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Gender-Based Violence in a Complex Humanitarian Context: Unpacking the Human Sufferings Among Stateless Rohingya Women

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Abstract

Rohingya is one of the ethnic minority groups that has faced profound ethnic violence against them in their home country, Myanmar. Almost a million Rohingya have fled to Bangladesh and are currently living in extremely precarious conditions near the Myanmar–Bangladesh border. Despite the sufferings and oppressions of all Rohingya, women, in particular, have been victims of sexual violence. Using various information sources, this paper analyzes different dimensions of the gender-based violence (GBV) that has endured in Myanmar for decades. This paper also highlights the health and wellness of Rohingya women, including impacts made during the COVID-19 pandemic. Furthermore, it provides a framework for reducing gender-based violence in the Rohingya camps in Bangladesh. Even though this paper focuses on the Rohingya crisis, insights are relevant to other contexts facing similar social, political, and humanitarian crises, particularly in the Global South.

Keywords: Bangladesh, gender-based violence, Myanmar, Rohingya, Rohingya women

Introduction

Unfortunately, gender-based violence (GBV) is increasingly common during any crisis or emergency contexts (Izugbara, 2018). During the crisis or emergency situations, vulnerable populations are usually at heightened risk of abuse, exploitation, or violence, and often gender identities influence those unfortunate, undesirable, and inhumane outcomes (Kirby, 2015; UNHCR, 2021). Even though there are various conceptualizations of GBV, in most cases it is ‘...targeted to a person because of their gender, or that affects them because of their special roles or responsibilities in their society’ (Benjamin and Fancy, 1998: 14). It is also common that GBV is considered a private family or communal matter, and perceived social prestige is directly linked to those outcomes (El-Bushra, 2003; Jack, 2003).

Throughout any emergency or conflict situation, acts of GBV may occur in forms of sexual harassment, rape, trafficking, sexual slavery, harmful traditional practices, forced early marriage, honor killings, or domestic violence (Inter-Agency Standing Committee, 2015). During the Rwandan genocide (Human Rights Watch, 1996), and the war in Bosnia and Herzegovina (Carpenter, 2006), GBV was considered a tactical strategy during the pre-conflict, conflict escalation, and post-conflict phases (Leatherman, 2011). Because of differential social roles, norms, and identities, male and female experience violence differently in most societies (Anholt, 2016). Moreover, due to social and cultural constraints and fear of stigmatization, female victims are often reluctant to express or report on GBV or seek support during, or after, the violent incidents (Benjamin and Fancy, 1998). Continually, gender identity inherently and culturally exacerbates those risks (United Nations Human Rights Council, 2011; United Nations Human Rights Office of The High Commissioner, 2021). In conflict situations, gender identity often is the reason for feeling powerlessness and frustration (Storkey, 2015). Although there are several other reasons for GBV in humanitarian crises, a deeper understanding of local culture and context can offer important insights into the root causes of GBV (Toma et al., 2018).

This is equally true for almost a million Rohingya, who fled their home country Myanmar, particularly starting from 25 August 2017, as a response to brutal violence against them predominantly by the country's armed forces Tatmadaw. The waves of Rohingya in-migration to Bangladesh are not new (Ullah, 2011, 2016; Ullah & Chattoraj, 2018; Ware and Laoutides, 2018). Particularly, as a response to the 2017 crisis, the UN High Commissioner for Human Rights, Zeid Ra'ad al-Husein, described this atrocity as a '...textbook example of ethnic cleansing' (UN, 2017; Westcott and Smith, 2017).

This article aims to address multi-dimensional aspects of GBV and explain how ethnic and gender discrimination and prejudice have caused humanitarian suffering for Rohingya women before and during ethnic violence against them in Myanmar. This article will also address how their experiences are now unfolding in Bangladesh's refugee camps, particularly during the COVID-19 global pandemic.

