THE PHYSICAL AND MENTAL EFFECTS EXPERIENCED BY ROHINGNYA VICTIMS OF VIOLENCE

Hairunnisa Zakaria
hairunnisazakaria@gmail.com

Noraini Zulkafli @ Zulkifli (PhD)

Faculty of Defence Studies and Management, National Defence University of Malaysia

ABSTRACT

Rohingya women have been raped and sexually assaulted repeatedly by the Burmese military, police and Buddhism. The reproductive organs, body and post-traumatic stress disorder (PTSD) suffered severe injuries. They are also burdened with pregnancy because they are raped. This situation immediately requires access to sexual and reproductive health and psychological services. The study examined Rohingnya women and girls victims of violence experienced the physical and mental consequences based on primary and secondary data from 2012 to 2018. The primary data were collected from structured interviews involving informants consist of Rohingnya refugee and specialized in Rohingnya crisis. Secondary data from scientific material, theses, journal papers and online data were collected. This study has three objectives, namely 1) to identifying Rohingnya women's physical and mental impacts; 2) to classifying sexual gender-based violence (SBGV) at mega camps and 3) to examine physical and mental treatment provided to Rohingnya women. The findings revealed Rohingnya women and girls experienced three different situations of SBGV, 1) during conflict; 2) during flight and 3) in the country of asylum affected their physical and mental effects.

Keywords: *Mental Effects, Physical Effects, Rohingnya, Sexual Gender-Based Violence, Women*

1. Introduction

The Muslim ethnic minority of Rohingnya is symbolic of the victims of violence and atrocities worldwide. The denial by state and non-state actor in Myanmar of Rohingnya Muslim rights is one of the most serious tragedies for humanity of this millennium. Rohingnya women also subjected to inhuman attacks like killings, torture, rape, gang rape and sexual abuse by the Tatmadaw cause they are experiencing severe trauma and terrible effects from the massacre (Othman, Haque & Mat, 2019).

The physical and mental effects after dozens of Rohingya women have been reported been aggressively raped and sexually assaulted by the Myanmar army, police, Buddhist monks and Rakhine villages. They suffered multiple injuries either physical or mental health such as

reproductive organs, body and post-traumatic stress disorder (PTSD). They are exposed to violent traumatic incidents, disruption, anxiety, extreme stress, recurring nightmares, and are unable to look after themselves or their families in more serious circumstances. The suffering of the Rohingnya women is unbearable when many of them are pregnant as a result of being raped during a massacre in their hometown. In addition, they also suffering from psychosocial conditions and physical illnesses that spread easily in overcrowded and unhygienic camps included water, sanitation and hygiene (WASH).

2. Method

This research used qualitative methods. Qualitative approaches have been applied because complex social conditions such as international relations, policy-making, human behaviour and organization efficiency are better described (Neuman, 2011). The research focuses towards the Rohingnya crisis from 2012 until 2019. Based on the three waves of extreme violence against the Rohingya people in Rakhine State in 2012, 2016 and 2017. Each wave of violence was accompanied by systematic and widespread violence against Rohingya women and girls.

2.1 Data collection

Data is collected using primary and secondary data. Primary data have been obtained through face-to-face interviews and via electronic mail with 32 respondents directly involved in the research topic violence and atrocities against Rohingnya women: the implementation responsibility to protect. There are two types of respondents: primary respondents (Rohingnya refugee, mainly female) and secondary respondents (professional or lecturers who study in-depth a field, NGO, and journalist directly involved in this crisis). Primary respondents are also known as elite respondents (Patton, 2002). The criteria for selection of the respondents are based on their ability, requirements, and expertise in this research. Secondary data information was significantly based on the research needs of the library research for data and information. In addition to magazines and journals, online resources including official news media and websites of organisations are also used. The latest reference in these materials is to enable researchers to deal with the latest issues related to the subject being studied. Therefore, researchers will not skip updating and adding to existing data (Saunders, Lewis, & Thornhill, 2009).

