UPPSALA
UNIVERSITET

Gender-based violence in the refugee camps in Cox Bazar

-A case study of Rohingya women's and girls' exposure to gender-based violence

Linda Nordby

May, 2018

Supervisor: Kyungmee Kim, Uppsala University

This thesis is submitted for obtaining the Master´s Degree in International Humanitarian Action and Conflict. By submitting the thesis, the author certifies that the text is from his/her hand, does not include the work of someone else unless clearly indicated, and that the thesis has been produced in accordance with proper academic practices.

Abbreviations

ARSA- Arakan Rohingya Salvation Army

BBC- British Broadcasting Corporation

CSO- Civil society organisation

ECPAT- End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes organisation

EAO- Ethnic armed organisation

GBV- Gender-based violence

MR- Menstrual Regulation

MISP- Minimum initial service package

MDG- Millennium Development Goals

NGO- Non-governmental organization

IASC- Inter-Agency Standing Committee

ISCG- Inter Sector Coordination group

SGBV- Sexual gender-based violence

SRHR- Sexual Reproductive Health and Rights

SVT- Sveriges Television (Swedish public service television company)

UN- United Nations

UNHCR- United Nations High Commissioner for Refugees

UNICEF- United Nations Children's Fund

UNPFA- United Nations Population Fund

WHO- World Health Organisation

Abstract

The Rohingya, an ethnic minority group that traditionally have lived in Rakhine State, Myanmar, are facing severe structural discrimination from the Myanmar state. Rohingya women and girls have experienced horrific acts of gender-based violence from the Myanmar army in Rakhine State before they fled to Bangladesh and the refugee camps in Cox Bazar area. In these refugee camps gender-based violence continues to be widespread, much like other refugee camps in other parts of the world. Rohingya women and girls are vulnerable because of their gender, refugee status and ethnic affiliation. In addition they become even more vulnerable because family and community structures have broken down. These intersecting vulnerabilities make them exposed to gender-based violence from a number of different perpetrators. In addition these intersecting vulnerabilities lead to a lack of access to sexual and reproductive health services. Overall the humanitarian organisations operating in Cox Bazar did not manage to deliver these sexual and reproductive health services to the amount of Rohingya women and girls that needed them. Although gender-based violence was identified to be widespread in the refugee camps preventive measures were few. The unequal power relationships are identified as an underpinning reason for gender-based violence. In addition, the underlying causes of gender-based violence are connected with beliefs, norms, attitudes and structures that promote and/or tolerate gender-based discrimination and unequal power relationships.

Keywords: Rohingya, Myanmar, Burma, Rakhine, gender-based violence, sexual exploitation, trafficking, survival sex, prostitution, refugee camps, SRHR

Table of Contents

Chapter 1 Introduction

This chapter describes the methods used to collect material for this single based case study of gender-based violence against Rohingya women and girls in refugee camps in the Cox Bazar area. This single case study is an explorative study to inquire the connection between power and gender-based violence against vulnerable persons of concern such as refugees. The chapter will end with a section on the Rohingya's plight.

1.1 Purpose and aim

Gender-based violence is relevant to the humanitarian field because it is a significant and prevalent factor in humanitarian crises and in refugee camps according to Ferris (2007), Agier (2002) and O'Brien (2017). Gender-based violence is deeply rooted in gender norms that discriminate and disempower women and girls and because of this they are exposed to risks of exploitation and abuse in humanitarian emergencies according to the Inter-Agency Standing Committee (IASC, 2015).

To prevent gender-based violence and exploiting of women and girls in refugee camps a first step is to explain and understand why gender-based violence occurs in refugee camps. My purpose is therefore to explore the connection between power and gender-based violence against vulnerable persons of concern such as refugees. I also aim to look into the perpetrators as to establish their group affiliation. To prevent gender-based violence it may be of importance to provide knowledge about the perpetrators. Humanitarian organisations act as gatekeepers in refugee camps as they are the ones governing the camps. How they work to prevent gender-based violence is therefore very relevant. Further how humanitarian organisations choose to conduct the aid programs may have implications on gender issues. I therefore aim to examine how humanitarian organisations conduct they work in the refugee camps in Cox Bazar. In this thesis my purpose is to show how Rohingya women and girls are exposed to gender-based violence. However, it is worth noting that men and boys also can be exposed to gender-based violence. Due to the scope of this thesis I was forced to limit my research area. I decided upon this limitation with the support of United Nations

High Commissioner for Refugees (UNCHR, 2003) that states that in most cases of sexual and gender-based violence the victim is female, while the perpetrator is male.

1.2 Research questions

What explains gender-based violence in refugee camps?

How do humanitarian organisations work to prevent sexual exploitation of women and girls in refugee camps?

1.3 Methods

This is a single case study of gender-based violence in the refugee camps in Cox Bazar area, during time period of 2007-2018. Empirical materials for the thesis have been gathered through desktop research and expert consultation. Due to time and resource constraints and the scope of this master thesis, data gathering from fieldwork has not been considered. Instead meeting notes and field reports of humanitarian organisations such as Ipas, Inter Sector Coordination group (ISCG), the United Nations (UN) and the UNHCR have been reviewed in addition to academic literature and media reports. I systematically searched Reliefweb and Humanitarian response platform to identify key information during the period between March and May 2018. In researching this thesis I also consulted with two academic researchers that have conducted research in Myanmar. Previous academic research on the topic of gender-based violence will be provided in chapter 3.

1.4 The Rohingya's plight

The Rohingya have been denied citizenship by the Myanmar government based on the 1982 citizenship law, and statelessness has been the main source of vulnerability as they lack basic rights and protection provided by the law (Hutchinson 2018). Before Rohingya women and girls arrived at refugee camps in Bangladesh, they had been exposed to horrific acts of violence and sexual abuse from the Myanmar army (the Tatmadaw). The Myanmar army have systematically used rape as a weapon against the ethnic minorities for decades (Flint 2017:287). Rohingya women who experienced rape suffered from trauma reminding them of a severe form of psychological and social torture used to intimidate the women (Farzana 2017:103-

105). In addition to direct sexual violence, Hutchinson (2018) state that Rohingya women have experienced discrimination based on gender in political, economic and ethical stances in Rakhine State before they fled to Bangladesh.

Drew et al. (2017) claim that statelessness have been a source of severe stress for the Rohingya on a daily basis as this affects their sense of belonging and their access to human rights. According to Milton et al. (2018) the Rohingya have experienced severe oppression and have fled Myanmar in cycles. First during the Second World War when the Rohingya sided with the British and second in 1948 when Burma got its independence from Great Britain. Third in 1978 when about 250 000 Rohingya fled to Bangladesh. In 1991/1992 another 250 000 Rohingya fled to Bangladesh after the failed democratic election in 1990. A majority did become repatriated the following decade. In 2017 the Rohingya fled once again after massacres and acts of sexual violence against civilians by the Myanmar state's security forces. According to Riley et al. (2017) a substantial amount of the Rohingya minority currently live along the Myanmar/Bangladesh boarder in refugee camps or in camps for the internally displaced persons in Rakhine State. Bangladesh has taken in Rohingya refugees since 1948.