This article helps to understand the root causes of GBV among Rohingya women. In doing that, it unpacks Myanmar's culture of violence against ethnic minority women, the health and welfare impacts of such brutalities, and the role violence plays on the route to change and peace. Overall, this paper focuses on three crucial aspects of GBV among Rohingya women. Firstly, it contributes to understanding the cultural dimensions of GBV among Rohingya women. Secondly, it discusses the health and wellbeing of the Rohingya women, who are now living in various Rohingya camps in Bangladesh. Thirdly, the paper helps to understand the increased complexity of reducing GBV among Rohingya women because of the global pandemic.

The Crisis

The 'Rohingya' commonly refers to the Muslim ethnic minority from the northern Rakhine state (formerly known as Arakan) of Myanmar (Cheung, 2015, Ware and Laoutides, 2018). The historical evidence shows that Arakan was the home to the Rohingya for approximately one thousand years. In the 1950s, the Burmese State acknowledged the Rohingya several times and their chosen ethnic designation. For example, the first President of Burma Sao Scwe Thaik, said in 1959 that the "Muslims of Arakan" [Rohingya] certainly [belong] to the indigenous races of Burma.' They had their citizenship cards and had the right to vote (European Network on Statelessness and Institute on Statelessness and Inclusion, 2019). Later, several nation-building doctrines and the formation of Buddhist-majority Myanmar pursued waves of denial of Rohingya and brutal human rights violations in Myanmar (Abdullah, 2021; Ullah and Chattoraj, 2018; Ware and Laoutides, 2018).

When the government implemented the Burma Citizenship Law in 1982, Rohingya was not listed as one on the national list of currently 135 ethnic groups within Myanmar. Myanmar's citizenship law is widely criticized for being discriminatory and not complying with international standards (Arraiza and Vonk, 2017; UN High Commissioner for Human Rights, 2016), which resulted large numbers of stateless people in the country (Arraiza and Vonk, 2017; Kyaw, 2017). The situation of statelessness forced Rohingya into further disarray, and a period of migration and struggle as they are now living in precarious conditions in various refugee camps in Bangladesh (Ahmed, 2010; Jha, 2020; Mohsin, 2020). Particularly, since August 2017, thousands of Rohingyas have been tortured and killed in Myanmar, primarily by the Myanmar Army—the Tatmadaw—which has resulted in massive displacement and forced migration of approximately one million Rohingya to neighboring Bangladesh (Farzana, 2015; Nelson et al., 2020; US Department of State, 2018; Yasmin and Akther, 2020). It is widely believed that this Muslim minority in Myanmar is the victim of genocide and 'the most persecuted minority in the world' (Human Rights Council, 2017).

Despite the major surge of Rohingya migration since 25 August 2017, this phenomenon of Rohingya outmigration from Myanmar is not new (Ullah, 2011; Ullah and Chattoraj, 2018). The Rohingya population has been subjected to repeated waves of persecution and forced displacement from their home country. Their cycles of historical displacement began with the Burmese invasion of Arakan and deportation of Arakanese in 1784 and were followed by their returns and armed struggle during the British colonial era (1824–1948). Rohingya faced further displacements after independence, which eventually created a justification for labeling them as 'illegal migrants' by the Myanmar government (Human Rights Watch, 2020).

In the early 1970s, Rohingya influxes began into Bangladesh (Zarni and Cowley, 2014). Historical evidence shows that Rohingya made their earliest arrival in Bangladesh as early as the early 1940s as a response to the gruesome brutality of the Myanmar government upon their own Rohingya citizens (Cheung, 2011; Ullah, 2016; Ullah & Chattoraj, 2018). It has become a serious national concern for Bangladesh since 1978, when a large, forced migration

happened from the Arakan region to Bangladesh (Ullah, 2011). It caused major geopolitical tension between Myanmar and Bangladesh at that time. Waves of migrations from Myanmar to Bangladesh are common for the Rohingya people. The geographical proximity of Bangladesh played the major role as the preliminary destination for Rohingya migrants (Ullah, 2011). Myanmar's flawed nation-building process and internal politics has resulted in an unprecedented amount of Rohingya forced migration to Bangladesh and other neighboring countries in recent years (Walton, 2013; Yasmin and Akther, 2020).

