

Methodology & Data sources: Data sources include **(i) GBVIMS Incident Recorders** from 15 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.

KEY INSIGHTS



82%
Refugees



18%
Host
Communities



97%
Female



3%
Male



92%
Adults
(18yrs+)



8%
Children
(0 - 17yrs)



0.18%
Unaccompanied
/separated
children



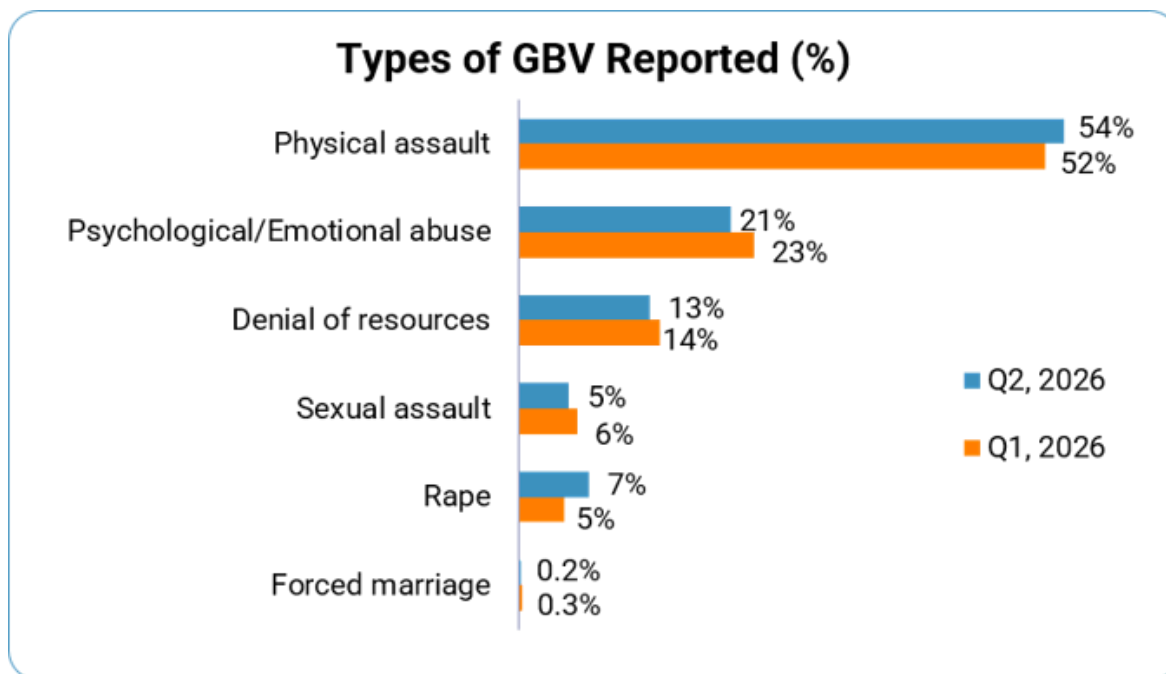
1%
Persons with
disabilities

NATURE AND SCOPE OF REPORTED GBV INCIDENTS

In Q2 2026, reported GBV cases **increased by 10%** compared to Q1 2026, according to the GBV Information Management System (GBVIMS). The increase in recorded incidents primarily reflect less systemic barriers to disclosure and growing access to GBV case management services but also a likelihood of increased prevalence. In parallel, field observations, focus group discussions (FGDs) and camp focal points (CFP) indicated **heightened GBV risks** in the Rohingya camps, driven by interconnected factors worsening economic hardship, unemployment, substance abuse, online gambling and financial extortion contributing to increased household stress and tension leading to sustained high levels of intimate partner violence (**IPV**)-**72% of all cases received in Q2 2026** (73% in Q1). The growing criminal activities including gambling, human trafficking, kidnapping and drug use further contribute to insecurity in the camps and increased protection risks for women and girls. . Three cases of **femicide** were reported during the quarter, including a case where a young child was murdered alongside the mother. In another case, a drug dependent husband killed his wife following altercations when she refused to give him money to buy drugs. The cases highlight the extreme consequences of substance abuse intersecting with economic stress leading to fatal consequences of intimate partner violence (IPV) .