3. Physical Effects

Report by Lewis & Wilkes (2017) the physical injuries found in each case were consistent with what had happened in the patient's history. The doctors said they do not try to establish what happened to their patients definitively. But they see a trend that was unmistakable in the stories and physical symptoms of dozens of women, always said the perpetrators were Myanmar soldiers. Examination often reveals injuries that suggest that the genitals were being penetrated, beaten and even cut intentionally. The symptoms included arms and backbite marks, tearing and vaginal fluid laceration, it showed a very forceful attack, an inhuman attack against Rohingnya women and girls. In some case, before and during rape, victims were seriously injured, often bite deep. They suffered serious damage to reproductive organs including from rape with knives and stick. Several victims have been died from injured (Ochab, 2018).

In addition, Haar et al. (2019, p.7) identified from the 114 respondents, 78.9 per cent reported physical injuries caused directly by violent attacks by Myanmar security forces. Common patterns physical damage described such as injuries from projectiles, such as gunshot wounds; blunt force trauma, such as beatings; penetrating trauma from knives, machetes, and other sharp

objects; injuries secondary to explosions, such as blast trauma and hearing loss; burn injuries from fire and injuries from sexual violence. The physical examination of the injuries and the explanation of their sustainment and the arms employed were in all cases of a high level of coherence. Physical findings consistent with gunshot wounds. Such casualties were primarily from rifles, handguns, and other projectile weapons.

In different situations, Wheeler, (2017, p. 29-30) recognised visceral memories of intense physical pain while feeling. The flight was so painful, Human Rights Watch respondents said that they couldn't understand how they are long-suffering from going up and down the hills after being gang-raped, most of which had physical pain. They also suffered bad injury on genitals such as bleeding, urine mixed with blood. This situation caused them walked more slowly. Sufferers of sexual and physical violence in the Rakhine state, women have been extremely affected by this crisis and dangers are far from over in the host country as they continue to face multifaceted challenges.

Rohingnya women are particularly susceptible to HIV and other sexually transmitted infections (STIs) due to the various overlapping discriminatory forms (Avert, 2019).[1] According to The Daily Star (2017) in Cox's Bazar, a total of 83 Rohingya patients infected with HIV were traced consisting of 41 women, and six children with HIV infection were also found. However, the health officer estimates that the HIV that causes AIDS is infected by thousands of refugees in camps, but they still have to be diagnosed. However, World Health Organization (WHO) (2018, p.10) reported The Bangladeshi National Strategic Plan are an estimated-only two are HIV-positive among 20 000 Rohingnya refugee pregnant women. As well as, Amin (2018) notify before the massacre against a Muslim ethnic minority group, there was no record of HIV infection among Rohingya women.

4. Mental Health Effects

The research has shown that victims of sexual violence are more vulnerable to depression, anxiety, drug abuse and PTSD. Victims also have higher rates of other diseases such as cancer, cardiovascular diseases and diabetes than the rest of the population. Some studies indicate that rape leads to PTSD rather than other trauma.[2] Victims lost their homes and families, displaced persons, wounded and sick, and they may see murder, death or rape to loved ones. The effects on both inner and outer worlds of those trauma are unmeasurable, durable and fragmentary.

PTSD and other psychosocial disabilities are often related to rape (Wheeler, 2017, p.32). PTSD occurs when Rohingnya women have been exposed to violent sexual attacks and traumatic attacks in their villages during clearance operations and genocide. Symptoms of life, as well as diseases like PTSD and severe depression, have been present to the victims for over a month. HRW interviewees stated that they suffered from sleep deprivation, loss of taste, depressed thoughts and

[1] Sexually transmitted infections (STIs) are infections that can be caught or passed on when having unprotected sex, or close sexual contact, with another person who already has an STI.