The Rohingya have become a target for ridicule and cultural isolation as they make their way out of Myanmar into Bangladesh (Zawacki, 2013). In consideration of their lost citizenship in 1982 (Cheung, 2011), their lack of legal citizenship in Myanmar stands as a marker for 'illegal' status, which has served to alienate them and contributed to structural and cultural violence (Zawacki, 2013). Ethnic oppression, discrimination, and brutality have created a time of uncertain transition and unpredictability as the Myanmar military regime has forced them out of the land, they once called home (Goodman and Mahmood, 2019).

Ultimately, a majority of the Rohingya left their home country for protection and security; however, despite all the intention and effort (Ahmed, 2018; ISCG, 2021a), insufficient support from international organizations, including various United Nations organizations, Bangladesh always struggled to provide sufficient protection and other lifesaving emergency services (ISCG, 2021b; Ullah, 2011). While being trapped in regional geopolitics, Rohingya populations in Bangladesh have not been given official refugee status; rather, they are officially known as 'Forcibly Displaced Myanmar Nationals' (FDMN) (WHO, 2020).

This lack of refugee status means that the Rohingya are excluded from certain privileges that refugee populations are presumed to receive from their host countries, which is, in this case, Bangladesh. In late 2017, when the mass exodus of Rohingya happened to Bangladesh, they were primarily well received. Initially, the generous acceptance of Rohingya refugees by the host communities in southeast Bangladesh was shaped primarily by the sympathetic response and perception of belonging, such as brothers and sisters in need (Mim, 2020) and the idea of the Ummah (Muslim brotherhood) (Ansar and Khaled, 2021). Also, because of the geographical proximity and cultural and linguistic similarities with the Chittagonian's Bangladesh culture, there were no major visual checkpoints of differences between Rohingya and people in southeast Bangladesh.

Currently, more than 50% of Rohingya in Bangladesh are female, and single mothers head one in every six families in the camp areas (Sang, 2018). Most of them have experienced or witnessed some form of GBV in Myanmar (UN WOMEN, 2017). As they travel from Myanmar to Bangladesh to escape ethnic violence, some cultural aspects of violence, which were prevalent in Myanmar, also travel with them. Currently, in refugee camps, numerous Rohingya women continue to experience the legacy of GBV. The Rohingya society practices a dominant patriarchal culture, where female household members are expected to support the family and household wellbeing (Akhter and Kusakabe, 2014; Jha, 2020; Ullah, 2011). The COVID-19 global pandemic has increasingly complicated the situation. To minimize the risks of spreading the virus, many previously available social services in the camps have been compromised (Sullivan, 2020). This debilitated situation has tremendous impacts on the overall wellbeing of Rohingya women.

Violence Against the Rohingya Women

Since August 2017, the Rohingya exodus has turned out to be the fastest growing refugee crisis in the world (Jha, 2020). In a matter of just a few weeks, almost a million Rohingya have fled Myanmar and arrived in Bangladesh (UN Human Rights Council, 2018). The 1982 Citizenship Law, including the decision in 2015 to revoke their temporary registration cards systematically removed the entire Rohingya population from legal, state, and available social and legal protections, and other basic rights rendering them non-existent in their home country (Frydenlund, 2017; US Department of State, 2018). Freedom to move was curtailed deliberately (Ullah and Chattoraj, 2018). In Myanmar, they have experienced state-sponsored violence and persecutions, which were legalized and initiated by frequent assaults on Rohingya identity, culture, history, and social foundation (Jha, 2017; Ware and Laoutides, 2018).

