

# Sexual Violence, Trauma, and Neglect

Observations of Health Care Providers Treating  
Rohingya Survivors in Refugee Camps in Bangladesh

Executive Summary

October 2020





August 2017. Tens of thousands of Rohingya begin streaming into Cox's Bazar, Bangladesh. They have walked for days, fleeing the sound of gunfire, the smell of death, of burning homes and fields, and violence at the hands of the Myanmar military.

Hastily erected health centers built out of bamboo and plastic tarps in a matter of days. Health care workers coming from all over the world to help.

As doctors, nurses, paramedics, and psychologists treat Rohingya survivors, the stories they hear are consistent. People murdered in front of their families. Men killed and women raped. Groups of men in military uniforms locking women in a house and gang raping them. Being forced to witness the rape or sexual assault of family and community members. Horrors too difficult to share.

Health care workers witness the enormous physical and psychological toll of this violence. Physical evidence noted during a gynecological exam or while monitoring an unwanted pregnancy. Psychological impacts noted months and years later in survivors' lack of eye contact, tears, physical aches with no known source.

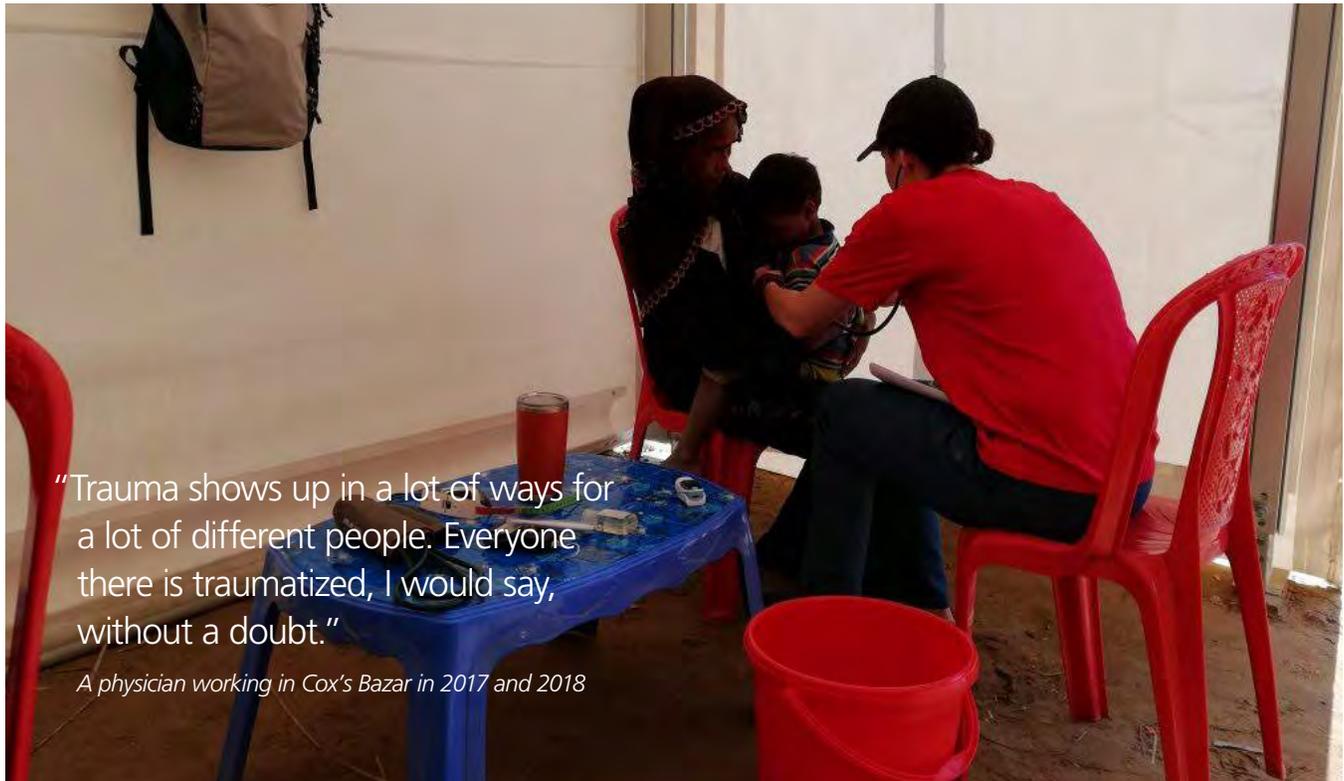
They do all they can to help their patients, but the obstacles are many. Limited mental health services. Communication barriers. Cultural stigma. Overwhelming numbers of patients. Services not tailored specifically to the needs of sexual violence survivors. Ongoing sexual violence in the refugee camps. The obstacles delay healing. The obstacles compound trauma.

