



Society for  
Threatened Peoples

report

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# A Children's Emergency

Report on children affected by and conceived in  
the genocide against the Rohingya





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*More than half - almost 60% - of all Rohingya refugees are children, making the genocide against the Rohingya truly a children's emergency.*

*Photo: Steve Gumaer/Flickr (CC) BY-NC 2.0*

# Introduction

The Rohingya minority in Myanmar has suffered systemic discrimination and human rights violations for decades at the hands of the Myanmar government, authorities and military (Tatmadaw).<sup>1</sup> Their plight culminated in genocide and mass deportation of Rohingya women, men, and children starting in August 2017: a total number of 25,000 Rohingya were murdered, at least 18,000 women and girls were raped, an unknown number of men and boys were raped or sexually abused, 43,000 people were injured.<sup>2</sup> **Amongst these crimes, hidden within the anonymously high number of victims, are crimes committed against children.**

Many accounts tell a similar story: children were killed or injured by rapists while the children's mothers were being raped; children were left to burn to death in huts as villages were set on fire; and young children, including unborn babies, were often violently killed.<sup>3</sup> Rapes were specifically committed against females of reproductive age, and about half of all rape victims were under-age girls, some as young as nine years old.<sup>4</sup> These crimes were committed with revolting brutality.<sup>5</sup> By today, over a million Rohingya have fled Myanmar. The large number of refugees and the high pace at which they are displaced makes it the most significant refugee exodus since the Rwandan genocide in 1994.<sup>6</sup> More than half – almost 60% – of all Rohingya refugees are children,<sup>7</sup> making the genocide against the Rohingya truly a children's emergency.<sup>8</sup>

Children affected by armed conflict are known as **war children**. However, there is another category

of children affected by war – in the most literal sense – who are still often forgotten: children born of war-time sexual violence<sup>9</sup>, known as **children born of war**. On the occasion of the third anniversary of the genocide, on 25 August 2020, this report addresses the plight of Rohingya war children and children born of war. These children deserve to no longer be forgotten.

Section 1 of this report provides a summary and calls for action on behalf of the forgotten children of the Rohingya genocide. They should no longer be forgotten and overlooked.

Section 2 provides further details on how children in general are affected by war.

Sections 2 and 3 provide a unique account of the suffering of war children and children born of war during and after the Rohingya genocide, respectively.

The Annex provides background information on the persecution of the Rohingya leading up to and culminating in genocide.

**Disclaimer: This report contains information on abuse and violence committed against children and adults, including sexual violence. This may be distressing to some readers.**

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*Map of Myanmar with Rakhine state highlighted.  
Rakhine was the home of the Rohingya before the genocide.*

# 1. Summary and Calls for Action

In the latest escalation in the genocide against the Rohingya minority of Myanmar committed by the Myanmar army (Tatmadaw) which started on 25 August 2017, children were heavily affected. As a consequence, nearly 60% of all Rohingya refugees are children.

Although some Rohingya remain in Myanmar, most live in refugee camps in the neighbouring Bangladesh. Among them are over half a million children. The circumstances in these refugee camps are desperate and especially harsh for children. They lack access to proper education, are exposed to unsafe living conditions in the crowded camps, an increased rates of child marriage, an increased risk to human trafficking, amongst other issues. Many of the children living in these harrowing conditions were exposed to violence before fleeing Myanmar. **Thousands of children were killed. At least 6,000 girls were raped. An unknown number of children had to witness brutalities committed against relatives.**

Other children were beaten, tortured or forcibly disappeared. Some instances and patterns of violence suggest that children were systematical-ly and deliberately targeted. These children have physical and mental scars that do not have a good chance to heal in the poor conditions in the refugee camps.

**Children born of war experience unique chal-lenges. Due to the stigma attached to the cir-cumstances of their conception, many mothers give their children up for informal adoption.**

These unwanted children are in imminent danger of being trafficked. Mothers who decide to keep their children often face ostracization by their families and communities, leaving them vulne-rable to abuse, divorce and subsequent loss of social status and income. Unmarried mothers with children born of war often are unable to get married, depriving them of a traditional source of security and income. Some mothers are forced into survival sex work. The children get referred to as "zoora fua" translating to "illegal children"; "mog", a local term for "Myanmar army"; "bad blood"; "mongrel"; "children of the enemy", among other derogatory names, indicating the severity of stigma faced by these children. If the situation remains unchanged, these children will probably face lives as outsiders with severe psychological trauma and socio-economic adver-sities and they will likely remain at risk of exploi-tation, abuse and radicalization.

**The Rohingya war children and children born of war have survived genocide. They do not deserve to become a lost generation. They have the right to a future in dignity.** Bangladeshi authorities, the international community, donors and organisations, as well as the government of Myanmar are therefore urged to respond to the following calls to action.

### **Health and safety:**

- ✘ All children in the refugee camps in Cox's Bazar must be protected from human trafficking, domestic and sexual abuse, and exploitation. For this, infrastructure such as lighting and roads and overall safety and law enforcement is needed. Special care should be taken to protect children born of war as they are particularly vulnerable.
- ✘ Children are especially vulnerable to radicalization and recruitment by armed or extremist groups. All organizations active in the camps in Bangladesh should be vetted and prohibited access if dangerous to children or any other group. Especially groups facilitating the building of orphanages or schools need to be controlled.
- ✘ Tracking systems for children in the camps should be improved, so that lost children can be reunited with their families quickly, instead of falling into the hands of traffickers.
- ✘ Medication and psychological treatment needs to be accessible to all children. Children who witnessed atrocities committed against family members are especially at risk. The prevalent invisibility of children born of war and their risk for intergenerational and early-childhood trauma should be kept in mind when providing care.
- ✘ Safe spaces need to be available to all children within the camps.
- ✘ The internet connections need to be restored and kept stable.

### **Social inclusion:**

- ✘ Community measures addressing stigma

- ✘ attached to children born of war are needed in order to alleviate the social exclusion and vulnerability as a marginalized group for children born of war and their mothers.

- ✘ All children have the right to opportunity and to be seen and heard. The government of Bangladesh should recognize all Rohingya as refugees. This is the only way to ensure that parents can take up employment and provide for their families.

### **Education:**

- ✘ All Rohingya children have the right to education. This should be respected by all states in which they seek refuge – and in their home country, Myanmar. The 2020 pilot project between Bangladesh and the UN can only be seen as a beginning.

### **Justice:**

- ✘ Crimes against children, sexual violence, and the existence of children born of war need to be addressed by courts, and the perpetrators need to be held to account. For this, the international community continues to play a key role – but Myanmar must also take the prosecution and punishment of war criminals and genocidaires seriously and recognize this need as vital for reconciliation.

- ✘ The danger of radicalisation and recruitment of children in the camps in Cox Bazar should be recognised by the international community. Feelings of hopelessness among these children have should not be exploited by extremist groups. As a measure of prevention and safety, the international community should invest in protection from extremists and fill the gaps in childcare and education that are being capitalised upon by extremist groups.

### **The responsibility of the international community:**

- ✘ Children and especially children born of war need to be recognized as victims of the Rohingya genocide. Children need to be included in all considerations regarding humanitarian aid, justice initiatives, and diplomatic relations with all concerned states.

### **Safe future:**

- ✘ Rohingya children deserve a future. For this, the Rohingya need to be recognized as a minority of Myanmar; all Rohingya must be granted effective citizenship; Myanmar needs to dismantle the discriminatory system of apartheid against the Rohingya community and abolish all relevant laws and regulations; and Myanmar authorities and its wider population need to combat the culture of discrimination on racial, ethnic, or religious grounds.
- ✘ Deportation to Bhasan Char should be stopped. The refugees forcibly relocated to Bhasan Char should be resettled to a location of their choosing.

## **CHILD RIGHTS**

The Convention on the Rights of the Child defines children as anyone below the age of 18. The Convention on the Rights of the Child is the most widely ratified international treaty in history. Myanmar and Bangladesh are among the signatories. States parties to the Convention have to respect and ensure the rights set forth in the Convention in regard to each child in their jurisdiction irrespective of the child's race, ethnicity, religion and their parents' affiliations. The Convention recognizes that children are rights bearers who deserve the same respect and opportunities as any other person. At the same time, the Convention acknowledges that children are faced with particular needs that require protection at the international level. The Convention serves as a reminder of the human dignity of children.



*Children are often not recognised as those who can drive forward reconciliation and restoration and that they therefore should have access to their human rights, including the right to education, amongst others.*

*Photo: Lutfi Hakim/Flickr (CC) BY-NC 2.0*

## 2. Children, the forgotten victims of conflict

*Prof. Dr. Ingvill C. Mochmann*

Children growing up in times of conflict are affected in different ways. 'War children' is a collective term for children who are affected by war in some way, such as children born during the genocide in Rwanda or children who grew up during the civil war in Syria, which has been ongoing since 2011.

The term 'children born of war' commonly refers to children who have one parent (usually the mother) that is a member of the local community and the other parent (usually the father) that is part of a foreign army, opposing armed group, or peacekeeping force. There have been children born of war as a result of armed conflicts throughout history; this is currently happening in ongoing conflicts and will, most likely, also happen in future.

The distinction between these two groups is not always clear-cut, which constitutes one of the challenges in this relatively under-researched area. In other languages, there are thus different terms for children born of war. In Norway and Denmark, these children are officially referred to as 'krigsbarn', in the German-speaking world as 'Kriegskinder', 'Besatzungskinder', and 'Wehrmachtskinder', and in the English-speaking world as 'war children' and 'occupation children'. By contrast, 'occupation children' in Germany and Austria refers to the children of Allied soldiers from the United States, Great Britain, France, or the Soviet Union in post-war Germany – while 'war children' ('Kriegskinder') are understood to

be the cohort born before and during the Second World War (approx. 1929-1945). The English term 'occupation children' covers very different groups of children, namely all those who were born and/or grew up during an occupation. In addition to the more official terms listed above, there are various discriminatory expressions which are used to describe this group of children, such as 'Tyskerbarn' ('German Child' - Norway and Denmark), 'Russenbankert' (Germany and Austria), 'Enfants de Boche' (France), 'Moffenkinder' (Netherlands), 'Children of Hate' (Democratic Republic of Congo), or 'Devil's Children' (Rwanda), to name but a few. It appears that such terms were/are used, especially in post-conflict societies, to discriminate against these children as hostile outsiders by attributing names to them to indicate the national or ethnic origin of the fathers and/or to defame the mothers as women with immoral lifestyles.

