

"THE TORTURE IN MY MIND"

The **Right to Mental Health** for
Rohingya Survivors of Genocide in
Myanmar and Bangladesh

DECEMBER 2020

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Rohingya Survivors of Genocide in
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All photos credited to:

@Saiful Huq Omi, Counter Foto,
Bangladesh, November 2020



Fortify Rights works to ensure human rights for all. We **investigate** human rights violations, **engage** people with power on solutions, and **strengthen** the work of human rights defenders, affected communities, and civil society. We believe in the influence of evidence-based research, the power of strategic truth-telling, and the importance of working closely with individuals, communities, and movements pushing for change. We are an independent, nonprofit organization registered in the United States and Switzerland.

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How to Photograph a Refugee

By Saiful Huq Omi

When this project came to me from Fortify Rights, I immediately began to think about how to photograph the Rohingya researchers of this report in a way that would reflect the organization's method of research—the participatory process. So, rather than decide for myself, I met the team of Rohingya researchers for their opinions. I asked them how they wanted me to photograph them, and I committed to following their art direction completely. This process was something new and interesting for them. There were moments of silence, but after several minutes, our meeting became more exciting. They expressed all manner of imaginative ideas.

For me, this was a great learning opportunity. As photographers, we rarely ask our “subjects” how they want to be photographed. And to do so in this experience was eye-opening.

I photographed eight Rohingya researchers, all of whom formed part of the team that produced this report. Tragedy and survival were not unknown to these researchers. They had all lost members of their immediate and extended families during the 2017 genocide and have since faced other personal trauma and losses. Nevertheless, they decided to work with the team at Fortify Rights to record and understand the mental health of the broader Rohingya community, demonstrating admirable courage and commitment.

In creating the shoot, most of the researchers did not want their faces revealed in their photographs. This was for their security. Human rights work comes at a cost, and the research team has well-founded fears that the Myanmar government might respond with reprisals or hostility against them when or if they return to their indigenous homeland in Rakhine State.


As the photographer, I became just a tool to enable them to photograph their imagined selves. I took a step back and became just a person who knows how the camera works.

The process was relaxed, and despite merely operating the camera, I felt as though I was a part of the total process. I no longer felt like an outsider. Giving people back their dignity gives you back your own.

It was a few beautiful days of photography with these beautiful people.

Saiful Huq Omi
Counter Foto
Bangladesh, November 2020



A close-up photograph of a person's hands held up in a peace sign gesture. The person's face is partially visible at the top, with their mouth slightly open. The background is a solid, deep red color. The lighting is soft, highlighting the texture of the skin and the shape of the hands.

"I have seen a **logo of a peace-keeping organization**, probably an organization of the U.N. It has human hands in it. It represents peace. **I want peace.** And I am tired here. I want to go back. **I want you to represent me as a peace-loving man.**

Please do not show my face. Show my hands . . . I will imitate the logo. I want to tell the world that we've already had enough.

Let peace prevail."

- "Abdul," a member of the Rohingya research team, Cox's Bazar District, Bangladesh, November 2020

Summary

It has been three years since "Saiful," 27, escaped genocidal attacks in Myanmar's Rakhine State. His experience continues to affect him.

"I cannot think well," he said. "I've become thin and gangly because of the stress. I feel tired. I cannot eat well. I feel angry when I imagine the persecution."

Born and raised in northern Rakhine State, Saiful survived grinding human rights violations since his childhood, and in 2017, he witnessed mass atrocities perpetrated by Myanmar Army soldiers against Rohingya civilians. In August that year, at the height of Myanmar Army-led attacks on Rohingya, Saiful fled massacres, deadly arson attacks, mass rape, and other crimes, leaving behind murdered family and friends to join Rohingya refugees in Bangladesh, who now number approximately one million.

"No one is helping us in proper ways," he said from a refugee camp in Cox's Bazar District, Bangladesh. "I cannot sleep when I remember my relatives who were killed. It is very difficult for me to do any work."

Saiful is describing symptoms typically associated with Post-Traumatic Stress Disorder (PTSD), a serious mental health condition. In the case of Rohingya who survived recent attacks, the mental harm of PTSD can be destructive, impairing daily functioning and the ability to live a full and constructive life.

Saiful is unfortunately not the only Rohingya refugee suffering from serious mental health conditions due to human rights violations and violence perpetrated against Rohingya in Myanmar.

The quantitative research included in this report and conducted by a team of ten Rohingya researchers and Fortify Rights provides new evidence of the pervasive and severe mental health toll that human rights violations and violence has had on the Rohingya community. This report documents and analyzes the findings of this Rohingya-led participatory action research.

The World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR) estimate that 12 months after an emergency, approximately 15 to 20 percent of adults will experience some type of moderate or mild mental health disorder. The Rohingya are suffering at significantly higher rates. The Rohingya-led participatory action research

Summary

found that 88.7 percent of Rohingya survey participants reported experiencing symptoms indicative of depression, 84 percent reported symptoms indicative of emotional distress, and 61.2 percent report symptoms indicative of PTSD.

This report further reveals that the pervasive human rights violations experienced or perceived by Rohingya in Myanmar contribute to depression, emotional distress, and PTSD in Rohingya refugees at statistically significant levels. For example, the findings demonstrate that personally experiencing or perceiving restrictions on education, freedom of movement, healthcare, religious expression, and other violations contribute to trauma, depression, and anxiety symptoms. The data also demonstrates that pervasive human rights violations have long-term mental health impacts, given that Rohingya reporting experiences with symptoms of mental distress had left Myanmar almost a year prior to the initial surveys.

The data also indicates that traumatic events and chronic stressors contribute to mental health distress. These mental health symptoms—including PTSD, depression, and anxiety—increase the difficulty of refugees to function. For example, 91.3 percent of surveyed Rohingya refugees reported experiencing some level of difficulty carrying out common daily activities, such as maintaining basic hygiene, engaging in social or religious activities, or performing other daily tasks. Of the Rohingya survey participants who experienced some level of difficulty functioning, 62.3 percent attributed these difficulties to their mental health symptoms.

“I feel like it is very difficult to do anything,” said Saiful. “I cannot go to the market because of the pain . . . It is very difficult for me to do any work.”

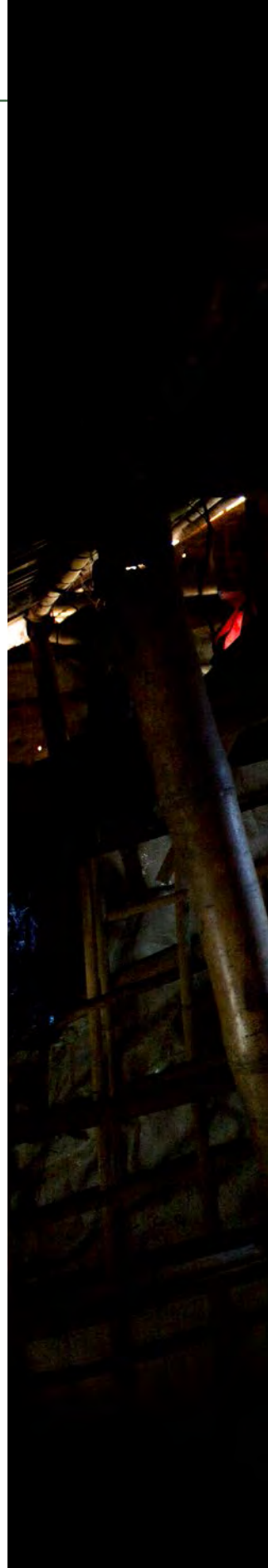
“The military broke my shoulder,” said “Rashida Begum,” 40, referencing an attack she survived in Myanmar in 2017. “I still have pain in my legs, breasts, knees, and shoulder.” She continued:


I cannot sleep well at night. When I try to sleep, I imagine what the military and Buddhist have done to me. I feel like they are coming, chasing, and shooting me. I think of how they hacked and killed people and threw children on the fires. When I am in bed, the imagination of the torture appears in my mind.

The quantitative and testimonial evidence documented in this report indicate an ongoing mental health crisis among Rohingya refugees in Bangladesh resulting from pervasive human rights violations and violence perpetrated against Rohingya in Myanmar. The data included in this report provides further evidence of genocide and crimes against humanity as well as how the human right to mental health for Rohingya has been largely overlooked.

* * *

The Rohingya are a predominantly Muslim ethnic minority indigenous to Myanmar’s Rakhine State. There are an estimated 2.5 million Rohingya worldwide, including approximately 600,000 in Rakhine State and approximately one million living as refugees in Bangladesh. For decades, the Buddhist-majority Government of Myanmar has committed pervasive human rights violations against Rohingya, including through official State policies restricting Rohingya marriages, childbirth, freedom of movement, education, and other aspects of everyday life. The government prevented Rohingya from voting or running for office in the 2015 and 2020 national elections and continues to deny them citizenship.





"I do not like the house in which I live. It is so dark. It is so small. I hate to live there. I want you to go to my place. I want to show you where I live. I am sure you would dislike it as much as I do. I just wish I had a house that is less hot inside, more windows, bigger rooms and, above all, I wish I had more light in my house.

**I want you to go with me
and photograph me in that
darkness."**

- "Monuwara," a member of the Rohingya research team, Cox's Bazar District, Bangladesh, November 2020





"I want you to photograph me while I am working. I am a therapist. I listen to them. They come with so much pain in their hearts. I have also lost so much of myself. When they talk, when they give vent to their feelings, then they feel so much better, and I feel better too. I listen and show them the other side of life. It's like asking them if they see the glass half empty or half full. **They have experienced so much trauma**, so much trauma. But I feel proud of myself for doing what I do.

- "Sama," a member of the Rohingya research team, Cox's Bazar District, Bangladesh, November 2020

This is the only way I want to be seen by the world."

In 2012, clashes between Buddhists and Muslims in Rakhine State escalated into deadly state-sanctioned attacks against Rohingya and other Muslims, initially displacing more than 140,000 people. In 2016 and 2017, following assaults by nascent Rohingya militants against the Myanmar Police Force and Army, the Myanmar Army led widescale attacks against Rohingya civilians, displacing up to 800,000.

The Government of Myanmar, led by State Counsellor Aung San Suu Kyi and the National League for Democracy party, continues to deny allegations of genocide and other crimes against Rohingya. Meanwhile, the Myanmar Army is engaged in a separate and ongoing armed conflict with the Arakan Army—a non-state army fighting the central government and military for ethnic rights and increased autonomy in Myanmar. That conflict has displaced up to 200,000 ethnic-Rakhine (Arakanese) civilians since fighting intensified in 2019.

Since the Myanmar military's attacks against Rohingya in 2017, investigators, prosecutors, and monitors have collected detailed testimonies from eyewitnesses, survivors, and even military deserters as well as other evidence of the attacks through mobile-phone videos, photographs, and satellite imagery. Building on past efforts to document the truth, this report is based on representative quantitative data that reflects the experiences of the entire Rohingya population living in refugee camps in Bangladesh. The quantitative methods underpinning this report provide new, statistically significant findings.

The research underpinning this report is the product of participatory action research conducted between March 2018 and November 2020 by a team of ten Rohingya refugee researchers living in refugee camps in Cox's Bazar District. With technical support from a Fortify Rights consultant trained in quantitative methodologies and mental health, the Rohingya research team contributed to the design, implementation, and analysis of the research, which included 495 household surveys, 13 pre-survey focus-group discussions, 33 participant feedback sessions, and 16 community workshops with Rohingya refugees in Bangladesh.

Following the collection and analysis of the data, the research team organized a series of community workshops to present and facilitate discussions about the preliminary findings to Rohingya residents in the refugee camps in Bangladesh—the initial and intended audience for the project. Through this community-driven approach, the research team sought to identify and advance action-oriented solutions to address human rights violations, atrocity crimes, and chronic stressors of Rohingya refugees in Bangladesh.

“We shaped the whole project, and we shaped the goals,” said one Rohingya member of the research team. “For this project, I could decide what question would be suitable and what question would not be suitable for our community.”

The team collected data on chronic stressors in Myanmar and Bangladesh, human rights violations in Myanmar, exposure to traumatic events in Myanmar and Bangladesh, mental health symptoms—including post-traumatic stress, depression, and anxiety—functioning difficulties, and opinions related to future returns and reintegration to Myanmar.

Human Rights Violations and Traumatic Events

The data exposes pervasive restrictions against Rohingya enforced by the Myanmar authorities. These include restrictions on citizenship, movement, religion, education, marriage, medical services, livelihoods, childbirth, and freedoms of expression and peaceful assembly.

In addition, nearly all Rohingya survey participants reported experiencing or witnessing traumatic events in Myanmar: 98.6 percent reported exposure to frequent gunfire, 97.8 percent witnessed the destruction or burning of villages, 91.8 percent witnessed dead bodies, and 90.4 percent witnessed physical violence against others. Most Rohingya indicated that their family members and/or friends had also experienced violence in Myanmar, including “murder of extended family member or friend” by security forces (86.2 percent), “death of family or friends while fleeing or hiding” (70.6 percent), and “murder of immediate family member” (29.5 percent). Of those indicating the murder of an immediate family member, 99.3 percent reported that security forces in Myanmar perpetrated the killing.

Many Rohingya participants also reported experiencing bodily harm in Myanmar, including torture (55.5 percent), beatings (46.1 percent), stabbings (29.4 percent), or physical injury from being shot (5.1 percent). Participants also reported rape and sexual violence: 34.3 percent of men reported experiencing sexual abuse, sexual humiliation, or sexual exploitation in Myanmar, compared with 31.1 percent of women. Eight Rohingya women (3.1 percent) reported being raped. Some 87.5 percent of these women reported being raped by Myanmar security forces; three women experienced multiple incidents of rape. Two men also reported being raped, one of whom was raped multiple times. In addition, 67.3 percent of Rohingya survey participants indicated that they had witnessed sexual violence or abuse in Myanmar.

Mental Health Impacts

Rohingya refugees in Bangladesh reported experiencing extreme levels of mental health distress, including trauma, depression, and anxiety.

The most highly reported symptoms by Rohingya survey participants related to re-experiencing traumatic events. For example, most Rohingya participants reported experiencing at some level “recurrent thoughts or memories of the most hurtful or terrifying events” (97.6 percent), “feeling as though the event is happening again” (96.6 percent), and “recurrent nightmares” (82.2 percent). Rohingya also reported experiencing, at some level, symptoms of anxiety and depression, including “worry[ing] too much about things” (92.5 percent), “feeling sad” (91.3 percent), “loss of interest in things [they] previously enjoyed doing” (89.5 percent), and “feeling tense or [agitated]” (88.7 percent).

In addition to experiencing symptoms of trauma, depression, and anxiety, 79.2 percent of Rohingya participants also indicated experiencing some level of “bodily pain from distress/tension.” For instance, “Kushida,” a 25-year-old Rohingya woman told the research team: “I have muscle pain if I feel emotional pain, and I lay down and try to sleep. I don’t want to do or eat anything. I have a headache and anxiety.”

A majority of Rohingya survey participants (68.7 percent) reported feeling “humiliated or subhuman,” which also significantly contributes to mental health distress. “They call us animals,” said a Rohingya member of the research team, referring to Myanmar authorities who routinely refer to Rohingya as “*khoun*,” which means “animal.” “It is a tool of discrimination . . . We are like a different kind of human.”

“They treated us worse than animals,” a 44-year-old participant who fled to Bangladesh in September 2017 said. “They tied the legs and hands of my 95-year-old grandmother with rope, hacked and burned her. Would anyone do that to an animal?”

These findings may impact the way legal practitioners, human rights defenders, and humanitarian workers understand mental harm as an act of genocide as well as the long-term mental health outcomes of human rights violations.



"I don't want to hide myself

as I have nothing to be ashamed of. I have not done much wrong in life. So I do not mind to be photographed. I know I have recorded so much history of my own people. They have told me so much. **I would be happy to be photographed in the bushes, in the forest, as I love the green so much. I know a place, next to the graveyards."**

- "Mg Khin Soe," a member of the Rohingya research team, Cox's Bazar District, Bangladesh, November 2020

Rohingya Perceptions

One hundred percent of Rohingya survey participants indicated that the Government of Myanmar was responsible for the restrictions and violations they experienced, including the denial of citizenship, restrictions on marriage, education, and religious worship. Additionally, the majority of Rohingya (74.7 percent) believe state security forces were also responsible for violations against Rohingya in Myanmar. Most (67.9 percent) perceive these human rights violations as religiously motivated, namely because most Rohingya are Muslim and do not follow the majority Buddhist religion, while 34.8 percent believe the government targeted Rohingya due to their identity as an ethnic group—an identity the Government of Myanmar continues to deny.

At the time of writing, certain governments are considering whether or not to designate the situation in Myanmar a genocide. For Rohingya, the answer is obvious: All Rohingya surveyed (100 percent) believe that the ultimate intent of the Myanmar military and government was to destroy the Rohingya people.

Despite the ongoing genocide and persecution against Rohingya in Myanmar, the vast majority of Rohingya survey participants (94.7 percent) in Bangladesh reported a desire to return to Myanmar—their indigenous homeland. Discussions between governments and U.N. agencies regarding potential return of Rohingya refugees to Myanmar have, to date, largely excluded meaningful consultation with Rohingya. Most Rohingya survey participants identified certain rights and protections that the Myanmar government would need to restore or guarantee for Rohingya before returns would be possible, including citizenship (92.5 percent), compensation for loss (85.9 percent), protection (e.g., U.N. security force) (75.4 percent), and freedom (e.g., of movement, to attend school, etc.) (71.7 percent).

Key Recommendations

The right to mental health is a fundamental human right. According to the U.N. Special Rapporteur on physical and mental health, “there can be no health without mental health,” yet “nowhere in the world does mental health enjoy parity with physical health in national policies and budgets or in medical education and practice.” The global neglect of mental health is perhaps most stark and severe among refugees and migrants.

As the data in this report suggests, the Rohingya mental health crisis is rooted in genocidal attacks, pervasive human rights violations, and impunity, among other reasons. While culturally appropriate psychosocial care is in urgent demand, in order to fully tend to the crisis, the root causes must be addressed and solved, including through international efforts to hold perpetrators accountable for international crimes and through domestic efforts in Myanmar to restore Rohingya rights. The human right to mental health for Rohingya is inextricably linked to ensuring justice and accountability.

Every year since our founding in 2013, Fortify Rights has documented and reported on various aspects of genocide and crimes against humanity against Rohingya in Myanmar. This report supplements previous legal analysis by Fortify Rights and other organizations, including the U.N. Independent International Fact-Finding Mission on Myanmar, in finding that Myanmar state security forces and their proxies are responsible for the crime of genocide as well as crimes against humanity.

There have been significant advancements towards international justice for Rohingya in recent years. In November 2019, the Government of The Gambia brought a case against

Myanmar at the International Court of Justice (ICJ) for genocide against Rohingya, and the Office of the Prosecutor at the International Criminal Court (ICC) is investigating forced deportation of Rohingya as a crime against humanity.

While these developments are highly significant, there are gaps. The ICJ is a court handling disputes between states, not individual criminal liability, and while the ICC is a court adjudicating criminal liability, it does not presently have jurisdiction to investigate the crime of genocide in Myanmar. For these reasons, the U.N. Security Council should urgently refer Myanmar to the ICC to investigate, prosecute, and sentence those responsible for mass atrocity crimes against Rohingya and others in Myanmar, including Kachin, Shan, and Rakhine civilians. In the absence of this, the U.N. Security Council should establish an independent criminal tribunal. The U.N. Security Council should also impose a global arms embargo on Myanmar and the Myanmar military without delay.

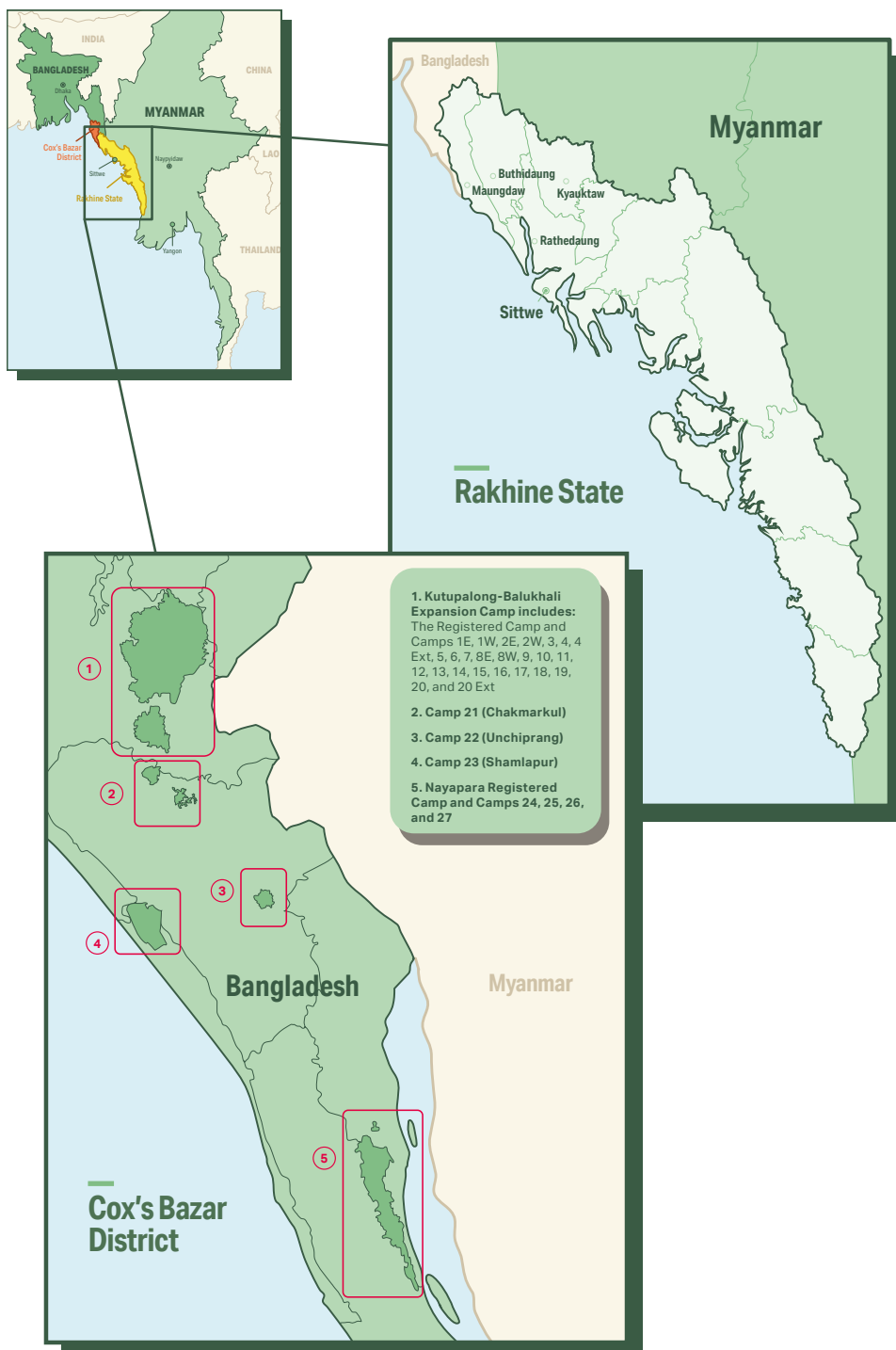
Legal accountability and an arms embargo are essential, but they are not stand-alone solutions for the Rohingya people or the people of Myanmar. More is needed. When fundamental rights are violated, international law provides for the right to “an effective remedy” as determined by a competent authority. Such remedies may include alternative forms of justice, including “restitution, compensation, rehabilitation, satisfaction, and guarantees of non-repetition,” which are described in more detail in this report and should be a priority for Myanmar and the international community.

Rohingya continue to suffer needlessly in Myanmar and in camps in Bangladesh. The Government of Bangladesh should ensure unfettered humanitarian access and end restrictions on basic rights for Rohingya refugees, including the right to freedom of movement.

Furthermore, the mental health findings in this report indicate human suffering on an horrific scale. Donor governments, the U.N., and international humanitarian organizations should dramatically increase investments in Rohingya mental health as well as continue to address the human rights violations, violence, and difficult living circumstances that underpin mental health distress among Rohingya. The international community should also support further research into trauma and mental health in persecuted populations and the role that pervasive human rights violations play in contributing to long-term mental harm.

Governments, including the U.S. government, should publicly acknowledge the international crimes of genocide and crimes against humanity committed against the Rohingya by issuing appropriate determinations. Such determinations are consistent with the findings of Fortify Rights, the U.N. Independent International Fact-Finding Mission on Myanmar, the U.S. Holocaust Memorial Museum, and others, including Rohingya survivors, and would send an important message to existing accountability mechanisms, Myanmar perpetrators, other governments, and would-be perpetrators of mass atrocity crimes.

Map of Myanmar and Bangladesh



Methodology: Participatory Action Research

This report is the product of participatory action research conducted between March 2018 and November 2020 by a team of ten Rohingya refugee researchers living in refugee camps in Cox's Bazar District, Bangladesh. With technical support from a Fortify Rights consultant trained in quantitative methodologies and mental health, the Rohingya research team contributed to the design, implementation, and analysis of the research, which included 495 household surveys, 13 pre-survey focus-group discussions, 33 participant feedback sessions, and 16 community workshops with Rohingya refugees in Bangladesh. The findings of this research are based, in large part, on the knowledge and lived experiences of randomly selected Rohingya refugee participants. This research seeks to identify and advance community-supported, action-oriented solutions through a participant-driven process in order to address human rights violations, atrocity crimes, and chronic stressors of Rohingya refugees in Myanmar and Bangladesh.¹

The Rohingya Research Team

A team of ten Rohingya researchers, including two Rohingya coordinators who led the team, facilitated the research that provides the basis for this report. The Rohingya research team included four women. All ten team members were from Rakhine State, Myanmar, and nine of the ten had arrived in Bangladesh after fleeing Myanmar military-led attacks in August 2017. Several team members had training and several years' experience providing mental health counseling support.

The two Rohingya research coordinators—both from Maungdaw Township in Myanmar's Rakhine State—previously worked with humanitarian organizations in Rakhine State and fled to Bangladesh after the 2017 violence. They also both worked with humanitarian organizations in refugee camps in Bangladesh. Through their previous positions, the two research coordinators received training and experience in management, data entry, interview methods, and mental health support.

¹ An article published in the academic journal *Conflict and Health* describes in detail the methods, findings, and analyses described in this report. See, Andrew Riley, *et al.*, "Systematic Human Rights Violations, Traumatic Events, Daily Stressors and Mental Health of Rohingya Refugees in Bangladesh," *Conflict and Health*, Vol. 14, Art. No. 60, August 20, 2020, <https://doi.org/10.1186/s13031-020-00306-9>.

The Rohingya research coordinators worked closely with Fortify Rights to develop the research methodology as well as recruit and coordinate the research team to facilitate the research process. The research coordinators selected the eight Rohingya researchers based on criteria that assessed their research skills, experience working on mental health issues, work history, ability to work as a member of a team, and knowledge of the refugee camps.

