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Shadow Pandemic: COVID-19 Lockdown
Brings Increased Risk of Violence for
Rohingya Women and Girls

This blog is a reflection on the increases in gender-based violence (GBV) against Rohingya women in Bangladesh due to the COVID-19 pandemic.

Since 2017, an estimated [860,000 Rohingya](#) Muslims have fled to Bangladesh to escape violence and persecution in Myanmar. Most of these refugees are [women and girls](#) who have sought shelter in Bangladesh's Cox's Bazaar District, forming the world's largest [refugee settlement](#). While the [COVID-19](#) pandemic has disrupted lives everywhere, some of the hardest hit are those living in already precarious situations, including displaced persons and refugees. The refugee camps are the most [densely populated](#) in the world, with limited access to sanitation, water, and basic hygiene materials like soap. These conditions, coupled with an overburdened and underfunded healthcare system, would mean devastating impacts stemming from an outbreak in the communities. In response to an impending COVID-19 threat, the Bangladeshi government imposed a [lockdown](#) on the camps, preventing most aid workers from entering or leaving.

Since COVID-19, GBV has increased around the world as lockdown measures isolate women from resources that can help them. GBV is [violence](#) that is directed towards a woman because she is a woman, or that affects women [disproportionately](#). Violence against women is also a violation of women's human rights, bodily integrity, and their sexual and reproduction rights. [Global estimates](#) show that 35 per cent of women have experienced physical, sexual and gender-based violence in conflict settings, and more than 70 per cent have experienced GBV in crisis settings. [Experts warn](#) that the current pandemic is no different. [UN Women](#) is calling this global phenomenon the [Shadow Pandemic](#)—the insidious ancillary impact felt by women and girls as COVID-19 erodes access to [essential services](#) such as domestic violence shelters and helplines.

The gendered effects of COVID-19 in the Rohingya communities must be contextualized within the sociocultural framework of the Rohingya society. As a dominantly patriarchal society, socially restrictive norms already limited women's access to public spheres. This, coupled with the lack of gender-responsive services, has hindered the ability of women and girls to meet their basic needs within the camps. Consequently, sexual and gender-based violence was a serious [problem](#) throughout the camps long before the pandemic. In addition to health risks, a rise in tensions and restrictions on services, reduced access to humanitarian workers, and

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confinement measures mean the virus drastically compounds the existing risks of GBV. Hundreds of incidents of GBV were reported each week at the beginning of the influx of Rohingyas to Bangladesh, and approximately [76 per cent of cases](#) were of domestic violence.

Aligned with conflict, pandemics exacerbate pre-existing gender inequalities, therefore [disproportionately](#) impacting women and girls. In [April 2020](#), the Bangladesh refugee relief and repatriation commissioner issued a directive restricting services in the camps to only those deemed “critical.” Such measures were taken to contain virus transmission and promote social distancing. Among some of the “[critical services](#)” were services relating to health, water, sanitation, and hygiene. Falling outside the scope of “critical services” were the operation and access to child- and women-friendly safe spaces. These “Safe Spaces,” operated by [28 partner organizations](#), offer a variety of services such as skills training, literacy sessions, group counseling, case management, psychosocial support, and information exchange. They are also crucial entry points for [reporting GBV](#) and accessing related services. That integral services targeting more than half of the camp’s population would be deemed “non-critical” is indicative of government priorities. Such an exclusion is all the more significant in light of what is known about the “Shadow Pandemic” and current trends of GBV in the camps. Additionally, the direct and ancillary effects of GBV fall within the parameters of “health” services. GBV [results](#) in physical injuries (some of which can be life-threatening), increased risk of STDs, HIV, and pregnancy issues. GBV can also have devastating mental health impacts. Limiting access to such services due to restrictions, fear of infection, and reductions in staff means GBV survivors are less likely to receive support in a time when they need it most.

The Resilience of Women and Girls

Yet despite the turmoil, women have increasingly taken on community [leadership](#) roles—opportunities bolstered via the Safe Spaces. Rohingya women are equipped with first-hand insight regarding the needs of their communities, both within and outside the context of COVID-19. They are [trusted](#) because they live among the community. These women know the culture and language, and they know how to find women and girls in need. As such, they have positioned themselves to be at the frontlines of the pandemic.

As COVID-19 continues to [impact](#) access to services within the camps, there is an added risk that the gains that women have made will diminish, subsequently positioning them as vulnerable to revictimization, human trafficking, and sexual and gender-based violence. These impacts are all

the more grave when considering that women's participation in public life is already highly restricted. Lockdown measures resulting in the closing of women-friendly spaces have further isolated an already marginalized demographic.

The cyclical nature of the effects of the pandemic cannot be overstated. Women and girls are among the most vulnerable of the Rohingya community and the shutdown and scaling back of Safe Spaces is revealing of the triaging that occurs when governments consider what services fall into the category of "essential" and "secondary." The COVID-19 pandemic is particularly challenging for vulnerable populations. However, if communities like the Rohingya are going to attempt to mitigate the Shadow Pandemic, women- and children-centric protective programs like Safe Spaces must remain a priority.

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