In order to enable a clearer differentiation from other groups of children affected by the war and to use a term that is as non-discriminatory as possible, the term children born of war was introduced into the research discourse in 2006 to describe children who were fathered by foreign soldiers and born by local women. This term thus covers all children born of war regardless of time and geographical context, type of conflict, and circumstances of conception.

The past decades were characterized by an increase in failed states, civil wars, and conflicts

based on ethnic and religious cleavages around the world. The genocides during the aggression against Bosnia-Herzegovina in 1992-95 and in Rwanda in 1994, the widespread use of rape as weapon of war and the definition of this as a war crime by the United Nations in 2008 drew more international attention to the gender-related dimensions of war and conflict studies. With increased attention to conflict-related sexual violence and reproductive health, pregnancies related to sexual violence and children born of war were increasingly addressed by various interest groups. Although many of the children born of war from more recent conflicts experience the same challenges during and after war and conflicts that are known already, it was decided by an international expert group in 2016 that the definition of children born of war needed to be specified to cover new forms of warfare and to take into account the circumstances of many of today's conflicts, e.g. in Nigeria (children of Boko Haram fighters) or Iraq and Syria (children of "IS" fighters) and Myanmar (Rohingya). The definition for children born of war now used is: "Children who, in the context of an armed conflict, have a local civilian as a mother and are fathered by a foreign soldier, para-military officer, rebel or other person directly participating in hostilities".<sup>10</sup>

### **Children without future?**

All over the world, there have been children born of war – in many contexts, be it in Vietnam, Korea, Bosnia, or Rwanda... Children born of war also exist in recent and ongoing armed conflicts all over the world: from eastern Ukraine, Afghanistan, or Syria to Nigeria, the Democratic Republic of Congo, or Myanmar, just to name a few. The number of children born of war is likely to grow. On the basis of existing research, it can be assumed that many of these children are in danger of experiencing human rights violations as they often suffer

from a **lack of health care and/or have no access to education, no citizenship, or are exposed to discrimination and stigmatization and even threats to their right to life.** One of the most pressing situations we see in this respect at the moment is the situation of the children born by Yazidi mothers and fathered by "IS" fathers following the Yazidi genocide and enslavement of Yazidi women by members of the Islamic State in 2014. Another hotspot which needs immediate attention and action is the situation of the Rohingya, which is addressed in this report. The present situation of these children and their mothers is highly dramatic and action is long overdue.

## **JUDICIAL PROCEEDINGS AGAINST MYANMAR FOR GENOCIDE**

In November 11th, 2019, Gambia filed a lawsuit at the International Court of Justice (ICJ), accusing Myanmar of genocide. Myanmar is rejecting the allegation. A judgement can take years of hearings and deliberations by the Court. In the meantime, though, the Court indicated provisional measures. These measures oblige Myanmar and its military and armed groups to refrain from further killings, harm, or other violations against the Rohingya, to refrain from destroying evidence, and to regularly report to the Court on the implementation of these measures. This decision is based on a prima facie assessment of the Court that the Rohingya still are in imminent danger in Myanmar. The judgement is still pending. It is unclear to what degree the Court will occupy itself with the suffering of war children and children born of war.

**The long-term consequences of neglect of the situation of children born of war and their mothers can destabilize and traumatize whole communities** and make post-conflict reconciliation and peaceful co-existence impossible. As this is often intended by the perpetrators, the international community needs to address this issue and protect the interests of these children if the respective nation states are unwilling or unable to meet this obligation. Even after the United Nations classified the systematic use of rape in war as a weapon of war in 2008, it took a long time before children resulting from these acts of sexual violence became a topic on the political agenda, although children have been born as a consequence of rape in most wars and conflicts throughout history.

Especially during and after wars and conflicts, societies are mainly concerned with questions of

immediate survival. The needs of children often appear secondary. Children are often not deemed capable of driving reconciliation and restoration – and they are, thus, often denied their human rights, including the right to education, amongst others. This situation is aggravated for children born of war: they are primarily seen as the unwanted inheritance of 'foreign enemies' which points to the fundamental patriarchal structure of the societies concerned. These patterns, which can be traced at the individual, community, and societal level, seem to occur in a similar way in many warlike conflicts, even in cases where there have been specific attempts to protect the interests of children. In summary, war children, including children born of war, are often marginalized and discriminated against regardless of time and space, especially when the war is coming to an end and they have to find their place in the community and society.

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# War Children



*There are around 450.000 internally displaced people in Myanmar who had to flee from their villages and towns due to the continuous attacks carried out by the military.*

*Photo: DYKT Mohigan/Flickr (CC) BY 2.0*

# 3. The suffering of Rohingya war children

*Lina Stotz, Katrin Hirsch*

Children were amongst those targeted by the Myanmar military committing the genocide. They had to witness crimes committed against their parents, siblings, neighbors. They saw their houses burn to the ground. They endured dangerous journeys to safety in Bangladesh and other countries. Many children did not survive. Most of those who did are living in refugee camps in Bangladesh in the district of Cox's Bazar. It is the largest refugee settlement in the world, heavily overcrowded and not fit for children. Of the few Rohingya who remain in Myanmar, most are internally displaced – now living in similarly dire conditions.

## **Crimes committed against Rohingya children**

The genocidaires did not spare children in their genocidal attacks. Instead, a number of crimes were committed against Rohingya children. Most of those who survived are severely traumatized.<sup>11</sup>

### ***i. Killings and injuries***

Within just the first four weeks of the genocide, at least 1,000 Rohingya children under the age of five were killed.<sup>12</sup> There are no numbers available on how many children died in total since August 2017, but it can be assumed that thousands of children were killed.

**Many of the killings of children were carried out with massive brutality.** Some children were shot in the back while fleeing. Others were left in their

houses while these were set on fire. Some children were killed with knives by stabbing or throat slitting.<sup>13</sup> Other children were beaten to death.<sup>14</sup>

Children of all ages were targeted. Especially young children (as well as elderly people) burned to death in their houses, unable to flee their homes which were set on fire by the military.<sup>15</sup> In some instances, new-born and even unborn babies were killed using brutal violence.<sup>16</sup> In some instances, visibly pregnant women and their unborn babies were brutally killed, for instance by burning them alive.<sup>17</sup> Some pregnant women lost their unborn babies due to being raped by Burmese soldiers.<sup>18</sup>

Often, children were killed before, during, or after they had to witness their mothers or other relatives get raped.<sup>19</sup> There are many accounts of the practice of killing children who cried or screamed during or before the rape of their mother, sister, or other relative before they were killed.<sup>20</sup>

Many children suffered severe injuries—including gunshot wounds, indicating that they only closely escaped death.<sup>21</sup> Several children died of wounds or exhaustion on route to safety; some parents carried the bodies of their dead children for days in order to bury them safely.<sup>22</sup>

## *ii. Sexual violence*

**More than half of all Rohingya rape victims were children (predominantly girls).**<sup>23</sup> At least 6,000 Rohingya girls were raped.<sup>24</sup> According to some figures, the number of underage rape victims could even be as high as 10,000.<sup>25</sup> Many of the victims suffered genital injuries or mutilations as well.<sup>26</sup> It is estimated that **80% of the rapes were gang-rapes.**<sup>27</sup> Many rapes were committed publicly in front of neighbors, family members, or the village.<sup>28</sup> The rapes were committed with revolting brutality, leaving many victims with permanent injuries.<sup>29</sup> Some rape victims were "branded" by perpetrators leaving bite marks on their bodies to permanently mark them as victims of sexual violence.<sup>30</sup> This strongly suggests a **pattern of targeting females of reproductive age,** likely with the intention to cause pregnancy, to destroy reproductive organs, disrupt family and community ties, humiliate the victims and their families, and/or to render the victims psychologically unable to reproduce. Unmarried girls who were raped are often unable to get married due to stigma attached to rape survivors, depriving them of a crucial means for economic stability and physical safety in the Rohingya community. These repercussions are especially serious for girls who became pregnant in rape. They face especially severe stigmatization (see Section 3). Albeit less frequently, sexual violence was also committed against boys.<sup>31</sup> Sexual violence against boys involved genital mutilation, genital burning, forced castration, penis amputation, and anal rape.<sup>32</sup> Especially for child victims, injuries incurred during sexual violence can lead to death, as has been the case for some Rohingya children.<sup>33</sup>

## *iii. Witnessing traumatic events*

Another serious form of violence is that many Rohingya children were forced to watch rapes, sexual violence, inhumane and degrading treat-

ment and torture, killings, and other crimes committed against their parents, siblings, other relatives, and neighbors – and also to watch their homes burn to the ground.<sup>34</sup> Such an experience can be severely traumatic. Being forced to watch sexual and other assault is especially severe when children are subjected to it: Rohingya children who were forced to watch rapes tend to show **serious psychological symptoms, such as withdrawal and violent behavior towards adults.**<sup>35</sup> Being forced to watch rape is considered sexual violence in itself as it compromises one's sexual autonomy and often has lasting impact on victims and their sexual development.<sup>36</sup>

## *iv. Enforced disappearances*

There were also cases of enforced disappearances which involved children. "Women and girls of fertile age were rounded up, separated and taken away", a UN report states.<sup>37</sup> Other reports contain similar accounts of groups of girls being taken away by soldiers.<sup>38</sup> Boys as well as men were also subjected to enforced disappearances by the military.<sup>39</sup> **In most cases, the fate of the disappeared persons is unclear.** Some assume that victims face rape and murder by the abductors.<sup>40</sup>

## REDRESS FOR RIGHTS VIOLATIONS

Children have the right to life, as governed by Article 6 of the Convention on the Rights of the Child. The Convention further obliges states parties, such as Myanmar, to protect children from sexual abuse (Article 19), torture, or cruel treatment (Article 37(a)) and to respect the inherent human dignity (Article 37(c)) of children. States parties must also protect and care for children affected by armed conflict (Article 38). States parties are obliged to transpose these rights into their national law, which Myanmar has done.<sup>41</sup> Despite this, Myanmar is clearly not complying with its obligations under the Convention. Redress for violations of the Convention can be sought in the national justice system or with the Committee on the Rights of the Child.