To advance discussions on the research approach and tools, Fortify Rights facilitated a five-day training on research methodology for the Rohingya research team. The training included sessions on research ethics, survey methodology, sampling, questionnaire development, interviewing techniques, smartphone training, referral processes, and self-care.

To ensure the wellbeing of the Rohingya research team, Fortify Rights provided opportunities for interested team members to receive mental-health support from qualified professionals.

Pre-Survey Focus-Group Discussions

Prior to initiating the research, the Rohingya research coordinators—with support from Fortify Rights—facilitated a series of 13 focus-group discussions with 67 members of the Rohingya refugee camp community, including 32 women. The groups included four to seven participants per group. Six groups included only women participants. A Rohingya woman, recruited by Fortify Rights as a consultant and who later joined the Rohingya research team, facilitated the focus-group discussions with the all-women groups.

During the focus-group discussions, the Rohingya research coordinators and consultants facilitated conversations on the impacts of the 2016 and 2017 military-led attacks against Rohingya in Myanmar, perceived reasons for the violence, the current situation and treatment of Rohingya refugees in Bangladesh, and considerations for returning to Myanmar or going elsewhere. The information provided by participants in these focus-group discussions instructed the design and development of the research approach and material.

Ethical Reviewers

In July 2018, four mental health professionals—all women—working as advisors or specialists with humanitarian organizations providing mental health and psychosocial support to refugees in Cox's Bazar District, Bangladesh, conducted an ethical review of the research plans and instruments. The reviewers analyzed the proposed research methodology, the survey questionnaire (see, *Annex A: Survey Questionnaire*), and provided recommendations to improve the methodology. The team incorporated these recommendations into the research plans and instruments, resulting in unanimous approval by the reviewers to proceed.

Household Surveys

The Rohingya research team developed and relied on a 149-question survey questionnaire (see, *Annex A: Survey Questionnaire*) to collect quantitative data on the experiences and mental health of Rohingya refugees in Cox's Bazar District. The survey questionnaire included nine sections: informed consent, demographics, chronic stressors in Myanmar and Bangladesh, human rights violations in Myanmar, traumatic events in Myanmar and Bangladesh, trauma symptoms, depression and anxiety symptoms, functioning in daily activities, and opinions about returning to Myanmar. Fortify Rights included measures based on research previously conducted with Rohingya refugees in Bangladesh to evaluate and compare survey responses.²

² Andrew Riley, Andrea Varner, Peter Ventevogel, M. M. Taimur Hasan, and Courtney Welton-Mitchell, "Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh," *Transcultural Psychiatry*, Vol. 54, No. 3, 2017, pp. 304–331.

Questionnaire Development

With support from Fortify Rights, the Rohingya research coordinators identified appropriate phrasing and translations for survey questions and methods to ensure a common understanding among Rohingya participants. Due to the lack of a standardized Rohingya written language, the questions were written first in English then transliterated into the Rohingya language using the Roman alphabet. To check the accuracy of the transliteration, one of the research coordinators completed a blind back-translation to English from the transliterated Rohingya script. The research coordinators also created an audio recording of the survey questionnaire to ensure comprehension of the transliteration among the research team.

Below is a summary of the nine sections of the survey questionnaire:

1. Informed Consent

The "Informed Consent" section of the survey provides a full script that introduces Fortify Rights; the purpose of the interview and how the information collected may be used; the voluntary, anonymous, and confidential nature of the interview; and the availability of mental health resources and referrals. After reading the script, the researchers asked participants to demonstrate comprehension of the information provided in the informed consent script. Upon receiving a satisfactory response, the researchers then asked if the participant agreed to contribute to the research.

2. Demographics

The "Demographics" section of the survey questionnaire included eight biographical questions about the participant, including their age, sex, geographical origins, time since arrival to Bangladesh, education, and religiosity.

3. Chronic Stressors

The "Chronic Stressors" section of the survey questionnaire included 25 questions regarding common daily stressors experienced by Rohingya in Bangladesh and Myanmar. In developing the questions, the research team relied on the Humanitarian Emergency Settings Perceived Needs Scale (HESPER)—a scale commonly used in emergencies to assess a wide range of basic needs of displaced populations.³ The research team selected and adapted questions from HESPER and included additional questions relevant to the Rohingya experience based on input provided by participants of the pre-survey focus-group discussions. The questions focused on 12 stressors involving serious problems with physical health; harassment by police, security forces, or local civilians; as well as access to food, water, accommodation, sanitation facilities, income, safety, education, and aid; and freedom of movement.

For the portion of the questionnaire about stressors in Bangladesh, the Rohingya research team asked about serious problems experienced "during the last month."⁴ For the portion of the questionnaire about stressors in Myanmar, the Rohingya research team asked participants if they "generally [had] a serious problem." Participants responded with either "yes" or "no" to the specific stressors identified. The questionnaire also asked participants to identify the "most serious problem" of the problems identified in Bangladesh.

4. Human Rights Violations

The "Human Rights Violations" section of the survey questionnaire included a total of 23 questions, including 17 questions on a range of common restrictions and two questions on access to rights and protections in Rakhine State as well as four opinion-related questions. Participants in the pre-survey focus-group discussions and informal discussions with Rohingya human rights

³ World Health Organization (WHO) and Kings College London, *The Humanitarian Emergency Settings Perceived Needs Scale (HESPER): Manual with Scale*, 2011, https://apps.who.int/iris/bitstream/handle/10665/44643/9789241548236_eng.pdf?sequence=1.

⁴ The responses reflect chronic stressors experienced between June and August of 2018.



"I want to be photographed next to the camps. I want to stand in a place from where you can see the endless camps. I want to show the world how big this place is and how many of us are here. I want to speak to the world of what they have done to me. But I am not allowed to speak.

They have kept us silent for so long."

- "Jasim Arkane," a member of the Rohingya research team, Cox's Bazar District, Bangladesh, November 2020



defenders in Bangladesh contributed to the development of these questions. The issues identified are consistent with human rights violations documented and reported by the U.N., Fortify Rights and other human rights organizations, and Rohingya human rights defenders.⁵ Specifically, the questions focused on: obtaining citizenship, obtaining official identification or documentation or pressure to accept unwanted documentation, using the Rohingya name, voting, carrying out religious practices, traveling freely, pursuing education, working generally, working in government positions, accessing medical services, accessing legal services, meeting in groups in public, marriage, having children, building or repairing houses, expressing feelings or thoughts publicly, having the same rights as other ethnic groups, and receiving protection by security forces.

The Rohingya research team asked participants to what extent Rohingya in Rakhine State experienced these specific violations since 2012 when two waves of violence displaced more than 100,000 mostly Rohingya civilians.⁶ The team encouraged participants to answer certain questions not only based on their own experience but based on their perception of the experiences of Rohingya communities in Rakhine State as a whole. Participants responded using a four-item scale ranging from one (not at all) to four (extremely).

This portion of the survey questionnaire also included an open-ended question for participants to share their opinion about the “main reason the Rohingya people are experiencing these restrictions.” Participants further identified all those responsible for creating the restrictions, including the Myanmar government, Rakhine people, security forces, or specifying others. The research team also asked participants to provide their opinion on whether they think “the Myanmar army/government are trying to destroy the Rohingya people,” as well as whether in Bangladesh they “feel pressure to return to Myanmar against [their] will.”⁷

5. Trauma Events

The “Trauma Events” section of the survey questionnaire included 38 questions about common traumatic events experienced by Rohingya in both Myanmar and Bangladesh. In developing the questions, the research team relied on the Harvard Trauma Questionnaire, a traumatic events inventory developed for gathering information about refugee experiences and previously used in research conducted with Rohingya refugees.⁸ The research team included additional questions based on relevant desk research and inputs provided by participants of the pre-survey focus-group

5 Fortify Rights, “*They Gave them Long Swords*”: Preparations for Genocide and Crimes Against Humanity Against Rohingya Muslims in Rakhine State, Myanmar, July 2018, https://www.fortifyrights.org/downloads/Fortify_Rights_Long_Swords_July_2018.pdf; “Burma: Satellite Imagery Shows Mass Destruction: 214 Villages Almost Totally Destroyed in Rakhine State,” Human Rights Watch, September, 26, 2017, <https://www.hrw.org/news/2017/09/19/burma-satellite-imagery-shows-mass-destruction>; “MSF Surveys Estimate that at Least 6,700 Rohingya Were Killed During the Attacks in Myanmar,” Médecins Sans Frontières, December, 12, 2017, <https://www.msf.org/myanmarbangladesh-msf-surveys-estimate-least-6700-rohingya-were-killed-during-attacks-myanmar>; U.N. Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, U.N. Doc. A/HRC/39/CRP.2, September 17, 2018, <https://www.ohchr.org/en/hrbodies/hrc/myanmarffm/pages/index.aspx>; Physicians for Human Rights, *Widespread and Systematic: Violence Against the Rohingya in Myanmar*, August, 30, 2018, <https://rohingya.phr.org/resources/widespread-and-systematic-violence-against-rohingya/>; Burmese Rohingya Organisation UK, *Burned, Stabbed and Shot: Physical Evidence of Atrocities Committed Against the Rohingya*, May 2017, <https://www.brouk.org.uk/brouk-report-on-burned-stabbed-and-shot-physical-evidence-of-atrocities-committed-against-the-rohingya/>.

6 The research team selected this timeframe to keep responses relatively contemporary and capture the environment of restrictions and violations since the onset of violence in 2012.

7 Participants were asked, “In your opinion, do you think that the Myanmar military/government are trying to destroy the Rohingya people?” This question was developed based on focus-group feedback and key-informant discussions regarding the intent of the Myanmar Government in enforcing restrictions on the Rohingya. Due to the leading nature of the question, it was included as the final question in the “Human Rights Violations” section of the questionnaire to mitigate any impacts of this question on other responses.

8 Richard Mollica, “Measuring Trauma, Measuring Torture: Instructions and Guidance on the Utilization of the Harvard Program in Refugee Trauma’s Versions of the Hopkins Symptom Checklist-25 (HSCL-25) and the Harvard Trauma Questionnaire (HTQ),” *Harvard Program in Refugee Trauma*, 2004; Riley, “Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh,” *Transcultural Psychiatry*, pp. 304–331.

discussions about the violent events experienced by Rohingya in Myanmar and Bangladesh. The questions in this section asked about experiences with: confiscation or looting of personal property; home destruction; extortion; exposure to hearing or seeing frequent gunfire; beatings; rape by security forces or others; forced abortion; other types of sexual abuse; physical injuries, such as from stabbings, gunshots, or other injuries; unjust imprisonment; torture; forced labor; improper burials; threats due to ethnicity; home searches by security forces; murders; disappearances; witnessing physical violence, sexual violence or abuse, dead bodies, or the destruction or burning of villages; being forced to flee or go into hiding or turned back while trying to flee; the death of a family member or friend while fleeing or in hiding; being forced to do things against their religious beliefs; and exposure to violent images. The Rohingya research team asked participants if they had experienced any of these events, and participants responded with either "yes" or "no."

The team asked participants to identify events personally experienced or witnessed. The Rohingya research team also asked participants who responded "yes" to specific incidents to indicate if the incident took place in Myanmar, Bangladesh, or both. The questionnaire survey also included an open-ended question, requesting participants to specify "[a]ny other situation that was very frightening or in which you felt your life was in danger."

As part of the instructions for this section of the questionnaire survey, the research team informed participants that these questions may be upsetting and reminded participants that they may skip any question and that responses would be kept confidential.

6. Trauma Symptoms

The "Trauma Symptoms" section of the survey questionnaire included 16 questions regarding common symptoms of PTSD as identified by the Harvard Trauma Questionnaire.⁹ These questions focused on the following symptoms: "recurrent thoughts or memories of the most hurtful or terrifying events," "feeling as though the event is happening again," "recurrent nightmares," "feeling detached or withdrawn from people," "unable to feel emotions," "feeling jumpy, easily startled," "difficulty concentrating," "trouble sleeping," "feeling on guard," "feeling irritable or having outbursts of anger," "avoiding activities that remind you of the traumatic or hurtful event," "inability to remember parts of the most hurtful or traumatic events," "less interest in daily activities," "feeling as if you don't have a future," "avoiding thoughts or feelings associated with the traumatic or hurtful events," and "sudden emotional or physical reaction when reminded of the most hurtful or traumatic events."

The Rohingya research team asked participants to indicate the extent that they experienced specific symptoms of trauma in the previous week.¹⁰ Participants reported their experience with each symptom using a four-item scale ranging from one (not at all) to four (extremely).


7. Depression and Anxiety

The "Depression and Anxiety" section of the survey questionnaire included 29 questions regarding common symptoms of depression and anxiety. In developing the questions, the research team relied on the Hopkins Symptoms Checklist, which identifies ten common symptoms of anxiety and 15 common systems of depression.¹¹ In addition to the 25 symptoms identified by the Hopkins Symptoms Checklist, the research team also included four questions about "bodily pain from distress/tension," "feeling humiliated/subhuman," "feeling disrespected," and "feeling helpless" based on input provided by participants of the pre-survey focus-group discussions.

⁹ Mollica, "Measuring Trauma, Measuring Torture," *Harvard Program in Refugee Trauma*.

¹⁰ The responses would reflect symptoms experienced between July and August 2018.

¹¹ Mollica, "Measuring Trauma, Measuring Torture," *Harvard Program in Refugee Trauma*.

A woman wearing a pink sari is holding up a piece of pink fabric, partially obscuring her face. She is standing in front of a thatched roof, likely part of a traditional building. The lighting is warm and the background is slightly blurred.

"It's a shame that **we cannot run formal schools in the camp**. But **I want to teach** the Rohingya children **whatever I know**. I've decided to make use of the little space next to my shelter to teach the children. **I am, in particular, very proud of my husband**. He has always protected and supported me in all of my work. I know he is not like most Rohingya men. **I feel protected with him**.

I want you to include him in your photograph where he is extending his support, which he always does.

I do not know how you will do that, but I know you can do that."

- "Sumaya Bibi," a member of the Rohingya research team, Cox's Bazar District, Bangladesh, November 2020

The Rohingya research team asked participants to indicate to what extent they experienced symptoms in the last week.¹² Participants reported their experience with each symptom using a four-item scale ranging from one (not at all) to four (extremely).

8. Functioning

The "Functioning" section of the survey questionnaire included five questions regarding common daily functioning difficulties experienced by Rohingya in Cox's Bazar, Bangladesh. The research team developed the questions based on input provided by participants of the pre-survey focus-group discussions about the type of activities that they need to perform on a daily basis. The questions focused on hygiene, social activities, religious activities, and daily tasks. The research team created culturally-specific examples for the questions on religious activities and daily tasks based on focus-group input.

The Rohingya research team asked how difficult it was for the participant to engage in specific daily activities during the previous two weeks.¹³ Participants reported their experience using a four-item scale ranging from one (not at all) to four (extremely). For every participant who indicated some level of functional impairment, the research team asked participants to identify to what they attribute their difficulties. Response options to this follow-up question included "physical health," "mental health," "current living situation," or "other."

9. Opinions

The "Opinions" section of the survey questionnaire included five questions to assess Rohingya attitudes regarding returning to Rakhine State and living in an integrated community with Rakhine, or Arakanese, people. This section was added based on feedback provided by the pre-survey focus-group participants, who identified a connection between their feelings about returning to Myanmar and reintegrating with Rakhine communities and violations they suffered in Myanmar. The Rohingya research team developed the questions based on their own experiences in their community and input provided by the pre-survey focus-group discussions. The questions included, "Do you want to return to Myanmar in the future?," "What do you need the Myanmar government to do in order to feel safe to return?," and three questions regarding Rohingya attitudes towards the ethnic-Rakhine population. The Rohingya research team asked participants to report their opinions using a four-item scale ranging from one (not at all) to four (extremely). For the question on what is needed in order to facilitate a safe return to Myanmar, the research team asked participants to select all that applied from "citizenship," "compensation for loss," "protection (e.g., U.N. security force)," "freedom (e.g., travel, attend school, etc.)," or "other."

Piloting the Survey Questionnaire

After ethical reviewers approved the research plans and instruments, the research team conducted a pilot survey to vet the research approach and survey questionnaire. The pilot provided an opportunity to refine the survey questions, address issues with the transliteration, improve the data collection process, address technological issues with collecting responses on smartphones, and to identify solutions to mitigate potential challenges that may arise in the data collection process.

To protect members of the Rohingya refugee camp community from any potential harm that may result from participating in the pilot, the research team first conducted an internal testing of the planned approach and questionnaire with members of the Rohingya research team serving as "survey participants." After vetting the process and questionnaire internally, the Rohingya research team piloted the process and questionnaire with a sample of members of the Rohingya refugee camp community. The research team explained to the pilot participants that the exercise

¹² The responses would reflect symptoms experienced between July and August 2018.

¹³ *Ibid.*

was only a pilot and that participants did not need to provide actual responses based on personal experiences. Altogether, the research team conducted a total of 13 surveys, including with at least three women, during the pilot phase.

Based on the results of the pilot, the research coordinators made necessary adjustments to the research approach and survey questionnaire.

Ensuring a Randomized Sample

The research team used a multi-stage cluster sampling approach to select a representative sample of participants for the survey. The multi-stage cluster sampling approach requires the random selection of refugee blocks and a subsequent random selection of households in those blocks as well as random selection of individuals in those households.¹⁴

To facilitate the multi-stage cluster sampling approach, the research team randomly selected 33 blocks from a list of all the camp blocks. The team used a method called “probability proportionate to size” in the selection process, which proportionately increases the likelihood of the selection of blocks with larger numbers of households.

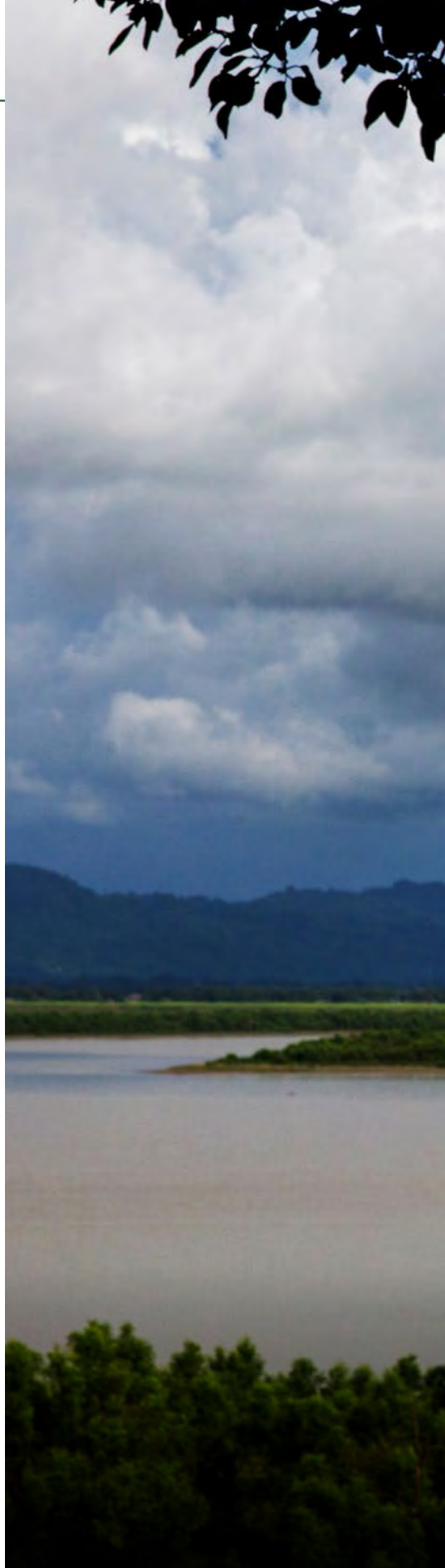
After randomly selecting the blocks for the survey, the Rohingya research coordinators met with the Rohingya block leaders, or *majhis*, to introduce the research and request access to household-list information.¹⁵ All *majhis* whom the team approached agreed to the survey and provided the research team with access to household lists. The Rohingya research team used a random-number generator to randomly select 15 households from these lists.


From the 15 selected households, the team then randomly selected eight households to survey women and seven households to survey men living within each respective household. The team used this ratio of women to men to ensure that the survey sample matched the gender ratio of the camp population. To select the survey participants from each respective household, the Rohingya research team used a random-number generator.

At least one day in advance of when the team planned to conduct the survey, *majhis* from the selected blocks informed selected participants about the survey and when the survey would be conducted. On the day of the survey, if no one from the selected household was home, eligible, or willing to participate in the survey, the researcher would continue to a dwelling adjacent to

¹⁴ The Rohingya camps in Cox’s Bazar District are divided into dozens of distinct camps, which are further subdivided into “blocks.”

¹⁵ Each camp block is administered by a Rohingya leader, known as a *majhi*. Among other responsibilities, the *majhi* is responsible for maintaining a detailed lists of the households located in their respective block.





"If you walk for a few minutes from my camp, you get close to the **Bangladesh-Myanmar border**. The day you decide to photograph me, please come to my camp. I will take you to the mountain top.

I want you to show my country. I will point towards the border.

Just photograph me that way. It's all about Myanmar. **It's all about the country that you see from here.** I want you to show me where I am from, where everything happened. It's not far. It's really not far. Just do not show my face. **I am so afraid even though I am staying here."**

- "Rafiqul," a member of the Rohingya research team, Cox's Bazar District, Bangladesh, November 2020

the selected household until the researcher identified an eligible, willing participant. Participation in the survey was voluntary, and participants received no monetary compensation for contributing to the survey.

Facilitating the Survey

The Rohingya research team facilitated the survey data collection process over the course of 23 days between July and August 2018. The researchers conducted the survey in the participants' homes using a smartphone and the Qualtrics Offline Surveys application to record responses.¹⁶ The team also used a visual aid depicting an empty glass, a glass partially full of water, a nearly full glass of water, and a completely full glass of water to help clarify the four-item response options ranging from one (not at all)—represented by an empty glass—to four (extremely)—represented by a full glass. Each survey took approximately one hour to complete.

The Rohingya research team replaced 168, or 34 percent, of the randomly selected households because no one was home or eligible to participate during the time of the survey. An additional 13 randomly selected participants declined to contribute to the survey.

The research team made arrangements to ensure appropriate support for participants who demonstrated signs of severe mental health problems or expressed a need for mental health support. In advance of facilitating the survey, the Rohingya research team mapped out mental health service providers in the camps, specifically identifying service providers operational in the selected blocks where the survey would be conducted. The Rohingya coordinators informed the relevant service providers about the survey plans and secured the support of these providers for referrals. The Rohingya research team also carried the contact information of relevant service providers with them while conducting the surveys in order to facilitate necessary referrals.

Any participant who answered “quite a bit” or “extremely” to a question on suicidal ideation—“thoughts of ending life”—or if the survey participant said anything that raised serious mental health concerns triggered an automatic mental health referral. During a referral, the Rohingya researchers would notify a research coordinator who, in turn, would contact a relevant service provider. For a high-risk referral, the research team would remain in the block until the service provider established a connection with the participant. The Rohingya researchers also provided participants with the contact information of the research coordinators in case the participant required a mental health referral at some later point. Any participant could request a referral for mental health support as well as a brief mental health support session with one of several Rohingya research team members trained in psychosocial counseling. During the data collection process, the Rohingya research team facilitated 39 automatic referrals due to expressions of suicidal ideation.

Demographics of Rohingya Survey Participants

The research team surveyed 495 Rohingya refugee adults residing in 33 different blocks in 24 of the 34 camps currently in existence at the time of writing. The survey participants included 264 women (53.3 percent of the total sample) and 231 men (46.7 percent of the total sample). This breakdown closely matched the gender breakdown of the camp population, which was 55.9 percent women and 44.1 percent men, at the time of the survey.¹⁷ The age of the survey participants ranged from 18- to 75-years-old with an average age of 36.

Survey participants, on average, had been in Bangladesh for 18 months at the time of the survey, and most (95.7 percent) of the survey participants reported arriving in Bangladesh after October 2016

¹⁶ Qualtrics Offline Surveys is a smartphone application for data collection. During the data collection process, Rohingya researchers entered survey responses into the application and later uploaded the responses onto a secure online database.

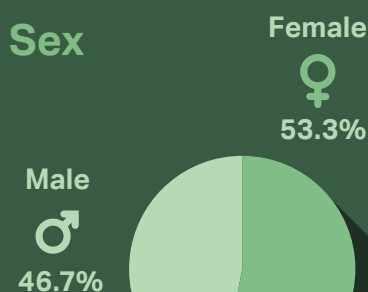
¹⁷ United Nations High Commissioner for Refugees (UNHCR), “Bangladesh Refugee Emergency: Population Factsheet,” *website*, July 2018, <https://data2.unhcr.org/en/documents/details/64838>.

when the Myanmar military-led attacks in Rakhine State started. A majority (66.3 percent) of the survey participants were indigenous to Maungdaw Township, while a minority were indigenous to Buthidaung (28.4 percent), Rathedaung (4.7 percent), and other townships (0.6 percent). Only two survey participants were born in Bangladesh.

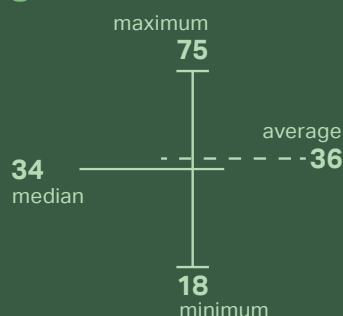
A majority (64.6 percent) of survey participants indicated that they had not completed primary school education, but most (79 percent) participants received some level of non-formal or religious education.¹⁸ Notably, 491 survey participants, or 99.2 percent, described their religious beliefs as "extremely" important to their way of life.

