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Research. Rethink. Resolve.



“It’s Happening to Our Men as Well”: Sexual Violence Against Rohingya Men and Boys

November 2018



The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

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****Note that this report contains graphic descriptions of sexual violence.****

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Acronyms

ACF	Action Contre la Faim (Action Against Hunger)
AoR	Area of responsibility
BNWLA	Bangladesh National Women Lawyers Association
FGD	Focus group discussion
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
GUK	Gana Unnayan Kendra
IASC	Inter-Agency Standing Committee
IOM	International Organization for Migration
ISCG	Inter Sector Coordination Group
MHPSS	Mental health and psychosocial support
MSF	Médecins Sans Frontières
MSM	Men who have sex with men
OHCHR	Office of the United Nations High Commissioner for Human Rights
PSS	Psychosocial support
SGBV	Sexual and gender-based violence
SOGIESC	Sexual orientation, gender identity and expression or sex characteristics
TAI	Technical Assistance Inc.
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
WRC	Women's Refugee Commission



Key Definitions

Conflict-related sexual violence “refers to incidents or patterns of sexual violence, that is[,] rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g., political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e., a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement.”¹

Conflict-related sexual violence against males includes oral and anal rape and attempted rape (including with objects), genital violence (including beatings, electric shock, and mutilation), castration, penis amputation, sterilization, forced sexual activity with or sexual harm against other people (including family members) or corpses, sexual humiliation (including forced masturbation of self and forced nudity), forced witnessing of sexual violence against others, and other forms of sexual violence of comparable gravity.²

Forced witnessing is a form of sexual violence that involves forcing someone to watch the perpetration of sexual violence against another person, such as a family or community member or fellow detainee.

Hijra refers to some third-gender persons, transgender women, and intersex persons in South Asia who were assigned a masculine gender at birth.

Intersectionality “is a way of understanding and analyzing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people’s lives and the organization of power in a given society are better understood as being shaped not by a single axis of social divisions, be it race or gender or class, but many axes that work together and influence one another. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves.”³

Kothi refers to men who have sex with other men in South Asia.

Majhi refers to Rohingya community focal points appointed by the government of Bangladesh.

1 United Nations Security Council, *Conflict-Related Sexual Violence: Report of the Secretary-General*, S/2015/203 (New York City: UN Documents, March 23, 2015), para. 2.

2 cf. Sarah Solangon and Preeti Patel, “Sexual Violence Against Men in Countries Affected by Armed Conflict,” *Conflict, Security & Development* 12:4 (2012), pp. 417–442 and Sandesh Sivakumaran, “Sexual Violence Against Men in Armed Conflict,” *European Journal of International Law* 18:2 (2007), pp. 253–276.

3 Patricia Hill Collins and Sirma Bilge, *Intersectionality (Key Concepts)* (Cambridge: Polity, 2016), pp. 1–30.



Mental health and psychosocial support (MHPSS) refers to "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder."⁴

Persons with disabilities include "those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."⁵

Rape is "physically forced or otherwise coerced penetration—even if slight—of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape."⁶

Sexual abuse refers to "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions."⁷

Sexual violence includes "at least, rape/attempted rape, sexual abuse and sexual exploitation. Sexual violence is 'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.' Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion."⁸

Transgender describes people whose gender identity and/or gender expression differs from the gender they were assigned at birth.

Vulnerability in humanitarian contexts refers to "the conditions determined by physical, social, economic, and environmental factors or processes which increase the susceptibility of an individual, a community, assets, or systems to the impacts of hazards."⁹

4 Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Geneva: Inter-Agency Standing Committee, 2007), p. 1.

5 UN General Assembly, *Convention on the Rights of Persons with Disabilities*, A/RES/61/106 (New York City: UN Documents, December 13, 2006), article 1.

6 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (Inter-Agency Standing Committee, 2015), p. 322.

7 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions*, p. 322.

8 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions*, p. 322.

9 United Nations Office for Disaster Risk Reduction, *Terminology* (December 2017), <https://www.unisdr.org/we/inform/terminology#letter-v>.



A Note on Terminology

This study focuses on individuals who identify as men or boys or were once designated as such, including gay and bisexual men, as well as transgender men and women and third-gender persons. We acknowledge that the term "men and boys" does not capture many persons of diverse sexual orientation, gender identity and expression, or sex characteristics (SOGIESC) who are included in the scope of the study. Transgender women, third-gender and non-binary persons, and other persons of diverse SOGIESC who were assigned a masculine gender at birth but do not identify as men or boys are included in this study because 1) violence is frequently directed against them because their gender identity or expression does not align with their assigned (masculine) gender, 2) violence against them may have been experienced while they identified as men or boys, and 3) some may be in the process of transitioning and their transition is not yet complete.

Executive Summary

"The same thing that is happening to our women, it's happening to our men as well. It is too shameful to talk about." —"Kader,"¹⁰ men with disabilities focus group

In August 2017, Myanmar authorities began launching deadly "clearance operations" against the Rohingya people in northern Rakhine State, resulting in thousands of deaths and forcing more than 700,000 Rohingya to flee to Bangladesh. The Independent International Fact-Finding Mission on Myanmar has documented widespread, systematic rape and other sexualized torture of Rohingya women and girls and has found credible reports of sexual violence against Rohingya men and boys. Yet little is known about this male-directed violence.

The Women's Refugee Commission (WRC) conducted an exploratory qualitative study to examine the nature and characteristics of sexual violence perpetrated against Rohingya men and boys in Myanmar and in Cox's Bazar District, Bangladesh, and to evaluate male survivors' access to services in Bangladesh. The study also probed intersections with violence against Rohingya women and girls. In July 2018, two WRC researchers undertook fieldwork in four sections of Kutupalong refugee camp in Cox's Bazar District, Bangladesh. Methods included key informant interviews with 45 humanitarian responders and human rights experts and 21 focus groups with 109 refugees, including adolescent boys and girls, young men, men and women, older men, and men with physical and intellectual disabilities. Data were coded and analyzed thematically using NVivo 12, a qualitative data management software. The University of New South Wales granted ethics approval for this study.

Key Figures

- In focus group discussions with 89 Rohingya men and adolescent boys, **one-third personally knew a Rohingya man or boy who had directly experienced conflict-related sexual violence** in Myanmar.
- **Twelve out of 21 focus groups** could not name a single service for male survivors in Cox's Bazar District.
- Of 185 respondents in a rapid-needs assessment in Cox's Bazar District in November 2017:
 - **10.1% reported that exposure to sexual violence** was a driver of distress among boys and
 - **3% reported that boys were involved in "sexual transactions."**
- Of 824 Rohingya refugee men and boys surveyed in September and October 2017, **13% reported witnessing sexual abuse** in Myanmar.
- Of 70 Rohingya refugee men surveyed in 2013:
 - **14.3% reported experiencing rape** (i.e., forced to have unwanted sex with a stranger, acquaintance, or family member);
 - **20% reported experiencing other types** of sexual abuse, sexual humiliation, or sexual exploitation; and
 - **8.6% reported witnessing physical or sexual violence/abuse.**

To contextualize with data on sexual violence against Rohingya women and girls:

- Of 185 respondents in a rapid-needs assessment in Cox's Bazar District in November 2017:
 - **44.1% reported that exposure to sexual violence** was a driver of distress among girls and
 - **14% reported that girls were involved in "sexual transactions."**
- Of **101 women** interviewed by OHCHR in 2016, **52%** reported having been raped or subjected to other forms of sexual violence in Myanmar.

References are found within the report.

¹⁰ Names of refugees who participated in this research were neither requested nor recorded. For quotes included in this report, names were randomly assigned.



The study revealed six key findings:

- 1. In addition to women and girls, Rohingya men and adolescent boys appear to be targeted for conflict-related sexual violence in Myanmar.** Although the magnitude remains unclear, the findings suggest that this violence may be common, particularly as a precursor to execution. Forced witnessing of sexual violence against women and girls, genital violence—specifically mutilation, burning, castration, and penis amputation—and anal rape were the most common forms of sexual violence against males as reported by refugees. Although sexual violence was reported against a variety of men and boys, some groups appear to be particularly vulnerable, including community and religious leaders and educated Rohingya, adolescent boys, and detainees. Refugees reported that sexual violence against men and boys was primarily perpetrated by the Myanmar Army and sometimes civilians during home searches and village attacks.
- 2. Conflict-related sexual violence against Rohingya men and boys intersects with violence against Rohingya women and girls.** Men and boys are forced to witness sexual violence perpetrated against female family and community members, inflicting deep suffering on both female victims and male observers and disrupting familial and social ties. Rohingya women reported that men have become more controlling and restrictive as a result of the recent campaign of sexual violence against women and girls, and some key informants suggested linkages between violence experienced in Myanmar and intimate partner violence.¹¹
- 3. In Cox's Bazar District, some Rohingya men and boys are subjected to sexual abuse and exploitation, although few survivors have come forward.** Vulnerable groups include adolescent boys and young men; boys with disabilities (especially intellectual disabilities); persons with diverse sexual orientation, gender identity and expression, or sex characteristics (SOGIESC); and men and boys in the context of informal work and child labor, among others.
- 4. Male survivors, like female survivors, have significant psychological, physical, and social needs.** The mental health impact of forced witnessing was noted as being particularly harmful to male observers. Men and boys with genital trauma may require specialized care, and male (and female) rape survivors require good-quality clinical management of rape services.
- 5. Services for male and female survivors require urgent strengthening.** Few services are available for male survivors in Cox's Bazar District, although some efforts were underway at the time of data collection. Services for female survivors also need significant strengthening and scaling. A particularly concerning gap is that no services or protection mechanisms for Rohingya with diverse SOGIESC were identified.
- 6. Multiple barriers to service availability and accessibility were identified, including accountability tensions and the failure of humanitarian actors to recognize genital violence and forced witnessing as forms of sexual violence.** Other barriers include sociocultural barriers, low provider capacity, lack of entry points and referral pathways for adult male survivors, misconceptions among humanitarian responders, limited data on male sexual victimization, few resources on programming for male survivors, and legal restrictions.

¹¹ It is critical to refrain from stigmatizing men who have survived various forms of violence and from assuming that they will perpetrate additional violence; the linkages between victimization and perpetration are complex (see Intersections with Violence Against Women and Girls section).



This study presents initial insights into a complex, taboo, and under-researched issue. Much more survivor-centered investigation is imperative to better address capacity gaps in responding to sexual violence against women and men in humanitarian emergencies more generally, as well as to understand the vulnerabilities of and risks facing Rohingya men and boys; the physical, mental, and social impact of sexual violence; and how best to meet the needs of male Rohingya survivors.

WRC's work with men and boys is feminist in its approach and prioritizes accountability to women and girls. We do this by:

- Exploring the ways in which sexual violence against men and boys *impacts the lives of* women and girls;
- Exploring the ways in which sexual violence against men and boys *intersects with violence against* women and girls;
- Advocating for services for and attention to *male and female* survivors;
- Working to dispel the myth that post-sexual violence services are widely available for women and girls but not for men and boys: across humanitarian settings, they are frequently weak for all survivors; and
- Including experts on violence against women and girls and persons with diverse SOGIESC on our Global Advisory Committee.



Recommendations for Humanitarian Actors in Cox's Bazar District

In Cox's Bazar District, the humanitarian response to sexual violence is insufficient, and services for male and female survivors of sexual violence require significant strengthening and scaling. The needs of women and girls, believed to comprise the majority of those experiencing sexual violence, remain exceptionally high. At the same time, men and boys are also suffering sexualized abuses and the needs of male survivors have been largely neglected.

A targeted, multisectoral effort is needed to implement and scale services for male survivors, including those with diverse SOGIESC. Drawing on principles of intersectionality¹² can assist in identifying men and boys with increased vulnerability to sexual violence and tailor appropriate responses. Service providers should commence community awareness-raising only after good-quality services are made available and sensitized referral pathways are established. Involvement of men and boys—including, where possible, male survivors and survivors with diverse SOGIESC—in program design, implementation, and evaluation is critical. While specific to sexual violence against men and boys, these recommendations complement existing recommendations for actors engaged in prevention and response to sexual violence focused on women and girls.¹³

To the Inter Sector Coordination Group (ISCG) Secretariat:

- Nominate a sector and agency to proactively lead efforts to address sexual violence against men, boys, and persons with diverse SOGIESC.
- Support the nominated agency to establish a temporary multisectoral taskforce—including representatives from health, mental health and psychosocial support (MHPSS), gender-based violence (GBV), child protection, and protection—to develop and execute a strategy to respond to at-risk men and boys and male survivors of sexual violence, including persons with diverse SOGIESC. Key activities might include:
 - Establishing cross-sectoral coordination on sexual violence against men and boys, including persons with diverse SOGIESC, and strengthening cross-sectoral coordination on sexual violence overall;
 - Requesting additional technical guidance from global bodies to support the development of capacity to respond to the needs of male survivors, including persons with diverse SOGIESC;
 - Undertaking a mapping of services that can provide care to male survivors, including persons with diverse SOGIESC;
 - Reviewing existing referral pathways for sexual violence survivors and adding response for adult male survivors, including survivors with diverse SOGIESC, and strengthening referral pathways overall;
 - Using the Inter-Agency Standing Committee's (IASC's) *Interagency Gender-Based Violence Case Management Guidelines*¹⁴ to provide technical assistance to strengthen targeted, sensitized case management for male survivors and survivors with diverse SOGIESC;

¹² Intersectionality is a concept, framework, and tool that enables insights into the intersection of oppressive or privileged structures or systems that can increase or decrease a particular social group's vulnerability to sexual violence. For a helpful introduction to intersectionality, see Patricia Hill Collins's and Sirma Bilge's book, *Intersectionality (Key Concepts)* (Polity, 2016).

¹³ For example, GBV Policy and Advocacy Task Team, *Inter-Agency Briefing Paper*, <https://reliefweb.int/sites/reliefweb.int/files/resources/Policy%20and%20Advocacy%20TT%20Rohingya%20Bangladesh%20Briefing.pdf> and Francisca Vigaud-Walsh, *Still at Risk: Restrictions Endanger Rohingya Women and Girls in Bangladesh* (Washington, DC: Refugees International, July 2018), <https://www.refugeesinternational.org/reports/2018/7/24/still-at-risk-restrictions-endanger-rohingya-women-and-girls-in-bangladesh>.

¹⁴ Inter-Agency Standing Committee, *Interagency Gender-Based Violence Case Management Guidelines* (United Nations Population Fund, 2017), <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>.



- Ensuring stakeholders implement safeguarding measures when interviewing survivors of violence to minimize risk of re-victimization; and
- Ensuring efforts to address sexual violence against men, boys, and persons with diverse SOGIESC support and reinforce the strengthening of services for women and girls.

To Health and Reproductive Health Actors:

- Increase capacity development and training for medical care professionals on clinical management for male and female sexual assault survivors (including child survivors) using World Health Organization (WHO) guidelines¹⁵ and International Rescue Committee's training tool.¹⁶
- Support the capacity development of health providers to provide good-quality clinical care for male genital trauma.
- Educate and sensitize providers and staff to the needs of male survivors and survivors with diverse SOGIESC, including about symptoms and signs indicating sexual violence.
- Better integrate good-quality clinical care for sexual assault survivors into primary health care.
- Once services are in place, develop culturally appropriate outreach for male survivors of genital torture and other forms of sexual violence, and inform the community about the availability of services and benefits to accessing care for both male and female survivors.
- Expand sexual and reproductive health information and services, and include appropriate care and information for men, adolescent boys, and persons with diverse SOGIESC.
- Collaborate with and support, as appropriate, government-run health facilities to enable access for refugees (men, women, and persons with diverse SOGIESC) living within the host community.

To MHPSS Actors:

- Strengthen capacity to support all survivors—women, girls, men, and boys, including those with diverse SOGIESC.
- Ensure the availability of sensitized, trained male counselors, therapists, and social workers, and identify focal points for male survivors and survivors with diverse SOGIESC.
- Ensure that survivors have a choice regarding the gender of the MHPSS staff with whom they work.
- Strengthen and expand support for male torture survivors, including survivor-centered efforts to better understand their needs.

¹⁵ World Health Organization, United Nations Population Fund, and UN High Commissioner for Refugees, *Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons* (World Health Organization, 2004).

¹⁶ International Rescue Committee, *Clinical Care for Sexual Assault Survivors: A Multimedia Training Tool* (IRC, 2014).

**To Protection Actors:**

- Engage men, boys, and persons with diverse SOGIESC in the development of prevention and risk mitigation strategies for sexual violence and exploitation inside and outside the camps.
- Ensure the availability of safe shelter for at-risk males and male survivors, particularly persons with diverse SOGIESC.
- Explore collaboration with local SOGIESC organizations to identify and address the protection needs of Rohingya with diverse SOGIESC, including sex workers, inside and outside the camps.

To GBV Actors:

- Ensure that capacity-development efforts related to sexual violence appropriately address and integrate male survivors and survivors with diverse SOGIESC.
- Fully operationalize the GBV strategy for Cox's Bazar District and better integrate male sexual violence survivors, as appropriate.
- Ensure that genital violence and forced witnessing are included in definitions of sexual violence.
- Ensure that organizations collecting data on GBV classify and report genital violence and forced witnessing as forms of sexual violence to the Gender-Based Violence Information Management System (GBVIMS).

To Child Protection Actors:

- Ensure that child protection systems and services, including child protection and GBV referral pathways, are sensitized to and inclusive of young and adolescent male survivors of sexual violence, including boys with mental and physical disabilities.
- Increase and promote activities for boys and male youth, including *hijra* (transgender, intersex, or third-gender) youth and boys with mental and physical disabilities.
- Ensure the availability of safe shelter for at-risk boys and boy survivors, including adolescent boys and *hijra* youth.

To Donors:

- Without compromising targeted support for women and girls, support the piloting and evaluation of programs—including community-based programs—to comprehensively prevent and respond to sexual violence against men, boys, and persons with diverse SOGIESC.
- Support additional survivor-centered research into sexual violence against the Rohingya people, including men, boys, and persons with diverse SOGIESC, to better understand the nature and impact of sexual violence and how to meet the needs of survivors.
- Fund the development of evidence-based tools and guidance on establishing programs for male survivors, including persons with diverse SOGIESC.
- Support the development of guidance for health providers on treating and managing conflict-related male genital trauma.

1. Introduction

The Rohingya people, a stateless minority group in Myanmar, have suffered persecution, discrimination, and denial of basic rights for decades. Waves of state-sanctioned violence and resulting displacement have occurred since the 1970s, with tens of thousands of Rohingya fleeing to Bangladesh, Malaysia, and Thailand. In August 2017, the Myanmar authorities unleashed particularly brutal "clearance operations" that have since sparked an exodus of more than 700,000 refugees to Bangladesh.¹⁷ Médecins Sans Frontières (MSF) estimates that 8,170 Rohingya, including 1,273 children under five, were killed through violence within the first month alone.¹⁸ In a survey of more than 1,300 Rohingya refugees in Bangladesh, 92% of respondents reported having directly experienced or witnessed violence in Myanmar since August 2017.¹⁹ The violence and oppression have not ended: as of August 2018, around 1,700 Rohingya were continuing to flee to Bangladesh each month.²⁰

The United Nations (UN) and human rights investigators have documented widespread human rights abuses and atrocities against the Rohingya people in Myanmar, including torture and inhuman treatment, rape and other forms of sexual violence, extrajudicial and summary killings, and enforced disappearance, among other crimes.²¹ The Independent International Fact-Finding Mission on Myanmar has called for Myanmar military officials to be investigated for genocide, crimes against humanity, and war crimes.²² While significant attention has been directed toward the Myanmar Armed Forces as perpetrators of violence, others, including the Border Guard Force, Myanmar Police Force, local administrators, and civilians, also work in concert with the military to commit atrocities.²³

Myanmar state security forces have long perpetrated rape and other forms of sexualized violence against ethnic minority women and girls,²⁴ including the Rohingya.²⁵ Yet the recent campaign of sexual violence against the Rohingya has been particularly brutal and widespread, with the Fact-Finding Mission reporting that sexual violence was perpetrated on a "massive scale."²⁶

17 Although the newly displaced Rohingya in Bangladesh are not officially recognized as refugees by the national government, this report refers to them as such for ease of reading and because they meet the definition of a refugee as defined in the 1951 UN Refugee Convention and 1967 Protocol.