The rights of children affected by conflict and mass rights violations are further protected under international humanitarian law and international criminal law. International humanitarian law protects children not participating in fighting from armed attack and affords them special respect and protection (in various Articles in the Fourth Geneva Convention and Additional Protocol I, Article 70(1)). These prohibitions and obligations are part of customary law and, thus, applicable to all states, including Myanmar.

International criminal law condemns killing, sexual violence, and other crimes committed as part of genocide, armed conflict, or a widespread or systematic attack against a civilian population (Articles 6, 7, and 8 of the Rome Statute of the International Criminal Court). Myanmar is not party to the Rome Statute. The International Criminal Court can nevertheless exercise jurisdiction over any offences against the Rohingya that have links to the territory of the neighboring country of Bangladesh, which is a state party to the Rome Statute. Investigations by the Court's Office of the Prosecutor into the situation in Myanmar/Bangladesh are currently ongoing. The Prosecutor of the Court has recognized in her Policy on Children (2016) that children need particular consideration in the judicial process, especially since many crimes distinctly target children or affect them disproportionately. The Court has not yet indicted any suspects.

Myanmar is also party to the Convention on the Prevention and Punishment of the Crime of Genocide, which prohibits the commission of various acts with the intent to destroy an ethnic, religious, national, or racial group in whole or in part. Violations of this Convention can be redressed at the International Court of Justice. A case against Myanmar brought by Gambia is currently ongoing.

## Current situation for Rohingya children remaining in Myanmar

There are few Rohingya remaining in Myanmar.<sup>42</sup> This is due to the ongoing security threats to the group: fighting against the Rohingya is still ongoing in Myanmar. There have been several attacks in the beginning of 2020 with heavy artillery and involving navy ships in Rakhine state targeting Rohingya villages, displacing over a thousand people, among them Rohingya villagers.<sup>43</sup> In spring of 2020, attacks occurred on a daily basis near ethnic Rakhine and Rohingya villages.<sup>44</sup> In 2019, the UN documented a three-fold increase of child casualties in Rakhine state.<sup>45</sup> 25% of those casualties were caused by remnants of war.<sup>46</sup>

There are around 450.000 internally displaced people in Myanmar who had to flee from their villages and towns due to the continuous attacks carried out by the military.<sup>47</sup> A small number of them are Rohingya, most of whom live in camps for internally displaced people (IDP camps). They are "subject to **government persecution and violence, confined to camps and villages without freedom of movement, and cut off from access to adequate food, health care, education, and livelihoods**".<sup>48</sup> It is difficult, dangerous, or even impossible for women in particular to get access to medical care, which is scarce anyway. This creates risks for pregnant women and their children.<sup>49</sup> The overcrowded camps are a major risk to the health of the inhabitants, especially in the context of the Covid-19 pandemic. Many camps do not have sufficient sanitary facilities or clean running water, so hygiene conditions are poor.<sup>50</sup>

The physical integrity of the occupants is also threatened. Attacks have been carried out by both the Myanmar military and camp security forces.<sup>51</sup> Furthermore, there have been several fires in IDP

camps, which are believed to be related to the overcrowding of the camps, as reported by the fire department.<sup>52</sup> In the camps, women and girls are also particularly exposed to the risk of sexual violence.<sup>53</sup> The future prospects for the Rohingya children in the IDP camps are deemed to be poor by the residents themselves, one of the reasons for this being the insufficient access to education. Access is particularly limited for girls.<sup>54</sup>

In February 2020, the internet was shut down in Rakhine State. The Norwegian Internet provider "Telenor Myanmar" reported in a press announcement in February that the instructions for shutting down the Internet were given by the Ministry of Transport and Communication.<sup>55</sup> According to the UN, violence has increased in the affected regions since the internet ban.<sup>56</sup> Another concern is that, due to the shutdown, little to no reliable information on the Covid-19 pandemic is available to the population in Rakhine.<sup>57</sup> The UN Special Rapporteur on Myanmar, Yanghee Lee, condemned the shutdown; it is ongoing nonetheless.<sup>58</sup> Other recent measures include curfews and restricted access for humanitarian aid, obstructing the supply of medical care and other necessities. Children are among the victims of these tactics.

The Rohingya continue to try fleeing Myanmar, but most of them are rejected by the neighboring countries. Since the beginning of 2020, more than 1,000 Rohingya tried flee their country by boat. They were turned away by neighboring countries such as Malaysia, Thailand, and Indonesia.<sup>59</sup> At times, hundreds of refugees were stranded at sea without sufficient food and water and shelter from the sun. Among them were many children - who are even less prepared than adults to spend weeks in scorching heat and without sufficient supply of water and food.<sup>60</sup> The United Nations Convention on the Law of the Sea obliges coastal states to conduct search and rescue missions at sea. The 2016 Bali Declaration signed by several

Southeast Asian coastal states provides for collaboration on search and rescue and disembarkation. The pandemic could cause another spike in people trying to flee, putting them in acute danger due to the way neighboring countries are dealing with refugees.<sup>61</sup> Myanmar security forces also

continue to crackdown on Rohingya trying to flee the country. On February 19th, 2020, the Myanmar security forces arrested 49 Rohingya while trying to flee to Malaysia. Among them were 28 women, 18 men, and three children. They are accused of travelling without valid papers.<sup>62</sup>



Map of internally displaced persons' (IDP) camps in Myanmar (yellow) and refugee camps in Bangladesh (red) in which many Rohingya have sought refuge after the genocidal attacks on their villages.

## **A child's life in displacement in Bangladesh**

Around one million Rohingya have sought refuge in Bangladesh. More than half of them are children.<sup>63</sup> Kutupalong in Cox's Bazar is the world's largest refugee camp with approximately one million inhabitants.<sup>64</sup>

### ***i. Family and living situation***

The Bangladeshi government does not allow the inhabitants of Kutupalong to build permanent housing. The refugees live in small tents, made of plastic sheets and bamboo, which do not provide sufficient protection from the elements or from landslides, especially in the rainy season.<sup>65</sup> **There is also a lack of safety and privacy in the tents, which many children have said to find scary.**<sup>66</sup>

There are parts in the camp where the area per person is only 10m<sup>2</sup>, while the humanitarian standard is 30-45m<sup>2</sup> per person.<sup>67</sup> Children do not have space to play and run, and there is a lack of toys and books.<sup>68</sup>

Food and water are scarce as is the supply with blankets, mosquito nets, mattresses, and other basic items.<sup>69</sup> Food is retrieved from distribution centers<sup>70</sup>, but a diet on the distributed foods is not balanced: it lacks vegetables and fish, causing many children to be malnourished.<sup>71</sup>

### ***ii. Physical safety***

Many areas in the camps are considered unsafe for children. For this reason, many children avoid going to the toilet facilities at night as many facilities are not lit.<sup>72</sup> Many girls try to avoid the toilet facilities altogether for fear of harassment and threats of sexual violence, since many of the facilities do not have separate areas for different genders.<sup>73</sup> Girls also have to fear harassment and sexual violence near water wells and in the forest areas where firewood is collected.<sup>74</sup> Children are

also at risk of harassment by locals in the area, especially when collecting firewood in nearby forests, which sometimes leads to beatings.<sup>75</sup>

### **There is a threat of kidnapping and trafficking.**<sup>76</sup>

Sometimes, children get lost in the crowded and chaotic roads and paths of the camps.<sup>77</sup> Many children fear the roads of the camps for their business and heavy traffic.<sup>78</sup> Apart from the latrines, the roads, and the forests, some children identified their own tents as dangerous spaces due to fears of landslides and thieves or kidnapers breaking in.<sup>79</sup> Due to these threats, especially for girls, many parents oblige their daughters to stay in the tent all day.<sup>80</sup> Some 3,000 children are unaccompanied; due to a lack of protection, children are especially exposed to various dangers and.<sup>81</sup> For instance, they face an increased risk of sexual assault.<sup>82</sup>

### ***iii. Human trafficking, recruitment, and child marriage***

Six out of ten inhabitants of Kutupalong are children. They are particularly vulnerable to human trafficking. Many children get lost in the confusing maze of the camps – making them vulnerable to abuse, including abduction. Especially girls are in danger of this. In the camps, there are kidnapers who try to abduct children in order to sell them.<sup>83</sup> These children then face forced labor, bonded labor, or sex trafficking.<sup>84</sup> Sometimes, girls and young women are forcibly married.<sup>85</sup> Not uncommonly, women who were raped by members of Myanmar's military give their children conceived in rape to human traffickers.<sup>86</sup> The figures on trafficking cases vary. Depending on the source, 350 to 550 children have become victims of human trafficking, kidnapped from Cox's Bazar, each year since 2017.<sup>87</sup> It is estimated that over a thousand Rohingya children have been trafficked out of the camps.<sup>88</sup>

There are reports of Islamist armed and extremist

groups that prey on children in the camps. Groups such as the Islamist movement Hefazat-e-Islam are alleged of building schools and orphanages with the aim of luring in children for their movement.<sup>89</sup> Such groups have considerable influence in the camps and are of particular danger to unaccompanied children.