Survey Participant Demographics

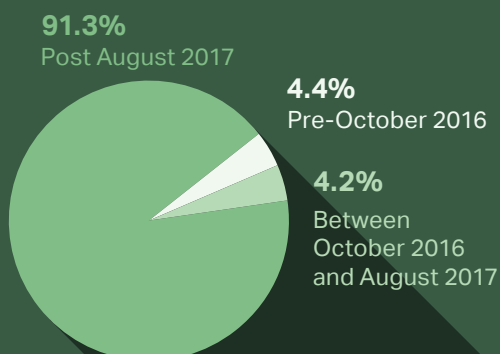
Sex



Age



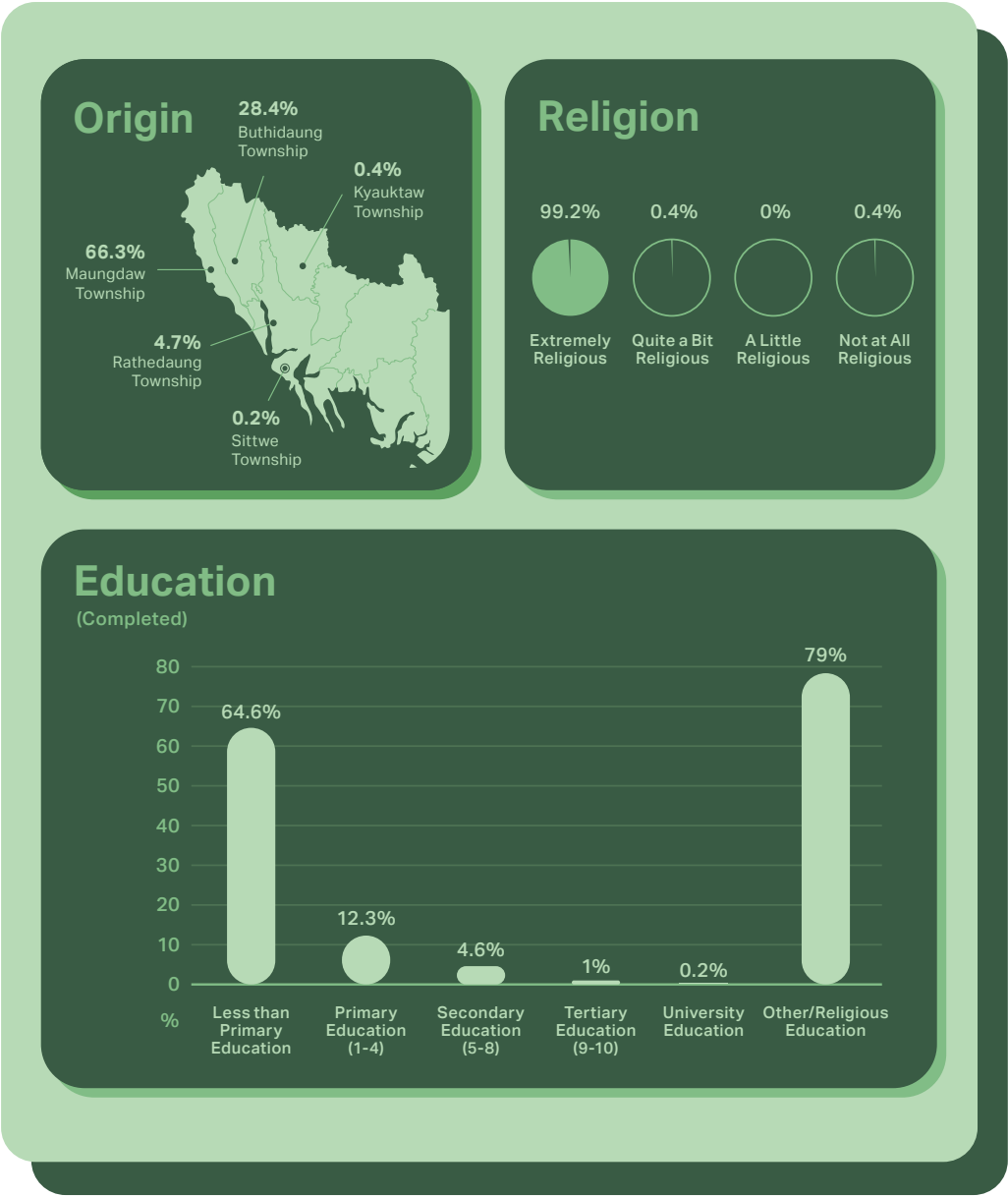
Arrival to Bangladesh



Average time in Bangladesh:

18 months

¹⁸ Note that as part of the human rights violations results, more than 90.3 percent of survey participants reported that Rohingya are "extremely" restricted in accessing education in Myanmar.



Survey Participant Feedback Sessions

After completing the survey in each block, the Rohingya research team randomly selected, using a random-number generator, one participant to request feedback about their experience. The Rohingya research team conducted feedback sessions with 33 survey participants. During the feedback sessions, a research coordinator conducted a brief eight-question interview with the participant (see, *Annex B: Survey Participant Feedback Questions*) to elicit information on their treatment and experience during the survey process and any problems or complaints.

All participants involved in the feedback sessions indicated that they felt respected during the process and confirmed that the researchers did not ask for “money, bribes, favors, etc.” Thirty-two of the 33 feedback-session participants reported confidence that their “information would be kept confidential,” the pace of the survey was not too fast, and had no problems understanding all the

questions of the survey.¹⁹ Two feedback-session participants reported "problems understanding the language of the interviewer."²⁰ Only one participant raised a complaint with the survey, saying "Everyone asks us about our difficulties in the camp, but no one takes action like they say they will do so we are bored to explain our difficulties."²¹

Most participants in the feedback sessions reported having a positive experience with the survey process, with many participants saying that it felt good to share their experiences. For example, one participant said: "I was looking for someone to express [my feelings to], and I finally got to."²² Another participant told the research team, "As he asked me about my situation, I expressed everything. I know that he would share that with the international community, so I felt really good."²³

Survey Analysis

Following the completion of the data collection, Fortify Rights "cleaned" the data and used Statistical Package for the Social Sciences (SPSS) software, a standard software for interactive statistical analysis, to process and analyze the survey data.²⁴ For responses to open-ended and other qualitative data collected during the survey process, the research team organized and coded the data based on common themes. Fortify Rights then also analyzed the coded qualitative data using SPSS software.²⁵

Fortify Rights and the two Rohingya research coordinators facilitated three group discussions with the research team to review and interpret the results of the statistical data. During these discussions, the research team reflected on their personal experiences as well as information shared by Rohingya survey participants during the data collection.

Community Workshops

To ensure timely reporting of the research findings to the Rohingya refugee community in Bangladesh, the Rohingya research team organized a series of 16 community workshops in the refugee camps to present and facilitate discussions about the findings of the survey. The research coordinators and the researchers identified the findings most relevant and of potential interest to the Rohingya refugee community. The Rohingya research team then developed a presentation, including visual aids, to explain the survey research process and findings.

The research team focused on conducting the workshops in the blocks that contributed to the survey process. Between 15 to 50 residents of the relevant blocks joined workshops, which included a presentation of the research findings followed by discussion and questions.

¹⁹ Fortify Rights survey participant feedback results, 2018.

²⁰ *Ibid.*

²¹ *Ibid.*

²² *Ibid.*

²³ *Ibid.*

²⁴ For more information on the data-cleaning methods applied, see, Riley, "Systematic Human Rights Violations, Traumatic Events, Daily Stressors and Mental Health of Rohingya Refugees in Bangladesh," *Conflict and Health*.

²⁵ One researcher coded the data by sorting the responses into common themes. Another researcher reviewed the coded responses to verify that the data was sorted into the correct thematic categories. The researchers categorized unclear or unintelligible responses as "other." Following the completion of the coding process, Fortify Rights used SPSS to analyze the coded qualitative data.



"I love the sea.

Every day when I come back from work in the camp, I look at the sea. I love your idea of asking me how I want to be photographed. We have to leave the camp by 4 p.m. By the time I am near the town of Cox's Bazar, it is usually the sunset time. **One day, I would like to take a pause while I'm coming back. And you come and photograph me next to the sea.**

**I will wear something beautiful.
Maybe a blue? Matched with
the color of the sea.**

Just do not show my face."

- "Fatima," a member of the Rohingya research team, Cox's Bazar District, Bangladesh, November 2020



Background

Mass Atrocity Crimes in Myanmar

The Rohingya are an ethnic and religious minority indigenous to Rakhine State, Myanmar, which shares a partial border with neighboring Bangladesh.²⁶ Although the Rohingya comprise an estimated population of 2.5 million worldwide, only approximately 600,000 Rohingya remain in Rakhine State—the result of decades of state-sponsored persecution in Myanmar.²⁷ The Rohingya are mostly Muslim in Buddhist-majority Myanmar and have faced systematic human rights violations, including through official State policies restricting Rohingya marriages, childbirth, freedom of movement, education, and other aspects of everyday life.²⁸

During the past several decades, Myanmar authorities carried out several pogroms against Rohingya, causing mass forced internal displacement and forced deportation. In 1978, more than 200,000 Rohingya fled to Bangladesh in the aftermath of the violent “*Naga Min*” (Dragon King) operation, at which time

²⁶ Although the Myanmar government refuses to recognize the existence of the Rohingya as an ethnic group, the Rohingya meet the criteria of “indigenous people” under international law. For example, Rohingya self-identify as indigenous, have a demonstrated historical presence and links to the territory in Rakhine State, have a distinct language, culture, and beliefs, form a non-dominant group, and are resolved to maintain their ancestral environments and reproduce their systems as distinctive peoples and communities. See, U.N. Permanent Forum on Indigenous Issues, “Factsheet,” website, undated, https://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf. See also, Francis Buchanan, “A Comparative Vocabulary of Some of the Languages Spoken in the Burma Empire,” *Asiatic Researches*, Vol. 5, 1799, p. 234, <http://www.soas.ac.uk/sbbr/editions/file64276.pdf>. See also, Moshe Yegar, *The Muslims of Burma: A Study of a Minority Group*, (Wiesbaden: Otto Harrassowitz, 1972).

²⁷ The precise population of Rohingya is unknown. During the 2014 national census, the Government of Myanmar excluded Rohingya and other ethnic minorities from the count. However, as of 2020, the working U.N. figure of Rohingya in Myanmar is approximately 600,000. UNICEF, *Investing in Children Should be the Foundation of Myanmar's Progress and Development*, January 31, 2019, <https://www.unicef.org/eap/press-releases/investing-children-should-befoundation-myanmars-progress-and-development>. See also, U.N. Human Rights Council, *Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, para 57.

²⁸ Fortify Rights, *Policies of Persecution: Ending Abusive State Policies Against Rohingya Muslims in Myanmar*, February 2014, https://www.fortifyrights.org/downloads/Policies_of_Persecution_Feb_25_Fortify_Rights.pdf; Amnesty International, *Caged without a Roof: Apartheid in Myanmar's Rakhine State*, November 2017, <http://www.amnesty.org/en/latest/news/2017/11/myanmar-apartheid-in-rakhine-state/>; “Burma: Revoke ‘Two-Child Policy’ For Rohingya,” Human Rights Watch, May, 28, 2013, www.hrw.org/news/2013/05/28/burma-revoke-two-child-policy-rohingya.

the Myanmar security forces reportedly razed Rohingya villages, killed, raped, and committed other violations against Rohingya after initiating an exercise to scrutinize the citizenship of populations in Rakhine State.²⁹

Four years later, in 1982, Myanmar passed a citizenship law that effectively denied Rohingya equal access to citizenship rights and eventually stripped a majority of Rohingya of their citizenship in Myanmar.³⁰ To implement the 1982 Citizenship Law, the Myanmar government conducted a nationwide citizenship scrutiny exercise.³¹ Similar to *Naga Min*, the Myanmar military launched Operation *Pyi Thaya*, or “Clean and Beautiful Nation,” in 1991 following the citizenship scrutiny exercise.³² The operation targeted Rohingya in Rakhine State and led to the killings and rape of Rohingya as well as the razing of Rohingya villages and mosques, forcing an estimated 270,000 Rohingya to Bangladesh.³³

Targeted violence and attacks on Rohingya in Rakhine State erupted again in 2012 following news of the murder and rape of a 27-year-old Rakhine Buddhist woman in Rakhine State’s Ramri Township.³⁴ Accusations against three Muslim men sparked violence between Rakhine and Rohingya communities in Rakhine State.³⁵ This violence escalated into anti-Rohingya attacks by Myanmar state security forces and civilian perpetrators, including massacres and razed villages, leading to the further protracted displacement of Rohingya.³⁶ The government forced Rohingya into makeshift internment camps located in nine townships in Rakhine State.³⁷ At the time of writing, more than 120,000 Rohingya remain confined to at least 20 internment camps in five townships with limited access to humanitarian aid.³⁸

Preying on dispossessed Rohingya in Myanmar and Bangladesh, a transnational criminal syndicate established dangerous routes by sea to traffic Rohingya to Malaysia via Thailand.³⁹ Malaysia is

29 Matthew Smith, “The Roots of Destruction,” in Patrick Brown, *No Place on Earth* (FotoEvidence: New York, 2019), <https://www.panos.co.uk/photography-projects/no-place-on-earth-2/> and <http://fotoevidence.com/book/38/hard-copy>; Fortify Rights, “They Gave Them Long Swords.” See also, Fortify Rights and Allard K. Lowenstein International Human Rights Clinic, Yale Law School, *Persecution of the Rohingya Muslims: Is Genocide Occurring in Myanmar’s Rakhine State? A Legal Analysis*, October 2015, https://www.fortifyrights.org/downloads/Yale_Persecution_of_the_Rohingya_October_2015.pdf; William L. Scully and Frank N. Trager, “Burma 1978: The Thirtieth Year of Independence,” *Asian Survey*, Vol. 19, No. 2, *A Survey of Asia in 1978: Part II* (The University of California Press, February 1979), pp. 147–156.

30 Over time, this law made the Rohingya one of the largest stateless populations in the world, and the largest within a given country’s borders, and it resulted in a cascade of other human rights violations, including restrictions on freedom of movement. See also, Fortify Rights, *Tools of Genocide: National Verification Cards and the Denial of Citizenship of Rohingya Muslims in Myanmar*, September 2019, p.35, <https://www.fortifyrights.org/mya-bgd-rep-2019-09-03/>.

31 UNHCR, *Study on Community Perceptions of Citizenship, Documentation and Rights in Rakhine State*, August 2016, p. 6, https://themimu.info/sites/themimu.info/files/assessment_file_attachments/Community_Perceptions_FINAL.PDF.

32 Brown, *No Place on Earth*; Nicholas Farrelly, “Muslim Political Activity in Transitional Myanmar” in *Islam and the State in Myanmar* (New Delhi: Oxford University Press, 2016), p. 107.

33 *Ibid.*

34 Fortify Rights, *Policies of Persecution*, p. 18; Human Rights Watch, “The Government Could Have Stopped This”: *Sectarian Violence and Ensuing Abuses in Burma’s Arakan State*, August 2012, p. 18, https://www.hrw.org/sites/default/files/reports/burma0812webwcover_0.pdf.

35 *Ibid.*

36 Human Rights Watch, “All You Can Do Is Pray”: *Crimes Against Humanity and Ethnic Cleansing of Rohingya Muslims in Burma’s Arakan State*, April 2013, https://www.hrw.org/sites/default/files/reports/burma0413_FullForWeb.pdf; Human Rights Watch, “The Government Could Have Stopped This.”

37 Fortify Rights, *Policies of Persecution*, p. 21; U.N. Office for the Coordination of Humanitarian Affairs (OCHA), “Displacement in Rakhine State as of 12 Nov 2012,” *website*, November 12, 2012, https://reliefweb.int/sites/reliefweb.int/files/resources/map_3175.pdf.

38 “Myanmar: New Evidence of Denial of Citizenship Rights,” Fortify Rights, January 16, 2020, <https://www.fortifyrights.org/mya-inv-2020-01-16/>.

39 Fortify Rights, “Sold Like Fish”: *Crimes Against Humanity, Mass Graves, and Human Trafficking from Myanmar*

a predominantly Muslim country in Southeast Asia with a strong economy and a longstanding Rohingya population, and more than 170,000 Rohingya seeking safe haven there fell into the hands of traffickers between 2012 and 2015.⁴⁰ Traffickers held, beat, and killed Rohingya at sea and in human trafficking camps on the Malaysia-Thailand border, offering freedom in exchange for exorbitant payments.⁴¹ Unable to return to Myanmar, dozens of Rohingya survivors of trafficking remain indefinitely detained in Thailand and tens of thousands reside in Malaysia without access to basic rights or protections.⁴² Despite the lack of protection, Rohingya continue to take risky journeys by sea and land, often subject to abuses by traffickers, to flee persecution in Myanmar.⁴³

In 2014, state security forces and local Rakhine-Buddhist residents killed at least 40 Rohingya, and Myanmar authorities arrested *en masse* Muslim men and boys from the town of Du Char Yar Tan in Rakhine State's Maungdaw Township.⁴⁴ However, the Myanmar authorities denied that any violence occurred apart from Rohingya killing a police officer in the town.⁴⁵ Following the violence, the Myanmar military sealed off the village for several consecutive weeks, preventing residents from returning and barring independent observers, media, and humanitarian aid providers.⁴⁶

Following a pattern established by the Du Char Yar Tan incident—but on a far greater scale—in October 2016, the Myanmar military indiscriminately attacked Rohingya civilians after Rohingya militants killed nine officials in a coordinated assault on three Myanmar police posts in Maungdaw and Rathedaung townships.⁴⁷ In response to the police killings, Myanmar security forces killed, raped, tortured, and arrested Rohingya civilians *en masse* in approximately 40 villages in Maungdaw Township.⁴⁸ The attacks on Rohingya civilians in Maungdaw Township displaced more than 94,000 Rohingya, who mostly fled to Bangladesh.⁴⁹

Ten months later, on August 25, 2017, a second assault on 31 military and police posts by Rohingya militants, rebranded as the Arakan Rohingya Salvation Army (ARSA) sparked a calculated attack on Rohingya civilians, led by the Myanmar military, throughout northern Rakhine State.⁵⁰

and Bangladesh to Malaysia from 2012 to 2015, March 2019, <https://www.fortifyrights.org/downloads/Fortifypercent20Rights-SUHAKAMpercent20percent20Soldpercent20Likepercent20Fish.pdf>.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

⁴² *Ibid.*

⁴³ Puttane Kangkun and John Quinley III, "Mass Atrocities and Human Trafficking: Rohingya Muslims on the Move," *Humanitarian Practice Network*, October 2018.

⁴⁴ "Myanmar: End Mass Arrests of Muslim Men and Boys in Rakhine State, Protect At-Risk Communities," Fortify Rights, January 2014, <https://www.fortifyrights.org/mya-inv-2014-01-23/>.

⁴⁵ Médecins Sans Frontières, *MSF and the Rohingya: 1992-2014*, November 2020, pp. 203-259, https://www.msf.org/sites/msf.org/files/2020-11/socs-rohingya-en_o.pdf.

⁴⁶ Fortify Rights, "Myanmar: End Mass Arrests of Muslim Men and Boys in Rakhine State, Protect At-Risk Communities," January 23, 2014, <https://www.fortifyrights.org/mya-inv-2014-01-23/>. See also, Emanuel Stoakes, "Leaked Documents Show How the UN Failed to Protect Myanmar's Persecuted Rohingya," *VICE News*, May 22, 2016, https://www.vice.com/en_us/article/qv5mnv/how-the-un-failed-to-protect-myanmars-persecuted-rohingya; "Left for Dead: Persecution of the Rohingya in Myanmar," *VICE Asia*, <https://www.youtube.com/watch?v=9kzQARiWw20>.

⁴⁷ Fortify Rights and the United States Holocaust Memorial Museum, "They Tried to Kill Us All": *Atrocity Crimes against Rohingya Muslims in Rakhine State, Myanmar*, November 2017, <https://www.fortifyrights.org/mya-inv-rep-2017-11-15/>; Fortify Rights, "They Gave Them Long Swords."

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

⁵⁰ *Ibid.*

Planning for Genocide

Between October 2016 and August 2017, Myanmar authorities made extensive preparations for mass atrocity crimes against Rohingya. Specifically, Myanmar authorities: 1) systematically collected sharp or blunt objects from Rohingya civilians, “disarming” them; 2) trained and armed local non-Rohingya ethnic citizens in northern Rakhine State, preparing them for violence; 3) systematically tore down fencing and other structures around Rohingya homes, providing attackers with a greater line-of-sight on civilians; 4) deprived Rohingya civilians of food and other lifesaving aid, systematically weakening them physically ahead of attacks; 5) deployed unnecessarily high numbers of state-security forces to northern Rakhine State; and 6) committed human rights violations against Rohingya civilians, including imposing discriminatory curfews and other violations prior to attacks.⁵¹ These actions fit within the U.N.’s *Framework for Analysis of Atrocity Crimes* as “preparatory actions” for genocide and crimes against humanity.⁵²

51 Fortify Rights, “*They Gave Them Long Swords*”; “Myanmar: International Accountability Needed for Military-Planned Genocide Against Rohingya,” Fortify Rights, July 19, 2018, <https://www.fortifyrights.org/mya-inv-2018-07-19/>.

52 “Myanmar: International Accountability Needed for Military-Planned Genocide Against Rohingya,” Fortify Rights.

Almost immediately following ARSA’s attack on police outposts in Maungdaw, Rathedaung, and Buthidaung townships in northern Rakhine State during the early morning hours of August 25, Myanmar authorities activated their response. Myanmar Army soldiers, police, and local civilian perpetrators systematically fanned out and descended on several hundred villages, hacking civilians, slitting throats, and fatally shooting and burning thousands of Rohingya men, women, and children over the course of the following weeks.⁵³ Soldiers raped masses of Rohingya women and girls, killed infant children, arbitrarily arrested men and boys, and destroyed several hundred villages in arson attacks, forcing more than 700,000 to flee to Bangladesh.⁵⁴ Additionally, *Médecins Sans Frontières* conservatively estimated that Myanmar security forces and civilian perpetrators killed 6,700 Rohingya during the first few weeks of the violence in August and September 2017.⁵⁵

On March 24, 2017, the U.N. Human Rights Council created the Independent International Fact-Finding Mission on Myanmar to investigate human rights violations in Rakhine State and elsewhere.⁵⁶ The U.N. Fact-Finding Mission’s final report, released in 2018, stated that there were reasonable grounds to conclude that Myanmar’s military committed genocide, crimes against humanity, and war crimes in their campaign against Rohingya.⁵⁷ The mission also recommended that senior generals of the Myanmar military “should be investigated and prosecuted . . . for genocide, crimes against humanity and war crimes.”⁵⁸

53 Fortify Rights, “*They Gave them Long Swords*”; “Burma: Satellite Imagery Shows Mass Destruction: 214 Villages Almost Totally Destroyed in Rakhine State,” Human Rights Watch; “MSF Surveys Estimate that at Least 6,700 Rohingya Were Killed During the Attacks in Myanmar,” *Médecins Sans Frontières*; U.N. Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*; Physicians for Human Rights, *Widespread and Systematic: Violence Against the Rohingya in Myanmar*.

54 *Ibid.*

55 Surveys Estimate that at Least 6,700 Rohingya Were Killed During the Attacks in Myanmar, *Médecins Sans Frontières*.

56 “Myanmar: U.N. Orders Vital Inquiry Into Severe Rights Violations,” Fortify Rights, March 24, 2017, <https://www.fortifyrights.org/mya-inv-2017-03-24/>.

57 U.N. Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*.

58 *Ibid.*

Since the violence in 2017, the authorities bulldozed Rohingya villages previously razed by state security forces and civilian perpetrators, effectively erasing these villages from the landscape and potentially destroying evidence of atrocities.⁵⁹ Government security facilities and homes for new Buddhist ethnic settlers now occupy some of the transformed landscapes in northern Rakhine State.⁶⁰

Lack of Protections in Bangladesh

Most Rohingya survivors of 2016 and 2017 Myanmar military-led attacks fled across the border to Cox's Bazar District, Bangladesh, where Bangladesh authorities facilitated the expansion of existing refugee camps that housed Rohingya refugees who fled earlier persecution in Myanmar. The Bangladesh authorities also facilitated the construction of new camps in Cox's Bazar District to accommodate the hundreds of thousands of new refugees arriving from Myanmar. As of the time of writing, there are currently a total of 34 Rohingya refugee camps in Cox's Bazar District.⁶¹ The largest of these camps is the Balukhali-Kutupalong mega camp.⁶² At the time of writing, the estimated population of Rohingya refugees in Balukhali and Kutupalong is approximately 630,000, making this camp complex the largest in the world.⁶³

The vast camps are situated on a landscape of rural, barren hillsides, and are comprised of tightly packed makeshift shelters, constructed with tarpaulin sheeting stretched over bamboo frames. Because of their makeshift materials, shelters are vulnerable to seasonal cyclones as well as flooding and landslides that routinely occur during the annual monsoon season. The camps are densely populated; the average useable space is estimated to be 115 square feet per person, far below the international standard of 484 square feet per person for refugee camps.⁶⁴ The cramped living conditions further increase the risk of community unrest, violence, and the transmission of communicable diseases, such as COVID-19.⁶⁵ The hilly terrain and lack of established roads makes travel in the camps difficult. Many areas are accessible only by foot. This complicates access to services for those who live far from service providers.

The 34 official Rohingya refugee camps are subdivided into smaller blocks, with each block administrated by a block leader known as a *majhi*. *Majhis* are responsible for identifying and communicating the needs of the block with the relevant authorities and humanitarian service providers. The *majhi* system continues despite concerns raised by humanitarian organizations and refugees about corruption, including extortion, within the *majhi* system and recommendations to change the *majhi* system to a camp committee system.⁶⁶ The lack of women participation in the camp management structure and social stigmas for women working outside the home in the traditionally male-dominated Rohingya community presents further obstacles within the camp.⁶⁷

59 Poppy McPherson, Simon Lewis, Thu Thu Aung, Shoon Naing, and Zeba Siddiqui, "Erasing the Rohingya: Myanmar's Moves Could Mean Refugees Never Return," *Reuters*, December, 18, 2018, www.reuters.com/investigates/special-report/myanmar-rohingya-return/#article-erasing-the-rohingya.

60 *Ibid.*

61 UNHCR, "Bangladesh Refugee Emergency: Population Factsheet," *website*, September 2019, <https://reliefweb.int/sites/reliefweb.int/files/resources/71620.pdf>.

62 Prior to the mass exodus of refugees from Myanmar during the 2016 and 2017 Myanmar military-led attacks, Balukhali and Kutupalong were separate, but closely located camps in Cox's Bazar District. As the makeshift camps grew surrounding these two formal camps, the two camps merged into one mega camp.

63 M. J. Altman, "A Look Into The World's Largest Refugee Camp," World Food Program USA, February 14, 2018, <https://www.wfpusa.org/articles/a-firsthand-look-into-the-worlds-largest-refugee-camp/>.

64 Sphere Project, *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response*, 2018, <https://handbook.spherestandards.org/>; Human Rights Watch, *Bangladesh Is Not My Country: The Plight of Rohingya Refugees from Myanmar*, August, 5, 2018, <https://www.hrw.org/report/2018/08/05/bangladesh-not-my-country/plight-rohingya-refugees-myanmar>.

65 Human Rights Watch, *Bangladesh Is Not My Country*.

66 See, "Protection Considerations on the 'Majhi System'," Protection Sector Working Group Cox's Bazar, June 30, 2018, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/protection_considerations_on_the_majhi_system_pswg_fv_june_2018.pdf.