Rohingya women became primary targets of human rights abuses and sexual exploitation. Since 2017, GBV against Rohingya women has steadily increased, most prominently in sexual assault inflicted by the *Tatmadaw*. More explicitly, subjugation to sexual abuse and rape committed by the *Tatmadaw* was reported in at least nine villages in the Maungdaw district in northwest Myanmar between October 2017 and December 2017 (Human Rights Watch,

2017). A report issued by the United Nations Office of the High Commission for Human Rights (OHCHR) noted that of the 101 women interviewed by UN investigators, more than half revealed that they had been raped or suffered other forms of sexual violence (OHCHR, 2017). Like many other conflict situations (Kirby, 2015), rape was used as a weapon of war and a war strategy to pursue ethnic cleansing by the Tatmadaw against the Rohingya women (Cook, 2016; Hitusan, 2017).

Ethnic minorities in Myanmar have suffered violence and sexual harassment at the hands of the Myanmar Armed Forces for more than 20 years (Stewart, 2018). To further analyze this violence, it is important to draw similar conditions in history in order to categorize it. Connections drawn by The Human Rights Watch (HRW) have identified similarities in the Rohingya crisis to the Rwandan genocide (Human Rights Watch, 2017). The Rwandan genocide was fueled by ethnic and racial tensions between tribal groups that killed around 800,000 people. The Rwandan genocide indicates that genocide in itself is often aimed at eliminating the political, economic, and social institutions of the targeted populations or groups (Yacoubian, 2003).

In Myanmar, Rohingya faced similar outcomes that range from removal of legal rights to the destruction of villages by the Tatmadaw and other nationalists who believe Rohingya do not belong to Myanmar’s culture, religion, or heritage. Further, it is discernible that the mass killing by the Myanmar Armed Forces materialized with genocidal intent. Brutality occurs anywhere from on the border to village raiding. Raids upon Rohingya villages were commonly committed by the Tatmadaw (Mohsin, 2020). Homes were set aflame, and soldiers stormed into homes, exercising mass killing and raping of families.

Table 1. Phases of violence against Rohingya women.

Myanmar	In Transit to Bangladesh (25 Aug 2017 and onwards)	Bangladesh (pre-COVID)	Bangladesh (during COVID)
- GBV at HH level (patriarchy & culture)	- GBV by Tatmadaw	- GBV at HH level (patriarchy & culture)	- Heightened sense of insecurity
- GBV by Tatmadaw	- GBV Buddhist majority	- Verbal or physical abuse by local Bengali communities	- Less food, financial, or psycho-social supports from various agencies
- GBV by local Buddhist majority	- GBV Middle-man who helped in some forms to cross Myanmar-Bangladesh border in exchange for money or other valuables	- GBV in the camp areas	- Male are staying longer at home in times of insecurity, fear, and hopelessness causing increased GBV at HH level

Through a series of interviews, a survivor shared the severity of the violence that she and her family experienced. Twenty soldiers stormed in, grabbing her husband. She added:

They [Tatmadaw] took me in the yard of the home. Another two put a rifle to my head, tore off my clothes and raped me... They slaughtered [my husband] right in front of me with a machete. Then three more men raped me... After some time, I had severe bleeding. I had severe pain in my lower abdomen and pain in my whole body. (Human Rights Watch, 2017)

According to witnesses and victims, after sexual abuse, they were gathered into a group and beaten. The women were detained as some were recurrently selected to be raped (Human Rights Watch, 2017; US Department of State, 2018). This targeted violence is a culmination of identities reflected in the different rankings in the social stratification of Myanmar. In essence, the recognition of Rohingya women as both a marginalized gender group and ethnic minority places them at the bottom rank of the social hierarchy. This intersectionality makes for the further oppression of Rohingya women, and they are forced to endure the highest percentage of abuse.