Newly arrived Rohingya families continue to face intense protection risks due to limited shelter capacity and insufficient resources. With no clear solution to the shelter issue, many new arrivals are attempting risky return to Myanmar, having overstayed the initial welcome of their relatives, with whom they sought temporary accommodation. . Many new arrivals are also residing in rented accommodation outside the camps near the border, where men often work as day labourers and women engage in domestic work. These arrangements expose women and adolescent girls to heightened risks of sexual exploitation, sexual assault, and human trafficking. Beyond shelter needs, these vulnerable households remain at high risk of exploitation, protection violations, and continued suffering, including housing, land and property (HLP) concerns, particularly financial demands and exploitation by members of the host community.

1. Types of GBV



Physical violence remained the most reported form of GBV in Q2 2026, accounting for **54%** of all types of GBV cases. This is largely driven by IPV— 72% — which emerged as the most prevalent form of GBV across camps and surrounding host communities. Field observations, focus group discussions (FGDs) and feedback from camp focal points (CFPs) indicate that physical violence is increasing in both frequency and severity. This escalation reflects the combined impact of worsening socio-economic conditions and a deteriorating protection environment. Persistent drivers include family conflict, household tensions linked to reduced and stratified food rations under the Targeting and Prioritization Exercise (TPE), prolonged displacement, unemployment, gambling-related disputes, substance abuse, and limited social acceptance and awareness regarding gender-diverse populations. In addition, harmful gender norms and household dynamics such as extramarital affairs, polygynous relationships, dowry-related disputes, and unequal distribution of household responsibilities continue to intensify physical violence against women. Beyond the household, the growing influence of organized groups has contributed to increased incidents of assault, intimidation, and extortion, indicating that physical violence has evolved into a broader protection concern. Furthermore, physical violence is frequently used as a means of coercion and control, particularly when women resist exploitative demands or challenge abusive behaviour, reinforcing existing power imbalances and increasing their protection risks.

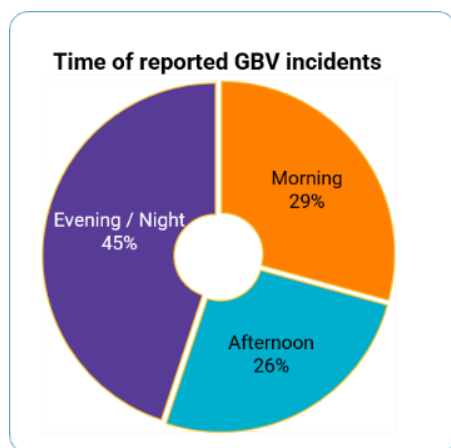
Emotional and psychological violence remained the second most reported form of GBV, accounting for **21% of reported incidents in Q2 2026** (23% in Q1). Field observations, FGDs and CFPs feedback indicate the pervasiveness of this form of GBV. Women and girls frequently experience intimidation, verbal abuse, threats of divorce or abandonment, social isolation, coercive control, insults, and other forms of psychological abuse. Many also face emotional abuse related to fertility, including not having children or giving birth to daughters instead of sons. Technology-facilitated abuse has expanded psychological violence through persistent online harassment, unwanted communication, and threats to disclose private images or videos, particularly affecting adolescent girls and young women. Gender-diverse individuals experience emotional distress linked to discrimination based on their gender identity and expression.

Denial of resources represented **13%** of reported cases in Q2 2026 (14% in Q1), closely interlinked with IPV and economic abuse. At the household level, economic control and financial deprivation, including the diversion of household income and rations to gambling, limited women's access to basic needs and financial resources. These resource constraints also contributed to harmful coping mechanisms, including child marriage, trafficking, and transactional sex to meet basic survival needs.