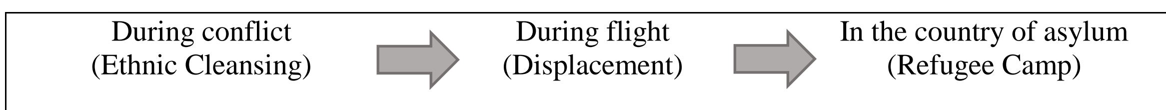
[2] Skye Wheeler. (2017). "My heart is always scared": The Simmering Mental Health Crisis for Rape Victims in War. Retrieved March 17, 2019, from https://www.hrw.org/news/2017/04/04/my-heart-always-scared-simmering-mental-health-crisis-rape-victims-war

feelings and that hips still suffer pain. Some case, Shahnawaz (2017) clarify women with PTSD cannot properly look after their children, which can cause malnutrition and even handicap. Although they are safe but still deeply mournful, the psychological scars remain during interviews with the researcher between Rohingnya refugee women of Malaysia. They all cried when their experiences were told and when they remembered the horror of their village.

They have a difficult and miserable condition. Rohingnya refugees suffer from flashes of violence, injury, turmoil, acute stress, frequent nightmares and in more severe cases they are unable to take care of themselves or their families and are unable to eat or even speak (Ekin, 2017). Haar et al. (2019, p.11) also described PTSD symptoms persistent, including insomnia, obsessive thought, strained relationships, depression and anxiety. Flashbacks, general anxiety, panic attacks, recurring nightmares and insomnia as well as diseases such as PTSD and major depression are common to Rohingnya refugees. Also in both the host and refugee communities, MSF is seeing chronic mental health problems and psychiatric needs. Nonetheless, limited percentages currently have access to admission to specialist mental health services.[3]

4.1 Sexual Gender-Based Violence (SBGV)

SGBV of Rohingnya women



Source: Illustrated by Researcher

Table 4.1 shows the three-phase of SBGV that Rohingnya women go through. Started during "ethnic cleansing" operation, displacement and in the country of asylum (this research refer to mega camps at Bangladesh). Myanmar's military is actively used sexual violence as its tools in an ethnic cleansing campaign against the Rohingya minority (Field, 2018). It is a frightening reminder that SGBV is one of the most terrible weapons of war, the most commonly used tools of terror against women. They are victims of many incidents of sexual assault, rape, gang-rape, killed and mutilation (Stewart, 2017). Hence, Office of the United Nations High Commissioner for Human Rights (OHCHR) (2019, p.3) classified Rohingnya women and girls are being exposed to double victims: victims as women and girls, and ethnic minority groups.

They continue to be exposed to risks and dangers throughout their flight. For instance, Razia (2017, p.31) told women and girls, were raped from Buthidaung when security forces pitched them trying to flee via Mount Mayu to the Bangladesh border. In the mountains or the jungle, Myanmar military raped them or carried the women to their camps. The Myanmar military has prevented their journey and committed cruelty even when the numbers of villagers who have fled the country grew to break. At the same times, pregnant women had also suffered awful ordeals when they fled.[4] As they came to Bangladesh, some of them died and dehydrated, including many pregnant women who swam across the Naf River (Wadia, 2018). Pregnant women also struggle to escape Myanmar's military attacks with family day and night without water and food. The

[3] Médecins Sans Frontières (MSF). (2018). Rohingya trauma and resilience. Retrieved March 23, 2019, from https://www.msf.org/rohingya-trauma-and-resilience

[4] BBC News. (2017, September 22). *Rohingya refugees: Baby born while fleeing Myanma.* Retrieved June 02, 2019 from https://www.youtube.com/watch?v=SJ3gkqLRzgE

survivor told her that she had constant stomach pain and felt sick. In the middle of her journey, she started to suffer from unbearable stomach pain, and she was sitting and hitting in an attempt to reduce it. Finally, she bore a baby on her journey but hasn't been able to breastfeed her baby. She said many Rohingnya refugees are in the same situation (Shafi, 2017).