This risk of violence not only occurs in Myanmar, but within refugee camps in Bangladesh as well. However, the GBV in Rohingya camps in southeast Bangladesh is the outcome of multifaceted issues, such as the abuse of power of male family members, disrespect for basic human rights laws, cultural behaviors, gender norms, and inequalities. In Bangladesh, Rohingya now live in dismal and overcrowded makeshift camps with minimal water, sanitation, and sewerage facilities. In addition, they are consistently being exposed to natural hazards (Ahmed, 2018; Ahmed et al., 2021). Overall insecure housing, lack of land ownership, and inadequate or inappropriate health, water, drainage, sanitation, and sewerage facilities contribute to different forms of GBV, such as domestic violence, verbal and physical abuse, forced marriage, trafficking, and rape (Navarrete, 2019). Rohingya women continue to face verbal insults from the local Bangladeshis, who commonly look down on the Rohingya (Akhter and Kusakabe, 2014; Ullah, 2011). In addition, forced marriage is common amongst young girls to ensure food security and relief for them and their families (The Guardian, 2017). In recent years, younger Rohingya women faced constant fear of being sexually exploited and trafficked to other destinations (Guglielmi et al., 2020).

To create income for their families, make a better life, or simply to find an escape from the restrictive camps, Rohingya female individuals likely take job offers in an attempt to fulfill those hopes in pursuit of their freedom and dignity. Many of these ‘jobs’ unfortunately could end up being traps set by traffickers and smugglers (Karim, 2019). Statistically, women are more commonly trafficked than men. As of 2018, women and girls globally made up 81% of trafficking victims (CT Data Collaborative, 2018). Vulnerable groups such as stateless refugees or displaced females are often the primary targets. The threat of trafficking has posed a huge safety concern for women and girls in Rohingya camps (Ullah, 2011). To stop any forms of trafficking from the Rohingya camps, support and resources are critical in the refugee camps along with sending out security patrols to watch and warn others of the risk (Karim, 2019).

Theorizing Violence Against Rohingya Women

Unfortunately, it is not uncommon that violence against women has been used as a weapon of war (Kreft, 2020). To get a better insight on this complex GBV landscape, it is essential to understand the nature of violence.

In this context, Norwegian sociologist Johan Galtung’s arguments on violence can provide important insights. He categorized violence into four groups (Galtung, 1990). The first category is *latent violence*. This occurs as a direct result of societies’ structural and cultural characteristics that aggravate situations into full-blown violence. The second is *structural violence*, which is composed of the structures that organize society such as laws, institutions, and mechanisms, and is seen as easy enough to alter. Thirdly, *direct violence* results from structural characteristics that can include legal, economic, and political inequalities and cultural elements bound in stereotypes and perceptions of others. Finally, *cultural violence* is seen as deeply embedded in the psyches of individuals and groups and is far more challenging to assess. Each category of violence can be identified in relation to the GBV against Rohingya women (Zawacki, 2013).

While Galtung’s categories and arguments are relevant to the Rohingya context, existing patriarchal structure and gender inequality shape a large portion of GBV faced by the Rohingya women in Myanmar and in Bangladesh. The degree to which the legal status and rights of the Rohingya have been revoked and the nature of the structural and individual discrimination they have endured indicates a large pre-existing culture of violence. Historically, in Myanmar, Rohingya populations were deprived of most social and economic opportunities and were systematically deprived of any political rights and available public services (Parnini, 2013; Ullah and Chattoraj, 2018). A vicious cycle has been created where a culture of violence becomes a motivator for structural oppression and direct acts of violence, creating desperate situations for the Rohingya women on several fronts, including the reasons for fleeing from their home country. In this regard, this testimony of a Rohingya genocide survivor is critically relevant:

Two police from my village raped me. I know these men by sight, but not their names. After they were done, they told me to leave the country, this is not your country – female, age 23. (US Department of State, 2018: 14)

While the percentage of murders and rapes is significantly lower within refugee camps in Bangladesh, cultural inequality, sexual harassment, and assault are increasingly common within the Rohingya camps near the Myanmar–Bangladesh border (Reuters, 2020). Rohingya women are particularly vulnerable due to their lack of legal protection

and the status that has been placed upon their ethnic group by the government of Myanmar (Yasmin and Akther, 2020). Psychological intimidation, verbal abuse, and economic violence commonly exist alongside physical forms of gendered violence.