When violence broke out in 2012, the Myanmar government labelled it inter-communal violence (Amnesty International, 2017). Tens of thousands of people, mostly members of the Rohingya minority, were displaced. Muslim and Buddhist communities were separated and the Rohingya (and other Muslims) were moved to displacement camps. Amnesty International (ibid.) has named them open-air prisons. In august 2017 after the Arakan Rohingya Salvation Army's (ARSA) coordinated attacks on police and military posts, the Myanmar military responded forcefully and over 600 000 Rohingyas fled to Bangladesh according to Amnesty International (ibid.).

Tensions between different ethnic groups have been alarming in Rakhine State since series of violence broke out again in 2017. Even if the ARSA have stated that do no plan to impose sharia law the Myanmar government has picked up on the international narrative of transnational jihadi terrorism as the government now

describes the ARSA as a terrorist group. This has led to the exclusion of ARSA from the peace talks (Hutchinson 2018). The government does not recognize the ARSA as an ethnic armed group as well as other ethnic armed organisations (EAOs) and their coalitions. This is again due to a persisting lack of recognition of the Rohingya as citizens rather than terrorist framing. Barany (2018) state how Aung San Suu Kyi, the de facto leader of the country, and her civilian government has received heavy, worldwide criticism for their abysmal treatment of the Rohingya minority. They have also refused journalists, the UN and various humanitarian organisations free and unsupervised access to Rakhine State. Aung San Suu Kyi and other Myanmar officials even refuse to refer them as the Rohingya rather to call them the Bengali implying that they are illegal immigrants from Bangladesh and do not belong to Myanmar. According to Amnesty International (2017) Aung San Suu Kyi has asked the diplomatic community to refrain from using the name Rohingya, and instead use the name Bengali.

The ethnic landscape is complicated in Burma. The government has decided upon 135 ethnic groups. The Myanmar government has not recognised the Rohingya as one of the ethnic minorities in the country. To be eligible for citizenship after the 1982 citizenship law one must belong to one of the 'national races' (*taingyintha*). For the Rohingya it is important to prove that they are *taingyintha,* in order to re-join the community and Myanmar. It was after 1982 the Myanmar government named them Bengalis (Cheeseman, 2017).

1977-1978: Up to 200,000 Rohingya flee Myanmar to Bangladesh after a nationwide crackdown on "illegal immigration". Most returned to Myanmar the following year. 1982: Myanmar enacts the 1982 Citizenship Law. The Law is blatantly discriminatory on ethnic grounds, and its implementation in Rakhine State allowed authorities to deprive Rohingya of citizenship *en masse*. 1991-1992: 250,000 Rohingya flee Myanmar to Bangladesh amidst reports of forced labour, summary executions, torture including rape and arbitrary arrests by Myanmar security forces. 2001: Anti-Muslim riots across Myanmar also affect Rakhine State, leading to displacement of Rohingya. 2012: Violence between Muslims and Buddhists, sometime supported by state security forces, sweeps across Rakhine State leading to scores of deaths, destruction of property and mass displacement. Myanmar authorities separate communities, and displaced Rohingya and other Muslim communities are moved to camps where their movement is restricted. Curfews are imposed in several townships, however by September 2014 are lifted in all areas except for the Rohingya-majority townships of Maungdaw and Buthidaung. Oct. 2016: A Rohingya armed group, now known as the Arakan Rohingya Salvation Army (ARSA) attacks three police posts in Maungdaw and Rathedaung townships, killing nine police officers. The military responds with a major security operation marked by widespread human rights violations. More than 87,000 Rohingya flee to Bangladesh over the next 10 months. Aug. 2017: ARSA launches coordinated attacks on around 30 security posts in townships in northern Rakhine State. The military responds with a brutal campaign of violence against the Rohingya community, committing crimes against humanity. More than 600,000 Rohingya flee to Bangladesh over two months.

Table 1: Timeframe of Rohingya displacement (Amnesty International, 2017).

Chapter 2 Conceptual framework

This thesis will use sexual and reproductive health and rights (SRHR) and intersectionality as a conceptual framework. In addition gender-based violence and sexual and gender-based violence will be explained and defined in this chapter.

2.1 Defining gender-based violence

Gender-based violence or sexual and gender-based violence, sexual violence, sexual exploitation, prostitution or forced prostitution, survival sex and trafficking are often used interchangeably in academic journals, by humanitarian organisations and in popular media. This is unfortunately causing more conceptual confusion than necessary, while at the same time withdraw focus from the issue itself. I have chosen to use a definition on sexual and gender-based violence from the UNCHR (2003):

> "Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys".

I appreciate that the UNCHR mention women, girls, men and boys because they can all be exposed to sexual and gender based violence. It is important to remember though, just like the UNCHR (2003) states that in most cases of gender-based violence and sexual and gender-based violence the victim is female, while the perpetrator is male.

According to IASC (2015) humanitarian emergencies may increase the risk of many forms of gender-based violence, because family and community structures may have broken down. However, the underlying causes of the violence are connected with beliefs, norms, attitudes and structures that promote and/or tolerate gender-based discrimination and unequal power relationship. Gender-based violence is deeply rooted gender norms that discriminate and disempower women and girls who are

exposed to risks of exploitation and abuse amid humanitarian emergencies. Gender-based violence must therefore be linked to its root causes of gender inequality and gender discrimination. The violence may be committed during conflict, but also during stabile times. In addition it is important to implement strategies that can provide long-term social and cultural change towards gender equality according to IASC (2015).

2.2 Sexual and Reproductive Health and Rights (SRHR)

SRHR is a fairly new term. Reproductive health is a more established term and is therefore more commonly used. Furthermore the research for this thesis has shown how normal it is for academic articles using the SRH abbreviation thus taking away the R for rights. Sexual reproductive health (SRH) is therefore a term widely used as well.

Hadi (2017) defines SRHR as:

> ‘‘A state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so”.

According to the World Health Organisation (WHO, 2010), it was during the Cairo International Conference on Population and Development held in 1994, decided to expand the concept of reproductive health to also include sexual health. The conference also emphasised the importance of universal access to reproductive and sexual health services. The WHO (ibid.) states that sexual health underpins and is a necessary condition for the achievement of reproductive health.

Hadi (2017) state how SRHR has been a contested concept. The discussions that have surrounded SRHR when establishing it as a concept have been complicated and difficult. Safe abortions and the prevention of sexual violence were issues that were met with resistance from conservative groups to the extent that these issues were not mentioned in the Millennium Development Goals (MDG). In the end, even here after

discussions, the universal access to reproductive health, including contraceptives and family planning was added to the MDGs. Marital age, access to abortion and sexual education were still considered as too sensitive to be fully acknowledged. Hadi (ibid.) also shows how in certain countries reproduction is the core pillar in family relations. A girl, or a woman, no matter how young or how immature are expected to deliver a baby shortly after marriage. Social expectations and economic restraints affiliated with living in a joint family would therefore make it very difficult for women and girls to take individualistic choices concerning marriage, education and access to reproductive health services. In many countries, especially developing countries and conflict-affected countries, women's and girls' health, opportunities and status are disregarded and their rights are under devalued.

Starrs et al. (2018) point out several important factors regarding SRHR:

> "Sexual and reproductive health and rights (SRHR) are essential for sustainable development because of their links to gender equality and women's wellbeing, their impact on maternal, new-born, child, and adolescent health".
>
> "Everyone has a right to make decisions that govern their bodies, free of stigma, discrimination, and coercion. These decisions include those related to sexuality, reproduction, and the use of sexual and reproductive health services".
>
> "SRHR information and services should be accessible and affordable to all individuals who need them regardless of their age, marital status, socioeconomic status, race or ethnicity, sexual orientation, or gender identity".