The country of asylum, refugees may be sexually abused by local population members, by authorities, between them the border guards, police or military personnel, by foreign migrant staff, or by other refugees. Refugees may be exposed to sexual assaults by people in authority or a position otherwise to take advantage of there, particularly vulnerable position, whether they live in camps or urgent situations. Domestic violence often grows in direct proportion to refugee life's pressures. In particular, when women go to isolated areas, sexual attacks can occur during their daily duties. However, forced prostitution or abuse by camp administrators, in collaboration with local prostitution rings, of the prostitution of women and girls also can occur.[5] Sexual violations across the camps, from Syria to Jordan and Nigeria, have been recorded.[6] (Audrey Sheehy, 2016)

Moreover, at mega camps in Bangladesh, refugee women are highly vulnerable, including rape, to sexual attack and abuse. Rape takes place in violent areas and refugee camps.[7] Walsh (2018, p.4) reported SGBV is still happened in refugee camps with hundreds of weekly reported incidents even the Rohingya women in Bangladesh are currently safe against violence in Myanmar. Lulia et. al, (2018, p.10-11) also reveal different reports found that crowded settlements with hundreds of weekly SGBV cases of sexual harassment have been identified. The lack of lighting affects the safety of refugees at night and is particularly concerned about the risks associated with SGBV. Overcrowding is likely to compound many security risks such as physical and sexual abuse, especially in Water, Sanitation and Hygiene (WASH) facilities.

5. Host Country (Bangladesh)

According to the United Nations High Commissioner for Refugees (UNHCR) (2019) over 742,000 refugees have fled to Bangladesh since August 25, 2017. In the first three months of the crisis, the majority arrived. In the first half of 2018, almost 12,000 entered Bangladesh. Women and children are the vast majority in Bangladesh consist of 52% are women and over 40% of those under 12 years old. Many others are seniors who need further support and protection. Raising concerns about inadequate refuge, water and sanitation, access to the basic services and overall security issues such as women's and girls' health. The Government of Bangladesh reacted generously to these crisis but their resources already limited. With more than 600.000 people living in 13 square kilometres, infrastructure and services extending up to their limits.

[5] UNHCR. (1995). *Sexual Violence Against Refugees*. Geneva. Retrieved December 13, 2019 from https://www.refworld.org/pdfid/3ae6b33e0.pdf

[6] Audrey Sheehy. (2016). Sexual Assault in the Refugee Camp. Retrieved December 13, 2019, from https://harvardpolitics.com/hprgument-posts/sexual-assault-in-refugee-camps/

[7] U.S Department of Veterans Affairs. (2018). Rape of Civilian Women in a War Zone. Retrieved June 2, 2019, from https://www.ptsd.va.gov/professional/treat/specific/warzone_rape.asp

5.1 Pregnancy

United Nations (2018) revealed the population of the Rohingya refugee camps estimated has increased dramatically, after the birth of the baby, result of rapes committed in August and September 2017 by members of the Myanmar Army and allied activists.[8] OCHA (2018, p.22) has been estimated that 17,100 pregnant women were identified.[9] In spite of, Sokol (2018) reported survivors share she was raped by the soldier at home and discovered that she was pregnant two months after her arrival in Bangladesh. She doesn't know whether the father is her husband or the rapist. Another women seven months pregnant are also not sure who is her child's father, husband or the man who raped her during attack at their village.[10]

Nevertheless, Baker (2016) reported unwelcome infants the persistent recollection of their mother's worst day. Rape is a weapon far greater than a bomb or a bullet. With a bullet, at least, victims will die. But if you are raped, you seem to have been cursed in the community. No one is going to talk to you after rape; nobody is going to see you. It's a dead life. Gelineau (2018) also reported the infants are reminders of the horrors of mothers survived on displacement, violence, trauma and rape at times. Mother saw her rapists in her child's eyes. Looking at her baby, she was repeatedly revived during attack. She was angry with the baby's cries. Unlike the mother's habits, some of them do not take care and not love their babies any more. The pregnancy and rape itself had destroyed Rohingnya women and girl life. For women who pregnant event because of the wave of attacks in Rakhine State, telling the truth is that they risk losing everything.

