Evidence of state-sponsored attacks on Rohingya women and girls in Rakhine State, Myanmar


Methods

Epidemiologic Survey: Gathered data on morbidity and mortality rates resulting from events of late August 2017 from leaders of 604 Rohingya hamlets in the townships of Maungdaw, Buthidaung, and Rathedaung in northern Rakhine. The survey covered events in these hamlets from the end of Ramadan (June 24, 2017) to the time when the Rohingya residents of these hamlets fled to Bangladesh. 92% of the hamlets surveyed were solely Rohingya, encompassing an estimated 136,320 Rohingya households and 916,399 Rohingya people.

Qualitative Research: PHR conducted qualitative interviews with 40 hamlet leaders who reported mass killings, rapes, and/or mass graves. In-depth interviews provided additional context to document the scale and nature of the attacks and the experiences of the Rohingya during flight.

Forensic Evaluations: PHR medical teams examined more than 85 Rohingya survivors to corroborate the survey and qualitative findings. The breadth and geographical diversity of this forensic casework points to the widespread and systematic nature of human rights violations faced by the Rohingya.

Findings

PHR’s research found that human rights violations were widespread and systematic in Rohingya communities in Rakhine State between June and September 2017.

89% of the survey respondents reported incidents of violence directly perpetrated against their hamlets. Almost 90 percent of the hamlets that reported violence noted blunt force trauma such as beatings, hitting, kicking, punches or biting, or penetrating injuries using weapons such as machetes, knives, and sticks. 88% of those who reported violence within their hamlet also described their freedom of movement had been affected with travel restrictions.

This survey data is supported by the forensic evidence casework. Ranging from 3.5 to 74 years of age, the 85 survivors examined sustained several different kinds of injuries, with some survivors sustaining multiple injuries. These included gunshot wounds (56%); injuries from explosives or fragmented projectiles (23%); blunt force trauma, including kicking and beating (13%); and penetrating injuries such as stabblings and mutilations (9%). Of these 85 survivors, almost a quarter screened positive for PTSD.

75% of the surveyed leaders said that violence in their hamlet or a neighboring hamlet was the primary reason why the Rohingya in their community fled to Bangladesh. Other reasons included extortion (75%) and arbitrary arrests (71%) to health issues (38%) and lack of food (29%).

64% of hamlet leaders reported that the Rohingya continued to face violence as they fled to Bangladesh: blunt force trauma such as beatings, hitting, kicking, punches, or biting, or penetrating injuries using weapons such as machetes, knives, sticks (82%); gunshot (65%); mortars/RPGs/grenades (35%); rape (27%); and gang rape (11%).