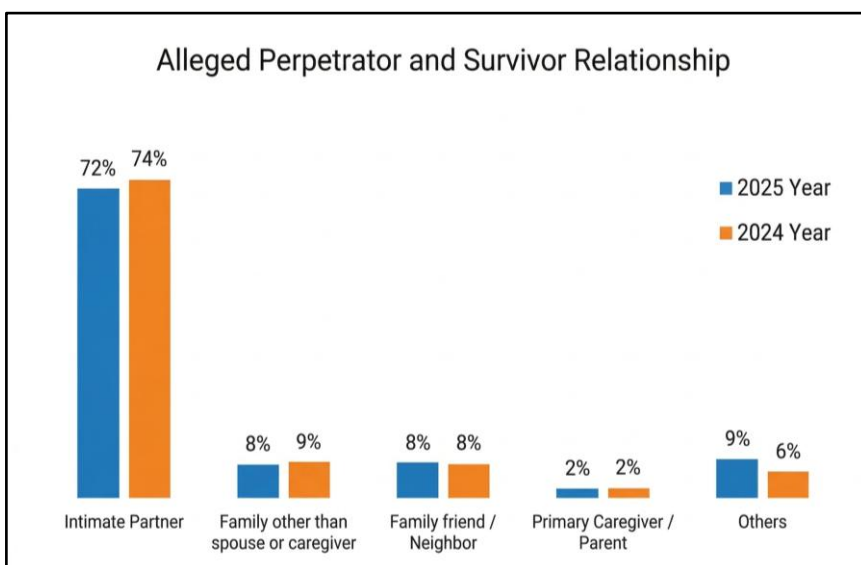
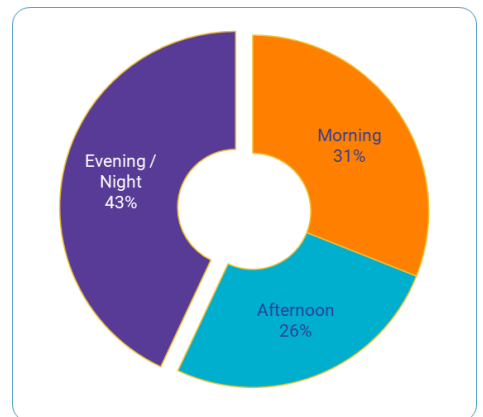
Denial of resources reported **14% in 2025**. The denial of resources is deepening in the severity of economic gender-based violence. Women are facing increasing financial control, with reports of men gambling away household assets, including jewelry, shelter, and, in extreme cases, even their spouses. One documented femicide case involved a woman killed by her husband after she refused to sell her jewelry to fund his gambling. Survivors also reported the denial of resources, as men abandon financial responsibilities toward first wives to remarry or engage in extramarital affairs. With limited livelihood opportunities, the inability to access independent resources traps many survivors in cycles of abuse,

leaving them dependent on perpetrators who control every aspect of their physical and economic survival.

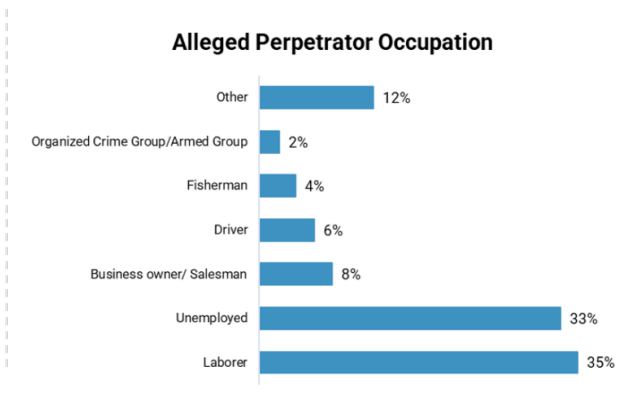
In 2025, **sexual violence** reported **12%** comprising of rape (5%) and sexual assault (7%). As per focus group discussions with community women, sexual violence continued to occur predominantly within intimate relationships, with marital rape emerging as a recurrent yet highly under-disclosed form, often normalized within marriage and reported only when associated with physical injury, severe distress, or repeated abuse. GBV case workers and protection actors have documented instances of suicidal ideation and attempts among survivors, underscoring the profound psychosocial toll of unaddressed GBV. The most extreme cases of sexual violence such as gang rape are perpetrated by organized groups are compelling survivors to seek help despite considerable risks.