67 Dorothy Sang, "One Year On: Time to Put Women and Girls at the Heart of the Rohingya Response," *Oxfam*, September 11, 2018, p. 9, <https://policy-practice.oxfam.org.uk/publications/one-year-on-time-to-put-women-and-girls-at-the-heart-of-the-rohingya-response-620533>. For more information on women roles in leading the camps see for

The Government of Bangladesh manages the refugee camps through the Refugee, Relief and Repatriation Commission (RRRC) under the Ministry of Disaster Management and Relief. The RRRC has an office in Cox's Bazar as well as officers, referred to as Camp-in-Charge (CiC) officers, assigned to each camp. The CiCs monitor service-providers, coordinate with Bangladesh security forces, and supervise support staff working in the camps.⁶⁸

The UNHCR—the U.N. agency mandated to ensure protections for refugees—and the International Organization for Migration (IOM)—an intergovernmental organization focused on ensuring orderly and humane migration—are responsible for coordinating the efforts of several humanitarian agencies working in the camps to meet the basic needs of refugees. This includes the provision of food rations, water collection points, basic healthcare facilities, public sanitation facilities, and informal education for children. However, services often fall short of meeting the basic needs of refugees. According to UNHCR, at least 44 percent of refugees have poor or borderline food consumption; 27 percent of children under five years of age in makeshift camps are chronically malnourished; and 40 percent are anemic.⁶⁹

At the time of the research, at least 17 mental health service providers were operational in the camps in Cox's Bazar District.⁷⁰ A literature review conducted by UNHCR in 2018 identified a total of 33 documents assessing the mental health of Rohingya populations in various contexts around the world.⁷¹ Among these, a 2013 cross-sectional study of long-term, UNHCR-registered Rohingya refugees in Cox's Bazar District, Bangladesh showed high levels of chronic stressors, potentially traumatic events, depression symptoms, and symptoms typically associated with PTSD among Rohingya refugees who had long resided in Bangladesh.⁷² More recently, in 2017, UNHCR conducted an assessment that identified high levels of acute stress reactions, grief reactions, and PTSD symptoms in newly arrived Rohingya refugees in Bangladesh.⁷³ Many of the Rohingya refugees interviewed as part of a qualitative study conducted by IOM in 2018 expressed “feeling always sad,” “[feeling] always tense,” and “[feeling] always nervous.”⁷⁴ In 2019, the journal *Intervention* published a special issue containing 28 articles related to Rohingya mental health, highlighting challenges related to mental health service provision in the Bangladesh refugee camps.⁷⁵

Governments have praised the Government of Bangladesh for opening its borders to upwards of one million Rohingya refugees, providing land for refugee camps, and allowing humanitarian organizations to provide assistance.⁷⁶ However, the authorities also refuse to recognize the

example, Verena Hölzl, “For Rohingya Women, Refugee Elections Bring New Opportunities – And New Problems,” *The New Humanitarian*, August 26, 2019, <https://www.thenewhumanitarian.org/news-feature/2019/08/26/Rohingya-women-refugee-elections>.

⁶⁸ Strategic Executive Group, *JRP for Rohingya Humanitarian Crisis*, March 2018, <https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%20for%20Rohingya%20Humanitarian%20Crisis%20-%20FOR%20DISTRIBUTION.PDF>; “Rohingya Crisis: Governance and Community Participation,” ACAPS, June 2018, https://www.acaps.org/sites/acaps/files/products/files/20180606_acaps_npm_report_camp_governance_final_o.pdf.

⁶⁹ UNHCR and World Food Program (WFP), *UNHCR-WFP Joint Assessment Mission (JAM) Report 2019*, October 2019, <https://data2.unhcr.org/en/documents/download/72273>.

⁷⁰ Mental Health and Psychosocial Support Working Group, *MHPSS Mapping*, June 2018.

⁷¹ UNHCR, *Culture, Context and Mental Health of Rohingya Refugees: A Review for Staff in Mental Health and Psychosocial Support Programmes for Rohingya Refugees*, 2018, <https://www.unhcr.org/5bbc6f014.pdf>.

⁷² Riley, “Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh,” *Transcultural Psychiatry*, pp. 304–331.

⁷³ UNHCR, *Culture, Context and Mental Health of Rohingya Refugees*.

⁷⁴ International Organization for Migration, *Assessment of Mental Health and Psychosocial Needs of Displaced Refugees in Cox's Bazar*, 2018.

⁷⁵ Wendy Ager, Rebecca Horn, Muhammad Kamruzzaman Mozumder, Andrew Riley, and Peter Ventevogel, “From the Editors: Introducing *Intervention's* Special Issue on the Mental Health and Psychosocial Wellbeing of Rohingya Refugees,” *Intervention*, Vol. 17, Iss. 2, pp. 117–121, <https://www.interventionjournal.org/text.asp?2019/17/2/117/271901>.

⁷⁶ See, for example, S. M. Najmus Sakib, “US Praises Bangladesh's ‘Exemplary’ Help for Rohingya,” *Anadolu Agency*, September 25, 2019, <https://www.aa.com.tr/en/americas/us-praises-bangladesh-s-exemplary-help-for->

Rohingya as refugees, restrict the use of durable materials to build shelters, periodically block internet and telecommunications for refugees, obstruct and restrict humanitarian aid providers, and consistently threaten refugees with forced returns to Myanmar or transfers to a remote island with serious flooding risks.⁷⁷

The Government of Bangladesh has a record of forcing Rohingya to return to Myanmar. Most notably, between 1992 and 1996, the Bangladesh government forcibly returned an estimated 230,000 Rohingya refugees, despite mass protests by refugees and U.N. data revealing that only 30 percent of refugees were willing to return.⁷⁸ Discussions between governments and U.N. agencies regarding the potential return of Rohingya refugees to Myanmar have, to date, taken place without meaningful consultation with Rohingya refugees.⁷⁹

Additionally, since 2010, the Bangladesh government refused to facilitate the resettlement of Rohingya refugees to third countries, despite the expressed willingness by countries to resettle Rohingya refugees. The Bangladesh government expressed concerns that resettlement to third countries could encourage more people to leave their homes in Myanmar and seek relocation in western countries.⁸⁰

rohingya/1594341; "UN Chief Applauds Bangladesh for 'Opening Borders' to Rohingya Refugees in Need," U.N. Office of the Secretary General, July 1, 2018, <https://reliefweb.int/report/bangladesh/un-chief-applauds-bangladesh-opening-borders-rohingya-refugees-need>.

77 "Bangladesh: Halt Plans to Relocate Rohingya Refugees to Isolated Island," Fortify Rights, October 24, 2019, <https://www.fortifyrights.org/bgd-inv-2019-10-25/>; "Bangladesh: End Internet Blackout to Protect Public Health of Rohingya Refugees and Host Communities," Fortify Rights, April 2, 2020, <https://www.fortifyrights.org/bgd-inv-2020-04-02/>; Refugees International, *Unnatural Disaster: Aid Restrictions Endangering Rohingya Ahead of Monsoons In Bangladesh*, May, 2018, https://static1.squarespace.com/static/506c8eae4b01d9450dd53f5/t/5b05ef99562fa7b63cd60bd5/1527115677504/05.23.2018_Bangladesh_Report_Final.pdf.

78 Human Rights Watch, *Bangladesh: Abuse of Burmese Refugees from Arakan*, October 1993, <https://www.hrw.org/sites/default/files/reports/BANGLADE93O.PDF>; Amnesty International, *Myanmar: The Rohingya Minority: Fundamental Rights Denied*, May 18, 2004, <https://www.amnesty.org/en/documents/ASA16/005/2004/en/>.

79 For example, in 2018 a Rohingya refugee, 60, told Fortify Rights he attempted suicide by drinking cleaning detergent after hearing from a *majhi* that his family was potentially on the list to be sent back to Myanmar. He said: "I don't want to go back to Myanmar . . . I would rather die or be killed than be sent back. When I heard my name was on the list [for return to Myanmar] I felt angry and scared. There was a heavy, restless sense in my soul." See, "Bangladesh: Protect Rohingya Refugees, End Threats and Intimidation," Fortify Rights, November 12, 2018, <https://www.fortifyrights.org/bgd-mya-inv-2018-11-12/>; See also, "Myanmar/Bangladesh: Prevent Forced Returns, Protect Rohingya Refugees," Fortify Rights, August 21, 2019, <https://www.fortifyrights.org/mya-bgd-inv-2019-08-21/>; "No Man's Land," Fortify Rights, January 22, 2018, https://www.fortifyrights.org/our-films/#post_id=2536.

80 Jared Ferrie, "Exclusive: Bangladesh Silent on Canadian Offer to Take Rohingya," *Reuters*, November, 9, 2018, <https://www.reuters.com/article/us-bangladesh-rohingya-refugees/exclusive-bangladesh-silent-on-canadian-offer-to-take-rohingya-refugees-officials-idUSKCN1NE009>; Syed Zain Al-Mahmood, "Burma's Rohingya Refugees Find Little Respite in Bangladesh," *The Guardian*, June, 29, 2012, <https://www.theguardian.com/global-development/2012/jun/29/burma-rohingya-refugees-bangladesh>.

I. Key Findings

The Rohingya-led participatory research underpinning this report reveals that genocidal attacks in Myanmar, in addition to ongoing human rights violations and abuses committed with impunity in Myanmar and Bangladesh, have resulted in severe and long-term mental harm among the Rohingya refugee population. Protracted chronic stressors in refugee camps in Bangladesh have further impacted the wellbeing and daily functioning of the Rohingya refugee community.

The quantitative survey data provides evidence of pervasive violence against Rohingya in Myanmar with Rohingya participants of the survey reporting experiencing torture (55.5 percent), beatings by a non-family member (46.1 percent), sexual abuse, sexual humiliation, or sexual exploitation (33.7 percent), stabbings (29.4 percent), or physical injury from being shot (5.1 percent).⁸¹ Rohingya survey participants also reported personal or perceived experiences of restrictions on basic rights and freedoms in Myanmar, including citizenship, movement, religion, education, marriage, medical services, livelihoods, childbirth, expression, and peaceful assembly.

Although most Rohingya survey participants had left Myanmar almost a year before contributing to the survey, most reported experiencing symptoms of mental health distress at the time of the survey. For example, 88.7 percent of Rohingya survey participants reported experiencing symptoms indicative of depression, 84 percent reported symptoms indicative of emotional distress, and 61.2 percent report symptoms indicative of PTSD.⁸² These results point to the long-term impacts of the ongoing genocide and human rights violations against the Rohingya in Myanmar.

⁸¹ Note that the instructions in the "Trauma Events" section informs participants that the questions relate to "your personal experience, and things that you witnessed." However, only four questions specifically asked about events witnessed.

⁸² Fortify Rights relied on instructions provided by the Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 instrument to identify percentage of participants experiencing PTSD, depression, and emotional distress. This analysis requires calculating the average "severity score" for the four-point range of responses provided by participants from "Not at all" to "Extremely" for questions related to trauma, depression, and emotional distress. Participants with an overall average severity score above the respective thresholds set by the Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 are considered indicative of PTSD, depression, and/or emotional distress. Based on this analysis, 88.7 percent of participants met the threshold score indicative of depression, and 84 percent met the threshold indicative of emotional distress, and 61.2 percent of participants met the threshold of PTSD. Note that the Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 instruments have not been validated for use with the Rohingya refugee population.

Trauma events

Nearly all Rohingya survey participants reported personally experiencing or witnessing traumatic experiences in Myanmar: 98.6 percent reported exposure to frequent gunfire, 97.8 percent witnessed the destruction or burning of villages, 91.8 percent witnessed dead bodies, and 90.4 percent witnessed physical violence against others. Many Rohingya refugees who participated in pre-survey focus groups described these traumatic experiences. For example, a Rohingya woman said, “The Myanmar government burned down our house, and they shot and killed my child.”⁸³

Many of the traumatic experiences described by pre-survey focus-group participants took place during the 2016 and 2017 military-led attacks on Rohingya communities in northern Rakhine State. A Rohingya man from Maungdaw Township said:

After October 9, 2016, the government attacked the Rohingya community. They burned down our village in Maungdaw and the nearest [neighboring] village. They hacked two of my cousins. The other five are missing, and we’ve received no information yet. We are hearing a rumor that they have been slaughtered. I had many lands, fish-farms, cows and goats, and my children were studying. I had to leave all those things as the government started burning the houses. I saw many of my neighbors who had been slaughtered when they took the dead bodies out of their houses. They put many people inside the houses and burned the houses and the people as well. One father and two sons had been put inside a house, and they locked the door. Then they burned the house down. They threw many children into the fire.⁸⁴

Rohingya survey participants also reported exposure to violent images online: 95.3 percent indicating being “repeatedly exposed to violent images against Rohingya on websites.”

Most Rohingya survey participants indicated that their family members and/or friends had also experienced violence in Myanmar. For example, 86.2 percent of the participants reported the “murder of extended family member or friend” by security forces, 70.6 percent reported the “death of family or friends while fleeing or hiding,” and almost one-third (29.5 percent) reported the “murder of [an] immediate family member.” A 50-year-old Rohingya man involved in the pre-survey focus-group discussions who fled Myanmar in October 2016 said: “When the military arrived near my house, they shot and killed my brother. One of my sons was arrested. On the way to Bangladesh, near the border, they killed my cousin.”⁸⁵

Another 55-year-old pre-survey focus-group discussion participant said, “My brother-in-law’s whole family was killed.”⁸⁶

Of those who reported the killing of an immediate family member, 99.3 percent reported that the security forces in Myanmar committed the killing.

Many Rohingya survey participants also reported experiencing or witnessing physical violence in Myanmar, including torture (55.5 percent), beatings by a non-family member (46.1 percent), stabbings (29.4 percent), or physical injury from being shot (5.1 percent). Rohingya researchers involved in carrying out the survey expanded on the practice of torture by security forces northern Rakhine State. For example, a Rohingya researcher said: “[If] any Rohingya were arrested, [the security forces] tortured [them] to get anything they wanted them to say as well as to get money.”⁸⁷ Another Rohingya researcher added: “The norm of being taken into custody for the Rohingya includes being beaten with a rod.”⁸⁸

⁸³ Fortify Rights group discussion #16 with Rohingya research team, Cox’s Bazar District, Bangladesh, September 28, 2018.

⁸⁴ Fortify Rights pre-survey focus-group discussion #4, Respondent #6, Cox’s Bazar District, Bangladesh, April 1, 2018.

⁸⁵ Fortify Rights pre-survey focus-group discussion #1, Respondent #4, Cox’s Bazar District, Bangladesh, March 28, 2018.

⁸⁶ Fortify Rights pre-survey focus-group discussion #1, Respondent #5, Cox’s Bazar District, Bangladesh, March 28, 2018.

⁸⁷ Fortify Rights group discussion #14 with Rohingya research team, Cox’s Bazar District, Bangladesh, September 28, 2018.

⁸⁸ *Ibid*

A 40-year-old Rohingya woman involved in the pre-survey focus-group discussions described how the authorities tortured her father, saying: "[The security forces] took my father to a police station and beat him. They fed my father pork, which is not edible in Islam. If he asked for water, they gave him urine to drink. They made my father insane. He usually stays outside now."⁸⁹

Eight Rohingya women (3.1 percent) reported being raped. Some 87.5 percent of these women reported being raped by Myanmar security forces; three women experienced multiple incidents of rape. Two men also reported being raped, one of whom was raped multiple times. A 35-year-old Rohingya woman shared during the pre-survey focus-group discussions how the Myanmar security forces raped her. She said:

By the time I was cooking rice in the afternoon, the military came to my house. When they entered inside my house, I took my infant who was asleep. First, they hit me with a sword. My other two children were screaming and calling people. There were eight military soldiers. Four of the military soldiers hit me and took me inside, and another one raped me. I still have wounds on my body. I still have pain.⁹⁰

The negative stigma and associated social ramifications for survivors of rape in Rohingya communities may have led Rohingya survey participants to under-report experiences of rape and sexual violence. Rohingya researchers involved in carrying out the survey speculated that "some don't want to admit they were raped."⁹¹ Reflecting on the lower than expected percentage (2.7 percent) of women who reported rape by Myanmar security forces, the researchers reasoned that "many who were raped were also killed."⁹² The U.N. Fact-Finding Mission documented similar findings:

Women and girls were taken into rooms where their jewelry and money was [sic] taken from them. They were beaten, brutally raped and frequently stabbed. Children or infants who were with them in the room were also killed or severely injured, often by stabbing. The houses were then locked and set on fire. The few women who survived, and who spoke with the Mission, displayed both serious burn marks and stab wounds, which were consistent with their accounts.⁹³

A high percentage (34.3 percent) of surveyed Rohingya men also reported sexual abuse, sexual humiliation, or sexual exploitation in Myanmar. A Rohingya researcher involved in carrying out the survey suggested an explanation for this finding, saying: "Men who were arrested or taken by the military were touched inappropriately. I can say they did this more to men . . . At times, the military would cut the penis of the men."⁹⁴ Other studies found similarly high rates of sexual assault among Rohingya men.⁹⁵

In addition, 67 percent of Rohingya survey participants indicated that they had witnessed sexual violence or abuse in Myanmar. One of the Rohingya researchers explained: "After the riot in 2012, the security forces started to launch different types of operations on the Rohingya population.

⁸⁹ Fortify Rights pre-survey focus-group discussion #6, Respondent #3, Cox's Bazar District, Bangladesh, April 1, 2018.

⁹⁰ Fortify Rights pre-survey focus-group discussion #6, Respondent #5, Cox's Bazar District, Bangladesh, April 1, 2018.

⁹¹ Fortify Rights group discussion #14 with Rohingya research team, Cox's Bazar District, Bangladesh, September 28, 2018.

⁹² *Ibid.*

⁹³ U.N. Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, p. 182.

⁹⁴ Fortify Rights group discussion #14 with Rohingya research team, Cox's Bazar District, Bangladesh, September 28, 2018.

⁹⁵ Riley, "Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh," *Transcultural Psychiatry*. This study found 17 percent of UNHCR-registered refugee men surveyed reported experiencing rape or other "forced sex.; Women's Refugee Commission, *It's Happening to Our Men as Well*, November, 8, 2018, p. 8, <https://www.womensrefugeecommission.org/gbv/resources/1664-its-happening-to-our-men-as-well>. This report found that in focus-group discussions with 89 Rohingya men and boys, one-third of participants knew a Rohingya man or boy who had experienced conflict-related sexual violence in Myanmar.

Under the context of the operations, the security forces abused women and girls in their homes and in front of their parents.”⁹⁶

A 25-year-old woman described her experience when the Myanmar security forces came to her village, saying: “One of my brothers was put in jail. He’s still in jail. [The Myanmar security forces] put all the young women in a group. They did not rape me, but they touched me.”⁹⁷

Another 40-year-old Rohingya woman also described how the security forces abused her daughter. She said:

They took my daughter and touched her everywhere and then they took everything. Whatever they saw, they took. This makes me feel so sad. They came by helicopter and burned down my home in front of me. When they touched my daughter, I went crazy. I was devastated. I can be satisfied here [in Bangladesh] even if we are hungry, because no one will rape or harass our girls.⁹⁸

These findings are also consistent with eyewitness and survivor testimony collected by Fortify Rights in December 2016 and August and September 2017.⁹⁹

The level of trauma exposure in Bangladesh and Myanmar differed significantly. On average, Rohingya survey participants reported experiences with 19.4 distinct traumatic events in Myanmar, such as “torture,” “witnessed dead bodies,” “other types of sexual abuse, sexual humiliation, or sexual exploitation,” whereas participants reported, on average, experiences with only 1.03 potentially traumatic events in Bangladesh. The top three most common traumatic events in Myanmar reported by Rohingya survey participants included “exposure to frequent gunfire” (98.6 percent), “witnessed destruction/burning of villages” (97.8 percent), and “repeatedly exposed to violent images against Rohingya on websites” (95.3 percent), while the top three in Bangladesh included being “repeatedly exposed to violent images against Rohingya on websites” (88.7 percent), “beaten by spouse or family member” (3.0 percent), and “extortion” (2.8 percent).

Compared to a 2013 study with 148 UNHCR-registered Rohingya refugees who had lived in Bangladesh for several years, a higher percentage of participants in this Rohingya-led participatory research reported experiences with physical violence.¹⁰⁰ For example, in the 2013 study, Rohingya respondents reported experiences with torture (39.9 percent), stabbings (18.9 percent), beatings (56.1 percent), sexual assault (12.8 percent) as well as arbitrary imprisonment (11.6 percent).¹⁰¹ High rates of violence against Rohingya documented in this report are likely connected to the Myanmar Army-led attacks against Rohingya in 2016 and 2017.

⁹⁶ Fortify Rights group discussion #16 with Rohingya research team, Cox’s Bazar District, Bangladesh, September 28, 2018.







⁹⁷ Fortify Rights pre-survey focus-group discussion #2, Respondent #5, Cox’s Bazar District, Bangladesh, March 28, 2018.

⁹⁸ Fortify Rights pre-survey focus-group discussion #2, Respondent #3, Cox’s Bazar District, Bangladesh, March 28, 2018.

⁹⁹ See, Fortify Rights, “*They Gave Them Long Swords.*”

¹⁰⁰ Riley, “Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh,” *Transcultural Psychiatry*.

¹⁰¹ *Ibid.*

Experience with Trauma Events	Bangladesh (%)	Myanmar (%)
Exposure (i.e., hearing and/or seeing) to frequent gunfire		
Witnessed destruction/burning of villages		
Repeatedly exposed to violent images against Rohingya on websites (i.e., Facebook, RVision, TV, WhatsApp, etc.)		
Forced to do things against religion (e.g., eat pork, remove cap/niqab/veil, burn/cut beard, etc.)		
Threats against your ethnic group		
Home destroyed		
Witnessed dead bodies		
Witnessed physical violence against others		
Confiscation/looting of personal property		
Murder of extended family or friend		
*Follow-up to above item: Family member was killed by security forces		
Threats against you or your family		
Forced to flee under dangerous conditions		
Extortion (i.e., paying money due to force or threats)		
Forced to hide because of dangerous conditions		
Death of family or friends while fleeing or hiding (e.g., not from violent injury like shooting or stabbing, but because of illness, lack of food, drowning, etc.)		

Witnessed sexual violence/abuse of others	0.8	67.3
Unjust detainment	1.4	63.3
Present while security forces forcibly searched for people or things in your home (or the place where you were living)	1.2	56.9
Torture (i.e., while in captivity you received deliberate and systematic infliction of physical or mental suffering)	1.4	55.5
Forced labor (i.e., forced to do work that you could not decline, for example, patrolling, working for security forces, etc.)	0.2	48.6
Beaten by non-family member	1.6	46.1
Turned back while trying to flee	0.2	46.1
Sexual abuse, sexual humiliation, or sexual exploitation (e.g., coerced sexual acts, inappropriate touching, forced to remove clothing, etc.)	1	33.7
Murder of immediate family member (i.e., father, mother, sister, brother, husband/wife, or children)	0	29.5
*Follow-up to above item: Family member was killed by security forces		99.3
Physical injury from being intentionally stabbed or cut with object (e.g., knife, axe, sword, machete, etc.)	1.8	29.4
Disappearance of family member	0.2	19
Beaten by spouse or family member	3	14.5
Other serious physical injury from violence (e.g., shrapnel, burn, landmine injury, etc.)	0.2	9.2
Forced Abortion (only female) ¹⁰²	0	5.4
Physical Injury from being shot (bullet wound)	0.2	5.1

¹⁰² The data reflected a significant correlation between forced abortion and experiencing sexual violence in Myanmar. Rohingya researchers also discussed how women got abortions due to fear of violating the government-imposed two-child policy. A participant said: "One woman knew that her family lists would be checked, and she was pregnant with her third child. She was afraid of being arrested and tortured, so she got an abortion."

Rape by security forces (i.e., forced to have unwanted sexual relations with security forces)	<div><div></div>0</div>	<div><div></div>1.6</div>
Rape by others (i.e., forced to have unwanted sexual relations with a stranger, acquaintance, or family member)	<div><div></div>0</div>	<div><div></div>1.2</div>

Human Rights Violations

Rohingya survey participants reported personal experience or perceptions of restrictions and lack of protections within their community. On a scale from “not at all” to “extremely,” survey participants reported experiencing “quite a bit” or “extremely” abusive restrictions as well as a lack of access to equal rights and protection from security forces for the 19 issues raised. These findings indicate that violations against Rohingya are ubiquitous in Myanmar—from restrictions on travel, livelihoods, housing, education, cultural identity, as well as family, social, religious, and political life. Describing some of these restrictions, a member of the Rohingya research team said:

[The Myanmar authorities] don’t let us travel from one village to another. They say that we’re not from Myanmar, and we aren’t able to do whatever we wish. “You can’t cross a checkpoint without documentation. You can’t go to the market and move from one town to another without documentation,” they would say . . . If we go by somewhere by car with a Burmese and Buddhist [person], they would make us get off while the Buddhist could stay on. They tell us to take off our hijab [head-covering] . . . They would rather restrict us then accept us. They said we were not from their country, and we came illegally. They called us Bengali.¹⁰³

Another Rohingya research team member similarly described restrictions on the right to freedom of movement in Myanmar, saying:

We could not move from one village to another, unlike other ethnicities. Our village was nearby Buddhist and Hindu villages. Buddhists and Hindus could come to our village, but we could not go to theirs. [The authorities] said, “As you are not from this country, you cannot move as you wish.” If we moved, they beat and extorted money from us. A Buddhist student can study whatever subject he wants and go wherever he wants, but we cannot go anywhere or study anything.¹⁰⁴

Expanding on government-imposed restrictions on education and religious freedoms, another Rohingya research team member said:

Our mosques, madrassa [an Islamic learning center], and moktof [an Islamic primary school] have been closed since 2012. Before that, we could open them only if the government allowed it. They said that these [institutions] were not part of the national education [system] and so we were not allowed to study . . . If they knew that a Mullah [an Islamic religious teacher] was teaching secretly, even at home, they would kill him. They said it was a Buddhist country, and no Islamic education was allowed.¹⁰⁵

Rohingya also face restrictions from gathering in Myanmar, as described by one Rohingya research team member:

The government announced that we were not allowed to gather four or five individuals in a group in public. But if they saw we met inside a house, they arrested and tortured us and extorted money from us. Even some youth could not sit in a teashop. If someone died and needed to pray at the funeral, we could not gather even in that situation. We had to do that in secret.¹⁰⁶

¹⁰³ Fortify Rights group discussion #15 with Rohingya research team, Cox’s Bazar District, Bangladesh, September 28, 2018.

¹⁰⁴ *Ibid.*

¹⁰⁵ *Ibid.*

¹⁰⁶ *Ibid.*

Speaking about restrictions on marriage and childbirth, a Rohingya research team member said: “When getting permission to marry, we had to sign an agreement not to have more than two children. If we have more children than two, [the authorities] would blacklist them.”¹⁰⁷

A Rohingya–woman researcher shared how restrictions on childbirth impacted her life, saying: “Even I am restricted from having more than two children. I had a third [child]. Later, I had to send the child to be adopted in Malaysia [because of the restrictions].”¹⁰⁸

Notably, the findings showed a significant correlation between being a woman and being blocked from accessing medical services in Myanmar, which may exacerbate other violations and challenges experienced by women.

