

SPOTLIGHT

It was around 10 pm and raining heavily. As we were returning from Teknaf, we saw hundreds of Rohingyas huddled together in their polythene shanties and under trees to get some shelter from the downpour. Under a large tree, we saw a mother feeding her baby, and not far from her lay two toddlers getting helplessly drenched in the rain. They were so weak and sick that they did not have the strength to move to seek shelter. We asked the mother, "Peace be upon you ma'am. Are they your children?" She replied, "No. We don't know where their parents are. They probably were killed by the [Myanmar] military. My relatives and I brought them with us as they had nowhere to go. If we had left them at their village, they would have been killed too." Like those toddlers, there are thousands of Rohingya children who saw their loved ones getting killed in front of their eyes; there are many who lost their parents amidst the chaos and don't know whether they are alive or not. Without any food, water or shelter, these children traversed hundreds of miles with the refugees for the sake of their lives.

how his parents were killed," says a Rohingya elderly, who along with his family members were looking after the boy at that time, as his only surviving relative, his maternal uncle, was hit by a bullet while crossing the border and taking treatment at a Medicines Sans Frontieres (MSF) hospital.

After visiting several Rohingya refugee camps at Teknaf and Cox's Bazar, we found hundreds of children who were severely traumatised and showed clear symptoms of post-traumatic stress disorder (PTSD). Starvation, unhealthy environment in the makeshift camps and diseases like diarrhoea and fever are further deteriorating their already vulnerable mental state.

Most of these children hardly get any support from their family members who are also equally traumatised—especially Rohingya women, who were worst victims of the violence and the easy prey for the rioters and Myanmar army. Accounts of rape and sadistic sexual assaults were shared by many Rohingya refugees. An elderly Rohingya woman at Kutupalong refugee camp told the reporters, "Myanmar military used to pick Rohingya women up whenever they wished. Only the pregnant and elderly women were spared. After several days

of continuous rape and torture, they sometimes left the half-dead victims in the village. Sometimes we found their dead bodies nearby."

Many young Rohingya girls hid their faces when they saw journalists and cameras and did not want to talk to us at all. An elderly Rohingya woman at a makeshift refugee camp in Thaengkhali says, "You will not find a single young Rohingya girl here who was not tortured by the Rakhines or the military." Although we could not talk to them, anybody could read the expression of trauma and fear on their faces.

Many Rohingya women saw their children die of starvation, disease and from accidents. At least 10 children died on September 29, 2017 when a boat carrying 30 Rohingya women and children capsized just yards off the coast of the Bay of Bengal due to rough seas worsened by torrential downpour and high winds. After the accident, a mother was seen holding the lifeless body of her child but nobody could make her believe that the child had already passed away.

Many young Rohingya mothers lost their children and husbands amidst the chaos and were desperately searching for their loved ones in the densely populated refugee camps. In the camp at

Thaengkhali, a Rohingya girl, hardly 18 years of age, asked us in a helpless manner, "Did you see Rafique, my son? He is of fair complexion and has a birthmark on his cheek. Could you please help me find him?" Many Rohingya mothers with newborn babies are also in a desperate state. After days of starvation, many of these mothers cannot breastfeed their children and thousands of Rohingya children are at high risk of dying due to disease and malnutrition. "I cannot sleep at night anymore. I haven't eaten anything for days and could not breastfeed my son today. Whenever I feel sleepy, I hear my one-year-old son crying for food in my dreams. In my nightmares, I often see the Rakhines coming to seize my son to slaughter him," says Morijna Begum—a mother of a six-month-old baby boy—who was severely weakened by starvation and constant sleep deprivation.

For now, relief initiatives are focusing mostly on providing life-saving support, such as food and medicine. The government and donor organisations are still struggling to manage these relief items for around 500,000 refugees. Under these trying circumstances, there is little to no initiative to address the mental health conditions of the traumatised



UN doctors in Bangladesh found evidence of horrific sexual assaults on Rohingya women PHOTO: KAZI TAHSIN AGAZ APURBO



PHOTO: ANISUR RAHMAN

This Rohingya woman lost her only child when a boat full of Rohingya refugees sank off the coast of Teknaf but nobody could make her believe that her child had already passed away.



PHOTO: ANISUR RAHMAN

The boat carrying refugees broke into two pieces off the coast of Teknaf and around 60 Rohingyas lost their lives.



PHOTO: AFP

Rohingya refugees have recurrent nightmares about their entire villages being destroyed by the Myanmar army in Maungdaw district.

