

The Unheard Voices

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It was the summer of 2019 when my friend Anika and I arrived at the Rohingya refugee camp in Cox's Bazaar, Bangladesh. Being third culture children, we had already experienced drifting from country to country, such as when we visited the Karen refugee camp in Thailand a couple of months prior and then to a Bhutanese refugee camp in India.

The purpose of our research was close to both our hearts. We were 18 years old and wanted to understand the degree to which adolescent Rohingya girls of our age were victims of gender-based violence (GBV). In the world's largest and most densely populated Refugee camp, more than 100,000 women had already been raped or sexually violated in Myanmar. Merely knowing these statistics, we expected a majority of young and adolescent girls to have experienced various levels of horrific GBV. Assisted by Mukti, an NGO which advocates to protect and empower victims of GBV in the camp, we were introduced to a group of adolescent Rohingya girls welcoming us with warm smiles and enthusiasm. We sat with all of them and listened to their stories. Shunsheeta, 12, saw Burmese soldiers kill all the men in her family and take the young girls in her town to camps and rape them. The soldiers preferred girls younger than 16—the others were mercilessly killed. Shunsheeta was afraid to sleep at night in Myanmar. At only, 18, she was living with a suffocating fear, unable to feel safe due to the ever-present threat that the army may invade. Of everyone in her family, she was the only survivor. Another young girl we spoke to, Porminara, had experienced perhaps a further degree of trauma at only 11 years old. While crossing the border to Bangladesh, she witnessed decapitated Rohingya men rotting in the river and crying babies being thrown into a firepit by the Burmese army. Senwara, Asiah, Arafa, Jonota, Harasabaybi— none of them had ever known education, schools, or medical services. They were always hungry and never left the house in fear of being raped. To these girls, being a target of sexual human trafficking was a close reality, for many of their friends had already been kidnapped from the camp. Now in Bangladesh, they feel safer knowing they are not in the immediate grasp of the Burmese army.

As part of our initiative, "The Whistles Project", we provided each of the 20 girls with a whistle. We briefed them on what sexual abuse and gender-based violence are and demonstrated how to use their whistles if sexually attacked or harassed by anyone, including their family members. With the help of Mukti experts, we trained security guards to come to their rescue as soon as whistles were blown. Six months later, we returned and learned that every single girl we had given a whistle to had used it as a tool to protect themselves from sexual predators. They wouldn't divulge who wanted to abuse them, perhaps in fear that their perpetrator may harm them for selling them out. Fortunately, our whistles did protect them. The security team we had trained came to their rescue as soon as they heard whistles. We left the camp, writing in our IB Creativity Action Service report that "The Whistles Project" was helpful enough to prevent GBV and protect young girls.

However, during the project, we learned that sexual exploitation of adolescent girls, survival sex, forced engagement in drug and sex trade, and human trafficking were still prevalent in and around the refugee camps. Although UN agencies, established NGOs, and the Bangladesh administration are doing their best to protect victims of GBV, adolescent and prepubescent girls continue to be victims of sexual crimes.

Statelessness, insufficient access to education, lack of access to basic security and legal protections, impunity to offenders, and exploitation by organized criminal networks are some of the key challenges the refugees in the camp face. After getting to know the reality of the refugees we met, it became clear that many more measures would need to be implemented and enforced in order to protect these girls. Overcrowding, protection of sexual reproductive health and sanitation, education, advocacy and awareness for both girls and boys, mental health and social-psychological support, more child protection facilities, and gender-sensitive staffing to name a few.

The vulnerability of Asiah, Bibijaan, or Jamafara continues to profoundly sadden Anika and me as we prepare for our futures in university. However, we will always carry in our hearts our overt and covert mission to protect young girls from GBV and amplify their voices.