Sexual violence accounted for **12%** of all reported cases, including 7% **rape** and 5% **sexual assault**. This is an increase from Q1, 2026 when 5% rape and 6% sexual assault cases had been reported. Organized and/or armed groups were consistently identified as key perpetrators, reportedly entering shelters at night to commit rape—including gang rape, sexual assault, intimidation and extortion. Female-headed households, and shelters where male family members were absent, were particularly targeted. Adolescent girls were increasingly lured through online relationships, resulting in sexual exploitation after leaving the camps. Technology-facilitated sexual violence also emerged as a growing concern, including online harassment, cyber abuse, blackmail, technology-enabled exploitation, online gambling, and pornography-related exploitation. Environmental factors, such as limited privacy, insufficient or distant latrines, continued to increase the risk of sexual assault. Substance abuse was also frequently reported in connection with sexual violence incidents. Gender-diverse populations (GDP) remained at heightened risk of sexual violence due to social exclusion and limited livelihood opportunities. GDP who engage in dancing and singing performances to earn an income frequently experienced bullying, sexual harassment, and unwanted sexual advances, and faced an increased risk of sexual assault and rape while returning home at night, heightening their exposure to sexually transmitted infections (STIs) including HIV. Survivors of sexual violence also endure severe psychological distress, stigma, fear of retaliation, and pressure from family or community members to remain silent or adopt harmful coping strategies to include unsafe migration to marry off the survivor in other country.

Child/Forced marriage accounted for **0.2%** of reported GBV cases in Q2 2026 (0.3% in Q1). The primary contributing factors included family pressure, concerns about girls' safety and family honor, harmful social norms, limited access to education, and low awareness of the risks associated with child marriage. Key drivers included financial hardship, poverty, and entrenched cultural practices that encourage child or forced marriage. Families often arranged these marriages due to economic constraints, the perceived burden of supporting multiple daughters, inability to finance girls' education, fears of social stigma or loss of honor, and longstanding beliefs that child marriage is acceptable or beneficial.

2. Time of Incidents

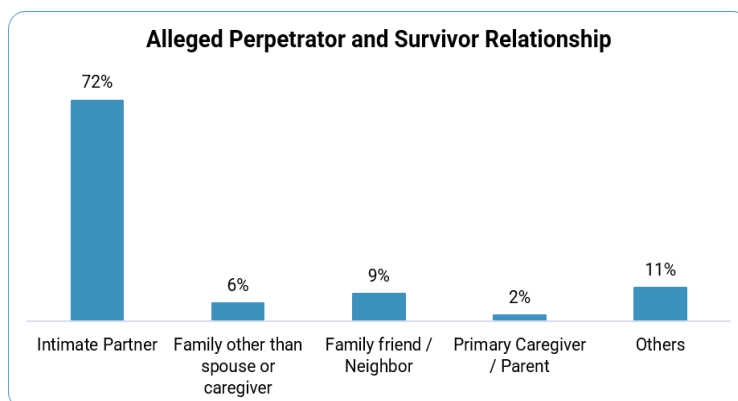


The reported incidents mostly occurred at evening/night (45%) followed by morning (29%) and afternoon (26%). The absence or failure of lighting on key routes to latrines, bathing areas, further constraints movement at nighttime, particularly for adolescent girls, persons with disabilities, and female-headed households. Reports of unidentified individuals knocking on the doors of female- and girl-headed households at night raised serious security concerns. Also, unknown individuals repeatedly threw bricks onto shelters, creating fear among residents, during the night. Nighttime was identified as a distinct risk period also for gender-diverse individuals. Community male members

frequently approach them for sex by taking advantage of their isolation from the family, resulting in incidents of sexual misconduct, rape, and elevated STI/HIV risks.

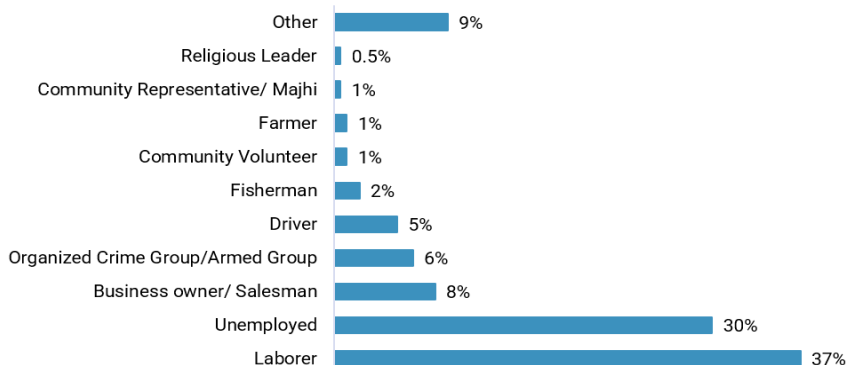
3. Perpetrators' Profile

In Q2 2026, the perpetrator and survivor relationship profiles indicated that **72%** of incidents were perpetrated by **intimate partners**, 6% by other family members, 9% by family friends/neighbors. Notably, **87%** of all reported incidents occurred within the **survivor's residence**, while 4% of incidents occurred in the perpetrators residence, 3% in the street/pathway and 1% at a friend or relative's residence. Furthermore, 1% of the alleged perpetrators were community volunteers at the camp's level.