**Child marriage is on the rise in the camps. The average age of girls when getting married has dropped from 15.8 in 2017 to 14.1 in 2019.**<sup>90</sup>

30% of all child marriages involve unaccompanied refugee children.<sup>91</sup> Child marriage is seen as a measure of protection from sexual violence for girls, but child marriages lead to early pregnancy and serious health risks for girls, amongst other great disadvantages.<sup>92</sup>

**iv. Sexual and gender-based violence**

"The situation in the camps is characterized by an overall lack of protection and care mechanisms for survivors of sexual violence, especially access to psychosocial support and sexual and reproductive health services. The services currently available fall short of meeting the needs of women and girls", stated Andrew Gilmore, Assistant Secretary-General for Human Rights of the UN.<sup>93</sup> Almost a quarter of all women and girls living in Cox's Bazar said in an Oxfam survey that they do not feel safe.<sup>94</sup> Girls become victims of sexual violence or physical abuse in the camps on a daily basis. Women and girls also often become victims of domestic abuse.<sup>95</sup> UNICEF and other aid organizations operate safe spaces for women in the camps to turn to.<sup>96</sup> They work with community elders and mahjis – religious leaders – to mediate and resolve some of these issues.<sup>97</sup> Reasons for sexual violence and physical abuse are, according to the International Rescue Committee: restrictive social norms, the living conditions in the camps, lack of access to justice, and confidentiality issues when reporting abuse.<sup>98</sup> **The Covid-19 pandemic**

**is further exacerbating the threat of sexual violence and domestic abuse.**<sup>99</sup> Many girls and women cannot seek help due to the restrictions on mobility during the pandemic.<sup>100</sup>

Some Rohingya men and boys become victims of sexual abuse and exploitation as well. Especially vulnerable are, among others, adolescent boys, boys with disabilities, boys with certain sexual orientations, and those in the context of informal and child labor.<sup>101</sup>

Some survivors of sexual violence are subjected to retraumatization by insensitive journalists and investigators and due to a lack of documentation, as victims of sexual violence get interviewed again and again by the press, NGOs, and other groups. Apart from causing psychological trauma, this can render testimonies by these individuals unusable before court.<sup>102</sup>

**v. Education**

There are nearly 400,000 Rohingya children and youths of school age in the camps.<sup>103</sup> Until recently, children in the camps were denied access to education and schools. This is not due to a lack of resources, but a deliberate policy of the Bengali government: in February 2019, the Bangladeshi Refugee Relief and Repatriation Commissioner in charge of implementing the country's policy on Rohingya refugees, stated that "(i)f they (the Rohingya) stay for 20 years, you'll need a curriculum, but if it's just a year or two, then it's different. There is no possibility for them to take the Bangladeshi curriculum."<sup>104</sup> The refugee children are also prevented from studying according to the Myanmar curriculum. This means that Rohingya refugee children have thus far only received informal education, amongst others provided by UNICEF. The teaching centers in the camp are important facilities for children. Many children report feeling safe there, which demon-

strates the importance of such spaces.<sup>105</sup>

**The lack of access to education is described by the inhabitants of the camp as one of the biggest problems.**

The behavior of the Bangladeshi government violates the UN Convention on the Rights of the Child, which was ratified by Bangladesh. According to this convention every child must be guaranteed access to education without discrimination.<sup>106</sup>

In January 2020, Bangladesh recognized the problem of lack of access to education in the refugee camps and announced its intention to address it. One planned measure consists of a pilot project by the Bengali government and UNICEF. It is supposed to reach 10,000 children attending grades 6 to 9. The aim of the project is to facilitate the integration of the children into Myanmar society as soon as a safe return to Myanmar is possible. The curriculum is being developed in cooperation with UNICEF. Until they reach the age of 14, the children will have access to education under Myanmar's curriculum. After that the children will receive a so-called "skill training" and will be taught in the Burmese language. The curriculum is to be adapted to the special situation of the children.<sup>107</sup>

It remains to be seen how this program will be implemented. There are significant shortcomings though, such as that children above the age of 14 will only receive vocational training. Most children in the camps are under 11 years old. Girls often do not have equal access to education, as they are no longer sent to school as soon as they are considered marriageable.<sup>108</sup>

There are reports of Islamist groups filling the void of education. The Islamist movement Hefazat-e-Islam claims to already have 350,000 students in the camps.<sup>109</sup>

## **vi. Health**

**Many children in the camps suffer from the psychological impacts of their experiences in Myanmar** and on route to Bangladesh, as well as from the ongoing insecure and inhumane conditions in the camps in Bangladesh.<sup>110</sup>

Hygiene is an issue in the camps – with children complaining about unsanitary toilets, a lack of water, and the inability to regularly wash their bodies and clothes.<sup>111</sup>

Covid-19 adds to the health risks in the camps, especially considering the insufficient supply with clean water and the crowded living situation in the camps.<sup>112</sup> "Many are weakened by malnutrition. For them, it is impossible to observe preventive measures such as social distancing and washing their hands", said Dr. Anita Schug, neurosurgeon and spokesperson of the European Rohingya Council (ERC), in a joint call for immediate preventative care with the Society for Threatened Peoples.

The camp has a population density of up to 70,000 people per square kilometer – even higher than New York City (around 38,000 people per square kilometer), which is particularly affected by the pandemic as well. Aid and human rights organizations have been criticizing the intolerable conditions for quite a while already, but Bangladesh's authorities are refusing to improve the sanitation so as not to encourage even more Rohingya to flee from Myanmar to Bangladesh.<sup>113</sup> The internet blackout is exacerbating the spread of misinformation on the virus.<sup>114</sup> This misinformation includes rumors that refugees reporting Covid-19 symptoms would immediately be taken to an undisclosed location. Such rumors are deterring refugees from attending medical facilities and are causing increasing panic with regard to the virus, such that

it "could spread like wildfire among them and lead to another 'massacre' of Rohingya."<sup>115</sup>

On 23rd December 2019, the EU decided to donate a further 10 million Euros in humanitarian aid to the Rohingya in Bangladesh. So far, the EU had donated 33 million Euros.<sup>116</sup> The aid is to go towards access to food, clean drinking water and sanitation, as well as medical care.<sup>117</sup>

### **vii. Religion**

Children can exercise their faith freely in the camps. Reportedly, many children are happy to hear the calls of prayer, and they see it as a sign of belonging and safety in the host community to be able to pray freely.<sup>118</sup>

### **viii. Threat of renewed deportation (Bhasan Char)**

Since October 2017, the Bangladeshi government has gone to a lot of effort to transform Bhasan Char island off the Bangladeshi coast into a refugee camp. The planned camp on the island is located about a three-hour boat ride from the mainland.<sup>119</sup> Bhasan Char is regularly flooded by monsoons and is also affected by cyclones. The silt island emerged from the ocean only 20 years ago and has never been inhabited. It was officially announced by the Bangladeshi authorities in mid-January 2020 that work on Bhasan Char had progressed so far that the island was now habitable and had capacity for 100,000 refugees. The Bangladeshi authorities claim that protection against flooding has been extended and that hospitals, shelters, and mosques have been built.<sup>120</sup>

Despite these efforts and the fact that the refugee camps in Cox's Bazar are severely overcrowded, concerns remain regarding a relocation to Bhasan Char: **there is a possible lack of freedom of movement once the refugees are brought to the island, possible family separation, a lack of**

**access to services due to isolation on the island, and exposure to potentially severe natural disasters.**<sup>121</sup>

Another serious concern is that people might be forcibly relocated against their will: interviews conducted by Fortify Rights suggest that none of the people listed by the Bangladeshi authorities for resettlement to Bhasan Char had volunteered or wanted to go to the island. In some cases, people affected have threatened to kill themselves if they are actually resettled.<sup>122</sup> **Involuntary resettlement could be a serious violation** of human rights and refugee law, and it could be detrimental to the refugees and their mental health, potentially causing retraumatization.<sup>123</sup>

The first Rohingya refugees were brought to Bhasan Char in April 2020. They had tried to flee Myanmar by boat, but were picked up and relocated to the island, among them children in desperate condition.<sup>124</sup> In June 2020, Bangladesh resettled another 400 Rohingya to Bhasan Char – despite this statement by UN Special Rapporteur on Myanmar, Yanghee Lee, following a visit to the island in 2019: "There are a number of things that remain unknown to me even following my visit, chief among them being whether the island is truly habitable. Ill-planned relocation, and relocations without the consent of the refugees concerned, have the potential to create a new crisis."<sup>125</sup>

## REFUGEE RIGHTS DENIED IN BANGLADESH

The government of Bangladesh does not recognize the refugee status of the Rohingya, which means that the Rohingya in Bangladesh are denied access to important resources and rights: amongst others, freedom of movement, access to education, and the ability to work are massively restricted.<sup>126</sup> Under the Refugee Convention and its 1967 Protocol, all people – including children – who have a well-founded fear of persecution on the basis of race, religion, nationality, membership of a particular social group or political opinion are refugees. Refugees, including child refugees, are protected from refoulement (the forcible return to their country of origin). Children and adult refugees have the same legal rights. Since the Rohingya suffer persecution due to race, religion and nationality and are unable to avail themselves to the protection of their country (Myanmar) or return to Myanmar, they are considered refugees. Bangladesh's lack of acknowledgement of this fact precludes the Rohingya in Bangladesh from access to crucial rights: under the Refugee Convention, amongst other rights, child refugees are to be granted the same access to education as local residents (Art. 22). This and other rights are being denied by Bangladesh.

### Summary

War children in the Rohingya community have suffered tremendously. Many of them have witnessed brutalities committed against loved ones. Most of them now live in dire conditions in camps in Bangladesh. The ones remaining in Myanmar are not safe from violence and persecution. Many Rohingya are still trying to flee, but

they are often unable to reach their destination due to being picked up at sea by neighboring states. This situation – without proper education, healthcare, and constant security threats – is detrimental to the development of children and their healing from the experiences during the genocide.

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# Children Born of War



*Risks for children born of CRSV: Children can also be mentally affected when they are not aware of their status, for example through strained family relations as a result of their mother's traumatization, any related mistreatment or domestic abuse and the potential for identity crises.*

*Photo: Steve Gumaer/Flickr (CC) BY-NC 2.0*

# 4. The plight of children conceived in rape of Rohingya women

**Gaia Rietveld**

The UN has recognized that "an unknown number" of children were born as a result of the massive rape campaign against Rohingya women. The following sections are excerpts of the master thesis of Gaia Rietveld titled 'When innocence and violence collide – Exploring the lives of children born of conflict-related sexual violence among the Rohingya community' (VU University Amsterdam). The basis of this research is a combination of literature review and field interviews. Rather than interviewing sexual violence survivors or others from the Rohingya community directly, the study instead focused on NGO workers involved in the humanitarian response to the Rohingya crisis. This way, practical issues such as accessibility to the camps, accessibility to victims themselves and the need for an interpreter could be avoided. More importantly however, following the 'do no harm principle', it was deemed ethically inappropriate to conduct interviews directly with sexual violence survivors considering the means available to the researcher. The do no harm-principle entails that researchers should minimize the risk of adverse consequences for research participants.