Three years after they were brutally attacked and violently expelled from their homes, this is the enduring reality for Rohingya survivors.

*Cover: Rohingya walking in Balukhali refugee camp in Bangladesh in 2018.*

*Photo: Dibyangshu Sarkar/AFP/Getty Images*

# Executive Summary



“Trauma shows up in a lot of ways for a lot of different people. Everyone there is traumatized, I would say, without a doubt.”

*A physician working in Cox’s Bazar in 2017 and 2018*

*An emergency nurse provides care to a Rohingya woman and child in a satellite health clinic in a Bangladesh refugee camp.*

In August 2017, the armed forces of Myanmar (Tatmadaw) unleashed a campaign of widespread and systematic attacks on the country’s Rohingya communities, escalating previous episodes of violent human rights abuses committed against the Rohingya population.<sup>1</sup> The United Nations (UN) and multiple human rights groups documented that Myanmar security forces committed rape, gang rape, sexual slavery, forced nudity, genital mutilation and other forms of violence targeting sexual organs, sexual assault, and threats and attempts at rape and sexual assault, followed by the killing of victims.<sup>2</sup> In numerous instances, survivors recounted being forced to witness the rape or sexual assault of family or community members. Following what the Myanmar government called “clearance operations,” more than 720,000 Rohingya fled to neighboring Bangladesh. Analyses of these atrocities suggest that sexual violence is a deliberate strategy used by the Tatmadaw to intimidate, terrorize, punish, and forcibly displace the Rohingya civilian population from their land.<sup>3</sup>

For more than 15 years, Physicians for Human Rights (PHR) has documented the persecution of the Rohingya and other ethnic minorities in Myanmar. In 2017 and 2018, PHR carried out forensic examinations of survivors and gathered qualitative and quantitative data corroborating the serious human rights violations committed against the Rohingya in August 2017.

Few studies have documented the experience of Rohingya refugees through the lens of the people who cared for them in Bangladesh – doctors, nurses, mental health experts, and other health professionals. PHR sought the perspective of health care workers in order to provide an independent corroboration of the patterns of violence sustained by the Rohingya community.

PHR interviewed 26 health care workers from a variety of disciplines who spent time in Bangladesh after August 2017 and worked closely with Rohingya refugees in a variety of health care settings. The interviews documented and explored their perceptions and understanding of patterns of injuries and conditions suffered by Rohingya refugees fleeing Myanmar who were evaluated in Bangladesh after August 2017, with a specific focus on sexual violence.

Sexual violence against the Rohingya in Myanmar was widespread and followed common patterns, according to accounts by these health care workers. These health professionals’ narratives help corroborate and attest to patterns of perpetration of sexual violence by members of the military and those in uniform, consistent with many other reports.<sup>4</sup>

## “She started crying and talked to me about her experience of rape at the hands of the military, the Myanmar military.”

*A nurse practitioner working at an outpatient clinic in Kutupalong camp in 2017*

In interviews conducted by PHR, health workers give further credence to the allegation that the Tatmadaw, the armed forces of Myanmar, was the primary perpetrator of widespread and systematic sexual violence against the Rohingya in Myanmar during the “clearance operations” of August 2017.

Health care workers interviewed as part of this study report that gang rape, sexual humiliation and other attacks on personal dignity, and sexual violence accompanied by other violent acts were typical experiences recalled by their patients and were reported to have been conducted by the Tatmadaw.

Health workers interviewed by PHR universally reported seeing evidence or being told of occurrences and patterns of sexual and gender-based violence committed against women, girls, men, boys, and gender fluid and transgender people by the Myanmar military. All health care workers PHR interviewed observed physical and psychological consequences of such acts against the Rohingya. They also found they were unable to adequately address the widespread and profound physical and psychological after-effects of the violence, due to barriers related to infrastructure, communication, culture, and lack of resources within the humanitarian response health care system in Bangladesh.

