

Strengthening Care and Humanitarian Services for Rohingya Survivors of Sexual and Gender-based Violence

PHR Policy Brief

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In our recent report “Sexual Violence, Trauma, and Neglect: Observations of Health Care Providers Treating Rohingya Survivors in Refugee Camps in Bangladesh,” Physicians for Human Rights (PHR) documents the severe trauma suffered by the Rohingya resulting from sexual and gender-based violence, their continuing need for health care and psychosocial services – including mental health care, and the barriers to obtaining this care. This policy brief details the steps governments, humanitarian organizations, and donors should take to provide comprehensive, survivor-centered care, including immediate and long-term access to psychosocial and mental health support.

Overview

Brutal “clearance operations” conducted by Myanmar military forces (Tatmadaw) in August 2017 forced some 720,000 Rohingya people to leave their communities in northern Rakhine state and flee to neighboring Bangladesh. In the wave of violence perpetrated against the Rohingya, there was much sexual and gender-based violence (SGBV), including rape, gang rape, sexual slavery, genital mutilation, and sexual assault, with victims sometimes then killed or left to die from their injuries. Men and women were often separated, with women forced to witness the men being killed before being raped, and family and community members were forced to witness incidents of sexual violence against others. Victims of sexual violence included not only women and girls but men, boys, transgender, and nonbinary people.

Few studies have documented the experience of Rohingya refugees through the lens of the people who have cared for them in Bangladesh – doctors, nurses, mental health experts, and other health professionals. PHR’s report provides the perspective of health care workers (which also include protection and sexual and gender-based violence service providers) as an independent corroboration of the patterns of violence experienced by the Rohingya community.

The health care workers interviewed by PHR universally reported seeing evidence or being told of occurrences and patterns of SGBV, and all health care workers PHR interviewed had observed physical and psychological consequences of such acts against the Rohingya among their patients.

What are the continuing effects of sexual and gender-based violence inflicted on the Rohingya?

SGBV has had long-term physical and psychological effects on Rohingya survivors. Health care workers interviewed by PHR shared that many survivors presented with mental health symptoms consistent with depression and post-traumatic stress disorder (PTSD). Health care workers described many survivors as passive, motionless, and unable to express their feelings and share their experiences. Somatic complaints presumed to stem from trauma were common.

Female survivors were often reluctant to disclose sexual and gender-based violence out of fear they would not be able to get married or would be rejected by their families and would be stigmatized by their own community. Men, boys, and transgender people were often less willing than women to disclose their experiences due to stigma and shame.

In the spring of 2018, there was an increase in births amongst Rohingya who had fled to Bangladesh the previous summer, presumably associated with reported rapes, and clinicians believed many children in their clinics were conceived due to rape. Women were often ashamed of these pregnancies, with some wanting to terminate them – sometimes by self-induced abortions, despite cultural and religious norms and legal restrictions on abortion in Bangladesh.

Intimate partner violence perpetrated by Rohingya men has also been reported as common in the refugee camps in Bangladesh, often attributed to the trauma suffered in Myanmar and the stress of life in refugee camps.

What are the continuing needs of Rohingya survivors for humanitarian services?

Mental health and associated specialized care needs and non-acute physical health problems have often not been addressed, especially at the beginning of the humanitarian response in Bangladesh. The stigma of having been survivors of sexual violence, expectations of modesty in the presence of health care workers of the opposite sex, and language and cultural communication barriers often made it difficult for survivors to discuss their trauma and seek care.

While the Cluster Approach, where organizations are grouped by sector to harmonize humanitarian assistance, has improved coordination and reduced overlaps and gaps in services, clear referral pathways for patients who have experienced SGBV are still not always in place or consistently followed. There is a lack of health care workers with adequate training in mental health service provision for survivors of SGBV. Screening protocols are often focused on general mental health screening without considering the specific needs of survivors of SGBV. There are limited specialized mental health programs available within the camps, and it can be difficult for survivors to obtain approval from camp authorities to receive psychological services outside of the refugee camps. The planned relocation of some Rohingya refugees to the island of Bhasan Char will likely exacerbate this problem. There is, in particular, a dearth of services specifically for male, transgender, and third gender survivors of sexual violence.

What should state and humanitarian actors do to improve the services available to Rohingya survivors?

Humanitarian agencies, donors, and local service providers should work toward providing greater access to comprehensive, survivor-centered care for victims of SGBV, including immediate and long-term access to psychosocial and mental health support; they should also encourage and facilitate reporting and documentation. Specific measures include:

- In recognition of the trauma associated with Myanmar’s “clearance operations” experienced by this population and to respect survivors’ concerns about reporting, utilize teams of health care workers and translators trained in navigating complex gender, cultural, and social dynamics during an exam;
- Train and educate service providers across all disciplines and specialties in standards of appropriate, high-quality survivor care;
- Translators and health workers who are trained to navigate the complex gender and social dynamics in the exam room are needed to obtain the necessary information from patients and to promote survivor-centered approaches to care and treatment (where wishes, choices, rights, and dignity of the survivors are respected throughout the care process). Translators should be trained in medical interpretation and be familiar with the Rohingya cultural context;
- Ensure health providers and interpreters are adequately trained to identify signs of abuse in vulnerable populations, including child, male, lesbian, gay, bisexual, transgender, queer/questioning, and intersex survivors, to ensure these groups receive adequate medical and psychosocial care;
- Promote greater involvement of the Rohingya community in health care service provision and access to justice, particularly as related to SGBV and mental health;

- Promote greater access to justice for survivors of sexual violence, including ensuring that those who want to disclose incidents have access to legal support and mechanisms;
- Create and implement reporting and documentation mechanisms for SGBV, as well as formal mechanisms to have forensic evidence collected and preserved by trained members of the health sector. Survivors' desires about reporting must be considered and respected in any reporting process;
- Introduce standardized protocols for the systematic documentation of sexual violence to support access to justice for survivors of SGBV and related crimes; and
- Create communication materials and campaigns that de-stigmatize SGBV and encourage safe reporting and seeking health support through available medical and mental health services.