

## **Rohingya Crisis: A Concise Analysis Of The Psychological Impact Of Ethnic Violence And Eviction**

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### **Abstract**

The protracted Rohingya exodus engendered over 1.2 million refugees dispersed across various camps in Bangladesh, specifically in the country's South-East region. Indonesia, Malaysia, and the Philippines have also taken an additional hundred thousand Rohingya refugees. The Rohingya crisis has placed extra strain on the inadequate and tumultuous economic infrastructure of Bangladesh which is still a developing nation. Relief materials provided by Bangladesh and various NGOs are not sufficient for Rohingya refugees to meet their basic human needs. Aside from that, they are vulnerable to natural disasters and the spread of infectious diseases. In addition to the deprivation of political rights, there have also been trauma and uncertainty about their future, which have added to their distress. These negative influences have had a psychological impact on their mental health, and they have been forced to commit a variety of crimes impacting negatively on the surrounding community. The main goal of this research is to identify and analyze the various stressors that are contributing to the development of their psychological disorders. The research paper thus emphasizes on the initiation of the repatriation process and measures to control the refugee crisis, along with proposing feasible policies to address the problems caused by the psychological backlash.

**Keywords:** Mental Health, Forced Migration, Refugee Crisis, Ethnic Violence, Psychological Impact.

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### **I. Introduction**

Rohingya Muslims are currently in crisis in Myanmar's Rakhine State, which used to be known as Arakan. Located in the northern part of the country, it is the most populous region (Mohajan, 2018). Myanmar's security forces launched an aggressive crackdown on ordinary Rohingya citizens in some townships in response to aggressive attacks by Rohingya extremists. There have also been partisan violence between the Rohingya minority and the Buddhists of Rakhine. The Rohingya Muslims fought alongside the British during the Second World War and a Muslim state was promised in exchange. On the other hand, the neighboring Rakhine Buddhists fought alongside the Japanese. The main source of contention was the strict social separation that existed between Rohingya Muslims and Rakhine Buddhists at the time of the conflict. Rohingya Muslims were denied citizenship by Myanmar's new legislature after the country gained independence from the United Kingdom in 1948, exposing them to widespread and systematic segregation across the country ("Myanmar Rohingya: What you need to know about the crisis", 2020). A large number of scholarly experts and political figures from around the world have voiced their strong opposition to politically sanctioned racial segregation. These individuals include among others, Desmond Tutu, a well-known South African opponent of extremists who advocate for politically sanctioned racial segregation, and other prominent figures. Soon after Myanmar declared independence, Rohingya Mujahideen fought against the government to gain self-governance or their inclusion in the East Bengal province of Pakistan. After losing most of their land in the 1950s, the Mujahideen surrendered to the government in 1961, marking the end of the era when they acquired most of their land. As a result, the remnants of the Mujahideen, i. e., Rohingya dissenters emerged as a radical group called the Rohingya Solidarity Organization (RSO) and challenged the Myanmar Government. The battle that followed culminated in the 1978 dispatch of a massive military operation called 'Operation Dragon King' by the Myanmar Government. The RSO attacked the Myanmar force near the border between Bangladesh and Myanmar in the 1990s. It was the primary perpetrator of the attack (Fair, 2018). In response, the Myanmar government launched Operation Clean and Beautiful Nation, which was a military operation in which it failed to

take out the RSO (Ahmed, 2012). Aggressive military assault in Myanmar's Rakhine State triggered the most recent exodus of Rohingya Muslims to Bangladesh in 2018. The military campaign led in widespread crimes, including deaths, rape, and the burning of Rohingya villages, compelling hundreds of thousands to escape their homes and seek refuge in Bangladesh.

The main objective of this study is a concise analysis of the psychological impact of ethnic violence and eviction. Following the disaggregation of this main research question, this study seeks to determine whether Rohingya refugees residing in Bangladeshi camps experienced varying levels of distress, psychological health, and the associated problems in their overall well-being. The study also explores whether traumatic events could lead to post-traumatic stress disorder (PTSD) and general anxiety in daily functioning among the five age groups. In addition, attempts were made to determine whether the connections between trauma and mental health varied across five settings. In this backdrop, we shall seek to develop a deeper understanding of the psychological realm of evicted Rohingya people throughout this study. We have also conducted another survey with additional questionnaires of the Rohingyas to check daily/environmental stressors & traumatic events inventory (lifetime exposure).