Health care workers shared that physical evidence of injuries consequent to rape and patient histories related to sexual violence were most often revealed during provision of care for other reasons, such as gynecological complaints or pregnancy-related care, as opposed to women seeking post-rape care services. The health workers’ recollection of the behavioral and mental health status of their patients further suggests that this sexual violence and other violations had a deep and long-lasting impact on these survivors, with high levels of trauma demonstrated years after the event. The health care workers interviewed consistently described the Rohingya as a population with vast, unmet needs for mental health support.

Finally, health care workers described multiple barriers faced by the Rohingya who fled to Bangladesh in accessing care, particularly in relation to sexual and gender-based violence and associated psychological consequences. These barriers include lack of screening protocols for physical and psychological consequences of sexual violence, limited availability of mental health care services, provider workload, patient privacy concerns, and stigma. These barriers decrease the Rohingya’s access to health services in refugee camps in Bangladesh, delay healing, and may compound the trauma they experienced as a result of the state of Myanmar’s violent campaign.



*An emergency room physician provides care to a Rohingya patient at a refugee camp health center.*

The narratives of health professionals who had an intimate lens into the Rohingya experience underscore the impact of sexual and gender-based violence on all aspects of Rohingya survivors’ lives as well as the enduring consequences of sexual violence for Rohingya communities. Survivors’ experiences are further compounded by the stigma associated with sexual violence, increased vulnerability as a result of displacement, lack of access to appropriate medical and mental health care, and limited opportunities for rehabilitation or redress to date.

Justice for the Rohingya will require recognition of the basic rights to which they are entitled under international law, regardless of their legal status. Since the government of Myanmar has yet to initiate credible investigations<sup>5</sup> into escalating waves of violence against the Rohingya more than three years on, this study highlights the important role that health care workers in Bangladesh who treated the Rohingya can play in substantiating the occurrence of mass atrocities and sexual crimes to facilitate investigations and prosecution in international and domestic jurisdictions.<sup>6</sup> As of this writing, there are several processes ongoing at the international level that seek justice and accountability for serious crimes committed against the Rohingya.<sup>7</sup> As a matter of urgency, judicial processes reviewing the Rohingya’s claims should be accompanied by reparations programs and victims’ funds that address the deeply entrenched gender discrimination and inequalities that perpetuate sexual violence and are compensatory, retributive, and restorative in nature. The compelling observations of health care workers detailed in this report further accentuate the need for international justice and accountability efforts to be complemented by other forms of transitional justice that prioritize the needs and perspectives of Rohingya survivors and their communities.<sup>8</sup>

## “I would say everybody. I would absolutely say everybody we saw [was] suffering from the effects of the violence.... I don’t think we saw anybody in good condition.”

*A nurse working in Cox’s Bazar in 2017*

# Recommendations

The findings of this report – specifically regarding the scale, brutality, and patterns of sexual violence experienced by the Rohingya in Myanmar, the ongoing experiences of intimate partner violence experienced in Bangladesh, and the severe barriers to care – demand concerted action at the national, regional, and international level. As the state of Myanmar has repeatedly failed to abide by its responsibility to protect the Rohingya and prevent atrocities, it is incumbent on states and other international actors to take appropriate measures to support survivors' immediate needs for effective, long-term care, victim-centered justice processes, and greater steps towards accountability and guarantees of non-recurrence. In line with states' and other international actors' legal obligations and responsibilities to support justice and accountability for survivors, Physicians for Human Rights calls for the immediate and meaningful consideration of the following recommendations:

## To the Government of Myanmar:

- Initiate prompt, independent, and impartial criminal investigations into all allegations of grave human rights violations, including the use of sexual violence as a tactic of war, by the Tatmadaw;
- Formally acknowledge the scale and severity of crimes, including sexual violence, committed against the Rohingya by the Tatmadaw and other security forces, and ensure that perpetrators of human rights violations are brought to justice in an independent civil court with provisions for victims to access remedies;
- Urgently undertake legislative reforms that guarantee human rights protections to all ethnic groups, including the Rohingya, in line with obligations under international law;
- Guarantee the safe, dignified, and voluntary repatriation of Rohingya refugees by ensuring robust, codified protections of their human rights, including guarantees of citizenship, restoration of homes and land, and official commitments to prevent any repetition of these crimes.