When asked if Rohingya in Myanmar were “given the same rights as other ethnic groups,” 95.4 percent of survey participants responded, “not at all,” and when asked if they were “protected by security forces,” 94.5 percent of survey participants responded “not at all.” These findings are consistent with human rights reporting to date.¹⁰⁹

Describing the lack of protection by security forces in Myanmar, a member of the Rohingya research team said:

[The government] is supposed to protect us, [but if] a Rohingya goes to the market and is beaten by a Buddhist, and if he complains to the police, then the police will blame the Rohingya. If we bring the case to the court, we are not allowed to hire a lawyer. If a husband is missing and the wife goes to the police, the police will extort money from her, accusing the husband of going to Bangladesh.¹¹⁰

Another Rohingya team member similarly explained discriminatory treatment by security forces in Myanmar, saying:

Our village was nearby Buddhist and Hindu villages. The military and police patrolled the Hindu and Buddhist villages but not the Muslim village. If the military and police went to the Muslim village, they grabbed the chickens, ducks, and money from the Rohingya and beat and arrested the Rohingya youth and so on. They patrolled the Buddhists and Hindus but tortured us. For example, if Buddhists said they were afraid or did not feel secure, the government would build a checkpoint with the security forces in their village. But if Muslims said they did not feel secure, the government would never build a checkpoint. If there was any checkpoint in a Muslim village, the security forces from there would torture the Muslims.¹¹¹

¹⁰⁷ *Ibid.*

¹⁰⁸ *Ibid.*

¹⁰⁹ Fortify Rights, *Policies of Persecution*; U.N. Human Rights Office of the High Commissioner (OHCHR), *Report of OHCHR Mission to Bangladesh: Interviews With Rohingyas Fleeing From Myanmar Since 9 October 2016*, February 3, 2017.

¹¹⁰ Fortify Rights group discussion #15 with Rohingya research team, Cox’s Bazar District, Bangladesh, September 28, 2018.

¹¹¹ *Ibid.*

Experiences with Human Rights Violations in Myanmar

"Were Rohingya people in [Rakhine] State blocked/prevented from..."

Not at all A little Quite a bit Extremely

"Obtaining citizenship. For example, blocked from hav[ing] the same citizenship status as other ethnic groups in [Rakhine] State."

0% 0% 0.8% 99.2%

"Working in government positions."

0% 0% 0.8% 99.2%

"Obtaining official identification/documentation, such as National Registration Card (NRC), etc."

0% 0.2% 1% 98.8%

"Using the name Rohingya. For example, at work, school, or in front of officials, etc."

0.2% 0.2% 1% 98.6%

"Expressing their thoughts/feelings publicly. For example, publicly expressing desire for changes in [Rakhine] State, freely speaking to the press about the situation in [Rakhine], etc."

0% 0.2% 2% 97.8%

"Meeting in groups in public."

0.2% 0.2% 1.6% 98%

"Travelling freely. For example, not being able to travel from one township to another without authorization or permission."

0% 0.4% 3.2% 96.4%

"Carrying out religious practices. For example, going to masjid, madrassa, burial rituals, call to prayer, etc."

0.2% 0.2% 3.2% 96.4%

"Voting."

0.2% 0.6% 1.8% 97.4%

"Accessing legal services. For example, access to legal defense, court systems, etc."

0% 0% 4.6% 95.4%

"Were Rohingya people in Arakan State pressured to accept unwanted documentation? For example, NVC card, or other unwanted documentation."

0% 0.2% 4.4% 95.4%

"Building or repairing houses."

0% 0.4% 9.5% 90.1%

"Pursuing education. For example, blocked from attending government schools, universities, or blocked from pursuing chosen field of study."

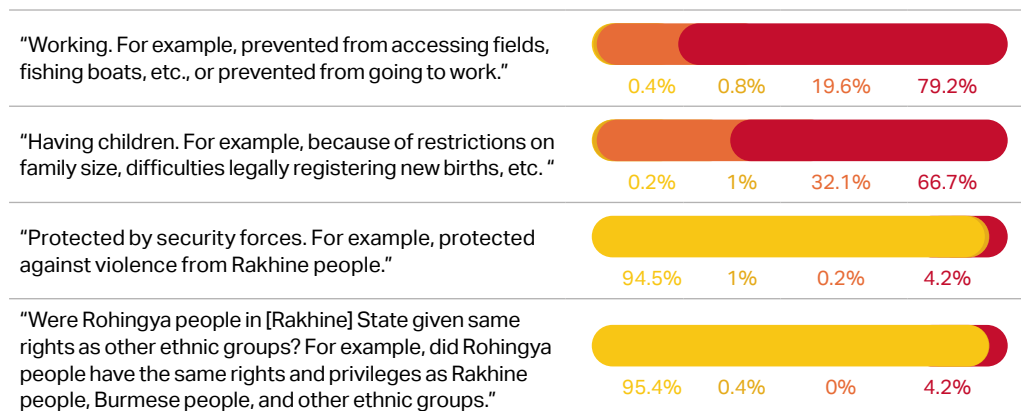
0% 0.4% 9.3% 90.3%

"Marrying. For example, by being denied authorization to marry by authorities or charged large amounts of money for permission to marry by authorities."

0.2% 0.2% 18.4% 81.2%

"Accessing medical services. For example, being refused care at a medical facility, or being prevented from travelling to a medical facility for care."

0% 0.4% 18.8% 80.8%



All Rohingya survey participants (100 percent) perceived the government of Myanmar as responsible for creating these restrictions, and all believed that the Myanmar government or military intended to destroy the Rohingya. Additionally, 79.6 percent of Rohingya survey participants placed responsibility on Rakhine people and 74.7 percent pointed to the Myanmar security forces. Most Rohingya survey participants (67.9 percent) believed they faced restrictions due to their religion, while 34.8 percent believed it was due to their ethnicity.¹¹²

The pre-survey focus-group discussions supported these findings. A 45-year-old Rohingya woman who fled Myanmar in September 2017 said: "The Myanmar government wants to destroy our religion. That's why they did this violence."¹¹³

Another 35-year-old pre-survey focus-group participant said: "They openly told us that we could not live in Myanmar because it is a Buddhist country. The government added, 'Go to Bangladesh, otherwise we will kill and destroy you all.'"¹¹⁴

Chronic Stressors

Rohingya survey participants reported high levels of a variety of stressors both in their current situation in Bangladesh and previously in Myanmar. The top two most pervasive stressors experienced by participants in refugee camps in Bangladesh included a lack of adequate income (94.9 percent) and insufficient access to food (78.8 percent). Reflecting on this finding, a Rohingya researcher involved in the survey said, "Income is very important for refugees, because they do not receive the vegetables, fish, meat, or quality foods to eat or [if they need] to receive some specific [medical] treatment or to fulfil the needs of their children."¹¹⁵

Speaking on the lack of adequate food, another member of the Rohingya research team said: "I have 12 members in my family. The rice I receive is not enough to meet all the needs. Sometimes, I have to borrow [food] from neighbors."¹¹⁶

The research also found a significant correlation between being a woman and experiencing stress due to challenges obtaining food in Bangladesh. This may be due to the traditional role Rohingya men play in ensuring food security for other family members, both by gathering food provisions outside the home and being the main income-earners. *Majhis*, who are mostly men, are also

¹¹² Participants could provide multiple responses to the question, "In your opinion what is the main reason the Rohingya people are experiencing these restrictions?"

¹¹³ Fortify Rights pre-survey focus-group discussion #3, Respondent #2, Cox's Bazar District, Bangladesh, March 28, 2018.

¹¹⁴ Fortify Rights pre-survey focus-group discussion #4, Respondent #5, Cox's Bazar District, Bangladesh, March 28, 2018.

¹¹⁵ Fortify Rights group discussion #16 with Rohingya research team, Cox's Bazar District, Bangladesh, September 28, 2018.

¹¹⁶ *Ibid.*

largely responsible for facilitating food aid provided by humanitarian aid organizations.¹¹⁷ These circumstances may affect access to adequate food provisions for women—creating heightened stress for such women.

Seventy-two percent of Rohingya survey participants identified limited access to education in Bangladesh as a chronic stressor. Explaining the education situation for Rohingya living in refugee camps in Cox's Bazar District, a Rohingya researcher on the research team said: "Learning education class-by-class is very crucial for our children. There is no school curriculum in the learning centers in the camps."¹¹⁸ Another Rohingya researcher said: "If a Rohingya student completed grade five in Myanmar, he or she cannot attend grade six here in the camps. So, the consequence of this is losing the future of our new generation."¹¹⁹

In addition, Rohingya survey participants identified as chronic stressors in Bangladesh restrictions on freedom of movement (65.5 percent), inadequate living space (61.6 percent), poor physical health due to illness, injury, or disability (62.0 percent), and limited access to potable water (60.4 percent). A 27-year-old Rohingya man who grew up in the refugee camps after his family fled Myanmar when he was six-months old described the challenges of life in the camps, saying: "It is very hot inside the shelters, and our children may get lost because they will go out [from the shelters] because of the heat. For example, I have ten members in my family in my shelter, so it's difficult to stay there. But [my family] had a big house in Myanmar."¹²⁰

The stressors identified through the Rohingya-led research mirror stressors identified by members of the UNHCR-registered Rohingya refugee population during a study conducted in 2013, suggesting the chronic impact of these stressors in Bangladesh.¹²¹ These findings also indicate potential human rights violations in Bangladesh, including violations of the right to food, education, freedom of movement, adequate housing, and health.

Rohingya survey participants identified on average 6.34 chronic stressors in Bangladesh as compared to an average of 6.17 chronic stressors in Myanmar, highlighting different types of stressors in each location. Whereas Rohingya survey participants reported access to basic needs as primary stressors in Bangladesh, stressors identified in Myanmar related more to security and freedom. For example, 98.4 percent of the survey participants reported harassment by police in Myanmar as a common chronic stressor, 97.6 percent reported harassment by the local population, 96.8 percent reported restrictions on travel, and 84 percent reported limited access to education. During data analysis discussions, the Rohingya research team unanimously agreed that there is less concern about violence and harassment in Bangladesh but more stress in terms of securing basic needs like food, shelter, and water. Rohingya participants in the pre-survey focus-group discussions similarly described the difference in stressors between Myanmar and Bangladesh. As one 41-year-old pre-survey focus-group participant who fled Myanmar in August 2017 said, "We feel safer here [in Bangladesh], but we are losing our education, culture, and religion."¹²²

Another 34-year-old Rohingya participant in the pre-survey focus-group discussions said:

After the crisis happened, everyone ran wherever he or she could. It took me one month to reunite all of my family members. I lost one of my daughters. We don't have any information

¹¹⁷ Sang, One Year On: Time to Put Women and Girls at the Heart of the Rohingya Response, *Oxfam*; Action Contre La Faim, Save the Children, and Oxfam, *Rohingya Refugee Response Gender Analysis*, August 2018, <https://reliefweb.int/sites/reliefweb.int/files/resources/tr-rohingya-refugee-response-gender-analysis-010818-en.pdf>.

¹¹⁸ Fortify Rights group discussion #16 with Rohingya research team, Cox's Bazar District, Bangladesh, September 28, 2018.

¹¹⁹ *Ibid.*

¹²⁰ Fortify Rights pre-survey focus-group discussion #5, Respondent #3, Cox's Bazar District, Bangladesh, March 28, 2018.

¹²¹ Riley, "Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh," *Transcultural Psychiatry*. Rohingya refugee participants in this study identified concerns with lack of access to adequate food, freedom of movement, and services within the camps as particularly prevalent stressors.

¹²² Fortify Rights pre-survey focus-group discussion #4, Respondent #4, Cox's Bazar District, Bangladesh, March 28, 2018.

where she went to. After bundles of troubles, we arrived here in the camp [in Bangladesh]. We are very unhappy under the tarpaulins in the camp. We cannot get relief like we got under the shade of the trees in Myanmar.¹²³

Chronic Stressor in Bangladesh and Myanmar

Bangladesh:

"During the past month have you had a serious problem..."

Myanmar:

"In Myanmar, did you generally have a serious problem..."



"Because you do not have enough income, money, or resources to live."



"Food, for example, because you do not have enough food, or good enough food, or because you are not able to cook food."



"Because your family are not in school, or are not getting a good enough education."



"Move between places, for example, problems with travel due to checkpoints, extortion, being turned back while trying to travel to a place, etc."



"Suitable place to live in, for example because of inadequate shelters or amount of space."



"Safe access to clean toilet and sanitation facilities."



"Physical health, for example, because you have a physical illness, injury, or disability."



"Water that is safe for drinking or cooking."



"Fair access to the aid that is available from agencies working in the area."



"Not safe or protected where you live now, for example, because of conflict, violence or crime in your community."



"Harassment by the local population, for example being threatened, insulted, or extorted, etc."



"Harassment by police or security forces, for example being threatened, insulted, or extorted, etc."



Mental Health Symptoms

The WHO and UNHCR estimate that prior to an emergency, such as natural disasters or human-made crises, ten percent of an adult population will experience some type of moderate or mild mental health disorder, which includes depression and/or PTSD. One year after an emergency, this rate is expected to increase by five to ten percent, resulting in 15 to 20 percent of the adult population experiencing moderate or mild mental health disorders after emergencies.¹²⁴ However, the research conducted by the Rohingya research team in Bangladesh found much higher percentages of Rohingya refugees reporting mental health symptoms than expected, including depression (88.7 percent), emotional distress (84.0 percent), and PTSD (61.2 percent).¹²⁵ The percentage of Rohingya survey respondents reporting symptoms consistent with PTSD was almost double the percentage reported (36 percent) in a 2013 study with the protracted Rohingya refugee population living in the camps in Bangladesh.¹²⁶

A high percentage of Rohingya survey participants reported intrusive trauma-symptoms related to re-experiencing trauma events, such as experiencing "quite a bit" or "extremely" frequent "recurrent thoughts or memories of the most hurtful or terrifying events" (88.1 percent), "feeling as though the event is happening again" (83.8 percent), and "recurrent nightmares" (59.2 percent)—symptoms that are typically associated with PTSD. A Rohingya woman involved in the pre-survey focus-group discussions described her experience with trauma symptoms, saying:

The military broke my shoulder. I still have pain in my legs, breasts, knees, and shoulder. I cannot sleep well at night. When I try to sleep, I imagine what the military and Buddhists have done to me. I feel like they are coming, chasing, and shooting me. I think of how they hacked and killed people and threw children on the fires. When I am in bed, the imagination of the torture appears in my mind. Thus, I cannot sleep. Sometimes, if I fall asleep, all the torture appears in my dreams. When I think about this, my blood pressure goes up. They slaughtered nine people among my relatives and put all of them in the same grave. I feel so tired the next day if I cannot sleep in the previous night. From the time I came here [to Bangladesh], I could not sleep well even for one night.¹²⁷

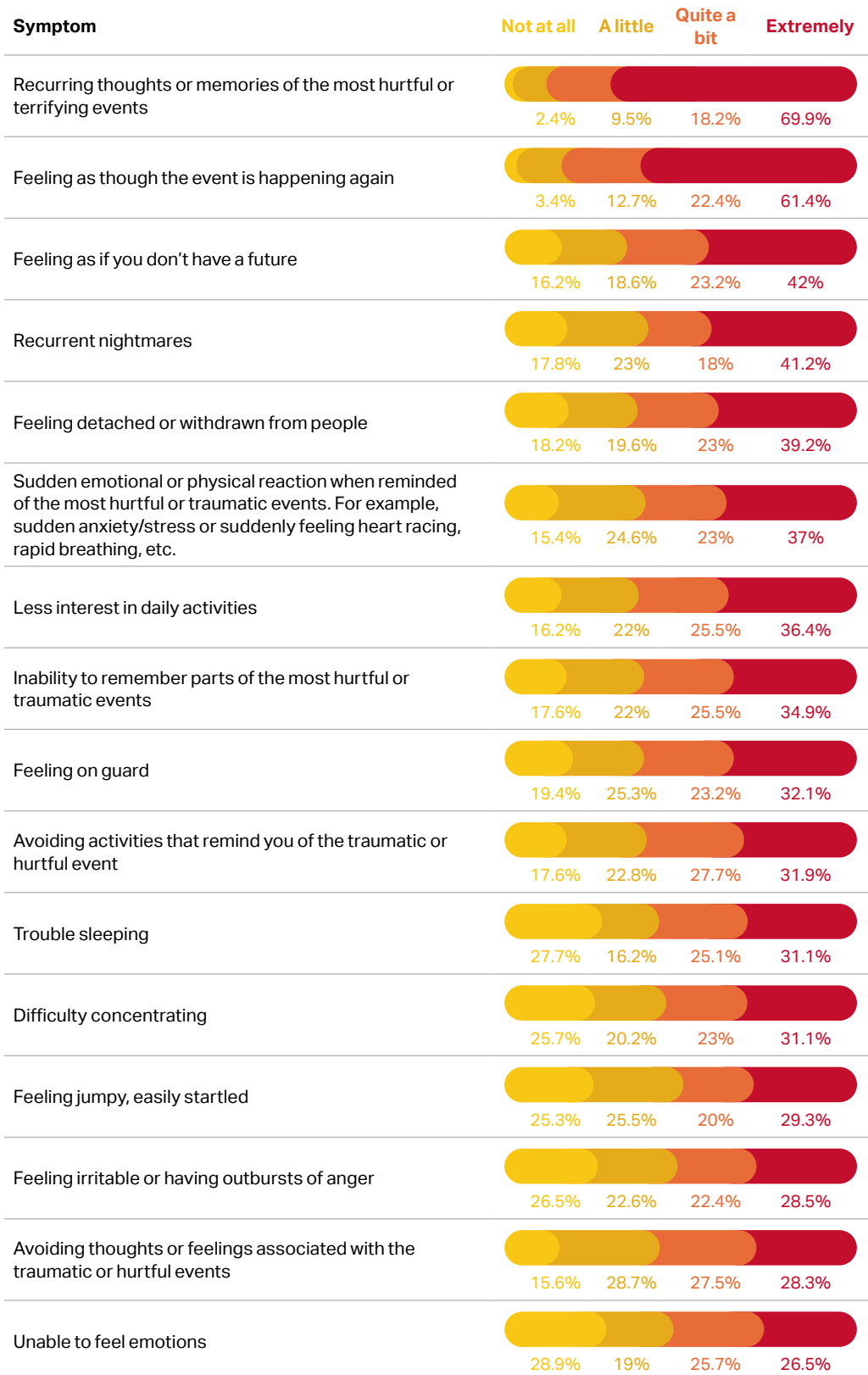
¹²⁴ WHO and UNHCR, *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*, 2012.

¹²⁵ Fortify Rights relied on instructions provided by the Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 instrument to identify percentage of participants experiencing PTSD, depression, and emotional distress. This analysis requires calculating the average "severity score" for the four-point range of responses provided by participants from "Not at all" to "Extremely" for questions related to trauma, depression, and emotional distress. Participants with an overall average severity score above the respective thresholds set by the Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 are considered indicative of PTSD, depression, and/or emotional distress. Based on this analysis, 88.7 percent of participants met the threshold score indicative of depression, and 84 percent met the threshold indicative of emotional distress, and 61.2 percent of participants met the threshold of PTSD. Note that the Harvard Trauma Questionnaire and Hopkins Symptom Checklist-25 instruments have not been validated for use with the Rohingya refugee population.

¹²⁶ Results from the 2013 study found that 36 percent of Rohingya, most of whom had lived in the camps for several years, met criteria for PTSD, while depression scores (89 percent) were similar to those measured by the Rohingya participatory action research. Riley, "Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh," *Transcultural Psychiatry*.

¹²⁷ Fortify Rights pre-survey focus-group discussion #6, Respondent #1, Cox's Bazar District, Bangladesh, April 1, 2018.

Symptoms of Trauma



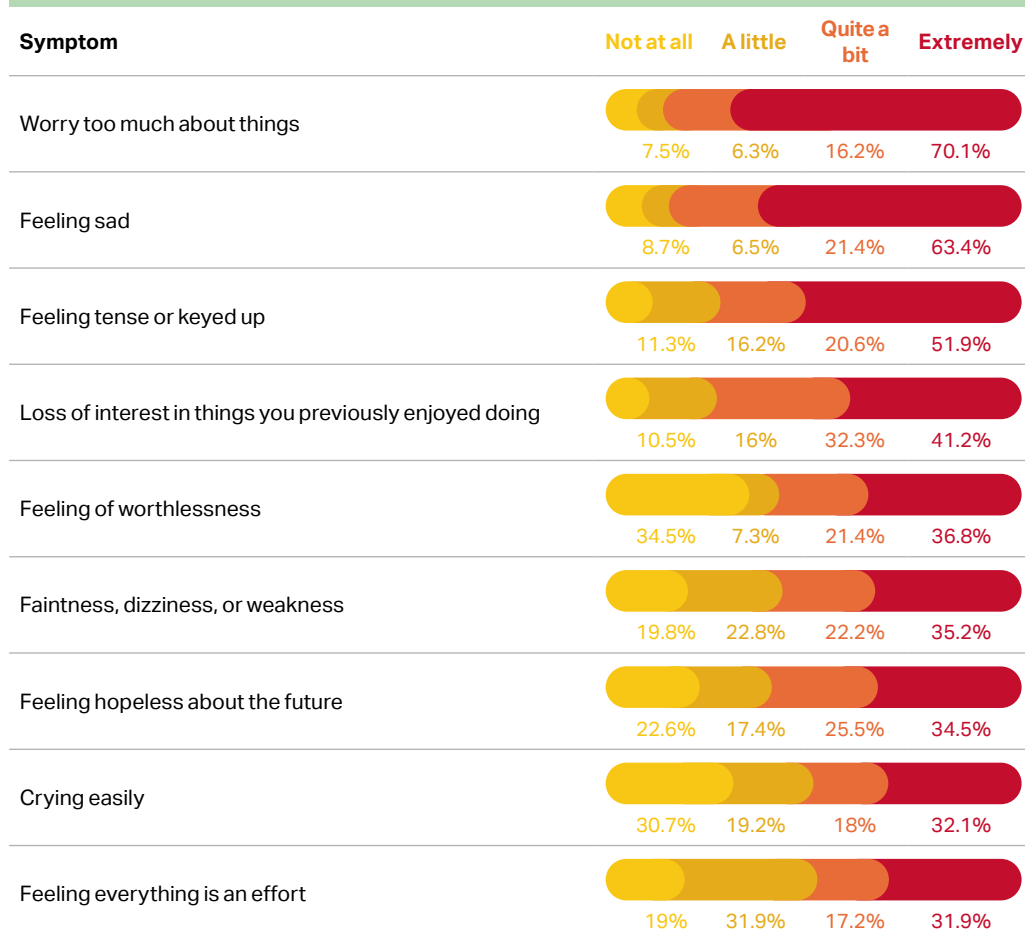
Most survey participants also reported symptoms of depression and anxiety, indicating "quite a bit" or "extremely" frequent experiences of "worry[ing] too much about things" (86.3 percent), "feeling sad" (84.8 percent), "loss of interest in things you previously enjoyed doing" (89.5 percent), and "feeling tense or [agitated]" (72.5 percent). Speaking about her mental health challenges, a 40-year-old woman participant in the pre-survey focus-group discussions who fled Myanmar in August 2017 said, "I feel my heart stopping if I feel emotional pain. I don't want to hear even from my children. I don't want to eat food or drink water. The taste is bad even if it is a very delicious food."¹²⁸

Another 45-year-old woman who fled Myanmar in September 2017 said:

I'm feeling so sad, not a normal sadness, but devastated. I cannot show you, but I'm burning inside. I'm unhappy the whole 24 hours. I left family in Myanmar—two of my sons are dead, one is alive but was shot in the foot . . . I lost my property, and whenever I see the injured people, I feel bad.¹²⁹

Participants in the pre-survey focus-group discussions also expressed difficulties sleeping. For example, a 35-year-old Rohingya woman said: "I can't sleep because of stress. When I dream, I dream of a good life in Myanmar. But when I wake, I'm back in darkness."¹³⁰

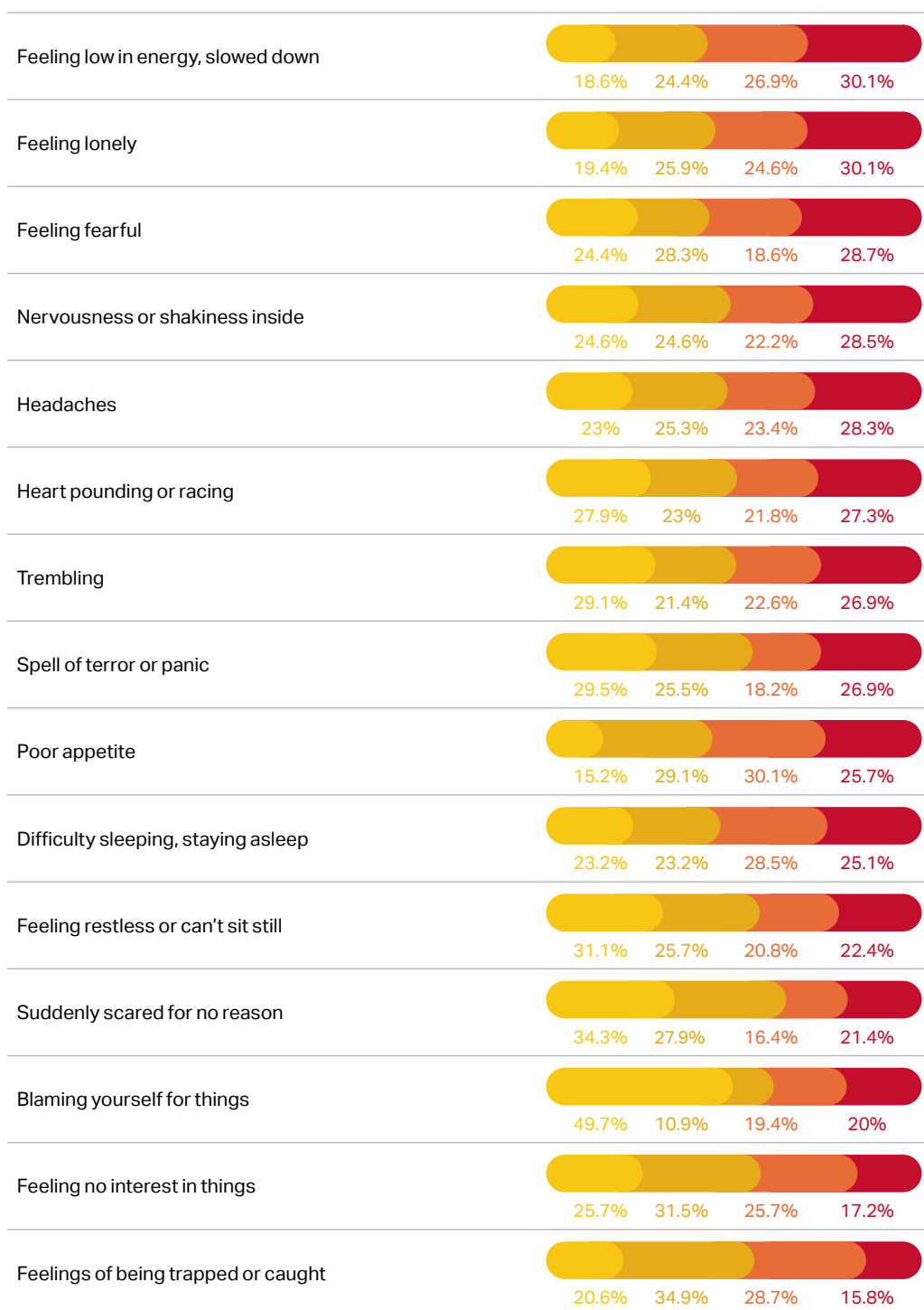
Symptoms of Depression and Anxiety



¹²⁸ Fortify Rights, pre-survey focus group discussion #12, Respondent #3, Cox's Bazar District, Bangladesh, May 17, 2018.