The pregnancy stigma due to rape makes it very difficult for women to reveal their pregnancy. And indeed there are many local Rohingya reports that many women, especially young teenagers, hide their pregnancy and will never seek medical care.[11] In addition, Beech (2018) reported they also often refuse to admit that they have been raped because of fearing stigma, depressed or shamed. Rape is a disgrace for households in the traditional Rohingya Muslim society. Particularly for those unmarried and now regarded as tarnished items. Women who still have a husband are also difficult to inform them of having been raped and pregnant. Any resulting pregnancies in families are considered to be even more disgraceful. This leads to the double suffering of many survivors. First, the trauma of sexual violence. Second, the ostracism in a conservative society.

6. Health Access and Programmed

The health crisis is a significant issue to note. In Rakhine State, they are denied by military junta, clean water supply, adequate food, sanitary space and medicines. According to MSF, the ratio of doctors to patients is 80, 000 in refugee camps. A cure that can be treated by the refugees as the

[8] UNFPA recorded their team has helped deliver 1,827 babies and provided antenatal care for more than 51,000 Rohingya women. Retrieved June 02, 2019 from https://twitter.com/FriendsofUNFPA/status/983374322940203008

[9] Mohd Anwar Patho Rohman. (2017). Kelahiran 70,000 bayi cetus isu di kem Rohingya. Retrieved June 02, 2019 from https://www.bharian.com.my/berita/nasional/2017/10/337685/kelahiran-70000-bayi-cetus-isu-di-kem-rohingya

[10] Al Jazeera. (2018, May 30). *Raped Rohingya women due to give birth in refugee camps* Retrieved June 02, 2019 from https://www.youtube.com/watch?v=DKACXOPkS_A&pbjreload=10

[11] United Nations. (2018). UN mobilizes in Rohingya camps to support babies born of rape; young mothers face stigma. Retrieved June 3, 2019, from https://news.un.org/en/story/2018/06/1012372

death penalty for the very emergency health services without the medicines needed.[12]. Subsequently, Rahman (2018, p.3) stated after suffering a devastating attack by Myanmar troops in their hometown, Rohingnya women and girl's survivors required sexual and reproductive health (health services for mothers, children and new-borns, particularly for obstetrics) and mental and psychosocial health (traumatized by physical and mental abuse, including SGBV).

Most refugees witnessed or endured direct violent acts or multiple missing immediate family members before they fled safety in Bangladesh. Physical injury may have cured, but there are still alive remembrances of violence and losses by death and separation. Psychosocial counselling for victims became necessary at the start of the influx of 2017 to help them cope with the trauma of extreme violence. In addition to the traumatic memoirs and joblessness, potential anxieties, poor living conditions and little or no access to basic facilities like formal education, Rohingya are vulnerable to long term mental illness. Many others have depression, post-traumatic stress disorder, schizophrenia and psychosis that their community does not notice.[13]

To solve this problem, besides the modern treatments provided in refugee camps Dene (2019) reported in Bangladesh, Rohingnya refugees are also looking for alternative therapies and traditional methods of coping with trauma and mental health problems, like a religious healer. Lack of knowledge of modern concepts such as counselling or psychotherapy in mental health and rehabilitation methods takes them to common solutions. According to Roziah (2018) their community which has been exempted from healthcare in Myanmar for many decades, frequently uses traditional remedies because of cultural affinities or values and lack of confidence in the health providers.[14]

In order that, Gluck (2018) reported in July 2018, UNHCR opened talks of how they can assist other refugees with mental health problems with religious and spiritual healer staff. One way is to train certain Rohingnya women as a community health worker by UNHCR and to help other women with a workshop on mental health. However, Hamdi (2018) asserted religious knowledge and programs are very important for Rohingya women to understanding of how they deal with trauma and stress. When they are educated to study the Quran and religious, moral and spiritual healers will improve. They can control feelings when deepening religious knowledge. Realize this importance, Malaysian NGOs, Al Taqwa take initiative to build up madrasah specifically for Rohingnya women in the refugee camp supervised by three female teachers (*ustazah*). This teachers is paid a salary of RM350 per month. As of April 2018, there are sixty students of various ages.