18 "Rohingya Crisis: A Summary of Findings from Six Pooled Surveys," Médecins Sans Frontières, December 9, 2017, <http://www.msf.org/en/article/myanmarbangladesh-rohingya-crisis-summary-findings-six-pooled-surveys>.

19 Xchange, *The Rohingya Survey 2017* (Xchange, 2017).

20 Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/CRP.2 (Geneva: Human Rights Council, September 17, 2018).

21 cf. Human Rights Council, *Report of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/64 (Geneva: Human Rights Council, August 24, 2018); Matthew Smith, "They Gave Them Long Swords": *Preparations for Genocide and Crimes Against Humanity Against Rohingya Muslims in Rakhine State, Myanmar* (Cox's Bazar, Myanmar: Fortify Rights, July 2018); Human Rights Council, *Report of the Special Rapporteur on the Situation of Human Rights in Myanmar*, A/HRC/37/70 (Geneva: Human Rights Council, March 9, 2018); Human Rights Council, *Situation of Human Rights in Myanmar*, A/HRC/RES/34/22 (Geneva: Human Rights Council, April 7, 2017); and Human Rights Council, *Situation of Human Rights of Rohingya Muslims and Other Minorities in Myanmar: Report of the United Nations High Commissioner for Human Rights*, A/HRC/32/18 (Geneva: Human Rights Council, June 28, 2016).

22 Human Rights Council, *Report of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/64 (Geneva: Human Rights Council, August 24, 2018).

23 Matthew Smith, "They Gave Them Long Swords": *Preparations for Genocide and Crimes Against Humanity Against Rohingya Muslims in Rakhine State, Myanmar* (Cox's Bazar, Myanmar: Fortify Rights, July 2018).

24 Local women's organizations have documented sexual violence against ethnic minority women for decades. cf., Women's League of Burma, *Same Impunity, Same Pattern: Report of Systematic Sexual Violence in Burma's Ethnic Areas* (January 2014); Karen Women's Organization, *State of Terror* (February 2007); Women and Child Rights Project and Human Rights Foundation of Monland, *Catwalk to the Barracks* (July 2005); and Shan Women's Action Network, *License to Rape* (June 2002).

25 Human Rights Council, *Situation of Human Rights of Rohingya Muslims and Other Minorities in Myanmar: Report of the United Nations High Commissioner for Human Rights*, A/HRC/32/18 (Geneva: Human Rights Council, June 28, 2016), para. 36.

26 Human Rights Council, *Report of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/64 (Geneva: Human Rights Council, August 24, 2018), para. 38.



The UN's Special Representative on Sexual Violence in Conflict suggested that the use of sexual violence against Rohingya women and girls may be genocidal in its intent, stating that it served "as a calculated tool of terror seemingly aimed at the extermination and removal of the Rohingya as a group."²⁷ For those women and girls who were able to reach Bangladesh, the refugee camps have brought relative safety, but they remain highly vulnerable to sexual violence and other forms of GBV.²⁸

Some accounts of sexual violence against Rohingya men and boys in northern Rakhine State, Myanmar, have been documented (see Appendix A), but little is known about the nature or extent of this violence. Elsewhere in Myanmar, accounts of sexual violence against ethnic minority men and boys, persons with diverse SOGIESC, male political prisoners, and ordinary male prisoners have been reported (see Appendix B). The scarcity of information about sexual violence against Rohingya men and boys could reflect, among other factors, a dearth of data on this issue, the reluctance or inability of male survivors and communities to discuss victimization, or a rarity of this type of male-directed violence.

Given the lack of data on this topic, this study was exploratory in its approach and aimed to garner deeper insights into sexual violence against Rohingya men and boys in Myanmar and Bangladesh. It is part of a broader three-country study that WRC is undertaking to examine sexual violence against forcibly displaced men and boys, research that includes the ways in which this violence intersects with violence against women and girls and how it impacts the lives of women and girls.

Context: Northern Rakhine State, Myanmar

Rakhine State, also known as Arakan, is located in western Myanmar. The majority of the Rohingya people who fled to Bangladesh reside in northern Rakhine State, which borders Bangladesh and includes the townships of Buthidaung, Rathedaung, and Maungdaw. Before the 2017 crisis, the Rohingya, who are predominately Muslim, comprised up to 91% of the approximately 1 million people who were living in northern Rakhine State; the remaining are ethnic Rakhine, who are primarily Buddhist, as well as other ethnic and religious minorities, such as the Kaman, Mro, and Daingnet.

Rakhine State as a whole is one of the poorest states in Myanmar, with a poverty rate of 78%, in contrast to the 37.5% national average. Authorities have used violence, forced labor, extortion, land confiscation, and restricted access to services to persecute the Rohingya for decades .

Population-based indicators are grim: the maternal mortality rate (2006) in Maungdaw township is 380 deaths per 100,000 births. The under-five mortality rate (2006) in Buthidaung township is 224 deaths per live 1,000 births, more than three times the national rate. As of 2011, fewer than one-quarter (22%) of households in northern Rakhine State were food secure. Access to health care is also severely restricted: in 2013, a government inquiry, citing UN sources, reported that there was only one doctor per 83,000 people in Maungdaw and one per 75,000 in Buthidaung. As of December 2017, an estimated 128,420 people were internally displaced in the state, which has been described as an "open prison."

Sources: [World Bank Group, 2014](#); [World Food Programme, 2011](#); [UNOCHA Myanmar, 2010](#); [A/HRC/13/48, 2010](#); [Republic of the Union of Myanmar, 2013](#); [UNOCHA, 2017](#); and [Lewa, 2009](#).

27 Pramila Patten. "Statement by the Special Representative of the Secretary-General on Sexual Violence in Conflict, Ms. Pramila Patten" (presented at the Security Council Briefing on Myanmar, December 12, 2017), <http://www.un.org/sexualviolenceinconflict/statement/statement-by-the-special-representative-of-the-secretary-general-on-sexual-violence-in-conflict-ms-pramila-patten-security-council-briefing-on-myanmar-12-december-2017/>.

28 Inter Sector Coordination Group, *2018 JRP for Rohingya Humanitarian Crisis: March–December 2018* (Bangladesh: Inter Sector Coordination Group, March 2018), p. 11.

2. Overview of Methods

This exploratory study examined the nature and characteristics of sexual violence against Rohingya men and boys in Myanmar and in Cox's Bazar District, Bangladesh, as well as male survivors' access to services in Bangladesh. It focused on individuals who identify as men or boys or who were once designated as such, including gay and bisexual men, as well as transgender men and women and third-gender persons.²⁹ The purpose of this study is to elicit insights into sexual violence against Rohingya men and boys in order to inform humanitarian practice and strengthen responses for at-risk men and boys and male survivors.

Two WRC researchers undertook data collection in Cox's Bazar District on July 7–17, 2018, employing three methods:

- **Document review** prior to in-country data collection to identify and summarize existing data related to sexual violence against Rohingya men and boys;
- **45 key informant interviews** with humanitarian responders and human rights experts; and
- **21 focus group discussions (FGDs) with 109 refugees** in four different sections of Kutupalong refugee camp, including adolescent boys (ages 15–17), young men (ages 18–24), men (ages 24–50), older men (ages 50+), men with physical and intellectual disabilities (ages 18+), women (ages 24+), and adolescent girls (age 15–17).

The University of New South Wales granted ethics approval for this study in May 2018 (HC180126). A Global Advisory Committee and a National Reference Group were established to provide additional guidance and ethical oversight. Data were coded and thematically analyzed using NVivo 12, a qualitative data management software. Limitations included non-representative sampling, possible translation error, and lack of participation of Rohingya with diverse SOGIESC. See Appendix C for further details on research limitations, ethical considerations, methods, participant recruitment, informed consent, translation, analysis, and validity.

Context: Cox's Bazar District, Bangladesh

Cox's Bazar is a district in eastern Bangladesh, situated along the Bay of Bengal and bordering northern Rakhine State. With one of the world's longest beaches, it is a tourist center and fishing port.

As of July 2018, approximately 900,000 Rohingya refugees reside in Cox's Bazar District. The large majority reside in camps and settlements, and around 15,000 live in the host community. The main collective of camps and settlements is called the Kutupalong-Balukhali expansion site. With a combined population of more than 600,000 people, it is the largest refugee camp in the world.

Ninety-three percent of refugees live below the UNHCR emergency standard of 45 square meters per person; 73% are preliterate. Almost one-third of Rohingya households have been identified with at least one protection vulnerability, such as a separated or unaccompanied child, someone with disability, or an older person at risk. As of July 2018, only 4% of refugees were officially registered with UNHCR.

Sources: [UNHCR, 2018](#); [ISCG, 2018](#); [UNHCR, 2018](#); and [Internews & ETS, 2017](#).

²⁹ We acknowledge that the term "men and boys" does not capture many persons of diverse SOGIESC who are included in the scope of the study. Transgender women, third-gender and non-binary persons, and other persons of diverse SOGIESC who were assigned a masculine gender at birth but do not identify as men or boys are included in this study because: 1) violence is frequently directed against them because their gender identity or expression does not align with their assigned (masculine) gender; 2) they may have experienced violence against them while they identified as men or boys; and 3) some may be in the process of transitioning and their transition is not yet complete.



Box 2.1: Discussing sexual violence against males with Rohingya refugees: Insights

During our first focus group discussions with Rohingya men and women, we attempted to define the term “sexual violence” for participants, drawing on examples of the rape of women and girls. This approach, however, was not effective: refugees expressed confusion because sexual violence is understood to be directed toward women and girls alone. Others were clearly uncomfortable ascribing the term “sexual” to the experiences of men and boys. At the same time, refugees openly discussed torture, beatings, and other forms of violence against men and boys.

We decided to revise our approach. We avoided the words “sexual” and “rape” and instead used “torture” and other specific terms to describe the violence. For example, we asked if refugees had heard of any men or boys being targeted for torture on their genitals in Myanmar. We also asked about insertion of objects into the anus and did not make references to penile penetration. The response was markedly different: men, women, and adolescents openly shared about genital mutilation and other forms of sexualized violence. A number of refugees spontaneously used the term “rape.” By revising our approach, we were able to explore this sensitive topic with refugees.

Findings

In the FGDs, refugees described accounts of conflict-related sexual violence against men and boys exclusively in Myanmar and denied hearing any accounts of male-directed sexual violence in Bangladesh, potentially reflecting a reluctance to discuss sexual abuse against boys by members of their own community. In contrast, service providers predominately discussed receiving adolescent boy survivors in Cox’s Bazar District, with few having heard of concrete accounts of conflict-related sexual violence against men or boys in Myanmar. This reveals that few male survivors of conflict-related sexual violence are coming forward to seek services in Bangladesh—in part because many victims were killed in Myanmar—or those that do are not being recognized as survivors of sexual violence.

3. Sexual Violence in Myanmar

“Our parents, our brothers, our daughters, and sisters were raped.”
—“Nurul,”³⁰ men’s focus group

In its September 2018 report, the Independent International Fact-Finding Mission reported discovering credible and consistent cases of conflict-related sexual violence against Rohingya men and boys in Myanmar, although the scale could not be determined.³¹ For this WRC research, all male focus group participants and most of the adult female focus group participants reported being aware of conflict-related sexual violence against men and boys in Myanmar. One focus group of adult women and one focus group of adolescent girls (ages 15–17) reported not having heard of any accounts of sexual violence against males; this excludes forced witnessing,³² of which all groups had heard accounts.

³⁰ Names of refugees who participated in this research were neither requested nor recorded. For quotes included in this report, names were randomly assigned.

³¹ Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/CRP.2 (Geneva: Human Rights Council, September 17, 2018), paras. 675–676, 939–940, 1102, and 1162.

³² Forced witnessing involves forcing someone to watch sexual violence being inflicted against another person, often family or community members or fellow detainees. It is a form of sexual violence in its own right. Forced witnessing may result in deep, long-lasting trauma similar to the impact on the survivor of the direct assault. MenEngage and United Nations Population Fund *Sexual Violence in Conflict and Post-Conflict: Engaging Men and Boys* (2008), p. 11.

Of the 89 Rohingya men and adolescent boys who participated in focus groups, **33.7% (30) personally knew a Rohingya man or boy who had directly experienced conflict-related sexual violence in Myanmar.**³³ All referred to unique accounts. Three male focus groups expressed the sentiment that "the same type of violence happening to women was happening to men and boys," with one group noting that perpetrators targeted adolescent boys in particular.

The Fact-Finding Mission documented accounts of male-directed rape, genital mutilation, sexual humiliation, and sexualized torture, sometimes resulting in death.³⁴ Forms of conflict-related sexual violence against Rohingya men and boys in Myanmar, as reported by refugees and key informants for this WRC research, encompass genital violence and torture, including burning, mutilation, and electroshock of the genitals; castration and penis amputation; penile- and object-anal rape, including with sticks and metal rods; penile-oral rape; forced sex and sexual interactions with family members and other people; forced witnessing of sexual violence against female family and community members; forced nudity; and sexual humiliation. The three most common forms of sexual violence against men identified during data collection were forced witnessing, genital violence, and anal rape.

According to the Fact-Finding Mission and a 2018 investigation by the U.S. State Department, the Myanmar Army is the main perpetrator of sexual violence, although the border guard police, Myanmar Police Force, and civilians are also occasionally involved.³⁵ Sexual abuse by the police was also mentioned.³⁶ This largely aligns with the findings from focus group discussion for this WRC research: refugees reported that the perpetrators of sexual violence were primarily the Myanmar Army, with some accounts involving civilians and border guard police. Refugees also reported that most of the sexual violence from August 2017 onward occurred during home searches and village attacks and that men were the primary targets of these raids. They noted that some incidents of sexual violence were perpetrated during the flight to Bangladesh and in detention in Myanmar.

Forced Witnessing

All focus groups reported that the Myanmar Army had forced men and boys to watch sexual violence against female family and community members. A number of refugees noted that armed forces have perpetrated this form of sexual violence for years. This aligns with documentation from human rights investigations, which has highlighted the public nature of sexual violence by Myanmar military forces.³⁷ For example, of 824 Rohingya refugee men and boys surveyed in September and October 2017, 13% (107) reported witnessing or experiencing sexual abuse in Myanmar (Box 3.1). Textual review of the testimonies revealed that the accounts pertained to witnessing, including forced witnessing, of sexual violence against female family or community members. Of 1,024 Rohingya refugees surveyed by the U.S. State Department in Cox's Bazar District in 2018, 51% reported witnessing conflict-related sexual violence in Myanmar, although the extent to which this witnessing was forced is unclear.³⁸

³³ This excludes forced witnessing of sexual violence. Accounts were primarily related to genital violence and rape.

³⁴ Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/CRP.2 (Geneva: Human Rights Council, September 17, 2018), para. 939.

³⁵ Human Rights Council, *Report of the Detailed Findings*, para. 932. U.S. Department of State, *Documentation of Atrocities in Northern Rakhine State* (Washington, DC: U.S. Department of State, August 2018), p. 2.

³⁶ Xchange, *The Rohingya Survey 2017* (Xchange, 2017).

³⁷ Office of the United Nations High Commissioner for Human Rights, *Report of OHCHR Mission to Bangladesh: Interviews with Rohingyas Fleeing from Myanmar Since 9 October 2016*, Flash Report (Geneva: OHCHR, February 3, 2017), p. 28; Kristen Gelineau, "Rohingya Methodically Raped by Myanmar's Armed Forces," AP News, December 11, 2017, <https://pulitzercenter.org/reporting/rohingya-methodically-raped-myanmars-armed-forces>; Razia Sultana, *Rape by Command: Sexual Violence as a Weapon Against the Rohingya* (Chittagong, Bangladesh: Kaladan Press Network, February 2018), p. 32; and Save the Children, *"Horrors I Will Never Forget": Stories of Rohingya Children* (London: Save the Children International, 2017), p. 8.

³⁸ U.S. Department of State, *Documentation of Atrocities in Northern Rakhine State* (Washington, DC: U.S. Department of State, August 2018), p. 1.



Refugees shared first- and second-hand accounts of forced witnessing (see Intersections with Violence Against Women and Girls section for more accounts). For instance, "Aziz H." recounted being forced to watch the rape of his wife:

I was tied up by the military and my wife was beaten and raped. They tied me to a tree outside my home, and two military men raped my wife and took my one-year-old baby. My wife lost some of her teeth from the beating and has trouble eating. My wife freed me after the military left. We searched for our baby but heard he was killed, then we left for Bangladesh. When we arrived in Bangladesh, my wife was admitted to the MSF hospital and treated for one week.

"Yasin," an older Rohingya man from Gopi village, described his neighbor's similar experience while crossing into Bangladesh:

My neighbors left their house to go to the border. The man's wife was too beautiful. When they were crossing the border, six military [soldiers] detained them. They tied him to a tree and all six of the military gang-raped his wife in front of him and his children. This happened seven days after the Eid [the end of Ramadan] in September 2017.

"Khadija," a middle-aged Rohingya woman, was visiting relatives when their house was attacked. She recalled that:

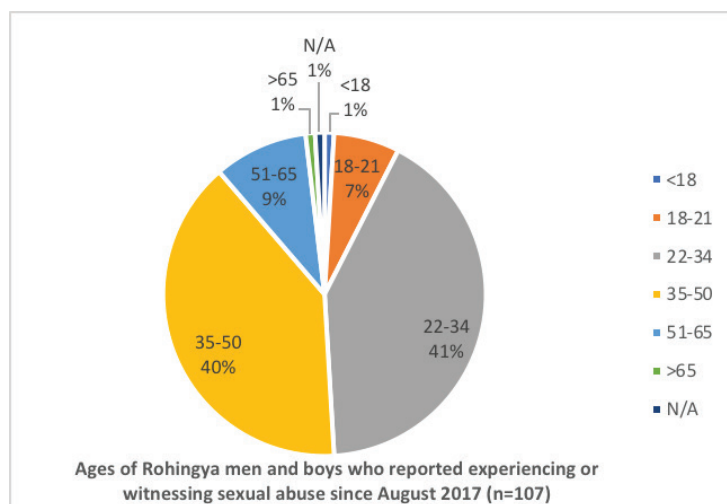
[A male family member], who lives in Maungdaw, was living with his wife and mother and four daughters and one son. That day, one Myanmar Army [soldier] entered the house. Two daughters escaped, but two others were in the house. The Myanmar Army [soldier] tied up the father and son and raped the two daughters. This happened in front of my eyes. Later I escaped.



