



SITUATION UPDATE:

# Alleged Mass Sexual Violence by SAC Forces

IN KANBALU TOWNSHIP, SAGAING REGION

# Contents

Current Situation	3
Background	3
Impact	3
Response Implications	4
Recommendations	4

## Current Situation

According to local media, during 23–26 June, State Administration Council (SAC) troops and/or Pyu Saw Htee members allegedly committed sexual violence against multiple women in Sagaing Region’s Kanbalu Township, with as many as 25 victims reported. This was alleged to have occurred during three days of [raids](#) in at least three villages in the township — Kyaung Gon, Tha Pyay Thar, and Phul Kone — that also left civilians dead, detained, or displaced.

While reports vary on the number people allegedly victimized in this area during 23–26 June, one local source [cited](#) a Kanbalu Township People’s Security Team (PST) member as saying that up to 25 women may have been victims of sexual violence. The same source had [reported](#) days earlier that at least two women were victims of sexual violence during the raids, but its later report provided greater detail on locations and included the additional data from the PST member. The PST report referred to 1–2 ‘confirmed’ cases of sexual violence, though it is unclear whether these were included in the 25, or are in addition to the initial 25. It is also unclear what ‘confirmed’ means to these sources. An additional [report](#) from the source, on 13 July, said that 11 people had been sexually assaulted, and possibly up to 25.

On 4 July, a focal person from the National Unity Government’s Ministry of Youth, Women and Child Affairs in Kanbalu Township similarly told this analytical unit that one rape was ‘confirmed’, while other reported cases remained ‘unconfirmed’. According to this focal point, the ‘confirmed’ victim said she was raped by at least three people, likely soldiers or Pyu Saw Htee members, and forced to take drugs both before and during the assault. The victim is reportedly now receiving medical treatment at a clinic in a resistance-controlled area.

and other forms of sexual violence during ground operations, in heavily militarised areas, and in the context of forced labour. It noted that “Extreme physical violence, the openness in which it is conducted, and the confidence and general impunity the soldiers enjoy that accompany the [Myanmar military’s] use of sexual and gender-based violations reflect a widespread culture of tolerance towards humiliation and the deliberate infliction of severe physical and mental pain or suffering on civilians.” Likewise, in the post-coup context, the UN secretary general has [reported](#) cases, and there have been numerous reports of mass rapes in the past (including in [Sagaing Region](#)).

Kanbalu Township, where the 23–26 June incidents reportedly occurred, has also seen particularly brutal violence by SAC troops and Pyu Saw Htee members in recent months. During six days in late 2024, members of these two groups reportedly [torched](#) at least 800 houses and [detained](#) 92 villagers in several villages of the township. Kanbalu Township has a particularly strong Pyu Saw Htee presence, with [ties](#) to prominent ultranationalist monk U Warthawa, which appears to have resulted in a particularly high level of insecurity for civilians there.

While this analytical unit and [others](#) have frequently reported protection concerns from media sources and respondents, it is highly likely that these reports represent just a fraction of total cases in Myanmar. It should also be noted that it is especially difficult to ‘confirm’ cases of sexual violence, due to cultural norms, the lack of effective judiciary mechanisms, and deep reluctance on the part of victims to report events due to fears of reprisal (from both perpetrators and community members).

## Impact

Sexual assault in conflict zones can have [dramatic](#) physical, psychological, and emotional effects, and can affect victims’ families and communities as well. This has been documented in [Myanmar](#). Physical injuries may include gynecologic, rectal, and internal hemorrhaging, fistulas, cervical cancer. Long-term physical effects can include pregnancy and STDs including HIV/AIDS. Women who are pregnant often miscarry or are

## Background

Myanmar military forces have a long and well documented history of committing sexual violence in areas where they are deployed. The UN’s Independent International Fact-Finding Mission on Myanmar (IFFM) [reported](#) in 2019 that the military had repeatedly conducted rape



rendered infertile by the act. Women may take their own lives as a result, or else suffer PTSD and RTS, OCD, DID, eating disorders, self-injury, self-blame, panic attacks, flashbacks, sleeping disorders, social difficulties or dysfunction, disassociated blame, isolation, fear of intimacy, and sexual dysfunction.

There can also be effects on household finances and social interaction. A victim traumatized by sexual assault (or ostracized by their community) may be too afraid to leave the home to work, including to get food or seek healthcare, potentially affecting the situation of other family members. Victims of sexual assault may also be blamed for the act, shunned or insulted in their communities, find difficulty marrying, and suffer isolation.

Finally, sexual violence affects not only victims, but also their [families](#) and [communities](#), and in conflict settings can create wider fear of sexual violence among women and girls. Even this fear can leave women and girls with chronic mental anguish, and can reportedly lead to PTSD.

## Response Implications

Despite frequent allegations of sexual abuse, particularly by SAC forces, there remain serious limitations to protection and healthcare services — including mental health and psychosocial support (MHPSS) — available in northwest Myanmar. This means that civilians are more vulnerable to sexual assault and other abuses, and that survivors lack support. While there are smaller, local organisations providing support in some parts of northwest Myanmar, these organisations tend to be under-resourced. Furthermore, while there are likely local protection services that are not widely known, it also seems that local actors are not plugged into international systems, impeding international funding and support for such services. Finally, local protection actors may — despite providing valuable services — lack essential training in interfacing with victims who have been traumatized and subject to sexual abuse in particular.

There is also a gap in the reporting of incidents related to protection and security, undermining

information-sharing, provision of services in specific cases, and identification of specific areas where greater services are needed. Data is essential to understanding the scale and nature of the problem, as well as the operating environment and the best ways to strengthen it. However, there are currently inadequate means of reporting, collating, and analyzing protection data in Myanmar — in part due to resource constraints and practitioner backgrounds, but also due to practical constraints such as communications blackouts, movement restrictions, and the threat of violence.

## Recommendations

To effectively respond to the broader protection risks across northwest Myanmar, donors and international actors should consider:

1. **Providing sustained and flexible support to local partners** to design, implement, and scale protection-related services. This should include the development of early warning systems, clear and accessible safe routes, and safe havens for civilians — especially women and girls — fleeing high-risk areas.
2. **Expanding the availability and reach of healthcare services**, including mental health and psychosocial support (MHPSS), through both in-person and remote modalities. Priority should be placed on ensuring that care is trauma-informed, accessible to conflict-affected populations, and delivered by trained, trusted actors.
3. **Ensuring that all supported service providers are equipped to implement international best practices for trauma response**, with specific focus on sexual and gender-based violence (SGBV). Training and supervision should prioritize confidentiality, survivor agency, and do-no-harm principles.
4. **Supporting safe and confidential reporting mechanisms** that facilitate documentation of protection incidents by survivors, support networks, and frontline responders. Donors should fund initiatives that promote ethical data collection, protect identities, and allow for timely referrals and response.

5. **Conducting or commissioning a detailed stakeholder and operational landscape analysis** of Sagaing Region and northwest Myanmar. This should identify existing actors, community structures, and service delivery mechanisms to inform coordinated and complementary interventions.
6. **Building protection capacity across sectors**, including among governance, health, education, and humanitarian actors already present in the region. At minimum, actors should be equipped to identify and report protection concerns appropriately and safely.
7. **Supporting data collection initiatives** that map community-level protection risks and needs. These efforts should be participatory, sensitive to community dynamics, and designed to inform response prioritization and advocacy efforts at multiple levels.
8. **Increasing focus on results-based protection programming** that centers affected communities, responds to their self-identified needs, and is continually adapted based on evidence and feedback. This includes funding iterative approaches that allow for learning, flexibility, and accountability.