Meanwhile, to assist pregnant women, Saif (2017) reported United Nations Fund for Populations (UNFPA) trained midwives to offer lifeline to them. UNFPA supplied 68 midwives, including the Kutupalong health centre, at Cox's Bazar. Some of the Rohingya women who come for delivery have no food for days, no clothing and no money to meet any other requirements.[15]

---

[12] Shahrizal Azwan Samsudin (2018). Rohingnya dilarang sakit!. In Muhammad Faisal Abdul Aziz (Eds.), *Rohingnya Bantu atau Bantai?* (1st ed.) Kuala Lumpur, Malaysia: ABIM

[13] Médecins Sans Frontières (MSF). (2019). Rohingya refugee crisis: Unseen wounds need to heal. Retrieved December 19, 2019, from https://www.msf.org/rohingya-refugees-bangladesh-need-more-mental-healthcare

[14] Roziah Rohamat Ullah. (2018). Rohingnya refugee, Rohingnya Society Malaysia (RSM). Interviewed on July 22, 2018, at UNHR Shelter, Ampang, Kuala Lumpur.

[15] UNFPA. (2018, July 02). *Midwives on the Rohingya crisis*. Retrieved December 19, 2019 from https://www.youtube.com/watch?v=2feM-GR6C_w

Afterwards, clean delivery kits that provide the supplies needed for women to safely handle deliveries and provide after-born childcare are also provided by UNFPA. Around 10,000 clean delivery kits are distributed since August 2017. Moreover, Fazlur (2018) informed BRAC University in Bangladesh produce approximately 148 midwives who graduated from the Developing Midwives Program to work in Cox's Bazar Camps to address critical situations, treat pregnant women and newborn babies. In April 2018, about 3,200 babies were born by the midwives from that private university. Midwives also work with pregnant women Rohingya who have been tortured and mentally traumatized to provide Rohingya women with fundamental rights and healthcare. In return for the sacrifice, Ahmed (2018) mention midwives were also the unsung heroes, who worked quietly with Rohingya refugees because in times of crisis it was very important to provide maternal and neonatal medical care. Moreover, the urgent medical necessity of the Rohingya refugees is to pregnant women due to lack of cleanliness, clean water supply and good sanitation at refugee camp (Bernama,2017).

7. Conclusion

Rape is the worst kind of torture for women, especially when Myanmar's security forces and Buddhist mock systematically rounded up and sexually abused Rohingya women and girls during the massacre. As a result, Rohingnya women who are rape survivors left a bad mark of physical and mental effects considerable trauma as a result of a widespread campaign of murder, rape, and arson tantamount to crimes against humanity. Critical physical injured during and after rape. They suffered injuries to reproductive organs, wounds on limbs and burnt skin. Intense physical pain while feeling after being rape, they also suffered a bad injury on genitals such as bleeding, urine mixed with blood. Meanwhile, the traumatic experiences that compelled them to leave Rakhine State, Myanmar, on unsafe and high-risk travels, everyday pressures in camp life and uncertainty about the future all have negative repercussions on Rohingya refugees, such as serious depression. Trauma is mostly persistent and they still struggle throughout their pregnancy cause of rape. The baby was born and reminded, each time survivors remembers what happened, of the tragedy and the guilt. Besides that, facing social stigmatisation which perception their community would regard them as tarnished, and cut off ties with them. In the case of unmarried girls, no one would look at them or consider for marriage. The scale of violence experienced by Rohingya women both before and during their flight from Myanmar required a mass deployment of gender-based violence, sexual and reproductive health capacity and services. Henceforth, host country, non-governments organizations, and aid agencies give support and services to Rohingnya women refugees in Cox's Bazar, Bangladesh to solve their physical and mental health basic requirement to recover and their future.