#### ***Interview Questions and Questions:***

Several interviews of Rohingya people from different age groups were conducted. An additional survey was also conducted by using Google form responses. The following questions were asked in the interview:

#### ***Question asked about the children***

1. Has the crying of your children increased after re-settlement in the camp?
2. Do your children show low mood while going through this crisis?
3. Do your children show irritation or aggressive behavior over the months?

#### ***Questions asked about Adolescents***

1. Do adolescent boys and girls show excessive anger, poor appetite, crying, quarreling, and risky behaviors?
2. Is there an increasing trend in crying, quarreling, or other dangerous behavior among adolescents?

#### ***Questions asked about Rohingya Women***

1. Do women spend the majority of their time at home, resulting in limited social networking and support, as well as poor relationships with their husbands?
2. Do women exhibit excessive anger and stress?
3. Do the women show a lack of interest in daily activities, or feel overwhelmed with stress?

#### ***Questions asked about Rohingya men***

1. Do the men express feelings of anxiety or stress as a result of conflict with their children and/or wives?
2. Do men feel worried about family and future expressed in the form of stress, rude behavior, anxiety, etc.?

#### ***Questions asked about old people***

1. Is it common for elderly people to experience irritation, laziness, a sense of suffocation, crying, shouting, and lack of effective communication skills?
2. Is it common for elderly people to experience recurrences of distressing or traumatic events, low mood, depressive moods, or anxiety about their funerals?

## **II. Methodology and Data Collection**

### ***Study Design and Setting***

The literature review and previous studies served as the foundation of this research. In order to answer the research objectives, the cross-sectional study design was used for the second time in this research. The research participants are adult Rohingya refugees who are at least 18 years old and have fled their home country. Each participant was asked to give informed consent before participating in the study, and the volunteers calculated their ages by comparing their birth dates with those on their UNHCR identification cards. The data for this sample was gathered from the Ukhiya camp. In the beginning, it was intended to conduct one-on-one interviews with Rohingyas. However, due to the global pandemic of Covid-19, the event had to be postponed. As a result, a team of volunteers conducted online interviews and data collection as part of this study.

### ***Sampling Strategy***

A random sampling of all Rohingya refugees residing in Ukhiya was done by searching the government's refugee registration database. The RAND function in Excel was used to generate 9000 random numbers of participants, each of which was unique. The first 82 subjects were chosen from a pool of random

values that were sorted. Afterward, the volunteer made contact with the 82 subjects who had been chosen from the registry and scheduled an online appointment with them in order to further explain the study and obtain their consent.

Then the participants were asked questions related to overall well-being analysis. The questions for the other survey (Lifetime exposure) were asked using Google Form to a larger group of Rohingya People as the physical interview was postponed due to Covid-19 global pandemic.

**Data Collection**

In the period from January 2021 to April 2021, data collection was conducted. Language training was provided to the translators by the volunteers, who informed them of the research purpose and requirements for answering the questionnaire, as well as how to obtain consent from participants. Then volunteers and a translator of my team studied the Rohingya people's life and the impact of the mass displacement on their psychology. Following this, we shifted towards online interview and response collection. Thus, the baseline data was collected. We also used related literature, journals, books, magazines as our secondary source of data. All the data have been accumulated, analyzed, and discussed in this paper.

**Table 1: Overall Well-being Analysis.**

Group	Age Group	Questions Asked	Yes (Percentage)
Children	0-12 Years	Has the crying of your children increased after re-settlement in the camp?	30.6
		Do your children show low mood while going through this crisis?	55.4
		Do your children show irritation or aggressive behavior over the months?	35
Adolescents	12-18 Years	Do adolescent boys and girls show excessive anger, poor appetite, crying, quarreling, and risky behaviors? Is there an increasing trend in crying, quarreling, or other dangerous behavior among adolescents?	54.2 27
Women	18- 55 Years	Do women spend the majority of their time at home, resulting in limited social networking and support, as well as a poor relationship with their husbands? Do women exhibit excessive anger and stress? Do the women show a lack of interest in daily activities, or feel suffocated?	45.9 67.6 39.8
Men	18-55 Years	Do the men express feelings of anxiety or stress as a result of conflict with their children and/or wives? Do men feel worried about family and future, rude behavior, anxiety?	78.7 94
Elderly People	55 years to above	Is it common for elderly people to experience irritation, laziness, a sense of suffocation, crying, shouting, and a lack of effective communication skills?	57.3
		Is it common for elderly people to experience recurrences of distressing or traumatic events, low mood, depressive moods, or anxiety about their funerals?	43