Box 3.1: Exposure to sexual violence among Rohingya men and boys since August 2017

From September to October 2017, Xchange, a nonprofit organization specializing in migration research, collected testimonies from 1,360 Rohingya refugee men, women, and children residing in Cox's Bazar District. The purpose was to document: 1) the types of incidents committed against the Rohingya during and following the August "clearance operations"; 2) the perpetrators of the incidents; and 3) the migration patterns of the subsequent exodus. The sample was reportedly representative of the Rohingya refugee population in Cox's Bazar District. Upon our request, the researchers shared their raw data set, which we disaggregated by gender, age, and sexual abuse.

Of 824 Rohingya refugee men and boys interviewed, **13% (107) reported witnessing or experiencing sexual abuse**. Of 536 women and girls, 11.9% (64) reported witnessing or experiencing sexual abuse. Textual review of the men's and boys' testimonies revealed that the accounts exclusively pertained to witnessing of sexual violence, particularly rape, against female family or community members; some accounts specifically mentioned *forced* witnessing. The age range of the men and boys reporting sexual abuse was 17–80. Perpetrators were predominately the Myanmar military and civilian gangs. Sexual abuse by the police was also mentioned. The researchers note that sexual abuse was likely underreported given that privacy during data collection was limited and disclosing sexual violence is deeply stigmatized within the community.



Source: Xchange. 2017. *The Rohingya Survey 2017* (unpublished raw data).

Genital Violence

Genital mutilation of detainees in Myanmar has been reported more broadly (see Appendix B), and the Fact-Finding Mission and Amnesty International have documented accounts of genital torture against male Rohingya detainees and prisoners.³⁹ The 2018 U.S. State Department survey of 1,024 Rohingya refugees found that 10% reported witnessing mutilation during the recent "clearance operations," which included burning of the genitals.⁴⁰ Genital violence was the second-most common form of sexual violence against men and boys, as reported by refugees for this WRC study. Human rights experts interviewed for this research also reported documenting cases of genital violence, in particular

39 Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/CRP.2 (Geneva: Human Rights Council, September 17, 2018), paras. 1102 and 1162 and Amnesty International, *"We Will Destroy Everything": Military Responsibility for Crimes Against Humanity in Rakhine State, Myanmar* (London: Amnesty International, 2018), p. 33–35.

40 U.S. Department of State, *Documentation of Atrocities in Northern Rakhine State* (Washington, DC: U.S. Department of State, August 2018), p. 11.



burning genitals, against Rohingya men and boys. A health provider in Cox's Bazar District reported receiving cases of Rohingya men with genital trauma.

"Abdul," a Rohingya man with a disability, recounted the following:

My cousin was taken to the barracks, and they inserted a mobile sim card into his penis and then dripped hot candle wax on it. My family paid 400,000 Burmese [kyat] to get him released. He's now living here in one of the camps under treatment by the doctor.

"Hakim," a Rohingya man from Maungdaw township, reported an attack by local non-Rohingya villagers:

When I was fishing, two Buddhist villagers came to my neighbor's house and they took the man and tortured and cut his private parts. His was later brought back to the village. I saw that he was bleeding heavily from the crotch and he soon died. This was in Lound Don village on 27 August 2017.

"Azara," an older Rohingya woman, recounted speaking with a boy who was being treated next to her at a health facility:

This happened to [the person next to me] in the clinic. The Myanmar Army gave electric shock to this boy's penis, that is why his penis was burned. They transferred him and admitted him to the MSF hospital.

Beating of the genitals—with long-term health consequences—was reported by "Said M.," a Rohingya man with a disability:

My uncle, who also has a disability, was a shopkeeper in Myanmar. He didn't close his shop at the official closing time, so the soldiers beat him senseless—beating him on the genitals and backside. Now he has difficulties with urination and with bowel movements. He was unconscious and doesn't know everything that they did to him.

Human rights experts observe that sexual violence before execution is a common strategy by state security forces against ethnic minority women in Myanmar, including in Rakhine State.⁴¹ Refugees, as well as key informants, reported that genital violence was often a precursor to killing. For example, "Rukeya" tearfully described the brutal murder of her husband by Myanmar Army soldiers:

I have three children—two daughters and one son. At the beginning of the Myanmar riot [in August 2017], we didn't take it seriously. But it started spreading all over the villages and towns. I was in my house and I had started to prepare food [in order] to leave the country. I had sent my two daughters [ahead] with the neighbor. Now me and my husband and son were just preparing food. Then two Myanmar Army soldiers entered the house and asked my husband some questions. Then they began beating him and punching him and kicking him. In front of my eyes, they killed him brutally—they cut off his penis and then cut his legs and then killed him. After that I escaped with my son and came to Bangladesh.

"Kabir," an elderly Rohingya man, recounted a similar attack:

In Buthidaung, on a Sunday in August, this incident happened to my niece's husband. The military came and found my nephew. They tied him up and laid him down and first cut off his penis and then cut his throat. Then they raped his wife [my niece] and then cut off her breast. They stole her jewelry and then burned the house.

⁴¹ Human Rights Council, *Report of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/64 (Geneva: Human Rights Council, August 24, 2018), para. 79 and Women's League of Burma, *Same Impunity, Same Pattern: Report of Systematic Sexual Violence in Burma's Ethnic Areas* (Burma: Women's League of Burma, January 2014), p. 16.



Eleven of the 89 men and boys who participated in focus groups reported having seen dead bodies with violently amputated penises and genitals. For instance, "Mohammed R.," a young man from Taung Bazar village, Buthidaung, recalled that:

When the army came to my village, we ran but they caught my uncle. They beat him and when we came back I saw his dead body. His private parts were cut off. This happened in August 2017.

Some refugees encountered massacres. "Kalim," a man from Rathedaung township, reported the following:

In Razar Bil village—one mile from my village—there were many people killed. Most of the men [killed] didn't have a penis. I have seen this with my own eyes. Many boys and young men were killed, and most of them had no penis. I saw their bodies.

Refugees reported that they had personally seen male bodies without penises in a number of additional villages and towns, including Sittwe, Maw Nee Bill, and Gudarm Para, as well as multiple reports from Taung Bazar village. In addition to being used as a tool of intimidation, revenge, and symbolic emasculation, genital violence, which destroys the reproductive capacity of the victim—such as the violent removal of the penis—may be genocidal in its intent.⁴² This requires further investigation within the Rohingya context.

Rape

A 2013 cross-sectional survey found that, of 70 Rohingya refugee men, 14.3% reported experiencing rape (see Box 3.2), although it is unclear whether this violence was specifically conflict related. Refugees for this WRC study also reported the rape of Rohingya men and boys by military forces and sometimes by civilians. Based on accounts from refugees, older adults may be more likely to be subjected to object-anal rape, while boys and young men may be more likely subjected to penile-anal rape; however, this requires further investigation.

"Yousuf," a young man from May Rulla village, reported:

I saw the Buddhists come to my village and push a branch up my neighbor's anus. He later died.

"Ramad M.," a young Rohingya man, described the assault on his village, which included the rape of women, girls, men, and boys:

In village Sara Prang, on a Sunday in August 2017, more than 100 military came to my village and asked if bad people were living with them. The villagers said there were no bad people. The military took one woman and said, "We will rape her if you don't tell." We again said there are no bad people. The military then raped her in front of everyone in the village. The military then proceeded to rape women, girls, and boys. I saw with my own eyes: two women and four boys were raped—two [boys] aged 14 to 16, one [man] aged 25, and one [man] aged 30.

"Ahmed," a young Rohingya man, reported that many of the rape victims were killed:

In Buthidaung, when the military entered my village—Fundu Farang—at first they caught all the women and injured them and forced them into one house. There were 200 women there. They also caught some boys. The girls were raped, as well as five boys who were also raped and killed. I was there.

⁴² Henri Myrntinen, "Language of Castration—Male Genital Mutilation in Conflict and Its Embedded Messages," in *Sexual Violence Against Men in Global Politics*, ed. Marysia Zalewski et al. (London: Routledge, 2018), p. 71–88.



"Sadak U.," a middle-aged Rohingya man, in describing an assault on his friend's son in Tula Tuli, noted that many boys who were raped were also killed:

I know the victim's father. He said, "My son was not killed. My son was raped. My son was very handsome and beautiful. The Myanmar Army tied him up and raped him. They raped him and then cut off his penis in front of my eyes." He was not killed. Most boys who were raped were killed. They are not alive.

Box 3.2: Lifetime exposure to sexual violence among Rohingya men

In 2013, Ripley et al. undertook a cross-sectional survey on trauma history, daily stressors, and mental health among 148 Rohingya adults residing in refugee camps in Bangladesh. Upon our request, the researchers disaggregated the data on lifetime exposure to potentially traumatic events by gender. Perpetrators and timing of the potentially traumatic events were not explored in the study.

Of 70 Rohingya refugee men:

- 14.3% reported experiencing rape (i.e., forced to have unwanted sex with a stranger, acquaintance, or family member)*;
- 20% reported experiencing other types of sexual abuse, sexual humiliation, or sexual exploitation (e.g., coerced sexual favors); and
- 8.6% reported witnessing physical or sexual violence/abuse.

The men also reported having suffered experiences that are associated with increased vulnerability to sexual violence:

- 62.9% reported experiencing torture (i.e., deliberate and systematic infliction of physical or mental suffering while in captivity);
- 22.9% reported experiencing forced labor (i.e., treated like an animal or slave);
- 21.4% reported being imprisoned; and
- 15.7% reported being kidnapped.

Only 3% of Rohingya women reported rape, 6% reported other types of sexual abuse, and 4% reported witnessing physical or sexual violence/abuse. Disclosure of sexual violence is highly stigmatized and, given other evidence of widespread sexual violence perpetrated against Rohingya women and girls, these figures are likely under-representative.

*Note: The original published paper (in *Transcultural Psychiatry*, 2017) incorrectly stated that 17% of men had reported experiencing rape. The journal agreed to correct this error.

Source: Andrew Riley et al, "Daily Stressors, Trauma Exposure, and Mental Health Among Stateless Rohingya Refugees in Bangladesh" (unpublished raw data), 2013.

Multiple Violations

Refugees reported that perpetrators frequently inflicted multiple forms of sexual violence during an attack. For example, "Arif" recounted how his neighbor was subjected to both genital violence and forced witnessing:

In my village, Ali Yaung Para, the incident happened on a Friday in August. Some military came to my neighbor's house and raped his wife. When he tried to stop them, they caught him and burned his penis. They then killed her and detained the man.

"Salim N.," a young man from Buthidaung, recounted a similar event:

I know a man in Buthidaung. At first [the soldiers] just tied him up and held him. And then his wife and little daughter was raped in front of him. After the rape of the daughter and his wife, the Myanmar Army then tied a plastic packet [polythene] onto his penis and started a fire. It burned his penis. I saw this with my own eyes. The person also died.

"Ishak," another young Rohingya man, recalled seeing male bodies that had been subjected to both penis amputation and anal rape:

In Nanu Para village, a neighboring village to ours, on a Wednesday in August, we heard the military enter that village. Me and others from my village went there on Thursday [the next day]. Almost everyone in the village was naked, and most of the men had no penises and most of the women had their breasts cut off. Some men had branches inserted into their anuses. We saw maybe 100 or 150 people like this. Only one person survived. He's here living in the camp.

Other Sexual Violence

Other forms of sexual violence reported by refugees and key informants included sexual humiliation at checkpoints and forced nudity in detention. One key informant who had previously worked in northern Rakhine State reported that it was "very common" for Myanmar forces and border guard police to force men and boys to open their longyi (traditional garment) and expose their genitals at checkpoints to sexually humiliate them. Some refugees and key informants reported that stripping men and boys naked in detention was prevalent.

With regard to non-conflict-related sexual violence, key informants who had previously worked or conducted research in northern Rakhine State, as well as one Rohingya key informant, reported that sexual abuse of boys by older males within the community was not uncommon. In addition, a 2014 survey in Pauktaw, Sittwe, and Rathedaung—which border northern Rakhine State and contain a sizeable Rohingya community—found that one-quarter of Muslim adults reported being aware of sexual exploitation of children, including girls and boys.⁴³ In Sittwe, 22% of adult Muslim adults reported sexual exploitation as a danger specifically facing boys.⁴⁴ Some men and boys in Myanmar generally (not necessarily Rohingya) are reportedly trafficked to other countries for sexual exploitation, as well as labor.⁴⁵

43 Becca Balis, *Child Protection Knowledge, Attitudes and Practices Study: Rakhine State, Myanmar* (Save the Children and UNICEF, August 2014), http://themimu.info/sites/themimu.info/files/documents/Report_CP_Knowledge_Attitude_Practice_Survey_Rakhine_2014.pdf.

44 Becca Balis, *Child Protection Knowledge, Attitudes and Practices Study*.

45 U.S. Department of State, *U.S. Department of State Country Report on Human Rights Practices 2005 - Burma*, (8 March 2006).



Vulnerable Groups

Some Rohingya men and boys are particularly vulnerable to or heavily targeted for sexual violence in Myanmar, as described below. Note that in the four FGDs with men with disabilities, none of the participants perceived men and boys with disabilities as higher risk of conflict-related sexual violence in Myanmar; on the contrary, some felt they were at lower risk than their non-disabled counterparts. The U.S. State Department survey, however, found that vulnerable groups, including persons with disabilities, bore the brunt of the 2017 violence due to mobility challenges.⁴⁶

1. Community and Religious Leaders and the Educated

Targeting intellectual, community, and spiritual leaders is a common genocidal tactic.⁴⁷ Refugees reported that Myanmar Army soldiers targeted community and religious leaders and educated Rohingya for violence and abuse. This aligns with other testimonies collected by human rights investigators, including the Fact-Finding Mission and the U.S. State Department.⁴⁸

With tears streaming down his face, "Ajimullah," an elderly Rohingya man, shared the following:

I saw them cut the penis off my cousin, an educated, influential person in the village. They then decapitated him. It was the military.

"Sayed I.," a man from the village of Taung Bazar, recounted this:

One of my uncles was a religious leader in my community. He was reported by the Buddhists to the army. The army came and tortured him. I saw the dead body—his penis had been cut off. This happened on 28 August 2017.

"Shamsul," a young Rohingya man, reported that:

There were two imams who were abducted in the [August 2017] riot. When they were found, the second man—the junior imam—the balls under his penis were cut off. He was mentally disturbed after this. He was my teacher—I started in the *madrassa* [Islamic religious school]. The other one was killed.

2. Adolescent Boys in Myanmar

According to refugees and Rohingya key informants, adolescent Rohingya boys were sometimes targeted for conflict-related sexual violence in Myanmar. A November 2017 rapid-needs assessment in Cox's Bazar District also revealed that of 185 adult respondents, 10.1% reported that exposure to sexual violence in Myanmar was a driver for distress in Rohingya boys.⁴⁹

"Abdulmunam," an elderly Rohingya man, described the following:

In my village, the military entered our religious services, forcibly shaved the men and took the boys and had sex with them in their anus. Three persons were sexually assaulted out of 12 [men and boys] at the service.

⁴⁶ U.S. Department of State, *Documentation of Atrocities in Northern Rakhine State* (Washington, DC: U.S. Department of State, August 2018), pp. 12–13.

⁴⁷ Alen J. Salerian et al., "Review of Mass Homicides of Intelligentsia as a Marker for Genocide," *Forensic Examiner*, 16:3 (2007), pp. 34–41.

⁴⁸ Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/CRP.2 (Geneva: Human Rights Council, September 17 2018), para. 640; U.S. Department of State, *Documentation of Atrocities*, p. 10; and Center for the Study of Genocide and Justice, Liberation War Museum, *The Testimony of Sixty on the Crisis of the Rohingyas in Myanmar* (Sher-e-Bangla Nagar, Dhaka: Center for the Study of Genocide and Justice, Liberation War Museum, October 2017).

⁴⁹ UNICEF and UN High Commissioner for Refugees, *Rohingya Refugee Response: Education and Child Protection in Emergencies*, Joint Rapid Needs Assessment (Geneva: UN High Commissioner for Refugees, January 25, 2018).

"Mostafa," a teenage boy from Buthidaung township, described a lethal sexual assault on his teenage neighbor:

There was an incident in Taung Bazar with a boy age 17. The Myanmar Army took off all the clothes from the boy and then they burned his penis. And then he died. He was my neighbor.

"Somira," a Rohingya woman from Maungdaw township, described an attack on a group of boys before the August 2017 "clearance operations":

In my village Gara Tor Bil, there was three or four boys, age 10 to 15. They were going to school. They went missing for four days. The military had caught these boys and raped them. One boy was gang-raped by five people.

Several refugees noted that during village raids the Myanmar Army would separate out and "take away the pretty boys," who would never be seen again. A number of key informants also reported that the Myanmar Army targeted adolescent boys for abduction and possible sexual abuse. One Rohingya key informant speculated that:

They target young boys—teenage boys—12- and 13-year-old boys. They take them from the group. We don't know where they go. On 25, 26, 27 August, many people were stuck at the border. They took so many boys from the group. We don't know what happened to them. Why are they targeting [boys]? Taking young boys is like taking young girls—it is probably for the same reason [for sexual purposes].

Adolescent boys are also vulnerable to sexual violence in detention, as discussed in the following section.

3. *Detainees in Myanmar*

Sexualized torture and abuse against male detainees is reportedly commonplace in many government-run prisons and detention centers across Myanmar (see Appendix B). In its August 2018 report, the Fact-Finding Mission confirmed that sexualized torture was inflicted on male detainees in Myanmar, including to obtain information or confessions.⁵⁰ In northern Rakhine State, mass arrests of Rohingya men and boys have been reported,⁵¹ with hundreds rounded up and detained since October 2016.⁵² Many more remain missing: of 204 Rohingya refugees interviewed by the Office of the United Nations High Commissioner for Human Rights (OHCHR) in 2017, 56% reported disappearances, with men and boys ages 17–45 especially targeted.⁵³ A 2013 survey of 70 Rohingya men found that more than one in five reported being imprisoned at some point in their lives (Box 3.2). Amnesty International has documented accounts of sexual violence against male Rohingya detainees, including burning of the genitals and anus and anal rape with a metal rod.⁵⁴ The Democratic Voice of Burma, a nonprofit media organization, claims that the sexual exploitation of minors is widespread throughout prisons and detention centers across northern Rakhine State.⁵⁵

50 Human Rights Council, *Report of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/64 (Geneva: Human Rights Council, August 24, 2018), para. 62.

51 Fortify Rights and U.S. Holocaust Museum, *They Tried to Kill Us All: Atrocity Crimes Against Rohingya Muslims in Rakhine State, Myanmar* (Fortify Rights and U.S. Holocaust Museum, November 15, 2017).

52 Office of the United Nations High Commissioner for Human Rights, *Report of OHCHR Mission to Bangladesh: Interviews with Rohingyas Fleeing from Myanmar Since 9 October 2016*, Flash Report (Geneva: OHCHR, February 3, 2017), p. 19.

53 OHCHR, *Report of OHCHR Mission to Bangladesh*, p. 19.

54 Amnesty International, *We Will Destroy Everything: Military Responsibility for Crimes Against Humanity in Rakhine State, Myanmar* (London: Amnesty International, 2018), pp. 33–35.