## **Situating children born of Conflict-related Sexual Violence (CRSV)<sup>127</sup> among the Rohingya**

Multiple studies have pointed out that the lives of children born of CRSV are strongly influenced by their living situation. Therefore, the respondents

were asked several questions regarding the number of children born of CRSV among the Rohingya and their living situation. The insights shared by the respondents generally confirmed the information found among the news and NGO reports. All respondents recognized the widespread occurrence of sexual violence back in Myanmar, and multiple respondents confirmed that sexual violence survivors mostly identified armed actors as the perpetrators. Some respondents spoke about their experiences with sexual violence survivors to illustrate the widespread nature of sexual violence in Myanmar:

*R18: 'When I talked to [a] male [focus] group, one person stood up and said: 'There are fourteen people sitting here. All have a wife, and every wife faced difficulties, all of them were tortured by Myanmar people, and all were raped.' All fourteen wives were raped! ... He said: 'Not one time. Even six or seven times they were raped. I am a lucky man, because my wife only got raped one time. Why was my wife raped one time? Because we fled from Myanmar to Bangladesh, so we were lucky. But [the others] are not lucky people, because their wives were raped more than six times.'*

*R1: 'I remember going to one of the camps, I do not remember which one, at the start of the response. And there was one family which had seven daughters, and four of those daughters were pregnant from sexual violence.'*

Although none of the respondents felt like they could give a substantiated estimate of how many children of CRSV were born, all of them recognized that at least some amount of births has occurred. They based these statements on either their own experiences of meeting pregnant sexual violence survivors, the stories of friends and colleagues that also worked in the response, or the assumption that pregnancies must have occurred as a logical result of the widespread sexual violence. However, multiple respondents also indicated that the issue of pregnancy among sexual violence survivors was once not so obvious to the humanitarian response at the onset of the Rohingya influx:

*R8: 'So, the occurrence of those pregnancies was something that was not well planned and not, well... I would say [the response was] not really prepared for those numbers. ... [T]here was a failure in the sense of not putting in measures that could prevent a pregnancy, or for an abortion to take place.'*

*R18: 'From the first time, from the beginning actually, there were not many services. In Bangladesh, you know, we have some problems as well bringing attention to health protection services. At the time we only had a community clinic, a very small one, and it was run by the government. At the time this was the only type of facility that existed, and they only provided primary health care services, no protection services, no sexual health services, no gender-based violence services, nothing. Simply, if they found a person wounded, then the primary health centre provided treatment and if it was too difficult they were referred to Cox's Bazar or another city. But there were no services at the time regarding sexual violence or sexual torture. ... Now there is an option for abortion. But earlier I think there was not. In those primary health care centres there were services, but not abortion.'*

The lack of attention towards pregnancies at the early stages of the response is important in situating children born of CRSV as it strongly influenced the availability of abortion services. Respondents indicated that, right now, abortion services are provided in the camps following the Bangladeshi law on 'menstrual regulation', the local term for abortions. Following Bangladeshi menstrual regulation laws, abortions are only allowed during the very early stages of the pregnancy. There was a non-consensus among respondents on the exact timeframe during which abortions were possible, ranging from the first 12 weeks of the pregnancy to before the foetus has a heartbeat. Regardless, when these services were finally made available, it was too late for most women affected by sexual violence back in Myanmar. Therefore, it is likely that most pregnant sexual violence survivors did not end their pregnancy through medical services provided in the camps. Several respondents did indicate they were familiar with occurrences of other measures to avoid having to take care of the baby – such as self-administered abortions, abandonment in the camps, abandonment of babies with Burmese communities back in Myanmar, and giving the baby to human traffickers in Bangladesh. One of the case workers participating in the group discussion even indicated that a woman had told her she would kill the baby after it was born, although the case worker was not sure this actually happened. However, statements regarding these measures were generally based on anecdotal evidence or a specific case respondents were familiar with. It is therefore not possible to conclude if these measures were widespread practices or one-off occurrences.

When sexual violence survivors do not have an abortion or do not resort to any of the more extreme measures discussed in the previous paragraph, respondents indicated new-born children of CRSV usually would end up in three

situations: (1) living with their mothers and her family if she has one, (2) living in a foster family within the camps, found through personal or cultural networks or (3) living in a foster family within the camps, provided by the NGOs. Any adoptions or forms of institutionalization outside of the camp were not possible. Most respondents attributed this to the unwillingness of the Bangladeshi government to allow for adoptions or institutionalizations:

*I: 'Is there any adoption system in place? Within Bangladesh or outside?'*

*R1: 'Within Bangladesh not that I know of, for a number of factors. One, and it is a key one: this is a heavily populated country. So they are definitely not going to adopt children. And then externally, the adoption of children will almost be none and nil, and totally discouraged, because of the risk of trafficking. If you encourage adoptions it is going to be a long process, which has not yet started here. It is going to be a long process to make sure that these babies go out officially documented and secure.'*

*R4: 'Currently there are a lot of regulations for when you try to adopt any children, you need to have an international registration, you need to have the mandate. There are a lot of rules involved, because there have actually been issues of child trafficking and different kinds of sexual violence. So it is not possible, the Rohingya community is not even allowed to live mixed with the mainstream [Bangladeshi] population. ... According to my experience I know that actually it is not possible to adopt.'*

However, another respondent also expressed considerations regarding the wellbeing of the child to be an important factor:

*R8: 'The foster homes were within the camps, within the Rohingya community. So that was a key factor within there. We did not want them to be outside to*

*this... to separate the kids from their own community. So we made sure that they had links with their own community, the language and their history if they were given to families within the Rohingya community within the camps.'*

Although adoption outside of the camps was not an option, many respondents described the existence of a cultural practice of looking after unwanted children among the Rohingya community. According to respondents, it was quite common for unaccompanied or unwanted children to be taken in by other family members than their parents or even other families within the community. As the vast majority of Rohingya women give birth at home without the involvement of the NGOs, it is unknown how many unwanted babies were taken in by other families through this practice. However, respondents have indicated that the mothers and families of these babies often have ambivalent feeling towards them, as will be extensively discussed in section 5.3. Therefore, it is likely that a significant number would take advantage of this practice and that quite some new-born children of CRSV have ended up living with foster families as a result.

As some NGOs took notice of the existence of this practice, a system was set up aiming to link up families that would want to take in a child with unwanted babies:

*R12: 'Basically there was an informal support system set up, where [NGO involved in Child Protection] along with its partners worked to find places for these babies in the community, and supported families to look after them. So basically the Rohingya community, which I understand is similar to a lot of communities in the world actually... if there's a baby without parents for whatever reason, often there will be people in the community who would like to have another child, or are unable to have children, or for whatever reason are pre-*

*pared and think of it as a blessing to look after someone else's child. If those people can be identified and linked up with the child, then that's what agencies like [same NGO] aim to do.'*

Therefore, when a survivor of sexual violence gives birth at a health clinic within the camp, she is given the choice to keep the baby, or to give it to NGOs involved with the foster system such as Save the Children and MSF. In case of the latter, the NGO tries to link the baby with a family that is willing to take in a baby. Respondents that worked at NGOs closely involved with this foster system indicated that foster families are always informed of the background of the child, and why it needs a foster family. The NGOs furthermore provide follow-up appointments and financial support for those families that do take in an unwanted child. It is important to note that quite a few respondents were not familiar with the existence of this NGO foster network, and those that were sometimes had some misconceptions about its workings. Therefore, it is quite possible that this service is not provided equally throughout the camps, or that a significant number of pregnant sexual violence survivors were not aware of this option. Nonetheless, it is likely that at least some children born of CRSV are living with foster families provided by NGOs.

Although no details could be disclosed due to confidentiality measures, most respondents that felt they could give an indication stated that the vast majority of children born of CRSV still lived with their mothers. However, during the group discussion, the case workers contradicted this claim, indicating that most mothers give the babies away, usually through the NGO foster care system. It can therefore not be concluded which of the three living situations is most common among children born of CRSV. The discrepancy between the respondents is likely caused by a combination of the confidentiality measures of

NGOs and a limited availability of knowledge on these issues due to the large number of homebirths among the Rohingya community.

### **Living as a child born of CRSV among the Rohingya**

Literature has demonstrated that at the base of the experiences of children born of CRSV lies their stigmatized position within their society, related to the identities of both the father and mother. The vast majority of the respondents noted the existence of stigma around Rohingya children born of CRSV to at least some level within the Rohingya community. When respondents elaborated on this topic, they usually referred to the stigma experienced by their mothers as sexual violence survivors and its extension to the identity of their babies. However, there seemed to be two narratives around the nature of that stigma. On the one hand, respondents emphasized the existence of a strong stigma on sexual violence survivors, mainly because their rapes were understood to be an illegitimate relationship within the quite conservative Rohingya culture:

*R6: 'Among the Rohingya community there is negative attitude toward rape victims and survivors of GBV. If a girl or woman is a rape victim or SGBV survivor, they still blame this girl or woman because they think they became unholy. And the community is not supportive about this issue. They think: 'This is a matter of shame so we should hide this issue from other people, otherwise our social status will be ruined!'*

*R15: 'When I first arrived last year we were working with a bunch of community health workers ... [T]hey found out quite early on in their programming that the community health workers, who were from the Rohingya community, were skipping certain houses and they said: 'Why didn't you go to that house or*

*that house? Why not?' and they'd say: 'Oh well, that's a stained woman that's in there, so we can't visit her'. So she's been raped, or something has happened to make her a stained woman, so they won't even go to the house... you can't be seen to be going to the house to interact with that person.'*

On the other hand, several respondents also noted that the Rohingya community seemed more accepting of sexual violence survivors compared to what they had experienced among other communities that had been affected by sexual violence, listing cases such as Syria, Iraq, and Bangladesh as examples. This was often attributed to the fact that sexual violence was so widespread and the assumption that the community might have learned to cope with extreme forms of violence after decades of persecution:

*R10: 'You know what, the strange issue is that this community, they have been very strong... Maybe it is because the fighting in Myanmar has lasted for almost 30 years. ... [T]hey have an extraordinary power to cope with their situation. ... [W]e haven't seen very strong feelings that: 'I got raped, and became pregnant.' I haven't seen such very strong feelings, or very strong guilty feelings of shame, something like this. It may be due to their coping capacity. Maybe they are trying to cope.'*

*R18: 'And then we asked another question [to a Rohingya man whose wife had been raped]: 'What are your feelings? Why have you accepted [your wife], when you know your wife was raped more than six times, or even one time?'. [He answered]: 'Because I have nothing to do. They have arms, they can do anything. My life is vulnerable, why would I leave my wife?' I respect him. As a Bengali person I would never accept my wife, but he accepted his wife.'*

Although there was non-consensus among the respondents on the nature and intensity of stig-

matization of sexual violence survivors, multiple respondents noted that their children were often considered bastard children – referred to as 'zoora fua' in the Rohingya language, literally translating to 'illegal baby'. This indicates that at least some of the stigma on sexual violence survivors is extended to Rohingya children born of CRSV.