**III. Literature Review**

Extreme violence has been raging in Myanmar's Rakhine State since 25 August, 2017 orchestrated ruthlessly by the Arakan Rohingya Salvation Army (ARSA). The result has been the forced exodus of thousands of Rohingya refugees across the border into Bangladesh (“Timeline: How the crackdown on Myanmar’s Rohingya unfolded”, 2019). 1.2 million forcibly displaced Arakan Muslims are currently residing in Bangladesh, according to official statistics (“The Security Council passed a resolution for the first time to end the violence in Myanmar and the Rohingya crisis”, 2022). Before the recent crisis, these people had already become vulnerable as a result of generations of statelessness and marginalization, both of which had exacerbated their precarious state of affairs. Reports from the UNHCR indicate that the influx of the Rohingyas into Bangladesh’s Ukhiya district has once again placed a significant strain on the host communities of Cox’s Bazar region. The negative psychological impact of ethnic violence is shared among all significant migrant nations who were forced to flee from their homeland due to violence and eviction. Therefore, our study sought to figure out some common phenomena after reviewing all related works.

UNHCR has conducted a classical case study. A paper is published on "*CULTURE, CONTEXT AND MENTAL HEALTH OF ROHINGYA REFUGEES: A REVIEW FOR STAFF IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMS FOR ROHINGYA REFUGEES*" (Tay et al., 2018). This qualitative research work covered some primary areas superficially such as geographic and demographic aspects of

Myanmar - their customs and languages, general health aspects, risk/protective factors, and epidemiological studies of mental disorders. According to the findings of this study, an impressive humanitarian assistance operation for Rohingya refugees in Bangladesh has been established, which includes MHPSS (Mental Health and Psychological Support). Despite recent improvements, the fact that care is being provided in a health system with inadequate human resources and infrastructure continues to present significant challenges that must be addressed in order to improve patients' outcomes. A significant theme of this study was the importance of paying attention to one's own personal history of traumatic events and losses. It also implies that, to be effective, MHPSS interventions must be designed in such a way that they mobilize refugees' individual and collective strengths while also assisting them in building on their existing resilience. However, a concise analysis of the psychological impact of ethnic violence and eviction on Rohingya people was not analyzed in this study. Again, the research was conducted only amongst the Rohingyas residing in Bangladesh. In contrast, Rohingya migrants' conditions living in Malaysia, Saudi Arabia, Pakistan, and other countries were not discussed. This leads us to conduct a concise study on their psychological well-being due to mass eviction and migration.

Another analytical study titled "Humanitarian Emergencies of Rohingya Older People in Bangladesh: A Qualitative Study on Hopes and Reality" (Khan et al., 2020) explores a wide range of issues affecting displaced older Rohingyas, including their harrowing experiences, living conditions after displacement, coping with life, mental and social well-being, feelings, future thinking, and more. The Rohingya humanitarian crisis in the Ukhiya has received little attention, and no significant research has been conducted on the subject. And that study is one of the noteworthy research works amongst them. It discusses the extreme violence on the Rohingyas and their background by shedding light on their daily life and analyzing their present livelihood in the Rohingya camps. This study examines the role played by various NGOs and humanitarian organizations, with a particular focus on Young Power in Social Action (YPSA), a well-known Bangladeshi NGO which played a significant role in this crisis since its inception in August 2017. The study also discussed how HelpAge International is affiliated with United Nations agencies, such as the World Food Programme, UN Women, the International Organization for Migration, the United Nations Population Fund, and other international organizations such as Save the Children and Oxfam. The organization's affiliation with the United Nations was also discussed. They also discussed YPSA's role at the grassroots development level (Dubus, 2018). However, this study has not figured out the daily/environmental stressors index such as food problem amongst Rohingyas. Moreover, this paper does not discuss their free movement, fair access to services, protection from harassment, and health care services. The very limitation of this study is that this paper lacks a concise analysis of the psychological state of Rohingya people due to eviction, torture, burn-out, robbery, gang rape, and genocide.