Impacts of COVID-19 Pandemic on GBV

Any major public health crisis affects men and women differently. During Zika and Ebola, it was evident that women were disproportionately affected by both outbreaks as there were dramatic drops in services and support that were critical for women and children in those contexts (Hayden, 2015). For the stateless Rohingya refugee women, the situation is even more complex. The COVID-19 pandemic has exacerbated the daily struggle in Rohingya camps as testing has proved to be a challenge (UNHCR, 2020). In the densely populated Rohingya camps, physical distancing is nearly impossible (Alam, 2020).

During the early months of the COVID-19 pandemic, all services related to women's clinics and safe spaces were reduced to a secondary level, and only some emergency health services and food distribution services were allowed in the camp areas (Ullah et al., 2020). Furthermore, because of fears about the pandemic, the majority of women have chosen to stay at home (UNHCR, 2020). In this situation, the threat of illness leads to elevated stress within the camps, and safety becomes a larger issue. Lack of resources, combined with a lack of security, has resulted in a major pandemic-related panic among Rohingya refugees (Ahmed, 2020). Fortunately, some Rohingya are volunteering with health clinics to share important information about the virus while building awareness and trust within the community (UNHCR, 2020). Approximately 1400 refugee volunteers have been trained by the World Health Organization (WHO) to look for signs of illness, counter rumors, and provide advice on the importance of testing.

In any refugee context, a high-scale outbreak of ongoing pandemic illness is possible even with low-scale transmission (Truelove et al., 2020). Therefore, any unequal response to the pandemic or other public health crisis at refugee camps might bring unimaginable casualties and can put the health of both the refugees and host communities at risk. Partnerships, collaborations, and engagements could be critical in mitigating that risk in this aspect.

Some changes in the conventional approaches to crisis management might be required. It was evident that during the 2014 Ebola virus outbreak in West Africa, a paradigmatic shift was necessary to improve partnership and collaborations (Mobula et al., 2018). The gendered aspects of crisis response were almost invisible in the emergency and crisis management initiatives along with long-term planning on countries' health systems resilience. There was almost no strategy to include gender indicators, particularly, which were relevant for the local women (Harman, 2016). An inclusive crisis management response is essential and the existing structural gender inequalities need to be considered in the efforts to disseminate critical international public health advisories (Watson and Mason, 2015).

Despite the health risks, during the COVID-19 pandemic the domestic spousal abuse has increased in Rohingya camp areas (Toulemonde, 2020). Fear and panic related to the pandemic have not decreased substantially. Some safe spaces for women have started to open slowly in response to the dire needs of Rohingya women. Local volunteers are working hard to ensure the continuity of these spaces in defiance of COVID-19. Home check-ins and getting the word out have been helpful steps in letting women know that some spaces are still open during this time.

Breaking the Cycle of Violence

GBV against Rohingya women in Myanmar was widespread and systematic (Vigaud-Walsh, 2018), and solving the Rohingya crisis is a complex task. It is important to acknowledge that preventing and responding to GBV (including health care, psycho-social supports, safety, and security in emergency contexts), require coordinated efforts and participation of many actors, sectors, and agencies (Inter-Agency Standing Committee, 2015). This is equally true for almost a million Rohingya in Bangladesh.

Currently, along with the Government of Bangladesh, many national and international humanitarian agencies are working with (and for) the Rohingya to provide them basic life-saving services (Fortify Rights, 2020). Their illegal status in Myanmar and non-refugee status in Bangladesh make the entire Rohingya population vulnerable on both sides of the border (Akhter and Kusakabe, 2014).