Starrs et al. (2018) state that SRHR programmes that involve men and boys are showing promising results, although insufficient funding results in very few SRHR programmes for male participants. Interventions with male participants related to sexual and reproductive health, gender-based violence, fatherhood, maternal and child health and HIV/AIDS found that such interventions evoked important changes in men's attitudes and behaviours, even if the interventions were of short duration.

Teller and Roche (2016) also state that SRHR is a quite new, still a contested concept and a sensitive issue. Reproductive health is controversial when it comes to issues of sexual orientation, sexual life and abortion. It is closely related to personal dignity, choice and psychical health. Therefore is has come to be influenced by human rights, with a strong component of both protection and relief. Reproductive health is based on human rights (the Convention on the Elimination of Discrimination Against Women from 1979) and is therefore universally applicable for internally displaced persons, refugees and others living in humanitarian settings state Teller and Roche (ibid.).

The minimum initial service package (MISP) is a central operation package in the area of reproductive health, to be used in the first phases of an emergency situation.

1. ENSURE the health sector/cluster identifies an organization and a Reproductive health officer to lead implementation of the MISP.
2. PREVENT AND MANAGE the consequences of sexual violence (e.g. improve security related to WASH, treat victims)
3. REDUCE HIV transmission Ensure safe blood transfusion practice; facilitate and enforce respect for standard (universal) precautions; make free condoms available.
4. PREVENT excess maternal and newborn morbidity and mortality, Ensure availability of basic and comprehensive emergency obstetric care, including newborn care services. Establish a referral system to higher-level care where needed Provide clean delivery kits to visibly pregnant women when access to a health facility is not possible.
5. PLAN for comprehensive reproductive health services, integrated into primary health care as the situation permits.

Table 2: MISP (Teller and Roche, 2016)

Teller and Roche (2016) state that there are logistical issues and delays in moving towards reproductive health programmes. Important experiences from humanitarian crises were the MISP have been implemented are among other; safe abortions care should be available, contraceptives should be available because people use them even during an emergency, syndromic diagnosis and treatment of sexually transmitted infections should be applied and the ensured provision of culturally appropriated menstrual hygiene kit should be in place.

Singh et al. (2018) state that that displaced people and those living in a humanitarian crisis are suffering from an unmet need for SRH information and services. Women and girls are especially vulnerable. Humanitarian crises may increase the risk of a poor SRH outcome due to damaged health facilities, increased exposure to sexual violence and a reduced access to supplies and services. Sing et al. (ibid.) identify how core SRH services still are lacking, among these contraceptives and abortions.

2.3 Intersectionality

In O'Brien (2017:20) intersectionality when discussing gender-based violence is defined as:

> "The intersection of male dominance with race, ethnicity, age, caste, religion, culture, language, sexual orientation, migrant and refugee status and disability—frequently termed 'intersectionality'—operates at many levels in relation to violence against women. Multiple discrimination shapes the forms of violence that a woman experiences. It makes some women more likely to be targeted for certain forms of violence because they have less social status than other women and because perpetrators know such women have fewer options for seeking assistance or reporting".

Intersectionality explores how power relations shape social inequalities. It also explores how social inequalities may be apparent within a group of marginalized and vulnerable people according to Larson et al. (2016). In terms of access to healthcare an intersectional perspective might be useful because it explains how various social inequalities of a disadvantaged population intersect and affect the opportunity to access and receive adequate healthcare state Larson et al. (2016).

Hankivsky (2014) explains intersectionality as:

> "Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations (e.g., 'race'/ethnicity, Indignity, gender, class, sexuality, geography, age, disability/ability, migration status, religion). These interactions occur within a context of connected systems and

> structures of power (e.g., laws, policies, state governments and other political and economic unions, religious institutions, media). Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created".

To simplify according to Hankivsky (ibid.) inequalities are never the results of one, distinct factor. Instead they are a result of the intersection of various power relations, social locations and experiences. People's lives are complex and multi-dimensional and cannot be explained by taking into account into account single categories, such as socio-economic status, race and gender. Hankivsky (ibid.) explains that power shapes categories and positions (e.g. 'race') (e.g. racialization and racism) and theses processes work together to shape experiences of privilege and penalty between groups, and within them.

Intersectionality is also concerned with theories of knowledge and power, especially the relationship between knowledge production and power. To include perspectives and worldviews of people who are normally excluded or marginalized in the production of knowledge may cause a disruption in established power relations that are enabled through the production of knowledge. Intersectionality-based policy analysis should and can include knowledge and perspectives of peoples who are normally excluded from contributing in policy analysis. Intersectionality-based policy analysis broaden the understanding of what is constituted as "evidence" and recognize a diversity of knowledge, theoretical perspectives and paradigms. This can be knowledge from empirical or interpretive data and qualitative or quantitative research, but also indigenous knowledge. Power may favour certain knowledge traditions over others.

In the next chapter I will look into Rohingya women and girls' access to sexual and reproductive health and rights services in the refugee camps in Cox Bazar. The SRHR framework clearly states that everyone has a right to govern their own bodies. Women have the right to make decisions on issues related to sexuality, reproduction, and the use of sexual and reproductive health services. I will also examine and identify the prevalence of the different forms of gender-based violence such as (forced)

prostitution, sexual exploitation, domestic violence, trafficking and survival sex in Cox Bazar. Finally I will look into how power relations shape social inequalities in the refugee camps. It is worth noting that Rohingya women and girls have as well been exposed to gender-based violence before they fled Myanmar and the consequences of this are also taken into account in the next chapter.

Chapter 3 Gender-based violence

In this chapter I will provide an introduction to gender-based violence in refugee camps before I describe the situation for Rohingya women and girls in Cox Bazar area. The chapter will end with a section on how humanitarian organisations conduct their work in Cox Bazar.

3.1 Gender-based violence in refugee camps

Over the past twenty years the vulnerability of refugee and displaced women and girls have been widely acknowledged by scholars and humanitarian organisations. Sexual violence is often used as a tool of war, which means that women and girls are often fleeing their communities because of gender based violence. During their flight they are often exposed to acts of violence and exploitation from armed gangs, boarders guards, soldiers and warlords. This pattern of sexual violence often continues in refugee camps and displaced persons camps. In addition when a breakdown in social norms happens women and girls become vulnerable to domestic and community violence. (Ferris, 2007).

The UNHCR and Save the Children UK report, "Sexual Violence and Exploitation: The Experience of Refugee Children in Liberia, Guinea, and Sierra Leone", brought proper attention to this subject for the first time. Ferris (2007) explains that 1500 refugees were interviewed in this report and the result showed that sexual exploitation was widespread in the refugee camps. The report also showed that among the perpetrators were aid workers, peacekeepers and community leaders. Humanitarian workers traded food items for sexual favours, while teachers in the camp traded passed grades for sexual favours. Medical workers gave medicine and treatment in return for sex. Parents on the other hand pressured their children into sexually exploitative relationship in order to gain relief items.