Similarly, **forced marriage** accounted for **0.3%** reported GBV cases in 2025. Forced marriage is often driven by economic pressures, protection concerns, and cross-border dynamics, including pressure on families to marry adolescent girls to men residing abroad, particularly in Malaysia in exchange for financial support. Fear of retaliation, social stigma, and the normalization of early or arranged marriages continue to limit disclosure. In several instances, forced marriage is intersected with emotional coercion by family members and broader patterns of economic exploitation.

The types of incidents reported mostly occurred during evening/night (43%), followed by 31% in the morning and 26% in the afternoon. The absence or failure of lighting on key routes to latrines, bathing areas, further constrains movement and after hours, particularly for adolescent girls, people living with disabilities, and female-headed households. Collectively, the pattern points to a daytime burden of public harassment and a night time convergence of structural risks, lighting, isolation, and organized groups presence.



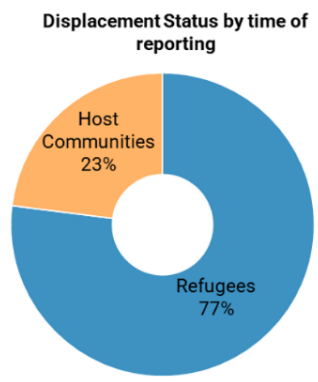
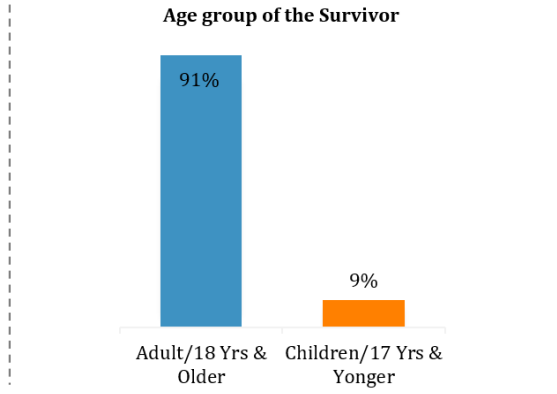
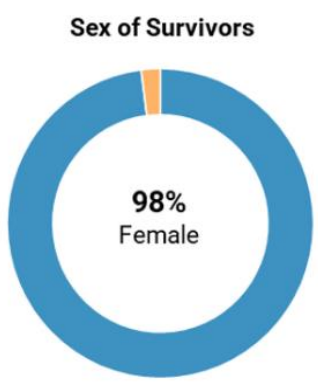
Overall, 72% of incidents were perpetrated by intimate partners in 2025, while 8% by family other than spouse or caregiver and family friend/neighbour, and 2% from the Primary Caregiver/parents in 2025. Intimate partner violence (IPV), where women and girls experience harm within their households, has been attributed to factors such as polygamy, denial of access to resources and opportunities, and limited access to essential services for women and girls.



Incident Locations	2025	2024
Survivor's Residence	88%	91%
Perpetrator's Residence	4%	3%
Street / Pathway	3%	2%
Friend or Relative's Residence	1%	1%
Water point	0.5%	0.5%
Hotel	1%	1%
Bathing Facilities	0.3%	0.3%
Public toilets/latrines	0.4%	0.2%
Bush	0.5%	0.3%

The majority of perpetrators were laborers (35%), unemployed individuals (33%), business owners/salesmen (8%), drivers (6%), fishermen (4%), members of organized groups (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 IPV. 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. Similarly, 4% of incidents occurred in the perpetrators residence, 3% at the street/pathway and 1% at the friend or relative's residence. It is reported that streets/pathways are recurrent sites of non-partner harassment and assault, underscoring mobility linked risks outside the home.