A meaningful improvement of GBV among Rohingya women will require more involvement of both the states – Bangladesh and Myanmar – and other development partners, along with the participation of both Rohingya male and female members in Myanmar and Bangladesh Rohingya camps (Tanabe et al., 2019). Some of these initiatives could be long-term. For example, findings from the Ebola and Zika viruses highlight that future responses to any public health emergencies should address the relationship between public health measures, human rights, and gender equality at the early stages of any public health crisis so that populations have access to adequate information, necessary care, and containment provisions and measures (Davies and Bennett, 2016). In addition to long-term steps, some immediate, short-term initiatives can minimize some levels of violence against Rohingya women in various refugee camps in Bangladesh during the pandemic and other potential public health emergencies. Some of them are discussed below:

Education and Awareness

The literacy rate is very low among the women, which translates to their wellbeing and overall health. They have very limited access to sexual and reproductive health service programs. In Bangladesh, currently almost 62% of all Rohingya are not able to communicate with various aid and services providers. This proportion of inaccessibility is higher among Rohingya women because of their social and cultural expectations of staying home and providing care services for the rest of the family members, along with overall education and literacy rates. Due to these lower education and literacy rates, often Rohingya women are not able to understand written messages or other public health advisories.

Being the most challenging function for change, educating men along with women can make some of the biggest impacts. Education on the importance of inclusion and gender equality is necessary. These changes will get support through charitable exposure throughout the world and through more volunteers willing to put forth the effort to implement these advancements effectively (UNHCR, 2020).

Religious and Faith Community

Local faith leaders are often unexplored or underutilized community resources when it comes to the issue of crisis management, and more particularly, GBV, in refugee contexts. In the Rohingya camp areas, it is important to explore how religious and other faith communities can contribute to overall efforts to reduce GBV and promote peacebuilding. Faith-based initiatives can offer memories of positive thinking and provide a sense of belonging, safety, and hope in the midst of humanitarian crisis situations.

Rohingya are traditionally religious. Their religion and faith have a large impact on their culture and livelihoods. In this context, local faith leaders can play important role. In the Democratic Republic of the Congo, faith leaders played an important role reaching hard-to-reach Pigmy communities (Wambua-Soi, 2019). Local faith leaders can initiate discussions about GBV and create open space for discussions on this topic.

Safe Spaces

Safe spaces for women or women-friendly spaces in Rohingya camps contribute to their empowerment, and additional opportunities with positions of power can also help alleviate some of the GBV-related challenges (Sang, 2018). Various humanitarian agencies, such as Oxfam International, are currently providing emergency supports by forming safe spaces to the Rohingya women in various camps in Bangladesh.

However, evidence shows that a significant proportion of Rohingya women are not making use of the women-friendly services provided to them. Various social and cultural restrictions play a role in this non-participation. To reduce any form of GBV, Rohingya women need to use these safe spaces. Awareness building and engagement of faith communities in women's rights can make these safe spaces effective in the Rohingya camps.

Information and Risk Communication

Information and services are critical in this crisis location. Rohingya women need to know about available GBV services in the camp areas. During COVID-19, information and risk communication becomes even more challenging. In the pre-COVID period, several national and international agencies used to support hundreds of safe and friendly spaces for the Rohingya children, women and the female adolescents in the camp areas. Now those services have been limited or near-to-zero in recent months because of the pandemic.

However, humanitarian agencies can think of training and treating the children's parents, especially the women beneficiaries, as community agents for risk communication by a block-centered approach, since the refugee camps are divided into several blocks. This mechanism of reaching out the people, should be gender-sensitive, so that Rohingya women and adolescent girls can receive appropriate support and the services they require.