Locations	Q2 2026
Survivor's Residence	87%
Perpetrator's Residence	4%
Street / Pathway	3%
Online	1%
Friend or Relative's Residence	1%
Water point	0.5%
Hotel	1%
Bush	0.5%
Public toilets/latrines	0.5%
Bathing Facilities	0.2%
Market/Shopping Centre	0.21%
Others	1%

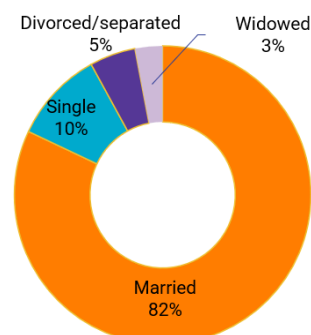
Alleged Perpetrator Occupation



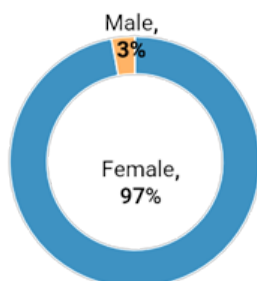
4. Survivors' Profile

Women and adolescent girls are impacted and suffer the most severe consequences of these safety and security threats. **Females accounted for 97%** of reported GBV cases, with 82% involving married women and 1% persons with disabilities. Their vulnerability is further compounded by restricted freedom of movement, inadequate lighting in public spaces, reduced support services, and persistent barriers to reporting violence due to fear, stigma, and concerns about confidentiality. Similarly, security concerns remain high due to the activities of organized and/or armed groups, including killings, kidnappings, robbery, ransom demands, threats, and widespread fear of harassment and sexual violence. Field observation and focus group discussion indicate that these groups pressure survivors into unwanted relationships, intimidate survivors and their families, influence informal community dispute resolution mechanisms, discourage legal action, and perpetrate sexual violence, thereby undermining survivor-centered protection and response efforts.