While in other similar cases the identities of children born of CRSV are often related to that of their enemy fathers, many respondents did not feel like this tendency existed among the Rohingya:

*I: 'Would you say the unwanted babies are still viewed as part of... the Rohingya community?'*

*R14: 'Yeah, I don't find any problem there. Because these issues have not come to the forefront, that women don't want their baby. ... Because these situations are very common in Myanmar and many have had to go through them, they are not raising these issues. Yeah, I don't find these issues are coming up.'*

*I: '[D]o you think specifically the babies from rape in Myanmar that don't have a Rohingya father... is the baby seen as Rohingya?'*

*R18: 'Yes.'*

*I: 'Even if the father is not?'*

*R18: 'Yes.'*

However, the case workers participating in the group discussion were once again of a quite different opinion. They stated that children were not accepted as Rohingya by their communities and are being referred to as 'Mog', a local term for the Myanmar army, indicating that these children are indeed negatively related to their father's identity. While most respondents thought that it

was too early to make any judgements on the physical recognizability of these children as being born of CRSV or that there were no significant differences, the case workers furthermore stated that they would be recognized if they were to walk around in public. Another respondent described how this physical recognizability can be a source of stigmatization:

*R16: 'For example, [when] these babies look a bit like the Rakhine people, people will say: 'This is not your baby, this baby looks like the Rakhine people!'*

Thus, there was quite some non-consensus among respondents regarding a possible link between the father's enemy identity and the stigmatization of Rohingya children born of CRSV.

Some respondents gave a plausible explanation for the seemingly conflicting statements regarding the stigmatization of children born of CRSV. First of all, they stressed that communities often don't give one uniform response to an issue, and, therefore, there are likely many different reactions to the existence of these children within the community:

*R8: 'I think the Rohingya are very similar to other communities in the sense that they weren't homogeneous. You know, they were not doing something that we could actually predict. Some of course kept their kids. Some were very violent, and threw their kids in ditches. Some were going to sell their kids to traffickers. And at the same time some of the Rohingya community were more than happy to open up their family and their homes to these kids. So I mean, there was ... an array of reactions that happened, which I can't say whether it's positive or negative.'*

Furthermore, they noted how community attitudes can and have changed over time. The case workers participating in the group discussion

noted that around the time of birth the community seemed to be more welcoming of these babies, but as time went on families became more worried about the wellbeing of their daughters and sisters, and therefore came to hide them more. Another respondent described a similar change regarding the stigma around sexual violence survivors:

*R14: 'These women and girls, when they first crossed the border to our country, they were openly talking about their violence cases. ... [They were saying] that: 'I've been tortured in this way, that way, these are the things, I've been raped, I've been kept confined in a room for three, four days, I've been raped for a long time, and then I somehow... I'm scared, will somebody help me?'. These are things they were talking about. But when one or two months passed, when life became more subtle, when they started to get the food, when the relief, the ration was going to them, when they got the shelters, then... they're a very conservative community, and they started to become even more conservative. Their men started to say: 'No, the women cannot come out. The girls will not talk about anything', and they became more closed off.'*

As attitudes regarding Rohingya children born of CRSV likely vary between different timeframes of the response, subcommunities, and even among individuals, it is quite logical that respondents gave varying statements regarding their stigmatization.

Although community attitudes regarding stigma are fluent and ever-changing, there have been indications for the existence of Rohingya children born of CRSV to at least some extent. As the practical impacts of even short-lived stigmatization can have a significant long-lasting impact on these children's lives, some more attention towards potential consequences is warranted. Therefore, the following sections will discuss the

current challenges faced by Rohingya children of CRSV and potential future risks.

### ***i. Socio-economic challenges***

The socio-economic status of children born of CRSV is highly dependent on the situation in which a child grows up. While section 5.2 already discussed the living situation of Rohingya children born of CRSV, it is insightful to consider the factors that influence where a child ends up. Respondents indicated that the age of the mother and her marital status were important in the decision what to do with their pregnancies. As mentioned before, there is a stigma on sexual violence within the Rohingya community, mainly due to its extra-marital nature. Especially young unmarried sexual violence survivors are negatively affected by this stigma, as it significantly hurts their chances of finding a marriage partner, especially if they have the baby. Multiple respondents described how important marriage is to Rohingya girls, as they see marriage as the most effective way to ensure security and a prosperous future. Therefore, younger unmarried girls were more likely to take some measures to get rid of the baby, be it through (self-administered) abortions, foster families, abandonment, or other measures:

*R14: '...After most girls turn 12 or 13, they're just eagerly waiting for their marriage. ... [Girls look forward to their marriage because] she wants an identity, she thinks that: 'It's my security. When I have a husband the other men will not disturb me.' This is a very common thing among them. And that's why some of our site coordinators found some [unwanted] babies abandoned in the toilets. They were just born, and likely abandoned right after.'*

*R11: 'Younger, unmarried girls are probably most vulnerable to resorting to extreme measures due to the added stigma of sexual relations and children before and outside of marriage.'*

Furthermore, respondents stated that the opinion of the families of the sexual violence survivor and broader community views were also very important factors. One respondent illustrated how the decision was not one only taken by the mother, but by her family:

*R8: '[T]he decision wasn't only just by them. I mean, as much as we are working with just the women, this decision was also made by the family... or you know, with family pressures from the mother-in-law, if the husband was available, or even the mother of the woman. So this wasn't just up to her, this was more of... well, what does the family decide.'*

Furthermore, some respondents noted how community pressure played a role as well. Although many respondents noted how abortion is strongly frowned upon within Rohingya culture, some still mentioned occurrences of community encouragement to abort children born of CRSV:

*R5: 'I think [the community] look[s] at it negatively, and they discourage the women to give birth. They say: 'please do an abortion!'*

*R13: 'But sometimes there are some pregnant woman due to violence of which the child is born, because the woman who became a mother wanted to give the birth to the child. However, when the child is born the local people around her, they say: 'How can you give birth?' to the mother. That's like, the conservative pushes, you know.'*

To understand why a Rohingya child of CRSV ended up where he/she did, it is thus important to take many factors such as the mother's background and family and community influence into account.

For those children living with their own family, respondents indicated that the relationship between mother and child varied across cases. Some

mothers, especially if they were young and unmarried, were described as struggling to accept their babies. The case workers stated during the group discussion that ignorance and neglect of children born of CRSV in Rohingya households seemed to be quite common in the community. According to them, negligence was strongly influenced by a negative community opinion encouraging these mothers to not take appropriate care of the babies. Another respondent illustrated this:

*R14: 'Rohingya women become a mother at a very early age. I found one girl in a learning centre, she was hardly 14 or 15 years old. But she is surrounded by her 3 children ... and now [s]he is having another child. I found that in most of the camps the mothers are not so caring to their children. The children are freely moving around, but the mother doesn't care. Yesterday I saw a child crying, but [the mother was] having her bath, she's gossiping with others ... [while the baby] is shouting and crying. I found that. And that's why I am doubtful how much this unwanted war child is... nicely linked with the mother.'*

However, other mothers seemed to be more accepting of their babies. Some respondents described their relationship to be similar to other mother-child relations among the Rohingya. Other respondents emphasized that it differed from normal, as they felt it was more of a muted acceptance than true happiness receiving the child. However, even if the mothers are accepting or loving to at least some extent, the presence of the child within the family home would regularly form a point of conflict with other family members such as husbands and siblings:

*R1: 'So potentially, like for those that conceived these babies from sexual violence... when they eventually, or if they eventually end up within getting a partner, these babies subs as a point of conflict. Because they bring the baby along as it has*

*to be taken care of, and the spouse sees that... that baby subs as a point of ambivalence and conflict.'*

*R16: '[One pregnant sexual violence survivor talked] to us, and she believed that: 'Maybe this was my bad luck, I have to accept this. At least this is my child.' After all she thought like that, and then she kept the baby, and the baby was born and is still alive. The other siblings, they don't take care of their brother, they don't like him, and are even always quarrelling with the mother: 'Why do you take care of the baby? This is not our sibling, this is not our brother.' So the mother cries... But she is taking care of the baby.'*

Respondents further indicated that in some cases this has even led to husbands or other family members abandoning the mother and the child. Therefore, some mothers have kept their pregnancies secret from their families or claimed that the child was from their husband.

Considering the statements above, Rohingya children born of CRSV are therefore likely at some risk of negligence, strained family relations, and differential treatment that could negatively impact their childhood when living with their families. Respondents were unable to give any details regarding children growing up in foster families, due to a lack of available information and NGOs confidentiality measures, and it is therefore unclear if they are at similar risk.

While some respondents felt Rohingya children born of CRSV would not face any other socio-economic challenges in the future than other Rohingya children, others pointed at potential risks. First of all, many recognized the risk on discrimination and exclusion by the community if stigmatization remained unaddressed. Multiple respondents therefore commented that they felt community sensitization programmes in cooperation with local Imams and Mahdjis<sup>128</sup> to combat

stigmatization could be useful to limit the challenges faced by these children. Another respondent pointed to difficulties these children might experience in getting married, as they are considered illegal children. She indicated that not only would the dowry for an illegal child likely be double of the standard, there could potentially also be problems regarding a proper wedding ceremony. In the Rohingya Muslim marriage, the man needs to give his father's name during the 'Qubool Hai' ceremony<sup>129</sup>, which is problematic for boys born of CRSV as the father's identity is unknown.