Health and Hygiene

On average, four to five Rohingya (including children) stay in a single temporary makeshift room, often made of tarpaulin sheets and bamboo sticks. Their floors, where they sleep on plastic cloths or papers, are usually muddy in the rainy season (Islam and Nuzhath, 2018). Living in a congested situation and overall proximity in Rohingya camps area are the reasons for heightened risk of communicable diseases, fires, and various GBV against Rohingya women (UNHCR, 2019).

Sexual violence outside the household is usually aggravated by the flawed design of the refugee camps. Here, women are complaining about the lack of adequate lighting and toilet door locks, which put them in insecure positions, particularly at night (ACAPS and IOM, 2020; UNICEF, 2018). Separation of bathrooms by gender has been proved to be effective in the Rohingya camps (Sang, 2018). Separating bathrooms in refugee camps is not an entirely new concept and has been done in the Kara Tepe refugee camp in Greece with around 1000 displaced people (Berger, 2016).

Women-in-Power

In order to raise female voices against any forms of GBV, female Rohingya need to be put in a position of power. In Rohingya camps, *majhis* (camp leaders) are the most common source of information (ACAPS, 2017). Even though there are female charity leaders and block workers in the Rohingya camps, Majhis are exclusively middle-aged men (Guglielmi et al., 2021; Human Rights Watch, 2021) and unrepresentative of women and girls (Hölzl, 2019).

So, female-headed households, or households with no male members, are likely to receive lower levels of livelihood and emergency information or other aid support. In addition, this Majhi system has been criticized for undermining the value of gender equality by reinforcing the patriarchal notion of Rohingya society (Protection Sector Working Group Cox's Bazar, 2018). Further, due to patriarchal societal norms, female voices are often overlooked and not reflected in any form of decision-making (Akhter and Kusakabe, 2014). Therefore, female leadership, particularly in the role of *majhis* from Rohingya women is critical to avoid and overcome these existing structural challenges.

Safe and Dignified Repatriation

Majority of the problems that Rohingya female are facing stem from their statelessness (European Network on Statelessness and Institute on Statelessness and Inclusion, 2019). The dignified and safe repatriation of the Rohingya population to Myanmar is critical. However, the viability of repatriation needs to be assessed more objectively (Landgren, 1998), with the involvement of Rohingya and independent observers, including the United Nations. Rohingya repatriation is intended to offer a sustainable and long-term solution – not just a solution to the international community or Bangladesh government's problem with the Rohingya, but Rohingya's enjoyment of human rights.

Conclusion

The Rohingya crisis is a model example of identity politics and subsequent ethnic violence and cleansing. It has left Rohingya women in a severely vulnerable state, unsure of a home and a future. This article pursued the gendered aspects of violence against the Rohingya women, dissecting the violence that women endure, the reasons for it, and the health and wellness resources needed to survive in refugee camps. Thus far, the Rohingya crisis has been violent and is reaching a daunting complexity that poses obstacles to finding solutions. The pursuit of understanding action and eventual peace is ongoing; therefore, this paper does not intend to simplify the issue; rather, it intends to bring humanity, national and international awareness, active engagements, and possible elucidation to a critical aspect of the Rohingya crisis. Incidents of forced migration and dramatic displacement of the Rohingya community are currently understudied and continually evolving. However, this hindrance generates a compelling opportunity for deeper study into creative and durable solutions. The process of gathering and evaluating information regarding the culture of violence and gender struggle has led to solution analysis and broader awareness of this issue.

How can we as a global community ensure the safety and security of female refugees against GBV amid a worldwide pandemic? How can we provide safe resources with a culturally relative state of mind while making them accessible to all women amid a worldwide pandemic? These questions will need urgent answers in the next few years as the world begins to navigate public relations and global governance, refugee crises, and human rights abuses in the shadow of COVID-19. With effective action, now it is critical to build a foundation of equal treatment, safety, and care for people who share our humanness and world, particularly, if we want to achieve or make progress towards the United Nations Sustainable Development Goals.

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