Al-Jazeera published a report on "The mental health toll of the Rohingya crisis" on 10 October 2017 (Ekin, 2017) which portrays the heinous psychological effect of genocide, torture, and brutality caused by the Myanmar army on young children's minds. Aljazeera has also featured their sketches which describe the cruelty they have experienced. The conviction and genocidal act of the Myanmar army has transgressed the optimum limit. They have violated children's rights by killing thousands of children which left a devastating impact on the children's psyche. The study depicts the factual scenario in the trauma counseling center, children's center, Gonoshasthaya Medical Camp, and other organizations' settlements to help the Rohingya people. Aljazeera has conducted its study with the help of clinical psychologists in different government and non-government centers at the Rohingya camps. They have analyzed the severity of Rohingya people's chronic stress. The vulnerabilities of Rohingya people have been investigated in their report. The WHO's roles in vaccinating Rohingya people against cholera and health check-up programs have also been followed up by this write-up. However, this study has not covered some areas of Rohingyas' life. For example, their employment (income/livelihood), education, access to legal services, access to safe drinking water, harassment by police or security forces, as well as sanitation facilities, which are important factors to consider. Aljazeera covered the superficial level of their mental condition, but the deep study is yet to be done. They have not analyzed some trivial daily stressor factors. For example, if the Rohingya people have been subjected to beatings, extortion, have been forced to flee, interrogated by soldiers or police, threatened with death or injury, subjected to torture, betrayed by someone who has put them in danger of death or injury, and so forth. Analyzing Al Jazeera's study, there are areas that are yet to be explored, as mentioned above.

The International Journal of Environmental Research and Public Health published a paper titled, "Elucidating Mental Health Disorders among Rohingya Refugees: A Malaysian Perspective" (Kaur et al., 2020). Here it primarily focuses on the examination of the mental health problem of Rohingyas living in Malaysia. For a better understanding of the prevalence and risk factors for major depressive disorder, PTSD, and generalized anxiety disorder among Rohingya refugees, the researchers set out to conduct that study. The life of Rohingya people in Malaysia was investigated in this study using a holistic approach. They also shared information about their health, housing, stressor factors, hunger, employment, and educational opportunities. However, their study was limited to the Rohingya people residing only in Malaysia. But as the majority of them have been living in Bangladeshi camps, detailed research is much more needed in this part of the world to understand their

collective psychological conditions better.

#### **IV. Theoretical Framework**

This study is anchored on different psychological and social-science theories. The conceptual framework of the paper draws on diverse theories related to migratory psychology, ethnic violence, and eviction's psychological impact. It also sheds light on the religious experience and belief, and how these shaped Rohingya people's psychology as well.

Migration between two countries is directly proportional to the product of their respective population sizes, according to the Gravity Model Theory, and is inversely proportional to the square of the distance between their respective population sizes. In the nineteenth century, proponents of social physics attempted to provide a more detailed explanation of the phenomenon. Consequently, it was revived in the twentieth century as a result of this (Anderson, 2011).

However, this gravity model theory can explain the migration in normal time. In other words, it cannot explain the forced migration from own homeland due to genocide, explaining the migratory psychology of Rohingya people.

Sunden's role-taking theory has made a significant contribution to the study of religious experience (Capps, 1982). If an individual is confronted with a difficult situation that is beyond the scope of his or her ability to resolve, the individual will attempt to understand that situation in terms of the religious beliefs that the individual is familiar with. When a person adopts the role of someone described in a religious book, as well as the role of God, he or she is said to be anticipating God's action for themselves in a manner described in their religious tradition (Wikström, 1987). A person believes that his/her current situation is part of God's plan and experiences it as such. Despite the fact that this theory was developed in a Christian context, it is not a Christian theory and can be applied to other cases. Similarly, it could be used to understand how Rohingya people are reacting to their current situation. Ecological psychology and indigenous psychology are two conceptual frameworks that have the potential to make significant contributions to the further development of religion psychology as well as investigations into the role of religion in forced migration (Capps, 1982).