The report showed further according to Ferris (ibid.) that girls living in single parent household, children from child-headed households, separated and un-accompanied children and girls who were street traders were especially vulnerable. Unfortunately the report concluded that no member of a humanitarian organisation or a non-

governmental organization (NGO) lost his or her job for exploiting children. The authors of the report state, according to Ferris (ibid), inequalities in power relationships as one reason for the sexual abuse. The report noted that male humanitarian workers tended to protect each other when they were faced with proof of sexual exploitation.

O'Brien (2017:11) draws on research from Liberia, Haiti, Côte d'Ivoire and post-peace operation Sierra Leone and explains that there are situations where women are hungry, under stress, displaced and desperate, which could make them resort to 'survival sex'. In some of these situations, it seem that the women took a conscious decision 'acting to ensure their own survival and, often, the survival of their families'. The women themselves coined the term 'survival sex', and the use of words suggests that the women performed this under pressure to survive, rather than as a free choice. Regardless of motivation and benefits women did not find this a desirable situation state O'Brien (ibid.).

Dadaab refugee camp in Kenya shares some of the features as the camps in Cox Bazar area. Chkam (2016) states that this camp was established in the early 1990s and has become one of the world's largest. Somali population has arrived in the camp in cycles due to renewed fighting and harsh environmental conditions. Meant as a temporary solution the camp became a long-term camp after protracted displacement. Agier (2002) did ethnographic research in Dadaab and states that rape occurred commonly in the camp. Over ten cases of rape per month were reported to police, but that was a number everyone thought to be well below the actual number. Rape would happen when the women left the camp to look for firewood. In a security meeting in the camp Agier (ibid.) took part in prolonged discussions on providing a male escort for the women so they would not do the fetching of firewood alone. Somali men refused accompany the women to collect firewood, as they claimed they would be accused of rape themselves. Other perpetrators were identified to be armed gangs not belonging in the camp. In general all parties in this meeting asked for more security measures. Agier (ibid.) observe how seemingly voluntarily marriages between Ethiopian men and Somali women took place in the camp. After the marriages, Somali women were often rejected by their Somali peers. Occasionally Somali gangs

would take back the women forcefully, leaving the women's children with the husbands, as these were not considered Somali. This seemed to be a widespread impunity and Agier (ibid.) does not mention any possible solutions to end this.

Ferris (2007) points out that it has been a growing focus of another type of perpetrators engaging in sexual exploitation in humanitarian emergencies; staff from humanitarian organisations. The Oxfam scandal also illustrate this. Seven Oxfam employees, among them, the Haiti country manager were accused of sexual exploitation of young, vulnerable women and girls in Haiti after the earthquake in 2010 according to Omvärlden (2018). After this several other humanitarian aid organisation have admitted to receive reports of sexual harassment and sexual exploitation conducted by their staff in humanitarian settings. Among these were Médecins Sans Frontières and SOS's villages state SVT (2018).

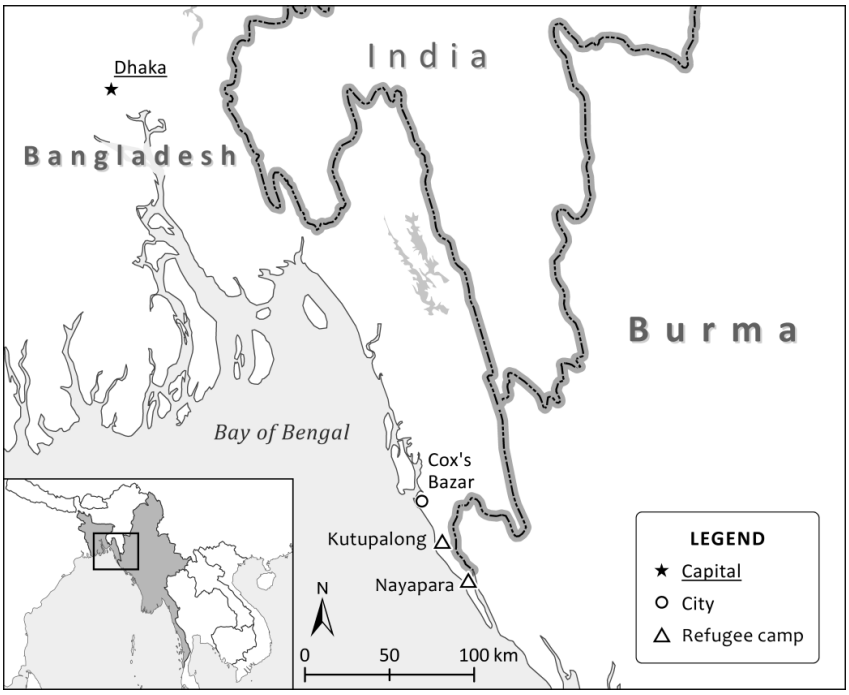
O'Brien (2017:15) states that a rise in peacekeeping personnel and military personnel, acts as a magnet for an increase in the sex industry in the areas they are deployed in. This increase in demand for sexual services also results in an increase in human trafficking and forced prostitution according to O'Brien (ibid.).

3.2 Gender-based violence in Cox Bazar

> "In 30 years in the field, I have never before been in an established camp where the fear was so palpable and pervasive and where malnutrition and poverty was so rife. Corruption, rape, sexual abuse, abductions, trafficking, organized prostitution, including of children, ration fraud and a systematized regime of terror has left a population of at least 26,000 refugees in a state of trauma and with little or no hope for the future. I have never seen so many 'sexualized' children. Deaths from malnutrition and untreated medical conditions are common. These refugees have been living in the camps for up to 15 years". (Pittaway, 2008)

Pittaway (ibid.) describe Cox Bazar area anno 2007. At that time there were 26 000 Rohingya refugees registered in the two camps, Nayapara and Kutupalong. In addition 7000 Rohingya were living at the 'makeshift' camp Teknaf, while it was

believed that between 100 000 and 200 000 unregistered Rohingya refuges lived outside these camps. The refugees living outside these camps were considered illegal or economic immigrants and received very little aid. At this time (2007) the Cox Bazar camps were acknowledged as some of the worst in the world. Pittaway (ibid.) researched showed that the refugees experienced constant violence, lack of safety and exploitation. In addition corruption was widespread. She further stated that gender based violence and sexual violence were endemic and had horrific impacts on women and girls. In addition this also impacted their families and the wider community.



Map 1: The Bangladeshi-Burmese border areas
Map design: Magnus Strömgren

Pittaway (ibid.) explains that women and girls as young as nine years old are abducted by local villagers and forced into so-called marriages, but when they get pregnant they are returned to the camps and/or families. Reports were also of young women and girls being taken and trafficked into the sex marked in nearby Cox Bazar and Chittagong. In addition there were reports of child prostitution[1] inside the camp.

[1]Author's note; the phrase child prostitution is problematic as children cannot be expected to make an informed choice to prostitute themselves (see ECPAT, 2005, for further discussion).

According to Pittaway (ibid.) this led women to fear leaving their sheds to use the latrines or collect firewood. The Rohingya men in the refugee camps reported how members of the police and the military, and local villagers approach their sheds during night-time to take their daughters and wives for sex. In the camps there are stories of how women try to abort babies of rape and that this lead to the death of some girls according to Pittaway (ibid.).