55 Hanna Hindstrom, "Nearly 1,000 Muslim Rohingya Incarcerated in Arakan state", *Democratic Voice of Burma*, February 11, 2013 <http://www.dvb.no/uncategorized/nearly-1000-muslim->



Common forms of sexualized torture in detention—as reported by refugees for this research—include burning of the genitals and anus (with candles, candle wax, and cigarettes), beating of the genitals, and forced nudity. One key informant working for a large humanitarian organization reported receiving male survivors who suffered sexual violence in detention in Myanmar, as well as in other settings, such as Malaysia.

“Altaf,” an older Rohingya man, recounted the experience of his brother:

In Buthidaung district, many people were detained, about 200, including my brother. They undressed them and tied a rope around their penises. They pulled the men to the detention center by the rope tied to their penises. My brother was there and told me this. Many of these men were either killed or are still in detention.

“Imtiaz,” a young Rohingya man, shared his uncle’s experience:

When the government arrests Rohingya men, they do different kinds of violence—beating in the private parts, putting a cigarette in the anus. My uncle [and others] were arrested in 2012 and were kept in a temporary jail. They suffered many types of violence for some months. My uncle told me a little bit about this.

The Fact-Finding Mission found credible reports of male-directed sexual violence and torture in the Buthidaung prison specifically, including oral and anal rape of boys and young men, sexual humiliation, and the burning of genitals.⁵⁶ Some refugees and key informants for this WRC research also referenced the Buthidaung prison. One Rohingya key informant described accounts that tracked with those in the Fact-Finding Mission report:

There are many cases [of sexual violence against males] in this [Buthidaung] prison. I have family in this prison. They are treating prisoners as animals. There was a father and son in this prison. They were in the same room. This father and son, they were forced to have sex [with each other]. It is awful and terrible ... There are younger boys in this prison, like 12 [year-olds]. Sometimes they rape them. They put semen in their mouth ... The young boys and the elderly men are all kept inside. They don’t separate them—they keep everyone in one room. There is no space to sleep. Even men in their 80s are imprisoned.”

Persons with diverse SOGIESC are highly vulnerable to sexual violence in detention. Evidence from other settings indicates significantly higher rates of sexual violence against prison inmates with diverse SOGIESC than their non-diverse SOGIESC counterparts.⁵⁷

[rohingyas-incarcerated-in-arakan-state/26305](#).

56 Human Rights Council, *Report of the Detailed Findings of the Independent International Fact-Finding Mission on Myanmar*, A/HRC/39/CRP.2 (Geneva: Human Rights Council, September 17, 2018), paras. 675–676.

57 Jlan H. Meyer et al., “Incarceration Rates and Traits of Sexual Minorities in the United States: National Inmate Survey, 2011–2012,” *American Journal of Public Health* 107:2 (2017), pp. 267–273 and Commission on Sex in Prison, *Coercive Sex in Prison: Briefing Paper 3* (London: The Howard League for Penal Reform, 2014).

4. Additional Vulnerable Groups

Rohingya men and boys associated with Myanmar Armed Forces are also vulnerable to sexual violence and exploitation. Forced labor of the Rohingya people by state military or border guard forces is reportedly widespread in northern Rakhine State. According to human rights organizations, Rohingya men and boys are regularly forced to porter for the Myanmar military, which may involve carrying food and equipment or acting as guides or human shields.⁵⁸ Other forms of forced labor include construction, camp maintenance, and patrol duties. Porters are predominately male.⁵⁹ Observers suggest that 35–45% of forced Rohingya laborers are children, with some as young as 10.⁶⁰ A 2013 study found that almost one-quarter (22.9%) of the Rohingya men surveyed reported being forced into labor at some point in their lives (Box 3.2). A 2007 survey of 134 Rohingya refugees revealed that 54% reported having a family member taken for forced labor by border guard forces or state military.⁶¹ In 2017, the Fact-Finding Mission—based on more than 600 interviews with Rohingya men and women—confirmed that many were forced to porter for the Myanmar military.⁶² Military porters frequently reported being beaten, having their identity cards confiscated, being insulted with racist language, or being sexually assaulted.⁶³ A 2016 OHCHR report also found that the risk of sexual violence for men and women in conflict-affected settings in Myanmar appears to increase during forced portering.⁶⁴ Research from other settings demonstrates that men and boys associated with armed forces are often exposed to sexual exploitation and abuse, with rates of sexual abuse of males ranging from 5% to 57%.⁶⁵

"Rofiq," a young Rohingya man, reported that:

In Ra Mai Nya Para of Buthidaung subdistrict, some boys age 18 to 22 were working with the army. One of my friends was also working there for the army. After the [August 2017] riot, they increased the abuse with the boys. They injured my friend anally—they inserted a boiled egg [into his anus]. They had fun with the boy, made fun of the boy, then they threw him out in the field. When a Rohingya man found him, he brought him to a health facility. But the boy had died. I don't want to say his name. The boy's parents are very hurt. They are now living here in the camp.

Rohingya with diverse SOGIESC are also vulnerable to sexual violence by Myanmar Armed Forces, non-Rohingya civilians, and Rohingya community members. In Myanmar generally, violence against and harassment of persons of diverse SOGIESC are reportedly commonplace,⁶⁶ and sexual violence against persons of diverse SOGIESC has been reported across multiple districts (see Appendix B). In conflict-affected settings like northern Rakhine State, the vulnerabilities of persons with diverse SOGIESC are intensified due to the collapse of social protections and increased violence and impunity. A significant limitation of this research was the inability to safely hold FGDs with Rohingya

58 Child Soldiers International, *Ongoing Underage Recruitment and Use by the Myanmar Military* (London: Child Soldiers International, June 2015), <https://www.child-soldiers.org/Handlers/Download.ashx?DMF=c34ea63-8473-43b9-8914-91d4890891a0>; The Arakan Project, *Forced Labour after the Elections: An Overview of Forced Labour Practices in North Arakan, Burma (November 2010 to July 2011)* (The Arakan Project, August 22, 2011), http://www.burmalibrary.org/docs12/AP-Forced_labour_after_the_elections-2011-08-22.pdf; and Amnesty International, *Union of Myanmar: Human Rights Violations Against Muslims in Rakhine State* (London: Amnesty International, May 1992).

59 Irish Centre for Human Rights, *Crimes Against Humanity in Western Burma: The Situation of the Rohingyas* (Galway, Ireland: Irish Centre for Human Rights, 2010).

60 The Arakan Project, *Forced Labour after the Elections*.

61 Akram Ahsan Ullah, "Rohingya Refugees to Bangladesh: Historical Exclusions and Contemporary Marginalization," *Journal of Immigrant and Refugee Studies* 9:2 (2011), pp. 139–161.

62 Marzuki Darusman, "Statement by Mr. Marzuki Darusman, Chairperson of the Independent International Fact-Finding Mission on Myanmar" (presented at the 37th session of the Human Rights Council, March 12, 2018), <http://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=22798&LangID=E>.

63 Marzuki Darusman, "Statement by Mr. Marzuki Darusman, Chairperson of the Independent International Fact-Finding Mission on Myanmar."

64 Human Rights Council, *Situation of Human Rights of Rohingya Muslims and Other Minorities in Myanmar: Report of the United Nations High Commissioner for Human Rights, A/HRC/32/18* (Geneva: Human Rights Council, June 28, 2016), para. 60.

65 Alys McAlpine et al., "Sex Trafficking and Sexual Exploitation in Settings Affected by Armed Conflicts in Africa, Asia and the Middle East: Systematic Review," *BMC International Health and Human Rights* 16:1 (2016), p. 34.

66 Colors Rainbow, *Facing 377: Discrimination and Human Rights Abuses Against Transgender, Gay and Bisexual Men in Myanmar* (Yangon, Myanmar: Colors Rainbow, 2015).



with diverse SOGIESC. Two key informants who had met with Rohingya with diverse SOGIESC in Kutupalong camp reported that they experienced high levels of violence in Myanmar, although the context and nature of this violence is unclear.

The unique vulnerabilities to sexual violence of men and boys associated with armed forces and of persons with diverse SOGIESC require further exploration within the Rohingya context in Myanmar.

4. Intersections with Violence Against Women and Girls

The conflict in northern Rakhine State highlights how sexual violence against men and boys, particularly forced witnessing, can intersect with violence against women and girls in multiple ways. While forced witnessing is a form of sexual violence in its own right, it is in no way equated with the experience of direct sexual violence. Yet both forms can have devastating effects on individuals, families, and communities.

Forcing Rohingya men and boys to witness sexual violence against their female loved ones and community members serves multiple purposes: to inflict terror, humiliation, and anguish on both the female victims and the male observers, and to damage familial bonds, destroy the social fabric, and subjugate communities as whole. Women's rights groups in Myanmar have documented use of this practice by the Myanmar military against other ethnic communities, noting that the rape of a woman in front of her family members is commonplace and used as a means of psychological warfare.⁶⁷

When asked about forced witnessing, refugees for this WRC research used language such as "this is happening a lot," "we've all seen this," and "there are so many cases of this." Although many key informants had not heard of any accounts, four key informants who worked closely with the community reported that forced witnessing was "very common," "happening to everyone," and "most men and boys complain of this." Women and girls were also subjected to forced witnessing and were compelled to watch sexual violence being inflicted against their daughters, sisters, and husbands, among others.⁶⁸

"I witnessed this happen to my wife. I was a shopkeeper in Burma. When the army came to my village, they set up temporary barracks. One day, four army men came to my home. They kicked me aside while two of them raped my wife—each for half an hour. I told the village elder and he told me to get medicine from the pharmacy for my wife. I gave her two pills to prevent pregnancy. Please do not tell the people this; I am still with my wife and I don't want people in the camp to know. But tell the authorities; I want them to know." —"Abdu," men with disabilities' focus group

"This happened in front of me. I was trying to save my life and I took shelter in my uncle's house. That day, two Myanmar Army [soldiers] entered the house, and they tied up my uncle and then raped his wife in front of him. Then they killed the woman. This happened in Shig Dar Para." —"Noor," women's focus group

⁶⁷ Women's League of Burma, *Same Impunity, Same Pattern: Report of Systematic Sexual Violence in Burma's Ethnic Areas* (Burma: Women's League of Burma, January 2014), p. 16.

⁶⁸ Xchange, *The Rohingya Survey 2017* (Xchange, 2017).

One 35-year-old man, whose testimony was documented in the *Rohingya Survey 2017*, believed that the rape of his sister was designed as a tool of ethnic cleansing: "The Rakhine extremist gang raped and sexually abused my sister in front of my eyes so that I [would] leave the country where I was born (Myanmar)" (Box 3.1). Refugees commented that men subjected to forced witnessing could not speak or protest during the assaults or they would be killed. Refugees and key informants underscored the destructive mental health impact of forced witnessing on men and boys (see Impact section).

"One man I know here in the camp told me that the military in Burma forced him to strip his three daughters, then they tied him up and raped his daughters. One died and the other two he brought to the camp." —"Hossain," older men's focus group

"There are so many cases like this [of forced witnessing] in Myanmar. I used to live in Taung Bazar in Buthidaung. My neighbor—a woman who was pregnant—she was living with her husband. She was seven months pregnant. In the [August 2017] Myanmar riot, one day Myanmar Army [soldiers] entered the house and at first they held the arms of the husband, and in front of his eyes, this woman was gang-raped and then she died." —"Rabia," women's focus group

Under ordinary circumstances, due to gender norms within Rohingya society, Rohingya women's lives and movements are severely restricted by male family members.⁶⁹ Refugee women reported that men had become even more controlling about movement as a result of the recent violence, particularly the widespread sexual violence against women and girls. "Tasmin," an older Rohingya woman, shared the following:

The men feel very scared about this [female family members being subjected to rape] happening again. The impact is very bad. They feel it [rape] can happen at any time again. Most of the men do not allow women to go outside because of this reason, to go to the bathroom or the market. Even using the washroom, the men dig a hole inside [the shelter], a washroom inside [the shelter].

Some key informants suggested links between the violence, including sexual violence, that men witnessed and experienced in Myanmar and intimate partner violence.⁷⁰ A GBV officer commented, "What we are seeing is increasing [reporting of] intimate partner violence. Men are struggling with unaddressed issues related to violence and are transferring [that] to their wives and children." A child protection officer noted: "If a man has experienced genital violence, it can transform into violence against the wife, into many different forms of violence."

In a 2014 study that included in-depth interviews with 24 Rohingya women in Cox's Bazar District, the majority reported that men channel their frustrations and experiences of violence into domestic violence.⁷¹ A November 2017 rapid-needs assessment of 185 respondents in Cox's Bazar revealed that 67% reported perceiving an increase in domestic violence (emotional and physical abuse) in the community; 58.2% attributed the increase to stress as primary cause.⁷² Note that it is important to refrain from stigmatizing men who have survived various forms of violence and assuming that they will perpetrate additional violence; the linkages between victimization and perpetration are complex.⁷³

69 Shamima Akhter and Kyoko Kusakabe, "Gender-Based Violence Among Documented Rohingya Refugees in Bangladesh," *Indian Journal of Gender Studies* 21:2 (2014), pp. 225–246.

70 cf. Binta Alleyne-Green et al., "Physical and Sexual Violence Experienced by Male War-Affected Youth: Implications for Post-Conflict Functioning and Intimate Relationships," *Journal of Interpersonal Violence* (2018) and Emma Fulu et al., "Prevalence of and Factors Associated with Male Perpetration of Intimate Partner Violence: Findings from the UN Multi-Country Cross-Sectional Study on Men and Violence in Asia and the Pacific," *The Lancet Global Health* 1:4 (2013), pp. e187–e207.

71 Shamima Akhter and Kyoko Kusakabe, "Gender-Based Violence Among Documented Rohingya Refugees in Bangladesh," *Indian Journal of Gender Studies* 21:2 (2014), pp. 225–246.

72 UNICEF and UN High Commissioner for Refugees, *Rohingya Refugee Response: Education and Child Protection in Emergencies*, Joint Rapid Needs Assessment (Geneva: UN High Commissioner for Refugees, January 25, 2018).

73 cf. Binta Alleyne-Green et al. and Emma Fulu et al.



Three key informants also expressed concern about the impact of witnessing sexual and other forms of violence on boys, noting that they “take it out on girls.” One MHPSS officer commented that boys “have seen so many sexual things that they shouldn’t have seen, they don’t know what is normal. They need sexual education.” “Mohamed U.,” from a young men’s focus group, shared this:

My friend was tied up and forced to watch shameful things happen to his sister. He saw them manipulate her and make her “bad.”

A member of another young men’s focus group, “Hussan,” said:

Eight to ten army men entered my neighbor’s house. I could hear them. They tied up the man and then they raped his three sisters. I could hear them screaming.

The intersections of violence between men and women are complex and varied. Given the sensitivities surrounding sexual violence, this topic was difficult to explore with refugees. This research presents initial insights; much more attention is necessary to develop a deeper understanding of these dynamics and to enable better prevention and response programming for women and men affected by violence.

5. Sexual Violence in Bangladesh

[Sexual abuse of boys] also happens at home. When one of your relatives visits the home—he’s very good friends with your parents, he’s unmarried. Your parents let you stay with him, then at night he goes to you. This happened in Myanmar. In the camp now, the space is smaller—it must be happening here.—“Hamid,” Rohingya key informant

Data regarding incidents of sexual violence perpetrated against Rohingya men and boys in Bangladesh are scarce. Key informants reported that few Rohingya men or boys had come forward to access post-sexual violence services in Cox’s Bazar District and emphasized that sexual abuse within the Rohingya community is deeply taboo. Only one Rohingya key informant acknowledged and discussed sexual violence and abuse against boys within the community; none of the Rohingya focus group participants reported hearing of any incidents.

Of the 19 service-providing agencies interviewed, seven reported receiving male survivors; the cases comprised a small fraction of their overall caseload. However, key informants underscored a variety of barriers to accessing care (see the Challenges to Service Provision subsection and Additional Barriers section), in particular the absence of designated entry points for male survivors to access services. The majority of key informants believed that many more male survivors are present in the refugee community but are not accessing care.

One program officer said:

We don’t have services [for men and boys]—that’s why we don’t have the stories. We don’t have services [and] we don’t have rapport or trust with the community, so people don’t disclose [and] so agencies don’t feel the urgency to make services available. It’s a cycle.

However, some male survivors are starting to come forward to access care. A UN High Commissioner for Refugees (UNHCR) representative shared that the percentage of newly reported male SGBV cases, as recorded within their internal database, rose from 1% to 7% from January to May 2018, a jump they primarily attribute to increased male engagement activities. Service providers who have received male survivors reported that most cases involved young boys, adolescent boys, young men in their early 20s, or boys with intellectual disabilities. Key informants also expressed concern about other groups they consider as being vulnerable to sexual abuse and exploitation, including Rohingya with diverse SOGIESC (particularly transgender and third-gender persons), unaccompanied boys, men and boys working in the informal sector or in the context of child labor, boys studying in madrassas, single men with no family members, male sex workers, boys collecting firewood, men and boys in local prisons, men and boys at risk of labor trafficking,⁷⁴ and men and boys using *yaba*, a popular drug made of methamphetamine and caffeine.

Vulnerable Groups

1. Adolescent Boys and Male Youth in Cox's Bazar District

As of July 2018, children made up 55% of the total Rohingya refugee population in Cox's Bazar District, including 62,250 adolescent boys ages 12–17 and 106,700 young boys ages 5–11.⁷⁵ In a November 2017 rapid-needs assessment of 185 respondents in Cox's Bazar, 8.1% and 4.3% reported that sexual harassment and sexual violence, respectively, were a risk for boys; 34.6% and 28.6% reported that sexual harassment and sexual violence, respectively, were a risk for girls.⁷⁶ Also, a 2007 report noted that refugees have reported sexual abuse of boys within the camps.⁷⁷ One key informant commented that before the 2017 influx some older Rohingya women had managed "red light districts" in the camps where they "made boys available" for sexual abuse.

One agency, which had managed 15 male survivors, reported that its cases primarily pertained to rape or sexual assault of male youth (ages 15 to early 20s), with most reports originating from camps that were mixed in with the host community. Key informants from agencies that had received male survivors reported that perpetrators were primarily men and older boys within the community or host community, including a few accounts involving *Majhis*.⁷⁸ Other perpetrators included parents (two cases), two older adolescent girls (one case), a "doctor" who was illegally circumcising and molesting boys in makeshift "clinics" (one case), and jailors who had sexually abused a 17-year-old boy who had been arrested and sent to the local jail in Cox's Bazar (one case). Note that agencies' caseloads are very small and may not be representative; conclusions cannot be drawn from these data.

⁷⁴ One agency reported that 30% of its trafficking cases were men and boys; all cases pertained to forced labor. Note that the caseload was small (<100). Of 185 respondents for a rapid needs assessment in November 2017, 61% perceived that more boys than girls are being subjected to trafficking practices.

⁷⁵ UNICEF and UN High Commissioner for Refugees, *Rohingya Refugee Response: Education and Child Protection in Emergencies*, Joint Rapid Needs Assessment (Geneva: UN High Commissioner for Refugees, January 25, 2018).

⁷⁶ UNICEF and UN High Commissioner for Refugees, *Rohingya Refugee Response*. Note that 25.4% reported that child marriage was an existing risk for boys.

⁷⁷ UN High Commissioner for Refugees. *Refugee Consultations: Bangladesh* (Bangladesh: UN High Commissioner for Refugees, March 2007), p. 20, <http://www.refworld.org/docid/46f0ec002.html>.