Depending on Lee's perspective, each location has both positive and negative characteristics, and identifying the factors individually would give a clear concept. Positive factors (pull factors) are those circumstances that act to keep people within the territory or attract people from other territories, whereas negative factors (push factors) are those circumstances that act to repel people from the territory or other areas, as the case may be (Lee, 1966). The mass eviction by the Myanmar army, burning of home, genocide, brutal gang rape, and other anti-humanitarian acts played a negative factor for the Rohingya people. Such negative factors negatively impacted their psychological health, and many of the Rohingya people went through mental trauma (Ekin, 2017).

This study is also supported by Ravenstein's Laws of Migration (Grigg, 1977). The first attempt to formulate the "laws of migration" was made by the French philosopher Jacques Derrida (Please give reference). By analyzing the birthplace data, Ravenstein was able to identify a set of generalized trends about inter-country migration in the nineteenth century, which was named as the "laws of migration" (Ravenstein, 1885). In order to make the connection between this conceptual framework and our study, the following is stated:

1. The distance traveled, and the volume of migration undertaken are inversely proportional to one another. Most of the migrants only travel a short distance to reach their destination. Migrants who travel long distances do so for various reasons, including better employment and business opportunities. In the case of Rohingya people, they have been tortured inside their own homeland Myanmar, and most of them fled to the nearest country Bangladesh. Here, the first law of Ravenstein was followed by the evicted people. The majority of them haven't migrated to farther lands.
2. Every migration current produces a counter current. As the study finds out the legitimacy of this concept of Ravenstein's theory in the case of Rohingya people's migration.
3. Females are more mobile than males within their country of origin, but males are more likely to travel outside of their country of origin. In the case of Rohingya ethnic cleansing, females were more vulnerable than that of its male counterpart. And females had to go through more struggles than males during their escape from Myanmar to Bangladesh.
4. Migration occurs mainly due to genocide or economic reasons. Rohingya people faced one of the worst genocides and ethnic cleansing of our time. The brutality of the Myanmar army played a major role in the Rohingya people's migration and stormed their psychological sphere and mental health.

#### **V. Historical Overview**

Myanmar (formerly, Burma achieved her independence from Britain in 1947. From 1977 to 1978, the government conducted a nationwide residence check of the people of Myanmar. The ruling socialist Party (BSPP) has worked to make its vision of a one-party state a reality. Operation Nagamin, also known as Dragon

King, was launched by the military government to screen for foreigners in 1977. During that time period, over 0.2 million Rohingyas fled to Bangladesh. They fled due to violence caused by the army in order to deport so-called Chinese and Bangladeshi nationals who had entered the country illegally. Many Muslims have been compelled to leave Myanmar and have been repatriated after proving their citizenship under current legislation. In 1978, Bangladesh and Myanmar reached a repatriation agreement, mediated by the United Nations, resulting in the return of the vast majority of Rohingya. When a new immigration law was passed in 1982, people who migrated during the colonial period under the British Empire were considered illegal immigrants. This is applied to all Rohingya by the government, effectively reducing them to the status of stateless people (Faye, 2021).

Despite winning 392 out of 492 seats in the 1990 general elections, the National League for Democracy was unable to maintain control over both the government and the military in the following years. Instead, the military maintained actual control forcefully. Detainees included leaders and members of that political party, including Aung San Suu Kyi, who was taken into custody (Tonkin, 2007). Between 1990 and 1991, thousands of Rohingya Muslims fled to Bangladesh, according to UN estimates.

From 1992 to 1997, the governments of Myanmar and Bangladesh worked together to negotiate a voluntary repatriation agreement. Initially, only a small number of refugees chose to return home, but the number of people on the waiting list grew as camp conditions deteriorated.