3. SURVIVOR INFORMATION

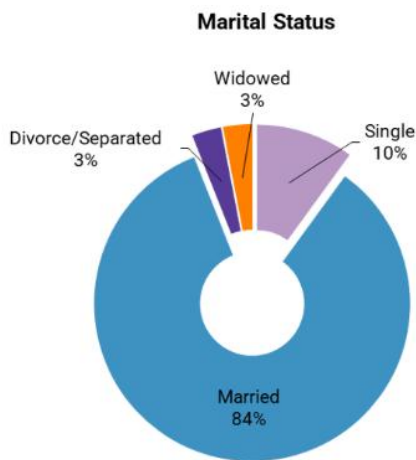


The GBVIMS Data Gathering Organization (DGOs) continued to provide case management services for female (98%) and male (2%) survivors. The majority of the reported GBV survivors were adults of the age group 18 to 60 years (91%) and children in the age group 17 years and below are 9%. In 2025, there were extended GBV services available for male survivors.

In 2025, the GBV Sub-Sector (GBVSS), in collaboration with the Child Protection Sub-Sector (CPSS), developed a comprehensive guidance note on caring for child and adolescent survivors. To support its dissemination, a joint town hall was held on 6 May 2025², bringing together 315 GBV and Child Protection actors. As part of the rollout, the GBVSS and CPSS also conducted two trainings on Caring for Child Survivors (Version 2)³ to strengthening their capacity in survivor-centred responses to child sexual abuse and child marriage, psychosocial support, cross-sector collaboration and staff wellbeing. Of the reported GBV incident cases, 77% are of the Refugees and 23% are of the host community of Teknaf and Ukhia

² <https://rohingyaresponse.org/wp-content/uploads/2025/08/GBVSS-Q2-Bulletin-2025.pdf>
³ <https://rohingyaresponse.org/wp-content/uploads/2026/01/GBVSS-Q4-Bulletin-2025.pdf>

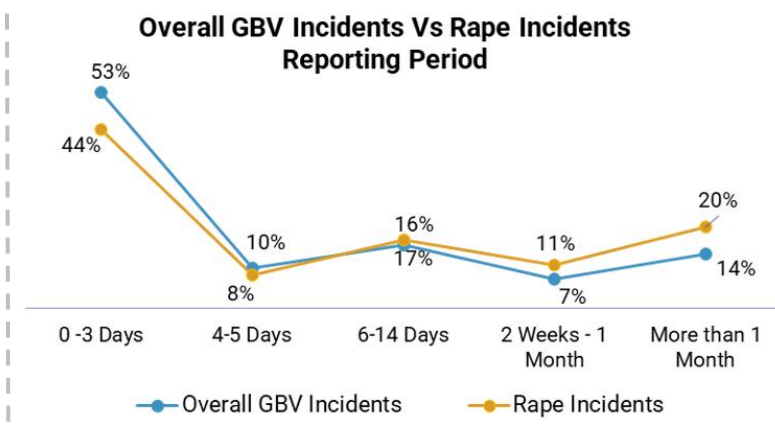
Upazila of Cox’s Bazar district. In 2025, there was a GBV awareness raising session at the facility level and at the community level from the case workers and Rohingya volunteers at the camp level and surroundings.