Respondents also pointed towards certain risks were these children to remain in the Bangladeshi camps on the long-term. Human trafficking has been on the rise recently, and Rohingya rebel groups have started popping up within the camp grounds. Respondents noted that children born of CRSV could be at a higher risk of being sold to traffickers, as families sometimes feel pressured to sell children to traffickers when they become too much of a burden. As some indicated that some children born of CRSV have already been sold to human traffickers, it is reasonable to assume that this group might be at a heightened risk. Furthermore, two respondents suggested that these children might be more susceptible to recruitment attempts of rebel groups, as they might experience social isolation within their families and communities. While currently these risks are of a speculative nature, it is important to remain aware of the potential of such risks affecting Rohingya children born of CRSV in protection efforts.

## **ii. Political juridical challenges**

While Rohingya children born of CRSV have a vulnerable political and juridical status as they are stateless, it is important to recognize that their statelessness is not specifically related to their status as being born of CRSV, but to their mem-

bership of the Rohingya community. The Rohingya have been stateless for decades, including the babies that were born among the Rohingya in the Bangladeshi camps. Therefore, their future political and juridical situation is highly dependent on what will happen to the Rohingya in the long-term, which is highly unpredictable. While most respondents felt that it was impossible to make any predictions in this regard, some did express doubt that Bangladesh will grant citizenship to the Rohingya or any of their children born on Bangladeshi soil:

*R17: 'What will be the fate of this stigma in the future? They are born in Bangladesh, but the Bangladesh government is not thinking about them as refugees, they get no nationality. So as they have no identification of the father, all the responsibility goes to the mother. As the mother is not getting the status of refugee, they cannot claim the nationality of Bangladesh. This actually depends on the national policy and legal aspects of our country's policy. No, I don't think so... Even if they could live in Bangladesh they are not able to get nationality.'*

*R10: So, according to that rights of the child, the child has rights to get documentation, including a birth certificate. The Bangladeshi government is still not allowing the Rohingya children to have any documents like that. .... But they should provide a document. The children have the right to have a document.*

During some interviews, the possibility of Myanmar granting citizenship to Rohingya children born of CRSV was discussed, as their fathers are Myanmar nationals. However, respondents felt it is highly unlikely this will happen, as Myanmar is currently denying any involvement with sexual violence:

*R1: '[I]f this is taken as a serious bargaining issue or diplomacy issue they could [grant citizenship to*

*Rohingya children born of CRSV]. But, I don't see them doing it naturally, for the reason, for example: if they violate the people and chase them away, the way they did. Would they have the nerve and the courtesy to look at the children coming out of that? It will take some advocacy.'*

*R8: 'Both parents are from Myanmar, so the question will be: will they be recognized by them legally and which papers will they have? Because they were born in Bangladesh. ... I mean politically if they might want to move away from the motion of genocide, they can just say: 'No these aren't our problem, they were born in Bangladesh. They should be given Bangladeshi citizenship and papers.' And these kids ... they're not actually ethnically homogenous. They are different. So it'll be very easy for them to say: 'No, these aren't from Myanmar. They could be from a Bangladeshi father.'*

As the Rohingya are not legally recognized as refugees by the Bangladeshi government, the only form of registration the Rohingya currently enjoy is that of the humanitarian response. However, this registration does not grant any legal recognition, rights, or nationality. Therefore, the long-term political juridical implications for Rohingya children born of CRSV are currently very dependent on future developments.

### **iii. Physical/medical challenges**

Although life in the camps comes with many challenges, Rohingya refugees have relatively good access to (basic) health care facilities. However, respondents indicated that one of the biggest challenges in providing care for both children born of CRSV and their mothers was the unwillingness of sexual violence survivors to actually visit these facilities, mainly out of fear of being exposed. Regardless of the attempts by NGOs in the humanitarian response to build specific safe houses to ensure privacy, the vast

majority of pregnant sexual violence survivors still opts for home births without the attendance of any medically trained personnel. The unwillingness to visit medical centres before, during, and after the birth of a child born of CRSV could potentially pose serious health risks for both the mother and baby as any medical complications might go undetected or untreated.

Due to this unwillingness to seek professional medical aid and the unavailability of abortion services, some pregnant sexual violence survivors have resorted to some extreme measures. Multiple respondents indicated the occurrence of self-administered abortions, often in unsafe conditions:

*R5: 'I have heard that some have miscarriages by themselves because they don't want to... they don't think that they will...'*

*I: 'Yeah, so they try to perform their own abortion-?'*

*R5: 'Abortion, yeah.'*

...

*I: 'But isn't that dangerous?'*

*R5: 'Yes of course. There is a risk for the mother.'*

*R8: So there was a number of particularly young girls who tried to do unsafe abortions with haemorrhaging, this was seen in many services including [name NGO involved in Health] and another health post.'*

One respondent listed some of the methods Rohingya women used to perform self-administered abortions she had come across in the field:

*R16: 'I heard they also use some other methods, like, from the traditional or natural medicine. Like, they*

*use some kind of root, which they put in the vagina, and then they bleed. And also we heard from someone that studied in Myanmar they also use ... [s]ome kinds of mud of different colours, which mostly can be gotten in hill areas.'*

*R15: 'To drink it, or?'*

*R16: 'We heard they heat it, and then they put it inside the vagina. Another thing is stones, they make them hot and they put it there.'*

These self-administered abortion attempts can have serious repercussions on the health of the mother and presumably the baby. Furthermore, case workers indicated during the group discussion that, even if self-administered abortion attempts cause serious damage, the majority of mothers would still refuse to visit medical facilities out of fear of exposure. As self-administered abortions are performed at the home without any involvement of the NGOs, respondents were not able to indicate how many women might have resorted to these methods and how big of a health risk this has posed to both mother and child.

When discussing the physical/medical state of Rohingya children born of CRSV after birth, most respondents indicated that there is not much information available at the moment. Some respondents expressed some worry regarding the health of these children, as they had seen ignorance and neglect of these babies in the home. Other respondents were more positive in this regard, stating that as multiple NGOs involved with health and nutrition services were keeping an eye on these children, they hoped that this would be able to limit any negative impacts for their physical/medical situation.

A more long-term perspective on the physical/medical challenges for Rohingya children born of CRSV is highly dependent on their

currently undetermined future, and therefore no conclusions can be drawn. Nonetheless, some concerns are important to address. One of the potential long-term health risks identified by studies of other cases of children born of CRSV is an increased risk of HIV. One respondent noted that this might also apply in the Rohingya case, but that this could not be confirmed as HIV testing and treatment was not allowed in the camps:

*R8: 'So we weren't allowed to test for HIV or give treatment to HIV anyway. So a lot of us weren't testing for HIV, and I mean I'm sure the issue with HIV, because of the small population... of course with a small population like that, HIV rates could be high, particularly with the high number of rapes that did happen. And also now drugs are just now being introduced into the community, so they could be... I would imagine a high level of HIV happening, but we weren't allowed to do HIV testing by the government, so that's a whole different kind of problem.'*

Therefore, there could potentially be a heightened risk of HIV for Rohingya children born of CRSV, but currently there is no data available to assess the situation.

Another concern is that of the potential for physical domestic abuse, which has also been mentioned by other studies as a viable physical/medical risk. While no respondent ever mentioned the occurrence of physical abuse towards these children, some respondents did note that there seemed to be an increase in domestic abuse in the camps:

*R9: 'We are receiving more cases of domestic violence. It is happening, because when a person does not have any work this can be very demanding for them. They become angry, have quarrels, and might therefore beat their wives and others. This is a common problem, polygamy is also another pro-*

blem. Because they have nothing, they are totally futureless at this time. So they become very frustrated, and beat their family members'.

R18: 'They have no privacy. In one room they live with the father, mother, uncle, a lot of people. How can they protect themselves? How do they ensure their privacy? So they become more and more vulnerable. And some adolescent girls could be regularly violated, physically and sexually.'

While these statements pertain to domestic abuse towards women, the indicated increase in domestic violence among the Rohingya together with the often observed occurrence of physical abuse towards children born of CRSV in other similar cases suggests that these issues might potentially come to affect Rohingya children born of CRSV as well.

#### **iv. Psycho-social challenges**

As Rohingya children born of CRSV are still infants, respondents felt it was too early to make any statements regarding their psycho-social situation. Most of these children were born in the camps and have not been exposed to traumatic experiences of violence or having to flee their homes, like older Rohingya children. Nonetheless, this cannot be said for their mothers, which have at least faced traumatic experiences of sexual violence once and have had to flee their homes. Respondents described how these mothers were in need of psychosocial support:

R1: '[Y]ou can be sure it has been a very traumatizing experience for the mothers. You know that you are pregnant of a baby that you did not want! Moreover from your violator! Who may have killed your husband or your son! You can imagine...'

R9: 'They received psychosocial and medical support, so they can understand ... [how] they can

overcome their traumatization. So, many women do take part. Because they were raped on the way here back in their country. But after reaching this country they received a lot of services and after nine months they give birth.'

Respondents indicated that psychosocial support has been one of the most important and longest ongoing services for sexual violence survivors in the camps. Studies of other cases of children born of CRSV have indicated a risk of intergenerational traumatization from mother to child. Research has found that psychosocial services for survivors of conflict-related sexual violence can have beneficial effects on their mental well-being (Tol et al. 2013; Bass et al. 2013) and can therefore reduce the risk of intergenerational trauma. The provision of psychosocial support for the mothers of Rohingya children of CRSV could thus potentially address these concerns to some extent, depending on the effectiveness of the counselling process and the ability to reach all mothers in need of support.