¹²⁹ Fortify Rights, pre-survey focus group discussion #7, Cox's Bazar District, Bangladesh, April 1, 2018.

¹³⁰ *Ibid.*



In addition to experiencing symptoms of trauma, depression, and anxiety, 79.2 percent of Rohingya participants also indicated experiencing some level of “bodily pain from distress/tension.” During the pre-survey focus-group discussions, several Rohingya participants described psychosomatic pain when discussing the impact of violence and displacement on their mental health. For example,

a 25-year-old Rohingya woman involved in the pre-survey focus-group discussions said: "I have muscle pain if I feel emotional pain, and I lay down and try to sleep. I don't want to do or eat anything. I have a headache and anxiety."¹³¹

A 40-year-old pre-survey focus-group discussion participant said:

The violence and torture that happened in Myanmar are usually in my thoughts and mind. If I sit somewhere and remember the violence, I suddenly fall down and become faint. When this happens, my family pours water on me, and I become conscious after some time. I don't want to eat anything. Nothing is delicious to me. If I go to bed at night, the troubles that occurred in my journey to Bangladesh appear in my mind. Thus, I cannot sleep. If I go outside, I find that people are talking about the violence that happened in Myanmar everywhere. At that time, I feel so sad and finally need to come back to my shelter. I don't want to go outside.¹³²

A 37-year-old pre-survey focus-group discussion participant living in Bangladesh since 1996 said:

I was a *majhi* . . . I could not perform my duties properly because of my pain and stress. [The military] killed many people and burned the houses . . . If an animal is in trouble, we are responsible to help and make it free. But today, although we humans are in trouble, no other human is helping us. I cannot breathe well because of the pain. In my mind, I feel like the military is kicking me down from the top of the high mountain and shooting me. I cannot sleep.¹³³

Participants of the pre-survey focus-group discussions also reported feelings or experiences of dehumanization. For example, a 44-year-old focus-group participant said:

[The Myanmar military] treated us worse than animals. They considered and counted us like animals. They put people inside houses, locked the door, and burned the houses and the people as well. Would anyone do that to an animal? They tied the legs and hands of my 95-year-old grandmother with rope, hacked and burned her. Would anyone do that to an animal?¹³⁴

A 60-year-old pre-survey focus-group participant who fled Myanmar in September 2017 said: "Even a cow has a shelter to sleep while a bird has a nest. If we don't have a house to sleep like the cows and birds do, where are we from? In this way, the Myanmar government is destroying the Muslims."¹³⁵

Similarly, 68.7 percent of Rohingya survey participants reported some level of feeling "humiliated or subhuman." Reflecting on this result after the survey, a Rohingya researcher involved in carrying out the survey said:

They call us animals. When we are at school, they call the Muslim students *khoun*, which means animal, not a human being. Also, any activities involving the authorities, they will use the term *khoun* . . . When I was in class six or seven, when I was ten or 15 minutes late to school, the teacher said, "*Tih khoun* [animal], why are you so late today?" It is a tool of discrimination. It makes me feel very bad . . . We are like a different kind of human.¹³⁶

¹³¹ Fortify Rights pre-survey focus-group discussion #12, Respondent #3, Cox's Bazar District, Bangladesh, May 17, 2018.

¹³² Fortify Rights pre-survey focus-group discussion #6, Respondent #1, Cox's Bazar District, Bangladesh, April 1, 2018.

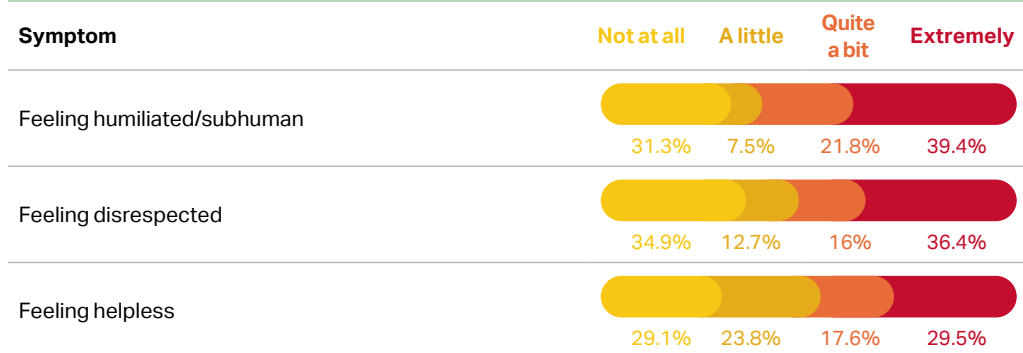
¹³³ Fortify Rights pre-survey focus-group discussion #8, Respondent #5, Cox's Bazar District, Bangladesh, April 1, 2018.

¹³⁴ Fortify Rights pre-survey focus-group discussion #4, Respondent #1, Cox's Bazar District, Bangladesh, March 28, 2018.

¹³⁵ Fortify Rights pre-survey focus-group discussion #4, Respondent #6, Cox's Bazar District, Bangladesh, March 28, 2018.

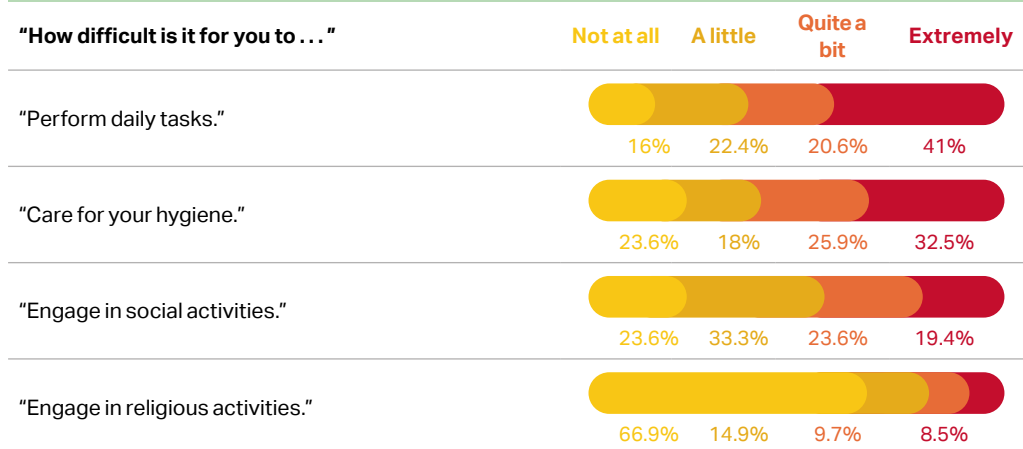
¹³⁶ Fortify Rights group discussion #17 with Rohingya research team, Cox's Bazar District, Bangladesh, September 28, 2018.

Dehumanization



Most Rohingya survey participants identified experiencing some degree of functional difficulties ranging from “a little” to “extremely.” For example, 84 percent of participants indicated some difficulty in performing daily tasks; 76.4 percent indicated difficulty caring for their personal hygiene; 76.3 percent expressed difficulty engaging in social activities; and 33.1 percent indicated difficulties engaging in religious activities.




































Functioning



Rohingya survey participants largely attributed difficulties in functioning to their current living situation (71.6 percent), mental health (62.3 percent), and physical health (48.2 percent). Describing the challenges, a 40-year-old man involved in the pre-survey focus-group discussions, said: “If I try to do any work, the remembrance of the torture comes in my mind before I start. Thus, I cannot work. Sometimes I feel angry, but I don’t show it.”¹³⁷

Another Rohingya pre-survey focus group participant, 27, said:

I feel like it is very difficult to do anything. I cannot go to the market because of the pain. Although it has been seven months since I came here [to Bangladesh], I cannot forget the pain and torture. I cannot think well. I have become thin and gangly because of the stress . . . I feel tired. I cannot eat well. I feel angry if I imagine the persecution, but I don’t show it. I am now hopeless and helpless.¹³⁸

Attribution for Functioning Difficulty	Frequency	% ¹³⁹	
Current living situation	325	71.6	    
Mental health	283	62.3	    
Physical health	219	48.2	    
Specify (Lack of income, capital, opportunity)	27	5.9	    
Specify (Displacement, being stateless, lack of rights)	8	1.8	    
Specify (Monsoon Season)	7	1.5	    
Other	38	8.4	    

Perspectives on Myanmar Return and Reintegration













Despite the ongoing genocide and pervasive persecution against Rohingya in Myanmar, the vast majority of Rohingya survey participants (94.7 percent) in Bangladesh reported a desire to return to Myanmar—their indigenous homeland. Expressing this desire, a 44-year-old participant in a pre-survey focus-group discussion who fled Myanmar in September 2017 said: “We need the world to know that we were born in Arakan [Rakhine State]. We are from Arakan, and we want to go back there with dignity. We need the world to send us back to Arakan with our rights and security of our lives. We will neither stay here nor go somewhere else.”¹⁴⁰

Survey participants identified conditions, including specific rights and protections, that the Myanmar government would need to restore or guarantee prior to any returns to Myanmar. Pre-conditions for safe returns identified by survey participants included: “citizenship” (92.5 percent), “compensation for loss” (85.9 percent), “protection (e.g., U.N. Security Force)” (75.4 percent), “freedoms (travel, attend school, etc.)” (71.7 percent). A 40-year-old Rohingya woman involved in a pre-survey focus group said:

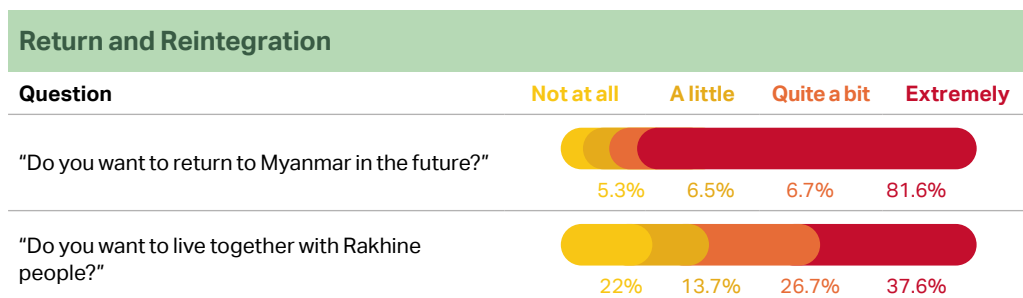
We are thankful to Bangladeshi people as they gave us a place to stay. We are here [looking] for justice, and we will go back if we get it. First of all, we will go back [to Myanmar] if the military leaves our homes. Second, they have to release the people who they arrested and put in prison without any reason. Third, they have to send the IDPs [internally displaced persons] in Sittwe to their original homes. Fourth, they have to make our place peaceful and give us our Rohingya citizenship. Fifth, we will have to get justice from the U.N. for the different kinds of torture like sexual assault, slaughtering, etc. For example, the U.N. has to take action from the criminals who had raped our mothers and sisters. The Myanmar government has to accept us as Rohingya. We will have to get our properties back.

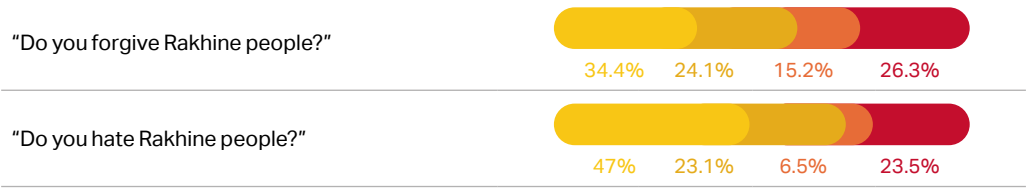
Another 30-year-old Rohingya woman involved in the pre-survey focus-group discussions said: “I need justice. I am content to die here [in Bangladesh] without food, but I will not go back to Myanmar without justice.”¹⁴¹

¹³⁹ These percentages represent respondents who reported experiencing some level of functioning difficulty.

"What do you need the Myanmar government to do in order to feel safe to return?"	Frequency	%	
Citizenship	458	92.5	
Compensation for loss	425	85.9	
Protection (e.g., U.N. Security Force)	373	75.4	
Freedoms (travel, attend school, etc.)	355	71.7	
Specify (Rohingya recognition)	116	23.4	
Specify (Justice)	71	14.3	
Specify (Religious freedom)	44	8.9	
Specify (Ability for all Rohingya to return to Rakhine, including children born in Bangladesh and those living abroad)	13	2.6	
Specify (Able to work in civil service)	7	1.4	
Specify (Peace)	6	1.2	
Specify (Release prisoners)	6	1.2	
Other	6	1.2	

In terms of reintegrating with the Rakhine population, most Rohingya survey participants (64.3 percent) selected “quite a bit” or “extremely” when asked “Do you want to live together with Rakhine people?” When asked “Do you forgive Rakhine people?,” most participants (65.6 percent) endorsed some level of forgiveness, and most (70.1 percent) answered “not at all” or “a little” when asked, “Do you hate Rakhine people?”





II. Legal Framework and Analysis

The Rohingya-led participatory research underpinning this report has important implications for ongoing efforts to hold Myanmar accountable for international crimes by providing further evidence of the crime of genocide and crimes against humanity. The research also indicates violations of the right to mental health and effective remedies for Rohingya in Myanmar and Bangladesh.

Genocide

The crime of genocide involves three essential elements: (1) the commission of one or more of the five prohibited criminal acts enumerated by the statute (2) against a national, ethnic, racial or religious group (3) with the intent to destroy the group in whole or in part.¹⁴² Criminal liability extends not only to the perpetration of genocide but also conspiracy to commit genocide, the direct and public incitement to commit genocide, the attempt to commit genocide, and complicity in genocide.¹⁴³

The five prohibited criminal acts of genocide are:

- Killing members of the identified protected group;
- Causing serious bodily or mental harm to members of the protected group;
- Deliberately inflicting on the protected group conditions of life calculated to bring about its physical destruction in whole or in part;
- Imposing measures intended to prevent births within the protected group; and
- Forcibly transferring children of the protected group to another group.¹⁴⁴

Under the legal framework set out in international criminal law, Fortify Rights previously established that: (1) the Rohingya are a distinct ethnic group for the purposes of a genocide analysis; (2) Myanmar state security forces and non-

¹⁴² Convention on the Prevention and Punishment of the Crime of Genocide (Genocide Convention), adopted January 12, 1951, 78 U.N.T.S. 277, U.N. Doc. E/447, Art. 2; Rome Statute of the International Criminal Court (Rome Statute), adopted July 17, 1998, 2187 U.N.T.S. 90, U.N. Doc. A/CONF.183/9, (2002), Art. 6.

¹⁴³ Genocide Convention, Art. 3. Rome Statute, Art. 25.

¹⁴⁴ Rome Statute, Art. 6.

Rohingya citizens acting under the control of Myanmar security forces killed Rohingya, inflicted serious bodily and mental harm on the Rohingya, and inflicted conditions of life calculated to bring about the physical destruction of the Rohingya; and (3) Myanmar state–security forces and their civilian proxies conducted these acts with the special intent to destroy the Rohingya in whole or in part.¹⁴⁵

The findings of the Rohingya-led participatory research, which are statistically representative of the Rohingya refugee population in Bangladesh, corroborates information previously published by Fortify Rights demonstrating that Myanmar state security forces and their proxies are responsible for the crime of genocide against Rohingya in Rakhine State. In particular, the quantitative data collected by the Rohingya research team provides further evidence of killings, the infliction of conditions calculated to bring about the physical destruction of the group, and causing serious bodily or mental harm—prohibited acts under the law of genocide. The data also helps establish genocidal intent by Myanmar authorities.¹⁴⁶

Killing as a Prohibited Act of Genocide

In the context of genocide, a “killing” must be intentional, meaning that the perpetrator intended to cause death.¹⁴⁷ However, the killing need not be premeditated.¹⁴⁸ The individual killed must be a member of the specified national, ethnic, racial, or religious protected group.¹⁴⁹

This report documents numerous intentional killings of Rohingya beginning on August 25, 2017 as well as in October and November 2016 and prior. For instance, 86.2 percent of Rohingya survey participants reported the “murder of extended family member or friend,” 70.6 percent reported the “death of family or friends while fleeing or hiding,” and 29.5 percent reported “murder of immediate family member.” Of those who reported the murder of an immediate family member, 99.3 percent indicated that state security forces in Myanmar were responsible for the killing.

Inflicting Conditions of Life Calculated to Bring about Physical Destruction as a Prohibited Act of Genocide

International criminal tribunals have interpreted “inflicting conditions of life calculated to bring about the physical destruction of a group” to include subjecting a group to a subsistence diet, denial of access to basic medical services, and systematic expulsion from homes.¹⁵⁰ The act also encompasses “the creation of circumstances that would lead to a slow death,” such as denying access to appropriate clothing, hygiene, and housing.¹⁵¹

The Rohingya-led participatory research provides representative quantitative evidence on pervasive restrictions affecting Rohingya in Myanmar, with Rohingya survey participants reporting restrictions on freedom of movement (99.6 percent), marriage (99.8 percent), childbirth (99.8 percent), and other aspects of everyday life. All Rohingya (100 percent) surveyed believe that the Myanmar government was responsible for creating these restrictions, and most (67.9 percent)

¹⁴⁵ Fortify Rights, “*They Gave Them Long Swords*,” pp. 81–101, 117–134.

¹⁴⁶ For more information on existing evidence of perpetrators’ intent to destroy Rohingya, see, Fortify Rights, “*They Gave Them Long Swords*.”

¹⁴⁷ *Prosecutor v. Akayesu*, International Criminal Tribunal for Rwanda (ICTR), Case No. ICTR–96–4–T, Judgment (Trial), September 2, 1998, para. 501.

¹⁴⁸ *Prosecutor v. Stakic*, International Criminal Tribunal for the Former Yugoslavia (ICTY), Case No. IT–97–24–T, Judgment, July 31, 2003, para. 515 (citing *Prosecutor v. Kayishema and Ruzindana*, ICTR, Case No. ICTR–95–1–A, Judgment (Appeal), June 1, 2001, para. 151; *Akayesu*, Case No. ICTR–96–4–T, para. 500–01.

¹⁴⁹ *Prosecutor v. Brdanin*, ICTY, Case No. IT–99–36–T, Judgment (Trial), September 1, 2004, para. 689.

¹⁵⁰ See, e.g., *Akayesu*, Case No. ICTR–96–4–T, para. 506. See also, *Kayishema and Ruzindana*, Case No. ICTR–95–1–T, para. 116 (also including rape).

¹⁵¹ *Stakic*, Case No. ICTR–97–24–T, para. 517.

believed Myanmar authorities targeted them due to their religion. Rohingya survey participants also reported being "forced to flee under dangerous conditions" (83.7 percent) or "forced to hide because of dangerous conditions" (75.5 percent), and 70.6 percent further reported experiencing the "death of family or friends while fleeing or in hiding (e.g., not from violent injury . . . but because of illness, lack of food, drowning, etc.)."¹⁵² This information provides support for finding that Myanmar security forces inflicted conditions calculated to destroy Rohingya.

Causing Serious Bodily or Mental Harm as a Prohibited Act of Genocide

Bodily harm refers to "harm that seriously injures the health, causes disfigurement or causes any serious injury to the external, internal organs or senses."¹⁵³ Rohingya survey participants reported high levels of experience with bodily harm in Myanmar, including "physical injury from intentionally being stabbed or cut with an object (e.g., knife, axe, sword, machete, etc.)" (29.4 percent), "other serious physical injury from violence (e.g., shrapnel, burn, landmine injury)" (9.2 percent), "physical injury from being shot (bullet wound)" (5.1 percent), "torture" (55.5 percent), beatings (46.1 percent), "sexual abuse, sexual humiliation, or sexual exploitation" (33.3 percent), as well as "rape by security forces" (1.6 percent). In addition, many Rohingya survey participants witnessed the bodily harm of others, with 90.4 percent saying they "witnessed physical violence against others" and 67.3 percent saying they "witnessed sexual violence or abuse of others." This quantitative evidence supports previous findings of bodily harm committed against Rohingya as a prohibited act of genocide.

The Rohingya-led participatory research also provides new evidence to support the finding of mental harm as an act of genocide committed against Rohingya. Tribunals have struggled to precisely define serious mental harm, though they have consistently held that the term denotes "more than minor or temporary impairment of mental faculties."¹⁵⁴ The harm must result in "a grave and long-term disadvantage to a person's ability to lead a normal and constructive life"; however, the harm does not have to be permanent or irremediable to constitute an act of genocide.¹⁵⁵

A high percentage of Rohingya survey participants reported experiencing symptoms indicative of depression (88.7 percent), emotional distress (84.0 percent), and PTSD (61.2 percent).¹⁵⁶ The research also provides evidence of the impact of these symptoms on the ability of Rohingya survivors to function normally. Most Rohingya survey participants report "quite a bit" or "extreme" levels of "[a] loss of interest in things you previously enjoyed doing" (73.5 percent), "less interest in daily activities" (61.9 percent), difficulty "perform[ing] daily tasks" (61.6 percent), difficulty caring "for your hygiene" (58.4 percent), "feeling low in energy" (57 percent), "trouble sleeping" (56.2 percent), "poor appetite" (55.8 percent), and "difficulty concentrating" (54.1 percent). Most Rohingya survey participants who had any difficulty with daily functioning attributed those difficulties to their

¹⁵² While international criminal tribunals have found that displacement or deportation alone would not necessarily amount to imposing conditions of life calculated to destroy a group, they may qualify as prohibited acts if the displacement or deportation were carried out in order to physically destroy the group rather than merely to displace or dissolve the group. See, *Stakic*, Case No. ICTY-97-24-T, para. 519, 557. *Bosnia and Herzegovina v. Serbia and Montenegro*, International Court of Justice (ICJ), I.C.J. Reports 2007, Judgment, February 26, 2007, para. 190 (noting that deportation or displacement do not necessarily qualify unless the actions are taken "with a view to the destruction of the group, as distinct from its removal from the region"); International Law Commission, *Report of the International Law Commission*, p. 46 ("The Commission considered that [the subparagraph describing conditions of life] covered deportation when carried out with the intent to destroy the group in whole or part.")

¹⁵³ *Prosecutor v. Kayishema and Ruzindana*, ICTR, Case No. ICTR-95-1-T, Judgment (Trial), May 21, 1999, para. 109.

¹⁵⁴ See, e.g., *Prosecutor v. Semanza*, ICTR, Case No. ICTR-97-20-T, Judgment (Trial), May 15, 2003, para. 321.

¹⁵⁵ *Prosecutor v. Radislav Krstić*, ICTY, Case No. IT-98-33-T, Judgment (Trial), August 2, 2001, para. 513 (citing *Akayesu*, Case No. ICTR-96-4-T, para. 502).

¹⁵⁶ As compared to estimates by the WHO and UNHCR that suggest 15 to 20 percent of an adult population would be expected to experience some type of moderate or mild mental health disorder, including depression and/or PTSD, one year after an emergency, quantitative data of the Rohingya refugee population is three to four times higher. See, WHO and UNHCR, *Assessing Mental Health and Psychosocial Needs and Resources*.

mental health (62.3 percent). This quantitative evidence supports previous findings of mental harm committed against Rohingya as a prohibited act of genocide.

Protected Groups

The law of genocide is distinguished by its protection of groups rather than individuals.¹⁵⁷ The Genocide Convention lists four types of protected groups: national, ethnic, racial, and religious.¹⁵⁸ Fortify Rights previously established that the Rohingya would constitute a protected group for the purposes of the crime of genocide. Objective factors support this conclusion, particularly with regard to the ethnic category.¹⁵⁹

Intent to Destroy

In order for the crime of genocide to exist, the perpetrator's actions must have been motivated by two separate mental elements, namely a "general intent" to commit the prohibited act(s) and a "specific intent" to bring about, through those acts, the destruction of the protected group in whole or in part.¹⁶⁰

In most cases, direct evidence of genocidal intent—public statements or confessions indicating unequivocally that the perpetrator committed relevant prohibited acts with genocidal intent—is often not present or difficult to find. However, genocidal intent can be inferred from facts and circumstances, such as: "the general context, the perpetration of other culpable acts systematically directed against the same group, the scale of atrocities committed, the systematic targeting of victims on account of their membership in a particular group, or the repetition of destructive and discriminatory acts."¹⁶¹ Common factors considered by the ICC and *ad hoc* tribunals to provide genocidal intent include: (1) the general political doctrine which gave rise to the acts; (2) the use of derogatory language toward members of the targeted group; (3) the scale of atrocities committed; (4) the systematic nature and their atrociousness; (5) deliberately and systematically targeting victims on account of their membership of a particular group; and (6) targeting all members of the group.¹⁶²

The use of "divisive" or "derogatory" language towards a targeted group may also be used to demonstrate the existence of specific intent to commit genocide.¹⁶³ Fortify Rights and other human rights organizations documented the use of derogatory and divisive rhetoric against Rohingya in the lead up to the military-led "clearance operations" in 2016 and 2017.¹⁶⁴ Most Rohingya survey

¹⁵⁷ International Law Commission, *Draft Code of Crimes against the Peace and Security of Mankind*, U.N. Doc. A/51/10, May 6–July 26, 1996, p. 45.

¹⁵⁸ Genocide Convention, Art. 2.

¹⁵⁹ For more information on the crime of genocide against Rohingya, see Fortify Rights, *"They Gave Them Long Swords."*

¹⁶⁰ International Law Commission, *Draft Code of Crimes*, pp. 45–46.

¹⁶¹ See, *Prosecutor v. Goran Jelisić*, ICTR, Case. No. ICTR–95–10–A, (Appeal), July 5, 2001, para. 47; International Commission of Inquiry on Darfur, *Report of the International Commission of Inquiry on Darfur to the United Nations Secretary-General*, para. 502. Similarly, *Akayesu* held that it is possible to infer the genocidal intention from the acts or utterances of the accused as well as from culpable acts perpetrated systematically against the same group, regardless of whether such other acts were committed by the same or different perpetrators. *Akayesu*, Case No. ICTR–96–4–T, para. 728.

¹⁶² *Akayesu*, Case No. ICTR–96–4–T, para. 123. For a detailed discussion and analysis of these factors in the context of crimes perpetrated against Rohingya in Myanmar, see, Fortify Rights, *"They Gave Them Long Swords."*

¹⁶³ In *Akayesu*, the ICTR detailed derogatory language used against the Tutsi. Additionally, Rwandan military documents labeled the Tutsi as the "enemy," and leaders like Akayesu made specific statements "on several occasions . . . calling, more or less explicitly, for the commission of genocide." *Akayesu*, Case No. ICTR–96–4–T, para. 123, 729.