In 2012, fighting between Rakhine Buddhists and Rohingya resulted in the deaths of many people, the majority of whom were Rohingya. Nearly 150,000 people have been displaced from their homes and are now residing in IDP camps in Sittwe and the surrounding area ("Myanmar: Mass Detention of Rohingya in Squalid Camps", 2020) Bangladesh is experiencing a flurry of emigration. General elections were held in 2015, where the National League for Democracy (NLD) won by an overwhelming margin. ("Myanmar: Aung San Suu Kyi's party wins majority in election", 2020)

In 2016, the Rohingya militant group Arakan Rohingya Salvation Army (ARSA), formerly Harakah al-Yaqin, carried out an attack for the first time in the month of October, and nine police officers were killed as a result. The security forces cracked down against the insurgents which resulted in approximately 100,000 refugees fleeing to Bangladesh ("Myanmar: Who are the Arakan Rohingya Salvation Army?", 2017). Some refugees reported being murdered, raped, and their homes set ablaze by the government. The government of Aung San Suu Kyi categorically denied that any atrocities had occurred.

Violence re-emerged around 2017, when the Muslim Militants in Myanmar conducted coordinated assaults on 30 police stations and a military base, killing 71 civilians and police (Lone & Naing, 2017). A subsequent military crackdown by Myanmar led the UNHCR to investigate the situation and reported accusing the Burmese military of driving countless Rohingyas from Myanmar and rehabilitating in the neighboring countries, especially in Bangladesh.

The quantitative study undertaken in the aftermath of the August 2017 attacks revealed distressing data highlighting the widespread and systematic violence inflicted on the Rohingya population. A staggering 89% of hamlet leaders claimed direct violence against their communities, while 64% described being subjected to violence even during their flight to safety (US Department of State, 2020). These assaults included heavy military weaponry such as mortars, emphasizing the extensive and orchestrated nature of the strikes. Furthermore, the atrocities were committed across numerous townships. The presence of mass graves and the deterioration of human remains highlighted the severity and systematic nature of the atrocities faced by the Rohingya population. All these resulted in the forced displacement of nearly 1.4 million Rohingya people to Bangladesh (Messner et al., 2019).

## **VI. Research Analysis**

We have gone through a concise study on mass eviction and the mental health condition of Rohingya people. Our research has found data sets as represented in the following tables (table 2, table 3). Checklists for daily stressors and traumatic events inventory (lifetime exposure) have been sorted out in the following tables.

There are differences in sample sizes that are documented. The overall sample size is 150 for both Table-2 and Table-3 while it is 82 for Table-1. Predictor variables for mental health were investigated through a series of analyses involving post-traumatic stress. Again, scores for depression symptoms were calculated by determining the level of social satisfaction, the history of trauma, daily environmental stressors, age, and gender, all of which were considered predictors of depression symptoms. By using the daily stressor questionnaires, researchers were able to alter the level of PTSD or depression analysis. In Table 2, we asked our respondents if they had a serious problem with some factors that cause them stress. There was an option for answering yes or no. First, however, we determined the total number of yes respondents (n) and figured out the percentage of 'Yes' respondents amongst the total participants (150 people). In total, we have investigated 14 different factors, whether they caused stress amongst Rohingya people or not, and put the data in the respective table.

In Table 3, Our survey asked participants if they had ever been victims/witnesses of any of the incidents like destruction of personal property, beating, being forced to conceal, forced evacuation in hazardous

conditions, the disappearance of a family member or friend, experiencing massive gunfire, forced labor is a term used to describe the act of being forced to work, different types of, dying while fleeing/hiding from the authorities due to illness or starvation, murder of a family member, a rape, physical or sexual violence/abuse, etc. There was an option for answering in yes or no. First, however, we determined the total number of 'Yes' respondents (n) and figured out what is the percentage of 'Yes' respondents amongst the total participants (150 people). In total, we have investigated 32 different factors, whether they caused trauma amongst Rohingya people or not, and put the data in the respective table.