⁷⁸ *Majhis* are Rohingya community focal points appointed by the government of Bangladesh.



One MHPSS officer directly witnessed and confronted a man attempting to abuse a boy. She shared: One day I was going home [from Balukhali camp] and while passing the road, I saw that a 20- or 21-year-old adolescent boy was forcing a 10- to 12-year-old boy. The elder boy was pushing up and opening up his *longyi*. That time I had three outreach workers with me, and they saw this event and told the older boy to leave him alone, saying, "What are you doing to that boy?" Then the [older] boy scolded them and told them, "Mind your own business, this is my business, don't interfere." But they forced him to leave and then they spoke with younger boy. He said that yes, this older boy has tried to abuse him a few times before. He didn't tell anyone about it.

Two agencies reported that some perpetrators were luring boys by showing them pornography on mobile phones, a technique observed in other refugee settings.⁷⁹ One GBV officer described how some *Majhis* used this tactic while also attempting to exploit the victim:

Majhis try to exploit [their] power over Rohingya women and children and sometimes boys, adolescent boys actually. There are no facilities for adolescent boys, so what do they do? *Majhi* and powerful leaders try to show porn videos to boys [on their phones]. Then they sometimes try to [sexually] abuse the boys. One boy told his father about this and he came to us. The father said, "What do I do? Where do I go? I have to depend on the *Majhi* for relief." ... What we see is that sometimes the perpetrator tries to take another assault. If he has power, he will try to exploit the victim. "I won't give you relief if you don't do this."

Refugee women voiced concern about the lack of schooling and structured activities for their sons in the camps and that this may put them at risk for various types of abuse and exploitation. Many boys are not in school and are unsupervised for large parts of their day. Of the estimated 530,000 school-aged refugees in Cox's Bazar District, almost 400,000 have no access to any kind of education.⁸⁰ Boys' largely unfettered access to the public space contributes to their vulnerability, as they are made more accessible to non-familial perpetrators. Whereas girls may be isolated and their movements controlled in an effort to "protect" them,⁸¹ boys are frequently perceived as capable of protecting themselves and seen as invulnerable to sexual abuse.⁸² "Yunus," from an adolescent boys' focus group, shared his daily routine:

After I wake up, I say my prayers and recite the Koran. Then I go outside—I search for a job, go look at NGOs, go to the distribution center to get food. I chat with people—we want to know what's happening in Burma. Then I come back home.

In addition, three key informants reported observing young children attempting to engage in sex acts with one another in child-friendly spaces. They wondered if children were acting out sexual relations witnessed between parents in cramped living quarters.

79 Sarah Chynoweth, *"We Keep It in Our Heart": Sexual Violence Against Men and Boys in the Syria Crisis* (UN High Commissioner for Refugees, 2017).

80 *Education Sector—Bangladesh Cox's Bazar* (Geneva: UN Office for the Coordination of Humanitarian Affairs, June 18, 2018), https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/cxb_education_sector-2018-05-31.pdf.

81 While isolation and controlling of girls' movement may be intended as protective in nature, it increases their vulnerability to different forms of gender-based violence, such as domestic violence and sexual exploitation, and limits their access to social, economic, and material support.

82 John Frederick, *Sexual Abuse and Exploitation of Boys in South Asia: A Review of Research Findings, Legislation, Policy, and Programme Responses* (New York City: UNICEF, April 2010), p. 6.

2. Boys and Men with Disabilities

Persons with disabilities—women, girls, men, and boys—are generally more vulnerable to sexual violence.⁸³ Forced displacement compounds their vulnerability to sexual violence and abuse.⁸⁴ As of July 2018, 4% of Rohingya refugee households in Cox's Bazar District included someone with a disability.⁸⁵

One NGO reported receiving "many" cases of boys with intellectual disabilities who had been sexually abused. One of the agency's field workers described observing a man attempting to lure a 10- to 12-year-old boy with bananas and biscuits in Kutupalong camp. The boy had a disability that compromised his ability to speak clearly. When the field worker confronted the perpetrator, he replied, "It's nothing, we can have some fun. The boy doesn't mind." An MHPSS officer reported managing a case of two older adolescent girls who had raped a 12-year-old boy; before the assault, the boy had exhibited signs of severe mental disturbance as a result of witnessing a conflict-related gang rape in Myanmar.

3. Rohingya of Diverse SOGIESC

In both Bangladesh and Myanmar, discrimination, harassment, and violence against persons of diverse SOGIESC are reportedly commonplace.⁸⁶ The *2018 Joint Response Plan for the Rohingya Humanitarian Crisis* includes persons with diverse SOGIESC as a particularly vulnerable group with specific protection needs.⁸⁷ Yet few key informants had information about Rohingya with diverse SOGIESC, although many expressed concern about their vulnerability, service providers' limited knowledge about this population, and the lack of targeted services and outreach. Experts suggest assuming that at least 5% of any displaced population are of diverse SOGIESC⁸⁸—which translates into at least 45,000 Rohingya refugees in Cox's Bazar District.

One informant shared that *kothi* (men who have sex with men, or MSM) and *hijra* rarely stay in the camps for more than a few weeks, fleeing to nearby towns and cities, where some engage in sex work to support themselves. As sex workers, they reportedly experience high levels of violence from clients, family members, community members, and police, including exposure to rape. At the same time, clinical services inside and outside of the camps are frequently inaccessible to them, and they are reportedly afraid of being identified in government-run health centers. One program officer shared:

I met some MSM and *hijra* in Kutupalong. I asked them about their personal life, their sex life. When they lived in Myanmar, they experienced so much violence. Now, they said the camps were not suitable for them—it is like being in a cell. They want freedom, so some go to [the towns of] Ukiyah and Cox's Bazar. The Rohingya community doesn't accept them. They are the most vulnerable.

83 Emily Lund and J. Vaughn-Jensen, "Victimisation of Children with Disabilities," *The Lancet* 380:9845 (2012), pp. 867–869 and Monika Mitra et al., "Prevalence and Characteristics of Sexual Violence Against Men with Disabilities," *American Journal of Preventive Medicine* 50:3 (2016), pp. 311–317. A study of 216 Bangladeshi children with disabilities, ages 7–18, revealed that half (51.4%) had experienced sexual abuse, with a similar prevalence among boys (47.7%) and girls (52.3%); perpetrators were almost exclusively family members. Shamim Ferdous et al., "Exploring the Vulnerability of Sexual Abuse Among the Children with Disabilities in Bangladesh," *Institutionalised Children Explorations and Beyond* 2:1 (2015), pp. 15–26.

84 Women's Refugee Commission, *I See That It Is Possible: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings* (New York City: Women's Refugee Commission, May 2015).

85 UN High Commissioner for Refugees, *Bangladesh Refugee Emergency: Population Factsheet as of 15 July 2018*, (Geneva: UN High Commissioner for Refugees, July 17, 2018), https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/unhcr_population_factsheet_-_20180715.pdf.

86 Independent Advisory Group Country Information, *Country Policy and Information Note: Sexual Orientation and Gender Identity, Bangladesh, November 2017* (London: Independent Advisory Group Country Information, November 2017) and Colors Rainbow, *Facing 377: Discrimination and Human Rights Abuses Against Transgender, Gay and Bisexual Men in Myanmar* (Yangon, Myanmar: Colors Rainbow, 2015).

87 Inter Sector Coordination Group, *2018 JRP for Rohingya Humanitarian Crisis: March–December 2018* (Bangladesh: Inter Sector Coordination Group, March 2018).

88 Humanitarian Advisory Group, *Taking Sexual and Gender Minorities out of the Too-Hard Basket* (Melbourne, Australia: Humanitarian Advisory Group, June 2018), p. 4.



Five key informants reported having engaged with Rohingya with diverse SOGIESC. One described the case of a boy who came out as gay to his family and was subsequently abandoned by them. A protection officer reported that boys who are perceived as “different” are targeted for violence, including sexual violence, and discrimination. The parents of a boy with diverse SOGIESC might forcibly isolate him to try to protect the family from communal shaming. A child protection officer said:

Transgender [women refugees] are the most vulnerable and most invisible group. They don't even have to be transgender—it's any man or boy showing feminine qualities. They are the first to be attacked. I don't know why rape is used to “cure” femininity.

A key limitation of this study was the inability to safely hold FGDs with Rohingya with diverse SOGIESC. Further attention to this population is imperative to better understand their protection needs and vulnerabilities and to ensure safe and consistent access to services.

4. Boys and Men in the Context of Child Labor and Informal Work in Bangladesh

Rohingya refugees are restricted from engaging in legal work in Bangladesh. With few financial resources, many Rohingya boys and men are engaged in informal work within and outside of the camps, often under exploitative conditions. Men may work in construction, factories, and fishing and as day laborers. Boys as young as seven⁸⁹ reportedly work in a variety of areas, such as in tea shops, at the market, on farms, and as domestic laborers and herders.⁹⁰ Of 185 respondents for a rapid-needs assessment in November 2017, 74% reported that refugee children are engaged in work, both paid and unpaid, with the highest rates among refugees residing in the host community; 3% reported that boys were involved in “sexual transactions,” while 14% reported that girls were involved.⁹¹ One GBV officer reported:

Some children, some boys, are moving around the camps. They do a little work, like picking up fuel by the nearby road. Somebody asked them to do that work, but they are actually trying to sexually abuse them. The children are horrified—they don't want to share this.

Engagement in exploitative labor increases vulnerability to sexualized violence and abuse. For instance, a 2006 study of 88 commercially sexually exploited boys in Bangladesh (not refugees) found that all had previously worked in informal, menial labor jobs, such as household help, day laborers, or street tea sellers.⁹² Forty-three percent of the boys reported leaving these jobs because of sexual abuse—not low pay—highlighting the risks boys encounter while working in the informal sector.⁹³ UNICEF has also documented the sexual abuse and exploitation of boys in the context of child labor in Bangladesh.⁹⁴ Said one protection officer:

Boys are working for their families, doing manual labor. I can imagine this [sexual exploitation] happening. All the perfect conditions are there for this to happen, but we haven't heard any concrete evidence yet.

Most key informants had not heard of specific cases of sexual exploitation of boys or men, although some recognized potential risks. This requires further investigation.

89 Tom Allard and Tommy Wilkes, “Exclusive: \$6 for 38 Days Work: Child Exploitation Rife in Rohingya Camps,” Reuters, November 13, 2017, <https://www.reuters.com/article/us-myanmar-rohingya-exploitation/exclusive-6-for-38-days-work-child-exploitation-rife-in-rohingya-camps-idUSKBN1DD05A>.

90 Inter Sector Coordination Group, *2018 JRP for Rohingya Humanitarian Crisis: March–December 2018* (Bangladesh: Inter Sector Coordination Group, March 2018) and UNICEF and UN High Commissioner for Refugees, *Rohingya Refugee Response: Education and Child Protection in Emergencies Joint Rapid Needs Assessment* (Geneva: UN High Commissioner for Refugees, 2017).

91 UNICEF and UNHCR, *Rohingya Refugee Response*, p. 12.

92 A.K.M. Masud Ali and Ratan Sarkar, *The Boys and the Bullies: A Situational Analysis Report on Prostitution of Boys in Bangladesh* (Bangkok: ECPAT International, June 2006).

93 A.K.M. Masud Ali and Ratan Sarkar, *The Boys and the Bullies*.

94 UNICEF, *Sexual Abuse and Commercial Exploitation of Children* (Dhaka, Bangladesh: UNICEF Bangladesh, 2011).



6. Impact

Sexual violence, particularly conflict-related sexual violence, can impact survivors, their families, and communities on multidimensional levels. In brief, physical health consequences for male survivors may include impairment and scarring of the genitals; rectal fissures and abscesses; urinary and bowel incontinence; sexually transmitted infections, including HIV; sexual dysfunction; and infertility. Psychological effects can include anxiety and depression; self-harm; suicidal ideation; sleep disorders; anger and aggression; posttraumatic stress disorder; and compulsive sexual behavior. Socially, survivors and their families may be shamed, ostracized, and threatened with violence. As a result, adult male survivors may have difficulty performing job duties. Boy survivors may struggle with attending or participating in school or may develop behavioral problems. Families may believe that boy survivors are less affected by sexual abuse,⁹⁵ and boys are frequently perceived as perpetrators rather than victims when disclosing sexual abuse.⁹⁶

The Rohingya people have suffered multiple forms of trauma, including individual and communal experiences of violence, oppression, and loss. Sexual violence is but one of these traumatic events and must be understood within broader cultural, religious, political, and historical contexts. Little is known about the impact of sexual violence on Rohingya men and boys. For this WRC research, a few refugees commented on the health consequences, including urinary and bowel problems as a result of genital beatings and the need for medical care after genital violence. Other health concerns voiced by key informants include HIV and other sexually transmitted infections, particularly for Rohingya engaged in sex work. Most refugees and key informants discussed the social impacts of sexual violence, drawing distinctions between men and boys.

95 John Frederick, *Sexual Abuse and Exploitation of Boys in South Asia: A Review of Research Findings, Legislation, Policy and Programme Responses* (New York City: UNICEF, April 2010).

96 Zosa De Sas Kropiwnicki Gruber et al., *Caring for Boys Affected by Sexual Violence* (London: Family for Every Child, 2018).



Men

Within the Rohingya community, female survivors of sexual violence have long faced stigma, ostracism, and abandonment. Although key informants and refugees uniformly described the deep shame and fear of stigma experienced by male survivors, they provided inconsistent descriptions of the community response. Some suggested a male survivor would encounter outright rejection from community members, as reflected in the comments of one women's focus group participant: "I don't have interest to talk to this kind of man. We won't let him enter the community." Others reported that the community may downplay the sexual aspect, preferring to describe the experience as torture and thus allowing the survivor to reinstate his role as a strong male provider and protector. A Rohingya key informant indicated that the community would perceive the sexual violence against men as less harmful than sexual violence against women and girls and noted:

They will not push the man out. They would say [that] this is one kind of incident. If a man is [violated] in this matter, this is not rape—they would say it's sexual harassment—that this is by some idiot.

A number of key informants reported that Rohingya women were highly dependent on their husbands and speculated that women would not separate from or abandon a survivor. However, none had managed a case where the survivor's victimization had become known to his wife.

Refugee women and Rohingya key informants highlighted the destructive mental health impact of forced witnessing and sexual violence against women and girls more broadly. One Rohingya key informant reported:

This is a very horrible moment for us. Men are very angry, very angry. They always say, "We are not able to save our girls. And this is our fault." They always blame themselves.

A 2007 report describes how one Rohingya man attempted to commit suicide after being unable to defend a younger female family member from being raped and murdered by a soldier.⁹⁷ A man whose testimony was documented in the *2017 Rohingya Survey* reported that the Myanmar Army had sexually abused his wife and had burned down his house. He stated, "I don't feel my heart anymore. This is the most terrifying page of my life. I can't forget this" (Box 3.1). Witnessing violence against a loved one is a direct experience of violence and can result in long-lasting trauma.⁹⁸ Men who are forced to watch sexual violence against family members frequently experience deep shame and humiliation and may experience a disruption in their male identity.⁹⁹

97 UN High Commissioner for Refugees. *Refugee Consultations: Bangladesh* (Bangladesh: UN High Commissioner for Refugees, March 2007), p. 14, <http://www.refworld.org/docid/46f0ec002.html>.

98 MenEngage and United Nations Population Fund, *Sexual Violence in Conflict and Post-Conflict: Engaging Men and Boys* (2008), p. 11.

99 MenEngage and United Nations Population Fund, *Sexual Violence in Conflict and Post-Conflict*.

Boys

"We had a case of one [Rohingya] boy who was assaulted by a man [in Cox's Bazar District]. The man was tried by the court and put in jail. But even though [the perpetrator was convicted], the community always tells the boy, 'You are not good.' They are always saying this to the child. It negatively impacts him." —Protection officer

Refugees described the isolation, shame, and humiliation that a boy survivor would encounter if his victimization became known to the larger community, including the perception that he is gay. Some commented that his immediate family would become stigmatized and ostracized. Although a few key informants said that some parents or community members might be sympathetic or supportive of the survivor, the majority reported that the parental and community response to a boy disclosing sexual abuse would be negative. The possibility of successful social reintegration of a boy survivor is unknown. "Nura," from a women's focus group, shared this:

People will judge him. They will not allow him to mix with the community. Others will not allow their child to play with this child. The parents may also beat him—that's why he won't speak. He feels very ashamed.

A November 2017 rapid-needs assessment found that 37.7% and 10.1% of 185 adult respondents reported that witnessing violence and being exposed to sexual violence, respectively, were perceived as drivers of psychosocial distress among boys.¹⁰⁰ One key informant described the case of a 12-year-old boy, highlighting the intersections between sexual violence in Myanmar, sexual violence in Bangladesh, and violence within the family:

That boy saw the similarity between the rape [he witnessed] in Myanmar and his own rape [in Bangladesh]. He doesn't know anything about rape or this kind of thing, but he saw that this [had] happened to him. His behavior became aggressive. He can't express his feelings or problems to anyone. This is a kind of displacement—he displaced his anger to others by throwing things, by violence ... He can't bear a conversation of any intimate relationship. Whenever he hears sounds of a husband and wife talking, he can't bear it, he becomes very aggressive. His suicidal thinking comes when the father beats him. The father can't understand his pain, can't understand his suffering. He [the father] feels a sense of helplessness.

Additional survivor-centered attention by mental health specialists is needed to better understand the impact of sexual violence on men and boys within the Rohingya community.

100 UNICEF and UN High Commissioner for Refugees, *Rohingya Refugee Response: Education and Child Protection in Emergencies*, Joint Rapid Needs Assessment (Geneva: UN High Commissioner for Refugees, 2017).



7. Service Provision in Bangladesh

Service provision for male survivors must be contextualized within the broader response to sexual violence. At the beginning of the crisis, health, protection, GBV, MHPSS, and other actors struggled to respond to the mass influx of refugees, which included high numbers of female survivors of sexual violence. While exceptional progress has been made in scaling GBV and other services under challenging and restrictive conditions, numerous gaps remain.¹⁰¹ For example, as of March 2018, approximately half the settlement areas lacked basic clinical care for sexual assault survivors and other sexual and reproductive care.¹⁰² According to the UN Office for the Coordination of Humanitarian Affairs' (OCHA's) Financial Tracking Service, as of August 2018, only 25.3% of funding for GBV programs was secured in the *2018 Joint Response Plan for the Rohingya Humanitarian Crisis* appeal.¹⁰³

Within the camps in Cox's Bazar District, few targeted services for male survivors were identified, although some efforts are underway. MSF health facilities provide clinical care for survivors of sexual assault, including for male survivors. UNHCR is funding and providing support to four implementing partners—Bangladesh National Women Lawyers Association (BNWLA), BRAC, Relief International, and Technical Assistance Inc. (TAI)—to support service delivery to male survivors. MSF, BRAC, the International Organization for Migration (IOM), and TAI offer MHPSS for survivors, including for men and boys, and Action Against Hunger (ACF) provides MHPSS for girls and boys. IOM and TAI provide sexual violence case management services, and BNWLA and TAI offer legal services, including for male survivors. Some agencies, including BRAC, Gana Unnayan Kendra (GUK), Relief International, and TAI have established men- or boy-only support groups that meet at community or learning centers. Child protection actors can arrange temporary or permanent shelter for boy survivors. Note that coverage is inconsistent and that many of these services are provided only in select camps or areas, which means they are inaccessible to refugees residing in other locations. Other agencies may be providing services for male survivors that were not identified during data collection.