¹⁶⁴ Human Rights Watch, *"All You Can Do Is Pray,"* FN 39; For an example of divisive and derogatory language, see Khin Maung Oo, "The Thorn Needs Removing as It Pierces!" *Global New Light of Myanmar*, October 31, 2016, <http://www.globalnewlightofmyanmar.com/the-thorn-needs-removing-if-it-pierces/>. See also, Khin Maung Oo, "A Flea Cannot Make a Whirl of Dust," *Global New Light of Myanmar*, November 26, 2016, <http://www.globalnewlightofmyanmar.com/a-flea-cannot-make-a-whirl-of-dust-but/>. Facebook is a particularly influential medium in Myanmar. More than 14 million people out a total population of 53 million utilize Facebook in Myanmar, and according to a 2016 survey of internet users in Myanmar, "reading news on the internet" often meant "news they had seen on their Facebook newsfeed, and [they] did not seem aware of other news sources online." GSMA, *Mobile Phones, Internet, and Gender*

participants (95.3 percent) confirmed experience with "repeated exposure to violent images against Rohingya on websites," and 93.3 percent reported experience with "threats against your ethnic group." More than 68.7 percent of Rohingya survey participants also reported feeling "humiliated or subhuman."

The research also provides evidence of pervasive human rights violations against Rohingya in Myanmar with 94.5 to 100 percent of Rohingya survey participants indicating either personal experience with or witnessing of 19 different human rights violations. Most Rohingya survey participants believed the Myanmar Government (100 percent) or security forces (74.7 percent) were responsible for perpetrating violations against Rohingya, and most (67.9 percent) believed the reason for being targeted was because of their religion.

The findings of the Rohingya-led participatory research provide supplemental evidence to demonstrate reasonable grounds of the commission of prohibited acts against the Rohingya with the requisite intent to constitute the crime of genocide.¹⁶⁵

Recent confessions of two Myanmar Army soldiers also provide evidence of genocidal intent.¹⁶⁶ Fortify Rights obtained and analyzed two videos showing the confessions of Private Myo Win Tun of Myanmar Army Light Infantry Battalion (LIB) 565 and Private Zaw Naing Tun of LIB 353.¹⁶⁷ LIBs 565 and 353 were operational in Rakhine State during military-led "clearance operations" against Rohingya civilians in 2016 and 2017. Both men separately claimed to be acting on orders from senior commanders to "exterminate all [Rohingya]," to "shoot all that you see and that you hear," and to "kill all" Rohingya in specific areas.¹⁶⁸ Significantly, both men were operational in two separate townships—Maungdaw and Buthidaung—simultaneously following orders under different commanders, which may indicate operational consistency between battalions, coordination, and intent to commit genocide.¹⁶⁹

Crimes Against Humanity

Under Article 7 of the Rome Statute, a crime against humanity is committed when one or more prohibited criminal acts enumerated by the statute are "committed as a part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack."¹⁷⁰ The prohibited criminal acts under the statute are: murder, extermination, enslavement, deportation or forcible transfer, imprisonment, torture, rape and other forms of sexual violence, persecution, enforced disappearance, apartheid, or other inhumane acts.¹⁷¹ Any one of the 11 acts are sufficient to establish a crime against humanity, provided that the other elements of the crime are satisfied.

in Myanmar, February 2016, p. 55, <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2016/02/Mobile-phones-internet-and-gender-in-Myanmar.pdf>; Libby Hogan and Michael Safi, "Revealed: Facebook Hate Speech Exploded in Myanmar During Rohingya Crisis," *The Guardian*, April 2, 2018, <https://www.theguardian.com/world/2018/apr/03/revealedfacebook-hate-speech-exploded-in-myanmar-during-rohingya-crisis>.

¹⁶⁵ For a more in-depth discussion of the evidence and analysis of crimes against humanity committed against the Rohingya, see Fortify Rights, "*They Gave Them Long Swords*."

¹⁶⁶ "International Criminal Court: Prosecute and Offer Witness Protection to Myanmar Army Deserters," Fortify Rights, September 8, 2020, <https://www.fortifyrights.org/mya-inv-2020-09-08/>; Hannah Beech, "'Kill All You See': In a First, Myanmar Soldiers Tell of Rohingya Slaughter," *The New York Times*, September 8, 2020, <https://www.nytimes.com/2020/09/08/world/asia/myanmar-rohingya-genocide.html>; Nahlah Ayed, "Once Foot Soldiers in Myanmar's Army, Now Potential Witnesses to Mass Atrocities," *Canadian Broadcasting Corporation*, September 8, 2020, <https://www.cbc.ca/news/world/myanmar-soldiers-custody-hague-1.5715272>.

¹⁶⁷ *Ibid.*

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*

¹⁷⁰ Rome Statute, Art. 7(1).

¹⁷¹ Rome Statute, Art. 7 (listing murder; extermination; enslavement; deportation or forcible transfer of population; imprisonment or other severe deprivation of physical liberty in violation of fundamental rules of international law; torture; rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, and any other form of sexual violence of comparable gravity; persecution; enforced disappearance; apartheid; and other inhumane acts).

The Rohingya-led participatory research provides evidence that Myanmar state security forces and their proxies committed at least eight crimes against humanity against Rohingya in Rakhine State: murder, extermination, rape, deportation or forcible transfer, torture, imprisonment, enforced disappearance, and persecution.

The prohibited act of murder under the law of crimes against humanity requires that a perpetrator killed, that is, caused the death of, one or more persons through his acts or omissions.¹⁷² Supporting previous documentation of the prohibited act of murder, Rohingya survey participants reported experiencing the “murder of immediate family members” (29.5 percent) and the “murder of extended family or friend” (86.2 percent). Survey participants largely identified Myanmar security forces as responsible for the murder of immediate family members (99.3 percent) and extended family or friends (100 percent). In addition, 91.8 percent indicated that they “witnessed dead bodies.”

Given the significant percentage of Rohingya survey participants reporting killings, this quantitative evidence would further support the establishment of the prohibited act of “extermination,” which involves the “mass destruction of life” and must be “directed against a group of individuals.”¹⁷³ The main distinction between “extermination” and “murder” is that the perpetrator’s act of killing must constitute or be part of a mass killing where a “substantial” or a “large number” of people are killed.¹⁷⁴ The killings identified through the quantitative evidence documented by the Rohingya-led research indicate a scale of killings that would qualify as extermination.

Rape under the Rome Statute is defined as the invasion “of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body.”¹⁷⁵ The Rome Statute also provides that “other form[s] of sexual violence of comparable gravity” can constitute a crime against humanity.¹⁷⁶ While only 1.6 percent of survey participants reported rape by Myanmar security forces, 67.3 percent reported “witnessing sexual violence/abuse of others,” and 33.7 percent reported experiencing “sexual abuse, sexual humiliation, or sexual exploitation” in Myanmar. This quantitative data lends support to previous documentation demonstrating the prohibited act of rape and other forms of sexual violence against Rohingya.

The crime of deportation or forcible transfer occurs when persons are moved from an area where they are lawfully present by expulsion or other coercive acts, and the transfer is impermissible under international law.¹⁷⁷ Most Rohingya survey participants (83.7 percent) said that they were “forced to flee [Myanmar] under dangerous conditions.” Under international criminal law, the element of force must be present for the “deportation” or “transfer” to be considered a prohibited act.¹⁷⁸ International criminal law holds that “forcible” can include not only physical force but also “threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power . . . or by taking advantage of a coercive environment.”¹⁷⁹ High percentages of Rohingya survey participants reported that they “witnessed the destruction or burning of villages” (97.8 percent) and 93.1 percent of participants reported the destruction of their home, indicating that they were forced to flee their homes, providing evidence to support the establishment of the prohibited act of deportation or forcible transfer.

¹⁷² ICC, *Elements of Crimes*, 2011, Art. 7(1)(a)(1) and n.7; *Prosecutor v. Germain Katanga*, ICC, Case No. ICC-01/04-01/07, Judgment, March 7, 2014, para. 766–67.

¹⁷³ See, *Prosecutor v. Seromba*, ICTR, Case No. ICTR-2001-66-I, Judgment (Trial), December 13, 2006, para. 361; *Akayesu*, Case No. ICTR-96-4-T, para. 591.

¹⁷⁴ ICC, *Elements of Crimes*, Art. 7(1)(b)(2); *Semanza*, Case No. ICTR-97-20-T, para. 340. *Kayishema and Ruzindana*, Case No. ICTR-95-1-T, para. 146.

¹⁷⁵ ICC, *Elements of Crimes*, Art. 7(1)(g)-1(1); *Katanga*, Case No. ICC-01/04-01/07, para. 962.

¹⁷⁶ Rome Statute Art. 7(1)(g).

¹⁷⁷ Rome Statute Art. 7(2)(d); ICC, *Elements of Crimes*, Art. 7(1)(d).

¹⁷⁸ *Prosecutor v. Radislav Krstić*, ICTY, Case No. IT-98-33-T, Judgment (Trial), August 2, 2001, para. 147.

¹⁷⁹ ICC, *Elements of Crimes*, Art. 7(1)(d) n.12. See also, *Prosecutor v. Krnojelac*, ICTY, Case No. IT-97-25-T, Judgment, March 15, 2001, para. 179.

Under the Rome Statute, torture entails the intentional infliction of severe physical or mental pain or suffering upon a person, where that person was in the perpetrator's custody or control.¹⁸⁰ More than half of Rohingya survey participants (55.5 percent) reported experiencing torture in Myanmar, which was described in the questionnaire as "deliberate and systematic infliction of physical or mental suffering . . . while in captivity." This definition of torture is in line with international criminal law to establish the prohibited act of torture as a crime against humanity. In addition, Rohingya survey participants reported "physical injury from intentionally being stabbed or cut with an object (e.g., knife, axe, sword, machete, etc.)" (29.4 percent), "other serious physical injury from violence (e.g., shrapnel, burn, landmine injury)" (9.2 percent), "physical injury from being shot (bullet wound)" (5.1 percent), beatings (46.1 percent), "sexual abuse, sexual humiliation, or sexual exploitation" (33.7 percent), as well as "rape by security forces" (1.6 percent). These acts further meet the definition of torture as defined by international criminal law.¹⁸¹

Imprisonment that is "arbitrary," meaning imposed "without due process of law" such that there is "no legal basis . . . to justify the initial deprivation of liberty," can be considered a prohibited act of a crime against humanity under international criminal law.¹⁸² Most Rohingya survey participants (63.3 percent) reported experience with "unjust detainment," and men comprised a higher proportion (55.8 percent) of those detained as compared to women (44.2 percent). This is also consistent with earlier documentation reporting mass arrests of mostly Rohingya men in both the lead-up and during the military-led attacks against Rohingya civilians in 2016 and 2017.¹⁸³

The crime of enforced disappearance entails the arrest, detainment, or abduction of a person and an accompanying refusal to acknowledge the situation or give information about the person.¹⁸⁴ "A country" or "political organization" must be responsible for or authorize the disappearance, and the perpetrator must have intended to remove the victim "from the protection of the law for a prolonged period of time."¹⁸⁵ Nineteen percent of the Rohingya survey participants reported the "disappearance of a family member," providing quantitative support for earlier documentation establishing the enforced disappearance of Rohingya, including due to arbitrary arrest by state security forces.¹⁸⁶

Persecution is the "intentional and severe deprivation of fundamental rights contrary to international law by reason of the identity of the group or collectivity."¹⁸⁷ Persecution can involve a number of acts that inflict either physical or mental harm, including those that by themselves may constitute other crimes against humanity—such as murder, deportation, and rape—as well as others that might not qualify, including the destruction of property and acts of harassment

¹⁸⁰ Rome Statute, Art. 7(2)(e); ICC, *Elements of Crimes*, Art. 7(1)(f).

¹⁸¹ See, *Prosecutor v. Furundzija*, Case No. IT-95-17/1-T, Judgment (Trial), December 10, 1998, para. 267 (finding that torture occurred where perpetrators beat a man then forced him to watch his friend be sexually assaulted); *Prosecutor v. Kunarac, Kovac, and Vukovic*, ICTY, Case No. IT96-23-T and IT-96-23/1-T, Judgment (Trial), February 22, 2001, para. 150–51 ("Sexual violence necessarily gives rise to severe pain or suffering, whether physical or mental, and in this way justifies its characterisation as an act of torture."); *Akayesu*, Case No. ICTR-96-4-T, para. 687 (following early case law on the public official requirement and finding that "rape in fact constitutes torture" when inflicted by public officials).

¹⁸² *Krnjelac*, Case No. IT-97-25-T, para. 111–15 (noting that if national law is put forward as the basis, that law is a valid defense only if it is consistent with international law). Note that *Krnjelac* disagreed with *Kordic*, which had earlier held that only detentions that constituted grave breaches of the Geneva Conventions qualify. *Prosecutor v. Kordic*, ICTY, Case No. ICTY-95-14/2-T, Judgment (Trial), February 26, 2001, para. 303.

¹⁸³ Fortify Rights, "They Gave Them Long Swords," pp. 51–52, 153.

¹⁸⁴ Rome Statute Art. 7(2)(i); ICC, *Elements of Crimes*, Art. 7(1)(i)(1)–(3).

¹⁸⁵ Rome Statute Art. 7(2)(i); ICC, *Elements of Crimes*, Art. 7(1)(i)(4)–(6).

¹⁸⁶ See, for example, Fortify Rights, "They Gave Them Long Swords," p. 109.

¹⁸⁷ ICC, *Elements of Crimes*, Art. 7(1)(h).

and humiliation.¹⁸⁸ The Rohingya-led participatory research provides quantitative evidence of acts, including murder, rape, and torture as already discussed, that amount to persecution given the fact that they involve a severe deprivation of fundamental rights to life and liberty. Tribunals have also found that “the comprehensive destruction of homes and property” can constitute persecution as those acts destroy “the livelihood of a certain population,” which high percentages of Rohingya survey participants attest to experiencing. For example, 93.1 percent of survey participants reported the destruction of their home, 88.2 percent reported the confiscation/looting of personal property, and 97.8 percent reported witnessing the destruction or burning of villages.¹⁸⁹ Such quantitative evidence supports the establishment of persecution as a prohibited act of crimes against humanity.

In order to establish crimes against humanity in line with Article 7 of the Rome Statute, the prohibited acts described above must be committed as part of a widespread or systematic attack directed against any civilian population and “with knowledge of the attack.” Evidence documented by Fortify Rights and others provides reasonable grounds to establish the contextual element of crimes against humanity.¹⁹⁰ The Rohingya-led participatory research provides further supplemental evidence to demonstrate, on reasonable grounds, the commission of prohibited acts against Rohingya in such a way that constitutes crimes against humanity.

The Right to Physical and Mental Health

The governments of Myanmar and Bangladesh are obligated to ensure “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” under Article 12 of the International Covenant on Economic, Social, and Cultural Rights (ICESCR), to which both Myanmar and Bangladesh are State parties.¹⁹¹ Myanmar’s constitution similarly ensures that “Every citizen shall, in accord with the health policy laid down by the Union, have the right to health care.”¹⁹²

The right to physical and mental health creates both “immediate obligations and requirements to take deliberate, concrete, targeted action to progressively realize other obligations.”¹⁹³ International law also requires governments to respect, protect, and fulfil the right to mental health in national laws, regulations, policies, budgetary measures, programs and other initiatives using the maximum available resources.¹⁹⁴ The Committee on Economic, Social, and Cultural Rights details each obligation in full:

The obligation to respect requires States to refrain from interfering directly or indirectly with the enjoyment of the right to health. The obligation to protect requires States to take

¹⁸⁸ See, Kordic, Case No. ICTY-95-14/2-T, para. 198; *Prosecutor v. Kvocka*, ICTY, Case No. IT-98-30/1-T, Judgment (Trial), November 2, 2011, para. 186, 190.

¹⁸⁹ *Prosecutor v. Kupreskic*, ICTY, Case No. IT-95-16-T, Judgment, January 14, 2000, para. 631. See also, Kordic, Case No. ICTY-95-14/2-T, para. 203, 205 (finding that attacks on villages and “wanton destruction and plundering” may constitute persecution).

¹⁹⁰ For a detailed discussion and analysis of the contextual element of crimes against humanity as it relates to crimes committed against Rohingya, see Fortify Rights, “*They Gave Us Long Swords*,” pp. 110–116.

¹⁹¹ ICESCR, Art. 12. Several international treaties to which Myanmar is a State Party protect the right to mental health, including: Convention on the Rights of Persons with Disabilities, Convention on the Rights of the Child, and Convention on the Elimination of All Forms of Discrimination against Women. See, Convention on the Rights of Persons with Disabilities, adopted December 13, 2006, G.A. Res. A/RES/61/106, U.N. Doc. A/61/49, acceded by Myanmar December 7, 2011, Art. 25; Convention on the Rights of the Child (CRC), adopted November 20, 1989, G.A. Res. 44/25, U.N. Doc. A/44/49, ratified by Myanmar July 15, 1991, Art. 24; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted December 18, 1979, G.A. Res. 34/180, U.N. Doc. A/34/46, ratified by Myanmar July 22, 1997, Art. 5.

¹⁹² Myanmar Constitution, 2008, Art. 367.

¹⁹³ U.N. Human Rights Council, *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*, U.N. Doc. A/HRC/35/21, March 28, 2017, para. 35.

¹⁹⁴ *Ibid.* See also, U.N. Committee on Economic, Social and Cultural Rights, *CESCR General Comment No. 14*, paras. 30–33.

measures that prevent third parties from interfering with article 12 guarantees. Finally, the obligation to fulfil requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right to health.¹⁹⁵

These obligations include the duty to "ensure that health facilities, goods and services for mental health are available in sufficient quantity and are accessible and affordable on the basis of non-discrimination," especially for at-risk groups.¹⁹⁶

While every State has a "margin of discretion" in progressively realizing their non-core obligations under the ICESCR, the Committee on Economic, Social and Cultural Rights has cautioned that "it is important to distinguish the inability from the unwillingness of a State party to comply with its obligations under article 12."¹⁹⁷ A State is in violation of its obligations under the ICESCR when it is "unwilling to use the maximum of its available resources for the realization" of the right to mental health.¹⁹⁸

A significant percentage of Rohingya survey participants reported experiencing "serious problems with their health" in Myanmar and Bangladesh, with 42.1 percent of participants reporting problems in Myanmar and 62 percent reporting problems in Bangladesh. Almost all Rohingya survey participants (98.8 percent) reported being blocked from accessing medical services in Myanmar, and all participants (100 percent) identified the Myanmar government as responsible for imposing the restrictions. Many survey participants (44.3 percent) also indicated a serious problem due to the lack of "fair access to the aid that is available from agencies" in Myanmar, which would include healthcare services. A slightly higher percentage of survey participants (46.7 percent) reported similar challenges obtaining fair access to aid in Bangladesh.

According to the U.N. Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, "there can be no health without mental health," yet "nowhere in the world does mental health enjoy parity with physical health in national policies and budgets or in medical education and practice."¹⁹⁹ Data from the Rohingya-led participatory research provides further evidence to this statement. As discussed above, a high percentage of Rohingya survey participants also reported experiencing symptoms indicative of depression (88.7 percent), emotional distress (84.0 percent), and PTSD (61.2 percent)—rates that are far higher than what is normally expected for adult populations following an emergency.²⁰⁰ Most Rohingya survey participants (62.3 percent) who reported experiencing difficulties functioning attributed these difficulties to their mental health.

¹⁹⁵ U.N. Committee on Economic, Social and Cultural Rights, *General Comment No. 14*, para. 33. The High Commissioner for Human Rights has noted that each obligation is as applicable to physical health as to mental health. U.N. Human Rights Council, *Mental Health and Human Rights: Report of the United Nations High Commissioner for Human Rights*, U.N. Doc. A/HRC/34/32, January 31, 2017, para. 8.

¹⁹⁶ U.N. Human Rights Council, *Mental Health and Human Rights*, para. 8. U.N. Committee on Economic, Social and Cultural Rights, *General Comment No. 14*, para. 43(a). In terms of mental health, core obligations also include "the development of a national mental health strategy with a road map leading away from coercive treatment and towards equal access to rights-based mental health services, including the equitable distribution of services in the community." U.N. Human Rights Council, *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*, para. 37.

¹⁹⁷ U.N. Committee on Economic, Social and Cultural Rights, *General Comment No. 14*, para. 47.

¹⁹⁸ *Ibid.*

¹⁹⁹ U.N. Human Rights Council, *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*.

²⁰⁰ As compared to estimates by the WHO and UNHCR that suggest 15 to 20 percent of an adult population would be expected to experience some type of moderate or mild mental health disorder, including depression and/or PTSD, one year after an emergency, quantitative data of the Rohingya refugee population is three to four times higher. See, WHO and UNHCR, *Assessing Mental Health and Psychosocial Needs and Resources*.

There is a risk that evidence of the mental health crisis among Rohingya survivors of genocide could prompt an overemphasis on biomedical interventions in response. Such an emphasis would be consistent with a history of flawed responses globally, according to the former U.N. Special Rapporteur on physical and mental health.²⁰¹

The Right to an Effective Remedy

When fundamental rights are violated, international law provides for the right to “an effective remedy” as determined by a competent authority.²⁰² Such remedies may include: “restitution, compensation, rehabilitation, satisfaction, and guarantees of non-repetition.”²⁰³

Restitution seeks to put the survivor of a human rights violation in the position they enjoyed before the violation took place. For example, restitution may include a “restoration of liberty, enjoyment of human rights, identity, family life and citizenship, return to one’s place of residence, restoration of employment and return of property.”²⁰⁴

The survivor may also be compensated for any economically assessable damage resulting from the violation, such as material damages, loss of employment, and costs required for legal or medical expertise, or psychological and social services.²⁰⁵ An effective remedy may also include rehabilitation, such as medical and psychological care or legal and social services.²⁰⁶

Satisfaction aims to recognize the harm done and provides measures to prevent violations from continuing. Satisfaction may include provisions to verify the facts, and where appropriate, provide a full public disclosure of the truth; repair any harm done to the reputation or dignity of the victims; and a public apology that includes acceptance of responsibility.²⁰⁷

Guarantees of non-repetition may include: ensuring perpetrators are held accountable; ensuring effective civilian control of military and security forces; strengthening the independence of the judiciary; protecting persons in the legal, medical, and health-care professions, the media, and human rights defenders; providing human rights trainings; implementing codes of conduct; promoting mechanisms for preventing social conflicts; and reforming laws that contribute to or allow gross violations of international law.²⁰⁸

²⁰¹ The U.N. Special Rapporteur on the right to physical and mental health notes: “An effective tool used to elevate global mental health is the use of alarming statistics to indicate the scale and economic burden of ‘mental disorders.’ While it is uncontroversial to note that millions of people around the world are grossly underserved, the current ‘burden of disease’ approach firmly roots the global mental health crisis within a biomedical model, too narrow to be proactive and responsive in addressing mental health issues at the national and global level.” He notes further that, “A growing research base has produced evidence indicating that the status quo, preoccupied with biomedical interventions, including psychotropic medications and non-consensual measures, is no longer defensible in the context of improving mental health.” U.N. Human Rights Council, *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*.

²⁰² Universal Declaration of Human Rights (UDHR), adopted December 10, 1948, G.A. Res. 217A(III), U.N. Doc. A/810, 1948, Art. 8; International Covenant on Civil and Political Rights (ICCPR), adopted December 16, 1966, G.A. Res. 2200A (XXI), U.N. Doc. A/6316, not ratified by Myanmar, Art. 3, (“Each State Party to the present Covenant undertakes: (a) To ensure that any person whose rights or freedoms as herein recognized are violated shall have an effective remedy, notwithstanding that the violation has been committed by persons acting in an official capacity; (b) To ensure that any person claiming such a remedy shall have his right thereto determined by competent judicial, administrative or legislative authorities, or by any other competent authority provided for by the legal system of the State, and to develop the possibilities of judicial remedy; (c) To ensure that the competent authorities shall enforce such remedies when granted.”)

²⁰³ *Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law*, G. A. Res. 60/147, U.N. Doc. A/RES/60/147, March 21, 2006, Principle 18.

²⁰⁴ *Ibid.* at Principle 19.

²⁰⁵ *Ibid.* at Principle 20.

²⁰⁶ *Ibid.* at Principle 21.

²⁰⁷ *Ibid.* at Principle 22.

²⁰⁸ *Ibid.* at Principle 23.

Since 2012, the Government of Myanmar has appointed at least eight commissions to investigate the situation in Rakhine State, and none led to accountability. The government has denied entry for U.N. human rights monitors and continues to deny Rohingya equality or equal access to citizenship rights, let alone basic rights such as freedom of movement. Several international justice mechanisms are in motion to hold the State of Myanmar and individual perpetrators accountable for genocide and atrocity crimes against Rohingya and other ethnic communities, including the Kachin and Shan, though Myanmar authorities have made no domestic progress in guaranteeing the Rohingya or other affected communities the right to an effective remedy.

III. Human Rights Defenders: The Rohingya Research Team

A highly-skilled group of ten Rohingya refugees, including four women, led and carried out the research for this report. All but one of the researchers fled to Bangladesh following the Myanmar military-led attacks in Rakhine State in 2017. They all had several years of experience working with humanitarian aid organizations in Myanmar and Bangladesh to support their community on mental health issues.

Explaining why they were interested in facilitating this research, one of the Rohingya coordinators of the research team told Fortify Rights: "Even being a refugee, I [wanted to] take part in something to help our people. I feel proud about that. We can give the community hope."²⁰⁹

This team member described the importance of having the research led by Rohingya:

From the beginning, the questions that we setup, we could select. We could put on the survey the questions that are very important for the people in the camp and [include] common answers to those questions are very important for the Rohingya and non-Rohingya.²¹⁰

The other Rohingya coordinator said:

We shaped the whole project, and we shaped the goals. For this project, I could decide what question would be suitable and what question would not be suitable for our community. I'm so happy to get the chance to give that feedback.²¹¹

This coordinator described the challenges encountered in facilitating the research:

During the data collection, it is natural to know that we might have some unexpected challenges to overcome, and I wondered if we could reach the goal that we were going towards. Finally, when we finished and we saw the results, I forgot all of the challenges. I thought those challenges made me stronger and the challenges were my strength.²¹²

²⁰⁹ Exit interview with project coordinator #1 of the Rohingya research team, Cox's Bazar, Bangladesh, 2018.

²¹⁰ *Ibid*

²¹¹ Exit interview with project coordinator #2 of the Rohingya research team, Cox's Bazar, Bangladesh, 2018.

²¹² *Ibid*.