MD SHAHNAWAZ KHAN CHANDAN

In Kutupalong refugee camp at Ukhia, Cox's Bazar, we found an eight-year-old Rohingya boy sobbing relentlessly. We asked him why he was crying. He could not answer. When we asked again he only made a throat-slitting gesture with his fingers. Shocked by that gesture, we asked some Rohingyas what had happened to him. They told us a story that horrified us. When the boy's home was attacked by a Rakhine mob, he along with his mother and maternal uncle hid in a bamboo thicket, but his father was caught. Seeing her husband tortured brutally, his mother went to beg for mercy from the rioters. However, the cold-blooded killers slaughtered the boy's mother and father after torturing them for hours. Right in front of his eyes. Unable to bear the atrocities, the boy passed out, and later, he and his uncle were rescued by a column of passing refugees.

"During the four-day journey through jungles and hills, he did not cry or utter a single word. He hardly ate any food or drank any water. After reaching the camp yesterday (September 6), he started weeping incessantly. He doesn't say anything and only makes the gesture of

survivors. In fact, with an overzealous crowd of journalists, local aid workers, government and non-government officials interacting with and questioning these refugees without any heed, they are becoming more and more anxious and often breaking down into tears.

It is now obvious that these refugees, especially the women and children, who have been suffering unbearable psychological turmoil for months, must be given psychosocial help, so that they can gradually cope with this tragic, disastrous situation.

According to Professor Dr Muhammad Kamal Uddin, Department of Psychology, University of Dhaka, "With every relief initiative, we should also provide psychological first aid to every refugee. This psychological first aid is actually a counselling service which would include several components such as ensuring them of their safety and protection from further harm and support from the community and the country; giving them the opportunity to talk freely; listening to them with compassion; expressing sympathy and concern for their losses; and teaching them coping strategies. If this support is not given, there is a high chance that many of these women and children will suffer from life-long PTSD."

Dr Kamal adds that women suffering from PTSD will not be able to take care of their children properly, which might cause malnutrition and even disability. He also argues that in the case of young children, PTSD severely affects brain development and its proper functioning. "Several studies highlight that child victims of PTSD show deviant behaviour when they grow up, including self-harm and aggressive tendencies; they are also more likely to get involved with criminal activities as adults if they are not treated early," comments Dr Kamal.

And yet, this huge number of Rohingya refugees, most of whom have had ghastly, traumatic experiences of

violence and torture, are still beyond the purview of any psychological counselling services. Nishat Fatima Rahman, Assistant Professor at BRAC Institute for Educational Development (BIED) has been providing counselling training to BRAC workers who are working in Rohingya refugee camps. She says, "We train all our aid workers so that they can provide primary counselling services to the traumatised refugees. They learn the dos and don'ts of interaction with refugees. If all workers can be trained in basic counselling, they will be able to apply psychological first aid to help the refugees cope under stressful events."

She also stated that in every refugee camp, a specified place can be preserved for children to play with their friends. "Play therapy is a very efficient method to treat traumatised children. During playtime, they interact freely and receive counselling suggestions willingly. BRAC has already established a few play centres in and around the refugee camps. But the situation is still very chaotic and in this situation there is no doubt that the number of PTSD patients will increase every day," states Nishat.

Beyond first aid, the refugees require therapy; however, given the severity of the disorders and the huge number of patients, this is far from realistic. Dr Kali Prasanna Das, a counsellor who provided psychological first aid to Rana Plaza survivors, thinks that group therapy can be an effective way to treat such a huge number of victims. "We have a shortage of psychiatrists and there are socio-cultural and linguistic barriers between the victims and the professionals. However, another characteristic of this crisis is that most of the victims share similar traumatic experiences and all of these victims want to survive and live. So, if we can divide the victims into several groups according to their age and gender and arrange sessions for them where they will be able to share their stories of sufferings freely, they will feel much more relieved," says Dr Das. He also thinks that it will not be possible for a single organisation to conduct such an enormous task. He appeals to all the aid organisations to come forward to arrange group therapy sessions for the refugees.

Studies over the years have documented how survivors of the Holocaust, for instance, still show serious symptoms of PTSD even in their old age, having been deprived of any psychosocial assistance. Many of them recounted that their experiences during the Holocaust even led them to suffer serious physical and mental illnesses.

If we now fail to provide the Rohingya refugees with mental health services, there will be severe repercussions for them as individuals and as a community. As a result, national and international aid workers should also focus on giving these helpless refugees adequate mental health services so that they can cope with their current struggles and live with the hope of a better, peaceful future.

The writer can be contacted at shahnawaz.khan@thedailystar.net