Hutchinson (2018) states that according to the United Nations Children's Fund (UNICEF) a large proportion of the refugees from Rakhine are children. In fact as many as 60% of the refugees are children, and many are unaccompanied. 67% of the refugees are female. A high proportion of Rohingya women and girls arriving in Bangladesh are pregnant, which may be seen as an indicator of increased conflict related sexual violence and abuse according to Hutchinson (ibid.). Since late august 2007 the United Nations Population Fund (UNPFA) has assisted 3500 Rohingya women who have been sexually assaulted. Figures from other conflicts show that about 6 to 7% of the women seek medical care after sexual violence. If we apply these figures on the Rohingya it means that 58 700 Rohingya women and girls have been exposed to sexual violence according Hutchinson (ibid.). Unfortunately data from the author does not specify if the Rohingya women have been exposed to sexual violence in Rakhine State, during flight or in the refugee camps in Bangladesh. Data from previous mentioned articles lead me to assume that the sexual violence they have been exposed to may occur at all three stages.

Riley et al. (2017) interviewed 148 adult men and women in two different refugee camps in Cox Bazar area, Kutupalong and Nayapara. When asked if they had been exposed to sexual abuse, humiliation, or exploitation (e.g., coerced sexual favours) 12,8% responded they had been exposed to this. 8,1% said they had been exposed to rape (forced, unwanted sex with a stranger, acquaintance, or family member) while 6,1% had witnessed physical or sexual violence/abuse. The authors identify a lack of proper mental health facilities in the camp to support Rohingya with the mental health problems they may have. The authors suggest that staff should be trained to identify mental health problems and the management of these.

Refugees in the recognised refugee camps have access to, if flawed, free health care and a degree of legal protection. However legal protection and access to health services is very limited in makeshift camps outside of organised camps. Milton et al. (2018) point out how unregistered Rohingya women and girls living in these makeshift camps run a much bigger risk of being exposed to sexual abuse.

Farzana (2017:163) describe how it is believed that underground trafficking take place in the camps. The few cases that have been known received wide attention in the media. For instance he explains how a gang of three Bangladeshi men was arrested in Dhaka trying to get eighteen Rohingya men and women to Saudi Arabia with false passports. The victims explained to the police that they were from the Teknaf camp and had come to Bangladesh in 1991-1992. Farzana (2017:128) confirms that women are vulnerable to sexual assaults and harassment in the camps. Men from the villages, camp authorities, other refugees and security personnel are all belonging to the group of men who commit sexual assaults and harassment. In addition Rohingya women become easy targets for wealthy local Bangladeshi men.

> "Yes ... I am willing to tell you. You see ... my age is 25, yet I am not married. In this camp you will find early marriage is very common for girls. Parents marry off their daughters at the age of 17 or 18, or even earlier. In my case, it is different. When I was eleven, I was humiliated (*indicating rape*) by a Rohingya camp leader. I do remember the night I was kidnapped and humiliated (*silence*). It was horrifying. That night, as usual, I went to the toilet at the corner of the camp with my oil-lamp. I did not know that someone was following me and hiding in the bush to attack me! It happened all of a sudden. Someone attacked me from the back, cupped my mouth so that I could not shout. I just saw a man, and I remember thinking, I have seen this man before, in the camp. Immediately, he hit me on the head, and I became senseless. I don't remember anything after that (*silence*). My elder brother rescued me later (*silence*)" (Farzana, 2017:220-221).

This paragraph illustrates the sexual violence the Rohingya woman was exposed to from a Rohingya man in the refugee camp in Cox Bazar. It especially illustrates how

difficult it is to marry after being raped and this show how vulnerable the women can be.

BBC (2018) reported how Rohingya children were trafficked for sexual purposes into Bangladesh and Cox Bazar area from the refugee camps. They describe that local Bangladeshi men, but also women are behind this and act as the girls' pimps. The pimps also told the BBC's undercover team that mostly Bangladeshi men are the buyers, but there were also foreign men that exploited the girls. The article also reveals that girls are staying with the pimps' families when they are not exploited for sex. BBC (ibid.) also found examples of how Rohingya girls were trafficked to Chittagong and Dhaka in Bangladesh, Kathmandu in Nepal and Kolkata in India. Once in India they were given Indian identity cards and absorbed into the systems, their true identities lost. The under cover team had police support when they acted as buyers and when the police revealed themselves the girls appeared torn between poverty and prostitution. The girls said that without the prostitution they would not be able to provide for themselves or their families.

In the following quote from BBC (2018) they identify the same as O'Brien (2017) in earlier part of this thesis, namely that a humanitarian crisis increases the demand for sexual services, which lead to an increase in human trafficking and forced prostitution.

> "The Rohingya crisis did not create a sex industry in Bangladesh, but it has increased the supply of women and children, forcing the price of prostitution down and keeping demand as strong as ever".

Seltzer (2013) states that refugee camps, especially the long-established ones, are easy targets for those looking to exploit other human beings. These refugee camps are heavens for those who want to establish themselves to gain the communities' trust, in order to exploit refugees for trafficking and forced labour in slavery-like conditions.

Olivius (2016) divides refugee men into three different categories in the context of sexual violence; perpetrators, allies and troublemakers. Olivius' research showed that

the gender gap in the camps was big. Rohingya women were exposed to gender-based violence both from the outside and the inside of the community. Violence from their male partner had become more normal now than in the past. The category of the troublemaker contained elements that could lead to gender-based violence. Refugee men often feel disempowered after displacement. Frustrations may run high, boredom sets in and their traditional roles do no longer exist and men may feel powerless. In the form of allies and gatekeepers men are in a privileged position. If not supporting gender inequality directly, they may though enjoy the benefits of unequal gender relations. Due to their positions they have the possibility to enable or hinder change when it comes to gender equality. Men in the camps have economic, political and cultural authority and power that could enable a change. They become powerful and thus able to act for a change.

Pittaway (2008) also identify how Rohingya women experience abuse from their own kin, in the refugee camps. Husbands often refuse to take women who are abducted and raped frequently back. An imam will sometimes arrange marriage for pregnant girls, often to a much older man who already have wife(s). In these marriages the women often suffer from abuse and domestic violence. This is supported by Riley et al. (2017). Their research showed that 27% of the males and 38% of the females participating in their research reported psychical abuse from a spouse or other family member. They do not state if the relative high amount of men that report psychical abuse may do so as a response to if a family member experienced psychical abuse. When it came to sexual violence the authors did speculate if the relatively high number of men answering yes to have experienced this did so because a family member had experienced the sexual violence and not them directly. I believe there is reason to believe that a number of the men answering they had been exposed to psychical abuse may have meant it as one of their family members had been exposed to it.

According an ISCG report (2018b), hundreds of gender-based violence incidents continue to be reported weekly in Cox Bazar. Many Rohingya women and girls have been exposed to severe sexual violence before and during flight. The lack of income generating activities in the camp increases the risk of exploiting of women and

adolescents girls. The ISCG report state they are at risk for trafficking for commercial sexual purposes, forced marriages, survival sex and forced labour.

3.3 The humanitarian response in Cox Bazar

Olivius (2016) states how governance of refugee camps involves complex relations of division of labour and division of authority. Camps are formally under the jurisdiction of the host country, which may enforce their authority via the presence of police or paramilitary personal. They typically focus on controlling the movement of the refugees and the punishment of offenses committed by refugees. The refugees seldom have access to the legal system in the host country. The day-to-day operation of the camps and the delivering of assistance are carried out by humanitarian organisations and the UN, normally coordinated by the UNHCR. According to the ISCG brief (2018a) as of 25th April 2018, there are 905 000 Rohingya refugees in the Cox Bazar refugee camps.