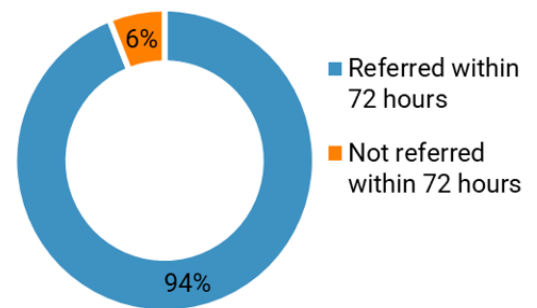
84% of the GBV survivor cases are married while 10% are single, and 3% each of divorced/separated and widowed cases. Field observations, focus group discussions, and Camp Focal Point feedback confirms that IPV remains a primary concern, with women and girls frequently experiencing harm within their households.

Financial insecurity is significantly reducing family coping capacities, leading to increased domestic tension escalating into violence. The specific vulnerabilities of women, particularly those lacking social support structures or relatives in the camps, face heightened vulnerabilities, including transactional sex and exploitation. Furthermore, marginalized groups continue to be targeted for coercion and abuse as they struggle to secure their daily needs amid limited livelihood opportunities.

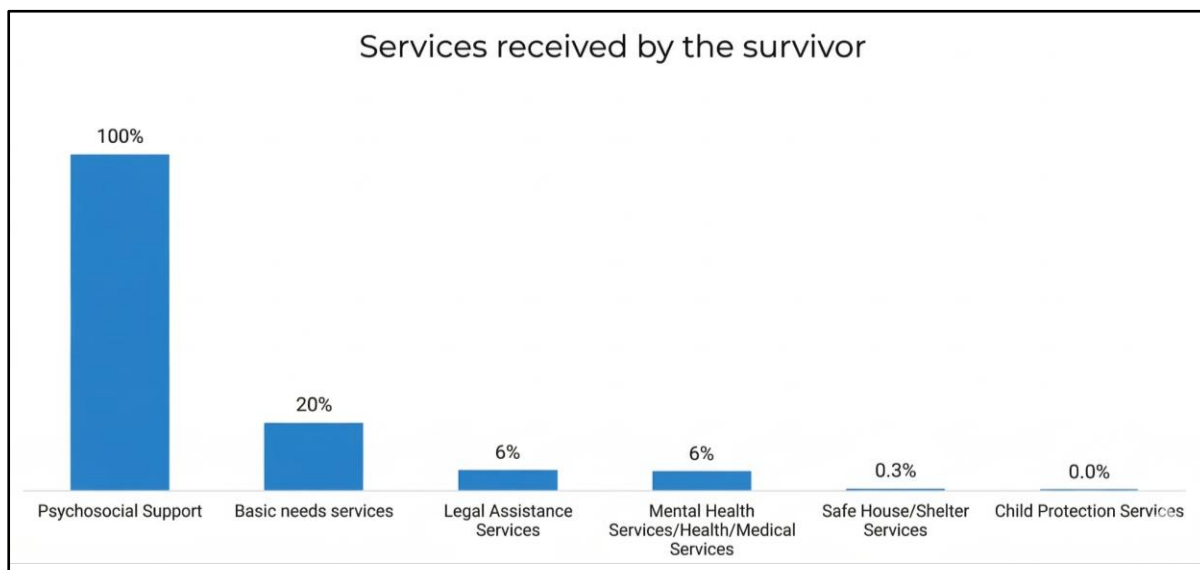
4. SERVICE PROVISION AND GAPS



Percentage of rape cases referred/treated within 72 hrs of the incident



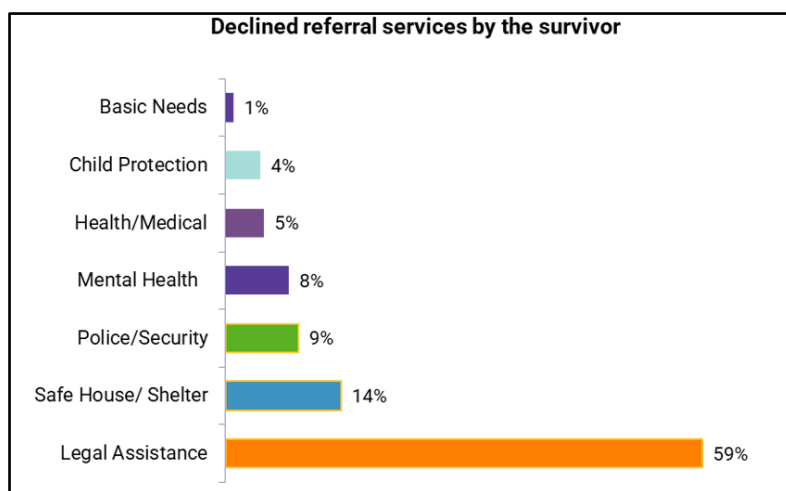
In terms of the reporting process, the half of the overall GBV incidents were reported in 3 days (53%) and out of the total rape cases, 44% were reported within 72 hours. The large majority - 94% of survivors - were able to access life-saving Clinical Management Rape (CMR) services for all rape incidents reported within 72 hours in 2025. Heightened risks, insecurity, ongoing violence, and fear of stigma deterred 6% 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.



In 2025, of the total reported cases, the survivors received different types of services as per need basis. All survivors received psychosocial support (100%), basic need services (20%) and legal assistance (6%) and mental health services/medical health services (6%) through the data gathering organization and from the GBV⁴ referral mechanisms⁵ to different humanitarian organizations.

Among the reported cases, 67% were referred by community volunteers and 11% from health/medical services. From the Inter Sector Needs Assessment 2025, Women and Girls Safe Spaces (WGSS) remain the most widely recognized GBV service points in the camps with 50% of households being aware of them. 11% of households reported they knew about Women Led Community