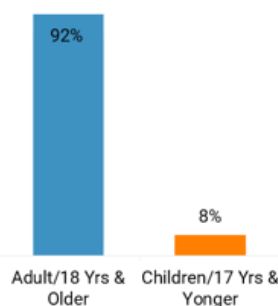
Marital Status



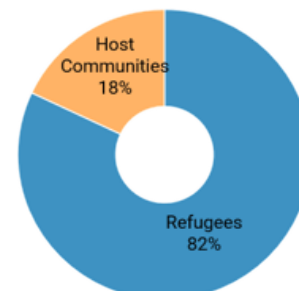
Sex of Survivors



Age group of the Survivor



Displacement Status by time of reporting

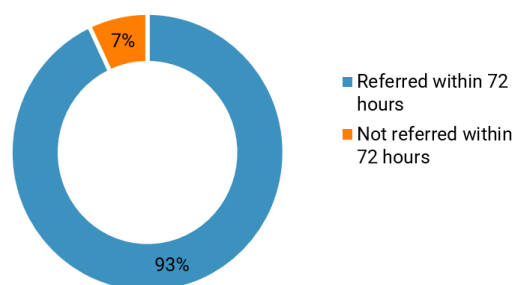


5. Service provision and gaps

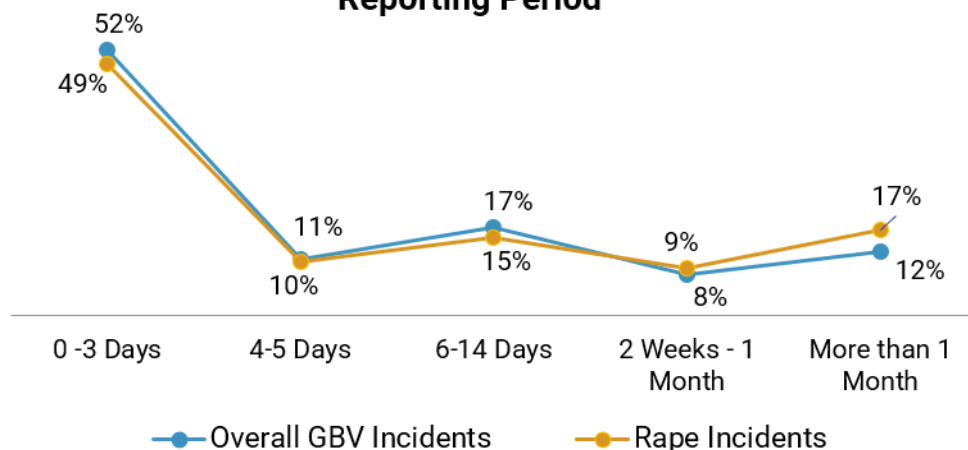
In Q2 2026, **93% of rape survivors were able to access lifesaving Clinical Management Rape (CMR) services within 72 hours**. Fear of medical examinations, forensic evidence collection, and misconceptions about the legal procedures continue to discourage many GBV survivors from seeking services within the critical time frame. Reporting is further hindered by fear, shame, embarrassment, and concerns about the non-consensual

disclosure of sexual violence through digital platforms or leaked videos. Limited confidence in accountability mechanisms also reduces survivors' willingness to access available services. In addition, family and community pressure to remain silent in order to preserve family honour or protect future marriage prospects often delays disclosure. These challenges are further compounded by insecurity, movement restrictions, and administrative barriers that limit access to protection services, increasing the likelihood that survivors will miss timely medical care, psychosocial support, protection, and legal assistance.

Percentage of rape cases referred/treated within 72 hrs of the incident, Q1 2026

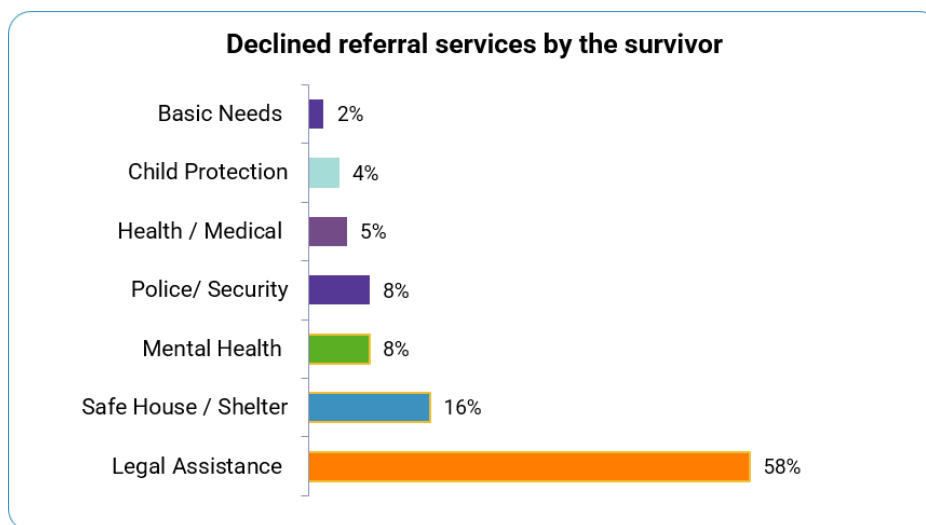


Overall GBV Incidents Vs Rape Incidents
Reporting Period





In Q2 2026, of the total reported cases, all survivors received psychosocial support (100%), basic need services including food and non-food items (21%) and legal assistance (6%) and specialized mental health services/medical health services (4%) either at safe spaces or through referral to other specialized services .



In Q2 2026, out of all GBV cases referred to the legal services, **58% of survivors declined legal services** (64% Q1). The most frequently reported reason for declining legal referrals was the fear that seeking legal support would worsen the survivor's situation. The decline is supported by multiple misconceptions and fears: that legal action could trigger further violence, retaliation, threats, or increased abuse from the perpetrator; that the safety of the survivor and her children could be compromised if the perpetrator becomes aware of their attempts to seek legal assistance; and that legal intervention could lead to divorce, separation, or the breakdown of family relationships in a context where marriage is seen as a form of protection for the woman and her children. These misconceptions and fears push survivors to preserve their marriage, in turn giving the perpetrator the chance to harm again. Concerns about losing family support and

maintaining household stability frequently influence decision-making. Dependency on perpetrators for housing, income, food, childcare and other essential support, and fear of losing essential resources, stop survivors from pursuing legal action. Transportation costs, legal expenses, loss of income, and other indirect costs associated with accessing services further limit engagement with legal aid.

