Qualitative data regarding the scope and patterns of CRSV and GBV in conflict-affected areas of Myanmar from 2016 to 2021 was collected in Kachin, Karen (a.k.a. Kayin), Mon, Shan and Rakhine states and Yangon (post-coup). Local partners were trained to safely interview participants, securely store data and understand CRSV, which provided capacity-building. Ultimately, the overall goal was to amplify the voices of survivors and key informants by recording their stories, thereby providing a more nuanced understanding of survivor experiences.

The cases present a troubling snapshot of a consistent pattern of CRSV and a high level of GBV. Survivors interviewed were overwhelmingly female (75 of 78), most were unmarried and two-thirds had achieved only an elementary or middle school level education. Survivors experienced a range of violence including rape (62%), rape with more than one perpetrator (gang rape, 26%), sexual assault (8%), sexual harassment (2%) and human trafficking (2%). The age range was 17 to 59, with a median age of 27, and survivors were either Christian or Buddhist. In ethnic areas, ethnic minorities were more likely to experience violence, but all survivors from Yangon were Bamar so no group is immune to violence.

Almost three-quarters of incidents were committed by security forces, especially the military (69%). These cases are only the tip of the iceberg, as data covers only a limited area and many survivors could not be reached. Contributing factors to violence included: militarization in ethnic areas, post-coup repression, long-standing military impunity, gender, poverty, isolation and substance abuse. Data collected on 27 serious cases where interviews were not possible demonstrated a similar pattern: rape accounted for 85% of cases and security forces perpetrated 85% of violence.

These cases dovetail with other research showing that security forces have for decades carried out brutal campaigns of violence, including sexual violence, as part of armed conflict in ethnic areas, including massive genocidal clearance operations against the Rohingya. Our research also profiles post-coup sexual violence committed by security forces to terrorize civilians in an attempt to stanch democratic protests; a total of 44 cases (56%) took place after the coup and some were experienced in a detention setting. These accounts demonstrate that security forces have now extended their brutal campaigns throughout Myanmar, indicating that no group is immune from the security force abuses that ethnic groups have experienced for more than 70 years.

The information collected illuminates the difficulties experienced by survivors and the human cost of conflict. Survivors were reluctant to report the violence due to shame, societal stigma, fear of reprisals, distrust of authorities, confidentiality concerns, com-
munications challenges or being forced to sign a non-disclosure agreement after detention. Survivors were most likely to report to family members, but this varied by area and was much more likely in Yangon.

Support services were woefully inadequate, with over half of survivors reporting that they did not access any services and no survivor receiving psychosocial support. Reasons for not accessing services included safety and security concerns, lack of knowledge about services, remoteness, cost, shame, societal stigma and confidentiality concerns. While survivors did not report extensive access to services, key informants reported that they provide a variety of services to GBV survivors but that they face numerous challenges since the coup.

This service gap leaves survivors without crucial support to cope with the multiple long-lasting impacts that continue to interfere with their daily lives. To fill this gap, survivors relied on one or several coping mechanisms including: positive thinking and resilience; religion and meditation; family; migrating; hoping for justice; work; and avoidance.

The qualitative data also highlights a stark accountability gap, with survivors rarely receiving justice. Occasionally inadequate token actions were taken or traditional justice mechanisms used, but the legal system is unable and local actors are unwilling to ensure accountability. This is especially true for CRSV cases committed by security forces, which have long enjoyed impunity for human rights abuses in ethnic areas. In all post-coup cases, there was no chance of accountability as the legal system has been eviscerated and no trust exists between civilians and law authorities. The coup has further proven the military’s disdain for the rule of law and its firmly-held belief in its omnipotence, including its perceived entitlement to commit human rights abuses without consequence.

This research helps give context to the lived experiences of survivors and points to an immediate and pressing need to provide greater support, services, economic opportunities and accountability. Local community organizations, which are often the only service providers, desperately need increased support. Addressing CRSV also requires societal-level changes to eliminate victim-blaming and address gender discrimination.

Myanmar and the international community have a responsibility to address, eliminate and ensure accountability for human rights abuses, including CRSV and GBV. The coup has no impact on these obligations, and must not be used as an excuse for inaction or to exclude the voices of those most affected who understand the situation best. Therefore, we recommend that the international community and a democratically-elected government in Myanmar commit to:
• **End conflict and support democracy**, including by refusing to engage with or legitimize the military or its affiliated entities; imposing targeted international sanctions and an arms embargo; and ensuring that women are a meaningful part of the peace process;

• **End impunity and ensure accountability**, including by holding perpetrators accountable, without amnesty, through international mechanisms such as the International Criminal Court; subjecting security forces to civilian oversight; mainstreaming gender and ensuring national-level prosecution and punishment for CRSV and GBV, including by amending the domestic legal framework, addressing access challenges and ensuring an impartial judiciary;

• **Improve service provision**, including by developing, in partnership with local actors, a comprehensive, survivor-centered CRSV and GBV prevention and response plan; increasing funding and access to services and improving funding and training for service providers;

• **Address other contributing factors**, including by eliminating gender inequalities and discriminatory stereotypes; improving education and infrastructure; and addressing economic disparities and substance abuse; and

• **Ethically document CRSV and GBV**, including by coordinating and sharing information between international and national efforts; undertaking time-bound commitments to document, investigate and report on violence; and adopting a gender-sensitive code of conduct for ethical investigation.