Centres and 8% about Multi-Purpose Community Centres, because such centres are available in only a limited number of camps. Furthermore, 9% of households reported having no knowledge of any GBV-related services, likely to reflect information gaps among new arrivals who are still receiving orientation. This highlighted persistent outreach and dissemination gaps beyond WGSS.

A total of 59% of GBV survivors declined legal services, reflecting persistent barriers, including fear of social reprisal, lengthy legal processes, and emotional distress, when accessing justice. This reflects a paradox. Although confidence in formal justice mechanisms remains low due to fear of retaliation, intimidation, and lengthy legal processes, survivors increasingly approach APBn and CiC as first points of help. This shift is not because these mechanisms are survivor-centred, but because they are seen to resolve disputes faster, particularly in cases of physical assault, forced marriage, or household



conflicts where survivors or families seek immediate intervention rather than long legal proceedings. Similarly, 14% 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.

⁴ GBV referral Pathways for GBV actors: <https://lookerstudio.google.com/reporting/1d5ea5b3-7dcb-41c7-93d6-de677de1dad3/page/jXBpC?s=lhKhmiuJWZk>

⁵ GBV Referral Pathways for Non GBV actors: <https://lookerstudio.google.com/reporting/7d3ff5cb-836c-4aed-b8cb-1a5478bae701/page/jXBpC?s=oAJHKLlWZCc>

From the Inter Sector Needs Assessment 2025, community members trusted the following places for GBVS services: Women and Girls Safe Spaces (Shanti Khanas) are the most trusted support point, cited by 27% of households, followed by Camp-in-Charge (CiC) offices (23%) and Majhis (18%). This demonstrates that while humanitarian GBV service points, such as Shanti Khanas are well recognized for their support role, a large proportion of community members still rely on informal or administrative authorities as their first line of help. The reliance on CiCs and Majhis likely stems from their visible presence and decision-making power within the camps, though these actors often lack GBV-specific training, which may lead to informal mediation or breaches of confidentiality when handling sensitive cases.