Altogether, **16% of survivors declined safe house/shelter support** due to childcare responsibilities, fear of retaliation, family stigma, and potential return to abusive environments. They often preferred to remain with their own family, as a way to prevent community gossip, loss of social support, and uncertainty about their future safety. Additionally, safe shelters provide temporary solutions rather than addressing survivors' longer-term protection and recovery needs; some survivors are discouraged from accepting this service due to fear of retaliation and stigma upon return to their communities. In addition, eligibility criteria and operational protocols of safe shelters also restrict access for certain survivors. For example, some survivors have more than two children, while some shelters have limitations on the number of children who can accompany a survivor. Also, many shelters only permit boys aged 10 or below to stay with their mother. These restrictions can prevent survivors from seeking shelter, particularly when they are unwilling or unable to be separated from their children.

Stigma surrounding mental health was identified as a major barrier to accessing mental health and psychosocial support (MHPSS) services in the camp settings, leading **8% of survivors to decline referrals to specialized mental health care**. In the host communities, access to mental health services is even more limited, with few or no specialized services available locally. In many cases, survivors can only be referred to the district (Sadar) hospital for mental health support. However, the long travel distance, associated transportation costs, and other logistical challenges often discourage survivors from accessing these services.

6. Recommendations

- a. Strengthen government leadership to ensure GBV services for women and girls, including those with disabilities, are survivor-centred, confidential, gender-sensitive, and uphold due process.
- b. Strengthen community engagement in GBV prevention by reinforcing community-based prevention and early warning systems, promoting awareness, and supporting safe reporting pathways to reduce protection risks and improve access to services.

- c. Strengthen psychosocial and protection support for women and adolescent girls facing heightened economic stress, particularly women-headed households and women with relatives abroad, who remain at increased risk of extortion, emotional abuse, and coercive control.
- d. Strengthen access to justice for GBV survivors by reinforcing legal aid and referral services to include transportation support, enhancing survivor-centered justice mechanisms to ensure timely, safe, confidential, and equitable access to legal remedies and accountability.
- e. Emerging risks such as substance abuse, online gambling, organized and/or armed group activities, and trafficking should be closely monitored through multisectoral coordination. Communities should be aware of available services, reporting mechanisms, and protection measures, with particular attention to adolescent girls and GBV survivors at risk of coercion. Preventive actions should address risky behaviors that heighten vulnerability, while technology-facilitated GBV reporting pathways must be clearly defined and widely communicated to GBV actors, community women, and girls.
- f. Community awareness initiatives and close coordination with referral partners have strengthened access to GBV services. Continued investment in awareness-raising, disability-inclusive programming, timely referral, and stigma reduction is essential to improve survivor access to comprehensive support.
- g. Conduct stakeholder meetings to raise awareness of gender-diverse population (GDP)-specific protection concerns, including those stemming from their reliance on informal income sources, such as cultural performance. Introduce targeted livelihood programs to reduce exposure to exploitative income-generating activities, and strengthen engagement with law enforcement agencies, the CICs, and community leaders. Advocate for improved night patrolling and safety measures at the camp level to directly address the timing and location patterns identified in GDP-related incidents.
- h. The current GBVIMS Incident Recorder (IR) does not categorize GBV cases affecting survivors from the gender diverse population (GDP). Therefore, distinct risk patterns, incident types, and GBV trends that affect gender-diverse individuals remain invisible in aggregated GBV data. Introducing a dedicated GDP category under the sex/gender field in the IR would enable it to produce disaggregated analysis and improve visibility of GBV trends affecting this population. While updating the IR may require time, GBVSS will continue to provide an analysis on the GDP-specific protection risks and needs from sources beyond the GBVIMS in its quarterly reports to ensure stakeholders remain informed.

GBVIMS Factsheet, Cox's Bazar Q2 2026, April-June 2026



The GBVIMS factsheet is a quarterly product of the GBV Sub-Sector, Cox's Bazar. For any queries, please reach out to the GBV Sub-Sector team:

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Rohingya Response Webpage:

<https://rohingyaresponse.org/sectors/coxs-bazar/protection/gender-based-violence/>

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