The most urgent needs according to the ISCG brief (2018b) in terms of gender-based violence response, is access to survivor-centred case management and psychosocial support services. As of now less than 50% of settlement area are covered by these services. Lack of capacity and limitation of space in the camp area are quoted as reasons for this. There is only one shelter available for women and adolescents girls and it has room for less than twenty people and this shelter serve a population of 1,2 million people. The ISCG brief (ibid.) reads that a total of 55 safe service entry points for gender-based violence case management have been established in the camps. In addition there are 39 safe spaces for women and girls in the camps. Unfortunately this is it not enough. To achieve full coverage in the camps the ISCG brief (ibid.) reads that an additional 145 entry points for gender-based violence case management is needed. The brief also point out the need to reach the host community. 85% of the Bangladeshi areas hosting refugees have no access to gender-based violence service provision. Less than 2% of the women and girls receiving gender-based violence response and prevention services are Bangladeshi nationals.

According to an UN brief (2018) a large number of Rohingya women experienced unwanted pregnancies after being raped in Myanmar before they fled. The UN

estimates that 40 000 women in the refugee camps are pregnant and that thousands of these pregnancies are result of rape. It has been difficult to establish if these pregnancies are the result of rape the UN brief (ibid.) reads. The women fear stigma, they may be depressed and ashamed which make them often reluctant to admit they have been raped. Humanitarian workers in the refugee camps state that there is no joy or expectations from the women concerning these pregnancies. The children conceived by rape in August and September 2017 are due to be born in April and May 2018. The humanitarian organisations are therefore preparing for these deliveries at this time. The UN brief (ibid.) also highlights the possible stigma these children born out of rape may experience.

The high number of gender-based violence acts the Rohingya women have been exposed to, and the pregnancies this has resulted in, has led the humanitarian organisations to prioritize provision of abortions. In Bangladesh abortions are legal only when the woman's life is in danger. A procedure the government have named menstrual regulation (MR), which involves vacuum aspiration to induce back the menstruation (and thereby establish non-pregnancy), it is legal according to Sing et al. (2012). Therefore the humanitarian organisations can provide this in the refugee camps in Cox Bazar. Ipas (2018), is an American NGO that works in the camps to provide access to reproductive health care. They state how many Rohingya women experience the additional injustice of un-wanted pregnancies after rape, in addition to the hardship of fleeing Myanmar and the hardship in the camps. Ipas train health workers in the clinics so they are able to provide safe abortions, but also to provide postabortion care to women after unsafe abortions conducted elsewhere or in their homes. In addition to provide abortions and postabortion care they also work with other aspects of reproductive health, especially the provisions on contraceptives.

ISCG brief (2018a) highlights the risk of Rohingya women and girls resorting to potential harmful coping mechanism such as survival sex, trafficking, exploitation and child marriages because of lack of basic services and self-reliance.

ISCG brief (2018b) states that they of May 2018 is preoccupied with preparation for the monsoon and cyclone season that may cause landslides and floods in this area.

The monsoon season may also have an impact on the gender-based violence preventive work, as service entry points for gender-based violence may be affected by flooding and landslides. In addition the upcoming monsoon season may increase the risk of gender-based violence in general. Especially children who may be separated from there parents run a higher risk of being exposed according to ISCG brief (ibid).

UNHCR (2018) highlights the importance of supporting host communities as well as refugee communities in Cox Bazar area. Therefore they have installed solar streetlights to increase community safety and security in several parts of Cox bazar so both host and refugee communities can benefit from them. In the ISCG (2018a) brief there is also stated that primary education is provided for both host and refugee communities.

Chapter 4 Concluding discussion

In the previous chapters I have demonstrated the prevalence of various forms of gender-based violence in refugee camps. O' Brien (2017) describes how women resorted to survival sex because they were hungry, under stress, displaced and desperate, but regardless of motivations they did not considered this a desirable situation. Agier (2002) and Chkam (2016) showed how rape and kidnappings of women happened frequently in Dadaab refugee camp. Although there is established refugee camps in very different contexts and parts of the world there are clear patterns. The current refugee crisis in Bangladesh and Cox Bazar resembles what we have seen in numerous refugee camps around the world, and especially in Dadaab as Agier (ibid) and Chkam (ibid.) have described.

Members of the Rohingya ethnic group have fled to Bangladesh in cycles from Myanmar, ever since the end of the Second World War according to Milton et al. (2018). The hardship they have lived through in Myanmar is well described by Amnesty International (2017). Upon arrival in Bangladesh and the refugee camps there, their hardship unfortunately continues. Rohingya women are exposed to various forms of gender-based violence in Cox Bazar. Pittaway (2008), Farzana (2017) and BBC (2018) all point to the organised trafficking that is occurring in the refugee camps. Rohingya women and girls are trafficked or forced into prostitution, in Cox Bazar, but even in other Bangladeshi cities and India. The women and girls in the camp lives under a constant risk of rape if they ventured outside to collect firewood, and especially if they were going to use the latrines after night-time according to Riley et al. (2017) and Pittaway (2008).

Farzana (2017) and Olivius (2016) show how Rohingya women are exposed to domestic violence and gender-based violence from their partners or other members of the Rohingya minority. Olivius (2016) states how Rohingya women are exposed to violence from their male partner and that this had become more normal now than in the past. This because refugee men often feel disempowered after displacement according to Olivius (ibid.). Riley et al. (2017) show how 38% of Rohingya women stated that they had been exposed to violence from their partner. Pittaway (2008) states how Rohingya women often are not accepted by their husbands if they have be

raped, while in Farzana (2017) it is stated how difficult it is for Rohingya women to be married after being raped.

The unequal power relationships as UNCHR (2003) mentions as an underpinning reason for gender-based violence is of outmost relevance. Gender-based violence occurs because of gender norms and these unequal power relationships. IASC (2015) state that humanitarian emergencies may increase the risk of many forms of gender-based violence. But the underlying causes of the violence are connected with beliefs, norms, attitudes and structures. Ferris (2007) explains how the sexual exploitation of women and children in Liberia, Guinea, and Sierra Leone were understood as departing from unequal power relationships. This is the situation for Rohingya women and girls today as Rohingya women and girls are suffering under unequal power relationships in the refugee camps in Cox Bazar area.

Intersectionality explores how power relations shape social inequalities and intersectionality as stated in O'Brien (2017) operates on many levels in relation to violence against women. Multiple discrimination shapes the forms of violence that women experience according to O'Brien (ibid.). As Hankivsky (2014) also explains, inequalities are never the result of one, distinct factor. Rohingya women experience several factors intersecting, which increase their vulnerability. In Myanmar they are a part of an ethnic minority that have been exposed to structural discrimination for decades, while at the same time lived in poverty. The refugee status is another intersecting factor. In addition when a breakdown in social norms occur women and girls become vulnerable to domestic and community violence according to Ferris (2007), adding to the intersecting factors. Unregistered Rohingya women and girls living in makeshift camps, as Teknaf, run a much bigger risk of being exposed to sexual abuse according Milton et al. (2018). Pittaway (2008) also points to the lack of aid the refugees living in Teknaf are receiving. The pre-existing power relations in the Rohingya women's own society as I have demonstrated deepens the vulnerability.