8. Acknowledgements

First of all, I want to express my sincere gratitude to my supervisor, Dr. Noraini Zulkafli @ Zulkifli for the continuing support and patience, inspiration and tremendous expertise in my study and research. Her encouragement helped me throughout the study's research and writing. I also want to thank the experts who took part in this study, Prof. Zarina Othman, Chairman at the Center for Policy and Global Governance, Faculty of Humanities and Social Science, Universiti Kebangsaan Malaysia (UKM), Prof. Azmi Hassan, Director of Program Geostrategist, Universiti

Teknologi Malaysia (UTM), General Tan Sri Raja Mohamed Affandi Raja Mohamed Noor, 19th Chief of Malaysian Armed Forces, NGOs and journalist. My sincere thanks also go to Rohingnya Society Malaysia (RSM) who has arranged interviews with Rohingnya refugees in Malaysia. Finally, I must express my deepest thanks for providing unfailing support and continuous encouragement to my study to my beloved parents, family, and friends.

References

Ahmed, K. (2018, October 18). Midwives: The unsung heroes working in silence for Rohingya refugees. *Dhaka Tribute*. Retrieved from https://www.dhakatribune.com/magazine/2018/10/18/midwives-the-unsung-heroes-working-in-silence-for-rohingya-refugees

Alexandra Field. (2018). Rohingya women subjected to sexual violence. Retrieved March 19, 2019, from https://edition.cnn.com/videos/world/2018/08/25/rohingya-rape-survivors-field-pkg-cnn-today-vpx.cnn

Aryn Baker. (2016). The Secret War Crime. Retrieved June 3, 2019, from https://time.com/war-and-rape/

Audrey Sheehy. (2016). Sexual Assault in the Refugee Camp. Retrieved December 13, 2019, from https://harvardpolitics.com/hprgument-posts/sexual-assault-in-refugee-camps/

Avert. (2019). HIV and AIDS in Myanmar. Retrieved March 31, 2019, from https://www.avert.org/professionals/hiv-around-world/asia-pacific/myanmar

Bernama. (2017, October 4). MERCY hantar kakitangan perubatan bantu pelarian Rohingya di Bangladesh. *Sarawak Voice*. Retrieved from https://sarawakvoice.com/2017/10/04/mercy-hantar-kakitangan-perubatan-bantu-pelarian-rohingya-di-bangladesh/

Brian Sokol. (2018). Nine months ago they were raped, now they're waiting to give birth. Retrieved June 2, 2019, from https://edition.cnn.com/interactive/2018/07/asia/rohingya-rape-survivors-asequals/

Caroline Gluck. (2018). Rohingya refugee volunteers trained to help others in distress. Retrieved December 19, 2019, from https://www.unhcr.org/en-my/news/latest/2018/5/5b066a544/rohingya-refugee-volunteers-trained-help-others-distress.html

Christa Stewart. (2017). With Rape and Violence Rife, Where Is Justice for Rohingya Women? Retrieved March 20, 2019, from https://www.fairobserver.com/region/asia_pacific/rohingya-genocide-rape-crimes-against-humanity-myanmar-asia-pacific-news-15200/

Dene-Hern Chen. (2019). In Rohingya camps, traditional healers fill a gap in helping refugees overcome trauma. Retrieved March 31, 2019, from https://www.thenewhumanitarian.org/authors/dene-hern-chen

Ekin, A. (2017, October 10). The mental health toll of the Rohingya crisis As mental health workers deal with the immediate manifestations of trauma, they fear the longer-term implications. *AlJazeera*. Retrieved from https://www.aljazeera.com/indepth/features/2017/10/mental-health-toll-rohingya-crisis-171010111603004.html

Francisca Vigaud-Walsh. (2018). *Still at risk: Restrictions endanger Rohingnya women and girls in Bangladesh*. *Refugees International*. Retrieved from https://www.refugeesinternational.org/reports/2018/7/24/still-at-risk-restrictions-endanger-rohingya-women-and-girls-in-bangladesh

Hannah Beech. (2018, July 7). When a Baby Is an Everyday Reminder of Rohingya Horror. *The New York Times*. Retrieved from https://www.nytimes.com/2018/07/07/world/asia/myanmar-rohingya-rape-refugees-childbirth.html