Box 7.1: Technical Assistance Inc. (TAI)

TAI, a long-standing partner of UNHCR, has worked with the Rohingya refugee community for 12 years and currently serves 33,000 people across five camps. In their sexual and gender-based violence (SGBV) program, TAI staff undertake community outreach to raise awareness on sexual violence against women, girls, men, and boys, as well as share information about the location and availability of services for female and male survivors. Staff include male counselors and a male SGBV associate. Their integrated community centers host men's, women's, and youth groups. They also provide legal assistance for male and female survivors.

101 cf. Francisca Vigaud-Walsh, *Still at Risk: Restrictions Endanger Rohingya Women and Girls in Bangladesh* (Washington, DC: Refugees International, July 2018).

102 United Nations Security Council, *Report of the Secretary-General on Conflict-Related Sexual Violence, S/2018/250*, (New York City: United Nations Security Council, March 23, 2018), p. 17.

103 Financial Tracking Services, "Funding Progress of Refugee Response Projects, Grouped by Cluster," Table, in *Bangladesh: Rohingya Refugee Crisis Joint Response Plan 2018 (Other)* (Financial Tracking Services, August 28, 2018). <https://fts.unocha.org/appeals/656/summary>.

In addition, People In Need is training groups of community members in a variety of topics; the GBV component of the curriculum includes mention of sexual violence against males. Relief International facilitates group discussions with men and boys and aims to include the topic of sexual violence against males in the next phase. BNLWA, BRAC, People In Need, Relief International, and TAI also work on male engagement more broadly.

A key gap in the overall response is the lack of protection mechanisms and services for Rohingya with diverse SOGIESC. Despite being acknowledged as a vulnerable group in the *2018 Joint Response Plan*,¹⁰⁴ no interventions were identified during data collection. Many key informants expressed concern at this gap; some worried about the risks of engaging with this population without sufficient understanding of the related social and cultural norms. However, two nascent efforts were identified during data collection: 1) UNHCR is partnering with some health actors to strengthen referral pathways for male survivors and *hijra*; and 2) an interagency meeting was held in Dhaka to discuss how to begin addressing the needs of Rohingya with diverse SOGIESC.

1. Challenges to Service Provision

"Staff aren't trained to provide care [for male survivors], but they aren't appropriately trained to care for female survivors either."—GBV officer

Numerous challenges to service provision were identified. Many—although not all—of the challenges and barriers outlined below apply to caring for female survivors as well. **It is critical to dispel the myth that post-sexual violence services are widely available for women and girls but not for men and boys.** Across humanitarian settings, they are frequently weak for all survivors.¹⁰⁵

- **Sectoral accountability tensions**

Perhaps the most critical barrier to service provision is the lack of clarity regarding the sectoral responsibility for addressing sexual violence against adult men and persons with diverse SOGIESC. Addressing boy survivors is the joint responsibility of child protection and GBV subsectors. Yet some key informants weren't clear as to which sector is responsible for addressing adult male survivors and survivors with diverse SOGIESC. Others questioned the capacity and interest of the GBV, health, and protection sectors to respond adequately to the needs of these groups (see Appendix D). This tension has been documented in other refugee settings.¹⁰⁶ Comments from GBV and child protection officers include:

If it [addressing sexual violence against men] is embedded in GBV, it will always be sidelined. It's not seen as an urgent issue because there are so many gaps already in the GBV response [for women and girls].—GBV officer

Protection should take this on. But it has to be a collaborative effort—it is a cross-cutting issue.—Child protection officer

We need regular accountability [for sexual violence against men] that you get from a working group.—GBV officer

104 Inter Sector Coordination Group, *2018 JRP for Rohingya Humanitarian Crisis: March–December 2018* (Bangladesh: Inter Sector Coordination Group, March 2018), p. 55.

105 cf. Chen Reis, *Clinical Management of Rape in Conflict: Exploring the Persistence of Sub-Standard Humanitarian Responses* (PhD dissertation, University of New South Wales, 2018) and Sarah Chynoweth, "Advancing Reproductive Health on the Humanitarian Agenda: The 2012–2014 Global Review," *Conflict and Health*, 9:Suppl 1 (2015), p. 5.

106 Sarah Chynoweth, *"We Keep It in Our Heart": Sexual Violence Against Men and Boys in the Syria Crisis* (UN High Commissioner for Refugees, 2017).



While the majority of key informants believed that the GBV subsector should be responsible for addressing sexual violence against men and persons with diverse SOGIESC, others suggested that different sectors or subsectors should take the lead on addressing this issue, such as protection, health, MHPSS, or gender in humanitarian action (see Appendix D). Key informants reported a reluctance from GBV and child protection actors to recognize or respond to sexual violence against males, with one GBV officer noting: “It’s seen that we must get this [GBV response for women and girls] right first, then we can do that [address sexual violence against men and others]. But we can’t do them in parallel.” One GBV officer felt strongly that this tension must be resolved at the global level:

It’s not just the political agenda whether you recognize sexual violence against men or whether you have to dilute resources to include men; it’s also about the posturing and claiming of the agenda. It’s the politics of this response on so many levels. Who will take responsibility [for sexual violence against men]? It can’t be decided on the local level because of all these politics. It needs to come from the global level.

Sectoral accountability for addressing sexual violence against men and persons with diverse SOGIESC must be urgently established.

- **Low provider capacity**

Key informants reported that the capacity to provide good-quality services to female and male survivors required significant strengthening, which is a challenge observed across humanitarian settings.¹⁰⁷ Across sectors, many service providers lack the training, sensitization, and experience to effectively care for a survivor of sexual violence. Key informants were concerned about some providers’ poor adherence to principles of confidentiality and their perceived empathy gap, which reportedly impeded their ability to anticipate needs and design appropriate services. Capacity to adequately care for child survivors—both boys and girls—was also noted as particularly weak. With the exception of perhaps MSF, no agencies were equipped adequately to support survivors with diverse SOGIESC.

A number of key informants strongly criticized the quality of MHPSS services. As an example, one program officer commented:

There is no real PSS. I’ve heard that “PSS can mean anything.” You walk into a women-friendly space, that means you’ve had PSS. There is no planning or evaluation. The skills aren’t there. I’m so disgusted with what we’ve been providing—it’s abysmal. These people have been through enough. They need Harvard-level mental health care. I don’t think you could have a people more traumatized or abused than the Rohingya. Yet we are giving them the worst possible PSS. You can’t even call it that. I can’t stress enough how bad PSS is as a whole—we need a new system. We won’t get staff capacity there anytime soon. Basic empathy and sensitivity to issues are just not there. We don’t understand the need to provide a quality service.

Given the findings above, particularly pertaining to forced witnessing, it is imperative that MHPSS services—as well as health, GBV, case management, and other services—are strengthened.

¹⁰⁷ Sarah Martin, *Current State of GBV Response Capacity in Humanitarian Settings* (Gender-Based Violence Area of Responsibility Learning Task Team, September 2014), <http://gbvaor.net/wp-content/uploads/2015/04/Current-State-of-GBV-Response-Capacity-in-Humanitarian-Settings.pdf>.

- **Few entry points and limited community outreach**

Male survivors who seek services have few points of entry to access care. According to informants, entry points for male survivors were not considered in initial response plans. One GBV officer commented: "It is such a failure of the [Humanitarian Response Plan] to not have considered entry points for male survivors in this crisis. Across all sectors—health, GBV. It's a real failure of this response."

While some agencies, such as MSF, may provide services for male survivors, they don't advertise as such, leaving refugees largely unaware of the few services for male survivors that are available. **Twelve out of 21 focus groups could not name one service for a male survivor.** Similarly, a 2015 qualitative study among Rohingya refugees in Bangladesh found that few men or women were aware of the available GBV services.¹⁰⁸ One GBV officer noted, "The mothers take their raped daughters to MSF, but not their raped sons."

Men and adolescent boys may be unable or uncomfortable accessing care in many places where post-sexual services are offered, such as women-friendly spaces and in settings where care is linked with sexual and reproductive health services oriented to women. It is critical that women-oriented entry points are maintained and expanded, and it is also important that additional entry points be established for male survivors. Without designated entry points, some male survivors have approached women-friendly spaces, which could also dissuade women and girls from accessing these services. A GBV officer reported that:

Young men are approaching women-friendly spaces. They caught wind that we are providing services and they self-disclosed to case workers. We realized there was a need, and then we panicked and tried to find space for them. They don't have available services and support. We are now trying to rethink our programming.

- **Misconceptions and limited data**

Most key informants identified sexual violence against men and boys as a gap in the overall response to sexual violence. At the same time, some key informants revealed or expressed problematic misconceptions. Four key informants reported that colleagues within their respective organizations had disclosed that they didn't "believe" that male survivors existed within the Rohingya community, including boy survivors. One key informant questioned efforts to establish programs serving men and boys that do not correlate with reported incidence, an argument which has been used to push back on establishing services for women and girls. However, interagency guidelines state that services for all sexual violence survivors should be in place with or without incident data.¹⁰⁹ A GBV officer blamed the lack of evidence: "There is so little documentation, so it's still possible for colleagues to say that it doesn't exist." A few key informants commented that perpetrators of male-on-male sexual violence are gay, which is a common and destructive myth.¹¹⁰ A child protection officer commented that:

People can't imagine that it can happen to men.

108 Farzana Islam et al., "724 Situation of Sexual and Gender Based Violence Among the Rohingya Migrants Residing in Bangladesh," *Injury Prevention* 22 (2016), p. A260. <http://dx.doi.org/10.1136/injuryprev-2016-042156.724>.

109 The 2015 IASC GBV guidelines state, "Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on sector recommendations in these Guidelines, regardless of the presence or absence of concrete 'evidence'." Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (Inter-Agency Standing Committee, 2015), p. 2.

110 Jessica A. Turchik and Katie Edwards, "Myths About Male Rape: A Literature Review," *Psychology of Men & Masculinity* 13:2 (April 2012), pp. 211–241, <http://dx.doi.org/10.1037/a0022247>.



A GBV officer said:

[Sexual violence against males] is not acknowledged and there's no expertise. We're not talking about it. We're in denial.

- **Lack of referral pathways for adult male survivors and survivors with diverse SOGIESC**

Interagency referral pathways that have been established throughout the camps should, in theory, address the needs of all survivors. Yet adult male survivors and survivors with diverse SOGIESC are not integrated into the referral pathways, and sensitized services for these survivors have not been established. Some key informants commented that GBV actors were "blind" to the needs of male survivors, as reflected in the comments of one GBV officer:

Men and boys were not integrated into the referral system because the violence against them was not recognized—by anyone, by any of the actors involved in the GBV subsector. It wasn't articulated at a subsector level. There was no strategizing.

Another GBV officer stated:

When we first received a male survivor, I was looking to refer him, and I couldn't find a referral pathway. And even now there still is no pathway.

The draft GBV case management standard operating procedures do include a small section on male and child survivors.

- **Limited tools and technical support**

Some service providers expressed an interest in establishing programs for men, adolescent boys, and/or Rohingya with diverse SOGIESC. Yet they were at a loss for how to move forward given the limited available guidance, a dearth of technical support, and the potential for adverse effects resulting from inappropriate or poor-quality interventions. One child protection officer noted:

There is an absence of tools and approaches. We need tools and approaches to work with these groups [of adolescent boys]. We are talking about them in meetings and orientations, but I also need some tools to tell me, what do I say [to an adolescent boy]?

One GBV officer cautioned:

We still struggle with the basics of confidentiality with women and girls—with needs identification and appropriate follow-up ... I don't believe there is a readiness to try and engage [with male survivors]. We've had similar conversations around LGBT [persons]. It needs to be so sensitive and thought out without putting the client in harm's way. We have a huge crisis in the way services are being managed—that's doubled for men and boys and other targeted groups.

Other key informants felt that agencies should move forward with trying to establish services for male survivors and survivors with diverse SOGIESC. A different GBV officer commented:

We need technical support on this issue. Every organization needs it. We don't know how to do this [establish programs for male survivors]—it is difficult.

8. Additional Barriers

- **Sociocultural barriers**

Decades of discrimination and limited access to education and information in Myanmar has resulted in low knowledge of basic human rights, sexuality, and sexual health among the Rohingya. Sexual violence—and sexuality generally—remains a highly sensitive topic and survivors face stigma and rejection. There was consensus among refugees and key informants alike that adult men and adolescent boys would not disclose sexual victimization, particularly if the violence could not be attributed to the Myanmar military forces. According to them, a male survivor would only seek services if he had a serious medical need. Younger boys, on the other hand, may not understand what constitutes abuse given their limited knowledge of appropriate and inappropriate touching. As such, they may disclose abuse to parents or another trusted family member; however, once they are old enough to understand that the abuse includes a sexual component, they reportedly would not speak out.

A Rohingya key informant highlighted the social barriers to disclosure, as well as men's and boys' lack of knowledge of the benefits of seeking post-sexual violence care:

The biggest barrier is in the family members and the community. They [men and boys] cannot share with people. There are no ears to hear this—they are very afraid to share. Even if parents are educated and give freedom to kids to share, children are too embarrassed and uncomfortable to share these things. Now [in displacement] parents are too scared—they don't have the ears to hear them. There are many children and youths and younger children [who have been sexually abused]. They think, "What has happened to me? I don't know what to do." They have no knowledge about this [sexual abuse]. That's why they can't share. Men and boys don't know what treatment or services they need. For women, it's clear that after there is some violence they may become pregnant or something like this, but men don't know what to do or that something can be done [to help them].

- **Failure to recognize common forms of sexual violence against males as sexual violence**

One of the pushbacks against addressing sexual violence against men, as articulated by a handful of GBV and child protection actors, is that the existing GBV data reflect very few male survivors. This underscores the need for agencies to adequately capture incident of male sexual victimization. One challenge is that genital violence and forced witnessing are often not included in definitions of sexual violence, resulting in limited recognition that these are indeed forms of sexual violence. A health agency reported receiving only one male sexual violence survivor; yet when probed further, it reported having received cases of male genital violence but did not classify them as sexual violence. A key informant from the organization noted:

That's one of our issues—our medical teams often treat, but they don't always recognize the symptoms. We are training them more on recognizing symptoms. We've been making efforts to improve. So, in case we do come across someone who indicates sexual violence, then they are referred to a counselor.

An MHPSS officer commented:

We don't think that genital violence is sexual violence. But it is sexual violence. We don't know this yet.

As the GBVIMS is currently being rolled out in Bangladesh, it is critical that organizations—particularly health agencies and MHPSS providers—recognize and classify genital violence and forced witnessing as forms of sexual violence.



- **Legal restrictions**

Bangladesh has not granted refugee status to Rohingyas who arrived post-August 2017. As such, sexual violence survivors who were victimized in Bangladesh face significant barriers to accessing any form of justice. Bangladesh also maintains a narrow legal framework: the main law addressing rape is the Prevention of Women and Children Repression Act of 2003. The law applies to “women and children,” defining the legal age of children as 16 and under. In the Bangladesh penal code, rape is defined as penetration “sufficient” to constitute sexual intercourse.¹¹¹ In practice, this is understood as penile penetration of the vagina.¹¹² For people with diverse SOGIESC, same-sex relations are criminalized under “unnatural offences”—with “carnal intercourse” punishable by life imprisonment¹¹³—thus strongly deterring survivors with diverse SOGIESC from pursuing legal recourse or even seeking basic services. Male heterosexual rape survivors may also be prosecuted, as the physical act itself is criminalized.

Box 8.1: Addressing sexual violence against men and boys: Enabling factors

Key informants brainstormed enabling factors that could help enhance protection mechanisms for at-risk men and boys, improve service provision, and strengthen access to care. Facilitators included:

- Strong pre-existing community-based protection mechanisms;
- Men’s and boys’ increased access to public space, information about services, and mobile technologies (as compared to women’s and girls’);
- Men’s and boys’ increased literacy (as compared to women’s and girls’);
- Community familiarity with NGO outreach and awareness-raising efforts;
- Inclusion of case management rooms in community centers;
- Adolescent boys’ interest in learning and engagement;
- Community awareness of conflict-related sexual violence against men and boys in Myanmar (although not necessarily understood as “sexual violence”);
- Men’s positive response to male engagement activities; and
- The presence of a local agency with expertise in addressing the needs of persons with diverse SOGIESC (i.e., Bandhu Social Welfare Society).

¹¹¹ Act No. 45 (The Penal Code), 1860, c. 16, s. 375 (Bangladesh).

¹¹² Lyal S. Sunga and Kawser Ahmed, *A Critical Appraisal of Laws Relating to Sexual Offences in Bangladesh* (Dhaka, Bangladesh: National Human Rights Commission Bangladesh, November 1, 2015).

¹¹³ Act No. 45 (The Penal Code), 1860, c. 16, s. 377 (Bangladesh).

9. Conclusion

"It's really so important to address [sexual violence against men and boys], otherwise we can never ever adequately address this type of violence—for men or for women. Because it's not about men or women—it's about people abusing positions of power. It's not about a sexual thing—it's about power and control." —GBV officer

With little known about sexual violence against Rohingya men and boys within Myanmar or Bangladesh, this study presents initial insights into the issue. The findings suggest that Myanmar Armed Forces, in concert with civilians and others, may be targeting Rohingya men and adolescent boys for sexual violence, in addition to the widespread, systematic rape and other sexualized torture of women and girls. While the scope remains unknown, accounts from refugees across northern Rakhine State indicate that male-directed sexual violence is not rare. At the very least, the findings warrant further investigation into this issue.¹¹⁴ Forced witnessing and genital violence, which are widely misunderstood and often overlooked forms of sexual violence, were commonly reported. This highlights how sexual violence against men and boys can manifest differently than sexual violence against women and girls, a disparity that has important implications for humanitarian service providers and human rights investigators. The findings also suggest that some Rohingya men and boys, including community and religious leaders, adolescent boys, and detainees are particularly vulnerable to conflict-related sexual violence. Sexual violence against males was frequently described as a precursor to execution, so the number of survivors is unclear.

In Bangladesh, men and boys, like women and girls, remain vulnerable to sexual violence and exploitation. Although the caseloads are small compared to those for female survivors, some humanitarian agencies are receiving male survivors, in particular adolescent boys. Few services for male survivors were identified in Cox's Bazar District, and service provision for female and male survivors requires urgent strengthening and scaling. A particularly concerning gap was the lack of protection mechanisms and services for Rohingya with diverse SOGIESC, who are highly vulnerable to multiple forms of violence, discrimination, and exploitation.

This study presents initial insights into a complex and under-researched issue within the Rohingya community. Far more attention is needed globally to better address capacity gaps in responding to sexual violence in humanitarian emergencies; in particular, there is a need to understand the vulnerabilities of men and boys; the physical, mental, and social impact of sexual violence on them; and how best to meet the needs of male survivors. The ways in which this violence impacts the lives of women and girls also require further investigation. The Rohingya people have suffered horrific violence and loss, and the men, women, boys, and girls who have endured sexual violence have a right to good-quality care, protection, justice, and support.

¹¹⁴ It is imperative that any further investigation into this issue employs a sensitive, survivor-centered approach.