Their access to SRH services is limited and Pittaway (2008) describe a refugee camp in an abysmal state, where women without access to SRH services use unsafe abortions, which led to, in severe cases, deaths. In 2018 the situation seem to be

somewhat better but the access to SRH services is still limited. The ISCG brief (2018a) clearly state the gap between those who are in need of the SRH services and those who actually receive them. Singh et al. (2018) state how refugees and displaced persons are suffering from an unmet need of SRH and that women and girls are especially vulnerable. Rohingya women and girls are deprived of their sexual and reproductive health and *rights* as the humanitarian organisations do not manage to deliver SRH services to the extent they are needed.

Both Hadi (2017) and Teller and Roche (2016) explain how contested SRHR are. This has made it difficult to ensure the access of these rights for women and girls. Especially the right to abortions and contraceptives have been contested. In addition it has proven difficult to agree on a minimum marital age. Child marriages are quite common among the Rohingya as stated in Farzana (2017). And as Hadi (2017) states often women are expected to deliver a baby quite soon after marriage. The contesting views on SRHR are problematic as SRHR is fundamental to ensure inclusive participation of women and girls. Starrs et al. (2018) state that these SRHR are essential for sustainable development.

Larson et al. (2016) explains how various social inequalities of a disadvantaged population intersect and affect the opportunity to access and receive adequate healthcare. This is just as I have described in the previous section. Rohingya women and girls had limited access to SRH services.

Hankivsky (2014) state that to include perspectives and worldviews of people who are normally excluded or marginalized in the production of knowledge, may lead to a disruption of these established power relations that are enabled through the production of knowledge. It is vital that more Rohingya women and girls are allowed to contribute with their knowledge, perspective and ideas.

Rohingya women and girls have been exposed to horrific acts of gender-based violence in Rakhine state before they fled to Bangladesh. The refugee camps in Cox Bazar have unfortunately not been able to provide the women and girls with the security and support they need. Instead Rohingya women and girls continue to be

exposed to gender-based violence in the refugee camps. While in the refugee camps they continue to suffer the consequences for the gender-based violence they have been exposed to. Especially the numerous cases of unwanted pregnancies and the birth of children as a result of rape is a very current issue as of May 2018. The humanitarian organisations are doing what they can with limited resources to treat the consequences of gender-based violence. Unfortunately only single preventative actions and measures have been identified in this thesis.

In this thesis I have showed that men who exploit women and girls, because it is mainly men that exploit women and girls, can belong to various groups. In Cox Bazar it was local Bangladeshi men, foreign men, other Rohingya refugees while in other refugee camps both Ferris (2007) and O'Brien (2017) showed it has been humanitarian workers, UN peacekeepers and members of national army and rebel groups. This makes this issue complicated, as we often would like to believe that a perpetrator is a person we can distinguish from the masses. Unfortunately it is not that simple.

As mentioned previously in this thesis conceptual difficulties and confusion occurs. It is sometimes difficult to interpret and understand the differences in the various forms of sexual exploiting and gender-based violence. When the term prostitution or forced prostitution is used in the refugee camps it is difficult to distinguish it from other forms of gender-based violence because of the level of exploiting involved. I believe O'Brien's (2017) term survival sex, covers the issue well and would suggest a more widespread use of that term instead of prostitution or forced prostitution.

4.1 Policy recommendations

I would like to emphasis the importance of placing responsibility where it belongs. Women and girls that engage in survival sex, prostitution, become victims of trafficking and/or are exposed to domestic violence, rape and sexual harassment must be understood as persons who a suffering in a system where they are discriminated and disempowered because of their gender. I would like to suggest a wider discussion

of the Swedish sex purchase act, known as the Swedish model[2] and possible implementations of it. This may of course be both difficult and challenging, but as a possible legal framework it is worth discussing in my opinion. Today it is legal in many countries to purchase sexual services were the person engaging in prostitution or survival sex receives payment in form of a single cracker (example from O'Brien, 2017). I must underline that the possible implementation of a sex purchase act may be one of many tools that can help combat gender-based violence. In this thesis I have demonstrated that many of these crimes are inter-connected, such as human trafficking and prostitution-related activity according to O'Brien (2017). Just like O'Brien points out it is difficult to discuss various forms of violence against women as isolated events. It is worth remembering the quote from BBC (2018):

> "The Rohingya crisis did not create a sex industry in Bangladesh, but it has increased the supply of women and children, forcing the price of prostitution down and keeping demand as strong as ever".

Another possible tool of importance is the code of conducts most humanitarian organisations have. I believe it is vital that humanitarian organisations, the UN and its peacekeepers, NGOs and Civil society organisations (CSOs) have updated code of conducts. As Ferris (2007) and O'Brien (2017) have stated, members of these organisations have engaged in sexual exploitation of vulnerable refugees. In the code of conducts it should be clearly stated that personnel are not allowed to engage in transactional sex, sexual exploiting or sexual harassment. If it is revealed that they have engaged in these activities it should be clearly stated in the code of conducts that a breach of it mean a termination of the contract and with no possibility to work for the organisation again. Many organisations have these policies already, but it should become universal. In addition it is important that the code of conducts are actually followed and used, if/when in place.

As I have mentioned men are most often the perpetrators so it is important to establish

[2] In Sweden the sex buyer is criminalised, but not the person engaged in prostitution or victim of trafficking. For further discussion see Claude, 2010.

programmes that could enable a change and/or focusing on the role of men in these issues. Olivius (2016) explains how men in the camps have economic, political and cultural authority. They become powerful and thus able to act for a change. As refugee men often feel disempowered after displacement as Olivius (ibid.) states, programs should benefit them as well as the women. Starrs et al. (2018) state that SRHR programmes that involve men and boys are showing promising results although funding is scarce for these programs.

The MISP tool Teller and Roche (2016) mention is important to ensure the provision of SRH services in refugee camps. Even though it exists, it is clear that the need for SRH services are not met in the Cox Bazar area. The development of tools like these and other frameworks to combat gender-based violence is still vital because it sets an agenda and that show that the combatting of gender-based violence is of importance.

There is research on various forms of gender-based violence in the refugee camps in Cox Bazar as shown in this thesis, but unfortunately it is not an area that is overly prioritized. Humanitarian organisations need more information of the scope of this issue and more academic research is therefore needed. It is unfortunate that many researchers within the field of public health is not focusing more on gender-based violence as it has grave health consequences. Many articles in the area of public health exclude this topic completely.

There is no doubt that humanitarian organisations, the UN, NGOs and other organisations working to combat and prevent gender-based violence have a very challenging task ahead of them. To prevent a phenomena so deeply rooted in gender norms that discriminate and disempower women and girls will take time, effort and energy. It is worth noting however that the focus gender-based violence is receiving today is of quite recent date and that makes me hopeful for the achievements within the humanitarian field in the future.

Reference

Agier, M., Nice, R., Wacquant, L. 2002. Between war and city: Towards an urban anthropology of refugee camps. *Ethnography*, vol. 3, no. 3, pp. 317-341.

Amnesty International. 2017. Caged without a roof: apartheid in Myanmar's Rakhine state. Available at: https://www.amnesty.org/en/documents/asa16/7484/2017/en/ (Accessed December 2017).