## VII. Results

### *Demographics*

150 participants were ready and agreed to be interviewed amongst 200 invited participants. The response rate from them was 95%. The 150 adults (age 18–75) included 63 women and 87 men from the Ukhiya Rohingya camp, who participated in our study willingly. 36 persons did not join due to unavoidable reasons. 14 of them could not be located at their addresses and were not available online. Thus, 87 men & 63 finally participated. Almost 53% of the total population of that camp is female, whereas 47% are male. Yet, we found more responses from men than those of women. Most of the participants were young people between the ages of 18-36. The mean age of the participants was 35.26 years. Most of the participants (93, 62%) are residing in Bangladesh for more than three years following their escape from Myanmar. 38% of them are living there for less than three years. This study found that more than half of them (67%) are either unemployed or doing temporary/underpaid jobs. Seventy-nine of them are married (52.7%), and the rest of them are unmarried. Eighty-nine of them have completed high school, where 69 of them could not complete, and/or have not started the graduation process.

### *Daily/environmental stressors Checklist*

General daily stressors responded by the participants were facing problems with employment & livelihood. 94.3% of people (142) faced this problem. Facing problems with proper diet was another burning problem as well. 133 of the total respondents faced this problem (89.2%). Therefore, we can say that most of the participants faced serious problems with regards to food availability and livelihood. Another serious problem is with their education. 122 of them (81.2%) reported serious problems with their education facilities.

The lowest number of total participants (8, 5.4%) faced serious problems with shelter. The role of local government, central government, national and international organizations made it possible as most of the Rohingya people are residing in the camps. People are facing other serious problems too. The gist of our responses is described in the following table:

**Table 2. Checklist for environmental or daily stressors**

<i>Do you have a serious problem with [...] that causes you a great deal of stress on a regular basis? Yes or No</i>	<b>Total (150) Yes (n)</b>	<b>%</b>
Food	133	89.2
Free movement	90	60
Access to services (in the camps)	60	40
Safety of life	55	36.5
Local people's harassment	45	30
Health care	68	45.3
Accommodation	8	5.4
Income/ livelihood	142	94.3
Education	122	81.2
Fair access to legal services	107	71.4
Feeling humiliated	61	40.8
Pure drinking water	30	20
Harassment by police or security forces	48	32
Proper sanitation	26	15.3

### *Traumatic Events Inventory (lifetime exposure)*

Our study found that all participants (150) witnessed physical or sexual violence/abuse of various types such as mass eviction, torture, burning, destruction, domestic violence, etc. In fact, these types of abuses were mostly common throughout their lives. Individually, they faced at least one or more such events in their lifetime. The most traumatic event was forced evacuation under dangerous conditions. 100% of our total participants were bound to leave their homeland Myanmar under hazardous conditions. Again 132 out of 150 participants

were exposed to and experienced beating, which is 88.3 percent of the total sample space. Again, gunfire was another severe issue. 123 people faced exposure to frequent gunfire, which is 82 % of the total sample space. However, only 2% of people faced imprisonment.



**Table 3. Traumatic Events Inventory (lifetime exposure)**

<i>Have you been a witness/experienced to any of the following occurrences? (lifetime)</i>	<i>Yes n</i>	<i>%</i>
Destruction of property	100	66.4
Beating	132	88.3
Extortion	78	52
Being compelled to conceal	50	33.2
Soldier/police interrogation	32	21.3
Threats against you and/or your family	32	21.3
Someone was compelled to put you in danger of death or serious injury. Torture	48	31.6
Abusing verbally	107	71.4
Forced evacuation	112	74.4
Disappearance of family member or friends	150	100
Facing gunfire	29	19.4
Beaten by family member	16	10.7
Labor by force	123	82
	14	9.4
Present while someone forcibly searched for something in your home Other frightening situation	62	41.3
Death of family or friend while fleeing/hiding	124	82.4
Enforced isolation from others	30	20.2
Stabbed or cut with object	30	20.2
Serious physical injury from combat and bombing	33	22
Sexual abuse or exploitation	27	18.2
Prevented from burying someone	15	10
Imprisonment	00	00
Kidnapped	10	6.7
Turned back from a land during fleeing	3	2
Murder of family member or friend	26	17.3
Rape	116	77.4
Witnessed physical any form of violence	28	18.7
Forced to betray someone	150	100
Forced to physically harm someone	15	10.2
Forced abortion (only asked for the women)	9	6.2
	37	24.7
Forced to find and bury bodies	11	7.4

### VIII. Discussion

One of Myanmar's most persecuted ethnic groups, the Rohingyas have fled to refugee camps in Bangladesh as a result of violence, eviction and damage. Due to the unfamiliarity with mental health approaches, adult Rohingya refugees over the age of 18 typically underestimate and fail to treat the severe psychological trauma they have experienced as a result of mass evictions and violence. (Tay et al., 2019). The Rohingya people's migratory history shapes their identity as they flee from the Myanmar Army who have murdered, raped, tortured, and burned down their houses. However, there is a need to more thoroughly document the various mental health requirements of Rohingya individuals who reside in various areas.