Appendix A: Accounts of Sexualized Violence Against Rohingya Men and Boys in Myanmar, from 1990 to Present Day

Accounts were documented by OHCHR, international and local human rights organizations, journalists, and aid workers.

Mutilation, Injury, and Electroshock of the Genitals

1. A Rohingya man who was detained on the border guard police base in Zay Di Pyin, Rathedaung township, reported: "I was questioned again by two men ... Then they burned my testicles and my penis ... on and off for five minutes. ... Then I was hung up again, this time only my toes could touch the ground. They put a lighter right under my penis. They did this for several minutes ... I lost feeling [in my penis] at some point. I was taken down [for a few minutes]. Then I was hung up again. This time my feet could not touch the floor. I was half naked. They burned my penis again. A blister developed on my penis. They cut the blister with a blade. I was screaming that 'I don't know [about the Arakan Rohingya Salvation Army]. My whole body was shaking because of the pain. ... Then [the big man left and] another man came in and wrapped up a betel nut [as *paan*] and shoved [it] in my penis—he pulled it in and out. My skin was coming off. This was around the time of the Maghrib [evening] prayer." ([Amnesty International, June 2018](#))
2. A Rohingya man in his 50s who was also detained at the Zay Di Pyin base in Rathedaung township reported: "I was standing with my hands tied behind my head, then they pulled off my *longyi* and put a [lit] candle under my penis. ... [My penis] blistered. ... They were saying, 'Tell the truth or you will die.'" ([Amnesty International, June 2018](#))
3. A Rohingya man in his 20s who was detained at the Zay Di Pyin base recounted: "[Corporal] Kyaw Chay put fire on my penis. [It happened when] I was in a separate room [from the other inmates] ... With a match he lit a candle, and with the candle he burned my penis." ([Amnesty International, June 2018](#))
4. A teenage Rohingya boy who was detained at the Zay Di Pyin base in Rathedaung township reported that police officers twice burned his genitalia, resulting in blisters on his penis, among other tortures. ([Amnesty International, June 2018](#))
5. A Rohingya man who had been detained at a border guard police base in Taung Bazar in Buthidaung township reported that a police officer burned his penis. ([Amnesty International, June 2018](#))
6. Another Rohingya man who had been detained at the Taung Bazar base reported witnessing police officers burning the penises and anuses of several other detainees. ([Amnesty International, June 2018](#))
7. An aid worker in Bangladesh reported treating a Rohingya man "with not just a disfigured face but [also] testicles the size [of] two grapefruits because the Burmese military had tortured him[,] but somehow he had survived when they left him for dead." ([Muslim World Journal, February 2018](#))
8. A 20-year-old Rohingya woman from Kyet Yoe Pyin village reported that her husband had been severely tortured, including having had his testicles burned. He survived and received treatment in Bangladesh. ([Kaladan Press Network, February 2017](#))
9. A Rohingya man from Pwint Hpyu Chaung in Maungdaw township described his experience in 2016: "I was taken to the military camp. They kept me for three days and three nights in a kneeling position with my hands tied behind my back. I was together with 25 other Rohingya men. ... They tortured us in many ways: they forced the barrel of the gun in our mouths, stubbed burning cigarettes into our flesh, and dripped hot wax onto our penises. Five men died from the torture." ([OHCHR, September 2018](#))
10. In October 2014, Farid Alam, a 36-year-old Rohingya businessman and community leader in



Northern Maungdaw, was reportedly tortured to death by the Burmese Border Guard Police; a witness who saw the body reported that his penis was burned and testicles smashed. ([Foreign Policy, November 14, 2014](#))

11. A resident of Maungdaw said he had witnessed the police "handing over" Rohingya men and children to local non-Rohingya youths inside the station: "I saw these youths burning the testicles and penis of old men with a cheroot [Burmese cigar]." ([The Guardian, July 13, 2012](#))
12. A detainee described how guards burned the genitals of Rohingya detainees in Buthidaung prison in 2012. ([OHCHR, September 2018](#))
13. In May 1990, Paul Key, a former British detainee at Maungdaw detention center, reported witnessing the torture of Rohingya prisoners, including electroshock to the genitals. ([Human Rights Watch, May 1990](#))

Rape and Attempted Rape

14. An interpreter who worked for the border guard police on a base in Taung Bazar, Buthidaung township, reported that he had frequently witnessed rape and other sexual violence against Rohingya detainees during questioning. He reported seeing police officers anally rape Rohingya men with a metal rod. ([Amnesty International, June 2018](#))
15. Human Rights Watch interviewed a Rohingya refugee who reported seeing soldiers assault a man in Chut Pyin: "My friend was shot in the leg and he couldn't walk. They found him and they put bamboo in his ass. They put a big stick in his ass." ([Human Rights Watch, November 2017](#))
16. In 2013, security forces on sentry duty in Maungi Ni village in Maungdaw reportedly raped four Rohingya boys age 12 to 14. ([MYARE, October 7, 2013](#))
17. A Maungdaw resident said he had witnessed the police "handing over" Rohingya men and children to local non-Rohingya youths inside a police station: "I saw these youths ... hitting young Muslim detainees with an iron rod and pushing a wooden stick in their anus." ([The Guardian, July 13, 2012](#))
18. Former prisoners described how guards and other detainees would sexually assault Rohingya boys and young men in Buthidaung prison in 2012. One former detainee said, "Almost every night they took these boys to the latrine in the cell. They forced them to perform oral sex and raped them. If they refused, they put their face into the latrine. We used to hear the screaming of the victims, but we were helpless and could do nothing." ([OHCHR, September 2018](#))
19. On December 3, 2009, an army captain reportedly kidnapped an 11-year-old boy working a shop in Kyauk Hla Gaar village with the intention to rape him. ([Kaladan Press Network, January 2010](#))
20. In 2007, Ziabul Haque, a 15-year-old boy from Padaga Ywathit, was stopped at a border security outpost in Nasaka. He was reportedly taken to a nearby hillside where two soldiers raped and killed him. ([Kaladan Press Network, October 30, 2007](#))

Penis Amputation and Castration¹¹⁵

21. A 25-year-old Rohingya woman reported that the Burmese Border Guard Police admitted to killing her brother and grandfather; she received their corpses and reported that their penises (among other body parts) had been cut off. ([TakePart, June 26, 2014](#))
22. In June 2012, a Rohingya man's 14-year-old son was reportedly taken by a local mob and killed. His body was found by a river showing signs of torture, including having had his penis cut off. ([The Sentinel Project, November 13, 2013](#))
23. In February 1992, soldiers abducted the sister of Eslam Khatun, a 31-year-old woman from Imuddinpara in Buthidaung. Eslam's husband, Abdul Halim, inquired at a local army camp about her sister. Three weeks later, Eslam reported finding her husband's body near their house; his genitals had been cut off, among other mutilations. ([Human Rights Watch, 1992](#))

Forced Nudity

24. OHCHR documented a case in which a young man was stripped and tortured while in detention. ([OHCHR, February 2017](#))
25. Nor, a 40-year-old Rohingya woman from Ba Gone Nar village, reported visiting her husband in a local prison, which was packed with more than 600 Rohingya men. She described seeing men with hands chained behind their backs and many showing signs of torture. Some were stripped naked. ([The National, December 2, 2013](#))
26. In Buthidaung prison in 2012, OHCHR reports that "detainees experienced the degrading treatment of being forced to walk naked from their cell to the shower and showering in groups of up to 20 to 30 persons in front of one another, including family members, which was particularly uncomfortable and considered shameful. Detainees reportedly had to wait outside their cells naked until they dried." ([OHCHR, September 2018](#))

Forced Witnessing of Sexual Violence

27. A Rohingya women from Maungdaw township recounted her assault in October 2017: "Three military men came to the house. They told my husband to stay in the house; there was no need to go to the mosque. They threatened him by holding a knife against his throat and I was scared they would kill him. They told me to lie down. They opened my blouse and they raped me in front of my husband, my children and my parents." ([MSF, 2018](#))
28. A woman from Maung Nu described how soldiers caught her while trying to flee: "My husband and I were caught by the military. My husband was badly beaten and could not move. Three members of the military took me. One man held me down and pushed me to the ground. They tore of my clothes. Two men raped me. My husband could still see me." ([OHCHR, September 2018](#))
29. In September 2017, a 25-year-old woman from Buthidaung township described the rape of her sister in front of her family, including her father: "Women were collected and taken away—they were raped in front of us—in front of their families. The [four men] in uniform took my sister when we were hiding in the hills; they raped her in front of us as we were hiding behind the trees. She was crying but my father could not help her, as we had to be quiet so they did not notice us." ([OHCHR, 2017](#))
30. In June 2017, soldiers reportedly attacked the home of a newlywed Rohingya couple. They tied up the husband and gang-raped his 22-year-old wife in front of him. The soldiers then killed the husband. ([AP News, December 2017](#))

¹¹⁵ It is unclear whether the amputations occurred prior to death as a form of sexualized torture or killing, or after death as a means of desecration.



31. A 22-year-old resident of Myaw Taung reported: "After entering our home, the army raped my two sisters, 14 and 17 years old, before the eyes of my elderly parents. They were raped collectively by at least eight army men. They had severely beaten my parents prior to raping my sisters." ([OHCHR, February 2017](#))
32. A 54-year-old Rohingya man of Laung Don reported: "After rounding-up villagers, the army and Rakhine civilians separated 14 girls, who were beautiful and healthy. These girls were left naked for three hours. We were asked to look at them. The soldiers were playing with the girls' sexual organs and mocking them. I could not tolerate this situation." ([OHCHR, February 2017](#))
33. Ayesha, an unmarried 18-year-old Rohingya woman, recounted: "The soldiers attacked our village to punish us. In front of my father, they raped my 22-year-old pregnant sister Rajuma. My father (Alimullah) sought to resist the soldiers, but he was shot dead." ([ODHIKAR - Coalition for Human Rights, 2017](#))
34. A 40-year-old Rohingya man, Mohammad Kasim, reported that he was forced to witness the gang rape and killing of his daughter by Myanmar military personnel. They branded his thigh with a hot knife when he tried to intervene. ([NDTV, September 2017](#))
35. In December 2016, a 55-year-old Rohingya man residing in the Ganda Khali hamlet of the Myaut Chaung village tract was reportedly working in the fields when a group of soldiers detained and beat him. They took him to his house and five soldiers raped his 25-year-old wife in front of him. ([RB News, December 2016](#))
36. In 2009, a 26-year-old woman reported: "A man from NaSaKa [the border guard police] came to my house. He kicked the door and told me I had to go and work as a sentry instead of my husband. I had to go immediately with my young child and without food. Later in the evening while I was at my post someone else from NaSaKa came. He told me, 'Your husband is not there, I will stay with you; I want to live with you.' That night the man raped me in the shed in front of my boy." ([Irish Centre for Human Rights, 2010](#))
37. Mohammad Rafiq, a 25-year-old Rohingya man from Bawli Bazar, reported that five soldiers came to his home in February 1992. In front of him and his other family members, the soldiers raped his 12-year-old sister. Mohammad tried to fight the soldiers, who then beat him and severely injured his left hand. ([Human Rights Watch, 1992](#))

Other Sexualized Violence

38. A 25-year-old Rohingya woman in Myaw Taung village reported: "At 4 am, one month ago, the Myanmar military surrounded my village. There were about 50 soldiers. ... My husband was beaten, and he fell down on the ground. They pulled his leg up, and shot the gun into his anus three times, killing him. It was in front of the house." ([Kaladan Press Network, February 2017](#))

Appendix B: Accounts of Sexualized Violence Against Non-Rohingya Men and Boys, Including Persons with Diverse SOGIESC, in Myanmar

These official and unofficial accounts were identified during the desk review on sexual violence against Rohingya men and boys. It is in no way an exhaustive list.

Political Prisoners

1. In 2014, Yanghee Lee, the Special Rapporteur on the situation of human rights in Myanmar, met with a prisoner who reported being forced to engaged in sexual acts with another male prisoner, among other torture and abuse. ([UN General Assembly, September 23, 2014](#))
2. In 2014, a former political prisoner reported that "in interrogation they repeatedly poked my genitals and buttocks with lit cigarettes, I was tortured inhumanely." ([AAPP, May 2016](#))
3. Bo Kyi, a former political prisoner and one of the founders of the Assistance Association of Political Prisoners, reported: "Interrogators put a rod into the anus of the detainee. It happened in 2010. ... I met with many former political prisoners and finally in 2010 I have evidence of the electric torture, or put iron on the shin, so those are very common—sexual harassment, sexual abuse." ([Voice of America, November 2010](#))
4. In 2009, Wei Hypoe was arrested for involvement in a prayer campaign for the release of political prisoners and for having contact with "unlawful" groups abroad. Four officers at the Aungthapyay interrogation facility in Yangon Division reportedly dripped candle wax onto his genitalia, among other tortures. ([Asian Human Rights Commission, January 2010](#))
5. One man, a former political detainee, recounted: "I was stripped of all my clothes. There were four guards in the police station, all drunk, and they found a large dog, which they made mount my back. They then used their hands to arouse the dog's penis and placed it against my anus. The dog ran away, as such a thing is not natural, but the authorities brought it back and continued with the abuse. This did not last long, but it was deeply humiliating. ... I can forgive my torturers for everything but the sexual abuse. No religion permits such an act. It has destroyed my self-esteem, my dignity." ([AAPP, December 2005](#))
6. Another formed detainee reported: "I was arrested on December 12, 1996 at a rice shop run by the student unions to raise funds. Until December 22, I was forced to be naked. Had only one piece of clothing and that was the hood over my head. December is wintertime in Burma and it was very cold. ... One day I heard the screams of a young woman in the next room. They were forcing her to undress and that is why I heard her shouts. The interrogators, under Captain Aung Kyaw Linn, told me they would rape her if I did not confess to what they were accusing me of. I immediately thought it was my little sister. She was only 18 at the time, and has a heart ailment. The young woman in the next room was not her, but in my state I was convinced it was. ... For 10 days I was kept undressed; I was very ashamed. They continued to beat and kick me all the while I was naked. I was beaten at least four times in one day with canes. Then, they gave me too much to drink; I was very emotional and thirsty so I kept drinking the water. They would not allow me to urinate. Whenever my penis became hard, they would beat it with a small cane. They did this approximately 60 times. It was too much to bear." ([AAPP, December 2005](#))



Ordinary Detainees

7. In January 2018, the police arrested Khin Maung Latt and Soe Mya Aung, two fisherman in Labutta township, on suspicion of theft. Among other abuse, police officers reportedly poured hot liquid plastic on their genitals. ([Radio Free Asia, March 2018](#))
8. In the Sagaing region in April 2010, police detained San Win and U Thubodha (a monk) on charges of the rape and murder of a local girl. San Win reported that police officers beat his penis with a stick. U Thubodha reported that officers burned the hair around his anus with lit cigarettes; one “pulled down his uniform pants and stuck his penis at the monk’s anus, asking him if he had done it to the girl like that.” ([Asian Human Rights Commission, January 2013](#)) In a written statement, one of the men recounted, “Around 8 p.m. they made me strip naked, handcuffed me behind my bank then forced me to kneel for the whole night on a pile of sharp gravel while three police on rotation hit me on my limbs with sticks. Around 10 p.m. Constable Bo Myint came to my right-hand side with the branch of a neem tree about one cubit long, the thickness of a little finger, with which he proceeded to strike my genitals. [Station commander Augh Gyi had told Constable Bo Myint to ‘go break off a neem branch with which to hit his balls.].” ([Cheesman, 2015](#))
9. In April 2010, police accused 31-year-old Phyo Wai Aung, an electrical engineer, of being involved in a bombing plot. Among other tortures, his genitals were reportedly burned with lit paper and hot wax. ([Asian Legal Resource Centre, 2010](#))
10. The relative of a man accused of being involved in a bombing in 2010 reported that the accused was tortured during interrogation, including having “a truncheon pushed into his anus.” ([Cheesman, 2015](#))
11. In March 2009, police detained Than Myint Aung on charges of meeting dissidents abroad and illegal use of the internet. Among other tortures, he reported that one police officer poured hot water onto his genitals. ([Cheesman, 2015](#))

Persons with Diverse SOGIESC

12. Chew Su Khin, a 20-year-old transgender woman, reported that the police arrested her in Yangon and “made me remove all my clothes and perform sexual acts with other prisoners while they filmed it on their phones with the threat of more violence.” ([Reuters, November 15, 2016](#))
13. In July 2013, 12 gay and transgender persons were arrested and held at the Mandalay Division police station. One detainee, a 35-year-old makeup artist, reported: “Police officers beat us and kicked us. They forced those of us dressed like women to take off our clothes in front of the others, and made of fun of us. We had to flaunt our breasts and walk as if we were performing in a model show. They kept making jokes about us. We were humiliated.” ([Burmese Partnership, July 14, 2013](#))
14. A 19-year-old *apwint*¹¹⁶ from Monywa recounted, “In mid-2012, I was met by police officers while I was talking with my gay friends at a local meeting spot. ... They forced me and my friends to perform oral sex against our will. We refused and were struck on the head by one officer. ... One of my friends came to help us, but the three officers apprehended my friend and raped hir¹¹⁷.” ([Colors Rainbow, 2015](#))
15. In May 2012, a 22-year-old *apwint* in Mandalay was caught having sex with someone in the

¹¹⁶ *Apwint* means “open” and refers to “biological males who appear and act as females. *Apwint* ... identify as women. *Apwint* is a gender identity, not a sexual orientation, and is all encompassing of biological males who dress and/or act as women in public sphere to those in various stages of transitioning.” *Colors Rainbow, Facing 377: Discrimination and Human Rights Abuses Against Transgender, Gay and Bisexual Men in Myanmar* (Yangon, Myanmar: Colors Rainbow, 2015), p. 10.

¹¹⁷ Colors Rainbow uses the gender-neutral pronouns “hir” and “ze” to refer to *apwint*. *Colors Rainbow, Facing 377: Discrimination and Human Rights Abuses Against Transgender, Gay and Bisexual Men in Myanmar* (Yangon, Myanmar: Colors Rainbow, 2015), p. 10.