Barany, Z. 2018. Burma: Suu Kyi's Missteps. *Journal of Democracy*, vol. 29, no. 1, pp. 5-19.

BBC. 2018. The Rohingya children trafficked for sex. Available at: http://www.bbc.com/news/world-asia-43469043 (Accessed March 2018).

Cheesman, N. 2017. How in Myanmar "National Races" Came to Surpass Citizenship and Exclude Rohingya. *Journal of Contemporary Asia*, 47:3, 461-483.

Chkam, H. 2016. Aid and the Perpetuation of Refugee Camps: The Case of Dadaab in Kenya 1991–2011. *Refugee Survey Quarterly*, vol. 35, no. 2, pp. 79-97.

ECPAT. 2005. Semantics or Substance? Towards a shared understanding of terminology referring to the sexual abuse and exploitation of children. Available at: http://www.ecpat.org/wp-content/uploads/legacy/Semantics%20or%20Substnce.pdf (Accessed May 2018).

Farzana, K.F. 2017. *Memories of Burmese Rohingya Refugees: Contested Identity and Belonging*, Palgrave Macmillan, New York, NY.

Ferris, E. 2007. Abuse of Power: Sexual Exploitation of Refugee Women and Girls. *Signs*, vol. 32, no. 3, pp. 584-591.

Flint, Colin. 2017. *Introduction to Geopolitics*. Routledge, New York, N.Y.

Hadi, M. 2017. Historical Development of The Global Political Agenda Around Sexual and Reproductive Health and Rights: A literature Review. *Sexual and Reproductive Healthcare,* 12 (2017) 64–69.

Hankivsky, O. (2014). Intersectionality 101. Available at: https://www.researchgate.net/publication/279293665_Intersectionality_101 (Accessed May 2018).

Hutchinson, S. 2018. Gendered insecurity in the Rohingya crisis. *Australian Journal of International Affairs*, vol. 72, no. 1, pp. 1.

Inter-Agency Standing Committee (IASC). 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. Available at: https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf (Accessed March 2018).

Ipas. 2018. A critical need. Reproductive healthcare for Rohingya refugees. Available at: https://spotlight.ipas.org/a-critical-need (Accessed May 2018).

ISCG. 2018a. Situation Report Rohingya Refugee crisis May10th 2018. https://reliefweb.int/sites/reliefweb.int/files/resources/20180510_-_iscg_-_sitrep_final.pdf (Accessed May 2018).

ISCG. 2018b. JRP for Rohingya Humanitarian Crisis. Available at: https://www.humanitarianresponse.info/en/node/161981 (Accessed May 2018).

Larson, E., George, A., Morgan, R., Poteat, T. 2016. 10 Best resources on… intersectionality with an emphasis on low- and middle-income countries. *Health policy and planning*, vol. 31, no. 8, pp. 964-969.

Milton, A.H., Rahman, M., Hussain, S., Jindal, C., Choudhury, S., Akter, S., Ferdousi, S., Mouly, T.A., Hall, J., Efird, J.T. 2017. Trapped in Statelessness:

Rohingya Refugees in Bangladesh. *International Journal of Environmental Research and Public Health*, vol. 14, no. 8, pp. 942.

O'Brien, M. 2017. *Criminalising Peacekeepers Modernising National Approaches to Sexual Exploitation and Abuse.* Palgrave Macmillan, Secaucus; New York.

Olivius, E. 2014. Umeå centrum för genusstudier (UCGS), Statsvetenskapliga institutionen, Samhällsvetenskapliga fakulteten och Umeå universitet. Governing refugees through gender equality: care, control, emancipation, Umeå universitet.

Olivius, E., 2016. Refugee men as perpetrators, allies or troublemakers? Emerging discourses on men and masculinities in humanitarian aid. *Women's Studies International Forum*, vol. 56, pp. 56-65.

Omvärlden. 2018. Available at: https://www.omvarlden.se/Branschnytt/nyheter-2018/oxfam-skandalen-utpekade-man-hotade-vittne-med-vald/ (Accessed March 2018)

Pittaway, E. 2008. The Rohingya refugees in Bangladesh: A failure of the international protection regime. In Adelman, H. *Protracted displacement in Asia: no place to call home,* Ashgate, Aldershot, England;Burlington, VT.

Riley, A., Varner, A., Ventevogel, P., Hasan, T. 2017. Daily stressors, trauma exposure, and mental health among stateless Rohingya refugees in Bangladesh. *Transcultural Psychiatry*, vol. 54, no. 3, pp. 304-331.

Seltzer, A. 2013. Human trafficking: the case of Burmese refugees in Thailand. *International Journal of Comparative and Applied Criminal Justice*, 37:4, 279-293.

Singh N.S., Aryasinghe S., Smith J. 2018. A long way to go: a systematic review to assess the utilisation of sexual and reproductive health services during humanitarian crises. *BMJ Glob Health.*

Singh, S., Hossain, A., Maddow-Zimet, I., Bhuiyan, H.U., Vlassoff, M., Hussain, R. 2012. The Incidence of Menstrual Regulation Procedures And Abortion in Bangladesh, 2010. *International Perspectives on Sexual and Reproductive Health*, vol. 38, no. 3, pp. 122-132.

Starrs, A.M. et al. 2018. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–*Lancet* Commission. *The Lancet ,* Volume 0 , Issue 0.

Teller, S., Roche, N. (eds). 2016. *Public Health in Humanitarian Action.* University of Copenhagen, Copenhagen.

SVT. 2018. Available at: https://www.svt.se/nyheter/inrikes/37-anmalningar-om-sexuellt-tvang-och-overgrepp-inom-hjalporganisationen-sos-barnbyar (Accessed May 2018).

UN. 2018. For Rohingya refugees, imminent surge in births is traumatic legacy of sexual violence - special report. Available at: https://reliefweb.int/report/bangladesh/rohingya-refugees-imminent-surge-births-traumatic-legacy-sexual-violence-special (Accessed May 2018).

UNHCR. 2018. OPERATIONAL UPDATE Bangladesh April 2018. https://reliefweb.int/sites/reliefweb.int/files/resources/63289.pdf (Accessed May 2018).

UNHCR. (2003). Sexual and gender-based violence against refugees, returnees and internally displaced persons: Guidelines for prevention and response. Available at: http://www.unhcr.org/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html (Accessed May 2018).

WHO. 2010. Developing sexual health programs. A framework for action. Available at:http://apps.who.int/iris/bitstream/handle/10665/70501/WHO_RHR_HRP_10.22_eng.pdf;jsessionid=8C12637B2B9F4ED4B76EB60EE8EF5C93?sequence=1 (Accessed

May 2018).

Map 1. Accessed in: Olivius, E., 2014. Umeå centrum för genusstudier (UCGS), Statsvetenskapliga institutionen, Samhällsvetenskapliga fakulteten och Umeå universitet 2014, Governing refugees through gender equality: care, control, emancipation, Umeå universitet.

Table 1. Timeframe of Rohingya displacement. Accessed in: Amnesty International. 2017. Caged without a roof: apartheid in Myanmar's Rakhine state. Available at: https://www.amnesty.org/en/documents/asa16/7484/2017/en/ (Accessed December 2017).

Table 2. MISP. Accessed in: Teller, S., Roche, N. (eds). 2016. *Public Health in Humanitarian Action.* University of Copenhagen, Copenhagen.