Describing feedback received by members of the refugee community after the research team shared the preliminary findings of the survey with the community through a series of workshops, he also said: “People welcomed us warmly. People were so happy [to see the findings], to know what they suffered. Finally, I felt love from my community and elders. So, that made me stronger.”²¹³

He also said, “Regarding this project, one of the best things that makes me happy, that makes me confident, is that this project helps us serve our own community by ourselves, not by any others.”²¹⁴

²¹³ *Ibid.*

²¹⁴ *Ibid.*

Recommendations

To the Government of Myanmar

- **CEASE** military-led attacks on civilian populations, order state security forces to promote and protect human rights, and ensure protections for all civilians in Myanmar, regardless of race, ethnicity, or religion.
- **COOPERATE** fully with current and future international efforts to hold to account perpetrators of international crimes, including genocide and crimes against humanity.
- **INVESTIGATE** allegations of violence, threats, coercion, and extortion by Myanmar authorities and take appropriate and demonstrable action to ensure accountability for past violations and misconduct and to prevent future violations and misconduct.
- **ENSURE** Rohingya have full and equal access to all rights guaranteed under international human rights law, including, but not limited to, rights to nationality, liberty, freedom of movement, physical and mental health, freedom of expression and peaceful assembly, freedom of religion, voting, livelihood, education, marriage, and childbirth. Specifically:
 - Abolish the National Verification Card (NVC) process and amend the 1982 Citizenship Law to bring it in line with international laws and standards and to ensure equal access to full citizenship rights, regardless of ethnic identity, race, or religion.
 - Identify and release all individuals, regardless of race or religion or any other factors, who are arbitrarily detained in the country.
 - End and publicly condemn the use of torture and other cruel, inhuman, or degrading treatment or punishment in places of detention. Amend the Myanmar Criminal Code to bring it in line with the definition of torture provided by the The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
- **END** official dissemination of inflammatory anti-Rohingya rhetoric, cease all references to Rohingya as "Bengali," and launch a public information campaign to promote tolerance and non-discrimination.
- **PROVIDE** a full remedy and proper reparations, including restitution, compensation, rehabilitation, satisfaction, and guarantees of non-repetition, to Rohingya and others who have experienced human rights violations.
- **FACILITATE** free and unfettered access for humanitarian and human rights groups to displaced persons and at-risk populations in Myanmar, including in Rakhine State.
- **FACILITATE** safe, dignified, and voluntary returns for all displaced Rohingya to their places of origin in accordance with international standards, including by restoring Rohingya rights to full citizenship and lifting discriminatory restrictions on basic rights and freedoms.

- **ISSUE** a standing invitation to Myanmar to the U.N. special procedures, in particular the Special Rapporteurs on the situation of human rights in Myanmar, on minority issues, on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and on the rights of indigenous peoples.
- **FINALIZE**, without delay, an agreement with the U.N. Office of the High Commissioner for Human Rights to establish a country office in Myanmar with a full mandate for human rights protection, promotion, and technical support.
- **RATIFY** the Rome Statute of the International Criminal Court, the International Covenant on Civil and Political Rights, the U.N. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and their respective protocols as well as other international human rights instruments.

To the Government of Bangladesh

- **CONTINUE** to work with the international community to support current and future international efforts to hold to account perpetrators of international crimes, including genocide and crimes against humanity.
- **ENSURE** Rohingya refugees have access to rights guaranteed by international human rights and humanitarian law, including, but not limited to, rights to liberty, freedom of movement, physical and mental health, freedom of expression and peaceful assembly, livelihoods, education, housing, food, water, and sanitation facilities.
- **PROVIDE** the U.N., national and international humanitarian aid organizations, and human rights monitors safe, sustained, and unfettered access to refugee populations.
- **PROVIDE** large-scale, culturally appropriate mental-health and psychosocial services in Rohingya language to support the strengthening of coping and resilience in refugee communities.
- **FACILITATE** meaningful consultations with Rohingya to ensure the safe, dignified, and voluntary return of all displaced Rohingya to their places of origin in accordance with international standards.
- **RATIFY** the 1951 Refugee Convention and its 1967 Protocol and develop a domestic legal framework to regulate the status and protection of refugees.

To the U.N. Security Council

- **REFER** Myanmar to the International Criminal Court or, alternatively, establish an *ad hoc* international criminal tribunal to investigate, prosecute, and sentence those responsible for mass atrocity crimes against Rohingya and others in Myanmar, including Kachin, Shan, and Rakhine.
- **IMPOSE** targeted sanctions against those found to be responsible for human rights violations in Rakhine State as well as Myanmar military-owned enterprises and their affiliates.
- **IMPOSE** a global arms embargo on Myanmar and the Myanmar military.
- **ENSURE** the implementation of recommendations of the Independent International Fact-Finding Mission on Myanmar, including all recommendations focused on holding perpetrators of mass atrocities accountable.

To the International Community and United Nations Member States

- **EXERCISE** universal jurisdiction, where available, to investigate and prosecute alleged perpetrators of genocide and crimes against humanity in Myanmar.
- **EXERCISE** collective and bilateral leverage to encourage all U.N. Security Council member states to support a referral of Myanmar to the International Criminal Court or, alternatively, to establish an *ad hoc* international criminal tribunal to investigate, prosecute, and sentence those responsible for genocide, crimes against humanity, and war crimes against Rohingya and others in Myanmar.
- **IMPOSE** an arms embargo on Myanmar and the Myanmar military and targeted sanctions against military-owned enterprises and those found to be responsible for human rights violations in Rakhine State.
- **RECOGNIZE** and publicly acknowledge the atrocity crimes, including genocide and crimes against humanity as well as the mental harm component of those crimes, perpetrated against Rohingya.
- **PROVIDE** financial and technical support to promote training for civilian Myanmar government officials and lawmakers on the right to nationality, the principle of non-discrimination, and other international human rights standards.
- **PROVIDE** financial and technical support to ensure Rohingya have access to basic aid and services, including access to physical and mental health.
- **SUPPORT** research on trauma and mental health in persecuted populations, including the role of pervasive human rights violations in contributing to long-term mental health symptoms.
- **ENGAGE** the Government of Myanmar and Bangladesh with concrete, time-bound benchmarks to develop and implement efficient, rights-respecting administrative procedures to ensure rights for Rohingya in Myanmar and Bangladesh.
- **APPLY** effective pressure on the Government of Myanmar and Bangladesh to facilitate free and unfettered access for humanitarian and human rights groups to all displaced and at-risk populations in Myanmar.
- **SUPPORT** the safe, dignified, and voluntary return of all displaced Rohingya to their places of origin in accordance with international standards.
- **SUPPORT** the mandate and recommendations of the U.N. Special Rapporteur on the Situation of Human Rights in Myanmar and the establishment of a country office in Myanmar for the U.N. Office of the High Commissioner for Human Rights.

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Annex A: Survey Questionnaire

Q1. Informed Consent

Q1.1 Researcher Name

Q1.2 Household Code Number

You are invited to participate in an interview about human rights and mental health conducted by Fortify Rights. You will not be provided with payment for your participating. Fortify Rights works to ensure and defend human rights for all. We investigate human rights violations and abuses. It is possible that you may find some of the questions upsetting. If this is the case, please let us know if you would like to take a break or stop the interview. You can stop the interview at any time or skip a question if it upsets you. Choosing to stop the interview will have no effect on services that you or your family receive from any organization. It is important to us to protect your privacy and the confidentiality of your information. The interview will take place in your home. If others come within hearing distance during the interview we will stop the interview. If we can't find a gentle way to get others to leave, we will discontinue the interview. We will not write down your name at all on the survey, so no one can link your responses with your name.

There are two conditions when I would need to break confidentiality and share information to protect individuals from harm. If you provide information about suspected child abuse or neglect, I am required to make a report to the researcher, if I receive any information about harm being done to another person. Second, If during the questionnaire you disclose or imply a plan for suicide, I will be required to inform a team member with specialized skills who will visit your home today to discuss your situation, and report the situation to a researcher, as well as connect you with a referral resource in the camps.

The principal investigator for this project is Andrew Riley. If you have any questions or concerns about this project, you can contact the project coordinators, we are happy to provide their phone numbers. A small percentage of those who participate in the survey will be also be contacted for a second brief follow-up survey. If you're feeling distressed due to the interview or for any other reasons, you are eligible for a single one hour support session within the week following the survey. Additionally, if you feel very distressed in the next week we can provide you with a one hour support session over the phone. The phone numbers will be valid until one week after the survey is completed August 19th. Additionally, if you are feeling any distress at all we can help to connect you with mental health services in the camps that can support you. We are collecting this information in order to understand and advocate for the needs of Rohingya people in the camps, as well as to show the experiences of the Rohingya people to the international community. We hope that this advocacy can improve the situation of the Rohingya in the future, even if it is only improved slightly. We highly appreciate and value your information, and we are planning to do some presentations in the community to show the community the research results. This survey will likely take about one hour to complete.

Thank you.

After reading the above statement ask the participant the following question.

To ensure that you understand what we just talked about, please tell me one or two sentences about the subjects we just discussed.

Listen for answers relating to confidentiality, stopping the interview whenever they want, and that their responses will not affect services that they receive in the camps. If the participant can answer the question to your satisfaction continue the interview; if not, politely end the interview.

IC1. By agreeing to participate, you are signifying that you understand the information that was just given, and that you give your consent to participate in this research. Do you agree to participate?

- 1) Agree
- 2) Not Agree

Q2. Demographics (8 items)

Q2.1 Age (in years only not the date of birth):

Q2.2 Sex:

- 1) Female
- 2) Male
- 3) Other

Q2.3 Country of Birth

- 1) Myanmar
- 2) Bangladesh
- 3) Other

Q2.4 Time Since Arrival in Bangladesh (Record in years, months, and days):

- 1) Years
- 2) Months
- 3) Days (If less than a month)

Q2.5 Township of Origin in Myanmar:

Q2.6 Village of Origin in Myanmar

Q2.7 Education Level:

Level of education completed

- 1) Less than primary
- 2) Primary, grade 1-4
- 3) Secondary, grade 5-8
- 4) Tertiary, grade 9-10
- 5) University
- 6) Other, religious education, etc. (specify)

Q2.8 Religiosity: How important are your religious beliefs to the way you live your life?

- 1) Not at all important
- 2) A little important
- 3) Quite a bit important
- 4) Extremely important

Q3. Chronic Stressors (25 items)

For this section, when asking the questions, read out all of the possible responses for each question. Ask questions about stressors in Myanmar only if participant has previously lived in Myanmar.

I am going to ask you about problems that you may have experienced. We are interested in finding out what difficulties you are having now in Bangladesh, as well as the difficulties you faced previously in Myanmar. There are no right or wrong answers. We understand that you may have much to say regarding the following items. However, please indicate only YES or NO for the following questions, if you have experienced any of the problems. We would like to remind you that the manner in which you answer the following questions will not directly affect the provision of resources in the refugee camps. Please answer the following questions with your honest opinion.

- 1) Yes
- 2) No

Q3.1 During the past month, have you had a serious problem with food? For example, because you do not have enough food, or good enough food, or because you are not able to cook food.

Q3.2 In Myanmar, did you generally have a serious problem with food? For example, because you do not have enough food, or good enough food, or because you are not able to cook food.

Q3.3 During the past month, have you had a serious problem because you do not have enough water that is safe for drinking or cooking?

Q3.4 In Myanmar, did you generally have a serious problem because you do not have enough water that is safe for drinking or cooking?

Q3.5 During the past month, have you had a serious problem because you do not have a suitable place to live in? For example, because of inadequate shelters or amount of space.

Q3.6 In Myanmar, did you generally have a serious problem because you do not have a suitable place to live in? For example, because of inadequate shelters or amount of space.

Q3.7 In the past month, have you had a serious problem because you do not have easy and safe access to clean toilet and sanitation facilities?

Q3.8 In Myanmar, did you generally have a serious problem because you do not have easy and safe access to clean toilet and sanitation facilities?

Q3.9 During the past month, have you had a serious problem because you do not have enough income, money, or resources to live?

Q3.10 In Myanmar, did you generally have a serious problem because you do not have enough income, money or resources to live?

Q3.11 During the past month, have you had a serious problem with your physical health? For example, because you have a physical illness, injury or disability.

Q3.12 In Myanmar, did you generally have any serious problems with your physical health? For example, because of a physical illness, injury or disability.

Q3.13 During the past month, have you had a serious problem because you or your family are not safe or protected where you live now? For example, because of conflict, violence or crime in your community.

Q3.14 In Myanmar, did you generally have a serious problem because you or your family were not safe or protected where you lived? For example, because of conflict, violence or crime in your community.

Q3.15 During the past month, have you had a serious problem because your family are not in school, or are not getting a good enough education?

Q3.16 In Myanmar, did you generally have a serious problem because your family were not in school, or were not getting a good enough education?

Q3.17 During the past month, have you had a serious problem because you do not have fair access to the aid that is available from agencies working in the area?

Q3.18 In Myanmar, did you generally have a serious problem because you did not have fair access to the aid that was available from agencies working in the area?

Q3.19 During the past month, have you had a serious problem because you are not able to move between places? For example, problems with travel due to checkpoints, extortion, being turned back while trying to travel to a place, etc.

Q3.20 In Myanmar, did you generally have a serious problem because you were not able to move between places due to safety concerns? For example, problems with travel due to checkpoints, extortion, being turned back while trying to travel to a place, etc.

Q3.21 During the past month, have you had a serious problem because of harassment by police or security forces? For example, being threatened, insulted, or extorted, etc.

Q3.22 In Myanmar, did you generally have a serious problem because of harassment by police or security forces? For example, being threatened, insulted, or extorted, etc.

Q3.23 During the past month, have you had a serious problem because of harassment by the local population? For example, being threatened, insulted, or extorted, etc.

Q3.24 In Myanmar, did you generally have a serious problem because of harassment by the local population? For example, being threatened, insulted, or extorted, by Rakhine, Hindu, or Dinnet, etc.

Q3.25 Of these current problems in Bangladesh in the last month, which one is the most serious problem?

- 1) Food
- 2) Water
- 3) Not suitable place to live in
- 4) Sanitation facilities
- 5) Income
- 6) Physical Health
- 7) Not safe
- 8) Education
- 9) Not fair access to aid
- 10) Move between places

- 11) Harassment by police or security forces
- 12) Harassment by the local population

Q4. Human Rights Violations (23 items)

For this section when asking the questions, read out all of the possible responses for each question.

I am going to ask about your opinion regarding the experience of Rohingya people in Arakan State in the last six years. Please think not about only your own experience but about the experience of the Rohingya people in general in Arakan State. Please give answers that you think reflect the situation of the community as a whole. We understand that you may have much to say regarding the following items. However, please indicate only “not at all,” “a little,” “quite a bit,” or “extremely.”

- 1) Not at all
- 2) A little
- 3) Quite a bit
- 4) Extremely

Q4.1 Were Rohingya people in Arakan State blocked/prevented from obtaining citizenship? For example, were Rohingya people blocked from have the same citizenship status as other ethnic groups in Arakan State?

Q4.2 Were Rohingya people in Arakan State blocked from obtaining official identification/documentation, such as National Registration Card (NRC), etc.?

Q4.3 Were Rohingya people in Arakan State pressured to accept unwanted documentation? For example, NVC card, or other unwanted documentation?

Q4.4 Were Rohingya people in Arakan State blocked from using the name Rohingya? For example, at work, school, or in front of officials, etc.?

Q4.5 Were Rohingya people in Arakan State blocked from voting?

Q4.6 Were Rohingya people in Arakan State blocked from carrying out religious practices? For example, going to masjid, madrassa, burial rituals, call to prayer, etc.?

Q4.7 Were Rohingya people in Arakan State blocked from travelling freely? For example, not being able to travel from one township to another without authorization or permission?

Q4.8 Were Rohingya people in Arakan State blocked from pursuing education? For example, blocked from attending government schools, universities, or blocked from pursuing chosen field of study?

Q4.9 Were Rohingya people in Arakan State blocked from working? For example, prevented from accessing fields, fishing boats, etc., or prevented from going to work?

Q4.10 Were Rohingya people in Arakan State blocked from working in government positions?

Q4.11 Were Rohingya people in Arakan State blocked from accessing medical services? For example, being refused care at a medical facility, or being prevented from travelling to a medical facility for care?

Q4.12 Were Rohingya people in Arakan State blocked from accessing legal services? For example, access to legal defense, court systems, etc.?

Q4.13 Were Rohingya people in Arakan State blocked from meeting in groups in public?

Q4.14 Were Rohingya people in Arakan State blocked from marrying? For example, by being denied authorization to marry by authorities or charged large amounts of money for permission to marry by authorities?

Q4.15 Were Rohingya people in Arakan State blocked from having children? For example, because of restrictions on family size, difficulties legally registering new births, etc.?

Q4.16 Were Rohingya people in Arakan State blocked from building or repairing houses?

Q4.17 Were Rohingya people in Arakan State blocked from expressing their thoughts/feelings publicly? For example, publicly expressing desire for changes in Arakan State, freely speaking to the press about the situation in Arakan, etc.?

Q4.18 Were Rohingya people in Arakan State given the same rights as other ethnic groups? For example, did Rohingya people have the same rights and privileges as Rakhine people, Burmese people, and other ethnic groups.

Q4.19 Were Rohingya people in Arakan State protected by the security forces? For example, protected against violence from Rakhine people?

Q4.20 In your opinion, what is the main reason the Rohingya people are experiencing these restrictions?

Q4.21 Who is responsible for creating these restrictions (Choose all the options that apply, you can choose multiple responses)

- 1) Myanmar government
- 2) Rakhine people
- 3) Security forces
- 4) Other (Specify)

Q4.22 In your opinion, do you think that the Myanmar army/government are trying to destroy the Rohingya people?

Q4.23 Here in Bangladesh, do you feel pressure to return to Myanmar against your will?

Q5. Trauma Events (38 items)

For this section when asking the questions, read out all of the possible responses for each question. Select the appropriate response. If participant answers yes to any item follow up by asking them if the event happened in Myanmar, Bangladesh, or both. If event happened in both Myanmar and Bangladesh, circle 'BGD' and 'MM'.

We would like to ask you questions about difficult events from your history. However, you might find some of the questions upsetting. If so, please feel free to skip any question. If you decide not to continue with this survey, it will not have any negative effects on how you or your household is treated within this camp. The answer to the questions will be kept confidential. In this section we

are asking about your personal experience, and things that you witnessed. Please indicate whether you have experienced any of the following events. Please respond YES or NO, I will also ask you where these events occurred (Bangladesh and/or Myanmar).

Questions below have this answer:

- 1) Myanmar: Yes or No
- 2) Bangladesh: Yes or No

Q5.1 Confiscation/looting of personal property

Q5.2 Home destroyed

Q5.3 Extortion (i.e. paying money due to force or threats)

Q5.4 Exposure (i.e. hearing and/or seeing frequent gunfire)

Q5.5 Beaten by someone who is not a family member

Q5.6 Rape by security forces (i.e. forced to have unwanted sexual relations with security forces)

Q5.7 Rape by others (i.e. forced to have unwanted sexual relations with a stranger, acquaintance, or family member)

Q5.8 Forced Abortion

Q5.9 Other types of sexual abuse, sexual humiliation, or sexual exploitation (e.g. coerced sexual acts, inappropriate touching, forced to remove clothing, etc.)

Q5.9a Was the sexual abuse, sexual humiliation, or sexual exploitation perpetrated by security forces?

Q5.10 Beaten by husband or family member

Q5.10a Beaten by wife or family member

Q5.11 Physical injury from being intentionally stabbed or cut with object (e.g. knife, axe, sword, machete, etc.)

Q5.12 Physical Injury from being shot (bullet wound)

Q5.13 Other serious physical injury from violence (e.g., shrapnel, burn, landmine injury, etc.)

Q5.14 Unjust Imprisonment (e.g., without reason or evidence)

Q5.15 Torture (i.e. while in captivity you received deliberate and systematic infliction of physical or mental suffering)

Q5.16 Forced labor (i.e., forced to do work that you could not decline,? For example, patrolling, working for security forces, etc.)

Q5.17 Improper burial of family or friends (i.e. in mass graves)

Q5.18 Threats against you or your family

Q5.19 Threats against your ethnic group

Q5.20 Present while security forces forcibly searched for people or things in your home (or the place where you were living)

Q5.21 Murder of immediate family member (i.e., father, mother, sister, brother, husband/wife, or children)

Q5.21a Was it security forces that murdered your family member?

Q5.22 Murder of extended family member or friend

Q5.22a Was it security forces that murdered your extended family member or friend?

Q5.23 Disappearance of family member

Q5.24 Witnessed physical violence against others

Q5.25 Witnessed sexual violence/abuse of others

Q5.26 Witnessed dead bodies

Q5.27 Witnessed destruction/burning of villages

Q5.28 Forced to flee under dangerous conditions

Q5.29 Forced to hide because of dangerous conditions

Q5.30 Turned back while trying to flee

Q5.31 Death of family or friend while fleeing or hiding, (e.g., not from violent injury like shooting or stabbing, but because of illness, lack of food, drowning etc.)

Q5.32 Forced to do things against religious belief (e.g. eat pork, remove cap/nijab/veil, burn/cut beard, etc.)

Q5.33 Repeatedly exposed to violent images against Rohingya on websites (i.e. Facebook, RVision, TV, Whatsapp, etc.)

Q5.34 Any other situation that was very frightening or in which you felt your life was in danger?

Q.133 Specify

Q6. Trauma Symptoms (16 items)

For this section, when asking the questions, read out all of the possible responses for each question. Select the appropriate response.

The following are symptoms that some people have, after experiencing hurtful or terrifying events in their lives. Please listen to each one carefully and decide how much the symptoms bothered you in the past week, including today.

- 1) Not at all
- 2) A little
- 3) Quite a bit
- 4) Extremely

- Q6.1 Recurrent thoughts or memories of the most hurtful or terrifying events
- Q6.2 Feeling as though the event is happening again
- Q6.3 Recurrent nightmares
- Q6.4 Feeling detached or withdrawn from people
- Q6.5 Unable to feel emotions
- Q6.6 Feeling jumpy, easily startled
- Q6.7 Difficulty concentrating
- Q6.8 Trouble sleeping
- Q6.9 Feeling on guard
- Q6.10 Feeling irritable or having outbursts of anger
- Q6.11 Avoiding activities that remind you of the traumatic or hurtful event
- Q6.12 Inability to remember parts of the most hurtful or traumatic events
- Q6.13 Less interest in daily activities
- Q6.14 Feeling as if you don't have a future
- Q6.15 Avoiding thoughts or feelings associated with the traumatic or hurtful events
- Q6.16 Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events. For example, sudden anxiety/stress or suddenly feeling heart racing, rapid breathing, etc.

Q7. Depression and Anxiety (29 items)

For this section, when asking the questions, read out all of the possible responses for each question. Select the appropriate response.

Below is a list of symptoms that people sometimes have. Please listen to each one carefully. After each symptom is read out loud, please describe how much that problem has been bothering you during the last week (7 days), including today.

- 1) Not at all
- 2) A little
- 3) Quite a bit
- 4) Extremely

- Q7.1 Suddenly scared for no reason
- Q7.2 Feeling fearful
- Q7.3 Faintness, dizziness or weakness
- Q7.4 Nervousness or shakiness inside
- Q7.5 Heart pounding or racing
- Q7.6 Trembling

- Q7.7** Feeling tense or Keyed up
- Q7.8** Headaches
- Q7.9** Bodily pain from distress/tension
- Q7.10** Spell of terror or panic
- Q7.11** Feeling restless or can't sit still
- Q7.12** Feeling low in energy, slowed down
- Q7.13** Blaming yourself for things
- Q7.14** Crying easily
- Q7.15** Loss interest in things you previously enjoyed doing
- Q7.16** Poor appetite
- Q7.17** Difficulty falling asleep, staying asleep
- Q7.18** Feeling hopeless about future
- Q7.19** Feeling blue (sad)
- Q7.20** Feeling lonely
- Q7.21** Thoughts of ending your life
- Q7.22** Feelings of being trapped or caught
- Q7.23** Worry too much about things
- Q7.24** Feeling no interest in things
- Q7.25** Feeling everything is an effort
- Q7.26** Feeling of worthlessness
- Q7.27** Feeling humiliated/subhuman
- Q7.28** Feeling Disrespected
- Q7.29** Feeling helpless

Q8. Functioning (5 items)

For this section when asking the questions, read out all of the possible responses for each question. Select the appropriate response.

These items ask about activities you might do every day. Please think of your difficulty on average to perform these activities in the last two weeks.

- 1) Not at all
- 2) A little
- 3) Quite a bit
- 4) Extremely

Q8.1 How difficult is it for you to care for your hygiene? For example, by bathing, washing hands, brushing teeth, washing clothes, etc.

Q8.2 How difficult is it for you to engage in social activities? For example, activities like meeting with friends or family to spend time together.

Q8.3 How difficult is it for you to engage in religious activities? (For women) For example, activities like praying Numaz, reciting the Quran, etc. (For men) For example, activities like praying Numaz, going to masjid, reciting the Quran, etc.

Q8.4 How difficult is it for you to perform daily tasks? (For women) For example, tasks like cooking, caring for children, carrying water, etc. (For men) For example, tasks like working to earn money, collecting items from the market, collecting firewood, etc.

Q8.5 What do you attribute these difficulties to? Please choose all that apply.

- 1) Physical health
- 2) Mental health
- 3) Current living situation
- 4) Other (Please explain)

Q9. Opinions (5 items)

We're almost finished, I would just like to ask you your opinion about a few things.

- 1) Not at all
- 2) A little
- 3) Quite a bit
- 4) Extremely

Q9.1 Do you want to return to Myanmar in the future?

Q9.2 What do you need the Myanmar government to do in order to feel safe to return?

- 1) Citizenship
- 2) Compensation for Loss
- 3) Protection (e.g, UN Security Force)
- 4) Freedom (travel, attend school etc.)
- 5) Other

Q9.3 Do you hate Rakhine people?

Q9.4 Do you forgive Rakhine people?

Q9.5 Do you want to live together with Rakhine people?

Annex B: Survey Participant Feedback Questions

1. Generally, how was your experience with the survey?
2. Did you feel respected?
3. Were you asked for any money, bribes, favors, etc.?
4. Did you feel sure that your information would be kept confidential?
5. Was it too fast or too slow?
6. Did you have problems understanding any of the items?
7. Did you have problems understanding the language of the interviewer?
8. Any complaints?

Rohingya refugees in Bangladesh continue to experience severe mental health impacts of genocide and mass atrocity crimes perpetrated in Myanmar, adversely impacting their daily lives and functioning long after physical wounds have healed.

This report is based on a participatory action research study conducted by a team of Rohingya researchers trained by Fortify Rights. It provides quantitative data revealing high levels of trauma, depression, and distress, including staggering rates of Post-Traumatic Stress Disorder, experienced by Rohingya refugees in Bangladesh.

The findings in this report provide new evidence of international crimes perpetrated by Myanmar authorities and demonstrate that the mental harm experienced by Rohingya is not only due to genocidal violence in 2017 but also pervasive human rights violations perpetrated against Rohingya in Myanmar for many years.

Based on the findings in this report, the international community should address the root causes of the Rohingya mental health crisis and ensure perpetrators of mass atrocity crimes are held accountable while also working to ensure Myanmar restores Rohingya rights. The Government of Bangladesh should urgently ensure access to rights for refugees, including adequate living standards, and increase the availability of culturally appropriate mental health and psychosocial support services.