## To the Government of Bangladesh:

- Facilitate access to appropriate medical care for survivors of sexual violence, specifically Rohingya survivors, including psychosocial support;
- Ensure that Rohingya refugees have access to legal protections, immediately granting the Rohingya legal status and official documentation as refugees, and ensure that any plans to repatriate or relocate the Rohingya is premised on safe, dignified, and voluntary return;
- Facilitate efforts to investigate all allegations of grave human rights violations, including sexual violence committed against the Rohingya in Myanmar, including ensuring access to conduct investigations and gather evidence;
- Take increased action to strengthen investigation of and response to rape, sexual assault, and violence within marriage to ensure Rohingya survivors receive adequate protection and access to medical and psychosocial support.

## To Humanitarian Agencies, Donors, and Local Service Providers:

- Work toward greater access to comprehensive, survivor-centered care for survivors of sexual violence, including ensuring immediate and long-term access to psychosocial and mental health support for all Rohingya refugees, in recognition of the trauma associated with Myanmar's "clearance operations" experienced by this population;
- 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 sexual and gender-based violence (SGBV), as well as formal mechanisms to have forensic evidence collected and preserved by trained members of the health sector;
- Promote greater involvement of the Rohingya community in health care service provision and access to justice, particularly related to SGBV and mental health;
- Train and educate service providers across all disciplines and specialties in standards of appropriate, high-quality survivor care that considers and respects survivors' desires about reporting;
- 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;
- Introduce standardized protocols for the systematic documentation of sexual violence to support access to justice for survivors of SGBV and related crimes;
- Create communication materials and campaigns that de-stigmatize SGBV and encourage reporting and seeking health support through available medical and mental health services.



*Dr. Monira Hossain, a health worker who provided care to Rohingya survivors in Bangladesh. Photo: Salahuddin Ahmed for Physicians for Human Rights*

# Recommendations

continued

## To the International Community:

- Pursue all available means to ensure that all perpetrators of grave violations of human rights, including sexual violence, against the Rohingya are held to account;
- Support the development of a comprehensive international criminal justice process with the necessary financial, technical, legal, and political resources required, ensuring a survivor-centered approach;
- Ensure Myanmar's compliance with the provisional measures issued by the International Court of Justice to take all measures within its power to protect the Rohingya from genocide, as well as to prevent the perpetration of any further atrocity crimes;
- Recognize that forced witnessing of sexual crimes and sexual humiliation are forms of inhumane acts intentionally causing great suffering, or serious injury to body or to mental or physical health and should be prosecuted as such;
- Pursue reparations for survivors of sexual violence within judicial processes that are transformative, rehabilitative, and retributive, while ensuring survivor-centered approaches to program design and implementation;
- Ensure international justice and accountability efforts are complemented by other forms of transitional justice designed to prevent recurrence of atrocities and which prioritize the needs and perspectives of Rohingya survivors and their communities;
- Support the safe, dignified, and voluntary repatriation of refugees only with assurances for, and international monitoring of, safety and individual choice, with explicit human rights protections, including citizenship, for the Rohingya.

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## Endnotes

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7. Office of the Prosecutor, Situation in the People's Republic of Bangladesh/Republic of the Union of Myanmar; International Court of Justice, "Press Release: The Republic of The Gambia Institutes Proceedings against the Republic of the Union of Myanmar and Asks the Court to Indicate Provisional Measures"; International Court of Justice, "Press Release: The Court Indicates Provisional Measures in Order to Preserve Certain Rights Claimed by The Gambia for the Protection of the Rohingya in Myanmar"; Khin, "Complainant Files a Criminal Complaint of Genocide and Crimes against Humanity Committed against the Rohingya Community in Myanmar--Universal Jurisdiction"; Bensouda, "Statement of the Prosecutor of the International Criminal Court, Fatou Bensouda, Following Judicial Authorisation to Commence an Investigation into the Situation in Bangladesh/Myanmar."
8. "We, the Rohingya, Can't Wait for Justice from Faraway Courts"; "The International Court of Justice and the Rohingya"; Gorlick, "The Rohingya Refugee Crisis, International Justice, and Rethinking Solutions."



Physicians for  
Human Rights

For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared in the Nobel Peace Prize for its work to end the scourge of landmines, uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.



Shared in the 1997  
Nobel Peace Prize