The Rohingya population was found to have significant rates of trauma exposure, including exposure to torture, harassment, and other reasons. (Ayazi et al., 2015). Environmental pressures are known to exacerbate mental health issues, such as depression, which has been linked to the Rohingya population (Building back better: Sustainable mental health care after emergencies, 2013).

The study indicated that while traumatic events appeared to play a less significant role in the genesis of depression symptoms among the Rohingya people, daily stressors had a large and direct impact on these symptoms. The findings emphasize the importance of paying closer attention to the Rohingya population's mental health requirements and the demand for culturally appropriate mental health therapies.

### IX. Policy Recommendations

One of the most urgent human rights challenges of the 21st century is the Rohingya tragedy. The following policies should be considered and put into effect in order to enhance the Rohingya population's mental health and general well-being:

1. Local government and NGO Collaboration: This joint effort is vital to enhance education and job opportunities for refugees. This partnership will ensure access to education and employment, enabling refugees to rebuild their lives. By supporting education and employment opportunities financially, refugees can integrate into society in a better way and positively impact the host communities.

2. Policies to support refugee-hosting nations: Global support is essential for the nation hosting the refugees, ensuring they can offer necessities like food, water, housing, and healthcare. This support from the global community eases the strain on resources and public services caused by accommodating a large number of migrants.
3. Addressing the mental traumatic state of the Rohingya population: Bangladesh must rethink its suspended plans to move Rohingyas to Bhasan Char and reassess counterproductive security measures. Relocating refugees to an isolated island like Bhasan Char could worsen the existing challenges, such as mental health problems, limited access to essential services, and integration difficulties. Prioritizing safe, dignified return to their homeland while respecting their human rights is essential, rather than isolation.
4. Recognizing the Rohingya stateless population: Myanmar should recognize the stateless Rohingya people and adjust its Constitution to grant them citizenship. This recognition will open doors for their rights pertaining to religion, law, society, and the economy, in line with global laws. This effort holds significance as it will boost the Rohingya's mental health and overall well-being by fostering a sense of identity, security, and hope for the future.

To summarize the aforementioned recommendations, it can be stated that, Governments, NGOs, and the international community must collaborate in order to develop policies that deal with the psychological crisis' underlying causes and advance the basic human rights of everyone.

## X. Conclusion

Our research seeks to depict the psychological effects of the mass expulsions, genocide, torture, ethnic cleansing, and violence committed on the Rohingya people by the Myanmar army. However, there are certain limitations of our research. An in-depth study is recommended to understand the local stressors, social norms, and cultural values of the Rohingya people. Longitudinal studies are more practical for comprehensively evaluating the role of history of trauma and daily stresses to predict mental health disorders. A bigger sample size would have improved our sample frame, which was restricted to only 150 people.

The results imply that daily stressors, such as perceived unmet requirements, are relevant for mass incarcerated populations in refugee camps despite these limits, and they assist better to understand the mental health effects of living in a chronic situation. Along with current stressors and trauma, it's important to focus on the previous exposures to traumatic events and losses. Our study highlights the urgent need for the international community to pay particular attention to concerns relating to social support, education, violence, food shortages, mental health care, and human rights violations among the Rohingya refugees in Bangladesh.

The environmental stresses identified in the study ought to be a concern, since they add to the continuous misery of the Rohingya refugees. Our research is intended to spur action and provide a greater understanding of the psychological effects of violence and mass eviction on Rohingya people. The government and aid agencies need to set up psychiatric institutions for the Rohingya community as well as to provide basic healthcare for individuals who are afflicted with mental diseases. The international community is urged to continue its efforts to uphold the basic human rights of the Rohingya refugees and to ensure a long-term solution to the problems they are currently facing.

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