- military. The police "forced [hir] to strip naked. The police officers rubbed hir breasts," among other abuses. ([Colors Rainbow, 2015](#))
16. In 2011, a 27-year-old *apwint* living in Mandalay was taken to the police station where "they forced hir to strip and struck hir breasts with rubber bands," among other abuses. ([Colors Rainbow, 2015](#))
 17. In 2011, a 22-year-old *apwint* living in Ma Yang Gone township was arrested and held at the police station for three days. Along with three other *apwint*, "police officers rubbed and squeezed hir breasts and forced them to wear men's clothing. ... They forced hir to perform oral sex." ([Colors Rainbow, 2015](#))
 18. In 2010, an 18-year-old gay man was reportedly raped by nine police officers in Yangon after he was detained for refusing to pay a bribe. ([LGBT Asylum News, June 3, 2011](#))
 19. "Zaw," a 27-year-old *apone*¹¹⁸ in Mandalay, was arrested by the police and taken into custody for three months. He reported: "One officer forced me to perform oral sex on him, and then handcuffed me to a motorcycle and anally raped me. ... The officer in charge of the prison forced other prisoners to rape me, and I was forced to perform oral sex on the head of the quarter in prison. ... There were many instances of rape by both the officers and other prisoners." ([Colors Rainbow, 2015](#))
 20. A 35-year-old *apwint* working as a beautician in Yangon was arrested and held at the police station for 10 days. During this time, the "police pressured hir to take off hir clothes and told hir to act like a man and change hir female appearance and expressions. ... [Ze] and hir friend were then taken to a nearby banana plant and were forced to perform oral sex and anal sexual intercourse. ... They were raped by five police officers." ([Colors Rainbow, 2015](#))
 21. "Min Min," a 33-year-old *apwint* living in Kyauk Pa Daung, was reportedly arrested by the police. "Min Min" recounted, "The police forced me to strip and to shout 'I am a man.' Then they raped me." ([Colors Rainbow, 2015](#))
 22. A 37-year-old *apwint* living in Kyauk Pa Daung reported a similar account in which the police took her into custody and forced her to strip naked and shout "I am a man." ([Colors Rainbow, 2015](#))
 23. A 19-year-old *apwint* from Mandalay was reportedly arrested at a concert: "I was detained for seven days and forced to perform oral sex on seven police officers while in custody."
 24. A 22-year-old *apwint* living in Monywa was reportedly arrested and was forced to perform oral sex on police officers, among other abuses. ([Colors Rainbow, 2015](#))
 25. A 25-year-old *apwint* living in Mawlamyine was reportedly arrested and, while in custody, was forced to strip naked in front of everyone. ([Colors Rainbow, 2015](#))
 26. A 28-year-old *apwint* living in Mawlamyine was reportedly arrested and raped by a police officer at the police station. ([Colors Rainbow, 2015](#))

¹¹⁸ *Apone* means "hider" or "hiding" and refers to "biological males who are passing as men in public and in other spheres of their lives. The cultural connotation of *apone* is a man who is not ready to open or appear in public as a woman; however, *apone* are understood to have the heart and mind of a woman, and a desire to have a female gender identity." *Colors Rainbow, Facing 377: Discrimination and Human Rights Abuses*, p. 10.



Ethnic Minorities

Chin State

27. A 2009 study in Chin found that, of 603 households interviewed, 17 (2.8%) reported that the Myanmar Army had raped or sexually violated a household member. Of these 17 households, five reported the rape of a male head of household. ([Physicians for Human Rights, 2011](#))

Kachin State

28. In June 2012, U Lahpai Gam, a 54-year-old Kachin herdsman, was living in an IDP camp near Tar-Law-Gyi when he was arrested and later transferred to the Myitkyinar Military Affairs Security (MAS) office. MAS officials reportedly tortured him and forced him to have sex with another male detainee, Brang Yung (below). ([AAPP, 2014](#))
29. On June 12, 2012, Brang Yung was arrested by the Myanmar Army. Among other tortures, he was reportedly forced to have sex with U Lahpai Gam (above) and had his genitals burned by a candle. He was also reportedly forced to kneel on gravel stones while naked. ([Human Rights Council, July 1, 2014](#))
30. The wife of a detained 26-year-old Kachin man reported: "He was tortured before he was transferred to the jail by the military, and after being arrested, by the police. They were forced to take their clothes off. They said, 'You are a Christian, show me Christ on the cross.' The soldier forced them to take off clothes and show signs like Christ. They were forced to do homosexual acts." (Note that this account may refer to Brang Yung.) ([Fortify Rights, June 2014](#))
31. On June 17, 2012 in Myitkyina township, Kachin State, a man was arrested by intelligence officers in relation to a local bombing. Tortures included the violent rubbing of his penis: "My penis was bleeding, I was really hurting. I don't know how long this lasted; I was numb from the pain at some point." (Note that this account may refer to U Lahpai Gam or Brang Yung.) ([OHCHR, September 2018](#))

Kayah State

32. In November 1998, a 22-year-old farmer from Tee Po Kloh tract, Daemawso township, was arrested. Among other tortures, government soldiers reportedly burned and applied electroshock to his genitals. ([Amnesty International, 1999](#))



Kayin (Karen) State

33. In November 2006, a soldier reportedly raped a 7-year-old boy in Hpay Chah village in Ler Muh Lah township. ([Watchlist, May 2009](#))
34. In 1994, Yozo Yokota, the Special Rappateur on the situation of human rights in Myanmar, received written testimony from a 13-year-old boy from Thaton township who reported that he had been raped by Myanmar military personnel. ([General Assembly, 1994](#))
35. During the Bogalay massacre in 1991, the Karen Human Rights Group reportedly documented an account of a boy who was forced to have sex with his mother. Other reported sexualized violence against men and boys included women being gang-raped in front of male and female family members and villagers; one villager reported that soldiers inserted a sharpened bamboo pole into his father's anus, which emerged from his mouth. ([Karen News, October 29, 2017](#))

Shan State

36. Kaw Kaw, a 14-year-old Kachin girl from Loi Je township, was reportedly raped and killed in front of her father and mother as they were fleeing to the China border. ([KWAT, 2011](#))
37. In August 2001, a 16-year-old Shan woman reported that state soldiers (SPDC) had gang-raped her in front of her husband. Her husband was later killed. ([SHRF and SWAN, June 2002](#)).
38. In 1992, U Saw Lu, a leader of a Wa tribe in Shan State, was arrested by the state military after advocating for alternatives to opium in his region. During his 56-day detention, he reportedly suffered electroshock to the genitals, as well as other inhuman tortures. ([CounterPunch, 2017](#))



Appendix C: Methodology and Methods

Primary Research Questions

1. What are the characteristics (who, where, when, how) of sexual violence against Rohingya men and boys in Myanmar, during flight and in displacement?
2. What is the impact of sexual violence on the survivors, their families, and their communities, including women and girls?
3. What services (medical, psychosocial, legal, and other) are available for male survivors in the study site?
4. What are the barriers and enablers to accessing these services?

Secondary Research Questions

5. What, if any, targeted mechanisms to protect men and boys from sexual violence are in place in the study site?
6. How does sexual violence against men and boys intersect with violence against women and girls?

Data Collection

The key-informant interview and focus group discussion tools were piloted in Lebanon, Iraq, and Jordan in 2016 for a similar study commissioned by UNHCR undertaken by the principal investigator (Sarah Chynoweth). The tools were subsequently refined.

Three primary methods were employed:

- **Document review** was undertaken to identify and summarize existing data related to sexual violence against men and boys.
 - Documents included published research and gray literature including external and internal UN and NGO documents. Databases included PubMed, ProQuest, Medline, POPLINE, and others, supplemented with web-based searches.
- **45 key-informant interviews** were used to determine the availability of services for male survivors, identify protection interventions, and provide insights into knowledge, attitudes, and behaviors of humanitarian responders in regard to sexual violence against men and boys. In-depth, semi-structured interviews (approximately 45 minutes each) were held with:
 - 40 humanitarian responders from 21 agencies responding to the Rohingya refugee crisis, including representatives from nine local NGOs, eight international NGOs, and four UN agencies; and
 - Five human rights experts with expertise in the persecution of the Rohingya people.



- 21 FGDs with 109 refugees were held in four sections of Kutupalong camp to document second- and thirdhand accounts of sexual violence against men and boys; gather data on community knowledge, attitudes, and behaviors related to sexual violence against men and boys; and explore barriers and enablers to accessing services. Discussions took approximately 60 minutes each and were held in TAI and BRAC community centers. Each group included four to six participants, including:
 - Three FGDs with 15 adolescent boys (ages 15–17)
 - Four FGDS with 23 young men (ages 18–24)
 - Four FGDs with 21 men (ages 24–50)
 - Three FGDs with 16 older men (ages 50+)
 - Three FGDs with 14 men with disabilities, including physical and intellectual disabilities (ages 18+)
 - One FGD with five adolescent girls (ages 15–17)
 - Three FGDs with 15 women (ages 24+)

Recruitment

Key informants were purposively selected based on their roles (e.g., heads of relevant humanitarian working groups, technical focal points, experts on the Rohingya crisis) and participation in humanitarian coordination mechanisms. Chain-referral sampling, in which purposively selected informants refer other potential study participants, was used to identify additional key informants. Focus group discussion participants (refugees) were recruited by UNHCR, TAI, and BRAC and were identified based on their arrival in the camp (post-August 2017); this was not a formal requirement, as the timeframe for data collection (related to incidents of sexual violence) was open-ended.

Informed Consent

Due to the sensitive nature of this topic, only verbal consent was obtained from key informants and focus group participants. Research participants were provided with a participant information statement and consent form (translated into the Burmese language for refugees).

For adolescent boys and girls (ages 15–17), parental consent was received prior to the focus groups. To assess capacity of adolescents to consent, one member of the research team met with the adolescents and individually asked them to summarize the goal of the research to ensure comprehension and requested each to provide an example of refusing consent.

Translation

Focus group discussions were conducted in the Chittagonian language, which is closely related to the Rohingya language, with simultaneous translation into English (see Limitations). UNHCR SGBV officers conducted the translation and signed a code of conduct stating that they would adhere to principles of confidentiality, nondiscrimination, and respect.



Referral

Localized referral points for medical and psychosocial services, including a 24/7 emergency hotline, were documented on cards and made available to focus group discussion participants.

We adapted an interview distress protocol developed by Draucker et al. (2009)¹¹⁹ to identify indications of distress during an interview or focus group and respond accordingly. The distress protocol outlines the actions of the interviewer if, during the course of the interview, a participant exhibits acute distress or safety concerns, or imminent danger to self or others.

Analysis

Data were coded and thematically analyzed¹²⁰ using NVivo 12, a qualitative data management software.

Validity

The findings were orally shared with two experts (not key informants) for triangulation purposes: one with expertise in conflict-related sexual violence in Myanmar and a second with expertise in human rights violations against the Rohingya people. A draft version of the report was shared with key informants in Cox's Bazar District for review, and their feedback was integrated accordingly.

119 Claire Burke Draucker et al., "Developing distress protocols for research on sensitive topics," *Archives of Psychiatric Nursing* 23:5 (2009), pp. 343–350.

120 Jennifer Fereday et al., "Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development," *International Journal of Qualitative Methods* 5:1 (2006), pp. 80–92.

Ethical Considerations

The University of New South Wales granted ethics approval for this study in May 2018 (HC180126). A National Reference Group, composed of a professor from the University of Dhaka and a protection expert from BRAC, has been established to provide insights into the local context, including ethical considerations. In addition, given the sensitivity and complexity of researching sexual violence against men and boys, a 12-member global advisory group has been convened. Advisory group members include a mix of practitioners and researchers, with expertise in public health, protection, GBV, child protection, and LGBTI+ issues in humanitarian contexts. Advisory group members reviewed the protocol and considered ethical concerns throughout the research process.

This study was conducted in accordance with the WHO's 2007 *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*. Participants' anonymity was strictly maintained. Names of refugees who participated in this research were not requested or recorded. All quotes and inputs were anonymized. Key informants are identified only by a participant ID number on all documents; those quoted in this report were given generic professional titles to protect their identity. Electronic transcripts and typed documents related to the study are kept on a password-protected personal computer in a password-protected file. No monetary or material incentives were provided to the participants.

This is an exploratory study designed to elicit insights into sexual violence against Rohingya men and boys in order to inform humanitarian practice. The aim is not to document human rights abuses for accountability purposes. As such, individual interviews with male survivors were not deemed necessary or ethical, particularly given the violence and loss that many refugees have recently suffered, in accordance with WHO recommendations. The documentation of second- and third-hand accounts were sufficient to achieve the research aims. However, four participants (two men, two women) spontaneously disclosed forced witnessing during the focus groups.

A summary of the findings will be translated into Burmese and Bengali and will be shared with refugees and local service providers.

Limitations

This study faced a number of limitations. A key limitation was the inability to safely conduct focus groups with Rohingya with diverse SOGIESC. As such, their inputs and experiences are not adequately captured. Sampling of focus group participants was non-representative. Focus group participants were recruited from four sections of Kutupalong Camp. Participants from other areas, particularly those intermixed with the host community and with refugees who arrived prior to August 2017, may have elicited additional insights. Comprehension among focus groups participants of some questions and concepts was limited, which impeded nuanced exploration. Translation error is a possibility, particularly given that the Rohingya and Chittagonian languages are similar but not identical. Although Rohingya translators were available, SGBV officers experienced in translation were prioritized given the sensitivity of the topic and the possibility for harm if principles of respect, nondiscrimination, and confidentiality were breached.



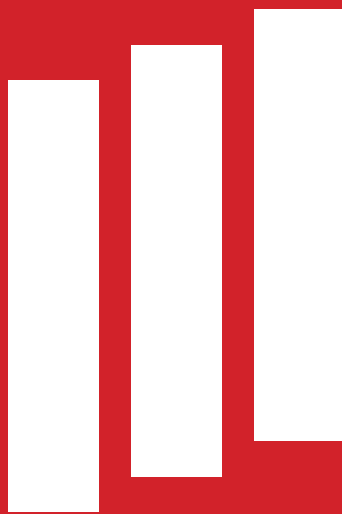
Appendix D: Sectoral Accountability for Sexual Violence Against Adult Men and Rohingya with Diverse SOGIESC—Insights from Key Informants

1. "Once has this issue been brought up in a GBV coordination meeting—actually twice. We haven't even decided if we're allowed to talk about men and boys as part of GBV. GBV will always be women-centric. There's no accountability for services for men and boys. We've excluded them entirely. Is that the intention? Was that a decision? That's why we struggle. How long into this crisis are we—eight or nine months? Let's stop waiting for things to kick in for men and boys to be a priority on the [GBV subsector] agenda. They have very specific needs—they need very tailored responses." —Program officer
2. "Men have exceptional access to public space; they have privileges that women don't have. In the way that these discussions happen, it belies the reality that women and girls are overwhelmingly affected and abandoned. There are service providers that would share this opinion. I don't accept that there should be discrimination in service provision. Case management has to be seen as neutral service. That's where the education has to be done. But there's sometimes a political interest in trying to raise the flag for men and boys that gets away from the fact that we are never doing programming in the spirit against men and boys. It's detrimental." —GBV officer
3. "What's interesting is that despite the report that BRAC wrote [about engaging men and boys in SGBV prevention and response], [sexual violence against men and boys] was completely dismissed. It really wasn't taken up to any level. That goes back to our sector—we don't have the tools to deal with that information. It doesn't fit into our view of reality or how we see the world so it doesn't exist. It's an inability to self-evaluate. It shows the politicized side of GBV, which is hindering our ability to deal with reality." —GBV Officer
4. "I started off in programs that included men and boys and had disclosures from male survivors. I feel like we can't ignore that. But if the issue of men and boys comes up, it feels like it's political—like an agency planting their flag. Someone will bring up, 'But what about violence against men and boys?' I struggle with it. And it's more than sexual violence—males are being pressured to care for their female family members—that's also not fair and restrictive. It's difficult to have that conversation because those who hold on to a feminist framework don't know how to engage with this in a way that they are honest to that [framework]." —GBV officer
5. "It would be great if this [issue of sexual violence against males] is [addressed] in GBV. We are used to advocating—we have to advocate for every single person to get services. Clinical management of rape is still not the norm. You have to be with the survivor to ensure she gets the care she needs and is treated the right way. That type of advocacy and sensitivity is needed [to address sexual violence against males]—it's just the politics and optics that make it difficult." —GBV officer
6. "On a scale of one to five, the amount of attention [the GBV subsector has] given [to male survivors] is zero. No one is responsible for this accountability-wise. People say we should mainstream [male survivors] into the GBV subsector, but that doesn't happen. They've had the chance ... it should sit under protection." —Program officer
7. "Some GBV partners said to discuss men and boys, issues in the protection working group. Can you imagine? Only in the protection working group? Are you kidding me? Protection doesn't have the time and this is GBV." —GBV officer
8. "If we bring these male survivors into GBV case management and support, it's counter to the natural flow of how we set up services and how we think about the linkage of support services and prevention. Men might have an easier time accessing support in a more appropriate way to meet their needs if it came explicitly from PSS [psychosocial support] providers—where engagement is about who is sitting in front of them rather than grounded in a gender justice framework." —GBV officer

9. "I can't speak too openly about wanting this [sexual violence against males to be addressed by GBV actors] because I could lose my job. I was pulled aside in a training because I wasn't taking a strong enough line on this. They didn't see how I was speaking from a feminist perspective." —GBV officer
10. "SGBV actors are not keen to pick this up—there is too much pushback and no capacity or interest. All SGBV staff are women." —Protection officer
11. "Should [the] health [sector] take this on? Give me a break, they already treat women like crap. With mandatory reporting—doctors never want to provide services to anyone who is raped because by doing that they are confirming that the assaults happen." —GBV officer
12. "I don't think the GBV subsector has taken a strong interest in male survivors so far. There is such a focus on female survivors; it's not a prioritized issue. ... I think we need one organization that has funding and strong technical support to take the lead, otherwise it won't happen." —Program officer
13. "It is so important to have women-friendly spaces. But this [sexual violence against males] is a big gap—we need to name it." —GBV officer
14. "Organizations can't do both [address sexual violence against females and males] at the same time. The priority will continue to go to women and girls. It's easier to address—the protocols are already in place, we know what to do." —Program officer
15. "GiHA [Gender in Humanitarian Action] could step in and give some guidance to the GBV AoR [area of responsibility] or subsector because it's so political within the AoR. There is opportunity from GiHA or GenCap to step in there—doing research and finding trends on violence against men/boys. They could advocate to the GBV subsector or even collaborate on adult men, as well as LGBT survivors." —GBV officer
16. "I think this should be addressed within the GBV sub-cluster. I don't think we should segregate and push aside male issues [and] adolescent boy issues. If we put it under protection, protection has a different mandate. It is not appropriate to do that. It should be GBV: they have the framework. [Sexual violence] affects more women and girls, but it also affects men and boys. Trying to push this aside—saying 'this is not our problem'—it is not appropriate." —Health officer
17. "We've neglected the gendered aspect of the male experience—about the violence they faced and their ability to seek [the] support they need. We don't have an intricate response to men and boys. We need to give them the same analysis that we've given women and girls. We need to understand more deeply how to care for them." —Program officer
18. "We have to ask men and boys how would they want this to be addressed. It's taken years to develop trainings and programs, to develop institutional capacity to manage GBV against women and girls, and even that's not done well all the time. I'm hesitant to slap the GBV model on men and boys. In a perfect world I'd like to see it [sexual violence against males] addressed as GBV, because it is GBV. If we move towards seeing things in a non-binary, more fluid way, then we need to be willing to have these conversations with groups. If it's not going to happen with the GBV subsector, then [it should happen through] gender coordination." —GBV Officer
19. "[Addressing sexual violence against men and boys] requires restricting your GBV programs. It means that if I have a team of 10 in two sub-districts, I will need two men, one for each subdistrict. But I won't have 20% of male survivors. So then the resources dedicated to male survivors are disproportionate to the needs in terms of service provision." —GBV officer
20. "You have to think that we [GBV actors] are professionals. If there is an issue that needs to be addressed, we will manage it. Including young women in the GBV response doesn't take away from responding to married women. If we acknowledge sexual violence against men, that doesn't mean it's taking away from the response to women. We are professionals. If it means we need to get more money to the sector, that's what we'll do." —GBV officer



21. "I was attending a GBV subsector meeting and the issue of better addressing men and boys was brought up. Based on the tenor of the discussion, I doubt anything has happened. People were saying, 'We can't deal with that right now, we have so much to do with women and girls.'" —Program officer
22. "This issue should be under GBV, but you need to have a multisectoral approach." —Protection officer



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