Kristen Gelineau. (2018, July 5). Out of the shadows: Rohingya rape survivors' babies arrive. *AP*. Retrieved from https://apnews.com/d4d60f1b01a546f19dd09113d9b32c5e

Lulia Toma, Mita Chowdhury, Mushfika Laiju, N. G. and N. P. (2018). *Rohingya Refugee Response Gender Analysis: Recognizing and responding to gender inequalities*. United Kingdom. https://doi.org/10.21201/2018.3125

Md Rezwanur Rahman. (2018). Rohingya Crisis – Health issues. *Delta Medical College Journal*, *6*(1). https://doi.org/10.3329/dmcj.v6i1.35960

Md Shahnawaz Khan Chandan. (2017, October 6). Living the genocide: in the grip of trauma. *The Daily Star*. Retrieved from https://www.thedailystar.net/star-weekend/spotlight/living-the-genocide-the-grip-trauma-1472017

Ochab, E. U. (2018). "I Was Lucky, I Was Only Raped By Three Men" Says A Survivor Of Myanmar Genocide. Retrieved February 16, 2018, from https://www.forbes.com/sites/ewelinaochab/2018/09/02/i-was-lucky-i-was-only-raped-by-three-men-says-a-survivor-of-myanmar-genocide/#284c51f477a3

Raju, F. R. (2018, September 30). Trained midwives provide healthcare to Rohingya women. *Dhaka Tribute*. Retrieved from https://www.dhakatribune.com/bangladesh/nation/2018/09/30/trained-midwives-provide-healthcare-to-rohingya-women

Rohini J. Haar et al. (2019). Documentation of human rights abuses among Rohingya refugees from Myanmar. *Conflict and Health*, (13), 42. https://doi.org/https://doi.org/10.1186/s13031-019-0226-9

Roy Wadia. (2018). Sexual and reproductive health needs immense among Rohingya refugees. Retrieved March 24, 2019, from https://www.unfpa.org/news/sexual-and-reproductive-health-needs-immense-among-rohingya-refugees

Showkat Shafi. (2017, September 28). Rohingya mothers and babies: Hungry and traumatised. *AlJazeera*. Retrieved from https://www.aljazeera.com/indepth/inpictures/2017/09/rohingya-mothers-babies-hungry-traumatised-170925084205580.html

Simon Lewis &Tommy Wilkes. (2017, September 24). U.N. medics see evidence of rape in Myanmar army "cleansing" campaign. *Reuters*. Retrieved from https://www.reuters.com/article/us-myanmar-rohingya-rape-insight/u-n-medics-see-evidence-of-rape-in-myanmar-army-cleansing-campaign-idUSKCN1BZ06X

The Daily Star. (2017, November 23). 83 HIV-infected Rohingyas traced. *The Daily Star*. Retrieved from https://www.thedailystar.net/rohingya-crisis/83-hiv-infected-rohingyas-patients-traced-1495516

UNHCR. (2018). *JRP For Rohimgnya Humanitarian Crisis. March - December 2018*. New York. Retrieved from https://www.unocha.org/sites/unocha/files/JRP for Rohingya Humanitarian Crisis 2018.PDF

UNHCR. (2019). Rohingya emergency. Retrieved November 4, 2019, from https://www.unhcr.org/en-my/rohingya-emergency.html

United Nations. (2018). For Rohingya refugees, imminent surge in births is traumatic legacy of sexual violence - special report. Retrieved June 2, 2019, from https://news.un.org/en/story/2018/05/1009372

WHO. (2018). *Bangladesh: Rohingya Refugee Crisis 2017–2018*. Bangladesh. Retrieved from http://www.searo.who.int/mediacentre/emergencies/bangladesh-myanmar/public-health-situation-analysis-may-2018.pdf?ua=1

Zarina Othman, M. M. H. and B. M. (2019). *Rohingnya Survivors Regional Security Impication of Gender Based Violence* (First). Malaysia: USIM PRESS.