5. CHALLENGES AND BARRIERS

- Persistent barriers such as fear of retaliation, mistrust in reporting mechanisms, and interference from community leaders and other authorities continue to discourage survivors from seeking GBV services.
- **Marginalization of gender diverse population:** Some members of the gender-diverse populations reported experiencing bullying, exclusion, and threats of sexual violence. They faced discrimination not only within their communities but also from service providers, resulting in social isolation and increased physical and psychological risks.
- **Poor lighting that increased safety concerns:** The malfunctioning or theft of solar lights around key areas such as WASH facilities creates an unsafe environment for women and girls, particularly at night. The fear of moving in the dark makes basic activities like using latrines or bathing risky, increasing their vulnerability.
- **Heightened risks of GBV and exploitation,** particularly affecting adolescent girls and newly arrived women, including coercion by armed groups, child and forced marriage, and sexual exploitation. Stalking, extortion, and night-time threats have made it difficult for many to feel safe, even in their own shelters, especially those without male family members.
- **Protection risks for new arrivals:** New arrivals remain particularly vulnerable to various GBV risks, including child marriage, transactional sex, and intimate partner violence. Reports indicate landlords exploiting them by inflating rent prices, while others are forced to live in overcrowded shelters and shared living spaces, further increasing their exposure to sexual violence and exploitation.
- **Online exploitation:** Reports emerged highlighting the increased exposure of adolescents to online scams, exploitation, and coercive recruitment tactics via digital platforms. Gaps in digital literacy and limited parental supervision have made it easier for youth to fall prey to manipulation and abuse. Additionally, economic hardship has pushed many adolescents into unsafe and informal work environments, where they face heightened risks of sexual harassment under threats or false promises.
- **Forced evictions and inflated rent demands** by host community landlords have contributed to housing insecurity, particularly impacting newly arrived families. Female-headed households have reported incidents of GBV, including transactional sex, especially among those without relatives to shelter them in the camps or the means to afford rent.
- **The funding constraint significantly impacted GBV actors,** leading to service delivery disruptions in Women and Girls' Safe Spaces as well as GBV service points were either closed or operated on reduced schedules. Operational facilities were limited to providing Psychological First Aid and referrals, as staff contracts had been suspended.

- The announcement of potential food ration cuts in March 2025, coupled with funding cuts, triggered widespread panic and fear in the camps, resulting in heightened tensions. Reports of theft and robbery surfaced as families began preparing for difficult times. Although WFP later clarified that food rations would not be cut, the initial uncertainty had already caused distress.
- Demand for GBV Data in number and location wise from the stakeholders in some of the locations are the challenge and barrier to the GBV actors to continue with the GBV services at the field level.

6. WAY FORWARD AND KEY RECOMMENDATION

- Continue advocacy efforts with government officials to ensure dignified survivor centred GBV service provision for women and girls (including women and girls with disabilities), which are respectful of confidentiality, due processes and gender-sensitive involvement.
 - Enhance gender-based violence prevention strategies amongst women and men in the community, particularly about the challenges faced by widowed women, women and girls with disabilities, women-headed households, youth and adolescent girls and boys to promote gender equality. Provide safe spaces, meaningful engagement opportunities, women and girls targeted sports for protection activities, support groups, and counselling services. Encourage women's participation in training, meetings, access to service facilities, as well as support for women empowerment and leadership.
 - Strengthen coordination with the GBV services actors to address the gaps and challenges of services declined by the survivors. Continue to organize capacity building activities with camp focal points, CiCs staff and Army Police Battalion, to discuss and coordinate to availing timely referral for safe shelter services and legal action, for timely multi-sectoral referral to respond to GBV cases.
 - GBV actors continue to coordinate with the Housing, Land and Property (HPL) working group, to address the GBV risks.
 - Continue to provide orientation to the service actors on GBV guiding principles, GBV risk mitigation, and referral services and discuss further on comprehensive approaches to GBV disclosure. A multi-sectoral workshop on GBV response and referral services with the different actors is recommended to address the challenges and gaps of service delivery.
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