However, none of the respondents ever mentioned the potential need for any psychosocial support for the children themselves when asked what can and/or should be done to help them or what their futures might look like. Multiple respondents felt that as long as their status as born of CRSV was successfully kept secret from their community, these children would likely not need any specific services. However, literature has shown that community knowledge is not the only factor that can cause mental stress. Children can also be mentally affected when they are not aware of their status, for example through strained family relations as a result of their mother's traumatization, any related mistreatment or domestic abuse and the potential for identity crises. Furthermore, when they personally are aware but do not face externalized stigma by their community, they are still at a risk of internalized

stigma, which has been the cause of serious mental strain to the point of suicidal thoughts in other similar cases. Thus, although the respondents did not specifically express any concerns for the psycho-social impacts for Rohingya children born of CRSV, it cannot be assumed these children are not at any psycho-social risk in the future.

### **Summary**

At the time of writing, all Rohingya children are confronted with significant challenges such as poor living conditions, low economic status, traumatization, no access to formal education, statelessness, and limited perspectives for their future. As the overall situation is so dire, the situation of children born of CRSV might not seem significantly different from other Rohingya children. At the moment, the most obvious specific challenges are socio-economic and physical/

medical, including a heightened risk on strained family relations, differential treatment, neglect, and limited medical attention before, during, and after birth. There are seemingly few specific political juridical and/or psycho-social challenges, although it cannot be assumed such challenges will remain absent in the future. At any rate, the indicators of stigma discussed in the previous paragraph suggest that children born of CRSV are perceived as different and undeserving of any privileges by their communities, implying that they are likely to experience negative consequences. Furthermore, this implies that, even if the overall situation of Rohingya children were to improve, these children would likely not experience a similar improvement in quality of life, thereby widening the gap between children born of CRSV and other Rohingya children. Therefore, it seems plausible that Rohingya children born of CRSV are and will continue to be at a serious risk of facing significant negative impacts throughout their lives if this issue remains unaddressed.

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*Collecting firewood - an everyday task. But in the IDP camps in Myanmar, removal from the family or group is accompanied by an increased risk of experiencing sexual violence, especially for girls.*

*Photo: Steve Gumaer/Flickr (CC) BY-NC 2.0*

# Annex

## The persecution of the Rohingya

The Rohingya have lived in Rakhine state in Myanmar's West for generations.<sup>130</sup> Ultra-national Rakhine Buddhists and the majority of the population as well as the government of Myanmar dispute this. They view the Rohingya as illegal immigrants who came to Myanmar during or shortly after the British colonial rule, which lasted from 1824 to 1948 (officially, the British colonial rule began in 1886, but some regions were already conquered in 1824 after the First British-Burmese War).<sup>131</sup> The government's narrative of the Rohingya being illegal immigrants is used to legitimize human rights violations against the Rohingya. The UN General Assembly has called on Myanmar to recognize the Rohingya's right to self-identification.<sup>132</sup>

This representation of the government is reflected in the historical narratives of Myanmar: the Rohingya do not appear in the country's official history.<sup>133</sup> The exclusion of the Rohingya from Myanmar's historical narrative is rooted in the authorities' attempt to establish a common national identity after the country reached independence through the creation of an "ethnically pure" Myanmar.<sup>134</sup> This sentiment is manifested in the Citizenship Act of 1982.<sup>135</sup>

Under the 1982 Citizenship Act of Myanmar, the Rohingya are not among the 135 nationally recognized ethnic groups. This law bars access to citizenship as well as passports and ID cards for the Rohingya, effectively rendering all Rohingya stateless. This makes the Rohingya one of the

largest stateless communities in the world.<sup>136</sup> The government of Aung San Suu Kyi introduced the National Verification Cards (NVCs) for the Rohingya, replacing the formerly used White Cards. Unlike under the White Cards, holders of NVCs cannot vote or otherwise partake in elections, manifesting their ultimate exclusion from society. In addition, and in contrast to the White Cards, "race" was re-introduced as a category, with "Rohingya" not being a possible choice. Instead, the Rohingya have to refer to themselves as "Bengali" on the NVCs, which intrinsically denies their identity. Myanmar laws thus directly and discriminatorily restrict areas of everyday life for the Rohingya and deny them the right to their own identity.<sup>137</sup> The UN considers Myanmar's discriminatory laws against the Rohingya as an indicator of genocidal intent against the Rohingya.<sup>138</sup>

There are numerous other examples of discrimination against the group: access to education for Rohingya children has been limited in Myanmar, with many children being barred from accessing the formal education system in Rakhine state.<sup>139</sup> Such policies perpetuate poverty and inequality and constitute a violation of the Convention of the Rights of the Child (Art. 28). Many Rohingya children are malnourished.<sup>140</sup> However, access to healthcare and especially to reproductive healthcare has been extremely limited for the Rohingya in Myanmar.<sup>141</sup> The government further controls how and when Rohingya can get married.<sup>142</sup> The government also dictates the number and spacing of children to be had by Rohingya parents.<sup>143</sup> This constitutes a massive interference with personal freedom, self-determination and humanity

and violates the Convention on the Elimination of Discrimination Against Women (Art. 12). The imposition of measures for the prevention of births can furthermore amount to genocide under the Genocide Convention. Furthermore, the Rohingya are severely restricted in their freedom of movement, in access to jobs, and the ability to freely practice their religion.<sup>144</sup> The state-driven discrimination of the Rohingya, essentially facilitating racial segregation, amounts to a system of apartheid which is a crime against humanity under international law. These policies are accompanied by dehumanizing and inciting language on the side of Myanmar officials, monks, and other prominent individuals, which the UN has recognized as another indicator of genocidal intent against the Rohingya.<sup>145</sup> Facebook has played a key role in spreading a hate campaign against the minority.<sup>146</sup>

These instances of systemic discrimination against the Rohingya is why the United Nation's Independent Investigation Commission on Myanmar described Myanmar as a "race-based" country and classified the Rohingya as one of the most persecuted minorities worldwide. The UN recognized in 1992 that the Rohingya had been suffering from severe persecution since the 1980s. Research speaks of a "slow-burning" genocide.<sup>147</sup> The recent genocide is thus to be seen as the peak of a longstanding development.<sup>148</sup>

Many of the prevalent instances of systemic discrimination against the Rohingya severely and disproportionately affect children. Rohingya children are facing a hopeless situation with little chances of building a safe and prosperous future for themselves.

### **The ongoing genocide**

The present genocide against the Rohingya, which is part of a decade-long campaign of persecution, has been looming since a new outbreak of violence and hate speech against the group in 2012.<sup>149</sup> The violence and displacement further escalated in the second half of 2016 when clashes between the Burmese military and Rohingya residents of Rakhine state took place.<sup>150</sup> Major violence and massive, unprecedented displacement started in August 2017.<sup>151</sup>

The Myanmar military and military-equipped civilian fighters claimed that the trigger for the violence were attacks on police stations carried out by the ARSA (Arakan Rohingya Salvation Army). Reports by Rohingya refugees, however, paint a different picture: "Rohingyas arriving in Bangladesh said they fled after troops, backed by local Buddhist mobs, responded by burning their villages and attacking and killing civilians".<sup>152</sup> Of the at least 6700 people who were killed in the first eight weeks of the genocide, in August and September 2017, almost one eighth were children under 5 years of age.<sup>153</sup> Several hundred thousand Rohingya fled as a result of the attacks, half of them children.<sup>154</sup> Two UN investigation teams have since determined that these events amount to genocide.<sup>155</sup>

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# Footnotes

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- <sup>2</sup> Ahmed Abidur Razzakeh Khan et al., 'Prevalence of violence against children: Evidence from 2017 Rohingya Refugee crises', ResearchGate, [https://www.researchgate.net/publication/333118905\\_Prevalence\\_of\\_violence\\_against\\_children\\_Evidence\\_from\\_2017\\_Rohingya\\_Refugee\\_crises](https://www.researchgate.net/publication/333118905_Prevalence_of_violence_against_children_Evidence_from_2017_Rohingya_Refugee_crises) (last seen 22 July 2020).
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- <sup>6</sup> Save the Children, 'Rohingya Crisis: Explained' <https://www.savethechildren.org/us/what-we-do/emergency-response/rohingya-crisis> (last seen 20th July 2020).
- <sup>7</sup> UN Human Rights Council, 'Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts', [https://www.ohchr.org/Documents/HRBodies/HRCouncil/FFM-Myanmar/sexualviolence/A\\_HRC\\_CRP\\_4.pdf](https://www.ohchr.org/Documents/HRBodies/HRCouncil/FFM-Myanmar/sexualviolence/A_HRC_CRP_4.pdf), p. 9 (last seen 17th July 2020).
- <sup>8</sup> Claire Mason, Mark Kaye, 'Horrors I will never forget: The stories of Rohingya children', Save the Children, <https://resourcecentre.savethechildren.net/library/horrors-i-will-never-forget-stories-rohingya-children>, p. 1 (last seen 17th July 2020).
- <sup>9</sup> Rape and other forms of sexual violence were an integral part of the massive genocidal campaign of the Burmese perpetrators. 18.000 to 20.000 women and girls were raped. An unknown number of them became pregnant due to the assault. The actual number is not known because stigma and shame caused many victims to keep quiet about their suffering. Many pretend that the children were fathered by their husbands – or they try to abort the pregnancy. The stigma attached to pregnant survivors of sexual violence is huge. However, the stigma attached to their babies is even larger. It is unknown how many of these babies – children born of war – there are. But the number is estimated to be in the thousands , according to reports by the UN Human Rights Council - see 'Sexual and gender-based violence in Myanmar and the gendered impact of its ethnic conflicts', [https://www.ohchr.org/Documents/HRBodies/HRCouncil/FFM-Myanmar/sexualviolence/A\\_HRC\\_CRP\\_4.pdf](https://www.ohchr.org/Documents/HRBodies/HRCouncil/FFM-Myanmar/sexualviolence/A_HRC_CRP_4.pdf), (last seen 17th July 2020).
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- <sup>14</sup> Médecins Sans Frontières, "'No one was left". Death and Violence Against the Rohingya in Rakhine State, Myanmar', <https://www.msf.org/myanmarbangladesh-%E2%80%98no-one-was-left%E2%80%99-death-and-violence-against-rohingya>, p. 17 (last seen 20th July 2020).
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*The Rohingya war children and children born of war have survived genocide. They do not deserve to become a lost generation. They have the right to a future in dignity.*

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# Imprint



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